Jackson County Mental Health 2019

Stacy Brubaker, Jackson County Mental Health Division Manager

A look back...the history of mental health in Jackson County

- 2008 the county in collaboration with other entities, such as the two local hospital systems developed a plan for a Community Crisis Center – when the recession hit, the hospitals pulled out from the project and it could not move forward without the financial support of those partners.
- Oregon Health Authority (OHA) reduced the County Mental Health and Substance Abuse budgets by 15% statewide.
- 2012 Coordinated Care Organizations were stood up in Oregon as part of the Affordable Care Act. Both CCO's delegated the management of the mental health benefit to Jackson County.
- 2016 Both Coordinated Care Organizations changed their delegation agreement and contracts with Jackson County, and so went the Medicaid dollars, leaving the county with little influence on how those dollars are spent moving forward. Contract relationship only.
- With the inability to now leverage and braid funding, the County's level of influence is lower.

And then the escalator stopped...



Roles and Responsibilities of the CMHP/LMHA

Jackson County Mental Health Stacy Brubaker, Division Manager

Statutory Framework

Oregon Revised Statutes (ORS 430.610) direct DHS (now OHA) to assist county governments in the establishing and development of community mental health and developmental disabilities programs.

Oregon Revised Statutes (ORS 430.610) establish Counties, Regions or Tribes as Local Mental Health Authority.

Statutory Framework

ORS 430.630 (9)(b) Statutorily defined responsibility of LMHA for planning includes (but not limited to):

"Each local mental health authority that provides mental health services shall **determine the need** for local mental health services and **adopt a comprehensive local plan for the delivery of mental health services** for children, families adults, and older adults that describes the methods by which the LMHA shall provide those services...

County Commissioners are the Local Mental Health Authority (LMHA)

- The LMHA (the County Commissioners) assigns a Mental Health Director and designates the Community Mental Health Program functions to that individual
- In Jackson County, as Director of Health and Human Services, Mark Orndoff is the Director and Stacy Brubaker is the Division Manager of Jackson County Mental Health
- Jackson County Commissioners continue to be supportive of the county role in both the CMHP and LMHA functions

The Local Mental Health Authority Role in the Health Care System

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.

While all Counties are designated Local Mental Health Authorities by State law, many Counties contract those responsibilities out, and how Counties carry out this role varies... "If you have seen one county...you have seen one county."

- Size and rural or urban makeup play a role.
- The amount of consumer/survivor or family advocacy plays a role.
- Local leaders' understanding of mental illness and its impact plays a role.

Jefferson Regional Health Alliance (JRHA)

- a collaboration of regional community leaders from all sectors learning and working together to improve the health and healthcare resources of Southern Oregonians.
- "All in for Health" is a community-wide initiative involving the collaborative engagement and expertise of organizations and individuals from multiple sectors across our two-county region.
- Jackson County has participated in the process from the beginning and has used the data, the report and the priorities as the basis for their required plans for OHA and what priorities we are needing to focus on. This is true for both Public Health, as well as for Mental Health. Top three priorities are:
 - Behavioral Health and Well-Being (mental health and substance use)
 - Housing for All (safe, affordable, appropriate housing)
 - Families Matter (parenting support and life skills)

24 Hour Crisis Response System -Core Function

By statute, LMHA's are charged with the responsible to provide a 24/7 crisis response system for individuals in the county regardless of insurance coverage.

- Mobile Crisis Response with Law Enforcement
- Crisis and Transition Services Team (CATS) Emergency Room Diversion for Children, Youth and Younger Adults to assist in designing and providing alternatives to placement in higher levels of care.

Currently both CCO's continue to contract with the county to provide crisis services to their members through out the county.

Civil Commitment – Core Function

- The CMHP in the county of custody (meaning where the individual was hospitalized at)is responsible for conducting the investigation.
- The commitment process is a legal intervention not a social work intervention
- Individuals completing the investigations must be certified by the state as a Pre-Commitment Investigator (PCI) and be a directors designee.
- Investigators collect relevant facts in a relatively short timeframe
- ► The investigator must
 - Establish that there is or is not probable cause to believe the person is "mentally ill" as defined in statute.
 - Determine if there is a "least restrictive" treatment option available to the person and the likelihood of the person following through with this treatment alternative.
 - Determine if the person is an imminent risk or danger to self or others.

Managing the State Hospital Population (Choices Model) – Core Function

- The Local Mental Health Authority has the responsibility to manage both the front and back door to the Oregon State Hospital.
- This includes a continuum of services:
 - Community supports and treatment of Seriously Mentally III Adults
 - Involuntary Commitment Investigation and Court Proceedings
 - Diversion from the State Hospital and from Acute Care if possible
 - Transition planning out of the OSH back into the community **

** This process has become very challenging with the recent changes to the mental health system in this county as much of this leg work requires the treatment provider to give information in a timely fashion and an opportunity for disagreement about next steps

Assertive Community Treatment (ACT)

- Assertive Community Treatment (ACT) is an Evidence-Based Practice (EBP) designed to provide comprehensive treatment and support services to individuals who are diagnosed with serious mental illness.
- Highest level of care outside of the hospital setting, but offered in the community aka Hospital without Walls, Services provided through a multi-disciplinary team.
- Contract with Jackson Care Connect for 45 of their members to receive this service.
- Receive a small amount of money through OHA to serve a limited amount of unfunded and Medicare individuals in need of the service.

Adult Foster Homes -Core Function

- CMHP's are responsible for the contracting, quality assurance, utilization management and plan of care approval for the Adult Foster Homes in the county.
- ▶ Jackson County has made this level of care a priority.
- Jackson County has the largest number of mentally ill individuals living in foster homes, 89 individuals.
- Historically JCMH has provided not only the oversight to the homes, but also the supports that often keep these individuals living in these lower levels of care and in their own communities.
- With the change in the mental health provider system these services are now often very different than the level of service that use to be provided to these individuals in the homes and the support given to foster providers.

Jail Diversion Services Forensic Team

- Aimed to increase Mental Health's interaction with individuals with Serious and Persistent Mental Illness (SPMI) who are involved with justice or law enforcement solely due to a mental health reason and are charged with low-level crimes.
- As a result of a grant written in 2014, 3 FTE embedded within the Community Justice programming and coordination and backup to the social worker in the jail. Providing individual and group services to this population.
- Based on the Sequential Intercept Model allowing CMHP's to intervene upon points of interception with the aim of preventing them from going further down the criminal justice track, supports implementation of the Stepping Up Initiative that the county commissioners supported in 2015.
- Receive some dollars through OHA and can serve Jackson Care Connect members through contract.

.370 Aid and Assist Population - Core Function (one of many "unfunded mandates")

- These are individuals that are found to not be able to aid or assist in their own defense of the crime in which they are charged.
- Now requires that the CMHP agree with the court that the individual is unable to aid and assist and needs to either be sent to the OSH to receive restoration services or may be more appropriate to receive restorative services in the community through the Forensics team.
- Circuit Court has started an Aid and Assist docket to mainstream process.
- This is coordinated through our Forensics team and we will now begin to offer these restorative services through the services we offer in the jail, probation and parole and the Transitional Work Center.
- Restorative Services means a planned, systematic program that focuses on helping each individual obtain and maintain the highest level of understanding and functional participation.

Psychiatric Services Review Board (PSRB) - Core Function

- This program provides the ongoing monitoring and supervision of individuals in the community that have been found Guilty by means of Insanity.
- Supervise them in the community and ensure that they are meeting the conditions of their release, including treatment and limitations.
- CMHP is not responsible to provide the treatment but rather ensure participation in the needed levels of treatment.
- Historically JCMH has done both the supervision and the treatment this is no longer the case for anyone on Medicaid and enrolled in a CCO the CCO provider will provide the treatment and the County will continue to provide the supervision.

Abuse Reporting and Investigation – Core Function (unfunded mandate)

As established in ORS 430.610 to 430.695 and ORS 430.743, Jackson County Mental Health as the Community Mental Health Program in Jackson County, holds responsibility for carrying out the duties outlined in OARs Chapter 411, Division 20.

- Process reports of alleged abuse or the death of adult mental health clients receiving services in Jackson County.
- Oversight to ensure protective services are offered by MH service providers as needed or that law enforcement is involved as necessary.
- Investigate allegations, complete reports and submit to Office of Training, Investigations and Safety (OTIS).
- Oversight to ensure any required actions identified through investigation are completed.
- These rules are now being looked at and will be part of the upcoming legislative session to get more clarity around them and who is responsible for what.
- Maintain documentation, data collection and reporting to OTIS.

Prevention and Promotion -Core Function

- Mental Health First Aid training
- Crisis Intervention Training (CIT) for law enforcement
- Mental Health Court Coordinator position paid for through CCO contracts
- Compass House Initial start up investment made by county when managing the benefit

ASIST training

- Originating through a grant written in 2014 "Medford Drop" the youth hub through YouthERA Oregon (formerly YouthMOVE Oregon) is funded through these dollars
- NAMI involvement and program support
- Trauma informed care support and community training efforts

Suicide Prevention Efforts

- Part of the statewide Garrett Lee Smith grant
- ▶ These funds pay for part of a full time suicide prevention specialist
- Provides a variety of community trainings such as Mental Health First Aid, Youth Mental Health First Aid, QPR, ASIST, RESPONSE, CALM and AMSR
- Providing prevention and post-vention services to schools and community for youth 24 and under
- Suicide Prevention Coalition
- Medford School District has now hired a full-time suicide prevention coordinator as a result of the success of this program

PCIT - Parent Child Interactive Therapy

- Center for Excellence for the State. Provide the statewide training and support for this modality.
- Serving children ages 2 7 years of age and their parents, when children have significant social, emotional, or behavioral disorders.
- Deliver the service to uninsured children, limited number of commercial insurance and JCC members as well.

Services to the Indigent and Uninsured

- Outpatient services including Psychiatric Support Services
- Peer Delivered services across the full system
- ACT services
- Supported Employment and Education
- Forensic services
- EASA services
- PCIT services

Other responsibilities - Core Functions

- Older Adult Behavioral Health Specialist currently contracted out to RVCOG
- PASRRS evaluation of services delivered to individuals in nursing homes who have Serious and Persistent Mental Illness. (SPMI)

Questions???

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