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Jennifer McGuirk, MPA, CIA
Multnomah County Auditor
501 SE Hawthorne Blvd., Room 601
Portland, OR 97214

Dear Auditor McGuirk,

The Mental Health and Addiction Services Division (the Division) would like to extend sincere gratitude to the Multnomah County Auditor's Office for their review of the Choice Model Program and associated Assertive Community Treatment (ACT) services. Division Leadership appreciates the thorough and engaging approach that the Auditors utilized during the audit process. In this letter, the Division will provide a high level overview of the Choice Model Program, address the recommendations provided through the audit process, and describe the Division's commitment to respond to the audit findings.

The Choice Model Program is an Oregon Health Authority (OHA) contracted care coordination program that initially began in 2010 as the Adult Mental Health Initiative (AMHI). The impetus for the creation of the program was to improve care coordination services for individuals being discharged from the Oregon State Hospital (OSH) system and/or from structured mental health residential treatment programs. Over the following nine years, the AMHI program expanded and was rebranded as the Choice Model program when it became the main OHA strategy to carry forth the work necessary to address the Oregon Performance Plan (OPP) with the United States Department of Justice (USDOJ). At this point, Choice Model care coordination expanded exponentially to address the USDOJ metrics required of OHA to resolve further litigation.

In addition to providing care coordination to an increased number of eligible participants, Choice Model programs also aimed their efforts on developing local resources. These resources include a spectrum of housing options, specialized and intensive case management, physical care supports and services, guardianship services, peer delivered services, and client assistance for crisis and independent living needs. To manage the increased number of participants and their diverse situations and support needs, alternative care coordination teams within the Division's

Community Mental Health Program (CMHP) and the Medicaid program, worked with individuals who did not require the intensive services and supports of the Choice Model program to engage in their recovery.

Division leadership is invested in providing quality services and is committed to quality improvement efforts to improve service provision to meet the behavioral health needs of the residents of Multnomah County. As noted in the report provided, the locus of control and oversight for the Mental Health system exists at the State level. Barriers persist with the increasing program demands, participant acuity, increasing numbers served, accessible housing, and limited funding. From the recommendations stemming from the audit findings, Division leadership hopes to improve strategic communications, policy and practice, data analytics and evaluation activities, and consumer advocacy efforts. Moving forward, the Division will prioritize operationalizing recommendations based on the audit findings with considerations made to minimize the impact of the barriers described in the Auditor's report, such as the large number of individuals served, residential and supported housing access issues, and flat funding.

Recommendation 1

By December 1, 2020, and then on an ongoing basis, publicly report to the Board of County Commissioners on Choice program funding prioritization decisions, the status of state funding, and progress in developing new housing resources.

1. Present at least once during each state biennium in a board briefing or board meeting.
2. Explain tradeoffs in funding decisions considering possible areas of investment, such as:

    i. Developing new supported transitional housing
    ii. Enrolling more Choice clients (and consequently potentially hiring more Exceptional Needs Care Coordinators)
    iii. Adding peer support services to the Choice program
    iv. Purchasing additional non-Medicaid ACT slots
    v. Contributing to the new Behavioral Health Resource Center

Response:

The Division Director, CMHP Manager and Care Coordination Senior Manager will engage in a Board of County Commissioners (BOCC) briefing annually on Choice Model program funding prioritization decisions, the status of State funding, and progress in developing housing resources. The presentation will specifically include status updates of funding decision considerations related to:

- Housing projects and partnerships, including any new developments
- Choice Model program client enrollment and any barriers faced by the Division to enroll more clients and/or hiring more Exceptional Needs Care Coordinators (ENCCs)
- Inclusion of peer support services
- Case management services for individuals without Medicaid, and
- The Behavioral Health Resource Center

Currently, efforts are underway to address service provision and housing needs. The Division is working to add additional non-Medicaid ACT and Intensive Case Management (ICM) services with certified providers for uninsured Choice Model program participants. The Division is partnering and collaborating with the Joint Office of Homeless Services (JOHS) around three permanent supportive housing projects with awardees of the Portland Housing Bureau's housing development grants.

The housing projects are:

- Central City Concern's Division Street apartments that will include 40 permanent supported housing units;
- The Westwind Apartments on NW 6th Ave, 70 units of permanent supported housing units; and
- The Joyce Hotel on SW 11th Avenue , 69 units of permanent supported housing units.

Additionally, the program continues to coordinate with regional Choice Model programs on developing regional criteria for Choice Model program enrollment and disenrollment from the program.

Recommendation 2

On an ongoing basis, do not underspend state grant funding unless there is a written commitment from the state that the county can keep the funding in future years, and only spend reserved funding on one-time use, not ongoing expenses.

Response:

The program is making every effort to commit the majority of the Choice Model funding from the State to contracted services and supports for participants. Below is a description of state funding allocation for Choice Model and a description of client assistance flexible funding.

Choice Model Funding Breakout:

- Approximately 26% of annual State Choice Model funds are contracted for housing supports that include: rent subsidies, permanent and transitional supported housing, emergency housing, and support services for housing retention and care needs.

- Approximately 19% funds intensive case management services with several community mental health agencies for those who do not have access to Medicaid.

- Approximately 4% is contracted for professional and support services such as guardianship services and transportation services.

- An additional 28% of State funding is utilized for Choice Model program staff positions not funded by Medicaid.

- With the remaining 23% of annual Choice Model funds from the State, the Division provides client assistance flex funding as well as is working on two permanent housing projects.

    - The projects are:

        - Central City Concern's Division Street apartments that will include 40 permanent supported housing units.

        - Cascadia's Centennial Apartments, which will include 72 permanent supported housing units.

- The Division is also working with JOHS on client assisted treatment programming and housing supportive services not already established or met through contracting for two additional housing projects listed below.

    - The Westwind Apartments on NW 6th Ave, 70 units of permanent supported housing units.

    - The Joyce Hotel on SW 11th Avenue , 69 units of permanent supported housing units.

Client Assistance Flexible Funding:

When clients experience a psychiatric crisis or when they are discharged from local acute care and/or emergency departments or from residential treatment facilities, their treatment and care needs must be prioritized. Flexible funding for client assistance must be available to support Choice Model participants when alternative treatment and housing resources are not immediately available in these situations. One Choice Model participant could require 1-3% of

annual Choice Model funds per year to be safely supported in the community until alternative resources are secured. With this in mind, an adequate percentage of Choice Model funds should be available for client assistance, which is a vital “safety net” aspect of the program, allowing the Division to meet overall program goals and metrics.

The Choice Model contract is a stand-alone contract, and not part of the larger Community Mental Health Program (CMHP) contract for statutorily required services of the CMHP as the delegated Local Health Authority. Historically, State Choice Model funds have been allowed to be carried over by the OHA from biennium to biennium. On October 25, 2019 the CMHP Senior Manager currently overseeing the Choice Model program, requested written confirmation from the OHA- Health Systems Division (HSD) Adult Mental Health and Housing Manager that Choice Model funds for the 17-19 biennium would be carried over for use in the 19-21 biennium. This request was acknowledged by the OHA manager who indicated she would need to confirm with her leadership. The CMHP Senior Manager received written confirmation on November 4, 2019 from OHA-HSD Adult Mental Health and Housing Manager, which included the following statements per the OHA-HSD Contracts Manager:

> “Taken in totality, I believe it is reasonable to conclude that Multnomah County can retain any unexpended, Exhibit MHS 37 Choice Model Services funding provided that they do spend it according to the service element description as it appears in their County Direct Agreement, #155525, as amended. If appropriate, continued reporting from the County should be encouraged as long as those excess funds are available and used for Choice services.”

The Division will continue to report to the State, as appropriate, and will not use any reserve funding for any expenditure other than one time only expenses.

Recommendation 3

By December 1, 2020, analyze and publicly report on options for addressing ACT accessibility such as:

1. Advocating with Health Share for additional ACT capacity,
2. Breaking up ACT services so some can be billed to non-Medicaid insurers,
3. And/or developing alternatives to ACT services that could provide intensive treatment but billable to non-Medicaid insurance and with fewer fidelity constraints.

Response:

Care Coordination Organizations (CCO) have a tremendous influence on distribution and coordination of care for individuals served through ACT; thus, it is vital that the Division has a strong voice and role in operationalizing the goals of CCO 2.0. The Division is in planning conversations with both CCOs that will be operating in the tri-county region come 2020. In particular, the Division has been collaborating with Health Share of Oregon (HSO) on the requirements and goals of CCO 2.0, which include the expansion of Intensive Care Coordination (ICC) to ensure that individuals identified as eligible for ACT and ICM services are able to access these services as quickly as possible. There are ongoing monthly discussions with HSO to meet ACT waitlist and caseload requirements set forth by contract requirements. A breakdown of Medicaid and non-Medicaid funded ACT caseloads are determined by ongoing assessment of demand.

The Choice Model program is currently contracting 19% of its annual funds for intensive case management services with several community mental health agencies for those who are not Medicaid eligible. This includes those individuals with Medicare only, which does not fund ACT or ICM services. ACT services account for 9% of these funds and alternative intensive case management services account for the remaining 10%. The CMHP Senior Manager will discuss additional alternative services with treatment providers to explore and identify the feasibility of developing treatment protocols that can mirror elements of ACT services that improve client outcomes, such as collaborative and individualized treatment planning and community based service provision.

Recommendation 4

By December 1, 2020, update county Choice policies to ensure that the policy language is aligned with the contract with the state; to clarify Choice enrollment criteria, particularly related to people who are civilly committed but do not go to the State Hospital; and clarify criteria for exiting someone from Choice.

Response:

The Division's Quality Management unit has already begun the policy review process for the entire Division, which includes all programs. All policies are reviewed every three years and Choice Model is slated to begin their policy work toward the end of 2019. A Quality Management Program Specialist Senior has taken the lead on providing technical assistance to the Choice Model program to update policies. The CMHP Senior Manager and Choice Model Program Supervisor will take the lead on updating the policy itself with assistance from CMHP Program Operations Manager.

Coordination with regional Choice Model programs on developing regional criteria for Choice enrollment and disenrollment from the program began in August of 2019. These efforts will continue to ensure that the Multnomah Choice Model program is aligned with regional stakeholders with the shared goal of providing consistent Choice Model Care coordination services that meet OHA contracting obligations. This criteria will be reflected in the policies noted above.

The Choice Model program participant census has maintained at approximately 650 active participants for the past three years with a high of 766 participants in FY18. The program, on average, exited 60 participants each year for FY17 & FY18. However, in FY19, 130 participants were exited who no longer required Choice Model program support or opted out of the program despite being enrolled. This indicates that Choice Model is regularly enrolling new participants based on practices the program has adopted over the past nine years since inception. The CMHP Senior Manager and Program Supervisor will work with Quality Management to develop protocols and to ensure that program practices align with State contracting requirements and regional Choice Model programs.

Recommendation 5

By December 1, 2020, develop a process for regularly monitoring commitment services data, to ensure that those who could be eligible for Choice and ACT are identified.

Response:

The Senior Manager of the CMHP is planning to lead a work group that includes managers and supervisors from the following teams: Involuntary Commitment program, Post Commitment program, Choice Model program, Crisis Services Program, and Quality Management unit. The work of this group is to determine the data and reporting metrics necessary to monitor commitment and flag individuals who could be eligible for Choice Model and ACT services. This flagging process will ensure that eligible individuals are identified so that program staff can be notified of potential participants. Program staff can then reach out to engage with these individuals and offer services.

Once metrics are determined, the CMHP Operations Manager will work with the Quality Management team members responsible for the Division's Electronic Health Record (EHR) to generate regular reporting mechanisms that identify eligible individuals, and also tracks individuals who have been offered Choice Model and ACT services. The Division will put policies, procedures and training in place that allow for systems planning and monitoring to ensure all designated CMHP staff involved in these processes are offering Choice Model and ACT services to those eligible. ensuring that all designated CMHP staff involved in the process are offering Choice to those eligible will be put into place.

Recommendation 6

By December 1, 2020, advocate with the Board of County Commissioners, the Joint Office of Homeless Services, regional partners, and the State of Oregon to increase the number of dedicated supported housing units for people with serious and persistent mental illness.

Response:

The Division's Senior Leadership will engage in advocacy with the BOCC, JOHS, regional partners and OHA to increase the number of dedicated supported housing units specific to those eligible for Choice Model Program Services. In addition, senior leadership will advocate for continued financial support of existing supported housing programs, and work across partners to identify innovative solutions to meet the needs under current constraints. These programs have had no significant increase in funding for services in the past decade. Stagnant funding has not accounted for cost of living increases and as a result, these programs are in jeopardy of losing their ability to maintain adequate support services for Choice Model participants.

The Division leadership will continue to work with County Government Relations and the Association of Oregon County Mental Health Programs (AOCMHP) to raise these issues up to the legislature as we look to policy priorities in future legislative sessions.

Recommendation 7

By December 1, 2020, review data collection processes and make adjustments to improve the availability of information to assess program outcomes for Choice Model and ACT.

1. Including changing the "independent living" categories into more categories and conducting satisfaction surveys.

Response:

The program is committed to improving data collection methods, including data dimensions and report accessibility. Consumer-driven and outcomes-based programming are Division values and satisfaction surveys are a useful tool to align practices with these values. Over the next year, the CMHP Senior Manager will prioritize resources to develop a survey that will assist program in better understanding the participants' experience. This will provide opportunities to adjust and improve where needed and to better understand program impact on client recovery.

The program recognized the inadequacies of using "independent living" to describe multiple living situations. The Senior Manager and Program Supervisor have worked with the EHR system (Evolv) and reporting teams to update categories to be more reflective of various living situations. Methods of collecting this information, reviewing the data, and reviewing reports generated from the system are being altered to accurately capture data. Assessments of our

systems, processes and accessibility are ongoing and adapt to emerging program needs to ensure that the Division has sufficient and accurate client and program data for evaluation purposes.

Recommendation 8

By December 1, 2020, develop a process to capture ACT outcome data that is sent to the state, for monitoring and evaluation purposes.

Response:

According to the contract that the Division holds with the State, providers should be completing the report template that is online and emailing the information to the State. Staff allocated for ACT contract management, (e.g. Program Specialists), will work with contracted providers to receive copies of the reports that are sent to the State.The data in the reports will be reviewed for trends, themes and evaluation purposes. By the Division receiving this data and information, program staff working with ACT contracted providers will be able to monitor access, retention and outcomes.

Recommendation 9

By December 1, 2020, set up data sharing processes and agreements with other county entities (such as, the Sheriff's Office, the Joint Office of Homeless Services, and the Intellectual and Developmental Disabilities Services Division), to share data for program evaluation purposes.

Response:

The Division has been active in a project aimed at incorporating data sharing systems to improve collaboration and communication on clients who engage with multiple County systems. The initial focus for the Division in moving this recommendation forward will be to identify an evaluation plan that clearly outlines data points that will be incorporated in the evaluation activities. The Division will then explore what data is gathered and available internally to our Division and what data will need to be obtained from outside sources- both other County programs and provider sources. One example of a data sharing system that has been piloted in some County programs that could potentially provide access to data to inform evaluations is the Service Coordination Portal Engine (SCoPE). SCoPE allows for Multnomah County providers to identify shared clients across County systems.

Once the specific data need is identified, the Senior Manager and the Quality Manager will meet with other county entities and Senior Assistant County Attorney and Chief Privacy Officer, Cindy Hahn, to talk about options for data sharing. None of these identified entities are HIPAA Covered Entities which makes data sharing more complicated and less permissive. Although data available through SCoPE is limited, SCoPE may still be used to access or assess engagement

across the County programs. Consideration can be given to utilize aggregate data for a more complete evaluation. To fully address this audit recommendation, however, it will require a significant cross-entity collaboration and participant consent, which will take time in order to actualize the benefits.

Recommendation 10

By December 1, 2020, develop a process to routinely measure outcomes for Choice and ACT, including identifying racial disparities in outcomes.

Response:

The Division currently collects data on race and ethnicity from clients enrolled in programs. Program Senior Manager, Program Supervisor, Quality Management team and Reporting team will work together to identify measurable outputs and outcomes for Choice Model and ACT. Program Supervisor will collaborate with Quality Management and Reporting teams to develop visualizations and analytic tools to assess enrollment and retention data in addition to outcomes, specifically looking at disaggregated data to assess racial disparities. Program will review trends, themes and disparities, and make adjustments to program based on the data reviewed in the reports. Trends and themes will be reviewed for general access to services, and data will be disaggregated by race for enrollment, retention and outcomes. Once the reporting tools are built, review of data will occur on a quarterly basis.

Recommendation 11

By December 1, 2020, allocate staff for ACT contract management (as applicable after CCO 2.0).

Response:

With CCO 2.0 on the horizon, the Division has begun to determine how to align staff in a structure that supports the goals of CCOs in our region. Planning for the shift has begun, and Division Senior Leadership will have a plan for allocating ACT contract management as needed by February 2020. From March - November 2020, Division leadership will assess needs based on changes due to CCO 2.0 implementation, and will determine applicability of allocating staff for ACT contract management for Choice Model at that point.

Sincerely,

Deborah Kafoury
Multnomah County Chair

Patricia Charles-Heathers, Ph.D.
Multnomah County Health Department Director