

The following table provides an update on OHA activities related to the [recommendations](#) from the 2020 Governor’s Behavioral Health Advisory Council, which focus on improving Oregon’s behavioral health system, particularly in the areas of programs and services, workforce, and housing. The recommendations, developed to transform Oregon's behavioral health system, are directly aligned with the current work of the Oregon Health Authority.

GBHAC Recommendations for Programs and Services:	November 2024 Update:
<p>Funds to support Medicaid reimbursement of Tribal Based Practices, which would increase capacity for billing through Medicaid and increase support for culturally responsive care in tribal communities.</p> <p>The recommendation provides funding for a strategy within the Tribal Behavioral Health Strategic Plan of 2019 and for the implementation of Senate Bill 134 (2019). The estimated cost is \$0.5 million general fund (\$1.4 million total funds with federal match).</p>	<p>One of the long-standing goals for the Nine Federally Recognized Tribes in Oregon has been to allow for traditional health care practices to be billed through the Oregon Health Plan. In October 2024, OHA announced that the Nine Federally Recognized Tribes of Oregon, in partnership with OHA, have received approval for traditional health care practices to be covered through OHP and CHIP.</p> <p>Oregon is among the first states in the nation to receive a first-ever approval to cover traditional health care practices provided by Indian Health Service (IHS) facilities, Tribal facilities, and the Urban Indian Health Program (UIHP). OHA will work closely with tribal partners toward implementation. For additional information about Oregon’s approval, please visit the approval on Medicaid.gov.</p>
<p>A state-funded pilot to create three non-clinical peer-run respite centers, including a culturally and/or linguistically specific program designed to provide services and supports to people of color.</p>	<p>In 2021, the legislature passed HB 2980 allocating \$6M to pilot four peer respite homes in Oregon. These serve as home like environments staffed and owned by peers to offer respite for people experiencing perceived states of emotional distress</p>

Peer-run respite centers provide culturally informed, voluntary, short-term support in a home-like setting to adults who are experiencing acute mental health or emotional distress. While the intent is that one program will be culturally and/or linguistically specific, all pilot sites will be expected to provide culturally and linguistically responsive services to people of color seeking services. The recommendation has an estimated cost of \$2.4 million for the three pilot sites based on estimates for HB 2831 (2019), which originated with and was brought forward by consumer advocates.

and crises, in lieu of, and as an alternative to homelessness and psychiatric hospitalization:

- Portland Metropolitan Region: Multnomah County
 - Organization – FolkTime
 - Open date January 2025, contingent on land use approval process.
- Coastal Region: Depoe Bay, Lincoln County
 - Organization – Project Able
 - Open date: January 2025
- Southern Oregon: Ashland, Jackson County
 - Organization – Stabbin’ Wagon AKA Mountain Beaver House
 - Status: Requires additional review to ensure compliance requirements are being met.
- Central/Eastern Oregon Region: Crescent, Klamath County
 - Organization – The Stronghold: A Culturally Responsive Peer Support Program
 - Status: Requires additional review to ensure compliance requirements are being met.

Peer crisis intervention / de-escalation curriculum/training are being developed for Traditional Health Worker review and approval. Training will be provided to all peer respite staff. Training to be delivered February 2025.

OHA’s 2023-2025 Agency Requested Budget also included a proposal for Medicaid reimbursed respite services across the life span.

Expansion for the Early Assessment and Support Alliance (EASA) program from a two-year program to a three-year program.

Service Element contract language has been updated to reflect that EASA is “intended to be a transitional coordinated specialty care service; *designed to last approximately two*

<p>EASA currently provides support to young people experiencing symptoms of psychosis for the first time. The addition of a third year will be based on a step-down framework and would provide adolescents and young adults (14-25) continued transition services, access to a strengthened peer-support component, and enhanced life and self-care elements. The recommendation has a cost of \$9.1 million general fund and will serve approximately 250 additional youth annually.</p>	<p><i>years or longer based on clinical need. An individual's length of time in services are flexible."</i></p>
<p>Double the program size of Young Adult Hubs, which are modeled after a Transition to Independence Process and provide mental health services, case management, and support for disconnected youth. The recommendation costs \$3.2 million and will serve about 1,100 additional young people annually.</p>	<p>Since 2020, the Child and Family Behavioral Health unit has submitted two Policy Option Packages advocating for the expansion of young adult HUB services, but they have not been put forward for funding. We are supporting the development of one new HUB program with temporary stimulus funding, which will bring the total to five programs statewide.</p>
<p>Certified Community Behavioral Health Clinics (CCBHC): Funding for continued operations and study of existing CCBHC demonstration sites, that the demonstration fund nine existing CCBHC sites, and that OHA work with those programs as well as advocates and CCOs to develop a sustainable financing model.</p>	<p>Pursuant to HB 4002 (2024), OHA will be making CCBHCs a permanent part of the Medicaid plan via a state plan amendment (SPA), which will allow for expansion of CCBHC services across the state.</p> <p>The current CCBHC demonstration ends 9/30/2025, and the SPA will take effect 10/1/2025. At that point, all demonstration clinics will transition to offering services under SPA, and new clinics will have the opportunity to begin applying for certification. OHA has a provisional estimate of 15 new clinics coming online in the first year of expansion – this may include new sites at existing clinics and/or truly new providers.</p>
<p>Aid and Assist: Increased support for community restoration and an additional 16-bed secure residential treatment facility</p>	<p>In 2019, OHA proposed a monthly base rate as recommended for counties for Aid and Assist funding. The proposal failed at</p>

for defendants who do not have fitness to proceed in a criminal matter (“aid and assist” defendants).

- Current Aid and Assist funding is distributed to Community Mental Health Programs based on an outdated formula that does not provide sufficient funding statewide. OHA worked with CMHPs before the 2020 short session to develop a case rate for case consultation and community restoration to ensure that funding is tied to the number of individuals served and their needs. The recommendation has a cost estimate of \$3.1 million. The funding proposed would allow all CMHPs a baseline amount of funding to serve this population and sufficient funds to increase community restoration services to approximately 400 clients.
- In addition to community restoration funding, the Council recommends funding for one secure residential treatment facility (SRTF) for community-based residential support. One 16-bed SRTF costs Recommendations Report: October 2020 18 approximately \$4.8 million (including one-time costs) and will serve approximately 31-39 people per year once operational. The proposed funding includes construction and startup costs to be allocated by OHA and funds to cover the cost of providing restoration services that are not Medicaid reimbursable (i.e., legal skills training). This recommendation represents a scaled-down version of the three SRTFs proposed in the OHA Agency Request Budget.

the county level due to unaligned methodology for costing and expenses.

In late 2019, OHA established contracts for Community Restoration Services through Northwest Regional Recovery Center (NWRCC), Coos County, Lane County and Multnomah County. This included increasing capacity by expanding secure residential treatment facility beds by 26 beds, and four additional rental assistance beds.

OHA made a request to the Joint Committee on Ways and Means during the 19-21 biennium for Behavioral Health Community Investments to be implemented as part of the 21-23 biennium. There was \$16M General Fund (GF) approved for non-Medicaid, \$500K (GF) for an evaluation, and a small portion for Medicaid. This brought the total investment for Aid and Assist to start the 2021-23 biennium to \$34.5M GF, and \$2.3M Federal Funds (FF), for a total of \$36.8M Total Funds.

During the 23-25 biennium, there was funding provided as part of HB 5204 (2024) \$7.5M (GF) for CMHPS, and SB5525 (2023) \$6M (GF) to support Oregon State Hospital Transition services by establishing the Community Navigator Pilot Program for six counties. This brings the total investment to \$51.4M for the 23-25 biennium.

Two projects were identified through HB 5024 (2024). These projects will create 30 SRTF Beds for the Aid and Assist population by the end of 2026.

OHA is reviewing the funding need for secure residential treatment facilities (SRTF) as part of the 25-27 budget.

OHA plans to consult with the tribes and confer with the Urban Indian Health Program to create a set-aside for community restoration funding specific for provision to the tribes and the Urban Indian Health Program and will consult individually with each Oregon Tribe to provide flexibility to adapt community

	restoration services to meet the need of tribal communities if funds become available.
<p>Crisis System: Development of a statewide crisis response system, leveraging ongoing projects like the Oregon Behavioral Health Access System.</p> <p>The system will include an all-inclusive webpage that connects individuals to all types of behavioral health services, including crisis, outpatient, inpatient, and community-based. The system is designed to consolidate, enhance and expand existing crisis lines to streamline access to crisis services for all Oregonians. The system will also offer no-barrier, brief, emotional support service regardless of language spoken or insurance status for a limited duration of service. Finally, the system will offer a centralized provider search engine and a bed registry.</p> <p>While this system does not need immediate financial support, the Council endorses future state support for the program. The Council also recommends that the program coordinate with existing local, city, tribal, and county crisis systems.</p>	<p>Crisis line services across Oregon have been enhanced through partnerships and contracts with Lines for Life and Northwest Human Services, providing 988 Suicide & Crisis Lifeline services since July 2022.</p> <p>All Community Mental Health Programs (CMHP) are required to provide an enhanced standard of Mobile Crisis Intervention Services, in line with Oregon Administrative Rule 309-072, which aligns with national best practices.</p> <p>Crisis services are available to everyone, regardless of language spoken or insurance status, for a limited duration of service. When no staff member speaks a caller's language, both 988 Call Centers and CMHPs utilize interpretation services to ensure access to services.</p> <p>988 Call Centers can utilize a provider directory when connecting callers with services. However, the bed registry component is under development by Oregon Health and Science University, as directed by the Oregon Legislature.</p>
GBHAC Recommendations for Workforce	November 2024 Update:
<p>Incentive Fund: Creation of a behavioral health incentive fund to recruit and retain a diverse workforce, particularly from rural, tribal, and communities of color.</p> <ul style="list-style-type: none"> • Increase capacity for rural and under-resourced populations through bachelor's and master's level education and retention bonuses for culturally and linguistically specific workforce to serve communities with workforce shortages. These communities include, but are not limited to tribal communities, communities 	<p>HB 2949 (2021) established the Behavioral Health Incentive Subaccount and appropriated \$110 million to this account to fund incentives to increase recruitment and retention of behavioral health providers with associate, bachelor's, master's, or doctoral degrees, or other credentials who are people of color, tribal members, or residents of rural areas in the state. The bill directed OHA to provide funding to counties, community mental health programs, and organizations to provide new or increase existing transition services for individuals reintegrating into the community following</p>

<p>of color, immigrant and refugee communities, LGBTQIA+/LGBTQIA+ youth, people with disabilities (including physical and intellectual/developmental disabilities), veterans, people with a history of criminal justice involvement, and non-English speaking communities.</p> <ul style="list-style-type: none"> • Expand funding for/incentivize culturally and linguistically specific Peer Support and Peer Wellness Specialists (including family support), traditional health workers, licensed / certified providers, and licensed prescribers. • Incentivize for all levels of workforce: loan forgiveness; housing assistance/tax credits; sign on bonuses; part time/flex time; retention bonuses; professional development; childcare; subsidized dual certification (with specific focus on rural and vulnerable populations; pay equity). The incentive fund would also be used to support access to tuition assistance and other incentive programs. • Incentives for leadership and management training and support. • Increasing support for the Tribal Workforce (in alignment with OHA Agency Request Budget). In addition, OHA will consult with the tribes and confer with the Urban Indian Health Program to create a set aside for the incentive fund for provision to the tribes and the Urban Indian Health Program. OHA will consult individually with each Oregon Tribe to provide flexibility to adapt workforce funding to meet the need of tribal communities. 	<p>incarceration and appropriated \$20 million in General Funds to OHA for this purpose.</p> <p>The bill also directed OHA to establish a program to provide grants to licensed behavioral health workers to provide supervised clinical experience to associates or other individuals requiring supervised clinical experience to obtain licensure and appropriated \$20 million in General Funds to OHA for this purpose. This bill also directed OHA to establish a program to provide funding to community mental health providers to ensure access to individuals in underserved communities disproportionately impacted by the COVID-19 pandemic and appropriated \$50 million in General Funds for the program.</p> <p>Since the passage of HB 2949, 11 behavioral health workforce incentive programs have been established and implemented that fund recruitment, retention, and development of Oregon’s behavioral health workforce.</p> <p>Administrative rules were created for incentive programs and defined “Communities of color” and “Communities who are underserved” (309-081-0010) to further prioritize providers who serve these communities.</p> <p>The programs have had equity as a main focus and succeeded at obligating nearly \$80M to individuals and organizations that provide culturally responsive or culturally/linguistically specific services to rural communities, communities of color, and Tribal members.</p>
<p>Culturally and Linguistically Specific Services: Implementation and sustainability of culturally based</p>	<p>OHA has initiated the Culturally and Linguistically Specific Services Enhanced Payment Program, incentivizing the</p>

<p>practices, including promising practices and practices outside of the conventional medical model.</p> <ul style="list-style-type: none"> • Expand interventions to include culturally based practices (promising/practices outside of conventional medical model). • Expand approved evidence-based practices to include promising or culturally based practices for coverage by Medicaid. 	<p>provision of services to minoritized cultural communities in urban and rural settings based on healing practices derived from the specific culture.</p> <p>In accordance with this program, OHA has convened a Culturally and Linguistically Specific Services Learning Collaborative in which leaders of culturally and linguistically specific organizations partner with OHA to establish tools and strategies for scaling their practices for increased access across Oregon.</p>
<p>Training: Train behavioral health workforce in trauma-informed care, culturally specific practices, anti-racism, equity, and interdisciplinary care. Develop an outcomes-based system to demonstrate anti-racism and equity training.</p> <ul style="list-style-type: none"> • All behavioral health workforce should be trained in the following: trauma-informed care and workplaces, culturally and linguistically specific/responsive care, anti-racism, equity, interdisciplinary care (including working with peers), leadership and management development, and co-occurring disorders (mental health and substance use diagnoses, a behavioral health and a physical diagnosis or disability, or behavioral health diagnosis and an intellectual/developmental disability). • Develop an outcomes-based system to demonstrate anti-racism and equity training. 	<p>HB 2949 (2021) mandated that behavioral health incentive programs and clinical supervision grants be created to incentivize culturally responsive and culturally/linguistically specific providers of Communities who are underserved (as defined in OAR 309-081-0010). These incentives include professional development and training during the process to become licensed or certified as an individual behavioral health service provider. These trainings have been utilized by several grant recipients to provide culturally/linguistically specific clinical supervision and to train providers on anti-racist practices, equity, and interdisciplinary care.</p> <p>Additionally, OHA provides internal anti-racism and equity training to behavioral health staff. This training includes trauma-informed care, culturally specific practices, anti-racism, equity, and interdisciplinary care. OHA's 2023-2025 Agency Requested Budget also included a proposal for a statewide Behavioral Health Workforce Center for Excellence. This center would offer comprehensive training, supervision, and support for both culturally specific and peer-delivered service providers, thereby strengthening the behavioral health workforce and ensuring equitable service delivery to diverse populations across Oregon.</p>

Reducing Administrative Burden: Streamlining documentation requirements to alleviate administrative loads on providers (309 rule revision).

GBHAC supports revising the 309 rules to reduce administrative burden for documentation, particularly around assessment and treatment planning, MOTS data system and other reporting for certificate of approval (COA) providers to be consistent with the 410 rules that apply to behavioral health staff operating in primary care and other settings. This recommendation does not need financial support but will require OHA staff to complete this work.

OHA has convened the Tackling Administrative Burden (TAB) workgroup that has worked to analyze OAR 309 and to make recommendations on changes to streamline documentation requirements. Completed projects include identifying and determining “guiding principles” of the workgroup for OHA adoption, increase standardization and transparency of recording and publication of rule-related public meetings, and reducing administrative burden by eliminating select signature compliance procedures.

The TAB workgroup has been given a revised timeline on current and future projects that OHA is working in the Behavioral Health Division to reduce Admin burden. To further reduce Admin Burden, OHA is working with ODHS to implement the rules transparency requirements set forth by the Governor’s Office and is on track to complete the first set by March 1, 2025 with others to follow.

GBHAC Recommendations for Housing

November 2024 Update:

Flexible Housing Support: Increase funding for rental assistance with wraparound support to prevent homelessness and provide stable housing, especially for people with severe mental illness. Create a flexible housing and independent, community-based living fund to fill gaps in the housing continuum for people of color, including recovery housing.

MHS 12 Rental Assistance Program Services are intended to assist Individuals 18 years of age and older with Serious and Persistent Mental Illness (SPMI), as defined in OAR 309-036-0105 (13), and who meet specified criteria, in paying for rental housing to live as independently as possible in the community and to access the appropriate support services on a voluntary basis.

OHA funds counties and direct Community Mental Health Providers through financial awards or through direct contract for MHS 12 Services. In 2021 all providers were given one time funding that totaled \$2,110,995.00. In 2022 inflation was given to the Counties for the one-year contracts totaling \$272,003.95. In 2024 inflation given to all providers that totaled \$1,692,436.00. There was also other one-time funding

	<p>given to certain providers for various other reasons throughout the years.</p> <p>SB 1530 (2024) provided \$18M for the distribution of grants to the entities noted in the bill for specific purposes to support the development of SUD services throughout the state. OHA invested the \$18M for a total of 21 projects adding 168 recovery beds. Projected occupancy dates will vary through 2024 and 2025 by project.</p>
<p>Residential Facilities: Expansion of residential treatment facilities, including Secure Residential Treatment Facilities, to support those with high behavioral health needs.</p> <ul style="list-style-type: none"> • Expansion of the Young Adult in Transition Residential System with four additional five-bed Residential Treatment Homes (RTH) and a 10-bed Secure Residential Treatment Facility (SRTF) specializing in the young adult population (age 17.5 – 25). This expansion increases residential bed capacity by 30 beds, (90 to 100 young adults once fully operational, but depends on when those beds come online) and cost an estimated \$9.1 million. • Support for the Programs and Services recommendation and the OHA Agency Request Budget to fund three SRTFs to increase the number of facilities to serve the aid and assist population. The Programs and Services recommendation represents a scaled down version of this recommendation (one SRTF vs. three SRTFs). Three 16-bed SRTFs would increase residential bed capacity by 48 beds (approximately 95-116 people per year once operational) and cost \$14.4 million. 	<p>OHA has been actively pursuing projects with emphasis on residential treatment facilities (RTF), including secure residential treatment facilities (SRTF) through various funding mechanisms made available in the 21-23 and 23-25 biennia. In 2024, OHA worked with OPAL to complete the Residential+ Report that identified specific adult service capacity needs for RTF and SRTF by Trauma Region. The report established specific targets for these facilities and are posted on the Behavioral Health Housing and Licensed Residential Capacity Dashboard. The investments listed below are in progress and actual occupancy dates will vary by project.</p> <p>HB 5202 Funds were allocated to Community Mental Health Programs (CMHPs) to increase behavioral health housing capacity and treatment options for adults. To increase accessibility and put greater power in the hands of folks designing, providing, and consuming services, these funds were intentionally distributed in a manner designed to be low barrier. OHA invested \$5.2M for 3 projects to add 28 RTF/SRTF beds, (note: the capacity total for one project is still being determined as project is in development).</p> <p>HB 5024 funding appropriated from 2021-2023 biennia. These were given as direct awards to support the need for increased capacity of SUD and Behavioral Health facilities for adults.</p>

OHA invested \$34.2M for 12 projects to add 126 RTF/SRTF beds.

Additionally, OHA invested \$1.2M through Community Mental Health Housing Fund for 1 project to add 14 RTF/SRTF beds.

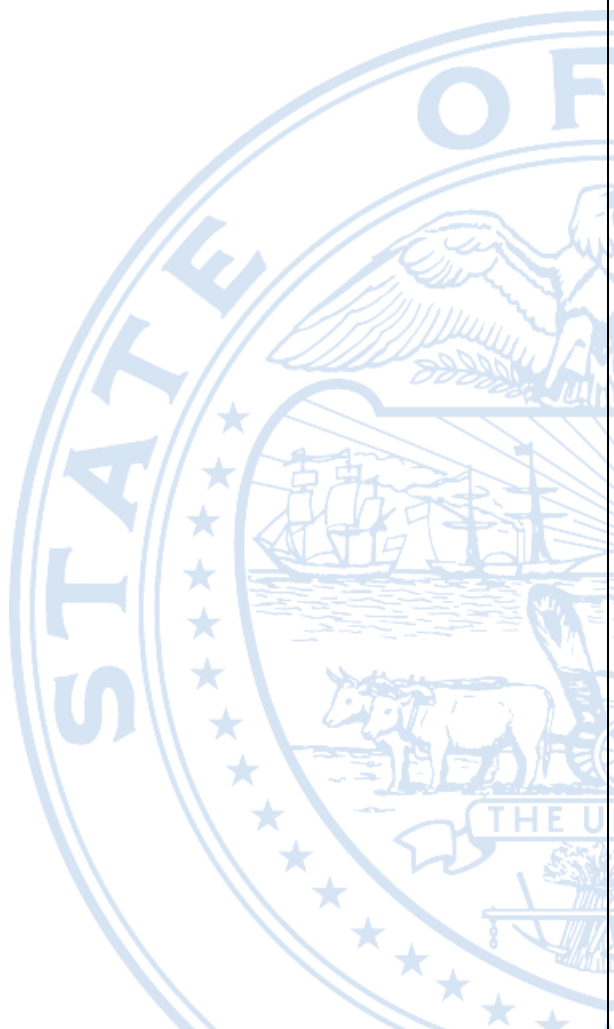
In 2021, OHA provided \$574,288 in mental health block grant funding to Looking Glass in Eugene for renovation work to expand their psychiatric residential treatment program for youth.

In 2022, funds made available through HB 5024 were awarded through an RFGA to two providers to expand services for residential psychiatric treatment to youth and families:

- Community Counseling Solutions received \$10M (including 1.4M via Department of Administrative Services from HB5006) toward construction and startup of a new 14-bed residential psychiatric treatment facility in Boardman for children ages 5-12.
- Madrona Recovery received \$2.7M for a remodeling of their substance use disorder treatment facility in Tigard, to develop and expand into an 18-bed residential facility serving adolescents and families with co-occurring psychiatric and substance use treatment needs.

In March of 2024, Nexus Family Healing, a new provider to Oregon, opened a 6-bed secure inpatient psychiatric residential treatment program in Portland. This project was contracted through OHA to meet the specific needs of youth court-ordered into the juvenile restorative services program (youth aid and assist). Contracted amount was \$7.3M.





	<p>application review. OHA convened the advisory group as of October 30, 2024 and is in process of developing the first draft of the solicitation for applications for future projects funded by the available \$19.6M. Review of the draft is expected to be completed in December 2024.</p>
<p>OHP Housing Supports: Coordinated care organization (CCO) requirements for housing navigation and Social Determinants of Health through care coordination.</p>	<p>Through the approved 2022-2027 1115 OHP Demonstration Waiver, the Centers for Medicare and Medicaid Services (CMS) authorized Oregon to invest \$904 million in new Health-Related Social Needs (HRSN) services, including housing supports. The new HRSN services, offered as Medicaid-covered services under the OHP, are available to CCO and Open Card (fee-for-service) members who meet eligibility criteria.</p> <p>On November 1, 2024, as part of the new HRSN program, Oregon launched the HRSN housing benefit, which includes the following services:</p> <ul style="list-style-type: none">• Rent assistance and utility costs for up to six months, including past due amounts and storage fees• Tenancy services (housing case management)• Medically necessary home accessibility modifications and remediations, such as ramp and grab bar installation, pest control, heavy duty cleaning, and related hotel costs <p>In addition, expanded HRSN Outreach and Engagement (O&E) services were added including helping eligible OHP Members secure and maintain assistance and services including entitlements and benefits such as SNAP or non-HRSN housing programs, connect to settings where basic needs can be met including showers, laundry, food, and shelter, and receive information and logistical support to connect with medical, behavioral health, peer, social,</p>

educational, and legal resources. CCOs and community-based O&E providers may deliver these HRSN services.

While each service has distinct eligibility criteria, generally, to qualify for HRSN housing benefits, individuals must be enrolled in the OHP, meet clinical and social risk factor criteria, and be included in an eligible population.

The goal of the HRSN housing benefit is to support people to stay in their current housing and prevent homelessness, which is reflected in the eligibility criteria. For example, to qualify for rent and utilities assistance and tenancy services, the member must be currently housed, at-risk of becoming homeless and need support to stay housed, have a lease or written agreement with their landlord, meet income requirements, and have a qualifying clinical risk factor.

Members are screened by their CCO or OHA (for Open Card), and if eligible, referred to an HRSN housing provider that can provide tenancy services and support the individual with their housing needs. To support the infrastructure and capacity needed to build HRSN provider networks, CMS also authorized Oregon to invest \$118 million in community capacity building funds (CCBF). OHA partnered with CCOs to help administer the CCBF in 2024 and is preparing for an additional round of funding distribution in 2025.

