

CMHP Role in the Public Behavioral Health System

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**ASSOCIATION OF OREGON
COMMUNITY MENTAL
HEALTH PROGRAMS**



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.

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



Purpose of a Community Mental Health Program

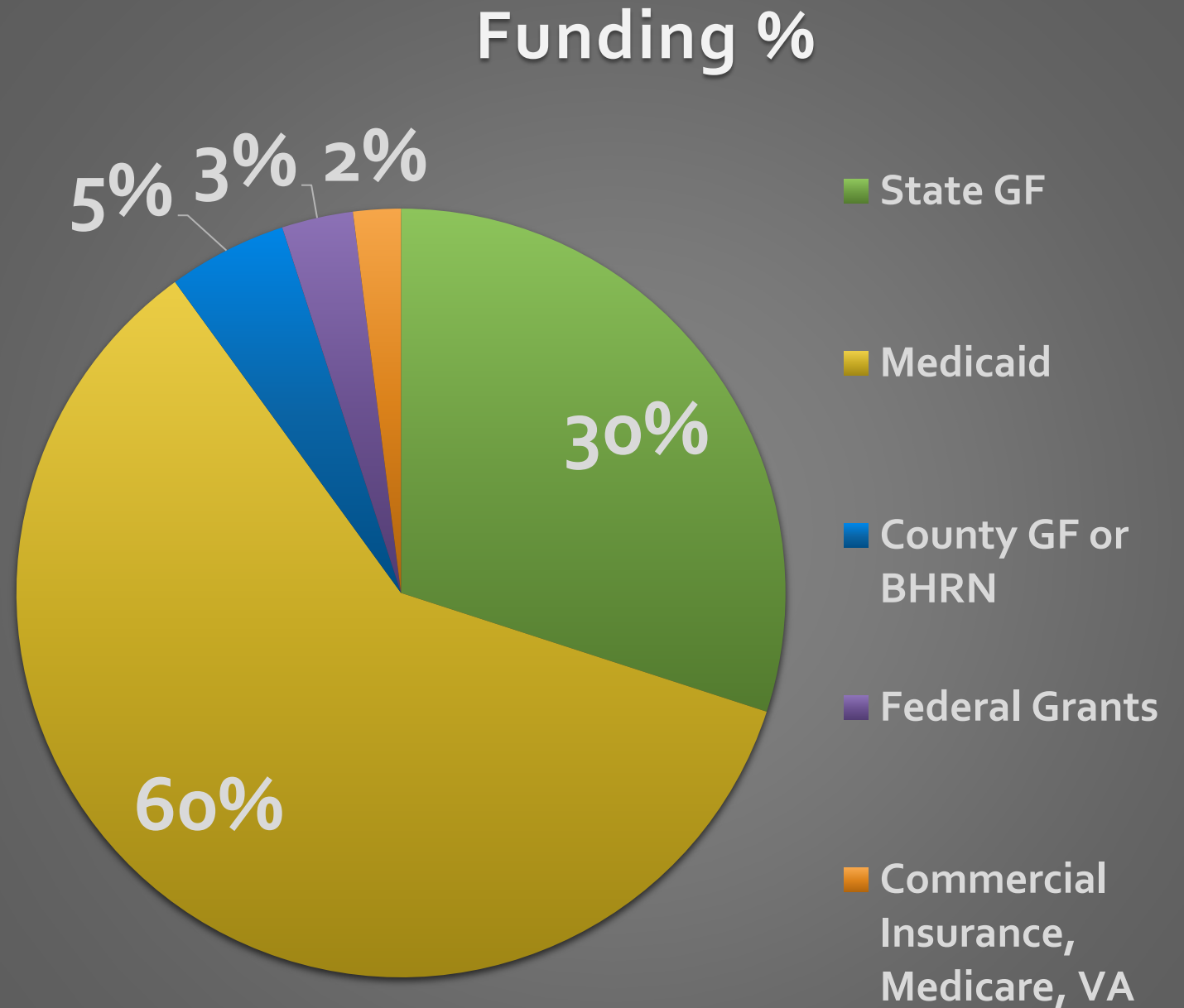
Provide a system of appropriate, accessible, coordinated, effective, efficient services to meet the behavioral health and social needs of their community members

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

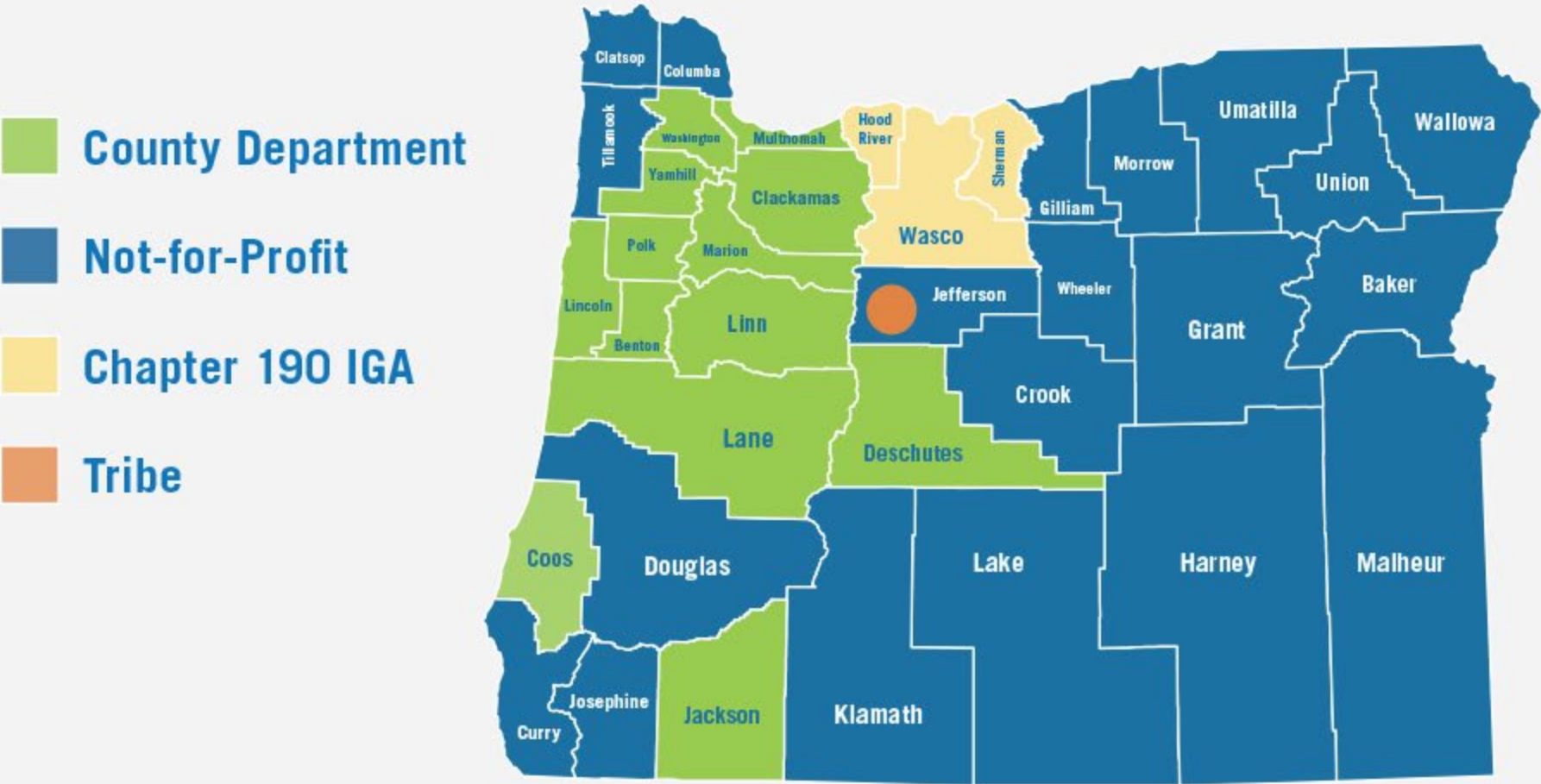
Services must be timely – within 24 hours to 7 days depending on condition



Typical CMHP Funding Mix



Service Delivery Structure of Community Mental Health Programs:



County Financial Assistance Agreements (CFAA)

- ▶ Every CMHP, either the county department or the delegated not-for-profit entity, has a CFAA with the State of Oregon through the Oregon Health Authority.
- ▶ CFAAs have usually been biennial but the revised agreement for 2025 will be for a longer period of time, allowing for biennial or annual amendments as needed.
- ▶ Other 2025 revisions include an updated local plan process, outcome metrics tied to the local plan, and merging of service elements to allow for more flexibility to address community needs.



CMHPs provide a wide array of *statutorily required, core, safety net* services



*About two-thirds oversee CDDPs providing case management for People with Intellectual/Developmental Disabilities.

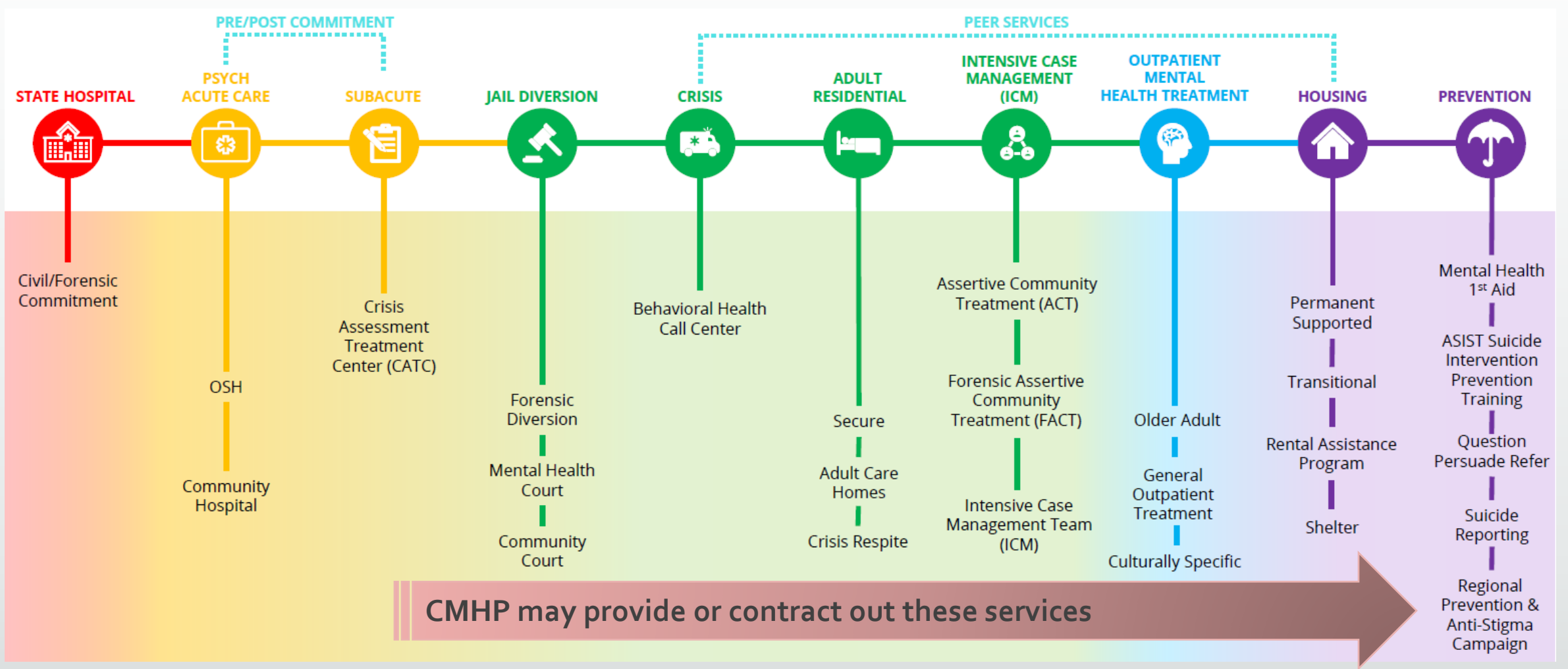
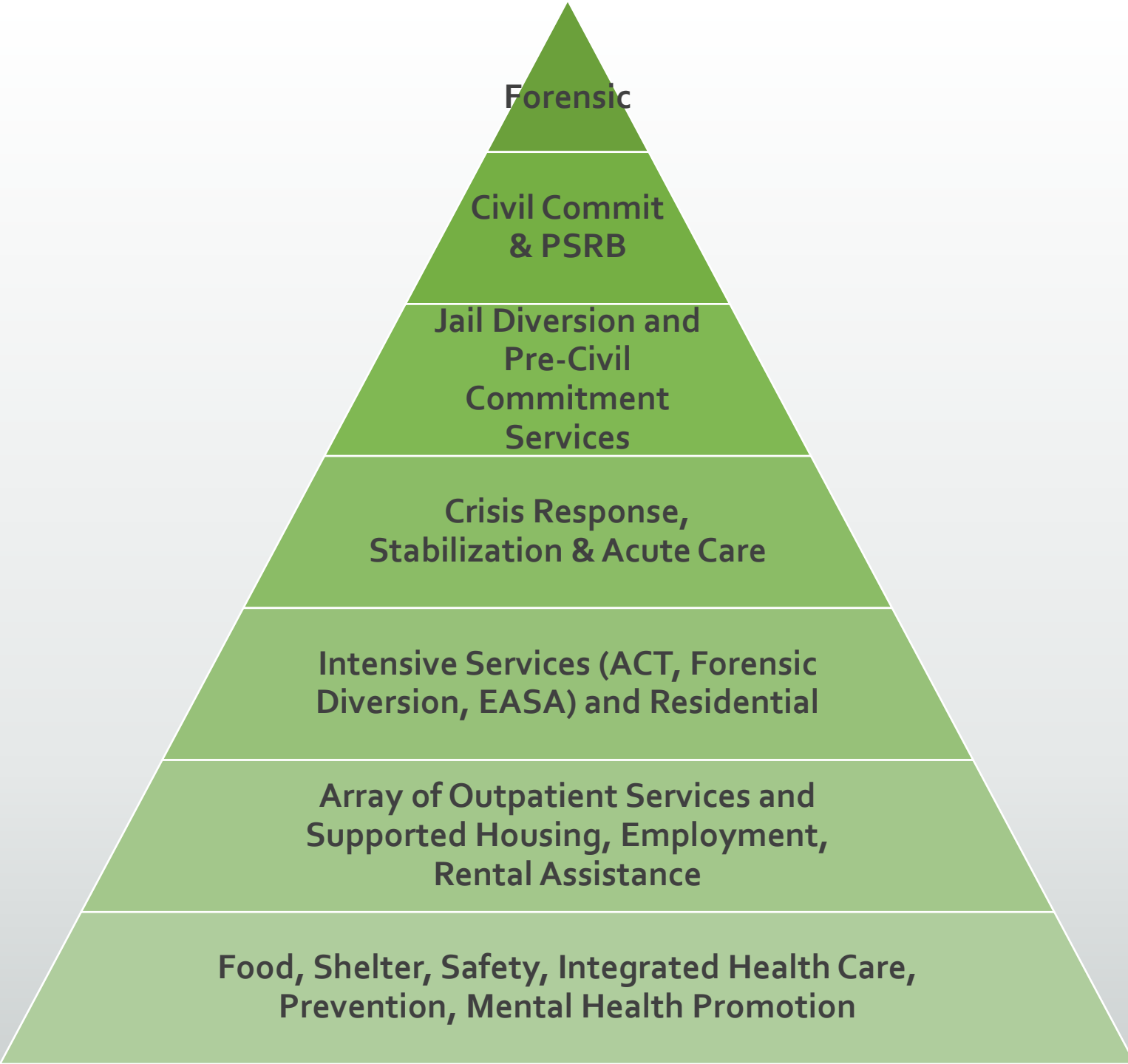


Image from OHA 2023 MH system overview presentation



CMHPs Meet People's Social & Behavioral Health Needs

As acuity and legal pressures have intensified, CMHPs spend significant resources on services for mandated populations while also attempting to address a whole host of socioeconomic conditions within the constraints of the public BH system.



Main Challenges

Workforce Recruitment and Retention

Housing/ Residential Crisis

Addiction Crisis

Insufficient Funding for Core Functions



Mobile Crisis Expansion Transition Challenges

Reporting requirements



Two-person BH team (one a QMHP) 24/7



Not enough
workforce or
funding for a
Firehouse
model



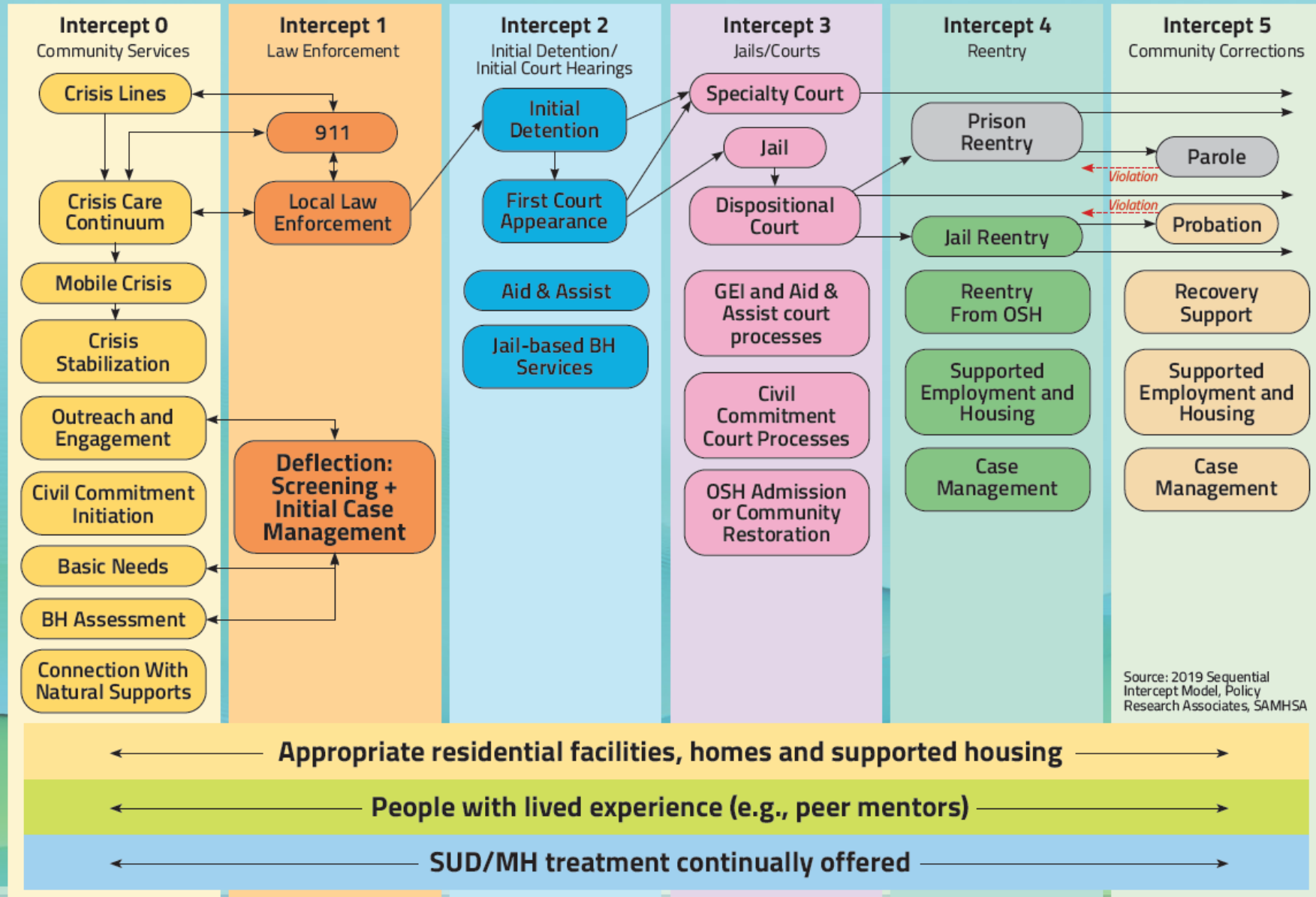


Mosman Order Implications for CMHPs

- Limits OSH length of restoration (LOR) for patients under aid and assist orders charged with misdemeanors to 90 days.
- Limits OSH LOR for patients charged with non-M11 felonies to six months.
- Limits OSH LOR for patients charged with M11 felonies to one year.
- Hospital level of care reviews for aid and assist patients at 10 days after admission and every 30 days thereafter
- Amended Remedial Order: No misdemeanors at OSH except for "person to person"

**Implications for Community BH
system: *Severe Capacity
challenges***

Jail Diversion Continuum



2025 Opportunities for Strengthening the System



- **Support and expand the behavioral health workforce:**
 - **HB 2024:** Workforce incentives, targeted provider rate increase, investment in the United We Heal Trust
 - **HB 3129:** Higher Education Behavioral Health Workforce Expansion Fund
- **Provide statutory clarification of system roles and terms used to describe them:**
 - **HB 2202:** recommendations of the HB 4092 Task Force (2024)
 - **HB 2015:** updating statutory language
- **Resource the system to increase access & allow CMHPs to fulfill their statutory obligations:**
 - **HB 2056:** results of the HB 4092 cost study (2024) on crisis, aid and assist and civil commitment services
 - **OHA Budget:** maintain 2024 one-time investment in jail diversion consistent with recommendation of Governor's Budget