

Accountability and the Community Mental Health & Addictions System

Site Reviews

Site reviews are conducted of Community Mental Health Programs by the Addictions and Mental Health Division using approximately 200 pages of detailed Oregon Administrative Rules. The requirements cover documentation of informed consent procedures, critical incident and abuse reporting, Quality improvement activities, treatment planning, case management, coordination of services, personnel records and requirements (including licensing and other qualifications) and services/system planning. There are an additional 17 required administrative activities that are monitored by the Addictions and Mental Health Division.

The review team consists of 4-8 Addictions and Mental Health Division staff who represent areas of adult, children, quality improvement and crisis/disaster planning units.

Outstanding Performance Exceeding State Standards

Site review reports show local strengths noted by the on-site team. "Outstanding performance exceeding state standards" noted in multiple counties includes:

- Responsiveness and partnership with community organizations and local agencies
- Involvement of customers and other community members in program development
- Quality of services
- Talent and dedication of leadership and staff
- Development of programs that respond to community health and safety needs
- Integration and co-location of medical, pharmacy, mental health, and addictions services
- Coordination of crisis and acute care with local hospitals
- Innovative crisis response programs, including coordination with law enforcement & schools
- Development of peer-delivered services, including peer counselors & peer run drop-in centers
- Culturally competent services, especially to the Hispanic population

Report Findings

All site review reports contain a minimum number of "findings" (areas for improvement) with timelines for action. Except for Umatilla County (in 2005) and Lake County (2007), all counties have satisfactorily responded to the required plans of correction. In the case of Umatilla County, the Addictions and Mental Health Division terminated the contract due to the state's assessment that requirements were not met; in Lake County, an agreement was reached to merge the program with neighboring Harney County.

Examples of "findings" include documentation problems; some missing measurable objectives in treatment plans; broader membership in quality improvement committees; lack of resources for local emergency holds and licensed medical practitioners (rural areas); some missing or outdated job descriptions; waiting lists for admission to community support services (again lack of resources); lack of

written clarification of organizational issues; insufficient resources for follow-up and coordination of services for out-of-county or out-of-region clients; difficulties with fulfilling all documentation and service requirements for persons without insurance (a funding issue in virtually all circumstances); difficulty with having enough staff to attend local DHS and other agency meetings; availability of some forms in alternate format; implementing "declarations of mental health treatment" (a new option similar to advance directives); need for improving coordination of care with foster care providers; need to better differentiate between Psychiatric Security Review Board (PSRB) and non-PSRB client situations; using an alcohol/drug detoxification program for crisis respite work.

Financial Assistance Agreements and Contract Monitoring

The Addictions and Mental Health Division, through its Contracts Unit, Medicaid Policy Unit, and the Community Housing, Employment and Supports Unit, checks for financial reporting compliance in 60 areas. Examples include monitoring fiscal performance through audits, expenditure records and federal use restriction requirements. The state has total access to all records directly related to the County Financial Assistance Agreements. Mental Health Organizations (MHOs) are required to comply with 40 separate contract monitoring activities such as practice guidelines, utilization management, performance improvement, and financial disclosures. To ensure access to records and facilities, MHOs are directed to require its subcontractors to provide the timely and unrestricted right of access to its facilities and books.

Local Mental Health and Addictions Advisory Committees

Each county has a local mental health advisory committee and a local alcohol and drug planning committee (or a single body that is responsible for advising on both areas) with 51% consumer participation. The local committee, required by statute, advises the Local Mental Health Authority, the Community Mental Health Program and local service providers as to

- Integration of drug treatment services into the criminal justice system for offenders who commit nonviolent felony drug possession offenses and property offenses (ORS 430.420)
- Preparation and development of alcohol and drug abuse prevention, early intervention and treatment services (ORS 430.350)
- Development of the local biennial implementation plan for mental health services (ORS 430.630)

This information is provided in the interest of state-county government integrity, transparency, and continued public accountability. Visit www.aocmhp.org for additional resources.



**Association of Oregon
Community Mental Health Programs**

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