

Priority: Accountability **Lead Agency:** County Human Services
Program Offer Type: Support **Program Contact:** Joan Rice
Related Programs: 25050, 25051, 25052, 25054, 25079A

Program Characteristics:

Executive Summary

The Quality Management Program investigates abuse of mentally ill adults, protects victims, and prevents future abuse. The program holds mental health agencies accountable for continuous improvement, safety, and compliance through intensive certification audits and corrective actions. For Multnomah County's 67,000 Verity Oregon Health Plan eligible monthly members, program staff assure fiscal accountability, resolve complaints, monitor quality, and educate members about services available.

Program Description

The program has four distinct functions: 1) Protective Services including investigation and intervention for allegations of abuse of mentally ill adults. 2) Quality Assurance through regular auditing of all mental health providers for compliance with Oregon Administrative Rules and approving specific agencies for mental health certification by the State Office of Mental Health and Addiction Services. 3) Performance measurement and quality improvement activities at the contract provider level and for the Mental Health and Addiction Services Division including administration and analysis of Verity satisfaction surveys, health plan needs assessments, complaint and grievance resolution, conducting consumer focus groups, working with the Verity Quality Management committee on improvement projects, and reviewing critical incidents including injuries and suicide attempts of Verity members. 4) The medical records function of the Quality Management program ensures that all Mental Health and Addiction Services Division records comply with State and Federal documentation and confidentiality rules and regulations. The unit is responsible for 67,000 charts. These functions protect and support some of the most vulnerable persons living in our community.

Program Justification

The Quality Management program links to the Basic Needs and Accountability strategies by monitoring whether Multnomah County residents receiving behavioral health care are receiving quality service and are satisfied with their care and intervening directly when problems or issues arise. The protective service investigators intervene directly when a mentally ill adult's safety is jeopardized by abuse. Critical incidents, including deaths, are reviewed with providers with the expectation of having outcomes that reduce client self-harm that may result in hospitalization or death. Providers change procedures based on reviews and improve services for clients.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Total clinical reviews protective service/certification/complaints/incidents. *1	420	503	503	826
Outcome	Percent of certification reviews conducted within 3 year maximum OAR mandate.	80%	100%	100%	100%
Output	Total new community mental health provider certification reviews per year.	14	15	20	24
Output	Total MHASD Medical Records Audited For OAR Compliance. *2	7,400	8,020	8,020	9,350

Performance Measure - Description

*1 Increased volume due to additional community mental health provider certificates in community. FY04/05 historical volumes for protective service investigations, complaints and critical incidents used as FY05/06 estimate. *2 Medical Record compliance audits are completed by medical records staff. The compliance audit is completed on 10% of total records processed annually. Records staff processed and filed 64,471 unique client records.

Legal/Contractual Obligation

OMHAS could designate a county even if it did not operate as a CMHP. Definitions for ORS 430-735 to 430.765, (430.737 Mandatory reporting policy), (430.743 Abuse report; content; action on report; notice to law enforcement agency and DHS), (430.745 Investigation of abuse report; notice to medical examiner)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$580,668	\$1,060,358	\$660,162	\$1,189,793
Contracts	\$0	\$100,000	\$5,421	\$55,000
Materials & Supplies	\$0	\$74,583	\$48,617	\$0
Internal Services	\$21,057	\$454,421	\$303,254	\$0
Subtotal: Direct Exps:	\$601,725	\$1,689,362	\$1,017,454	\$1,244,793
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$0	\$0
Total GF/non-GF:	\$601,725	\$1,689,362	\$1,017,454	\$1,244,793
Program Total:	\$2,291,087		\$2,262,247	
Program FTE	0.00	0.00	7.33	15.77
Program Revenues				
Intergovernmental	\$0	\$1,689,362	\$0	\$1,244,793
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$1,689,362	\$0	\$1,244,793

Explanation of Revenues

Oregon Health Plan revenue based on December premium rates and assuming 66,970 insured members - \$515,645

State Mental Health Grant Award per 05-07 biennium contract -\$729,148

Significant Program Changes

✔ Significantly Changed

Last year this program was: #25043, MHASD Quality Management