

# 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

ORS 430.630

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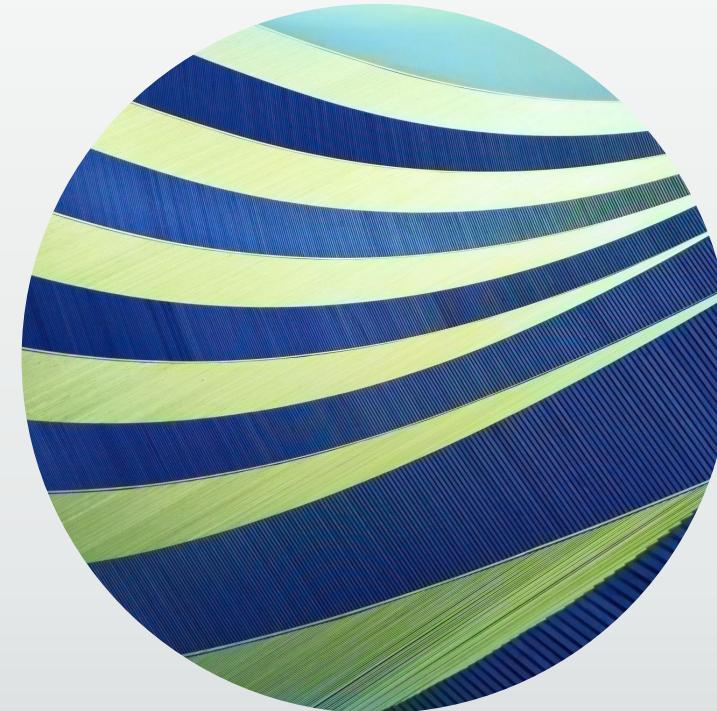
Provide a system of appropriate, accessible, coordinated, effective, efficient services to meet the behavioral health and social needs of their community members

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

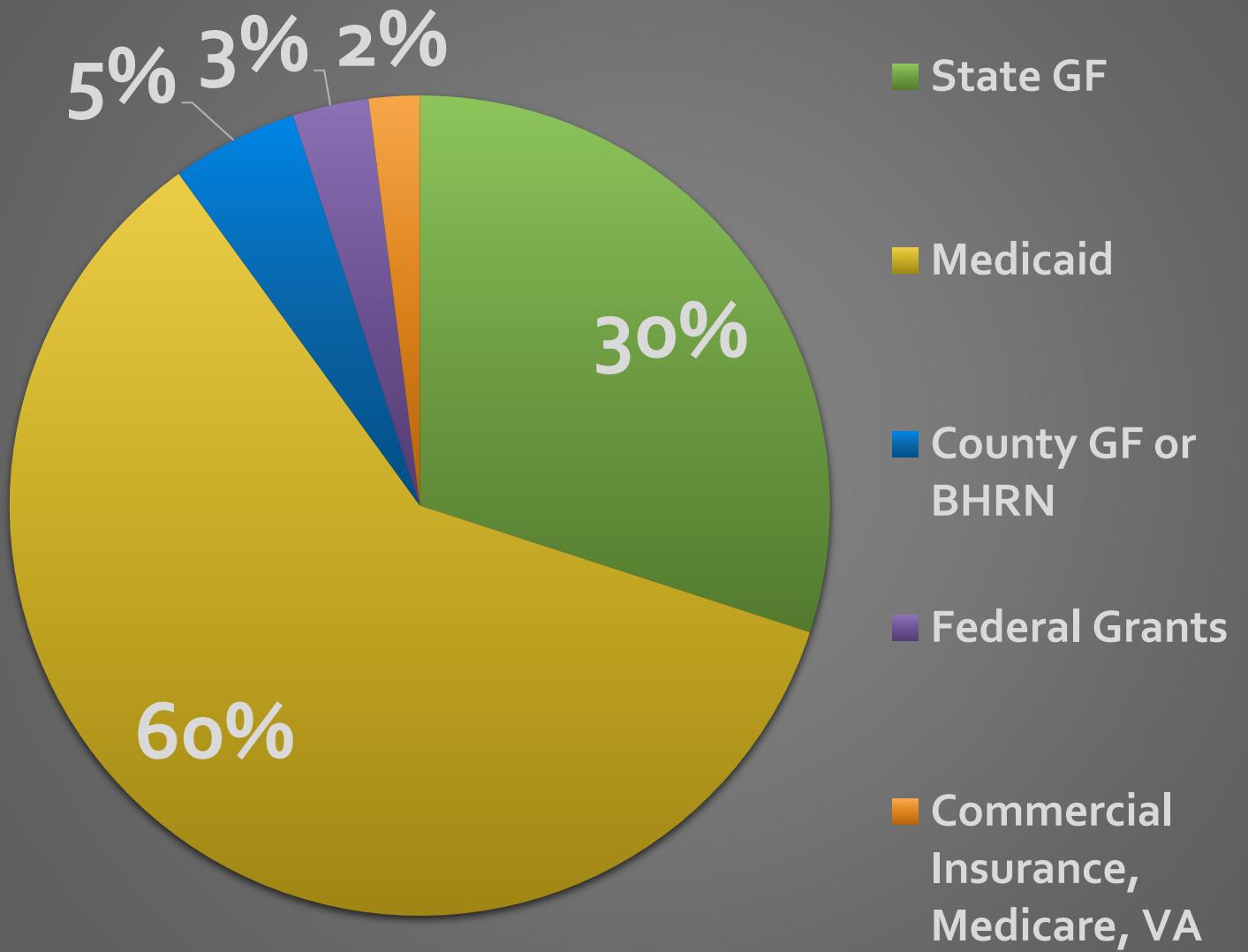
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Services must be timely – within 24 hours to 7 days depending on condition



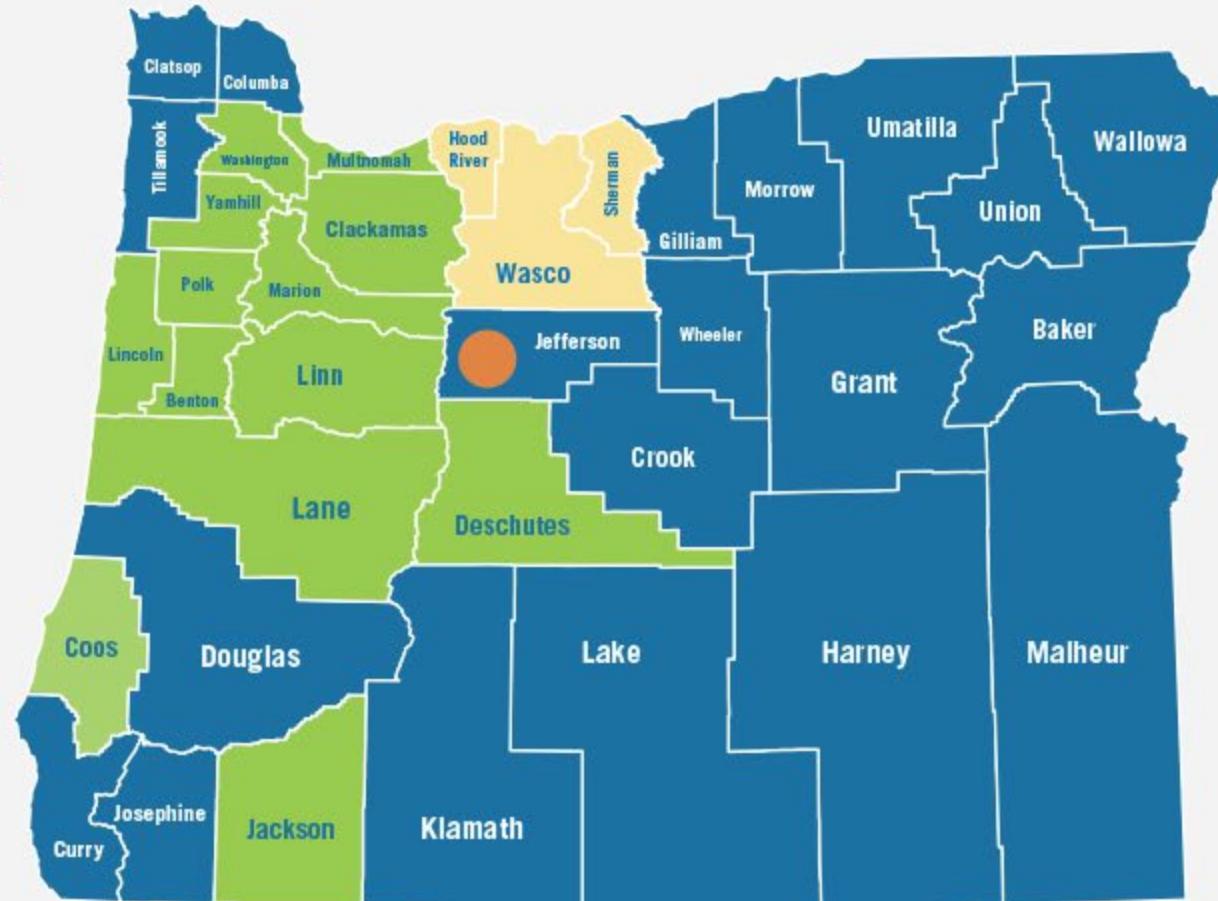
## CMHP Funding Mix Example

### Funding %



# Service Delivery Structure of Community Mental Health Programs:

- █ County Department
- █ Not-for-Profit
- █ Chapter 190 IGA
- █ Tribe



# 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 we may consider longer contract periods in the future, allowing for biennial or annual amendments as needed.
- ▶ The new contract beginning in January 2026 includes an updated local plan process with outcome metrics and merges service elements into core service areas to allow for more flexibility to address community needs.

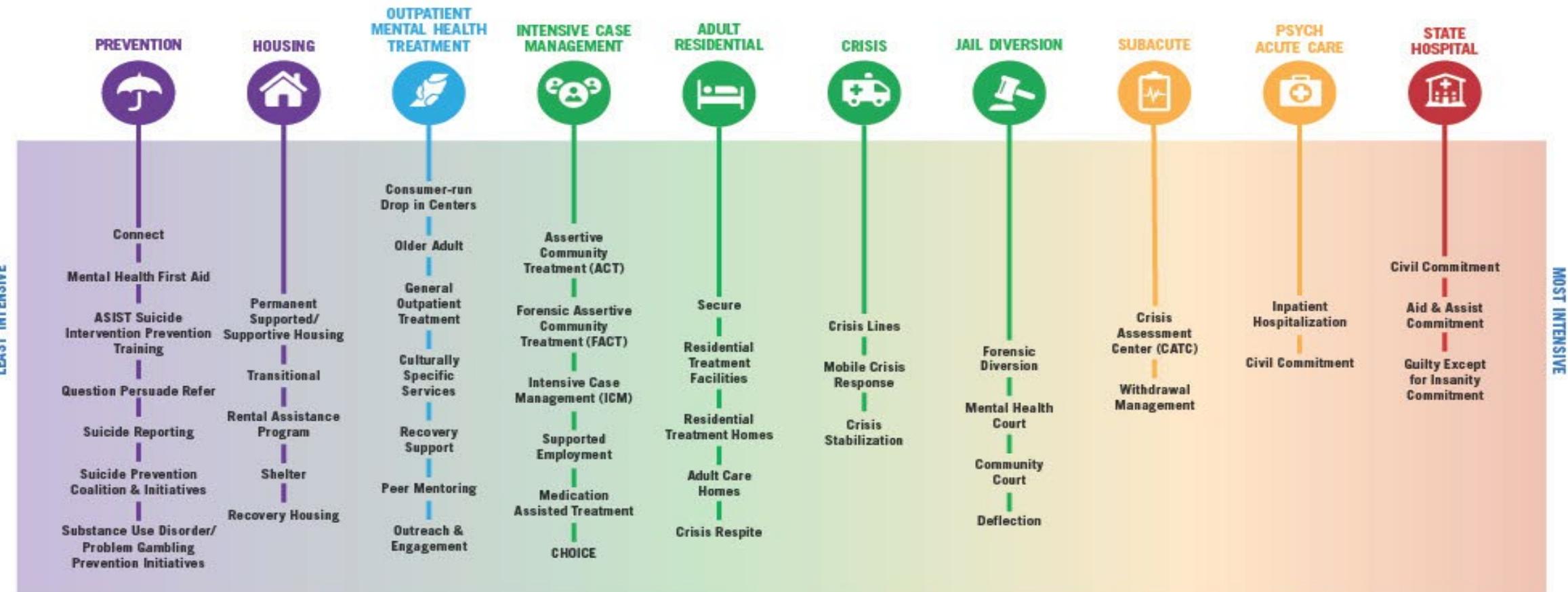


# CMHPs provide a wide array of *statutorily required, core, safety net* services



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

Association of Oregon Community Mental Health Programs (AOCMHP)  
Adult Behavioral Health Continuum of Care  
February 2025



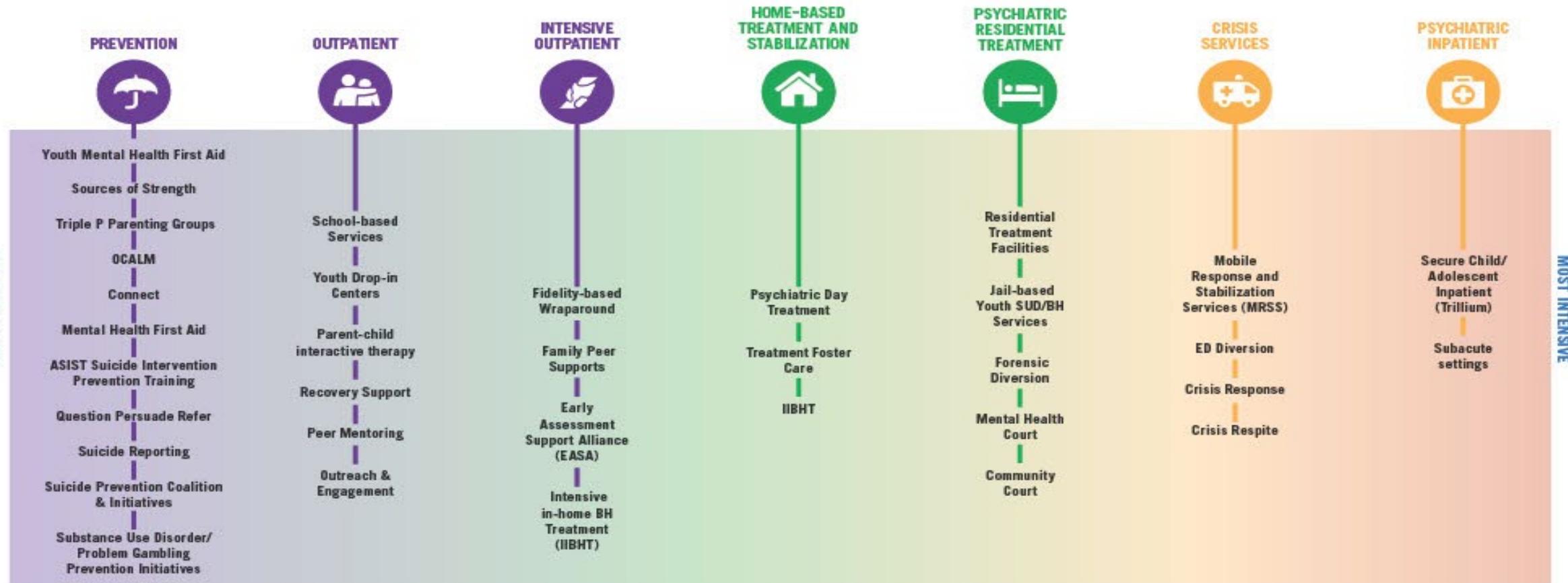
For more information, please contact **Cherryl Ramirez**, 503.569.4716



ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

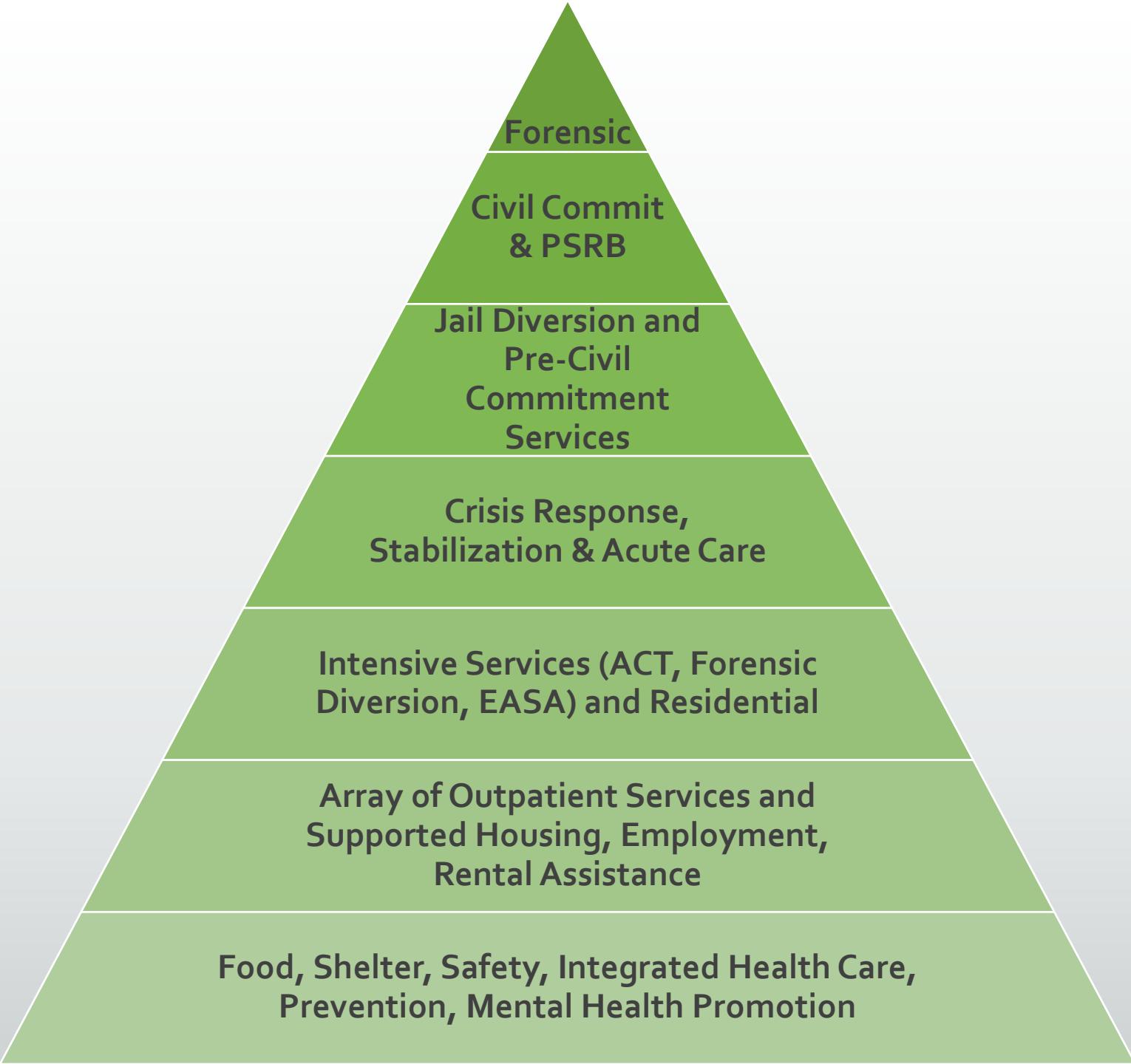
# Child/Youth Behavioral Health Continuum of Care

February 2025



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CMHPs strive to meet their community'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 financial constraints of the public BH system.*

# *Current Challenges*

- Workforce Recruitment and Retention
- Housing/Residential Beds not keeping pace with need
- Insufficient Funding for Core Functions
- Uncertainty of Federal Funding and Policy



# Mobile Crisis and Crisis Stabilization Expansion Challenges

- No dedicated crisis stabilization funding

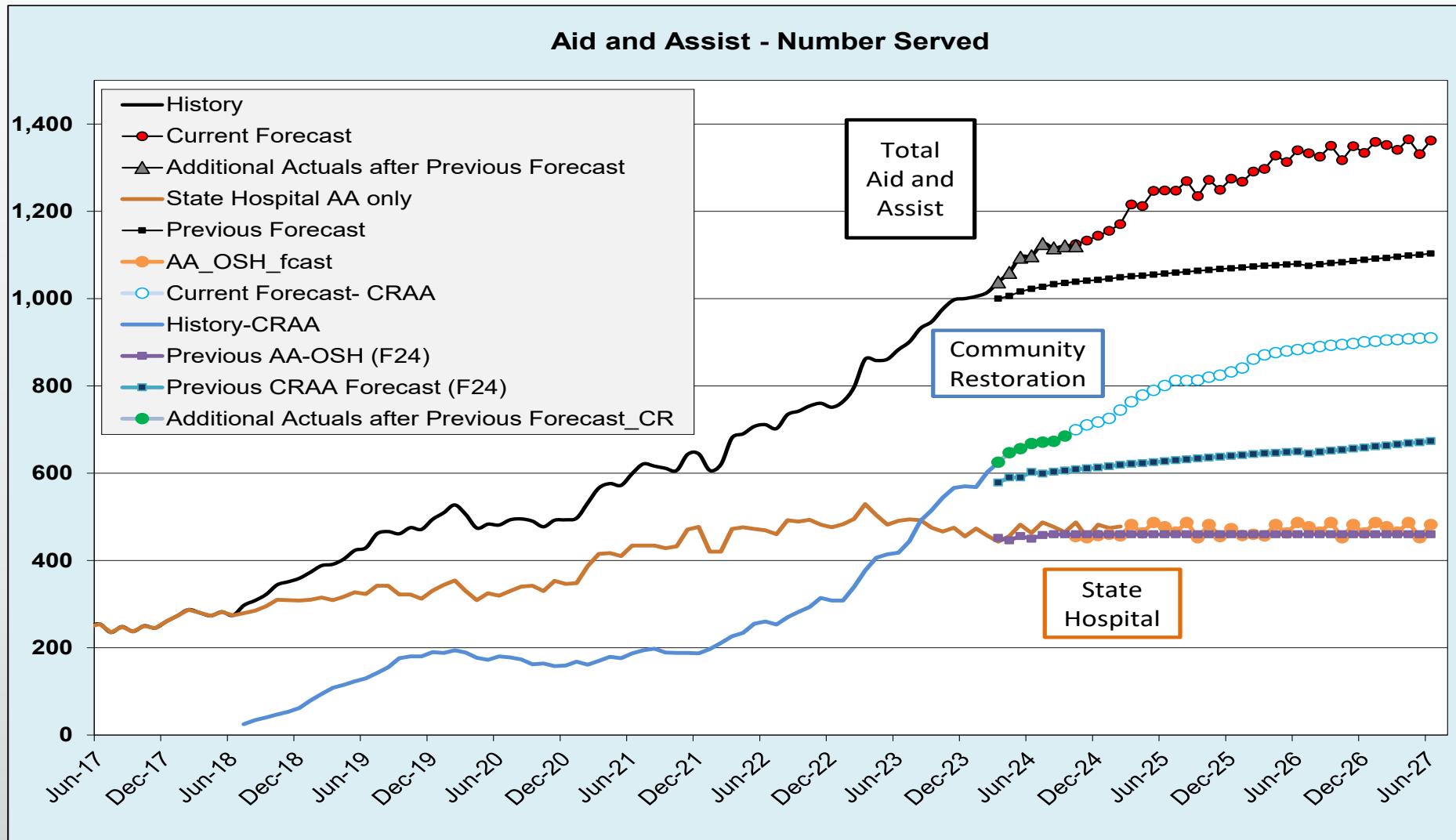


Deschutes County Crisis Stabilization Center

Not enough workforce or funding for a Firehouse model

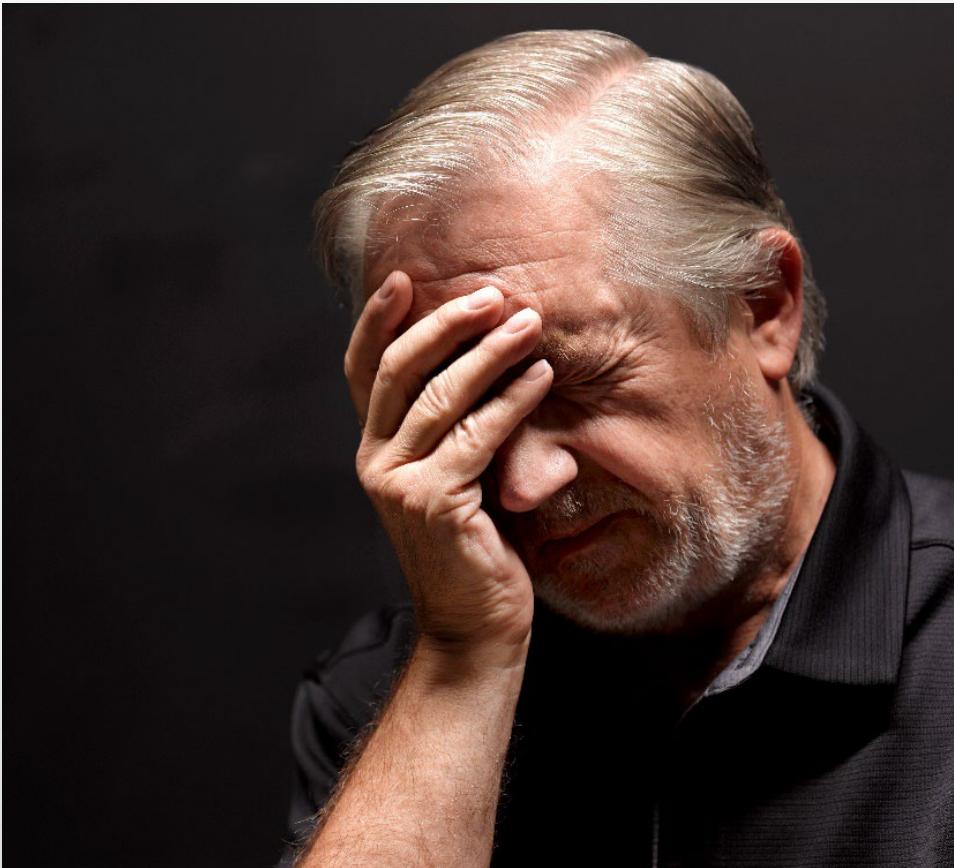


# Community Restoration Caseload Forecast



Caseload  
Forecast,  
April 2025

# What is keeping us up at night?



- CCO funding reductions
- Federal Medicaid cuts
- More people in 'mandated population' status to serve in communities without commensurate funding and suitable placements



## Bracing for Federal Policy Impacts on Oregon BH System

Medicaid Eligibility Changes and Federal match reductions

Marketplace changes

Future of Demonstration Programs

Mental Health and Substance Use Block Grants uncertainty

Broad Executive Orders that conflict with current laws

# 2025 Legislative Session

## *BH System Bright Spots*

1. Investments in Civil Commitment and Aid & Assist informed by CMHP Cost Study (HB 4092)
2. HB 2024 (BH Workforce Incentives)
3. HB 2005 (community restoration time limits, some investment, see #1)
4. HB 2059 (SRTF/RTF Capacity)
5. SB 610 (M110 Oversight & Accountability Council changes)
6. Continuation of Jail diversion investments

