

Outcome-Based Behavioral Health Care

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Background

- Alternate payment model for outpatient mental health services has been implemented
- Need for quality outcomes for those individuals receiving behavioral health services
- Intervention is Treat to Target (T2T)
- To date, Treat to Target has only been implemented in primary care



Project Aim

- Outcome-based behavioral health service planning
- Focus on clinical and functional improvement for individuals
- Shift measures from process to outcomes
- Establish common process for “clinical and functional improvement”; measures, reports, actions
- Menu of validated tools for providers to choose from
- Financial incentives will align payment with outcomes
- Outpatient providers will begin implementing an outcome tool in at least one program by 1/31/15



Project Team

- Mary Rumbaugh, Project Lead, Clackamas County
- Judy Harris, Project Lead, Youth Contact
- Tracy Gratto, Project Manager, Health Share of Oregon
- Team Members: Jamie Vandergon (Trillium); Leslie Tallyn (CCC); Peter Rosenblatt (Albertina Kerr); Kevin McChesney (Telecare); Andrew Grover (Youth Villages); Beth Epps (Cascadia); Mark Lewinsohn (Lifeworks); Pierre Morin (Lutheran); Marcia Hille (Sequoia); John Trinh (Luke-Dorf); Jessica Brar (CCS)



Project Measures

- **Process measure**
 - % of agencies implementing an outcome measure for one or more programs (target >90%)
- **Outcome measures**
 - Client and caregiver self-reports of improved engagement
 - % of clients who report improved health



Progress To Date and Next Steps

Progress to date:

- Consultation with Dr. Marc Avery (AIMS Center) and Dale Jarvis on implementing Treat to Target
- Inventory of current tools used by outpatient providers
- Metrics incentive funds approved

Next steps:

- Identify a rapid-cycle process for approving tools
- Distribute work plan template for providers
- Confirm clinicians who will participate
- Build data collections and reporting tools
- Train staff
- Go live: January 2015

