

Adult Mental Health Initiative Frequently Asked Questions

Will individuals served through Adult Mental Health Initiative continue to have a choice in what services they receive?

Yes

Will residents and families be involved?

Yes. Recovery-focused services are made in collaboration with the individual being served. The treatment team will be formed with the individuals, and with their support network involved as they choose. This client right is not only good practice, but also required by statute (ORS 430.210) and administrative rule (OAR 309-035-0155 through 309-035-0159, and 309-032-1515).

How will AMHI address “resident’s choice” in the AMHI process?

The MHO will be required to stay involved with their members throughout the full service continuum. They will work with the individual to develop a care plan that meets the individual’s needs and choices.

Will each licensed community facility/program be responsible for contracting with each MHO they do business with?

In Phase 1 of the Adult Mental Health Initiative (AMHI) the MHO will be providing oversight of the needs and services that occur in licensed community based facilities licensed by Addictions and Mental Health (AMH). AMH will continue to reimburse licensed community based facilities through existing contractual relationships.

When will the providers be informed/involved in the AMHI process?

The AMHI Planning Committee includes provider representatives. AMHI team members will be meeting with residential providers. Providers will also receive ongoing communications from AMH.

How will levels of care be established? Currently, Secure Residential Treatment Facilities (SRTF) provide a more intensive level of care, but there is not a clear line between Residential Treatment Facilities (RTF) and Residential Treatment Homes (RTH) with regard to service intensity. How will AMH define and evaluate the need for various

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levels of care within our system? How will AMH evaluate the need for specific community-based services such as supported housing or supported employment?

Transformation 01 includes adoption of the LOCUS tool which will also be used in further planning and development for AMHI. Service intensity will be determined by the individual's needs and not by their place of residence. MHOs will have the responsibility to work with each individual to determine a plan of care and service package that meets the individual's needs.

Will programs/facilities need to be certified by AMH to provide certain levels of care?

Yes. Existing and future administrative rules will still apply. Anyone providing publicly-funded mental health services in Oregon are certified or licensed by AMH.

How will AMH monitor the MHOs to ensure that each resident is receiving the level of care that they are assessed to need at the time that they need it?

MHOs will be expected to monitor level of care needs and will be reporting client-specific data regularly to AMH. AMH will review the reports to ensure that the MHOs are meeting their responsibilities. Transformation 01 includes the use of the LOCUS as an objective tool to assist in service need determinations and AMHI will continue this effort. The LOCUS will be required for all MHO members receiving AMHI services.

What incentives will MHOs have to move people out of OSH; out of levels of care within the residential system?

The MHO will receive funding to perform certain functions that assist individuals in moving from OSH to licensed community based settings, and from one community-based setting to another based on their individual needs.

AMH has also included an incentive payment to MHOs that meet contractually required outcomes.

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Can AMHI funds be used to develop licensed community facilities?

Yes, however, AMH will not assume ongoing responsibility to fund facility based services that have been developed using AMHI funding. The MHO would be responsible for all costs, including development, start-up and ongoing service payments. Providers will not be allowed to bill AMH for any services if AMHI funds were used to develop a licensed care setting. Development projects that are funded through the normal development process will still receive funding from AMH during Phase I.

How will funding be allocated?

The funding for AMHI in the 2009-2011 biennium will be allocated to each MHO based on their targeted number of individuals. This target is based on their region's historical discharge from the state hospitals. This methodology will ensure a consistent funding level for each individual to be served within AMHI. Future funding will be dependant upon funding approved by the legislature.

Who is the target population?

The target population is that subset of individuals 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.*

MHOs will be required to help a specific number of individuals move from higher levels of care to lower levels of care based on the individuals need and desires.

Will AMHI be available to people under the jurisdiction of the Psychiatric Security Review Board (PSRB)?

Individuals under the jurisdiction of the PSRB will not be included in Phase I of AMHI. AMH is working with the PSRB to determine if it is appropriate to add these individuals in future stages.