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Date: March 30, 2011

To: Multnomah County Board of Commissioners

From: Kathy Tinkle, DCHS Director
Karl Brimner, MHASD Director

Re: Response to committee report from City Club of Portland

Earlier this week, we received a draft report from the City Club of Portland's committee entitled, "Improving the Delivery of Mental Health Services in Multnomah County." The report is the culmination of more than a year of extensive interviews and the exchange of numerous programmatic and budget documents.

We appreciate the City Club committee's attempt at analyzing the mental health care system, despite some inaccuracies in the report, and we welcome any opportunity to look at how we can improve things.

Budgets

Our Mental Health and Addictions Services Division (MHASD) staff and others in human services spent more than a year providing detailed information – including budgets, program offer details, fiscal information and other data – to the City Club committee. As a public agency, information about our services is always readily available and transparency about our systems is a priority. Having provided this information to the committee, we are perplexed by the tone of the report in this and the other sections.

Contracts

Currently, copies of all county contracts and procurements are available to the public through the county's Purchasing Office. Oversight of purchasing functions is centralized for the county and separate from the departments. We work closely with central purchasing staff and are within all county procurement guidelines. Contract fiscal compliance is reviewed and monitored by the county's Finance Department. Programmatic contract compliance is monitored and enforced by MHASD staff.

The City Club committee report appears to confuse "Partnership Purchasing Agreements" with standard county contracting. These agreements are very specialized contracts where partners contribute substantial funding to a system of care in addition to the public money provided by the county. The mental health system utilizes standard county contracts and is completely compliant with county rules for setting expectations in contracts.

Outcomes

Of the nine mental health outcomes measures listed on page 11 of the City Club committee report, we have prioritized our limited resources to measure those that give us the most



meaningful and easily obtainable information, including monthly treatment access and referral data, treatment utilization data, cost by mental health level of care, authorizations for care and inpatient hospitalization data. It is appropriate to collect data about housing stabilization, employment and other non-clinical indicators of success. The county continues to look for cost-effective and streamlined means of collecting such data.

Please see the attached **Verity Data Dashboard** from the 2010 Verity Quality Report for the current outcomes measured for Oregon Health Plan (OHP) members. We are currently working with the state to streamline contracts for non-OHP-funded services and create clearer specific outcomes. We support the recommendation that resources should be allocated to collect and analyze data. However, direct services are our priority given our limited resources.

The report mentions the A Collaborative Outcomes Resource Network (ACORN) assessment tool and its appropriateness when considering a tool to pilot that measures patient satisfaction. The MHASD staff balanced the administrative burden to providers against the need for an appropriate system-wide outcomes tool. ACORN is a nationally recognized tool for outcome data collection that has been applied in many mental health systems.

ACORN offered the system the lowest administrative burden to the provider system while providing the best outcome data. In addition, we found that researchers from two prominent universities had studied this outcome tool for use with the Medicaid population and deemed it reliable for tracking outcomes. We have completed the pilot and we are currently in a Request for Proposals process to choose a tool to be used system wide. The county plans to continue using our Level of Care Utilization System (LOCUS) tool to assign levels of care.

Systems

We support the work of the Oregon Health Authority to redesign the provision of mental health services and are currently working across jurisdictions to streamline care and achieve what is known as the Triple Aim: improved quality, improved access and reduced costs. We are hopeful that Health Care Reform will achieve many of the goals as outlined in the City Club committee report recommendations. The county is working closely with the state, other counties and the fully capitated health plans to develop the new system.

Finally, we value and encourage public involvement in systems planning. Multiple opportunities for public participation and advising MHASD's work include the following: Adult Mental Health and Substance Abuse Advisory Council (AMHSAAC), Children's Mental Health Services Advisory Council (CMHSAC), Wraparound Advisory Council, Quality Management Committee, Citizens Budget Advisory Committee (CBAC), DCHS-specific CBAC.

As you know from our briefing with you earlier this year, we are constantly working to improve our services to people with mental health and addictions issues. These vulnerable residents are our priority. If you have any questions about the City Club committee's report or anything regarding MHASD, please contact: Karl Brimner, 503-988-3371 or David Hidalgo, Senior Operations Manager, MHASD, 503-988-3076. Thank you for your time.