
Addictions and Mental Health 2015–17

Senate Human Services

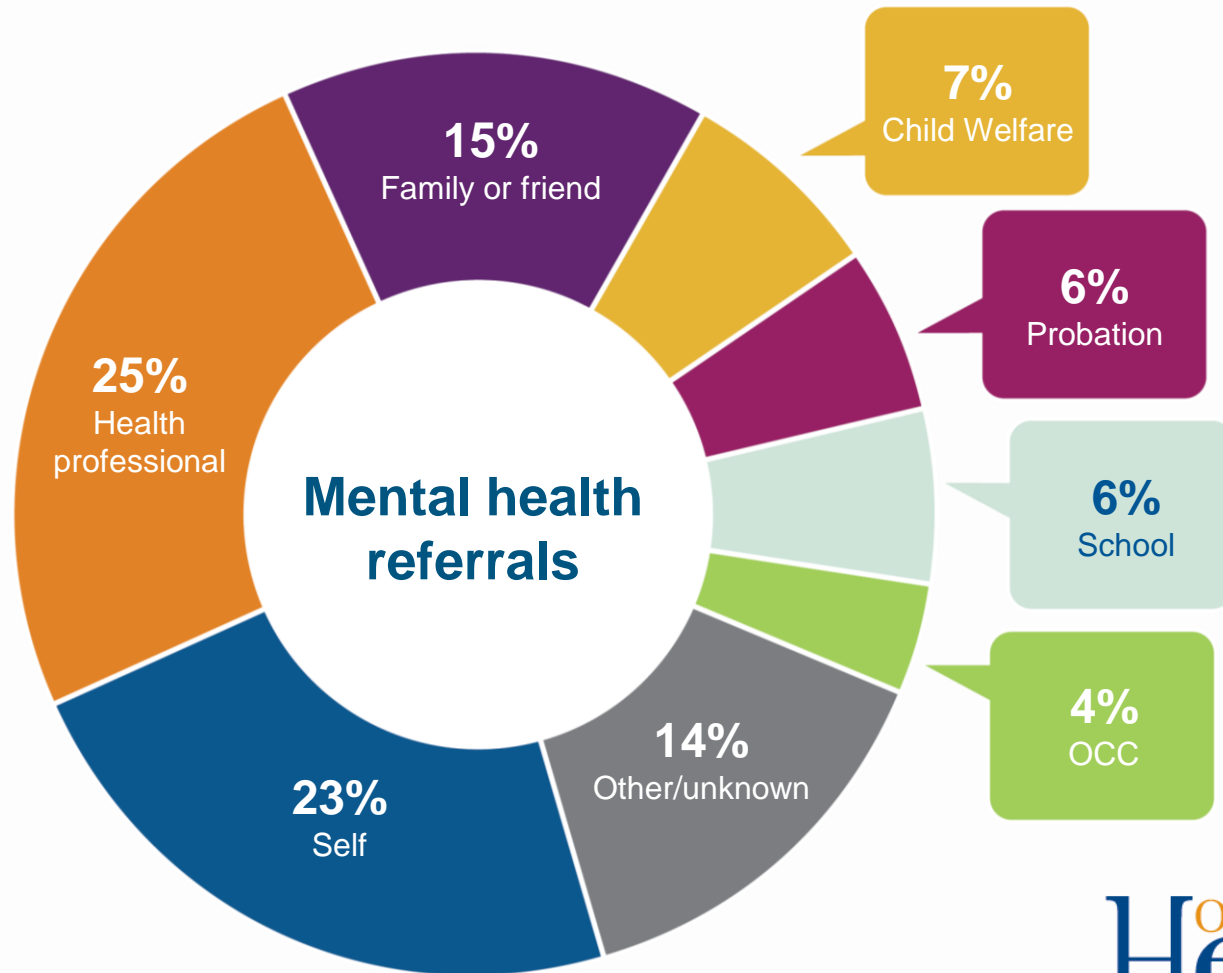
Behavioral Health Access Points

No wrong door

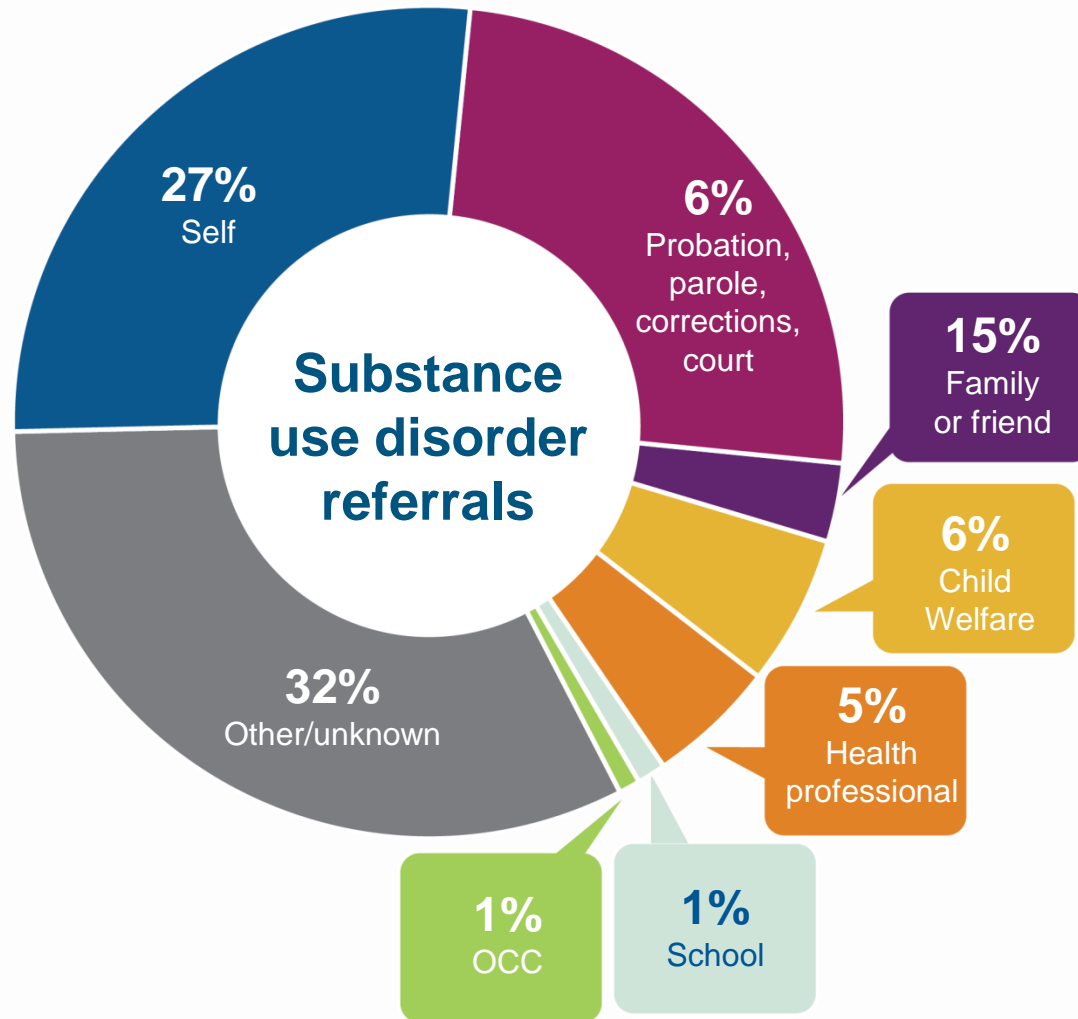
The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font.

Oregon
Health
Authority

Referral paths to community mental health programs 2014



Referral paths to community mental health programs 2014



No wrong door



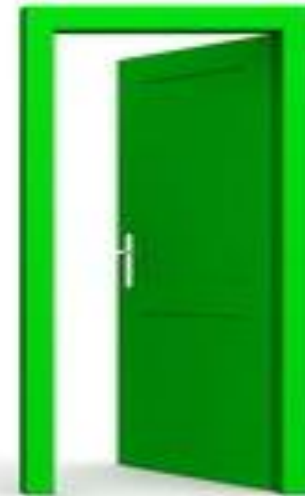
Emergent



Urgent

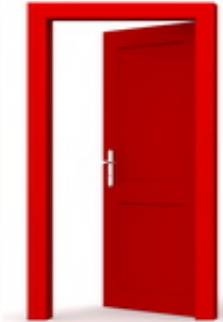


Routine



Crisis calls and EDs

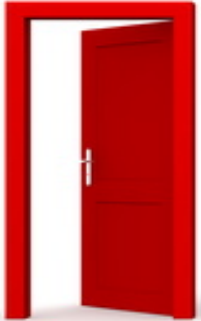
“ Call 911 or go to your nearest emergency department.”



Emergent door



Crisis lines



Emergent door

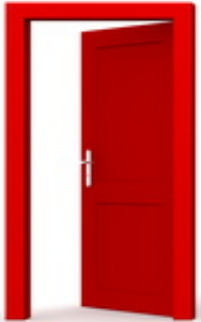
- **Lines for Life**
24/7 suicide, alcohol and substance abuse, military and youth helplines
- **County crisis lines**
Almost all counties in Oregon have a line; the few that don't use 911



Mobile crisis units

On-site mental health treatment for people in crisis

- 12 community mental health programs serve 18 counties
- Crisis Intervention Training (CIT)
- Examples:
 - Marion County – 24/7 crisis services offered through
 - Psychiatric crisis center
 - Mental health clinician available to law enforcement
 - Clinicians paired with police officers and sheriff's deputies
 - Yamhill County – 24/7 mobile crisis community outreach services
 - Teams include: Licensed psychiatric medical professionals, registered nurses, qualified mental health practitioners and associates, addictions counselors, peer/crisis associate specialists and supervisors
 - Clients identified by providers
 - Services provided in the community; at home, school or work environment



Emergent door



Jail diversion

Avoids unnecessary incarceration for people with mental illness

- Streamline referral process to community health care and transitional services
- Forensic peer support specialists
- Pre- and post-booking diversion outreach
- Forensic intensive case management
- Jail in-reach services



Urgent door



Judicial system



Urgent door

- **DUII**
 - Legally mandated
 - Education or treatment
- **Probation**
 - Probationers access mental health and substance use disorder treatment and housing
 - Some counties contract with providers for these services
 - Some probation officers have specialized mental health caseloads
- **Mental health courts**
 - Post adjudication
 - Alternative to incarceration
 - Court monitors compliance with mental health and substance use disorder treatment



Community referred

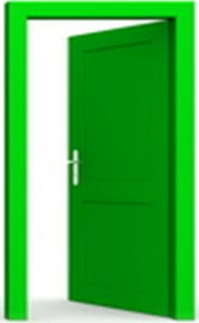


Urgent door

- **Walk-in Clinics**
- **Mental health first aid (MHFA)**
 - Association of Oregon Community Mental Health Programs provides statewide trainings
 - 6,050 people have become certified. Training includes:
 - Recognizing the signs
 - Symptoms and risk factors of behavioral health disorders
 - Community, professional and self-help resources
 - Crisis de-escalation
 - Help to shatter stigma of behavioral health disorders



Health plan/CCO/nurse lines



Routine door

- Health plans offer behavioral health treatment
- 16 CCOs with behavioral health treatment providers
- Multitudes of 24-hour nurse lines:
 - OHP Nurse Advice Line: 1-800-562-4620
 - Lifewise, Regence, CareSource, Providence, Legacy, Blue Cross Blue Shield, U of O, St. Charles Hospital, Sacred Heart Hospital, Kaiser, etc.



Primary care team

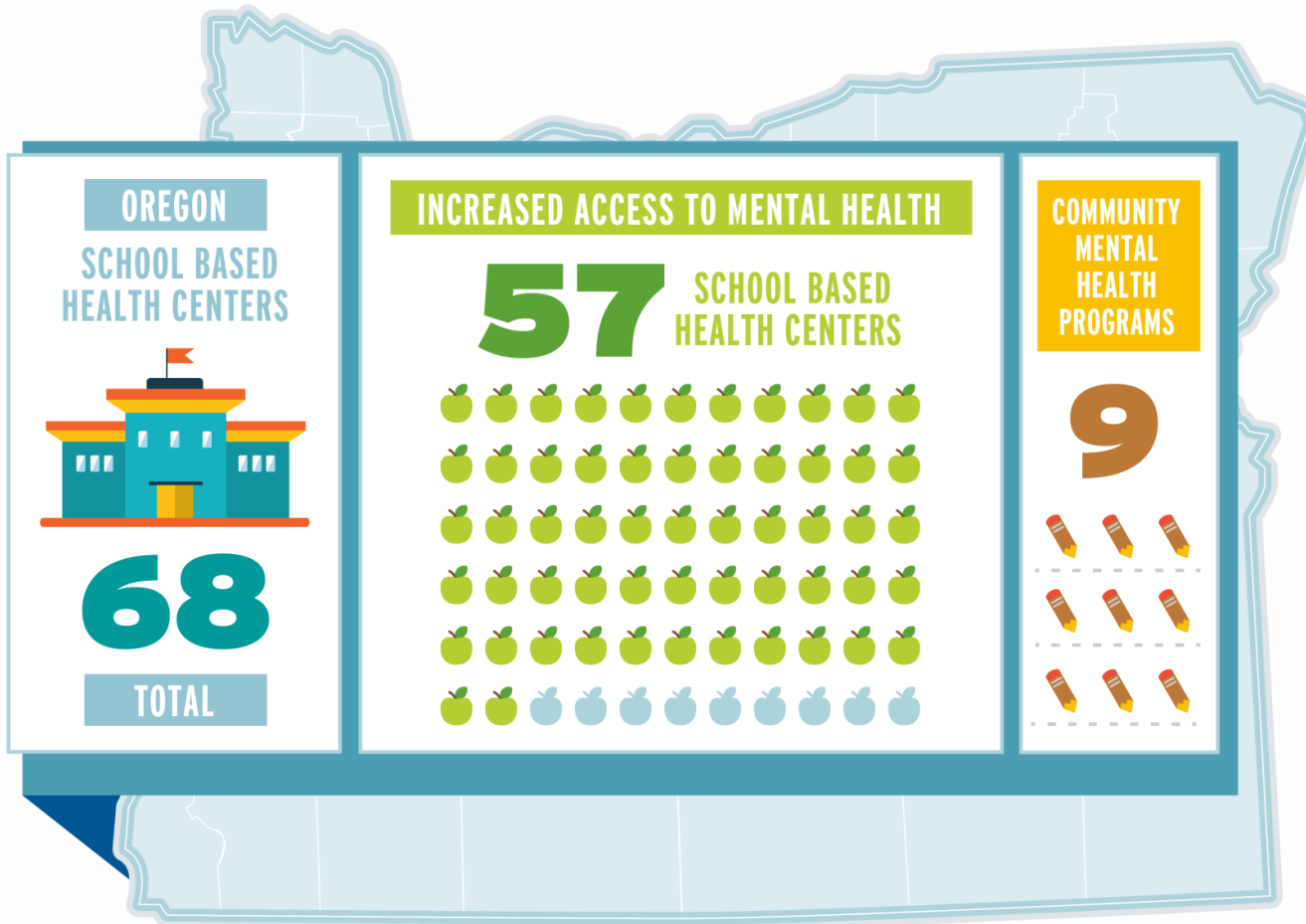


Routine door

- Developmental screening
- Well-child visits
- Adolescent depression screening
- Patient and family self-report
- Integrated primary care clinic
- Behavioral health home – *in development*

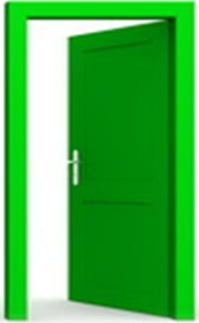


School-based health teachers/counselors/staff



Self/family referred

- Walk-in urgent care clinics
- Make appointment with a behavioral health provider
- Walk-in behavioral health clinic
- Contact a community mental health provider
- National Alliance on Mental Illness – Oregon
- Online searches



Routine door



Barriers to access

Workforce and training issues

- Workforce shortages in key professions (psychiatry)
- Workforce shortages in specialty areas (autism, geriatrics)
- Local competition for key health personnel (nurses)
- Emergency departments may not be prepared for behavioral health crises
- Ancillary professional staff may not be trained (teachers, clergy, primary care staff)
- Law enforcement professionals may not be trained



Barriers to access Program and coverage gaps

- Gaps in services in rural and frontier regions
- Gaps in crisis and diversion programs
- Gaps in crisis respite programs
- Ineffective care due to gaps in training and not using evidence based practices
- Transportation costs/time-off work costs
- Not insured or under-insured (e.g. undocumented, indigent)
- Increased demand due to ACA expansion
- Stigma associated with behavioral health treatment keeps people from accessing services



No wrong door



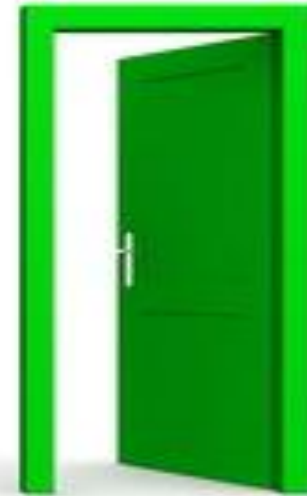
Emergent



Urgent



Routine



Counting the doors

