



**Oregon Health Authority
Addictions and Mental Health Division**

**Adult Mental Health Initiative (AMHI)
Summary of Program Elements**

Target Population

The targeted population is that subset of individuals, over 18 years of age, who because of a mental illness:

- Are currently residing at a state hospital;
- Are currently residing in a licensed community based setting;
- Are under a civil commitment;
- Were under a civil commitment that recently expired; or
- Would deteriorate to meeting one of the above criteria without treatment and community supports.

Mental Health Organization (MHO) Expectations

- The MHO shall provide oversight and care coordination for clients within the targeted population to ensure access to services consistent with the clinical needs of the client and the purpose of the Adult Mental Health Initiative (AMHI).
- The MHO shall maintain and monitor a provider panel that requires written agreements between the MHO and providers, and that has sufficient capacity and expertise to provide adequate, timely and medically appropriate access to services for the targeted population.

New or Enhanced Service Areas through AMHI

1. Supported Housing:

- a. Develop supported housing resources;
- b. Ensure clients within the targeted population have access to safe and affordable housing;
- c. Management and distribution of Rental Assistance program resources.
- d. Ensure that clients within the targeted population who have needs consistent with Personal Care 20 Hour Program services are identified and have access to services.

2. Exceptional Needs Care Coordination

- a. Ensure representation in treatment planning team meetings for clients originating from within MHO's Service Area and temporarily residing at a state hospital with the goal of assuring appropriate community-based services and supports are developed and available upon hospital

- Interdisciplinary Team's determination that the client no longer requires hospital level of services.
- b. Ensure administration of the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).
 - c. Ensure systemic monitoring of client's need and access to services for clients within the targeted population.
 - d. Ensure clients have access to all appropriate benefits and resources.
3. Supported Employment - Assertive Community Treatment
 - a. Develop supported employment and assertive community treatment services for both non-Medicaid and Medicaid clients.
 - b. Ensure the promotion and coordination of services described in 3a.
 4. Increased Rehabilitative Mental Health Treatment Services
 - a. Ensure both non-Medicaid and Medicaid enrolled clients who are not enrolled in managed care have access to community-based rehabilitative mental health treatment services.
 - b. Ensure the promotion and coordination of services described in 4a.
 5. Transition Planning and Management
 - a. Ensure utilization management of existing residential resources.
 - b. Ensure Residential Treatment Coordination occurs to assist clients in transitioning between licensed facilities and from licensed facilities to successful independent living.
 - c. Submit to DHS admission and discharge information for clients receiving personal care and rehabilitative mental health services in licensed community-based settings.

III. Reporting Requirements

MHOs will provide detailed information to AMH for each client, including:

1. Prior Authorization Request Forms
2. Plan of Care Request
3. Level of Care Utilization System (LOCUS) Results
4. Discharge Information Form
5. AMHI Level of Service Intensity Determination Data that includes:

MHOs will also provide:

1. The number of "alternate programs" opened during the month.
 - a. An Alternate program is any locally developed resource other than the traditional licensed residential settings.
2. The number of alternate programs closed during the month.
3. The number of clients served in alternate programs.
4. The number of traditional programs opened and/or closed during the month.