

December 2016

LANE COUNTY COMMUNITY MENTAL HEALTH PROGRAM

Greater capacity for effective community-based mental health services needed to help more patients move toward recovery and prevent hospitalization or incarceration



About the Lane County Performance Auditor's Office

The Lane County Performance Auditor's Office conducts audits to help improve the performance, accountability, and transparency of Lane County government.

The County Performance Auditor reports to the Board of County Commissioners and is independent of other departments within Lane County government. An audit committee provides oversight and was established to promote the independence of the performance audit function.

The performance audit function provides the Board of Commissioners, the County Administrator, and all levels of management with relevant timely analysis and information so the county can continuously improve its services and build public trust.

Audit Team

Shanda Miller, CIA, MPA, County Performance Auditor

Ellie Austin, JD, MPA, Audit Intern

Emily Fiocco, MPA Candidate, Audit Intern

Danaan O'Donnell-Davidson, MPA Candidate, Audit Intern

The courtesies and cooperation extended by officials and employees of Lane County Behavioral Health and the Lane County Department of Health and Human Services during the course of this review were commendable and sincerely appreciated.

Lane County Performance Auditor's Office

125 East 8th Avenue

Eugene, OR 97401

(541) 682-6267

lanecounty.org/laneaudits

[@LaneAudits](https://twitter.com/LaneAudits)

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HIGHLIGHTS

We found community-based mental health care with a focus on recovery that includes intensive case management to be the most effective way to treat and manage serious and persistent mental illness, and prevent hospitalization and incarceration. But Lane County's Community Mental Health Program has limited capacity for these services. For Lane County Behavioral Health, recruitment challenges and payment system challenges impact its ability to increase capacity and fully implement effective mental health services. Monitoring of client outcomes and enhanced coordination among system providers could also improve effectiveness of services and improve outcomes for clients.

At least one in 35 Lane County adults has a severe and persistent mental illness (SPMI), such as schizophrenia or bi-polar disorder. Individuals with SPMI are at risk of cycling in and out of psychiatric hospitalization or jail. Jail and hospital costs are much greater than community-based mental health services.

The purpose of this audit was to evaluate the effectiveness of Lane County's Community Mental Health Program in providing community-based mental health services and preventing the hospitalization and incarceration of individuals due to their mental illness.

During our review, we found community-based mental health care with a focus on recovery that includes intensive case management to be the most effective way to treat and manage SPMI and prevent hospitalization and incarceration. Continuity of care and providing the right care at the right time is also effective for individuals with SPMI.

We found that Lane County's Community Mental Health program has made recent improvements in community-based mental health services, including a new 24-hour crisis center, new circuit court mental health court, and expanded mental health care services in the Lane County Jail. We also learned of LCBH's transformation efforts to improve access and effectiveness of its clinic by moving toward delivering mental health treatment that is focused on recovery and providing the right care at the right time.

However, we found Lane County's Community Mental Health program has limited capacity for effective community-based mental health services, including intensive case management. For Lane County Behavioral Health, recruitment challenges and payment system challenges impact its ability to increase capacity and fully implement effective services. Solving the recruitment challenges and hiring more mental health counselors could improve capacity and allow LCBH to fully implement its transformation project. Also, an alternative payment system could allow LCBH to deliver more of the right community-based services and at the right time, such as intensive case management.

We found enhanced coordination among system providers is needed to improve continuity of care and improve outcomes for SPMI clients.

We also found LCBH lacks a performance measurement system that tracks outcome results for its general SPMI client population. Having a measurement system that tracks outcomes could help LCBH in its transformation efforts. Tracking outcomes could also help LCBH demonstrate cost savings and make the case for an alternative payment system.

BACKGROUND

At Least One in 35 Lane County Adults Has a Severe and Persistent Mental Illness

At least 8,872 or one out of every 35 adults has been diagnosed with a severe and persistent mental illness in Lane County.

State and federal policy use the term severe and persistent mental illness (SPMI) when referring to a group of specific medical diagnoses, such as schizophrenia and bi-polar disorder.

SPMI can also refer to mental illnesses that cause people to have major communication or behavior problems, an inability to function in most areas of their life, or be in danger of hurting themselves or others.

A less specific but often-used term is serious mental illness or SMI. Serious mental illness is defined as a mental disorder resulting in serious functional impairment that substantially interferes with or limits one or more major life activities. Nationally, an estimated 4% of adults will suffer from a serious mental illness during any given year.

Severe and Persistent Mental Illness Diagnoses
Schizophrenia and Other Psychotic Disorders
Major Depression and Bi-Polar Disorder
Anxiety Disorders
Schizotypal and Personality Disorder
Borderline Personality Disorder

Individuals with Severe and Persistent Mental Illness are at Higher Risk for Poverty, Homelessness, Incarceration, and Early Death

Individuals with SPMI are more at risk than others for experiencing poverty, homelessness, incarceration, and early death. Individuals with SPMI may experience symptoms that make it difficult if not impossible for them to hold a job or retain housing. Due to behaviors associated with their illness or life circumstances, individuals with SPMI may end up being charged with a crime and booked into jail. They may experience psychosis, such as hallucinations or delusions, or threaten or hurt the people around them. Individuals with SPMI may turn to drugs and alcohol in an attempt to self-medicate, which can make their life situation worse or result in death. Suicide is also a risk for individuals with SPMI.

Research shows fewer than 15% of individuals with SPMI are competitively employed. Also, individuals with SPMI are more likely to experience poverty. This high rate of poverty can have a big impact on an individual's ability to manage and get treatment for their mental illness or achieve a stable life.

Housing is particularly challenging for those with mental illness. A third of all homeless people in the U.S. have untreated mental illness. During Lane County's 2016 Homeless Point in Time Count, 30% self-reported having mental illness. LCBH's clinic reported that 20% of the people they accepted as clients during a six month period in 2016 were homeless or had been homeless in the past 12 months.

Individuals with SPMI who are lacking appropriate mental health care may turn to drugs or alcohol to self-medicate. These individuals are more likely to have an alcohol or substance use disorder. Individuals with both a mental health disorder and a substance use disorder diagnosis are considered to have a co-occurring disorder. Many people in the criminal justice system have co-occurring disorders. Co-occurring disorders are also common among people experiencing homelessness.

Nationally, an estimated 20% of inmates in jail and 15% in prison have serious mental illness. Based on our nation's prison and jail populations, 10 times as many people with serious mental illness are in jail or prison than in state psychiatric hospitals. The United States jails people with mental illnesses far more frequently than the general population. Without adequate treatment, people with mental illness who are released from jail or prison

BACKGROUND

are at a high risk of psychiatric decompensation and re-arrest. Psychiatric decompensation is when a person's symptoms worsen and s/he has difficulties performing routine daily living activities.

People with mental illness take their own lives more frequently than those without mental illness. Individuals with SPMI die an average of 25 years earlier than the general population.

History: From Institutionalization to Community-Based Mental Health Treatment

The Oregon State Hospital, first known as the Oregon State Insane Asylum, opened its doors in 1883. Treatments focused on continued care rather than recovery. Patients spent years, or sometimes their lives, locked inside the hospital.

In the 1950's, advances in mental health treatment and federal laws changed this approach. In a process known as deinstitutionalization, treatment moved to community-based settings.

In 1963, Congress passed the Community Mental Health Act. This Act stated patients should live in the least restrictive setting possible. The Act also provided funding to build community mental health centers as an alternative to institutions. However, the federal government failed to provide adequate funding to operate the centers.

Community-based care options developed in a "patchwork" style. Community organizations usually specialize in one, or a few, types of service, such as counseling, therapy, drug rehabilitation services, and medication management. This means that clients may need to go to several different organizations, or only receive care that meets some of their needs.

As community-based services became the norm for mental health, most treatment options no longer included housing. In fact, the meaning of community-based care is that patients live independently while receiving outpatient mental health services. Increasing numbers of patients began to live on the street. Soon, the numbers of mentally ill in prisons and jail began to rise.

Community Mental Health Programs Provide Community-Based Mental Health Services

In Oregon, community mental health programs operate in every county. By law, counties are required to provide services that may prevent commitment to the Oregon State Hospital. These services include clinic-based outpatient care, local crisis services, supported housing, employment opportunities, and regional acute care facilities. These services are provided by counties, private non-profit organizations, coordinated care organizations, and private hospitals.

The Addictions and Mental Health Division, now called the Health Systems Division, of the Oregon Health Authority is responsible for funding and regulating the public mental health system. Some funding goes to counties and some to Community Care Organizations, commonly called CCOs.

Lane County Community Mental Health Program Providers
Lane County Behavioral Health
White Bird Clinic
ShelterCare
Centro Latino
Laurel Hill
South Lane Mental Health
Options Counseling
Peace Harbor Medical Center

BACKGROUND

Lane County Behavioral Health (LCBH), a division of Health and Human Services, is the county's Community Mental Health Program. LCBH also operates a mental health clinic that is part of Lane County's Federally Qualified Health Center. Federally Qualified Health Centers are a nonprofit or public organization, serve underserved populations, and qualify for enhanced reimbursements from Medicaid.

Most individuals receiving community-based mental health services have SPMI or are at risk of being hospitalized due to their mental illness. Most of these individuals are low income and qualify for the Oregon Health Plan, funded by federal and state Medicaid dollars. The Oregon Health Authority provides additional financial assistance to Lane County to cover other services. For example, service costs for individuals who are unqualified or have yet to apply for the Oregon Health Plan.

Through Lane County, the Oregon Health Authority also provides financial assistance to other providers to deliver community-based mental health services.

Lane County Behavioral Health's Adult Outpatient Services Are Designed to Treat Individuals with Serious and Persistent Mental Illness

LCBH's adult outpatient services are designed to treat individuals with SPMI. These services include individual and group therapies, case management, peer support, and medication management.

All LCBH clients have SPMI, and are among the community's most challenging SPMI clients. LCBH is the safety net and has the capability to serve individuals with SPMI who were unable to access other mental health providers. In 2015, 70% of LCBH's clients were identified as needing intensive case management services.



Lane County Mental Health Building

BACKGROUND

LCBH receives referrals from PeaceHealth's psychiatric unit, the Oregon State Hospital, Trillium Behavioral Health, Lane County Developmental Disabilities, and others. LCBH also receives self-referrals from individuals attending the walk-in clinic. LCBH refers people without an SPMI diagnosis, or who have less risk of being hospitalized or incarcerated, to other community mental health providers.

Other Lane County Community Mental Health Services and Programs

Jail Diversion Program

Lane County's Jail Intercept Program is a jail diversion program that receives funding from a state grant. Peer support specialists and mental health counselors staff the program. Clients are mostly referred to the program by the criminal justice system, including from defense attorneys, prosecuting attorneys, judges, law enforcement, and jail medical staff. Referrals come from the Cities of Eugene, Springfield, and Junction City. Program participants must have an SPMI diagnosis and be charged with a non-violent crime. Most criminal charges are for low-level crimes such as trespass or theft and are related to hunger or homelessness. Many participants have the opportunity to have their charges dismissed after successfully completing the program. The program is voluntary and clients agree to participate in various community-based mental health services, such as individual and group therapy, peer support, and case management. Case management services include job search and housing support. Participants can access any of the services provided by LCBH. Most participants complete the program in six to eight months.

Choice Model, formerly Adult Mental Health Initiative

The Choice Model, formerly Adult Mental Health Initiative, coordinates community-based services as clients are transitioned out of the Oregon State Hospital or other residential treatment setting. The goal is to provide supports for adults with mental illness in the most independent environment possible, and to limit long-term institutional care. LCBH has a care coordinator who coordinates Lane County's Choice Model program.

Lane County Mental Health Advisory Committee

Lane County's Mental Health Advisory/Local Alcohol and Drug Planning Committee advises the Board of County Commissioners and the Health and Human Services Director. The committee's advice is related to community needs and priorities for mental health, developmental disabilities, and alcohol and drug services.

The advisory committee's 2016 focus areas are:

- Continue monitoring collaborative approaches to address issues at the intersection of behavioral health and public safety
- Gain understanding of efforts underway at the local and state level to increase access to crisis/respice services
- Promote increase in specialized addiction services, and improve access to them, for individuals with developmental disabilities and serious mental illness, including in rural communities

BACKGROUND

Funding for Community-Based Mental Health Services

Lane County Behavioral Health Funding Sources

LCBH receives funding from many sources. In Fiscal Year 2016, LCBH received about \$9 million in funding. LCBH received over half of this funding (57%) from Medicaid reimbursed services for Oregon Health Plan clients. The State provided another 29% in grant funding. Thirteen percent of funding came from other revenues, including from the state, the City of Eugene for the Municipal Mental Health Court, and game day parking for University of Oregon football games. The remaining 1% is from the County General Fund.

State Support for Lane County Behavioral Health and Community Mental Health Providers

There are some individuals diagnosed with SPMI who do not have health insurance, and are unqualified or have yet to apply for the Oregon Health Plan. Thus, the State of Oregon provides grant funding to LCBH and other community mental health providers to serve this population. In Fiscal Year 2016, the State granted a total of about \$8.2 million to LCBH and other community mental health providers. Of that, about \$2.6 million went to LCBH.

Lane County programs and services funded by the State grant include:

- Mental Health Promotion and Prevention
- Jail Diversion
- Crisis Services

Medicaid Funding for Community-Based Mental Health

Most individuals receiving community-based mental health services qualify for the Oregon Health Plan, Oregon's Medicaid insurance program. In Fiscal Year 2016, LCBH received about \$5.1 million in Medicaid payments from the State of Oregon and its Coordinated Care Organization.

The State contracts with Coordinated Care Organizations, commonly called CCOs, and provide them with a fixed budget based on the number of Oregon Health Plan members. The CCOs assume the risk of providing necessary medical services for their members while being held accountable for health outcomes. CCOs then typically reimburse their network of providers on a fee-for-service basis.

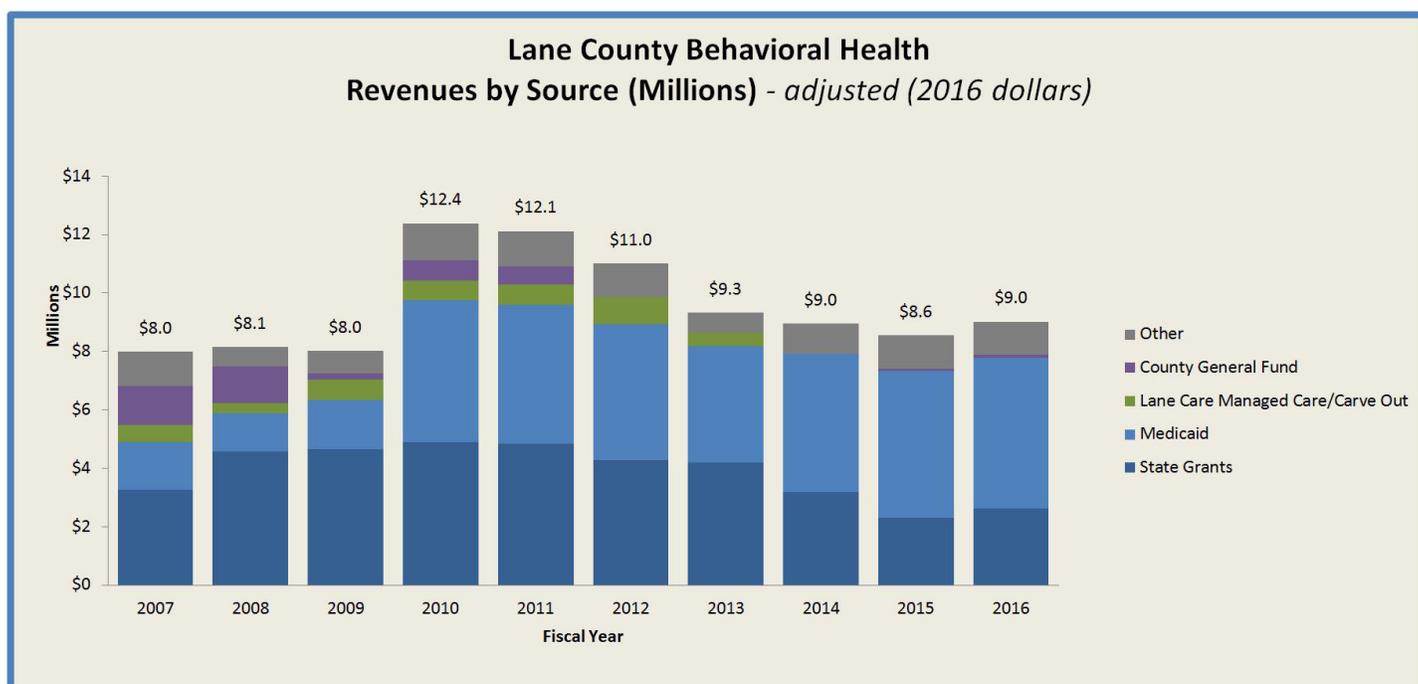
The CCO for Lane County is Trillium Community Health Plan, which coordinates the delivery of physical and mental health care for individuals on the Oregon Health Plan. Trillium Community Health Plan sets Medicaid reimbursement rates for its network of providers.

Trillium Community Health Plan contracts with Lane County Trillium Behavioral Health, a Division of Health and Human Services, to manage the mental health benefit for Oregon Health Plan members. Trillium Behavioral Health coordinates mental health and substance abuse care for Oregon Health Plan members across the whole provider network.

BACKGROUND

State Funding for Lane County Behavioral Health Shifted from Mostly State Grants to Medicaid Reimbursements

Over the past eight years, LCBH has seen some fluctuation in revenues. In Fiscal Year 2008, LCBH's total revenues were about \$8.1 million. Total revenues increased significantly between Fiscal Years 2009 and 2010 to \$12.4 million. Between Fiscal Year 2012 and 2013, total revenues dropped and stayed at about \$9 million the past four years. These revenue figures are presented in constant dollars to account for inflation. This means we adjusted dollar amounts for each prior year to equal the purchasing power in 2016.



Most of LCBH's revenues come from the state as either Medicaid revenues or state grants. The program saw a shift in this funding over the past eight years from mostly State grants to mostly Medicaid payments. In Fiscal Year 2008, LCBH received 56% of its revenues from state grants and 20% from Medicaid revenues. In Fiscal Year 2016, LCBH received 29% of its revenues from State grants and 57% from Medicaid.

The shift in State revenues from primarily grants to Medicaid is attributed to two main events. The first event is that LCBH's mental health clinic was designated as a Federally Qualified Health Clinic in 2009. Federally Qualified Health Clinics qualify for enhanced reimbursements from Medicaid and Medicare. This resulted in a significant boost in Medicaid revenues between Fiscal Years 2008 and 2011.

The second event was the Medicaid expansion in Oregon in 2014. This expansion opened up eligibility, significantly increased the number of individuals on the Oregon Health Plan, and reduced the number of uninsured Oregonians. Because the State assumed more of the uninsured individuals with mental illness would become eligible for the Oregon Health Plan, the State reduced the amount of grant funding provided. State grant revenues dropped by about \$1 million in Fiscal Year 2014 and another \$1 million in 2015.

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Also, during the past eight years, the percentage of County General Fund revenue support for LCBH dropped from 16% or about \$1.1 million in 2008 to 1% or about \$100,000 in 2016. This reduction is partly due to a decline in overall county revenues, primarily due to the decline and recent end to Secure Rural Schools timber payments. This reduced County General Fund support was also partly due to LCBH's increase in Medicaid revenues between Fiscal years 2008 and 2011 and the assumption the trend would continue.

Oregon's Medicaid transformation in 2012 also resulted in LCBH losing between approximately \$300,000 and \$900,000 in annual Medicaid managed care *carve-out* revenues. One result of the 2012 transformation was that the State certified Trillium Community Health to be Lane County's CCO to deliver healthcare for Oregon Health Plan members. Prior to 2012, Lane County, through LaneCare, had the contract with the State to manage and coordinate mental health care for these members. LaneCare received a fixed budget from the State, like Trillium does now, to provide mental health services. LaneCare chose to include *carve-out* dollars for specific services. For example, in addition to fee-for-service reimbursements, LaneCare would also use some of its fixed budget to pay Lane County Behavioral Health and other providers for education, prevention, and wrap around services. With Trillium Community Health as the CCO, it now contracts with LaneCare (renamed Trillium Behavioral Health) to manage mental health services for Trillium members.

Lane County's Mental Health System Includes the Criminal Justice System

Lane County's mental health system includes the criminal justice system. Law enforcement agencies, local jails, the courts, the District Attorney's Office, Public Defenders, and community corrections all interact with individuals with mental illness on a regular basis.

Law Enforcement

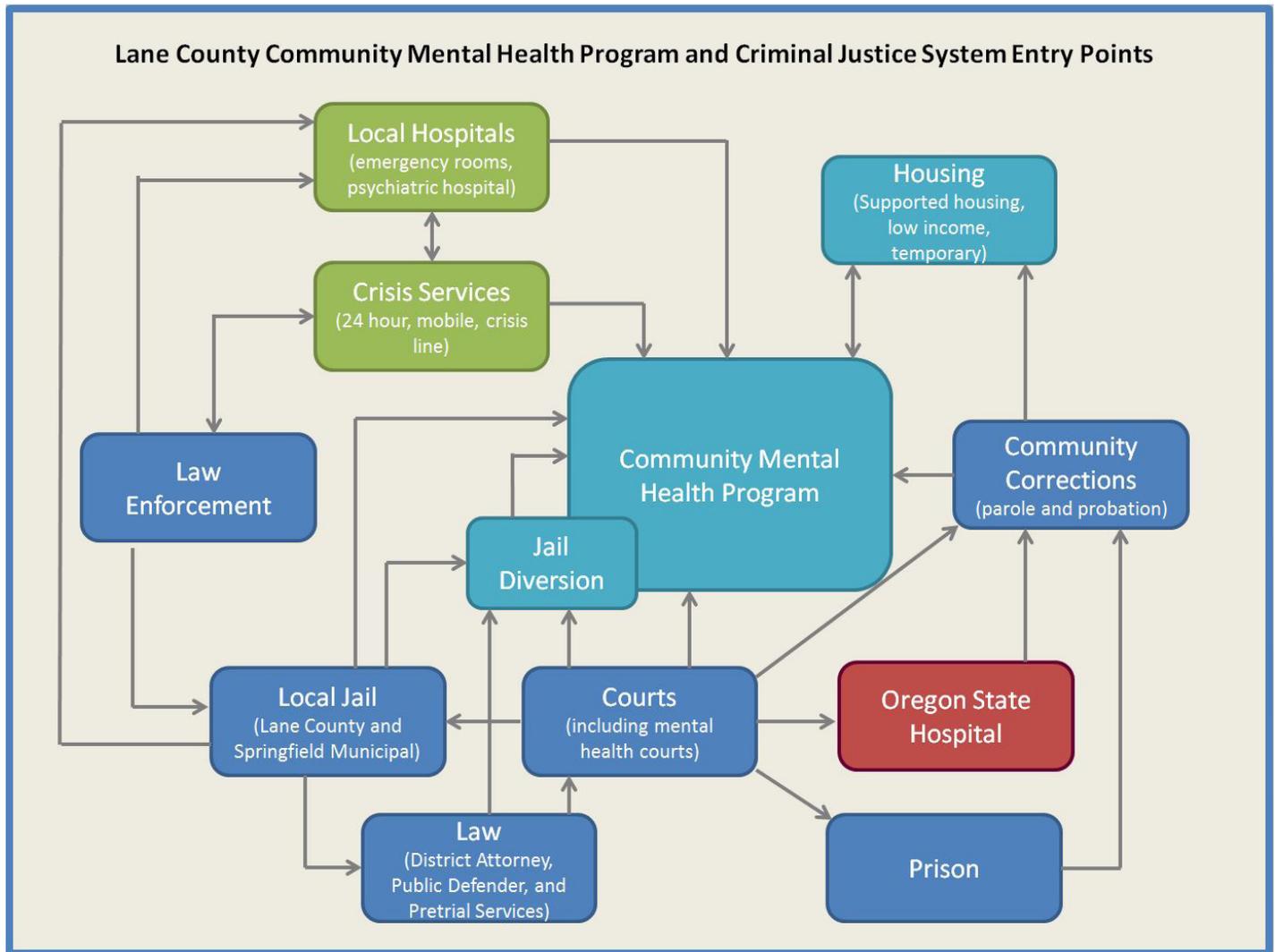
Law enforcement officers regularly interact with individuals experiencing mental illness. Officers placed at least 670 individuals on a non-criminal police hold for mental health related reasons in Lane County in 2015. At least 57 of these individuals had more than one mental health police hold in 2015. These numbers includes police holds in rural and urban areas of the county. A police hold is when an individual is taken into police custody when they are a danger to themselves or others and taken to the hospital for evaluation. For example, individuals who are suicidal can be placed on a police officer hold.

Individuals can also be charged with a crime by law enforcement, and later be found to have a mental illness. Individuals with SPMI who are charged with a crime, often receive the following criminal charges:

- Trespass;
- Criminal Trespass;
- Disorderly Conduct;
- Criminal Mischief;
- Assault; and
- Theft.

Some of these charges are related to behavior often associated with homelessness.

BACKGROUND



Local Jails

In Lane County, a large number of individuals experiencing mental illness are in local jails. The Lane County Jail estimates 60% of inmates at any given time are experiencing mental illness. The Lane County Jail contracts with California Forensic Medical Group to provide inmates with health care services, including mental health services. Mental health services include mental health screening, crisis intervention and stabilization, individual psychotherapy and group therapy, and medication monitoring.

The Springfield Municipal Jail estimates 50% of inmates are experiencing mental illness. The Springfield Jail has a mental health counselor on staff, and can stabilize inmates who are experiencing a mental health crisis. In some cases, Springfield police officers will bring an individual who is charged with a crime and is deemed a danger to themselves or others to the local hospital for assessment.

BACKGROUND

“Someone who is committing public order offenses is more in need of help than of punishment or justice.”

– District Attorney Patty Perlow

Mental Health Courts

A Mental Health Court is a specialty court to help address the over-representation of people with mental illness in the criminal justice system. Participation is voluntary and based on a screening and assessment process. Participants are diverted to court supervised community-based mental health treatment.

The City of Eugene and LCBH formed a partnership in 2014 to operate the City of Eugene’s Municipal Mental Health Court. LCBH provides mental health services, crisis assistance, housing supports, and employment supports for participants. In October 2016, Lane County Circuit Court implemented a Mental Health Court.

The City of Eugene and Lane County have other specialty courts, including the City of Eugene’s new community court and Lane County’s Drug Court and Veteran’s Treatment Court.

Oregon State Hospital

Some individuals with mental illness who commit a crime, could be committed by a court order to the Oregon State Hospital. There are two criminal commitment categories:

- **Guilty Except for Insanity** – Individuals who committed a crime related to their mental illness. Depending on the severity of their crimes, patients may be under the jurisdiction of the Psychiatric Security Review Board.
- **Aid and Assist** – Individuals who have been arrested but are unable to participate in their trial because of a mental illness. Defendants are sent to the Oregon State Hospital for stabilization and mental health treatment that enables them to understand the criminal charges against them and “aid and assist” in their own defense.

There is also a Civil Commitment category that is not related to any criminal charges. Civil commitment is for individuals who the court has found to be an imminent danger to themselves or others, or unable to provide for their own basic health and safety needs, due to their mental illness.

BACKGROUND

The Oregon State Hospital provides psychiatric treatment for committed adults from throughout the state. The hospital's primary goal is to help people recover from their illness and return to the community. Services include psychiatric evaluation, diagnosis, and treatment. There is a Salem campus with the capacity to serve up to 620 people and a Junction City campus with a capacity of 174.



Oregon State Hospital photo by Dennis Cusack

Mental Health Summit Members Identify Mental Health Service Gaps within the Context of the Criminal Justice System

The Mental Health Summit is an informal coordination and strategy workgroup that meets monthly to identify resources and gaps in mental health services within the context of the criminal justice system. Their goal is to remove treatment barriers for individuals who have a mental health issue and are involved with the criminal justice system; and thus help keep them out of the criminal justice system. Participants include representatives from various local government, health care, housing, criminal justice, and law enforcement organizations in Lane County. Summit members have also worked with other organizations to apply for and obtain state grant funding to provide specific services for this population.

AUDIT RESULTS

We found that Lane County's Community Mental Health Program has made recent improvements in community-based mental health services. We also learned of Lane County Behavioral Health's (LCBH) transformation efforts to improve access and effectiveness of its clinic by moving toward delivering mental health treatment that is focused on recovery and providing the right care at the right time.

However, we found Lane County's Community Mental Health program has limited capacity for effective community-based mental health services, such as intensive case management. For Lane County Behavioral Health, recruitment challenges and payment system challenges impact its ability to increase capacity and fully implement effective community-based mental health services. Solving the recruitment challenges and hiring more mental health counselors could improve capacity and allow LCBH to fully implement its transformation project. An alternative payment system could also allow LCBH to deliver more of the right community-based services and at the right time, such as intensive case management services.

We also found monitoring of client outcomes and enhanced coordination among system providers could also improve effectiveness of services and improve outcomes for clients.

Community-Based Mental Health Care Practices Can Lead to Recovery

Community-Based Mental Health Care Focused on Recovery and Intensive Case Management is Most Effective

During our review, we found community-based mental health care with a focus on recovery and that includes intensive case management to be the most effective way to treat and manage SPMI and prevent hospitalization and incarceration.

In this audit, we use the term "recovery" as defined by the federal office of Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA defines recovery as a process of change where individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services. Nationally, some community-based mental health centers have been working toward becoming recovery-oriented .

Intensive case management is a critical community-based treatment element. Intensive case management services help individuals with SPMI focus on recovery, learn skills to live within the community, maintain stable housing, and reduce their time spent in the hospital.

Intensive case management is often team based. The ratio of service providers to clients may range from 1:10 to 1:20. Also, a significant amount of care takes place outside of an office, within the community. This may include going to the individuals' homes or living environments.

Case managers keep in contact with individuals and determine their medical and daily needs and whether these needs are being met. This helps individuals get the right care at the right time. Case managers work with clients to improve life skills. They also address crisis situations or do other problem solving, such as mediating landlord conflicts to help clients retain their housing. Case managers may also assist individuals with obtaining transportation, searching for jobs, finding and applying for housing, and applying for other benefits.

AUDIT RESULTS

Assertive Community Treatment Is a Successful Intensive Case Management Model

Assertive Community Treatment is the most widely recognized and studied model for intensive case management. Studies show that Assertive Community Treatment can help decrease the time that individuals with SPMI spend in hospitals and jails and increase individuals' quality of life.

Assertive Community Treatment is team-based and specifically provides treatment for individuals with SPMI. Assertive Community Treatment provider teams may include a psychiatrist or psychiatric nurse practitioner, a nurse, team leader, mental health counselors, and substance abuse counselors. The providers spend most of their time in the community working with their clients. They address behavioral health concerns while assisting with life skills and community supports, including employment and housing.

Continuity of Care and Providing the Right Care at the Right Time is also Effective

Continuity of care and providing the right care at the right time is also effective for individuals with SPMI, which means they have consistent access to appropriate care based on their needs. Providing the right care at the right time improves health care outcomes for individuals with SPMI including reduced time spent in hospitals or jails. In addition to client benefits, providing the right level of service at the right time can help providers make the best use of resources.

The Mental Health Center of Denver is considered a national model for delivering treatment services at the right level and at the right time. The Center is also considered a leader in transforming its system into a recovery-oriented one. The Center uses a tiered intensive case management system and focuses on individuals with the greatest needs. As clients move further along in their recovery and take ownership of their own recovery, the Center seeks to step clients down to less intensive levels of service. The first level provides high intensity treatment that, in addition to weekly monitoring of medication, focuses more on case management than traditional therapy. Because some individuals first need case management services to help in meeting basic needs, such as food, shelter, and medical care, before than can be ready for therapy.

State Law Prioritizes Community Mental Health Services for Individuals with Conditions Like Severe and Persistent Mental Illness

According to state law, the first priority of community mental health programs is people who are:

- At immediate risk of hospitalization (or)
- Are in need of continuing services to avoid hospitalization (or)
- Pose a hazard to the health and safety of themselves or others

Lane County Behavioral Health only provides treatment for individuals diagnosed with SPMI, which meets this state requirement.

AUDIT RESULTS

State law also requires community mental health programs to provide specific services to these individuals, based on available funding and the needs of clients, including:

- Screening and evaluation;
- Crisis stabilization;
- Vocational and social services;
- Residential services;
- Individual, family and group counseling and therapy;
- Medication monitoring; and
- Psychiatric care in state and community hospitals, subject to certain provisions.

The U.S. Department of Justice Found Oregon's Community-Based Care System Insufficient

The U.S. Department of Justice began an investigation of the State of Oregon's community-based mental health system in 2010. It determined Oregon fell short in offering sufficient community-based care.

The U.S. Department of Justice found issues with the following pieces of Oregon's community-based care system:

- Availability of intensive community-based services, including case management, crisis services, and jail diversion;
- Availability of critical supports for housing and employment;
- Length and number of stays in the Oregon State Hospital;
- Behavioral health data collection methods and accuracy; and
- Collaboration with local law enforcement and other community partners.

In July 2016, the Oregon Health Authority and the U.S. Department of Justice published a plan to correct these concerns. The plan is called Oregon's Performance Plan for Mental Health Services for Adults with Serious and Persistent Mental Illness. This plan includes steps to increase community-based care with a focus on providing the right care at the right time, and in the right setting. One of the services highlighted by the plan is Assertive Community Treatment, and one outcome listed is for the Oregon Health Authority to increase the number of individuals with SPMI that are provided with Assertive Community Treatment. The overarching goal of this plan is to prevent individuals with mental illness from becoming hospitalized or incarcerated.

Individuals with Severe and Persistent Mental Illness are at Risk of Cycling In and Out of Psychiatric Hospitalization or Jail

National research shows many individuals with SPMI that lack adequate treatment for their illness are more likely to be hospitalized or jailed, often repeatedly.

A number of individuals with mental illness in Lane County are cycling in and out of the local psychiatric hospital. Individuals with mental illness may also be cycling in and out of the Lane County Jail. However, it is unknown how many of these individuals have an SPMI diagnosis.

According to national studies, individuals with SPMI who are jailed are at risk of their symptoms worsening during their stay if they fail to receive adequate treatment. Also, without adequate treatment after release their health may decline further and they may engage in behavior that results in re-arrest.

AUDIT RESULTS

Nationally, jail officials are working to address the medical needs of people with mental illness. We also learned the Lane County jail has made efforts to improve services for inmates experiencing mental illness. These efforts include expanded mental health services provided by the jail's medical provider, such as screening, crisis intervention and stabilization, individual psychotherapy, and medication monitoring. LCBH and the Lane County Jail are also currently coordinating on hiring three additional mental health counselors who will be located at the jail to provide individuals with release transition planning. These mental health counselors will develop discharge plans for individuals, which could include connecting individuals to treatment providers so there is no gap in treatment and connecting individuals to stable housing.

Admittance Information for Lane County's Local Psychiatric Hospital

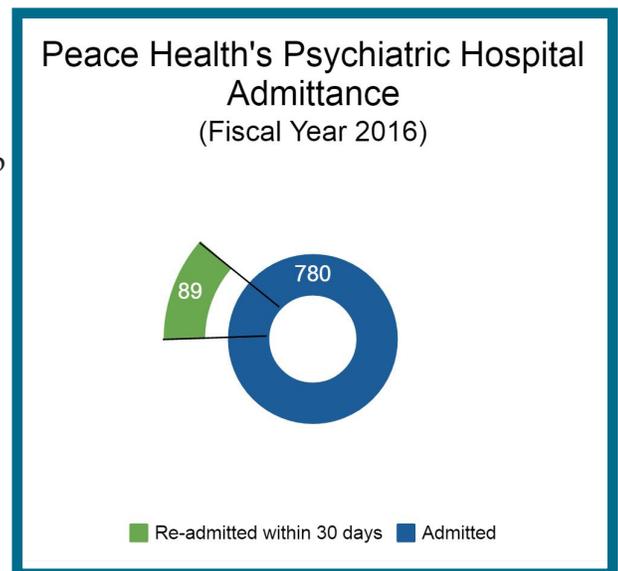
PeaceHealth's psychiatric hospital has 35 in-patient beds, and is the largest psychiatric hospital in Lane County. The hospital is often full with patients waiting to get a bed. Most referrals come from PeaceHealth's Emergency Department. Patients stay in a secure room in the Emergency Department until a bed opens up in the psychiatric unit.

In fiscal year 2016, PeaceHealth's psychiatric hospital admitted 780 individuals. Some of these patients were admitted multiple times, and in 89 cases, individuals were re-admitted within 30 days of discharge. In addition, PeaceHealth referred 51 of these 780 patients to the Oregon State Hospital for psychiatric care, and 49 were admitted.

Often the psychiatric hospital's patients are homeless and when released may end up back on the street. However, the hospital has a transition team that helps transition patients to community-based care. The transition team's goal is to prevent patients from falling through the cracks, and the team coordinates with LCBH to schedule follow up appointments for discharged patients.

Mental Health Information for the Lane County Jail

The Lane County Jail currently houses a maximum of 411 inmates and estimates 60% or 246 of these inmates on any given day are experiencing mental illness. The Lane County Jail contracts with California Forensic Medical Group to provide inmates with health care services, including mental health services. Mental health services include mental health screening, crisis intervention and stabilization, individual psychotherapy and group therapy, and medication monitoring. Medical contract workers in the jail had an average of about 84 psychiatric contacts and 428 mental health counselor contacts with inmates each month in calendar year 2015. The jail also had an average of about 50 inmates on suicide watch each month in calendar year 2015.

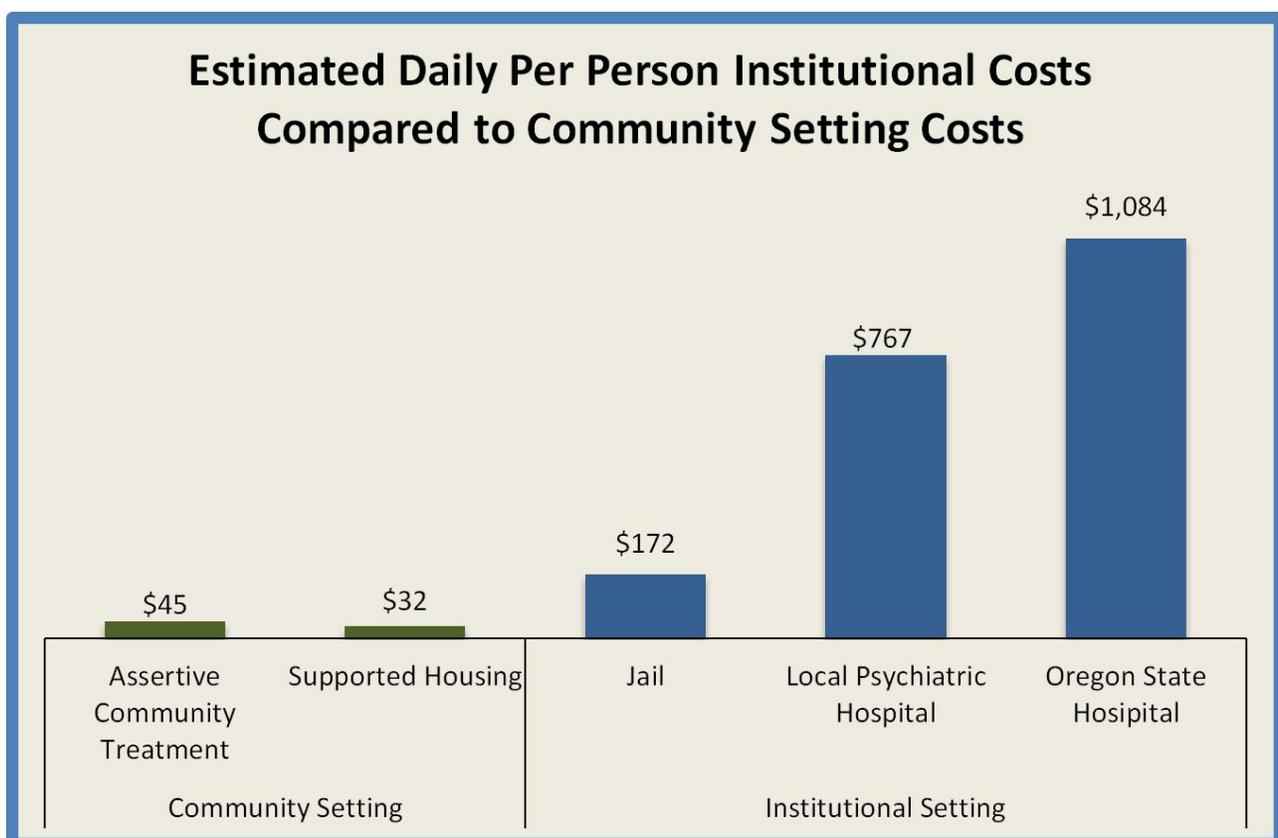


AUDIT RESULTS

Jail and Hospital Costs are Much Greater Than Community-Based Mental Health Services

Jail stays and psychiatric hospitalization costs are much greater than community-based treatment costs. We used national daily cost estimates for Assertive Community Treatment and a Denver study's daily cost estimate for supported housing. Supported housing is housing that includes case management and other community-based mental health services with staff on site. We compared these community setting daily cost estimates with local institutional setting daily costs. We obtained local institutional setting costs from the Lane County Jail, PeaceHealth, and the Oregon State Hospital.

With more demand than capacity for community-based treatment services for individuals with SPMI, this is likely resulting in more hospital admissions, and possibly more arrests and jail time. This is because individuals with SPMI without access to community-based treatment services are more likely to have difficulty maintaining mental wellness and experience more mental health crises and destabilization. Thus, increasing access and capacity to community-based treatment services would reduce system-wide costs.



AUDIT RESULTS

Lane County's Community Mental Health Program Has Made Recent Improvements in Community-Based Mental Health Services

Lane County Community Mental Health Program's Spectrum of Community-Based Mental Health Services

Lane County's Community Mental Health Program has a system of providers including LCBH's mental health clinic. This system of providers has a full spectrum of community-based mental health services, including

- Assertive Community Treatment and Intensive Case Management
- Other case management and care coordination
- Alcohol and drug treatment
- Medication management
- Therapy and group therapy
- Peer support services
- Housing and employment services
- Crisis services
- Jail diversion program

New or Expanded Community-Based Mental Health Initiatives and Services in Lane County

Lane County's Community-Based Mental Health System has expanded or created new services in the last couple years. These include a new 24-hour crisis center, a new Mental Health Court, expanded mental health care services in the Lane County Jail, and an initiative to break the cycle of crisis for frequent users of public services.

New 24-Hour Crisis Center

In May 2016, Lane County opened Hourglass Community Crisis Center in Eugene, a free 24 hour center. Lane County contracted with Columbia Care Services to run the center. The center is intended to be safe place for adults experiencing a mental health crisis to go for support. Services include mental health crisis assessment, case management, and crisis problem solving. The center will also connect individuals to other providers for ongoing services. In some cases, individuals are taken to the Emergency Department when they need intensive psychotic care.

Most referrals come from law enforcement officers and CAHOOTS, and individuals also walk-in or are brought by family members. CAHOOTS (Crisis Assistance Helping Out On The Streets) is a mobile crisis intervention service with teams in Eugene and Springfield. So far, the center has served individuals from all over Lane County, including from Junction City, Florence, Oakridge, and Cottage Grove.

AUDIT RESULTS

Lane County's New Circuit Court Mental Health Court

In October 2016, Lane County Circuit Court implemented a Mental Health Court. Lane County District Attorney Patty Perlow led the effort to create this new specialty court. The Mental Health Court is for individuals with mental health issues, with the exception of violent offenders. LCBH will provide court participants with mental health services, including individual and group therapy, peer support, psychiatric assessment, and medication management. A judge will monitor participant progress and make sure they stay on track. For those who complete the program, their charges will be dropped.

Expanded Mental Health Care Services in the Lane County Jail

The Lane County Jail has made recent changes to improve services for inmates experiencing mental illness. For example:

- In July 2015, Lane County began contracting with a new jail medical provider, California Forensic Medical Group. California Forensic Medical Group's services includes mental health services, such as screening, crisis intervention and stabilization, individual psychotherapy, and medication monitoring.
- LCBH and the Lane County Jail are currently coordinating on hiring three additional mental health counselors who will be located at the jail. These new employees will work with individuals as they are being released, and provide them with case management and care coordination, including scheduling appointments, working with the families, and coordinating with other community providers for needed services.



Lane County Courthouse

AUDIT RESULTS

Frequent User Systems Engagement (FUSE) Initiative

Lane County's Frequent User Systems Engagement (FUSE) initiative seeks to help break the cycle of housing instability, homelessness, and crisis among the top 100 individuals who are the highest users of public services. The public services used include emergency rooms, jails, police, courts, shelters, clinics, emergency medical transport and crisis services. Often these frequent users have complex behavioral health challenges.

One goal of the FUSE initiative is to bring together community partners from a variety of sectors to share data and to connect frequent users to housing, healthcare, and care coordination. The FUSE model uses housing along with wraparound services and supports to intervene and break the cycle of homelessness, incarceration and hospitalization that is often prevalent among this population. Another goal of the FUSE initiative is to use public funds more efficiently. By providing frequent users with the tools necessary to thrive in their community, the FUSE model has proved to be a successful intervention method with substantial cost savings in other communities.

The FUSE work group first met in June 2016. Lane County Human Services Division is the lead agency, and the work group has representatives from the following organizations:

- City of Eugene Police Department;
- City of Springfield Police Department;
- Eugene-Springfield Emergency Medical Services;
- Lane County Sheriff's Office;
- Lane County Jail;
- Lane County Behavioral Health;
- Peace Health Hospital;
- McKenzie Willamette Hospital;
- Lane County Community Health Center;
- Trillium Community Health CCO;
- ShelterCare;
- Laurel Hill Center;
- White Bird; and
- Housing & Community Services Agency of Lane County.

AUDIT RESULTS

Lane County Behavioral Health's Clinic Transformation

Beginning in late 2014, LCBH began a transformation project of its mental health clinic. The goal was to improve access and effectiveness in caring for its clients. The changes LCBH implemented were based on the Mental Health Center of Denver's model. Similar to Denver's model, LCBH is moving toward delivering mental health treatment that is focused on recovery and providing the right care at the right time.

In the past two years, LCBH has taken many steps toward this transformation, including:

- **Creating a two-tier client system** – LCBH used a recovery needs level assessment tool to place clients into one of two tiers. Tier 1 is for clients that need more supports such as case management and about 70% of clients are in this tier. Tier 2 has the remaining 30% of clients, which need less supports.
- **Forming care teams** – LCBH has moved from one-on-one care to a team-based approach. Instead of being assigned to one provider, clients are now assigned to a care team, which include a psychiatrist, mental health counselor, and peer support specialist. Care teams meet weekly to coordinate care and to make shared decisions on client care.
- **Adding more group therapy** – Mental health counselors do group therapy sessions on specific topics, such as anxiety, depression, and smoking cessation. Most mental health counselors do two to three group sessions a week.
- **Adding peer support specialists and a drop-in center** – LCBH implemented a program called Connection Point with a resource room staffed by peer support specialists. Peer support specialists are individuals who have lived through a mental illness or psychological trauma. They model a healthy recovery lifestyle, and build relationships with and support others in their treatment. Peer support specialists are on site to help clients set recovery goals, solve problems, and take them to appointments.



Lane County Mental Health Building - Reception

AUDIT RESULTS

- **Adding a forensic clinical supervisor** – LCBH added a third clinical supervisor position to the adult team to manage all forensic programs, including the Jail Intercept and mental health court programs. This will allow the Tier 1 and Tier 2 Team supervisors more time to focus on implementing and making improvements to the new system of care.

Before its transformation project, LCBH has worked to integrate mental and physical health care. LCBH's mental health clinic now has two primary care doctors that LCBH clients can see. LCBH has also taken some steps toward creating a system where LCBH psychiatrists provide consulting to Lane County's Community Health Clinic doctors. The goal is for primary care doctors at the Community Health Centers to become more comfortable managing patients with mental health concerns.

Demand is Greater than Current Capacity for Effective Community-Based Mental Health Services

Limited System Capacity for Intensive Case Management

Although we found Lane County's Community Mental Health Program to have a system of providers offering a full spectrum of services, we found the capacity to be lacking for intensive case management. As mentioned above, intensive case management, which includes Assertive Community Treatment, is considered the most effective community-based mental health treatment for individuals with SPMI and preventing hospitalization and incarceration.

We found two community-based mental health providers in Lane County that have some capacity for intensive case management: Laurel Hill Center and South Lane Mental Health. Both these providers have Assertive Community Treatment programs with a combined capacity of 150 clients. They also both have lesser intensive case management programs. Laurel Hill Center's Community Support Services program provides clients with case management, medication management, crisis support, skill building, supported employment, and other supports. This Community Support Services program serves over 200 clients. South Lane Mental Health has a case management program that also includes therapy. South Lane is also developing a targeted case management program to provide short-term intensive services for individuals dealing with a trauma or other serious incident. Laurel Hill Center is located in Eugene and South Lane Mental Health is located in Cottage Grove.

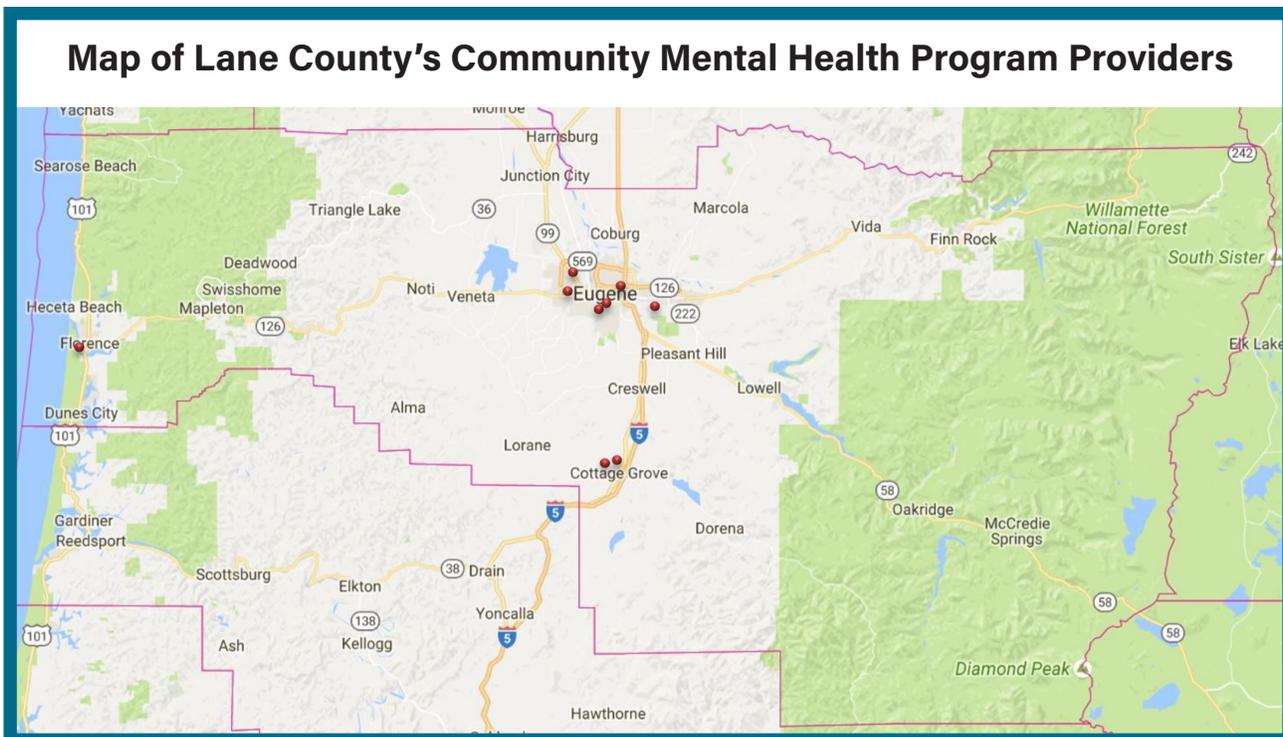
We learned from several community-based mental health providers in Lane County that there is more demand than capacity for intensive case management services. Also, with the implementation of Oregon's Performance Plan for Mental Health Services and the goal of reducing psychiatric hospitalization, the demand is expected to increase significantly.

In addition, we learned that for intensive case management services to be most effective, individuals need to have housing. Yet there is a lack of housing supports for individuals with SPMI. Last, we learned there is a lack of alcohol and drug treatment services for individuals diagnosed with a co-occurring disorder, both SPMI and a substance use disorder. Without both adequate housing supports and alcohol and drug treatment, community-based mental health treatment will likely fail; clients need all three to get stabilized and enable them to move toward recovery.

AUDIT RESULTS

Limited Capacity in Rural Areas of Lane County

We found limited capacity for intensive case management services in rural parts of Lane County. South Lane Mental Health is the only provider outside the Eugene/Springfield metro area to provide intensive case management. We also found that capacity is lacking for general community-based mental health services in rural parts of the county. Adult community-based mental health providers located in rural Lane County include Cottage Grove's South Lane Mental Health, and Florence's Options Counseling and Peace Harbor Medical Center. In addition, Peace Harbor Medical Center's 2016 Community Health Needs Assessment found a major gap in mental health providers in western Lane County.



Lane County Behavioral Health Clinic Capacity is Limited

LCBH's clinic also lacks intensive case management services for its more than 800 adult clients, although the clinic identified 70% of its clients needed intensive case management services. However, as mentioned above, LCBH's clients are among the community's most challenging SPMI clients and its clients would benefit from having access to intensive case management services.

Also, the case management LCBH does provide is limited. LCBH's mental health counselors provide their clients with case management about 20-30% of the time, with the bulk of the time spent on therapy.

Limited case management could be affecting LCBH's no show rate. LCBH's no show rate was 16% for clinic appointments in fiscal year 2016. Clients who fail to show up for appointments are more at risk of dropping out of the clinic, which could lead to declines in their mental health.

In addition to limited case management, there is an overall need for greater capacity for services at LCBH's clinic. LCBH provides services to clients with the greatest needs and refers out many others due to lack of capacity.

AUDIT RESULTS

LCBH does not keep a waiting list. There is a risk that individuals who LCBH refers out may also lack access to other providers, and thus access to community-based mental health services.

Other Limitations

Even if capacity for effective community-based treatment services was improved, some individuals with SPMI will likely still refuse treatment. In other cases, individuals' criminal behavior makes them too much of a risk for community-based treatment, such as those charged with violent crimes.

Recruitment and Payment System Challenges Impact Lane County Behavioral Health's Ability to Increase Capacity and Fully Implement Effective Community-Based Mental Health Services

Challenges with Recruitment and Retention

By hiring more staff, LCBH could increase its capacity to serve more clients and provide intensive case management services. However, LCBH faces challenges with recruitment and retention.

Nationally and in Oregon, we face a shortage of psychiatrists. This shortage results in community-based mental health clinics having less capacity to serve SPMI patients. It also means all patients needing psychiatric services have long waiting times for appointments.

LCBH's adult clinic has seven licensed medical provider positions, who are either psychiatrists or psychiatric nurse practitioners. At one point during the past year, LCBH had four vacancies for these positions, and currently has three vacancies. LCBH's Medical Officer said if all positions were filled, the clinic could increase its capacity and serve more clients. With the nationwide shortage, LCBH has been finding difficulties in recruiting for this high demand occupation. Retention of psychiatrists has also been a challenge, and LCBH lost two psychiatrists in April 2016.

LCBH's clinic also faces challenges in recruiting and retaining mental health counselors. In calendar year 2016, LCBH had 26 openings for mental health counselors, of which 5 were newly added positions. As of early November 2016, LCBH had filled 13 of 26 positions and was actively recruiting for 10 unfilled positions. For example, LCBH's first recruitment effort for the three new mental health counselor positions in the jail resulted in one hire. LCBH has since reopened this recruitment.

Solving the recruitment challenges and hiring more mental health counselors would improve capacity and could allow LCBH to fully implement its transformation project. Hiring even more mental health counselors could enable LCBH to provide intensive case management, but LCBH would also need funding support for additional staff. The typical ratio of staff to clients for intensive case management is about 1 to 20 compared to LCBH's current ratio of about 1 to 60.

Lane County will have to compete with other providers also recruiting for mental health counselors. The Oregon Employment Department's recent 10 year employment analysis projects above average job growth in Oregon and a significant number of job openings for mental health counselors in Lane County. Also, some mental health counselors choose to be in private practice, or prefer to work part-time.

AUDIT RESULTS

LCBH recruitment and retention challenges:

- **Lengthy recruitment and hiring process** – Recruiting and hiring county staff has multiple steps and takes a lot of time. From job posting to hiring can take up to 3 months. Thus, when there is staff turnover, other staff take on a higher caseload until a new person is hired.
- **Limited Hiring Incentives** – Unlike the private sector, the County lacks certain hiring incentives, such as hiring bonuses. In particular, this creates a disadvantage for hiring psychiatrists who often receive signing bonuses from competing organizations. In some cases, the county can reimburse for moving expenses or provide a bank of 40 hours of leave time. These limited hiring incentives constrain the county's ability to negotiate with candidates.
- **Limited Ability to Offer Part-Time Positions** – LCBH is limited in its ability to offer part-time schedules for its psychiatrists and mental health counselors. One limitation is that the county currently lacks a system to pro-rate benefits for part-time employees. If the county had a system for pro-rating benefits for part-time employees, and LCBH could offer additional part-time positions, LCBH may be able to attract additional qualified candidates during its recruitment efforts. For existing employees, part-time positions may also help with retention efforts.
- **Limited Reimbursements for Continuing Education** – Employee reimbursement for continuing education by LCBH is limited. Every two years, Oregon psychiatrists are required to receive 60 hours of continuing education for renewing their licenses, and mental health counselors are required to receive 40 hours. Between fiscal years 2015 and 2016, LCBH's training budget went from about \$30,000 to about \$16,000. Staff said the training budget per employee was insufficient to cover the full costs of meeting continuing education training requirements. For just LCBH's psychiatrists and mental health counselors, \$16,000 comes to an average of \$380 per employee.
- **Limited Incentives for Recent Mental Health Counselor Graduates** – LCBH provides limited clinical supervision toward licensure for recent mental health counselor graduates. LCBH provides group supervision, but mental health counselors need to seek individual supervision outside of LCBH. The biggest pool of candidates is recent graduates, and LCBH may be missing out on these hiring opportunities. Also, LCBH lacks a system for automatically promoting mental health counselors to the licensed classification position once they get licensed.

Payment System Favors Traditional Mental Health Services vs. Community-Based Care Focused on Recovery and Intensive Case Management

The current payment system for Medicaid clients creates an incentive for LCBH to provide its SPMI clients with more traditional therapy services. At the same time, the current payment system creates a disincentive to provide effective community-based care practices focused on recovery and intensive case management. An alternative payment system could allow LCBH to deliver more of the right community-based services and at the right time, such as intensive case management, and reduce system-wide costs.

Most LCBH clients are eligible for Medicaid and are Trillium Community Health Plan members. As the county's CCO, Trillium Community Health Plan reimburses LCBH for mental health services for Medicaid clients using a traditional fee-for-service model. As a Federally Qualified Health Center, on top of the payment from Trillium Community Health Plan, LCBH receives an enhanced reimbursement payment from the State for therapy, but not for case management. This enhanced payment from the State results in LCBH receiving 8 times more total reimbursement for therapy than for case management.

AUDIT RESULTS

This payment structure creates an incentive for LCBH to provide mostly therapy services. However, there is much more to treating individuals with SPMI than just therapy. Also, for therapy to work, some individuals with SPMI first need case management services to help in meeting basic needs, such as food, shelter, and medical care.

In 2015, LCBH conducted a needs assessment and identified 70% of its clients as needing intensive case management. As noted above, two providers in Lane County have some capacity for intensive case management. However, LCBH's mental health clinic lacks intensive case management.

Alternative payment systems are possible and are used by other CCOs in Oregon. For example, Deschutes County Behavioral Health receives a fixed amount per client per month from PacificSource, Deschutes County's CCO. A program manager for Deschutes County Behavioral Health said this payment structure has allowed them to provide intensive case management services. Jackson County Mental Health also receives alternative payments, in the form of a fixed amount per client per month, from its two CCOs. Jackson County Mental Health's manager said this payment structure has allowed them the opportunity to develop additional programs that are not traditionally funded. Jackson County Mental Health provides intensive case management services, and it provides half its services in the community.

Enhanced Coordination Needed to Improve Continuity of Care

To improve continuity of care and improve outcomes for SPMI clients, enhanced coordination among system providers is needed.

Continuity of care and providing the right care at the right time for Lane County's SPMI population requires community-based mental health providers to coordinate their services. Different providers offer different services and at different levels. For example, two providers in Lane County offer intensive case management services. Some providers specialize in alcohol and drug treatment, and others specialize in supported employment or supported housing.

As the Community Mental Health Program, LCBH is the obvious choice for leading coordination and has made recent improvements in coordination among providers. However, we learned this coordination could be enhanced in the areas of team care, shared comprehensive care planning, face-to-face referrals, information sharing, and communication.

We also found the system currently lacks a central tracking system of SPMI clients. Similarly, LCBH lacks a system for following-up on SPMI clients it refers to other providers.

Washington County is an example of how system-wide coordination of SPMI clients could work. Washington County's Mental Health Division has four care coordinators who receive referrals, assess need, and advocate for care. These care coordinators also track and follow clients after being referred to providers. Washington County assumes the clients will be in the system for the long-term and strives to create continuity.

Without more coordination, there is a risk clients will fall through the cracks. As mentioned above, LCBH faces staffing and payment system challenges, which also impacts LCBH's ability to devote additional time to coordination.

AUDIT RESULTS

Monitoring of Client Outcomes Could Improve Effectiveness and Demonstrate Cost Savings

Lane County Behavioral Health lacks a performance measurement system that tracks outcome results for its general SPMI client population. Having a measurement system that tracks outcomes could help LCBH in its transformation effort to move toward delivering mental health treatment that is focused on recovery and providing the right care at the right time. Tracking outcomes for clients could help LCBH determine what efforts are working and what needs to be improved. In addition, tracking outcomes could help LCBH demonstrate cost savings and make the case for an alternative payment system.

Considered a leader in creating a recovery-oriented system, the Mental Health Center of Denver uses recovery outcome data to drive its quality improvement efforts. The Center also uses outcome data to demonstrate effectiveness and estimate cost savings. One example of a recovery outcome measure is the percentage of clients who improved their level of symptom management. Other outcome measures include the change in number of homeless clients, number employed, number of jail days, and number of psychiatric hospital days. Lane County's Community Mental Health Program also lacks a data sharing system, which could be helpful in developing a meaningful outcome tracking system. For example, a shared data system could allow LCBH to obtain data on the number of jail days and psychiatric hospital days for its clients.



Lane County Mental Health Building

RECOMMENDATIONS

To increase capacity and fully implement effective community-based mental health services focused on recovery and continuity of care, we recommend Lane County Behavioral Health:

- Continue to work with Lane County Human Resources to streamline the hiring process to more quickly fill vacant positions at Lane County's mental health clinic
- Work with Lane County Human Resources to explore recruitment and retention policies and strategies that are aligned with the needs of Lane County Behavioral Health; examples may include part-time positions with prorated benefits, increased budgets for continuing education, individual supervision toward licensure for mental health counselors, and flex positions that allow for automatic promotion once a mental health counselor becomes licensed
- Engage with Trillium Behavioral Health and Trillium Community Health Plan to explore alternative payment structures that would cover the cost of providing effective community-based services focused on recovery and intensive case management
- Continue and enhance coordination efforts among community-based mental health providers
- Work in partnership with Trillium Behavioral Health to develop a central tracking system of SPMI clients served by community-based mental health providers and to track and coordinate care for these clients
- Develop a strategy and plan for creating a performance measurement system that tracks outcomes for LCBH's general SPMI client population, and that includes exploring the feasibility of creating a data sharing system with partner agencies



*Heceta Head Lighthouse
by Gary Halvorson, Oregon State Archives*

SCOPE AND METHODOLOGY

Our audit objective was to evaluate the effectiveness of Lane County's Community Mental Health Program in providing community-based mental health services and preventing the hospitalization and incarceration of individuals due to their mental illness. This audit topic was identified during a county-wide risk assessment conducted in the spring of 2015.

The scope included a review of adult community-based mental health services, provided by Lane County Behavioral Health (LCBH) and other providers.

We applied different audit methodologies to obtain and analyze information related to the audit scope and to support developing and testing the audit objective. The methodologies included the following:

- Researching criteria and best practices for effective community-based mental health services in preventing hospitalization and incarceration of individuals with mental illness
- Reviewing documentation to understand the Community Mental Health Program's role in delivering community-based mental health services
- Interviewing LCBH personnel and contract providers on community-based mental health services currently being provided, the capacity for those services, coordination efforts, and the eligibility and prioritization of clients
- Collecting and analyzing data to determine the extent to which Lane County adults have a severe and persistent mental illness, and the extent to which individuals in Lane County experiencing mental illness are in contact with law enforcement, jailed, or hospitalized
 - It is important to note, we relied on the data provided by other agencies and did not independently audit the accuracy of source data
- Researching the impacts on individuals experiencing SPMI who are jailed
- Collecting and comparing daily cost information on the local jail, the local psychiatric hospital, the Oregon State Hospital, and key community-based mental health services
- Interviewing LCBH personnel and reviewing documentation to understand staffing recruitment and retention issues
- Interviewing Health and Human Service Department finance personnel and reviewing financial documentation to understand the funding structure that supports Lane County's Community Mental Health Program and LCBH's mental health clinic
 - In order to account for inflation, we expressed LCBH's revenue trend data in constant dollars by adjusting dollar amounts for each prior year to equal the purchasing power of money in 2016; using the Consumer Price Index – All Urban Consumers U.S. City Average, as reported by the Bureau of Labor Statistics, U.S. Department of Labor
- Interviewing LCBH personnel to understand new initiatives and service expansions recently implemented, and to understand challenges the program faces
- Interviewing LCBH personnel to understand current data collection, reporting, and monitoring, and the status of performance measurement and outcome tracking

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient and appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

DEPARTMENT RESPONSE

To: Shanda Miller, County Performance Auditor

From: Alicia Hays, H&HS Department Director
Karen Gaffney, H&HS Assistant Director
Lisa Nichols, H&HS Assistant Director
Carla Ayres, Lane County Behavioral Health Manager



Date: November 21, 2016

Subject: Department Response to Lane County's Community Mental Health Program Audit

Thank you for the opportunity to comment on the Lane County Community Mental Health Program Audit. We would first like to state that we greatly appreciate the manner in which the audit was conducted, finding your methods to be open, inclusive and objective. This process allowed you to experience first-hand the complexity of managing such a critical resource, one that impacts the lives of so many members of our local community.

We found this report to be comprehensive and value the inclusion of the programs background and history as well as the current strengths, weaknesses and opportunities that are realized by Lane County Behavioral Health, the Community Mental Health Program for Lane County. As an organization, we value continuous improvement and are utilizing this audit as an opportunity to continue in this realm, working towards providing the highest quality services and achieving the most positive outcomes for the individuals that we serve.

We are in agreement with several of the audit findings and recommendations and commit to continuing our efforts towards improvements in these areas. Lane County Behavioral Health is addressing these recommendations as follows.

Continue to work with Lane County Human Resources to streamline the hiring process to more quickly fill vacant positions at Lane County's mental health clinic.

Lane County Behavioral Health has been actively working with the County's Human Resources Department to minimize the amount of time in the hiring process as well as increase the number of quality applicants received. This endeavor has included revision of the interview process, participation in job fairs and targeted outreach to potential applicants. In addition to these efforts, Lane County Behavioral Health utilizes professional recruiting firms to assist with securing candidates for open psychiatrist and psychiatric nurse practitioner positions.

DEPARTMENT RESPONSE

Lane County Behavioral Health Program plans to continue its coordination with Human Resources and recruitment firms in order to continue to improve in the area of recruitment and hiring.

Work with Lane County Human Resources to explore recruitment and retention policies and strategies that are aligned with the needs of Lane County Behavioral Health.

Lane County Behavioral Health has implemented several new recruitment and retention strategies and is continuously pursuing other activities, as allowed by budgetary and policy constraints. As previously mentioned, Lane County Behavioral Health coordinates with both Human Resources and outside recruitment firms to find and bring in top talent. To ensure retention of these employees, Lane County Behavioral Health provides alternate work schedules including some part time positions and job sharing opportunities. The division also offers in-house continuing education opportunities, alignment of professional interests with job positions and promotes a variety of team and morale building activities.

Lane County Behavioral Health has several areas in the realm of retention where it continues to seek improvement. Included in this category are increased budgets for outside training opportunities. While there are currently dollars allocated to each staff for these opportunities, the amounts are not yet at the optimal levels. These amounts will continue to increase as allowed by budget constraints. Lane County Behavioral Health is also in process of securing clinical supervisory capacity to assist staff with obtaining professional licensure.

Another area that is extremely important in supporting behavioral health employees is the provision of trauma informed practices and care. Behavioral Health is one of many fields that can be extremely difficult and emotionally challenging. While there are many rewards realized from helping our community's most vulnerable population, there are also challenges and stressors. As such, Lane County Behavioral Health has implemented a process to ensure that the environment, policies, practices and management are aligned in an effort to lessen the impacts of trauma and provide much needed support to both our clients and employees.

DEPARTMENT RESPONSE

Engage with Trillium Behavioral Health and Trillium Community Health Plan to explore alternative payment structures that would cover the cost of providing effective community based services focused on recovery and intensive case management.

As an intentional and strategic move, Lane County Behavioral Health, as the Community Mental Health Program, provides services through a combination of direct employees and contracts with local non-for-profit partner agencies. Assertive Community Treatment (ACT), which includes an intensive case management component, falls into the category of services that has strong rationale to contract to other community organizations. ACT holds high standards and fidelities as well as service components that are not financially well supported under Lane County Behavioral Health's designation as a Federally Qualified Health Center. Under this structure, Lane County Behavioral Health receives an enhanced payment rate for many services. This higher rate supports the organization's ability to provide care to all individuals, including those who are indigent and without financial resources to pay for services. As indicated in the audit report, case management is not a service that receives this enhanced rate. Given these reasons, Lane County Behavioral Health contracts ACT services to other local providers. Lane County's current ACT teams have capacity for additional clients and Lane County Behavioral Health closely coordinates with those teams to refer individuals who are found to require this level of care.

In serving individuals diagnosed with severe and persistent mental illness, many of Lane County Behavioral Health's clients do require varying levels of case management services. To accommodate for this need, Lane County Behavioral Health has augmented its staffing to include two additional position types, Peer Support Specialists and Qualified Mental Health Associates. It is the role of these positions to provide case management and outreach to clients, working to engage individuals in services and assist with overcoming barriers to treatment participation. As fiscally feasible, Lane County Behavioral Health plans to continue to enhance its care teams with these positions.

Lane County Behavioral Health has also engaged with Trillium Behavioral Health in pilot projects that include the alternate payment structure of a per member, per month reimbursement. The most recent of these projects focused on the integration of primary and mental health care and successfully resulted in additional primary care physician staffing at Lane County Behavioral Health. As possible, the organization will continue to engage with funders on alternate payment mechanisms to better support quality service delivery, including the provision the of case management services.

DEPARTMENT RESPONSE

Continue and enhance coordination efforts among community-based mental health providers.

The Department is in strong agreement that collaboration amongst all partners is necessary to facilitate a robust and cohesive system for mental health services. As such, Lane County Behavioral Health actively coordinates with the community, including other service providers, funders and local law enforcement. The organization convenes forums with partners from these groups, such as the monthly Acute Care Council, Mental Health Summit and Behavioral Health Consortium. Through work with this latter entity, Lane County Behavioral Health participates in a project where all service providers submit weekly access data, allowing organizations to easily see current openings and facilitate quicker access and assure the appropriate service type for individuals. Lane County Behavioral Health also works closely with primary care providers, including the Community Health Centers of Lane County, to assist clients with meeting their primary health care needs.

Lane County Behavioral Health will continue its collaboration efforts with all local partners, working towards an organized and coordinated system that supports continuity of care and the provision of the right care, at the right time.

Work in partnership with Trillium Behavioral Health to develop a central tracking system of SPMI clients served by community-based mental health providers and to track and coordinate care for these clients.

In Lane County's system of mental health care, Trillium Behavioral Health serves to track and coordinate care for its members. Trillium Behavioral Health employs care coordinators whose roles serve to receive referrals, assess need and authorize and arrange for care. Lane County Behavioral Health works closely with Trillium to ensure that these individuals are getting their care needs met.

Outside of this system, Lane County does not have a shared platform that coordinates care across mental health services. There are many challenges with implementing such a system including financial constraints and regulatory issues, as well as privacy concerns for those who are not Trillium members. Lane County Behavioral Health does, however, recognize the benefit of such a tracking system and commits to exploring potential opportunities for the implementation of this structure.

DEPARTMENT RESPONSE

Develop a strategy and plan for creating a performance measurement system that tracks outcomes for LCBH's general SPMI client population, and that includes exploring the feasibility of creating a data sharing system with partner agencies

Lane County Behavioral Health has a long history of utilizing evidence based practices and tools to monitor client outcomes. The organization previously employed a system developed by The Mental Health Center of Denver, however, this system could not be integrated with Lane County Behavioral Health's new electronic health record nor did it represent the staffing orientation at Lane County Behavioral Health. As such, this tool was discontinued and the organization is currently working to find an outcomes measurement tool that better represents the levels of care provided by Lane County Behavioral Health and one that integrates with its electronic health record.

In closing, we would again extend our gratitude for the provision of this detailed and thoughtful report. Collectively, these recommendations will help guide and inform Lane County Behavioral Health's efforts towards service delivery transformation and assurance of high quality health care for the residents of Lane County.