History of Community Mental Health Programs

Year	Legislation
1963	Community Mental Health Act – to provide funding for community-based care as an alternative to institutionalization
1965	Amended to include staffing grants and added substance use disorders
1960's	Many states established community mental health centers and a county-based delivery system, including Oregon, California, Utah, Texas, Michigan, New York, New Jersey, Pennsylvania and others
1975	Amended CMHA to add federal definition, access to all and community boards
1980	Mental Health Systems Act – funded grants for CMHCs
1981	Mental Health Systems Act repealed; loss of "federally qualified" status; CMHC funding block granted to states
1984	Community Mental Health Services Act – enumerates covered mental health services
2008	Mental Health Parity and Addictions Equity Law

The Local Mental Health Authority Role in the Health Care System

Oregon Revised Statutes Describe the Local Mental Health Authority Role

- The OHA shall “establish, coordinate, assist and direct a community health program in cooperation with local governments”. From this broad authority, the legislature gave counties the option to establish, administer and operate a community mental health program*.*

  ORS 340.-21 and 430.610-.620

The LMHA has the responsibility to:

- Determine the need for local mental health services and adopt a comprehensive local plan for how the services will be provided most efficiently and effectively.
- Establish and administer or operate a community mental health program with an array of services (includes screening, evaluation, crisis stabilization, vocational and social services, continuity of care with housing, health, and social services, psychiatric care, residential services, medication monitoring, counseling and therapy, public education, prevention services and mental health promotion).
- Manage the mental health crisis system, children and adults entering or transitioning from Oregon State Hospital or residential care, and community-based specialized services.
- Coordinate mental health services with the criminal/juvenile justice and corrections system and collaborate with the local public safety coordinating council.
- Local Mental Health Authorities may choose to initiate additional services beyond those required by statute (after statutory services are provided). ***430.620, 430.630, 430.631, 430.632, Chapter 426***

Purpose of a Community Mental Health Program

Core Functions and Other Services: Provide a system of appropriate, accessible, coordinated, effective, efficient services to meet the mental health needs of their community members

No person shall be denied community mental health services based on ability to pay.

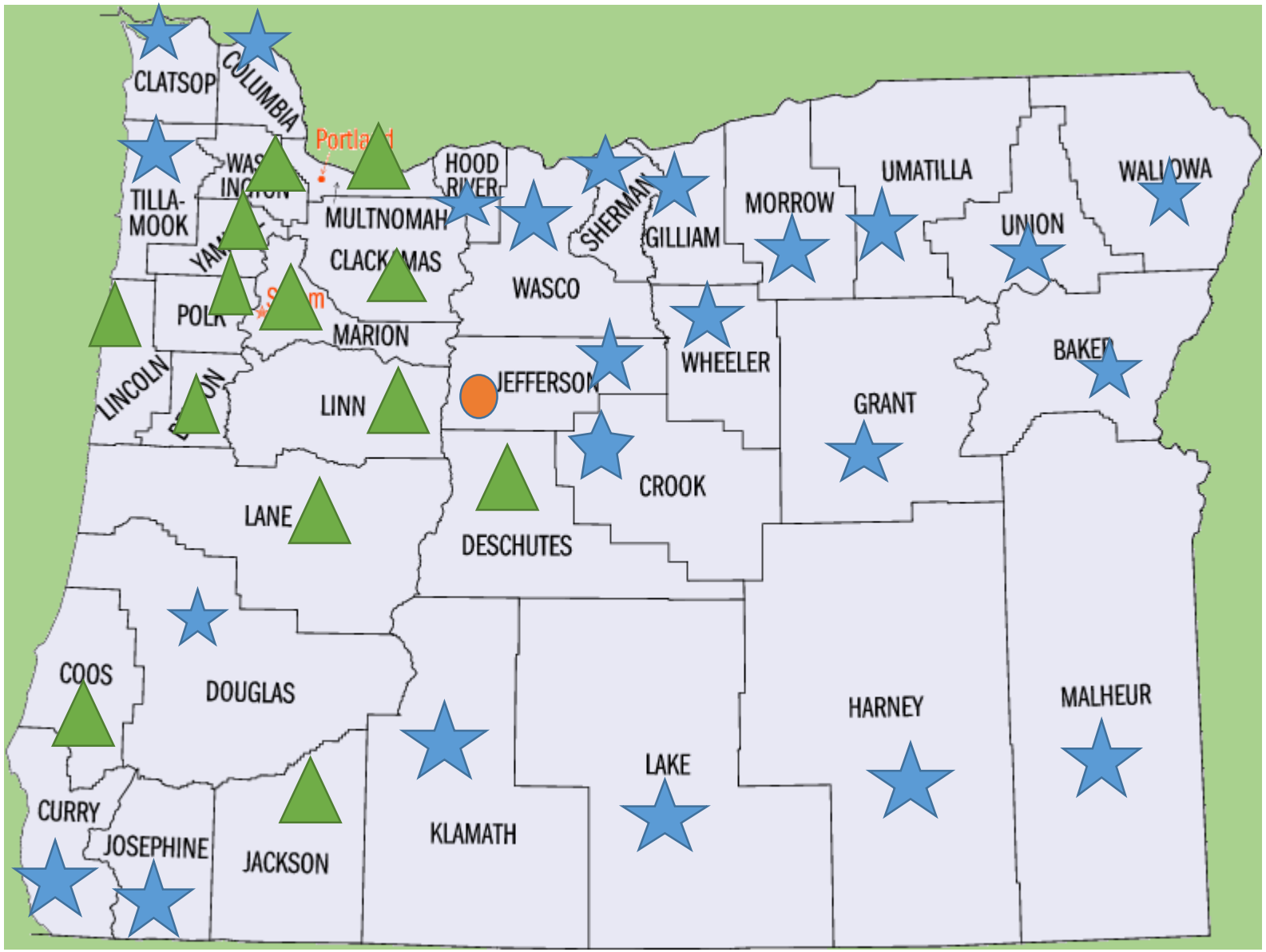
Services must be timely.

Service Delivery Structure of Community Mental Health Programs:

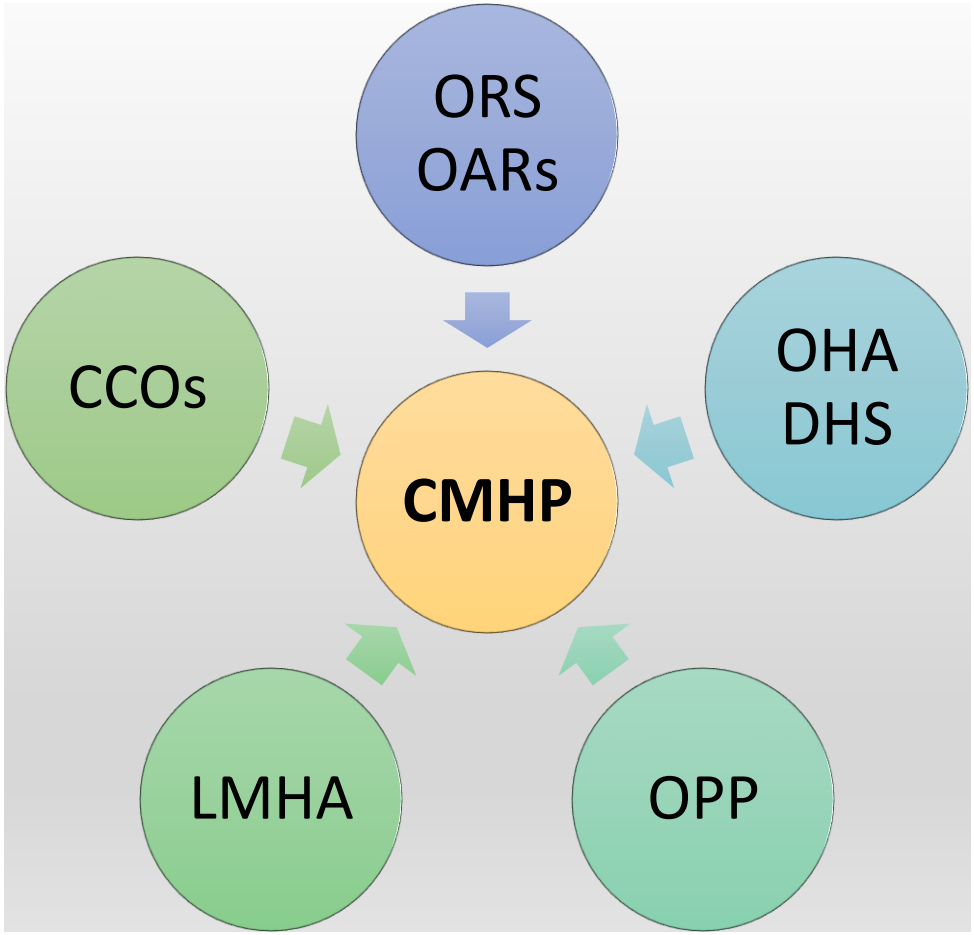
County Department

Not-for-Profit

Tribe



CMHP System Requirements



Oregon Statutes (ORS) & Rules (OARs)

- Define local mental health authority and community mental health program roles, required services & planning and practice requirements

Oregon Health Authority (OHA) & Department of Human Services (DHS)

- Allocates Medicaid, un/under-insured & I/DD funding
- Oversees service contracts, ensures quality & fidelity

Oregon Performance Plan (OPP)

- Requires community based services for people with SPMI: timely transition from OSH, Crisis, ACT, housing, supported employment and other community supports

Local Mental Health Authority (LMHA)

- Entity charged with ensuring BH services available in community – includes planning responsibility

Coordinated Care Organization (CCO)

- Administers contracts for Medicaid services
- Required to ensure access to full array of BH care
- Ensures quality and compliance with an array of metrics

Role of Community Mental Health Programs (CMHPs) in Oregon

HEALTH SERVICES
BEHAVIORAL HEALTH

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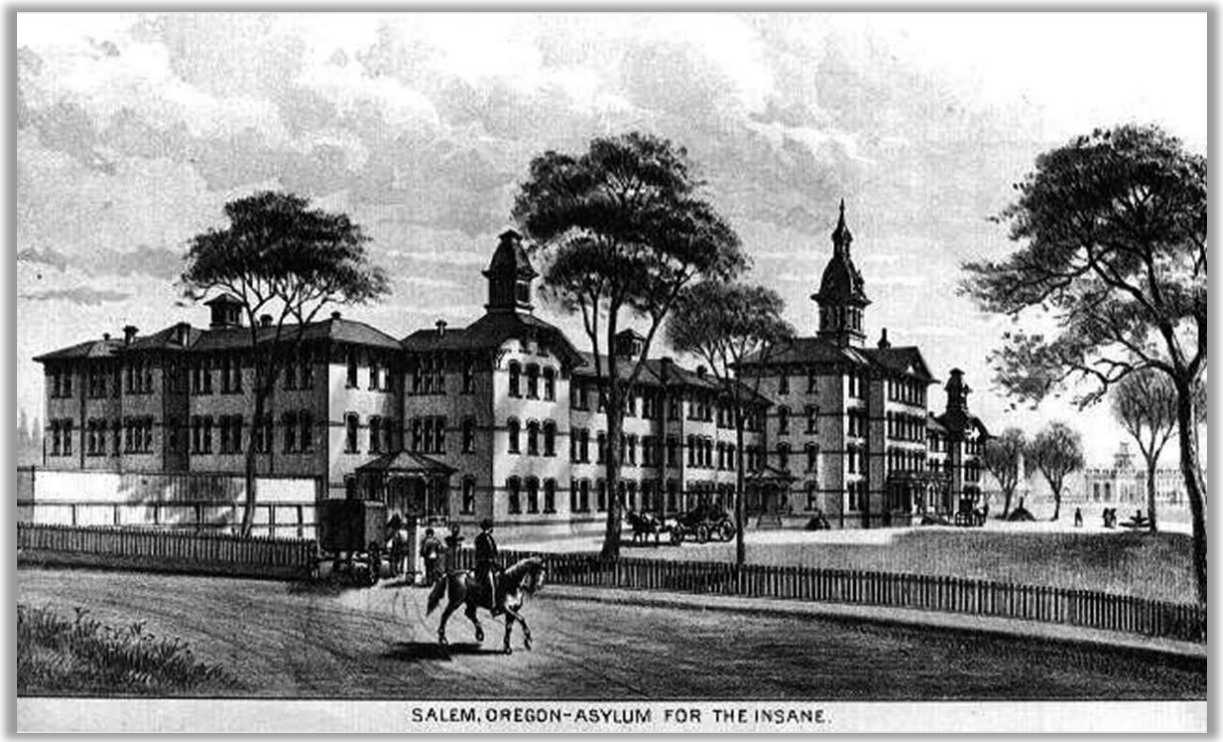
Mental Health System : *Where we were in 1955*

- US Population: 166 Million
- Patients cared for in state psychiatric facilities: ~560,000



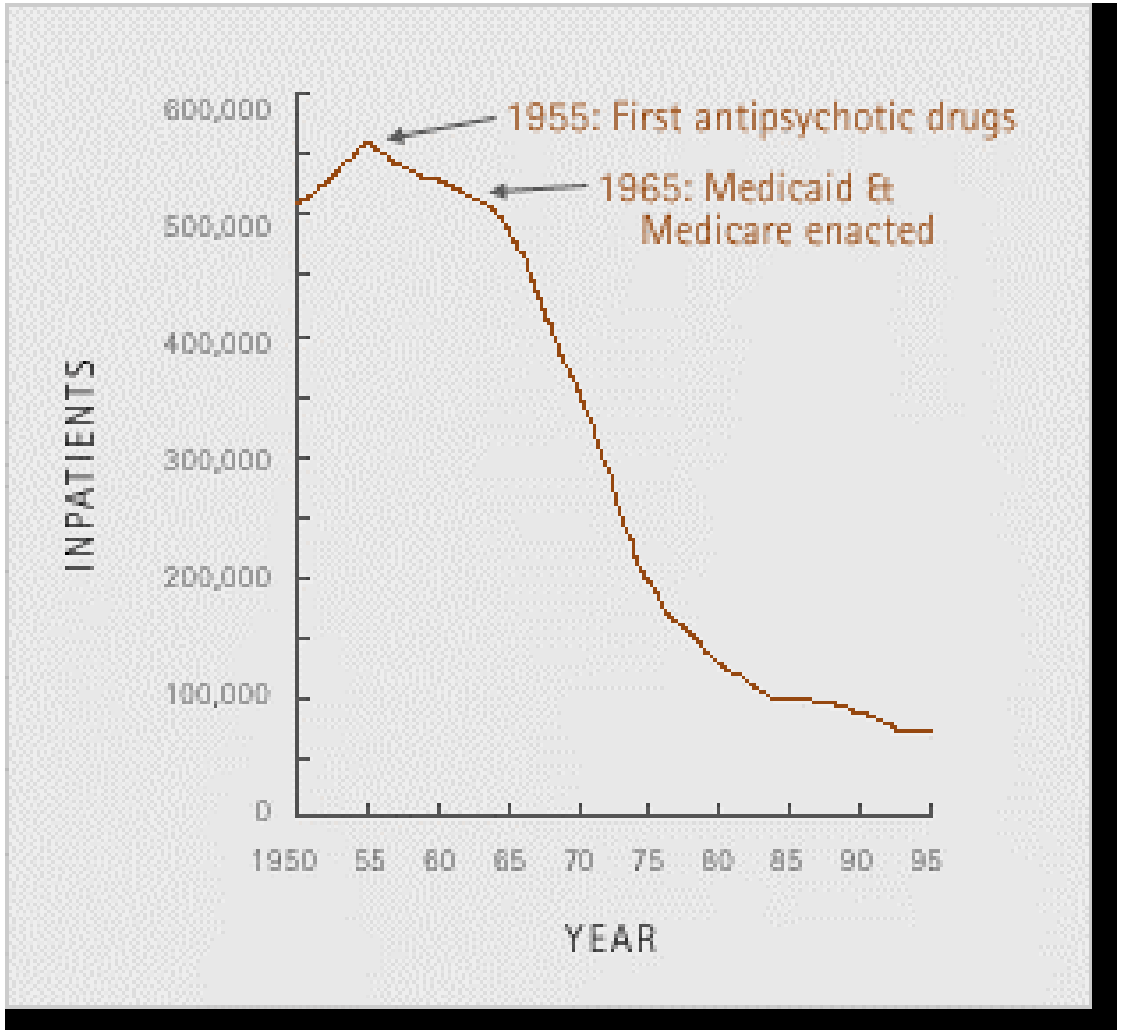
300  / 100,000 persons

Scientific and Social Change

- ✓Scientific and medical changes
- ✓Social and cultural changes
- ✓Legal and policy changes, all led to:

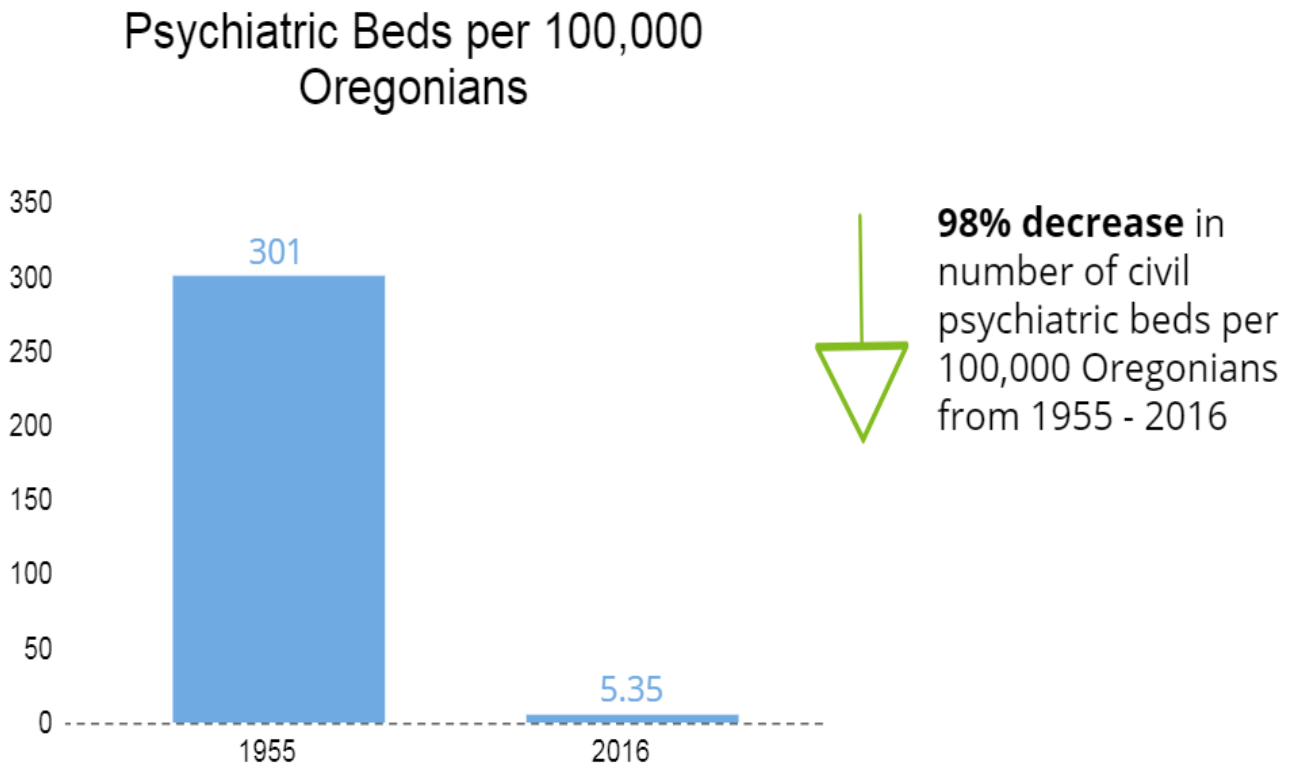
Deinstitutionalization

- *Deinstitutionalization* was built on a promise that treatment resources would move from hospitals into community
- Promised resources did not keep pace with need



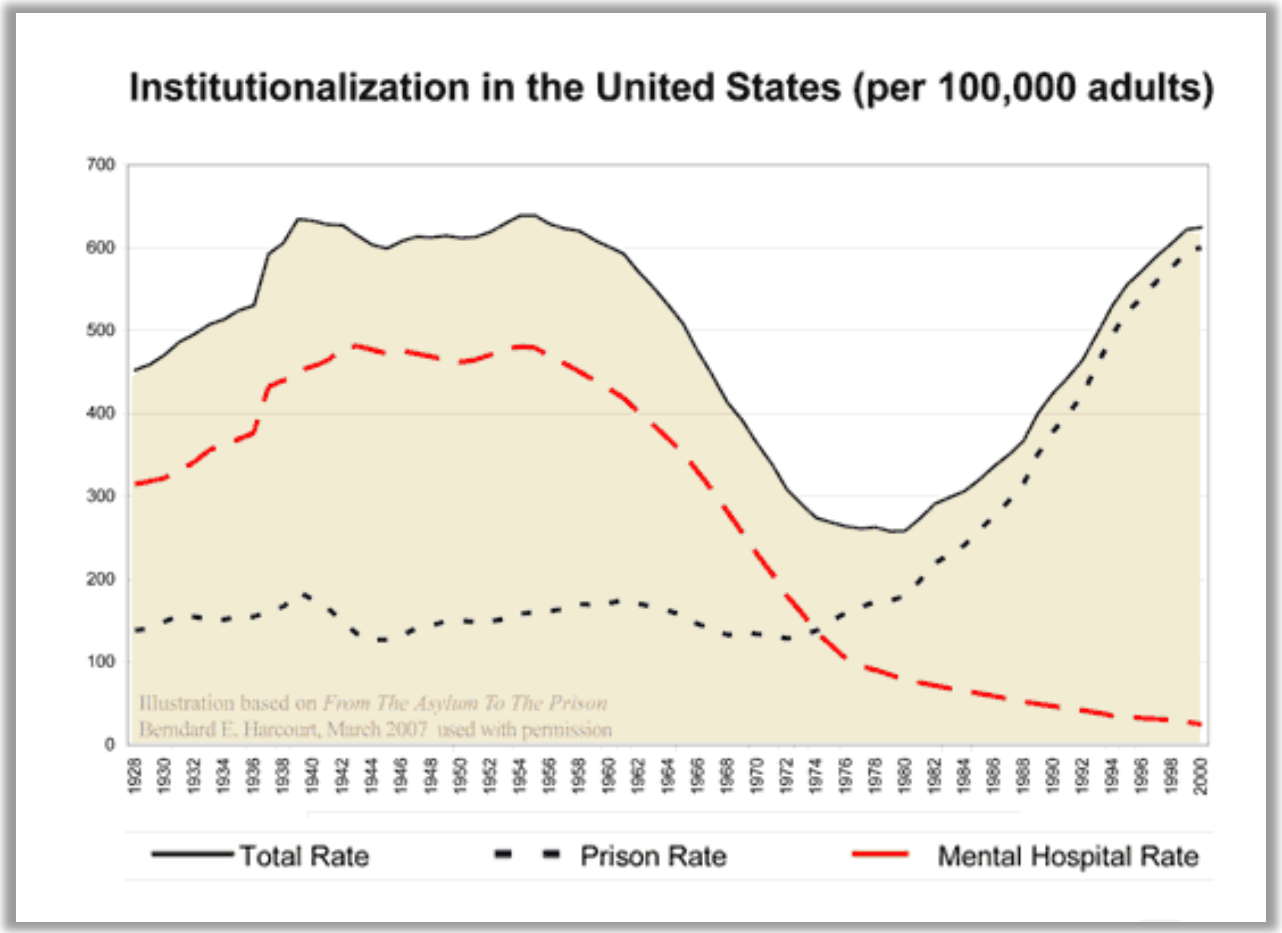
Mental Health System : *Where we are <u>today</u>*

- US Population: 319 Million
- Patients in state psychiatric facilities: ~15,000
- 95% overall decline, bringing per capita beds to 14 / 100k



14  / 100,000 persons

Where did everyone go?



The Cost of Incarceration of the Mentally Ill

The LA County Jail is currently the largest "facility" for mentally ill in the country.

Fiscal Toll

A study compared Assertive Community Treatment (ACT) to Incarceration:

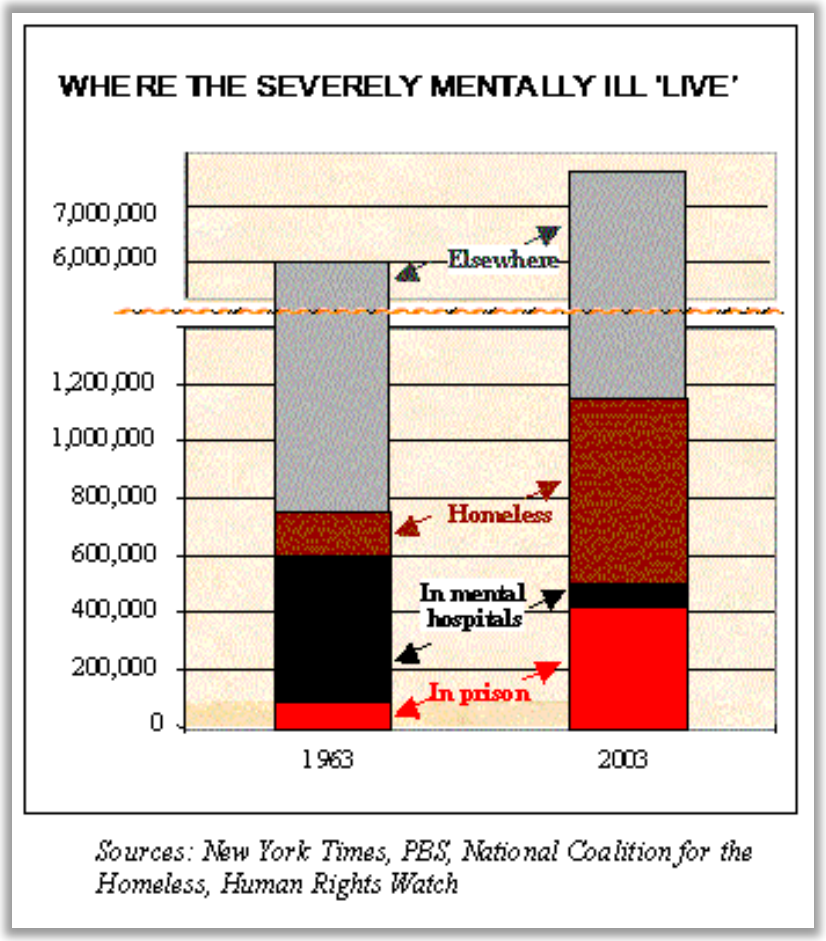
- ACT cost **$9,029** per person per year
- Average inmate cost **$34,000** per person per year

Human Toll

- Less than 15 % of people who are incarcerated receive appropriate treatment
- People of color are disproportionately imprisoned and have even less access to mental health treatment before, during and after incarceration

American Mental Health Association, Miller 2015; VERA , 2015; APA, 2014

The Cost of Mental Illness in Homelessness

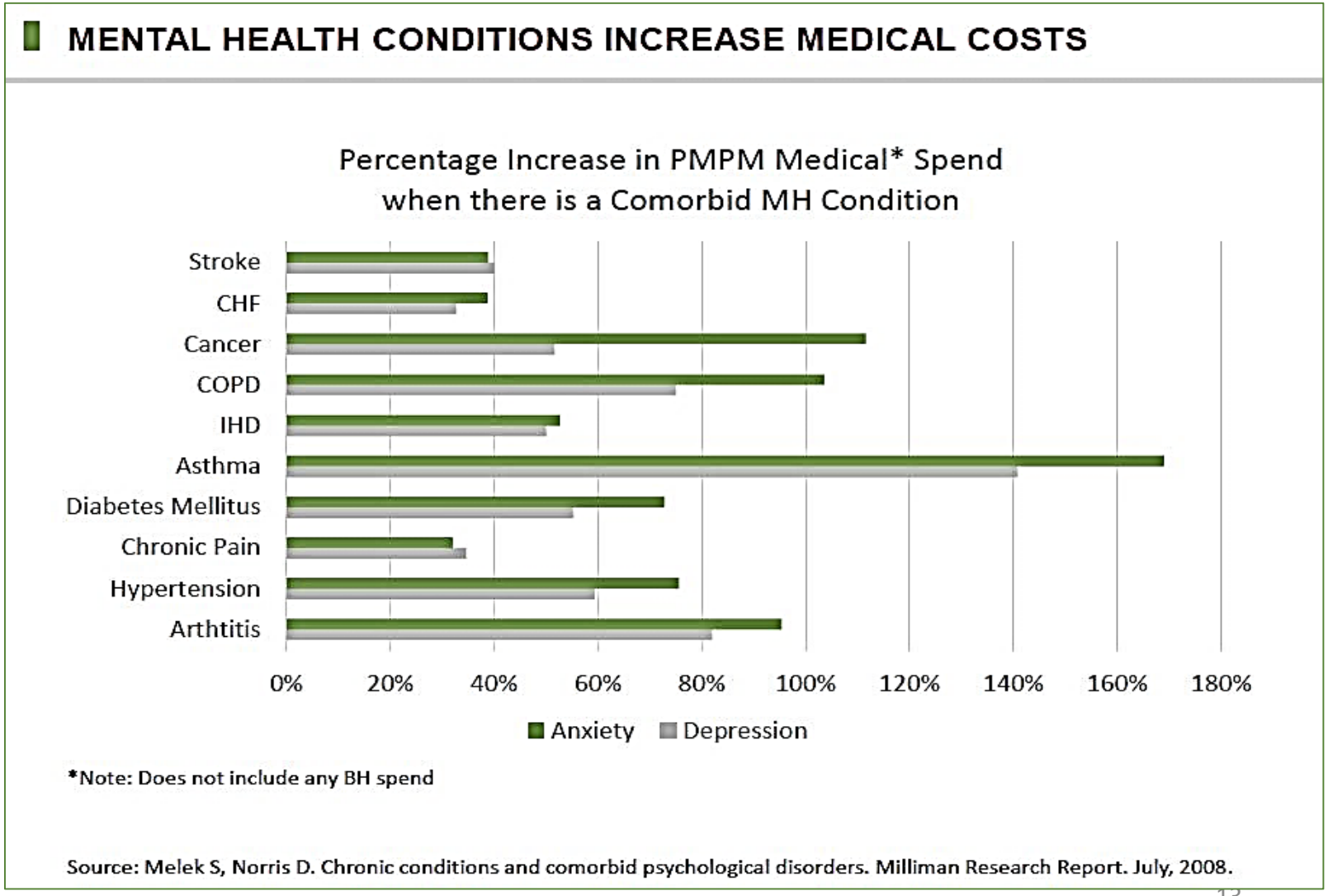


- ~25 % of homeless individuals have serious mental illness vs. 4.2 % of general population.
- Studies show people with mental illnesses find themselves homeless primarily as the result of poverty and lack of low-income housing.
- Like incarceration, homelessness can lead to higher levels of psychiatric distress and substance use, and lower levels of perceived recovery, exacerbating a cycle of homelessness and incarceration.

U.S. Department of Housing and Urban Development, 2015

The Cost of Mental Illness on Health Outcomes

- People with Serious Mental Illness die on average 25 years younger than their peers.
- ***40% of high utilizers*** of health care have a mental health disorder.
- **28%** of the overall medical spend is driven by mental health conditions but accounts for only **6%** of medical claims reimbursement.



CMHP Safety Net = Lifesaving Services

The Community Mental Health Program (CMHP) is the safety net entity that stands in the gap between hospital level of care and the community.

- CMHP works to reverse trends towards incarceration and homelessness for those with serious mental illness.
- CMHP works to address chronic conditions and reduce risk of early death.
- CMHP works upstream to reduce cost of higher levels of care.
- CMHP works with individuals who cannot or will not be served by other providers.

What Does it Mean to be the Safety Net?

- We serve everyone with OHP who meets eligibility.
- We serve all people with crisis and acute needs regardless of coverage.
- We provide the full span of statutorily required services.
- We serve any individual who cannot be served elsewhere.
- We must serve everyone within 24 hours or seven days, depending upon need.

We do all of this without ever closing our front door.

CMHPs provide more than just Safety Net services

CMHP Responsibilities

- Comprehensive Planning
- Coordination of Services
- Civil Commitment
- 24/7 Crisis Response
- Intensive Services
- Specialty Outpatient
- I/DD Services

CMHP Required Activities: *Un/Partially Funded*

Comprehensive Planning

Required to develop comprehensive regional plan to address behavioral health needs in collaboration with CCOs and the community.

Plan must be approved by LMHA and coordinated with the Local Public Safety Coordinating Committee.

Coordination of Services

Convener and coordinator of entities involved with those impacted by mental health and substance use disorders.

Coordination required with:

Courts, Police, Jails / Community Corrections, Child Welfare, Schools, Oregon State Hospital, Psychiatric Security Review Board, Psychiatric Residential Treatment Services for Children, Psychiatric Acute Care, Emergency Departments…

CMHP Required Activities: *Partially Funded*

Civil Commitment

Required to serve and monitor all individuals civilly committed due to mental illness and placed in the community, including:

- Director Custodies
- Commitment Investigators
- Mental Health Examiners
- Training for police and other public safety professionals
- Communication with Courts
- Housing and other basic needs supports

Crisis & Emergency Services

Required to provide 24/7 crisis response to individuals experiencing psychiatric emergencies in collaboration with law enforcement, first responders and hospital systems, including:

- 24/7 crisis telephone line
- Mobile Crisis Assessment Teams
- Office-based walk in crisis intervention
- Prehospital screening examination
- Stabilization services

CMHP Required Activities: *Funded/Partially Funded*

Specialty Outpatient

Required by statute and contract to provide broad array of evidence-based and fidelity programs, including:

- Psychiatry and medication management
- Older Adult Mental Health Services
- Case Management and Intensive Support Services for people with SPMIs
- Evidence-based, fidelity programs:
  - Early Assessment and Support Alliance (EASA)
  - Supported housing
  - Supportive employment
  - Active Community Treatment (ACT)
  - Children's Wraparound Services

I/DD Services

Required to provide services to all children and adults with Intellectual and Developmental Disabilities, including:

- Case management services
- Emergency services, including adult abuse investigations.

…and Prevention

Required to provide array of prevention services.

CMHP Role
Clinical & Social Services in a Medical Model

CMHPs are ***expected*** to function like clinics:

- cover costs within a medical model billing structure
- provide clinic-based services

The ***reality*** is that CMHPs perform a significant amount of non-clinical, social service to the community:

- Planning and coordination
- Training and consultation
- Pre-treatment services
- Non-billable, basic needs supports