Local Mental Health and Developmental Disability Services

430.610 - Legislative Policy

(1) Services should be available to all, regardless of ability to pay;
(2) DHS and OHA shall conduct their activities in the most cost effective and efficient way possible so that delivery of services is effective and coordinated;
(3) Services should be provided in the county where the person being impacted resides.
(4) The State shall assist counties in establishing and developing Community Mental Health and Community Developmental Disability Programs, including but not limited to **(1) Prevention and Treatment for Mental illness, (2) Developmental Disability, and (3) Alcohol and/or Drug Dependence.**

430.620 - Establishment of Community Mental Health Programs (CMHPs)

(1) BOCC or County Court or designee may:
    (a) Establish and operate, or contract for, a CMHP;
    (b) Cooperate, coordinate, or act jointly with other counties in establishment and operation of CMHP if desired.
(2) All officers or agencies of the County upon request shall cooperate with the BOCC or County Court or designees, in conducting programs and coordinating activities under section (1).

430.630 - Services to be provided by Community Mental Health Programs; Local Mental Health Authorities; Local Mental Health Service Plans.

Community Mental Health Programs (CMHPs) for Substance Use Disorder (SUD):

(1) Each CMHP shall provide the following basic services for SUD:
    (a) Outpatient services;
    (b) Aftercare for people released from hospitals;
    (c) Training, case and program consultation, and education for community agencies, related professions, and the public;
    (d) Guidance and assistance to other human service agencies for joint development of programs to prevent SUD;
    (e) Age appropriate treatment options for older adults;

(2) As alternatives to the Oregon State Hospital, it is the responsibility of the CMHP to ensure that the following are available for SUD:
    (a) 24-hour emergency services, including but not limited to:
        (i) Telephone consultation
        (ii) Crisis intervention
        (iii) Prehospital screening

    (b) Care and treatment for a portion of day or night, including but not limited to:

(i) Day treatment centers
(ii) Work activity centers
(iii) After school programs

(c) Residential care and treatment, including but not limited to:
(i) Halfway houses
(ii) Detox facilities
(iii) Other community living facilities

(d) Continuity of care, including:
(i) Service coordination
(ii) Case management
(iii) Core staff of federally assisted community MH centers

(e) Hospital inpatient treatment

(f) Other alternatives as defined by the OHA

CMHPs for Mental Illness:

(3) Each CMHP shall ensure the following are available for mental illness:
(a) Screening and evaluation to determine each client's service needs;
(b) Crisis stabilization services, including but not limited to investigation and prehearing detention costs in hospitals or other facilities;
(c) Vocational and social services designed to improve vocational, social, education and recreational functioning;
(d) Continuity of care to link the client to housing and appropriate health and social services needs;
(e) Psychiatric care in state and community hospitals in the following circumstances:
(i) The person being served is a resident of the county served
(ii) The person has been hospitalized voluntarily or involuntarily under ORS 426.130 or 426.220
(iii) Payment is made for the first 60 days of hospitalization
(iv) The hospital has collected all available payments and third party reimbursements
(v) The hospital has been approved for psychiatric care
(f) Residential services;
(g) Medication monitoring;
(h) Individual, family and group therapy;
(i) Public education and information;
(j) Mental illness prevention and mental health promotion services;
(k) Consultation with other community agencies;
(l) Preventive MH services for children and adolescents that are evidence-based, including primary prevention, early identification and early intervention;

(m) Preventive MH services for older adults that are evidence-based, including primary prevention, early identification and early intervention;

(4) The CMHP shall describe when care can be provided in hospitals

(5) Additional services may be provided by the CMHP if desired

(6) There shall be a written agreement concerning the policies and procedures to be followed by the CMHP and hospital when a patient is admitted to and discharged from the hospital;

(7) Each CMHP SHALL HAVE A Mental Health Advisory Committee appointed by the BOCC or County Court;

(8) A CMHP can request waiver of the above requirements if they can show the OHA that people would be better served and involuntary hospitalization avoided;

(9) LOCAL MENTAL HEALTH AUTHORITY (LMHA):

(a) Defined as the BOCC, combination of BOCCs for a region, or the Tribal Council.

(b) THE LMHA SHALL (1) DETERMINE THE NEED FOR LOCAL MENTAL HEALTH SERVICES AND (2) ADOPT A COMPREHENSIVE LOCAL PLAN FOR DELIVERY OF MH SERVICES THAT DESCRIBES THE METHODS BY WHICH THE LMHA SHALL PROVIDE THOSE SERVICES.

The PURPOSE of the Comprehensive Local Plan (CLP) is to create a BLUEPRINT for providing mental health services that are directed by and responsive to the needs of the community.

The CLP must describe HOW the LMHA will ensure the delivery of and be accountable for CLINICALLY APPROPRIATE SERVICES IN A CONTINUUM OF CARE BASED ON CONSUMER NEEDS.

The LMHA shall coordinate its local planning with the development of the COMMUNITY HEALTH IMPROVEMENT PLAN OF THE CCO SERVING THE AREA under ORS 414.627.

(c) The CLP shall identify ways to:

(i) **Coordinate and ensure accountability** for all levels of care;
(ii) **Maximize resources** for consumers and **minimize administrative expenses**;
(iii) **Provide supported employment and vocational opportunities**;

(iv) Determine the most appropriate service provider among a range of qualified providers;

(v) Ensure that appropriate MH referrals are made;

(vi) ADDRESS LOCAL HOUSING NEEDS FOR PERSONS WITH MENTAL HEALTH DISORDERS;

(vii) **Develop a process for discharge from state and local hospitals and transition planning** between levels of care and components of the system of care;

(viii) **Provide peer support services**, including but not limited to drop-in centers and paid peer support;

(ix) Provide transportation support;

(x) COORDINATE SERVICES AMONG THE CRIMINAL JUSTICE SYSTEMS TO ENSURE THAT PERSONS WITH MENTAL ILLNESS WHO COME INTO CONTACT WITH JUSTICE AND CORRECTIONS SYSTEMS RECEIVE NEEDED CARE AND ENSURE CONTINUITY OF SERVICES FOR PEOPLE LEAVING THE CORRECTIONS SYSTEM.

(d) When developing the CLP, the LMHA SHALL:

(i) Coordinate with the budgetary cycles of the state and local governments providing funding;

(ii) Involve consumers, advocates, families, service providers, schools and other interested parties in the planning process;

***(iii) COORDINATE WITH LPSCC* TO ADDRESS (c)(x) above;**

(iv) Conduct a population based needs assessment to determine the types of services needed locally;

(v) Determine ethnic, age-specific, cultural and diversity needs;

(vi) DESCRIBE THE ANTICIPATED OUTCOMES OF SERVICES AND THE ACTIONS TO BE ACHIEVED BY THE CLP;

(vii) **ENSURE COORDINATION** with planning, funding and services of:

1) Educational needs of children and older adults;
2) Providers of ***social supports, housing, employment, transportation and education***;
3) Providers of physical health and medical services;

(viii) Describe how funds other than state resources will be used to support and implement the CLP;

(ix) Describe how local services and administrative functions will be integrated to support integrated service delivery in the LP;

(x) Involve the Local Community Mental Health Advisory Committee in the development of the CLP.

(e) The CLP must describe how the LMHA will ensure the delivery of and be accountable for clinically appropriate services in a continuum of care based on consumer needs. It SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING LEVELS OF CARE:

(i) 24 hour crisis services;
(ii) Secure and nonsecure extended psychiatric care;
(iii) Secure and nonsecure acute psychiatric care;
(iv) 24 hour supervised structured treatment;
(v) Psychiatric day treatment;
(vi) Treatments that maximize client independence;
(vii) Family and peer support and self help services;
(viii) Support services;
(ix) Prevention and early intervention services;
(x) Transition assistance between levels of care;
(xi) Dual diagnosis services;
(xii) Access to placement in state-funded psychiatric hospital beds;
(xiii) Precommitment and civil commitment in accordance with ORS 426;
(xiv) Outreach to older adults at locations appropriate for making contact with older adults, including senior centers, long term care facilities, and personal residences.

(f) The LMHA SHALL COLLABORATE WITH LPSCC to address the following:

(i) **Training of law enforcement officers** on ways to recognize and interact with persons with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems;
(ii) **Developing voluntary locked facilities for crisis treatment and follow up as an alternative to custodial arrests**;
(iii) **Developing a plan for sharing a daily jail and juvenile and detention roster** and offering MH services to those potentially in need of MH services who are in custody;
(iv) **Developing a voluntary diversion program** to provide an alternative for persons with mental illness in the criminal and juvenile justice systems;
(v) Developing MH services and HOUSING for persons with mental illness prior to and upon release from custody.

(g) Service in the LP shall:
(i) Address the visions, values and guiding principles from the Report to the Governor from the Mental Health Alignment Workgroup of 2001 (!!!)
(ii) Provide services for children, families and older adults as close to home as possible;
(iii) Be culturally appropriate;
(iv) Be from providers appropriate to deliver the services for children and older adults;
(v) Ensure consumer choice among a range of qualified providers;
(vi) Be distributed geographically;
(vii) Involve consumers, families, clinicians, children and schools in treatment as appropriate;
(viii) Maximize early identification and intervention;

(ix) Ensure appropriate transition planning between providers and service delivery systems, with an emphasis on transition between children and adult MH services;
(x) Be (NOT?) based on the ability of a client to pay;
(xi) Be delivered collaboratively;
(xii) Use age-appropriate, research-based quality indicators and best-practice innovations;
(xiii) Be delivered using a community-based, multi-system approach.

430.634 - Evaluation of programs; population schedule for distributing funds.

(1) In order to improve services, each CMHP shall collect and report data and evaluate programs to the OHA.
(2) The information shall include but not be limited to:
    (a) Numbers of persons serviced;
    (b) Ages of persons served;
    (c) Types of services provided; and
    (d) Cost of services.