



CMHP Role in the BH System Continuum of Care

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Health Programs

Mission

To advocate for the strengthening of local systems of care through partnership with local mental health authorities, community stakeholders, and state departments, ensuring equitable, effective and humane responses to improve the lives of people in our communities with mental illness, substance use disorders and intellectual and developmental disabilities, and their families.



Statutory Framework

Oregon Revised Statutes (ORS 430.610)
direct OHA to assist county governments
in establishing and developing
community mental health and
developmental disabilities programs and
establish Counties, Regions or Tribes as
the Local Mental Health Authority.



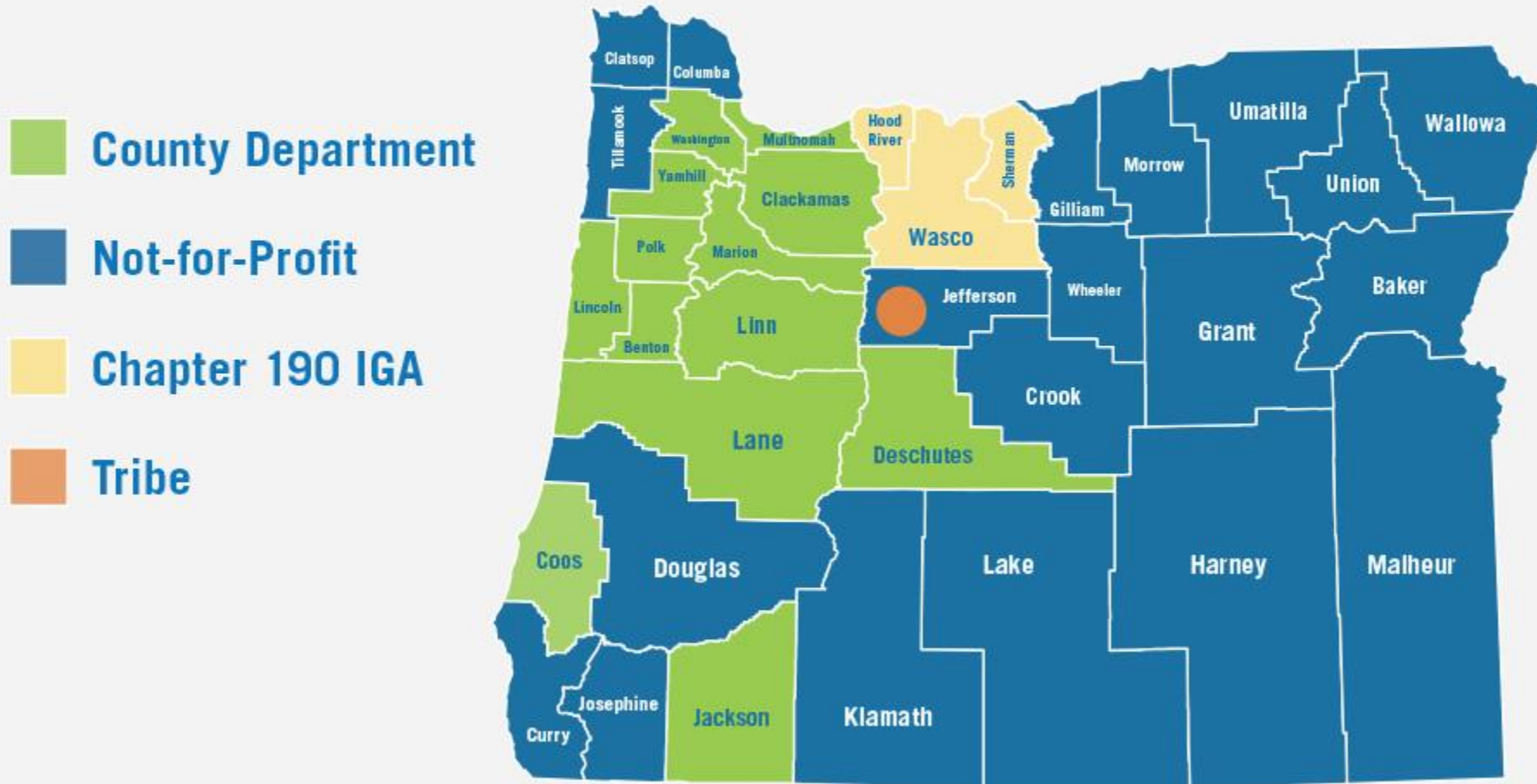
Local Mental Health Authority Governance

County Commissioners and Judges are
the Local Mental Health Authority (LMHA)
for the CMHPs in their counties*

**The LMHA appoints a Mental Health
Director and designates the
Community Mental Health Program**

*Douglas, Curry, Wallowa and Klamath
counties are exceptions

Service Delivery Structure of Community Mental Health Programs:



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 who is Medicaid eligible, un-insured or under-insured.
- 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 and manage an array of services



CMHP Responsibilities

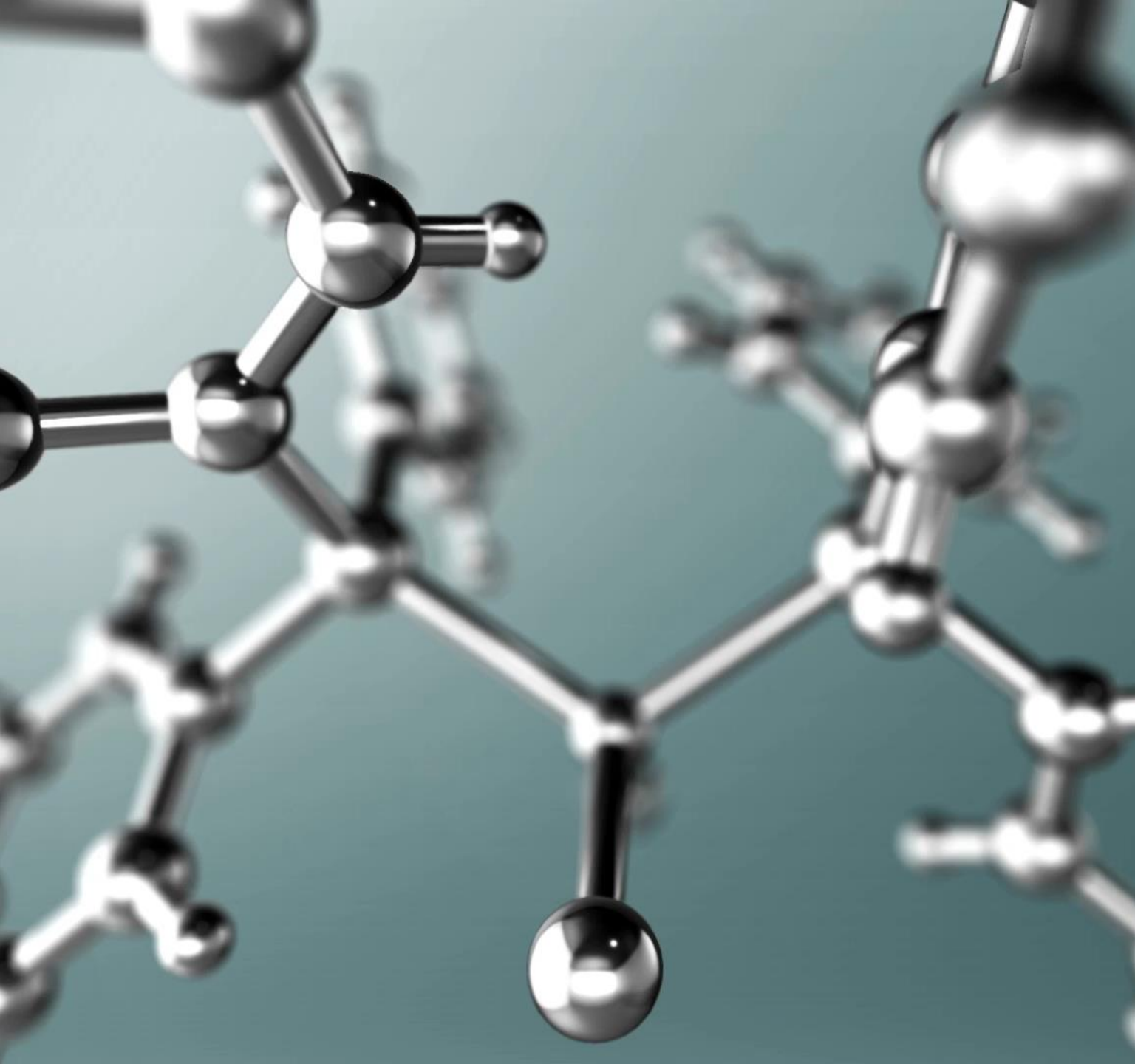
Outpatient Services

Involuntary/Forensics

24/7 Crisis Response

Residential and Housing
Services

Administrative and System
Management Services



Examples of Aid
& Assist
successes and
challenges

How significant are the BH workforce gaps in CMHPs?

Why?

STATEWIDE TOTALS	Crisis	Residential	Intensive/ Forensic	Outpatient	Child/ Family	Total Vacancies
QMHPs (unlicensed and licensed)	57.5	8.0	36.5	68.5	78.0	248.5
Clinical Managers/Supervisors	10.0	7.0	9.0	23.0	12.0	61.0
QMHA's	22.0	42.5	25.5	26.0	31.0	147.0
CADCs (not combined with Ps or As)	4.0	6.0	5.0	22.5	4.5	42.0
Peer Support Specialists (any specialty)	15.5	6.0	12.0	28.0	19.0	80.5
Psychiatrists or Nurse Practitioners (LMPs)	0.5	0.5	1.0	21.5	5.6	29.1
Nurses	0.0	9.0	6.0	11.5	0.5	27.0
STATEWIDE TOTAL	109.5	79.0	95.0	201.0	150.6	635.1

- Higher pay
- Better time off (summers, holiday breaks)
- Less administrative burden (a fraction of the 'paperwork', fewer audits and reports)
- Easier work
- 100% telehealth options
- No working nights and weekends or on call
- Personal health issues
- Burn out due to system barriers
- Moves to areas where there are more opportunities for themselves, spouse or partner, and for family

CMHP Response to COVID - Prioritizing Marginalized and Underserved Populations

CMHPs have always been on the front lines of serving marginalized populations

The COVID-19 crisis has magnified the need for all services, including cultural/language specific care

Infrastructure gaps and health disparities among populations have become more apparent



Some bright spots

Prevention and Early Intervention

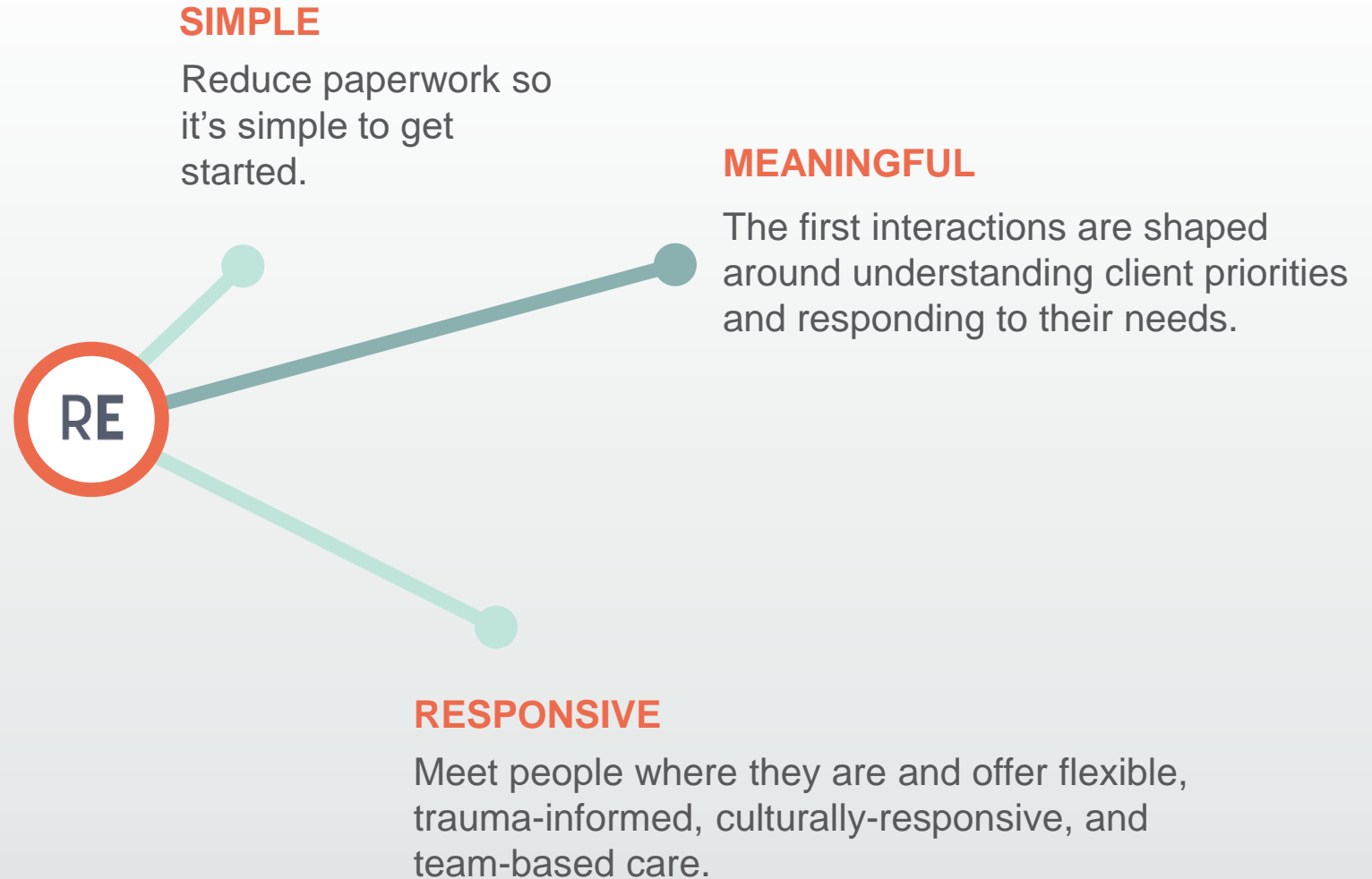
Population-based MH Promotion, Suicide Prevention, and Training



Our Future:

RAPID ENGAGEMENT'S VISION

Community members quickly and easily access behavioral health services when and where they need them.



Certified Community BH Clinics

Scope includes:

- **Crisis mental health services** including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- **Screening, assessment and diagnosis**
- **Patient-centered treatment planning**
- **Outpatient mental health and substance use services**
- **Primary care** screening and monitoring.
- **Targeted case-management**
- **Psychiatric rehabilitation services**
- **Peer support, counseling services, and family support services**

To Save Lives

- **Reduce mortality**
- **Reduce substance use**
- **Reduce hospitalization**
- **Reduce incarceration**
- **Reduce homelessness**