
Oregon Health Authority Behavioral Health

Presented to
Joint Ways & Means Subcommittee on Human Services
March 13, 2023

Ebony Clarke, Behavioral Health Director
Alfonso Ramirez, Behavioral Health Equity & Community Partnership Director
Chelsea Holcomb, Child & Family Behavioral Health Director
Shawna McDermott, Interim Health Systems Division Director



OREGON HEALTH AUTHORITY
Health Systems Division

Accessibility: You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Matthew Green at matthew.green@oha.oregon.gov or 503-983-8257. We accept all relay calls.

Governor Kotek's Budget Priorities

Build more housing
and reduce
homelessness

Improve access to
mental health and
addiction services

Ensure Oregon's children
are better served by
early literacy, child care,
and K-12 investments

Governor's Budget: Improve Access to Mental Health and Addiction Services

Disrupt the harmful and expensive homelessness-jail-hospital pipeline

- Continue funding for aid and assist services, Certified Community Behavioral Health Centers (CCBHCs), Peer Respite Centers, co-occurring disorder treatment, System of Care Advisory Council, Interdisciplinary Assessment Teams for children and housing for transition-age youth
- Continue funding to support operation of additional mental health residential capacity funded in 2021 and to continue the state's investment in the development of additional residential and facility capacity
- Improve civil commitment services, expand jail diversion services to all counties, and enhance intervention and outreach for patients in the civil commitment process before they are committed

Decrease preventable deaths related to a substance use and behavioral health needs

- Fund 988 call centers, the nationwide service connecting people with the 988 Suicide and Crisis Lifeline
- Fund mobile crisis teams to divert individuals from hospital and jail
- Addiction treatment, overdose prevention, peer support services, housing assistance, and employment services
- Start-up costs for residential detox, inpatient treatment and recovery community centers
- Continue support of the harm reduction clearinghouse to reduce preventable deaths associated with opioid use
- Expand evidence-based programs to prevent youth and adult suicides

Stabilize, support, and diversify the behavioral health workforce

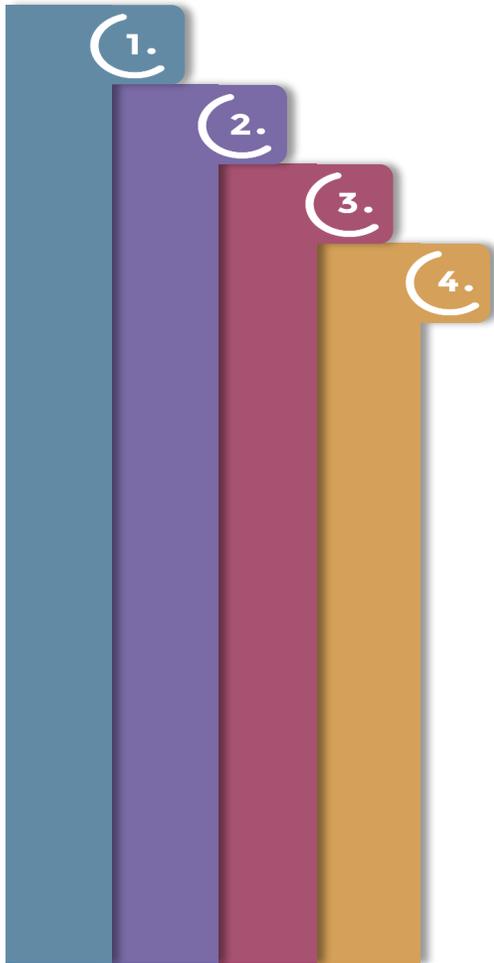
- Continue 30% Medicaid rate increases for increased wages for behavioral health workers
- Loan repayment, scholarships and tuition stipends for licensed behavioral health providers and students
- Nearly double behavioral health provider incentive programs to attract and retain diverse healthcare providers
- Stabilize the Oregon State Hospital with sustainable staffing and dedicated health equity teams

Values that Guide Behavioral Health

The Behavioral Health System

Building a Better System

Proposed Budget



One Possible Experience of the System

For some individuals and families, navigating the behavioral health system has clear pathways

- When a need is discovered, there are resources that provide help in a meaningful and timely manner to them:
 - The national crisis hotline (988)
 - Referral line, such as Lines for Life
 - Insurance company
 - Contacting a behavioral health provider directly
- Experiencing whole-person coordinated care, person-directed and with attention to the social determinants of health and prevention
- Receiving support, which may include:
 - Behavioral health therapy, medication, and/or peer support
 - Other social or physical health care related resources

A Different, Negative Experience

For some individuals and families, however, navigating the system can be extremely difficult

- Stigma prevents many people from recognizing or seeking care
- Extended wait times may be discouraging or erode trust in the behavioral health system
- Services may not be:
 - Available in their primary language
 - Culturally relevant or appropriate
 - Accessible for people who experience a disability
 - Supportive of their complex needs or their involvement in the criminal legal system
- Distance to services may make them inaccessible
 - Transportation / childcare / flexibility to take time off work
 - Understanding and support on how to navigate the system

Values that Guide Behavioral Health

Community centered /
Community partnerships

Centered in equity

Directed by people with
lived experience



Whole-person care

Prevention

Recovery and reintegration

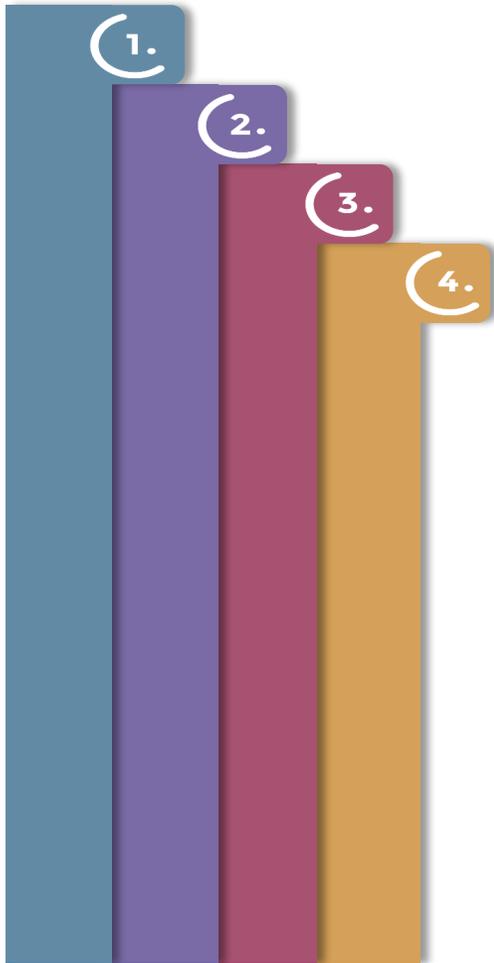
OHA's Strategic Goal

**Eliminate health inequities
in Oregon by 2030**

The Triple Aim

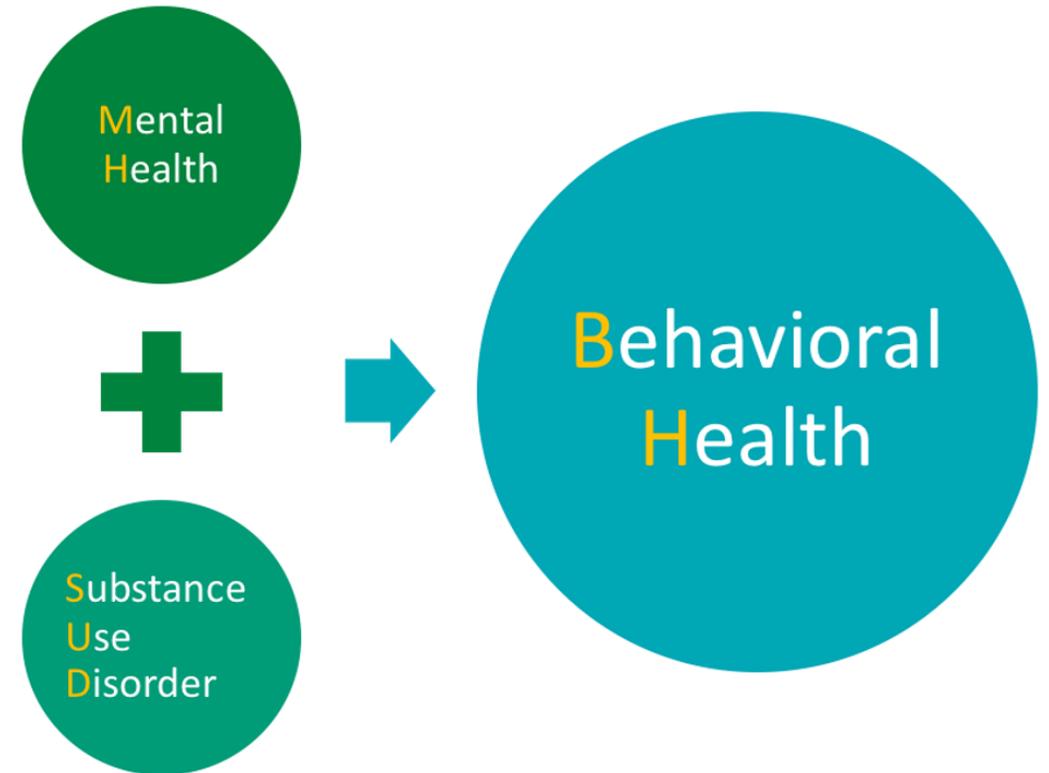
- 1 Better health**
- 2 Better care**
- 3 Lower costs**

Values in Behavioral Health
The Behavioral Health System
Building a Better System
Proposed Budget



What is Behavioral Health?

- Behavioral health is a field of care that deals with a person's emotional and mental well-being
- It includes the **prevention, treatment and ongoing support** of:
 - Mental health conditions, such as schizophrenia, depression and anxiety
 - Substance use issues, like addiction to drugs or alcohol
 - Problem Gambling and other addictive behaviors
- Behavioral health needs can affect people of all ages, **from infants to older adults**

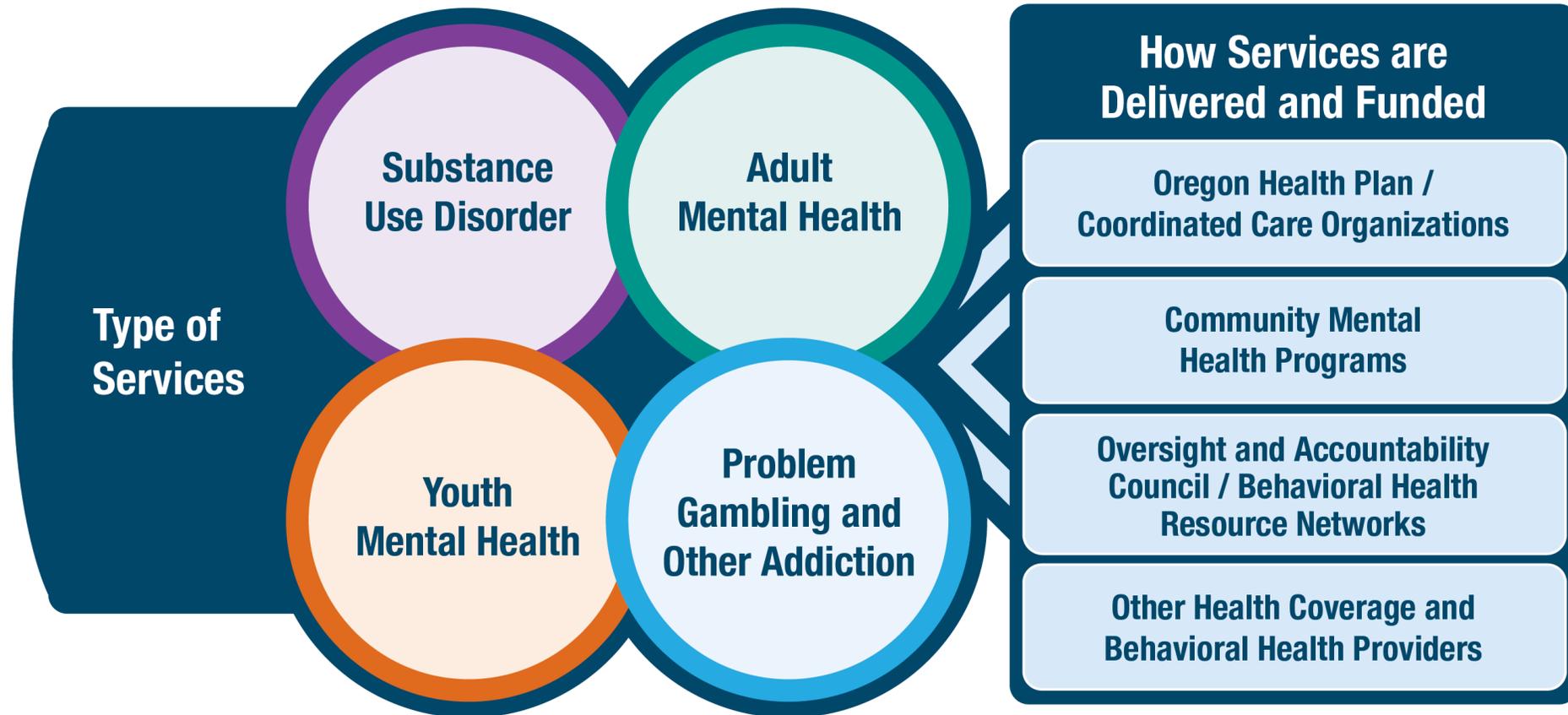


Behavioral Health Treatment and Services

- Behavioral health includes a broad array of services and an equally broad array of providers
- OHA's role varies greatly across these services



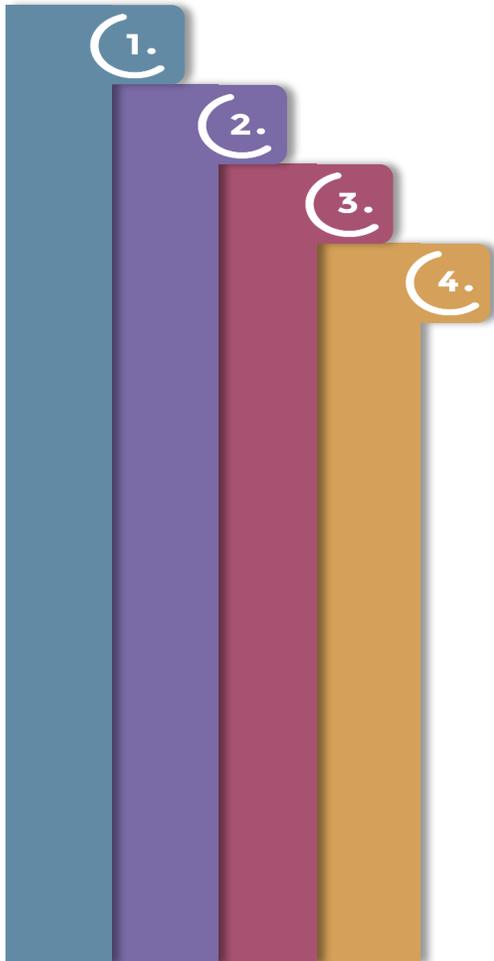
How Behavioral Health Services are Delivered & Funded

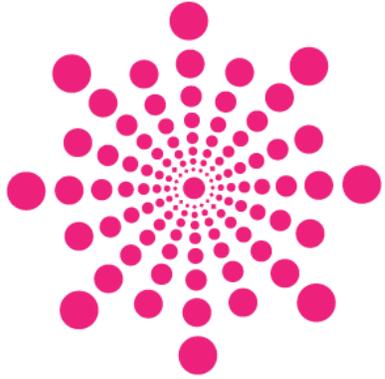


Key Players

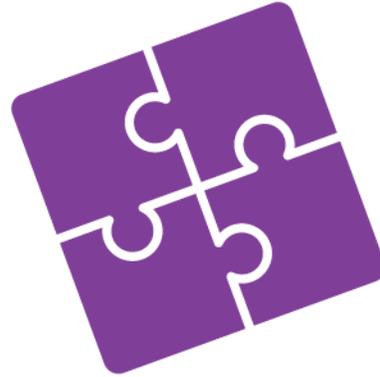
- Community partners
 - In all behavioral health efforts, it is critical to be led by community knowledge and experience
- Oregon Health Plan and Coordinated Care Organizations
 - Cover about one in three people in Oregon
- Community Mental Health Programs
 - Part of county government, with some exceptions
 - Provide for the planning and delivery of services at the community level
 - May provide Medicaid and non-Medicaid funded services, directly or by subcontract
- Oversight and Accountability Council and Behavioral Health Resource Networks
 - Created by Measure 110
- Behavioral health providers
 - Can be counties, non-for-profit organizations, or for-profit businesses
 - Vary greatly by size, staffing mix, and services offered, including culturally and linguistically specific and developmentally appropriate services

Values in Behavioral Health
The Behavioral Health System
Building a Better System
Proposed Budget





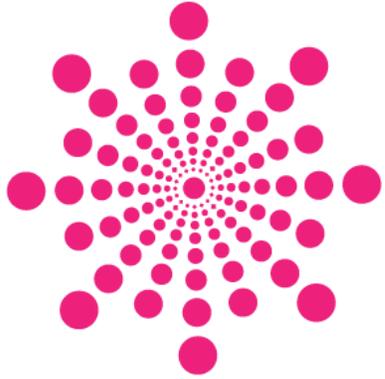
Disrupt the harmful and expensive homelessness-jail-hospital pipeline



Decrease preventable deaths related to a substance use and behavioral health needs



Stabilize, support, and diversify the behavioral health workforce



**Disrupt the harmful
and expensive
homelessness-jail-
hospital pipeline**

- Continue funding new 2021 investments
- Support operation of additional mental health residential capacity funded in 2021, and continue the state’s investment in the development of additional residential and facility capacity
- Improve civil commitment services, expand jail diversion services to all counties, and enhance intervention and outreach for patients in the civil commitment process before they are committed

Behavioral Investments in 2021-2023 Biennium

- HB 5024 (2021) Aid & Assist Community Services / Evaluation
- HB 5024 (2021) Behavioral Health Housing – OHA and HB 5202 (2022) County funding
- HB 5024 (2021) Children's System of Care Advisory Council
- HB 5024 (2021) Substance Use Disorder Waiver
- HB 5024 (2021) Certified Community Behavioral Health Clinics (CCBHCs)
- SB 755 (2021) Measure 110: Behavioral Health Resource Networks (BHRNs)
- HB 2417 (2021) 988 call center and PKG 801 (2019) Mobile Response and Crisis Stabilization Services (MRSS)
- HB 2949 (2021) Behavioral Health Workforce Initiative
- HB 2980 (2021) Peer Respite Centers
- HB4004 (2022) Behavioral Health Workforce Stability Grants
- HB 5202 (2022) Behavioral Health Rate Increase (FFS and CCO)
- PKG 801 (2021) Interdisciplinary Assessment Teams (IAT)
- PKG 802 (2021) Psychiatric Residential Treatment Services Capacity
- PKG 813 (2021) Integrated Co-occurring Disorders Treatment
- PKG 802 (2021) Young Adults in Transition
- POP 414 (2021) Compass Modernization

Aid & Assist Services

- HB 5024 (2021) allocated nearly \$21M dedicated to Aid and Assist services
 - Provided to local Community Mental Health Programs
 - Increased community restoration services and outpatient resources for individuals in the Aid & Assist process
 - Dedicated Aid & Assist supportive housing as a statewide resource through Northwest Regional Reentry Center
 - Top funding categories
 - Staffing (+64 FTE)
 - Housing (+17 beds)
 - Client Assistance
 - Transportation
 - Forensic Evaluation Services
- Additional targeted funding to Lane, Multnomah and Coos Counties dedicated for Aid & Assist

Aid & Assist Advocacy and Problem-Solving

A 29-year-old man living with symptoms of psychosis in non-Metro region Oregon **ends up in county jail due to risk to community safety.**

In the 12 months leading up to this jail booking he was in the hospital multiple times due to unmanaged symptoms...

He was unable to admit to institutions or SRTFs [secure residential treatment facility] due to acuity or not meeting admission criteria; **he was “stuck” in the system.**

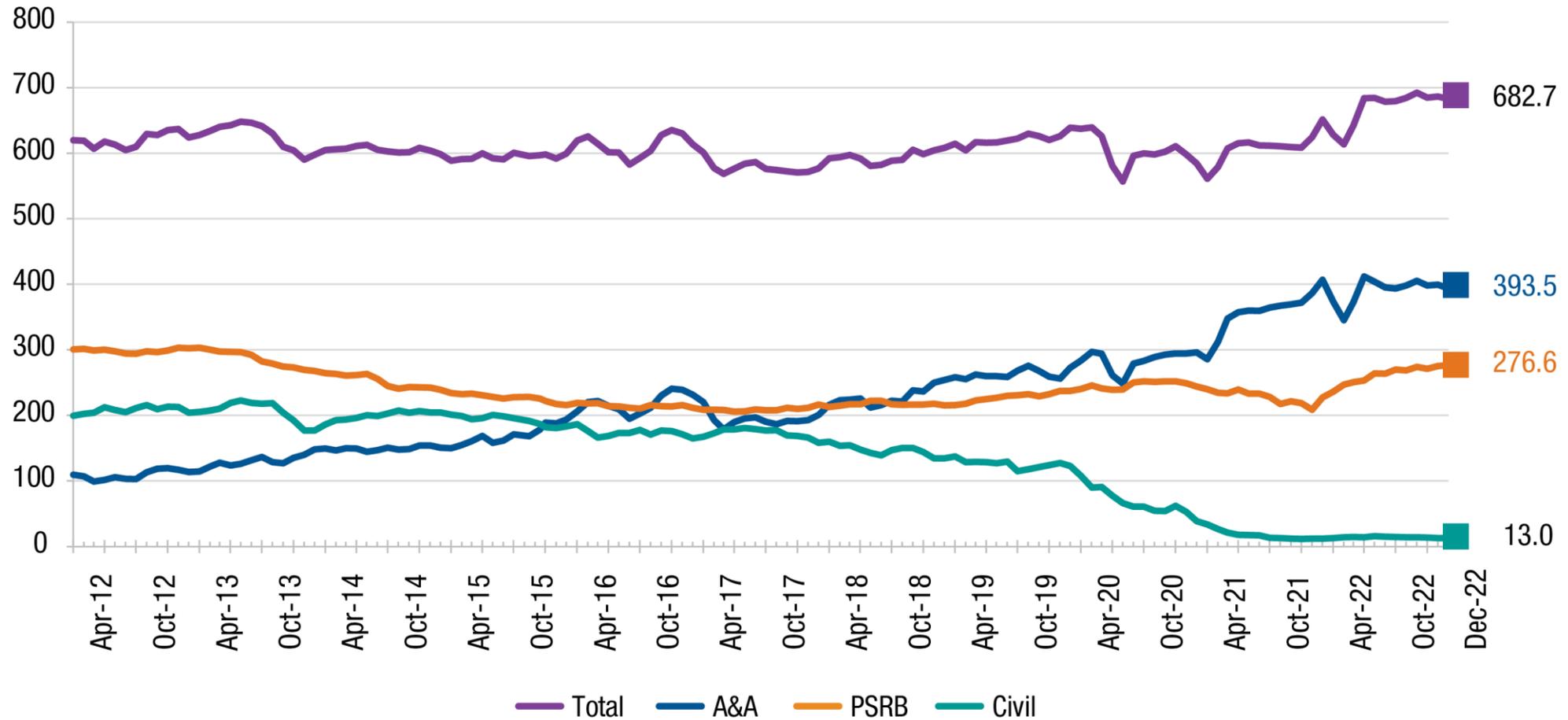
After 4-5 months and consistent advocacy and creative problem-solving, he has been admitted to a SRTF...

Apart from his treatment needs being met, **with more person-centered support he has been noted to improve substantially...**

Civil Commitment Services

- Recent OHA efforts include:
 - Engaging more fully with local acute care hospitals currently treating committed individuals
 - Establishing a website where communities can easily find information on rule changes and other Civil Commitment issues
 - Facilitating a monthly drop-in meeting for Civil Commitment providers
 - Updating administrative rules to:
 - Create a placement order and process
 - Clearly identify who oversees admissions to Oregon State Hospital
 - Use of person first language
 - Prevent inappropriate discharge from commitment due to lack of placement
 - Complex Case Coordination focused more fully on civilly committed individuals to provide technical assistance and assist with barrier identification and removal

State Hospital is Increasingly Dedicated to Aid & Assist



Adult Intensive Services

- Aid & Assist
 - Bolster collaboration between CMHPs, CCOs, courts, and community partners to up discharges from OSH
 - Increase resources available to CMHPs to provide local solutions and treatment to keep individuals out of jail and divert them from OSH
- Civil Commitment
 - Facilitate access to treatment via systems coordination and investments in community-driven projects
 - Develop tools and revise OARs for OHA and CMHPs to better communicate, support client safety while in treatment
- Guilty Except for Insanity / Psychiatric Security Review Board
 - Improve partnerships between OHA and community providers to maintain residential options
 - Expand opportunities for treatment

Treatment Capacity

HB 5024 and HB 5202 (2021) invested in increasing capacity for residential treatment, services and housing for people with behavioral health needs.

- Residential care programs prioritize clients from Aid and Assist, Community Restoration, Psychiatric Security Review Board Jurisdiction or Civil Commitment
- Supportive housing programs prioritize anyone with Serious and Persistent Mental Illness

Culturally responsive, trauma-informed, person-centered programming

- Led by people with lived experience of behavioral health needs, as well as people disproportionately impacted by health inequities

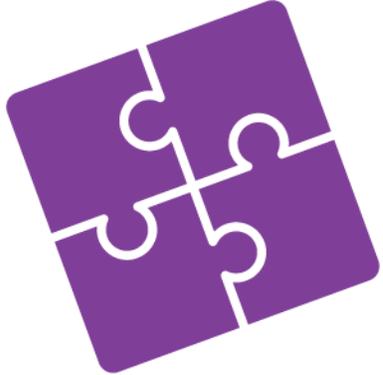
Treatment Capacity

Estimated increase in residential treatment and supportive housing

Service Facility Type	19-21 Biennium	21-23 Biennium		Total Estimated Beds / Units
	Funded Beds / Units	HB 5024 OHA SDOH Beds / Units	HB 5202 CMHP Beds / Units	
Emergency or Temporary Shelter	n/a	n/a	93+	93+
Supportive Housing (transitional and permanent)	93	155	450	698
Residential Treatment Homes (RTH) <i>including</i> Adult Foster Homes	n/a	63	26	89
Residential Treatment Facilities (RTF)	n/a	94	27	121
Secure Residential Treatment Facilities (SRTF)	n/a	81	29	110
Substance Use Disorder (SUD) Units	n/a	n/a	44	44
	93	393	669	1155

How to Disrupt the Homelessness-Jail-Hospital Pipeline

- Continue to create more behavioral health treatment capacity in Oregon
 - Continue investments to build out the behavioral health system
 - Increase residential and facility capacity
 - Improve and expand civil commitment and jail diversion services
 - Enhance interventions and outreach to patients who are in the civil commitment process
- Address gaps in substance use treatment and services



Decrease preventable deaths related to a substance use and behavioral health needs

- Fund 988 call centers and mobile crisis teams to divert individuals from hospital and jail
- Invest in addiction treatment, overdose prevention, peer support services, housing assistance, and employment services
- Start-up costs for residential detox, inpatient treatment and recovery community centers
- Support the harm reduction clearinghouse to reduce preventable deaths associated with opioids
- Expand evidence-based programs to prevent youth and adult suicides

988 Call Center

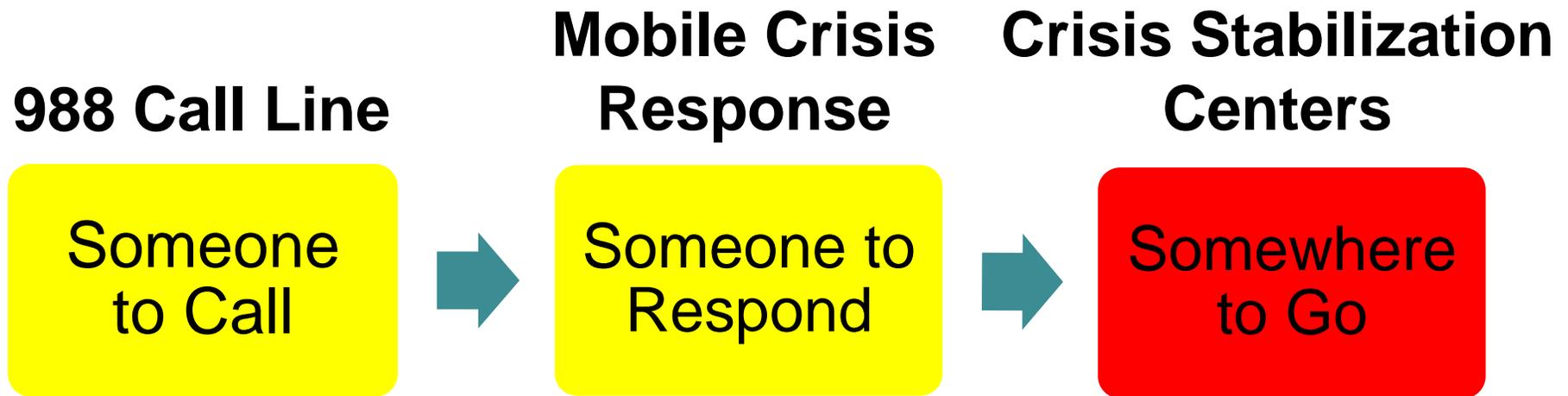
- Integrated with other behavioral health programs and systems:
 - Aid & Assist, Jail diversion, Measure 110 phone lines and Behavioral Health Resource Networks, Certified Community Behavioral Health Clinics, Housing services, Peer respite centers, and Medicaid 1115 waiver.
- Full implementation of Oregon's 988 call center:
 - More than 100 crisis counselors hired
 - Consistent evaluation to measure successful outcome
 - Crisis Counselors answer calls / texts /chats in less than 20 seconds
- Initial data:
 - 50% rise in call volume since January 2022
 - 23% of contacts are youth
 - 40% of contacts are people of color
 - Top 3 issues: Mental health, family / relationship, and suicide

Mobile Crisis Services

- First state with CMS approval for higher federal match for mobile crisis services
 - 15 counties will receive these services by October 2023
 - 14 more counties ready by January 2024
- Statewide standards for mobile crisis services
 - 2-person team available 24/7 in all counties
 - Timely service regardless of location
 - Enhanced model of stabilization services for children 0-20
- Certification open to non-CMHP entities
- Enhanced reimbursement rate for mobile crisis services

988 Call Center & Mobile Crisis Services

- A robust 24/7 mobile crisis services network across the state can divert individuals from emergency departments and jail
- Public education and awareness of 988 is critical to increasing access and use
- Crisis stabilization centers – the third critical component of the crisis continuum of services – do not exist in Oregon



988 Call Center & Mobile Crisis Services

"I had a wonderful call with a 28-year-old, non-binary, queer, Latinx caller. **The caller's therapist was out on leave for 2 weeks**, and the caller wanted support during their leave.

We were able to come up with coping strategies together to manage anxiety, and talk through the pressure of being the only person of color in their work environment."

After the caller shared their experience, the caller informed me that they're a local activist and **will be spreading the word of 988 because of their positive experience** on the phone."

~ Crisis intervention counselor

"A few weeks ago, I had a mental health crisis and issue. I called 988 in Oregon and was recommended for lines for life.

"I was handled **so respectfully, diligently, and carefully** with your program. A counselor of yours, was a massive assistance to my mental well-being and in pointing my direction in life.

"I was helped in such a brilliant way that I was **able to make some positive life choices** and guide my direction in life better."

~ Caller

Behavioral Health Resource Networks

- As of August 2022, the M110 Oversight and Accountability Council (OAC) had spent or obligated \$291.4 million to expand drug treatment services in Oregon
- The OAC has funded 42 BHRNs, in all 36 counties
 - Total of 233 grant agreements
 - 11 Tribal Agreements
- Several BHRN partners have a specific mission focus:
 - 26 Youth Serving
 - 39 Culturally Specific
 - 30 LGBTQ+ Specific
- M110 Grant Team is performing ongoing compliance checks to ensure strong fiscal stewardship and program integrity

Behavioral Health Resource Networks

BHRNs are required to provide:

- Low-barrier SUD treatment
- Low-barrier housing
- Harm reduction, including overdose prevention services
- Peer-led mentoring
- Screening and comprehensive behavioral health assessments
- Supported employment

“M110 funds have enabled the few culturally and linguistically specific treatment providers to focus on what they do best, **provide treatment to underserved community members.**”

~ Latino/a/x Multnomah County BHRN

“The Measure 110 money has helped Painted Horse Recovery provide culturally specific services for the Native American community.

“We have also been able to purchase **culturally specific client engagement supplies** such as drum kits, beads, and hides to make regalia to help our clients engage in their culture. Building our community with culture and peer services has made a huge difference in our community while allowing our clients to form their own identities.

“**We are grateful that Oregon has made serving what has been an invisible population a priority** moving forward.”

~ Painted Horse Recovery

Harm Reduction Clearinghouse

- The Harm Reduction Clearinghouse is a critical part of the Save Lives Oregon / Salvando Vidas Oregon initiative
 - Increases equitable access to harm reduction interventions and supplies in communities experiencing high overdose rates
 - Developed with community members to get no-cost life-saving supplies to people at risk of overdose and infections
- Clearinghouse bulk purchases supplies and ships directly to participating entities through Oregon's Division of Administrative Services
- In 2022, over 195,000 doses of naloxone distributed to 186 agencies
- Since 2020, **over 5,000 bystander opioid overdose reversals** using the project's naloxone have been reported

Save Lives
OREGON

Salvando Vidas
OREGON

Oregon
Health
Authority

Harm Reduction Clearinghouse

“We have **prevented numerous overdose deaths** since using this program.”

~ Shannon Troy, Do Good Multnomah

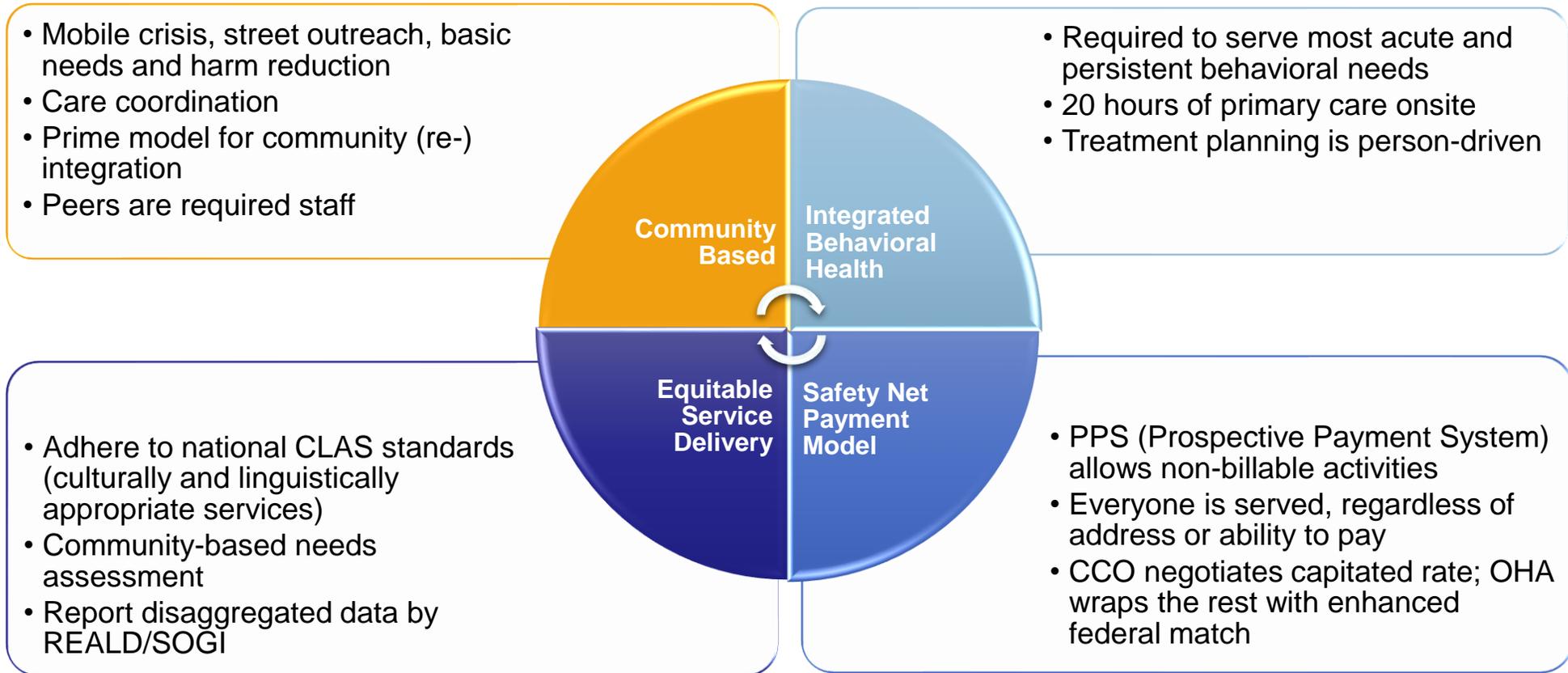
“The program has given us a stream of supplies to use as one of many tools to assist those leaving our facility in harm reduction. Save Lives Oregon has allowed for deputies to have consistent access to **lifesaving medications for use on justice involved persons** in our facility.”

~ Eric Dotson, Clatsop County Sheriff’s Office

“Having the ability to make naloxone much more accessible has helped in breaking down other barriers. There is **more coordination in our area** because we **have a centralized source** for harm reduction supplies.”

~ Debby Jones,
Youth Think–Wasco
County

Certified Community Behavioral Health Clinics



Certified Community Behavioral Health Clinics

HB 5024 (2021) required OHA to evaluate CCBHCs. The evaluation found:

- Increased access 4.3% statewide
 - Notably, 23.4% in rural and 18.3% in remote areas
 - The racial and ethnic diversity of service users also increased
- Integration of primary care increased service users' access to care and facilitated the delivery of holistic, person-centered care
 - Improved treatment experience for diverse service users who might not have accessed services otherwise
- Did not reduce the overall costs of care or the cost of care for CCO members which may reflect multiple factors such as previously unmet service needs
- However, decreased utilization and costs were seen in higher levels of care, including:
 - Mental health emergency department visit decreased 14.1% and hospital inpatient visits by 22.4%

Children's System of Care

- COVID-19 worsened youth mental health, increased anxiety and depression, and disrupted education
- Children's System of Care:
 - Supports community-based care for children, youth and families with mental health and substance use challenges in a coordinated network
 - Elevates prevention, access to care and workforce development
- Developed Mobile Response and Stabilization Services (MRSS) partner service for 988 to youth 0-20
- Enhanced and expanded Intensive In-Home Behavioral Health Treatment (IIBHT)
- 37 new beds in process for residential treatment services for children and young adults
- Workforce development trainings, including eating disorder treatment and other clinical trainings
- Cross-system work with Oregon Department of Education, Oregon Department of Human Services, Oregon Youth Authority, and the System of Care Advisory Council

Children's System of Care

- Needs in the Children's System of Care
 - Behavioral Rehabilitation Services available to all, without the need for child welfare or juvenile legal system involvement
 - Training support for developmental pediatricians and child psychiatrists, to assess and support children with developmental and neurodivergent conditions
 - Expansion in the number of existing Transitional Age Youth Hubs to address houseless young people and young adult system gaps

Suicide Prevention and Intervention

- Success in reducing youth suicide rates
- Updated the Youth Suicide Intervention and Prevention Plan (YSIPP)
- Development of Adult Suicide Intervention and Prevention Plan (ASIPP)
- Finalized the 2021-2025 Youth Suicide Intervention and Prevention Plan (YSIPP)
 - Not fully funded
- Enhanced youth suicide prevention trainings
 - Youth suicide prevention delivered state-wide since 2020, includes upstream prevention, recognizing warning signs, treatment of suicide ideation, and postvention care
 - With legislative investments, Oregon's youth suicide prevention programming has saved lives
- Youth suicide (ages 5-24) decreased in Oregon in 2019, 2020, and 2021
 - Oregon remains above the national average for youth suicide deaths
 - OHA does not anticipate a decrease in youth suicide in 2022, based on preliminary data

Youth Suicide Prevention

“Strengths-based suicide prevention is not only important for how I relate to my students, but also **deeply impacts me as a parent.** I didn't realize how much I needed this or how much this program was going to impact me as a person.”

~ Educator and parent,
Deschutes County

“This programming not only saves lives, but improves the lives of so many. As a school counselor, this program **helps me meet the needs of my students** on a larger scale, that's more efficient and equitable.”

~ School counselor,
Jackson County

“**It makes you realize you are not alone,** you know. Everyone will go through hard times but we all have strength. It's okay to talk about and there are people who care and want to help.”

~ Student,
Lane County

Adult Suicide Prevention

- Adult Suicide Intervention and Prevention Plan (ASIPP)
 - Developed between November 2020 and August 2022
 - Involved 130 partners representing 68 organizations throughout the state
 - Uses the Oregon Suicide Prevention Framework
 - Implementation began in the Fall of 2022
- Emergency Response for Suicide Prevention (ERSP) Grant awarded in September 2020
- Domestic violence services
 - Training
 - Quality process results, risk assessment, safety planning
 - Reciprocal referral between agencies

Improving Suicide Prevention and Intervention Efforts

- Governor's budget includes funds for lifespan suicide prevention and intervention programs
- Suicide Intervention and Prevention Plans
 - Prioritize equity, cultural responsiveness, and community voice
 - Involve a range of initiatives to support communities impacted by suicide
- Youth Suicide Intervention and Prevention Plan includes upstream prevention, warnings signs recognition, suicide ideation treatment, and postvention care
- Adult Suicide Intervention and Prevention Plan includes infrastructure development, external evaluation, and programming for older adults

How to Decrease Preventable Deaths

- Fund call centers and mobile crisis teams
- Continue investments in substance use treatment and services
- Continue support of the harm reduction clearinghouse
- Expand evidence-based programs to prevent youth and adult suicides



Stabilize, support, and diversify the behavioral health workforce

- Continue 30% Medicaid rate increases for increased wages for behavioral health workers
- Continue loan repayment, scholarships and tuition stipends for licensed behavioral health providers and students in the workforce pipeline
- Nearly double behavioral health provider incentive programs to attract and retain diverse health care providers

Behavioral Health Rate Increases

- HB 5202 (2022) appropriated \$42.5M to increase reimbursement rates to Medicaid behavioral health providers
 - Net average 30% increase
- Leveraging matching federal funds, the increase allocated:
 - \$80M toward Fee for Service providers – effective July 1, 2022
 - \$74.5M toward CCO network providers – Behavioral Health Directed Payment effective January 1, 2023

Behavioral Health Rate Increases

- Continue the 30% Medicaid rate increases for increased wages for behavioral health workers
- Sustainable, long-term investment that focuses on quality, accountability and advancing health equity in behavioral health
- Address staffing shortfalls for providers through increased compensation, closer to parity with other types of health providers
- Reduce behavioral health inequities by offering an enhanced payment incentive to meet the needs of culturally and linguistically specific groups, especially for care provided in rural areas

Priority Focus:	Adult Mental Health Services	Substance Use Disorder Residential	Children’s Intensive Psychiatric Treatment Services
	Community Centered and Person Directed Services	Mental Health and SUD Parity	Funding Alignment to Professional Qualification and Service Complexity

Workforce Recruitment and Retention

- HB 2949 (2021) provided \$80M for Workforce Recruitment and Retention of diverse staff able to meet the needs of underserved communities
 - \$60M for workforce incentives such as loan repayment, housing assistance, sign on and retention bonuses, tuition assistance, scholarships and professional and career development
 - \$20M for clinical supervision
- HB 4004 (2022) provided \$132M for workforce stability grants
 - Over 160 organizations funded across the state
 - 75% of funds spent on direct compensation to provider staff
- Diversifying the behavioral health workforce
 - 87% of loan repayment awardees in our latest cycle identified as Black, Indigenous or Other People of Color and secured their service for 2 years
 - 67% of clinical supervision grants awardees were rural and/or culturally specific and responsive organizations

How to Support the Behavioral Health Workforce

- Prioritize efforts to recruit and retain diverse behavioral health providers and attract providers to underserved areas
- Continue behavioral health provider incentives including loan repayment, scholarships and tuition stipends
- Increase the Health Care Provider Incentive Program with a focus on behavioral health

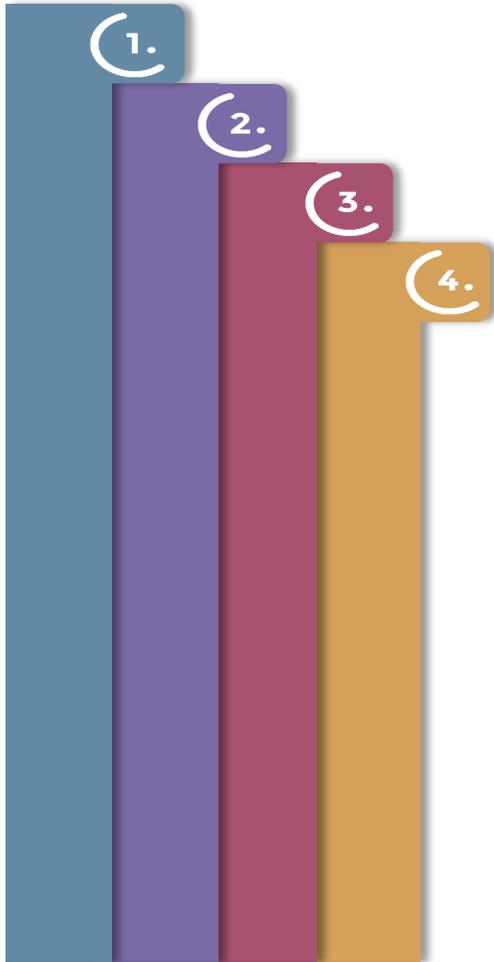
Bringing a Better System Together



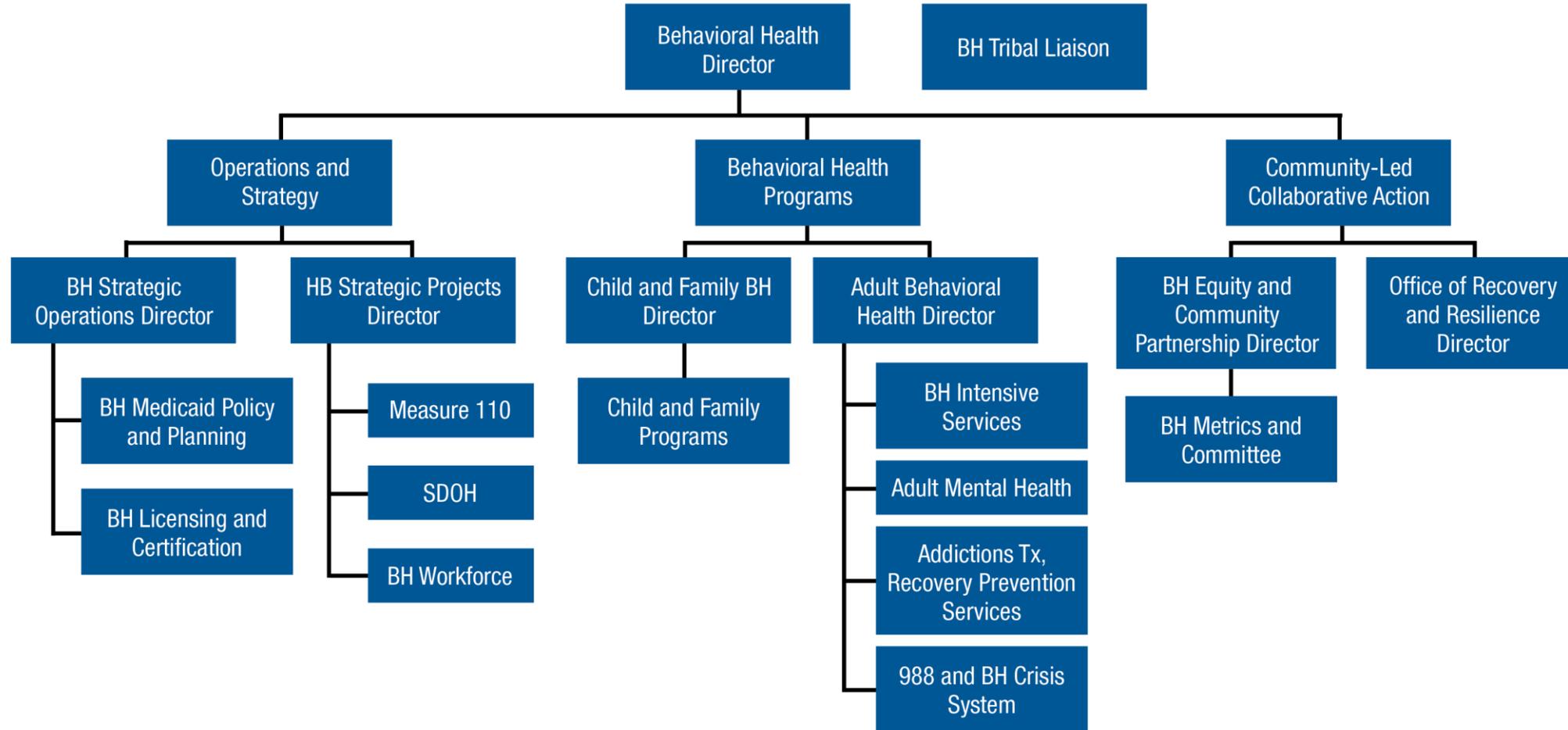
Community Solutions with Statewide Support

- Be responsive to who people are and what they need, individually and in community
- Engage community partners and those with lived experience to co-design solutions
- Accelerate the expansion of culturally specific and responsive care
- Optimize state and federal funding
- Automate and streamline reporting
- Identify and facilitate sharing of best practices

Values in Behavioral Health
The Behavioral Health System
Building a Better System
Proposed Budget



Health Systems Division: Behavioral Health



Major Budget and Program Changes

New programs and funding

- Aid & Assist
- Behavioral Health metrics
- Behavioral Health rate increase
- Behavioral Health workforce
- Behavioral Health housing
- Equity & Community Partnership
- Integrated care for co-occurring disorders
- Interdisciplinary Assessment Team
- Measure 110 / Behavioral Health Resources Networks
- Peer recovery centers
- 988 line and mobile crisis response

Expanded programs and funding

- Certified Community Behavioral Health Clinics
- Compass Modernization, Behavioral Health Data Warehouse and data collection system
- SUD Waiver
- Psychiatric Residential Treatment Services
- Young Adults in Transition

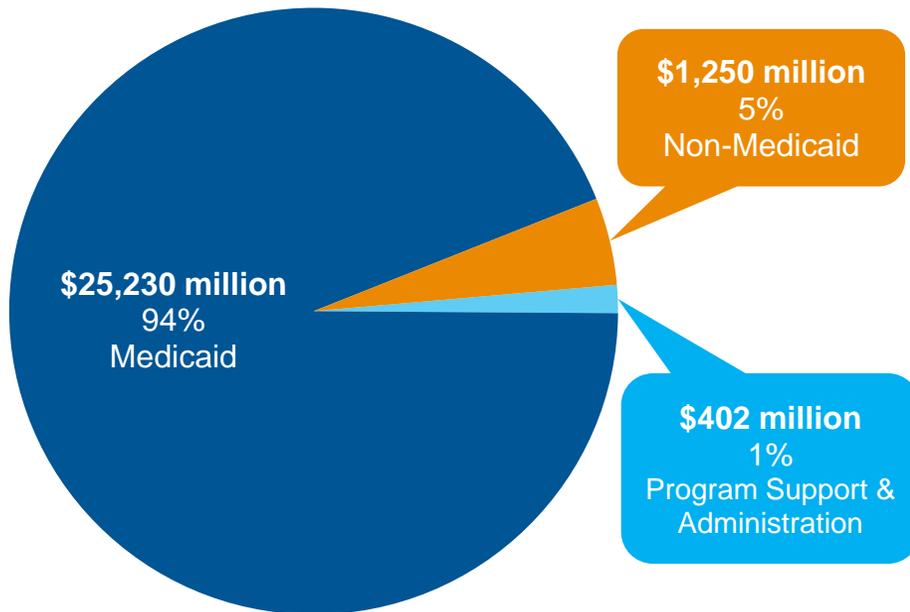
Major Budget Drivers and Risks

- Long term underfunding and limited capacity
- Limited transparency and outcome measures
- Workforce challenges: pay, diversity, pipeline
- Need for coordination across providers and services
- Need for culturally & linguistically responsive services
- Low investment in prevention
- Recovery from the impacts of the pandemic

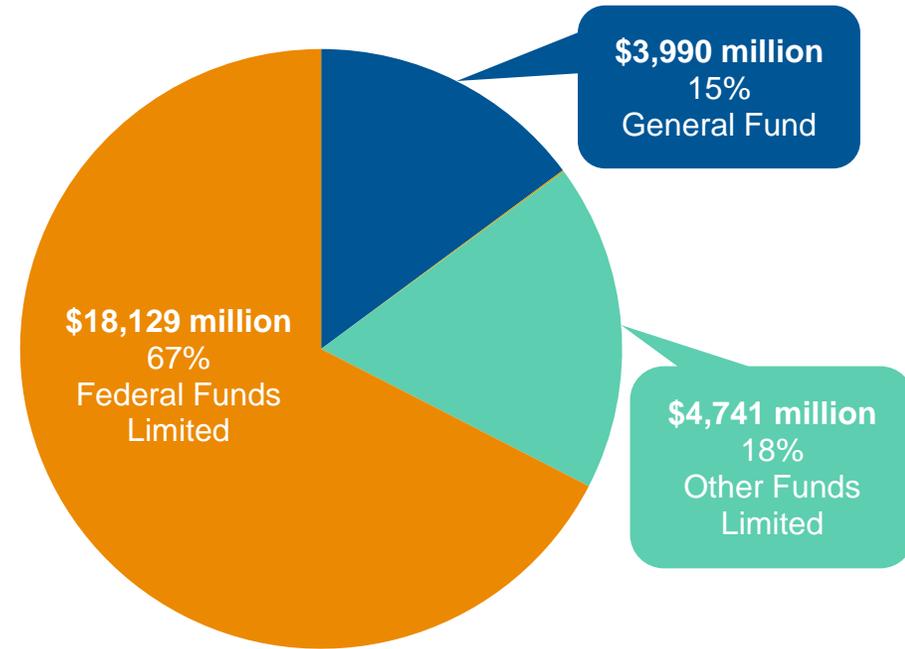
2023-2025 Governor's Budget

- Health Systems Division: \$26,882M Total Funds, 664 positions (631.54 FTE)

by Program

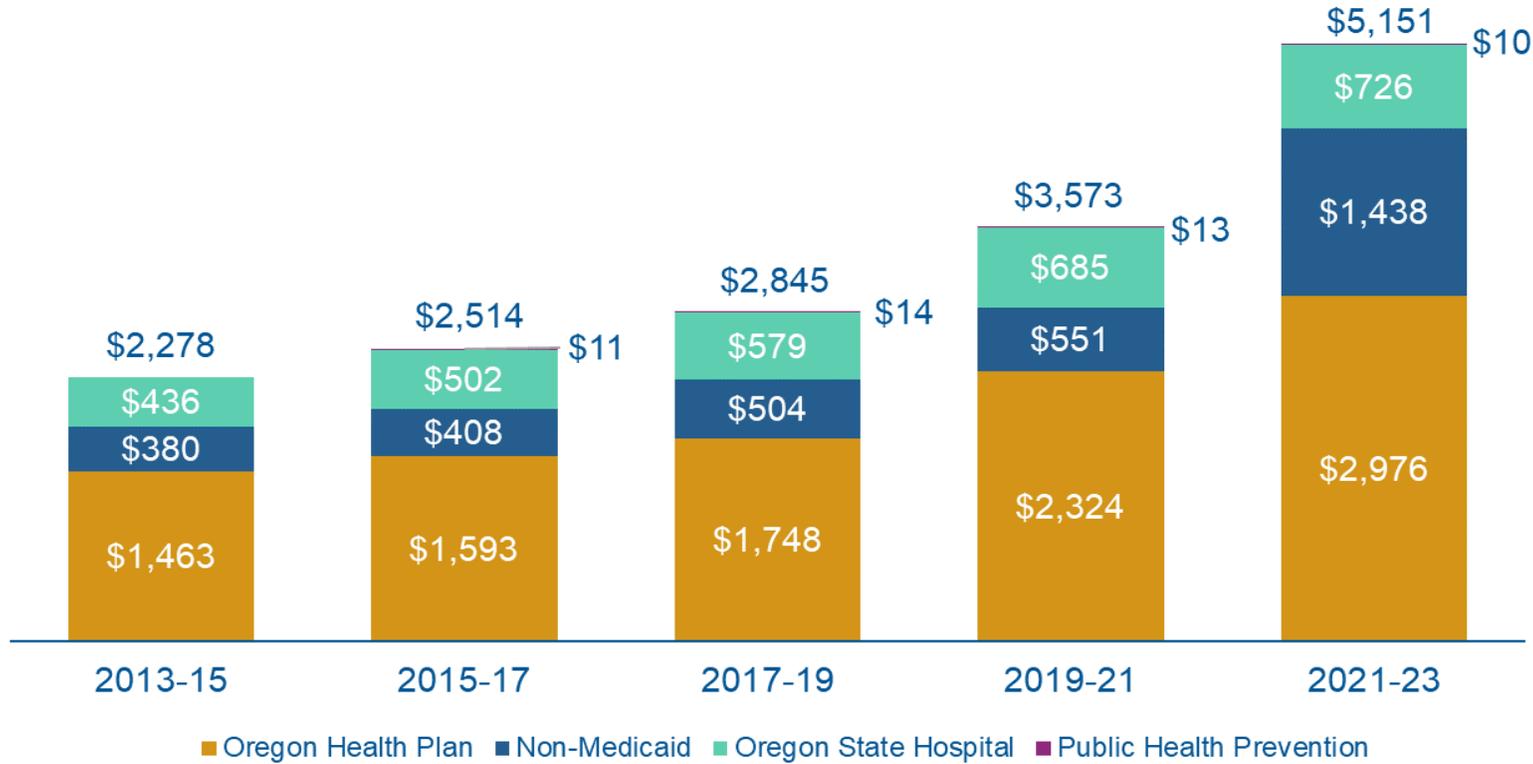


by Fund Type



OHA Behavioral Health Spending – 2013 to 2023

Oregon Health Authority
Behavioral Health Spending
 by Program in millions



POP 404: 988 & Behavioral Health Crisis System: 988 Call Center

- An effective behavioral health crisis system includes a number to call, a person to respond, and a place to go
- This request provides stable, sustained funding for 988 call centers
 - There is separate funding in the Governor’s budget (not as a POP) that addresses mobile response

	General Fund	Total Funds	Positions
POP 404	\$18.4M	\$21.2M	0

POP 429: 988 & Behavioral Health Crisis System: Payer Parity for Behavioral Health Crisis Services

- An associated bill requires commercial health insurers to cover mobile crisis services, at parity with Medicaid
 - To ensure all Oregonians can access behavioral health crisis support, 24/7
- This request:
 - Provides for administrative coordination of the new statutory requirements
 - Covers the cost for PEBB and OEBC to pay for behavioral health crisis services for their members, in the same manner as commercial insurers

	General Fund	Total Funds	Positions
POP 429	\$0.2M	\$2.1M	1

POP 415: Adult Intensive Services & Diversion

Supports decriminalization of mental illness by building out diversion and treatment options that keep people out of jail.

- Fully fund the final 7 counties to begin jail diversion programs: Baker, Clatsop, Tillamook, Jefferson, Lake, Lincoln, Wallowa
- Build out OHA infrastructure to support all CMHPs in more equitable, less restrictive, and more person-centered civil commitment:
 - Technical assistance and program development for diversion, discharge, and community-based treatment options (trial visit, outpatient commitment, conditional release)
 - Statewide standardization of processes and procedures among key players: courts, hospitals, facilities, programs, CMHPs, attorneys

	General Fund	Total Funds	Positions
POP 415	\$4.9M	\$6.5M	7

POP 426: Child & Family Behavioral Health Continuum of Care

- Seeks to address gaps identified by youth and families in the continuum of services available to children, youth, and families experiencing behavioral health challenges.
- Strategically expand the continuum of services available to children, youth, and families experiencing behavioral health challenges.
- Use low barrier procurement processes to ensure that communities of color and people with lived experience are at the center of the development and implementation of investment and infrastructure.

	General Fund	Total Funds	Positions
POP 426	\$11.5M	\$13.0M	0

POP 446: Youth/Adult Suicide Intervention and Prevention Plan

- Through intensive community engagement, Oregon has developed a plan for reducing adult suicide.
- The plan includes initiatives as broad as creating connection and meaningful experiences and as specific as training providers to treat suicidal ideation confidently and effectively.
- Equity, cultural responsiveness, and community voice are woven throughout the plan.

	General Fund	Total Funds	Positions
POP 446	\$7.7M	\$7.7M	4

Thank You

Oregon
Health
Authority