



MULTNOMAH COUNTY OREGON
MENTAL HEALTH AND ADDICTION SERVICES DIVISION

SECTION: MHASD Administration

NUMBER: MHADM-275

TITLE: Outcomes-Informed Care

ORIGINATED: 5/12

APPROVED:

REVIEW /REVISION DATES:

APPLIES TO:

All employed and subcontracted MHASD staff

CONTACT PERSON/S:

Joan Rice / Sara Hallvik

REPLACES: N/A

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Related Documents: Multiple

See Outcomes Informed Care Toolkit for related documents

POLICY STATEMENT:

MHASD strives to provide outcomes-informed care to all clients to facilitate ongoing evaluation of the efficacy of mental health services throughout treatment in order to tailor therapeutic approaches and interventions to provide clients with the best possible mental health care.

The provision of outcomes-informed care involves regular self-reporting by clients. This process may assist clinicians with proactively identifying clients who are at-risk. Additionally, the utilization of outcomes-informed care facilitates outcomes improvement across all treatment methods.

All MHASD mental health program staff and subcontracted providers that provide direct clinical treatment services to clients shall regularly utilize outcome-based clinical measures in their work with clients and the data gathered by these measures shall be made readily accessible and uniformly placed in each client's individual service record.

MHASD employees and subcontractors shall complete all documentation related to provision of outcomes-informed care including all of the content required by this policy.

PROCEDURE:

- I. Outcomes-informed care provided by MHASD staff and subcontractors shall proceed as follows:
 - A) All MHASD staff and subcontractors providing direct clinical treatment to clients shall participate in mandatory training on the utilization of clinical measures with clients and how to successfully employ outcomes-informed care in their work with clients.
 - B) All MHASD clinical supervisors shall participate in training related to providing supervision and support to staff providing outcomes-informed care.

- C) All MHASD staff and subcontractors providing direct clinical treatment to clients shall have access to the outcomes-informed care toolkit, and be trained on how to use the information provided there.
- D) At intake all MHASD staff and subcontractors shall follow the following procedures to initiate the provision of outcomes-informed care with clients:
1. Clinician will provide an explanation of the benefits, risks, and purpose of gathering outcome data via the ACORN tool, including how it will help ensure the client receives optimal mental health treatment and ensures that the focus of treatment is client-centered.
 2. Ensure all clients are registered in the ACORN database
 3. Ensure each client completes the appropriate version of the ACORN tool within the first 30 days of service.
 4. Upon the completion of the ACORN tool by the client, the clinician shall review the responses with the client (see F) and ensure data is submitted for processing.
- E) At each subsequent clinical treatment session, MHASD staff and subcontractors shall ensure the ongoing provision of outcomes-informed care:
1. Clients shall receive the appropriate version of the ACORN tool prior to or at the beginning of each appointment, and be afforded time to complete the questionnaire. The ACORN tool should be administered with a minimum frequency of every other week, but should not be given to a client more than once per week.
 2. MHASD staff and subcontractors shall offer any explanation or clarification regarding the content of the questions or the purpose of the questionnaire as requested by clients. Reading questions to a client is permitted if the client cannot read.
 3. If electronic forms are completed by the client, MHASD staff and subcontractors shall instruct the client not to click "submit" until they have reviewed the client's responses together. If paper forms are completed by the client, MHASD staff and subcontractors shall ensure the form is routed through the appropriate office procedures to be faxed.
- F) After at least three ACORN tools have been completed, MHASD staff and subcontractors shall initiate periodic discussions with clients (and guardians when applicable and family when appropriate) regarding the data gathered by the ACORN tool over the course of treatment including, but not limited to:
1. Recovery trends
 2. Patterns influencing relapse
 3. Identifiable triggers of positive and negative behavior
 4. Individual and environmental catalysts causing a change in symptoms
 5. Progress toward treatment outcomes
 6. Data-informed discussions on the criteria and timelines related to service conclusion
- G) All MHASD staff and subcontractors shall have periodic discussions about ACORN data during clinical supervision and receive consultation related to their

chosen therapeutic approach with each client in the context of the client's ACORN trend to date.