

Oregon Behavioral Health Landscape Overview

Presented to the Joint Task Force on Regional Behavioral Health Accountability

Ebony Clarke
Director
Behavioral Health Division
Oregon Health Authority

2020 Governor's Behavioral Health Advisory Council Recommendations

The GBHAC was established by Executive Order on October 18, 2019, and was charged with "the development of recommendations aimed at improving access to effective behavioral health services and supports for all Oregon adults and transition-aged youth with serious mental illness or co-occurring mental illness and substance use disorders."

The GBHAC was charged with recommending to the Governor specific actions and investments necessary to improve access to behavioral health care that is responsive to people's individual needs and characteristics, and improves health outcomes.

Focus areas:

- Programs and Services
- Workforce
- Housing

GBHAC: Programs and Services

Recommendations

- Tribal-Based Practices and Peer-Run Respite Centers: Approval for Medicaid coverage of traditional health practices for Oregon tribes and piloting culturally responsive peer-run respite centers for individuals in crisis.
- Expanded Youth Services: Extended Early Assessment and Support Alliance (EASA) program to three years and supported the development of Young Adult Hubs for disconnected youth.
- Certified Community Behavioral Health Clinics (CCBHCs): Transitioning existing sites to a permanent Medicaid-supported model and planning for statewide expansion in 2025.

Achievements

- Tribal-Based Practices: Approval for Medicaid coverage of traditional practices by Oregon tribes (2024).
- Peer-Run Respite Centers: Pilots launched; culturally specific site planned.
- **EASA Expansion**: Added third year for psychosis support, increasing capacity.
- **CCBHCs**: Permanent status planned for 2025.
- Notable Pilots: Young Adult Hubs and Aid and Assist Community Restoration services.

GBHAC: Workforce Enhancements

Recommendations

- Behavioral Health Incentive Fund: \$110M allocated to recruit and retain a diverse workforce, with targeted support for rural areas, communities of color, tribal members, and underserved populations.
- Training and Development: Programs emphasizing trauma-informed care, culturally specific practices, anti-racism, and interdisciplinary care, alongside leadership development and equity-focused initiatives.
- Reducing Administrative Burden:
 Streamlined documentation requirements through revised rules and workgroups to alleviate providers' administrative load.

Achievements

Workforce Incentive Fund:

- Established through HB 2949 with \$110M allocated.
- Targeted incentives: Loan forgiveness, housing assistance, bonuses, and training programs for rural and underrepresented communities.

Training Programs:

 Emphasis on anti-racism, equity, culturally specific practices, and trauma-informed care.

GBHAC: Housing Initiatives

Recommendations

- Flexible Housing Support: Increase rental assistance and wraparound services to prevent homelessness and support independent living, with a focus on people with severe mental illness and communities of color.
- Residential Treatment Expansion: Add Secure Residential Treatment Facility (SRTF) and Residential Treatment Facility (RTF) beds, including projects for youth and adults, to meet behavioral health housing needs statewide.
- OHP Housing Benefits: Launch a Medicaidsupported housing benefit in 2024, offering rent assistance, tenancy services, and accessibility modifications under the 1115 OHP Demonstration Waiver.

<u>Achievements</u>

- Flexible Housing Support: Programs for rental assistance and recovery housing expanded.
- Residential Treatment Facilities: Over 30 new beds for Aid and Assist populations; 21 projects adding 168 recovery beds.
- OHP Housing Benefit: Launched November 2024 with comprehensive tenancy support.

GBHAC: Crisis System Improvements

Recommendations

- Statewide Crisis Response System: Develop a centralized platform for accessing behavioral health services, including crisis care, with streamlined coordination between local and state systems.
- 988 Implementation: Strengthen the 988
 Suicide & Crisis Lifeline by aligning it with
 Oregon's Behavioral Health Access System
 and enhancing crisis line standards.
- Mobile Crisis Services: Expand mobile crisis intervention teams to meet national best practices and ensure access for all Oregonians.

<u>Achievements</u>

- 988 Crisis Line Operational: Since July 2022, 988 has provided multilingual, nobarrier emotional support and crisis services statewide.
- Enhanced Mobile Crisis Services: All Community Mental Health Programs are required to offer mobile crisis teams, in line with Oregon Administrative Rules and best practices.
- Ongoing System Development: Progress on a centralized provider directory and bed registry to improve service navigation, with collaboration across agencies and local entities.

Challenges and Next Steps

Challenges

- Workforce shortages in rural areas.
- Need for sustainable funding mechanisms for peer-led services.
- Gaps in the behavioral health continuum.

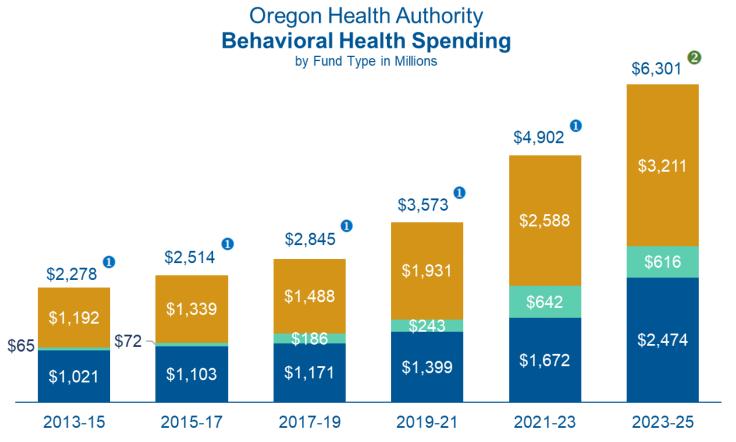
Future Plans

- Continued collaboration with tribal and community stakeholders.
- Further development of culturally and linguistically specific services.
- Expansion of housing supports and crisis systems.



Behavioral Health Funding

OHA Behavioral Health System Budget By Fund Type



- Spending in the Behavioral Health system has steadily increased over the past few biennia.
- The average increase over the last three biennia is 30%.
- Approximately 49% of the 2023-25 budget is funded by state funds and 51% from federal funds.

■ General Fund ■ Other Funds ■ Federal Funds

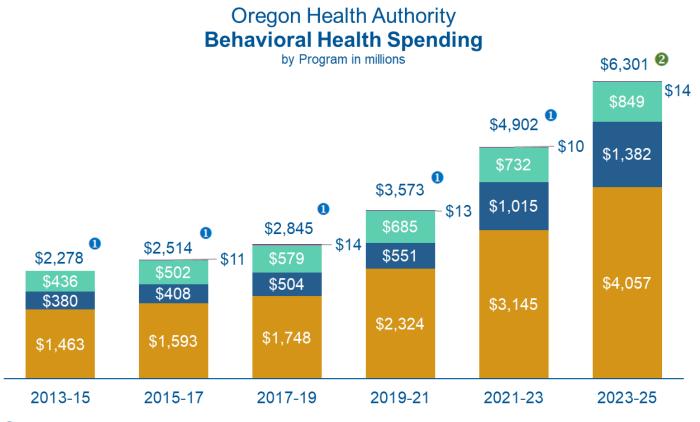
2 Current Budget

Source(s): Actual expenditure data provided by the Statewide Financial Management Application. 2023-25 budget data based on 2023-25 Legislatively Approved Budget after the 2024 session.

Note: Lottery Funds are not included above due to rounding.

Actual Expenditures

Behavioral Health System: Funding by OHA Division



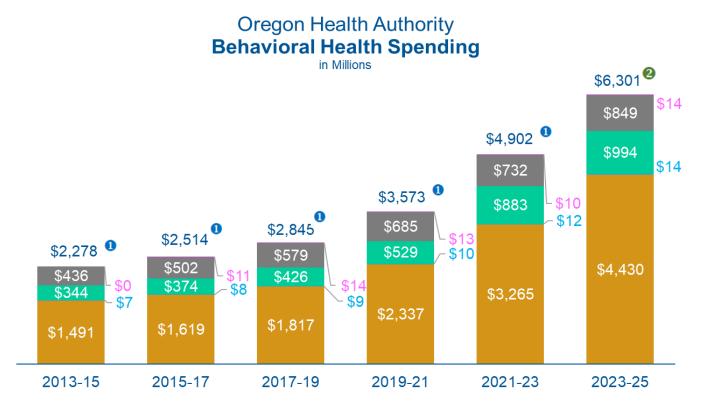
- The Oregon Health Plan (OHP)
 receives the largest share of
 funding in the Behavioral Health
 system.
- Projected funding in the 2023-25 biennium:
 - OHP = 64%
 - Non-Medicaid = 22%
 - Oregon State Hospital = 13%
 - Public Health Prevention < 1%

2 Current Budget

Source(s): Actual expenditure data provided by the Statewide Financial Management Application. 2023-25 budget data based on 2023-25 Legislatively Approved Budget after the 2024 session.

Actual Expenditures
 ■ Oregon Health Plan
 ■ Non-Medicaid
 ■ Oregon State Hospital
 ■ Public Health Prevention

Behavioral Health System: Funding by Program



- Actual Expenditures
- 2 Current Budget

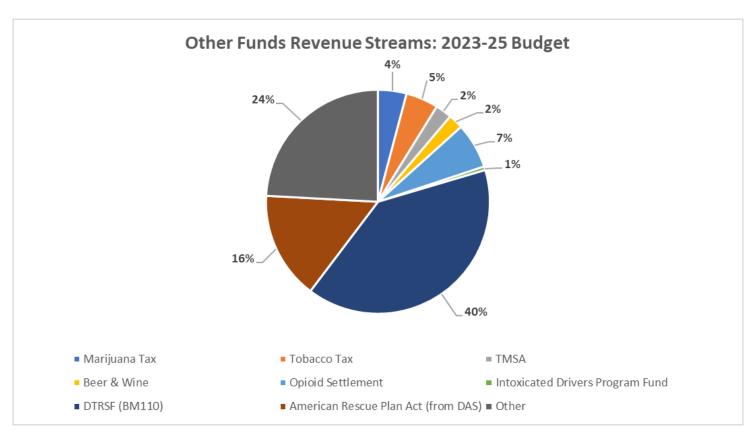
- Mental Health
- Gambling Treatment
- Alcohol & Drug (Chemical Dependency)
- Oregon State Hospital
- Public Health Prevention

NOTE: Figures for Mental Health Drugs are not shown separatedly. They are included as part of Mental Health.

- The majority of funding in the Behavioral Health system is in the Mental Health program.
- Projected funding in the 2023-25 biennium:
 - Mental Health = 70%
 - Gambling Treatment < 1%
 - Alcohol & Drug = 16%
 - Oregon State Hospital = 13%
 - Public Health Prevention < 1%

Source(s): Actual expenditure data provided by the Statewide Financial Management Application. 2023-25 budget data based on 2023-25 Legislatively Approved Budget after the 2024 session.

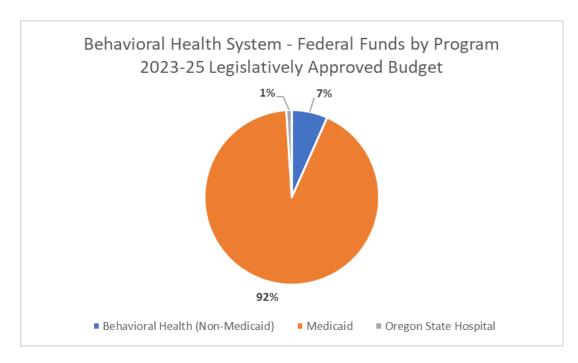
Behavioral Health (Non-Medicaid) Program: 2023-25 Other Funds Revenue Streams

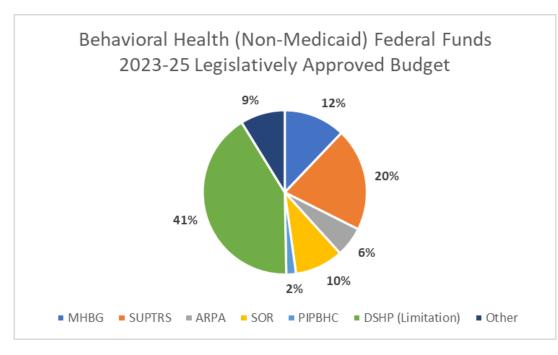


- The Behavioral Health System is funded by multiple Other Funds revenue sources.
- The largest revenue stream, about 40%, in the 2023-25 biennium is DTRSF (BM 110).
- American Rescue Plan Act funding is from federal funds, but is shown in the budget as Other Funds due to receiving funding from DAS.

DTRSF = Drug Treatment and Recovery Services Fund BM 110 = Ballot Measure 110 TMSA = Tobacco Master Settlement Agreement DAS = Department of Administrative Services

Behavioral Health System: 2023-25 Federal Funds Revenue Streams

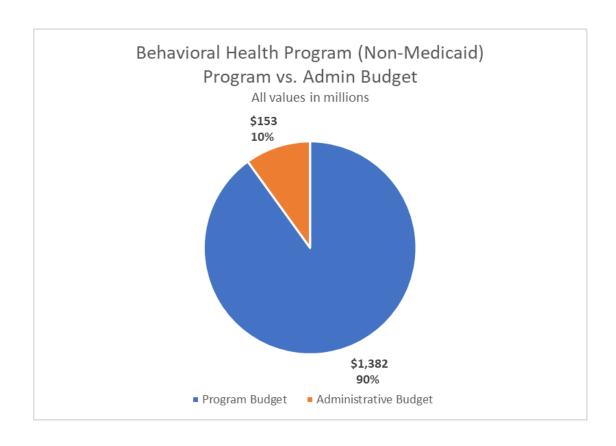




- The federal funds in the Behavioral Health System is primarily funded with Medicaid federal funds.
- DSHP allows Oregon to receive federal funds based on eligible services paid with state funds
- MHBG/SUPTRS represents 32% of Non-Medicaid budget

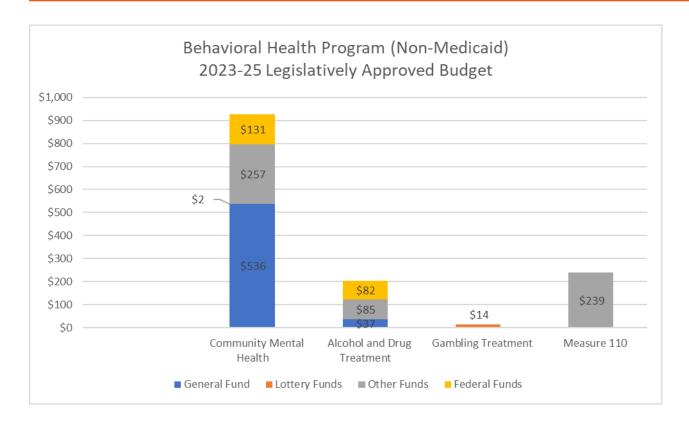
MHBG = Mental Health Block Grant
SUPTRS = Substance Use Prevention, Treatment and
Recovery Services (block grant)
ARPA = American Rescue Plan Act (and other COVID grants)
SOR = State Opioid Response
PIPBHC = Promoting the Integration of Primary and
Behavioral Health Care
DSHP = Designated State Health Programs

Behavioral Health Program (Non-Medicaid): 2023-25 Legislatively Approved Budget (Program + Admin)



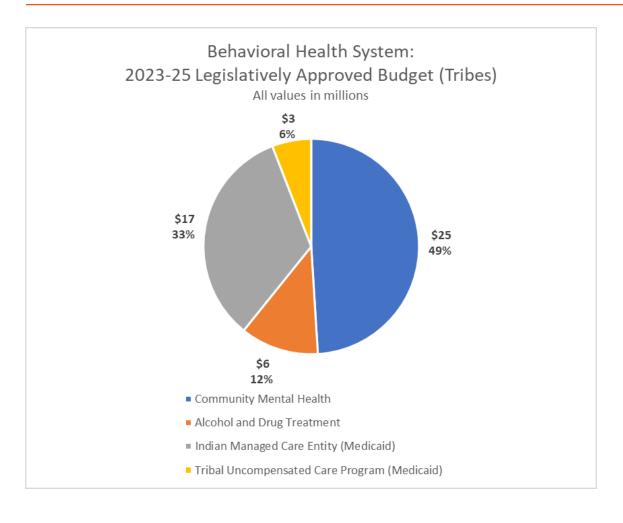
Most of Behavioral Health Program (Non-Medicaid) budget is used for program costs. Only 10% is used for staffing and other administrative costs.

Behavioral Health Program (Non-Medicaid): 2023-25 Legislatively Approved Budget



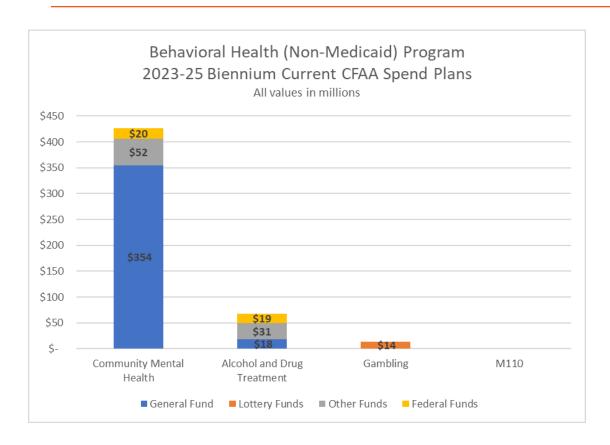
- The largest percentage of funding in the 2023-25 biennium is for Community Mental Health programs:
 - Community Mental Health = 67%
 - Alcohol and Drug Treatment = 15%
 - Gambling = 1%
 - Measure 110 = 17%
- General Fund is primarily used in Community Mental Health programs
- Measure 110 is funded solely with Other Funds form the Drug Treatment and Recover Services Fund

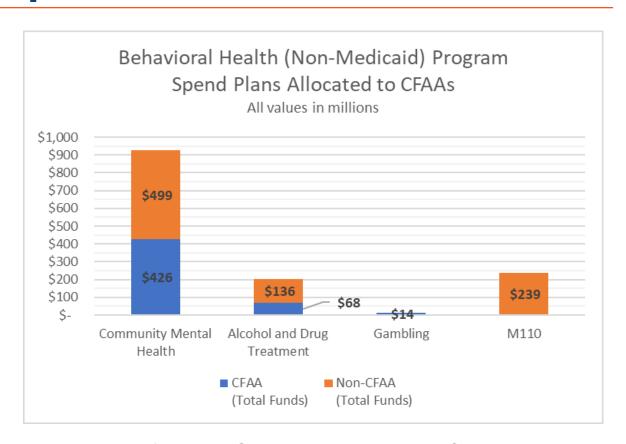
Behavioral Health System: 2023-25 Legislatively Approved Budget (Tribes)



- The Behavioral Health Tribal budget is \$51M Total Funds.
- Approximately 61% of the funding is in the Behavioral Health (Non-Medicaid) program and 39% is in the Medicaid program.

Behavioral Health Program (Non-Medicaid): 2023-25 Biennium Current Spend Plans for CFAAs



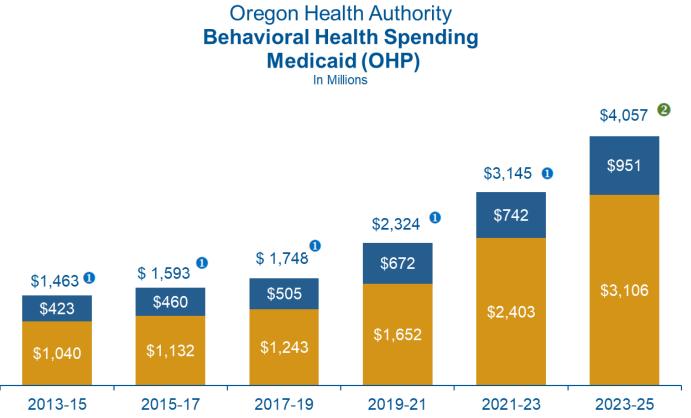


Source(s): 2023-25 spend plan data as of 12/5/2024. 2023-25 budget data based on 2023-25 Legislatively Approved Budget after the 2024 session.

Percentage of 2023-25 Spend Plans Allocated to CFAAs:

- Community Mental Health = 46%
- Alcohol and Drug Treatment = 33%
- Gambling = 100%
- M110 = 0%

Behavioral Health System: OHP Funding By Service Delivery Type



- The majority of OHP funding flows through the CCOs.
- Projected funding in the 2023-25 biennium:
 - CCO = 77%
 - FFS = 23%

Source(s): Actual expenditure data provided by the Statewide Financial Management Application. 2023-25 budget data based on 2023-25 Legislatively Approved Budget after the 2024 session.

Actual Expenditures ■ Coordinated Care Organization (CCO) ■ Fee-For-Service (FFS)

Current Budget

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Sarah Herb at Sarah.Herb@oha.oregon.gov or (971) 372-9887 (voice/text). We accept all relay calls.

Ebony Clarke

Director

Behavioral Health Division



Contact:

Robert Lee
Senior Policy Advisor
Robert.Lee@oha.oregon.gov