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# Ways & Means Presentation Behavioral Health Division

Presented to  
Joint Ways & Means Subcommittee on Human Services  
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# Overview

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- What is the Behavioral Health Division?
  - Overview
  - Organizational structure
  - Partnerships
  - How the Behavioral Health Division advances OHA's Strategic Plan
- Key Successes
  - Primary impacts and outcomes
- Budget Overview
  - Budget drivers and major program changes
  - 2025-27 Governor's Budget request
  - 2025-27 Focus areas
- Policy Option Packages



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# What is the Behavioral Health Division?

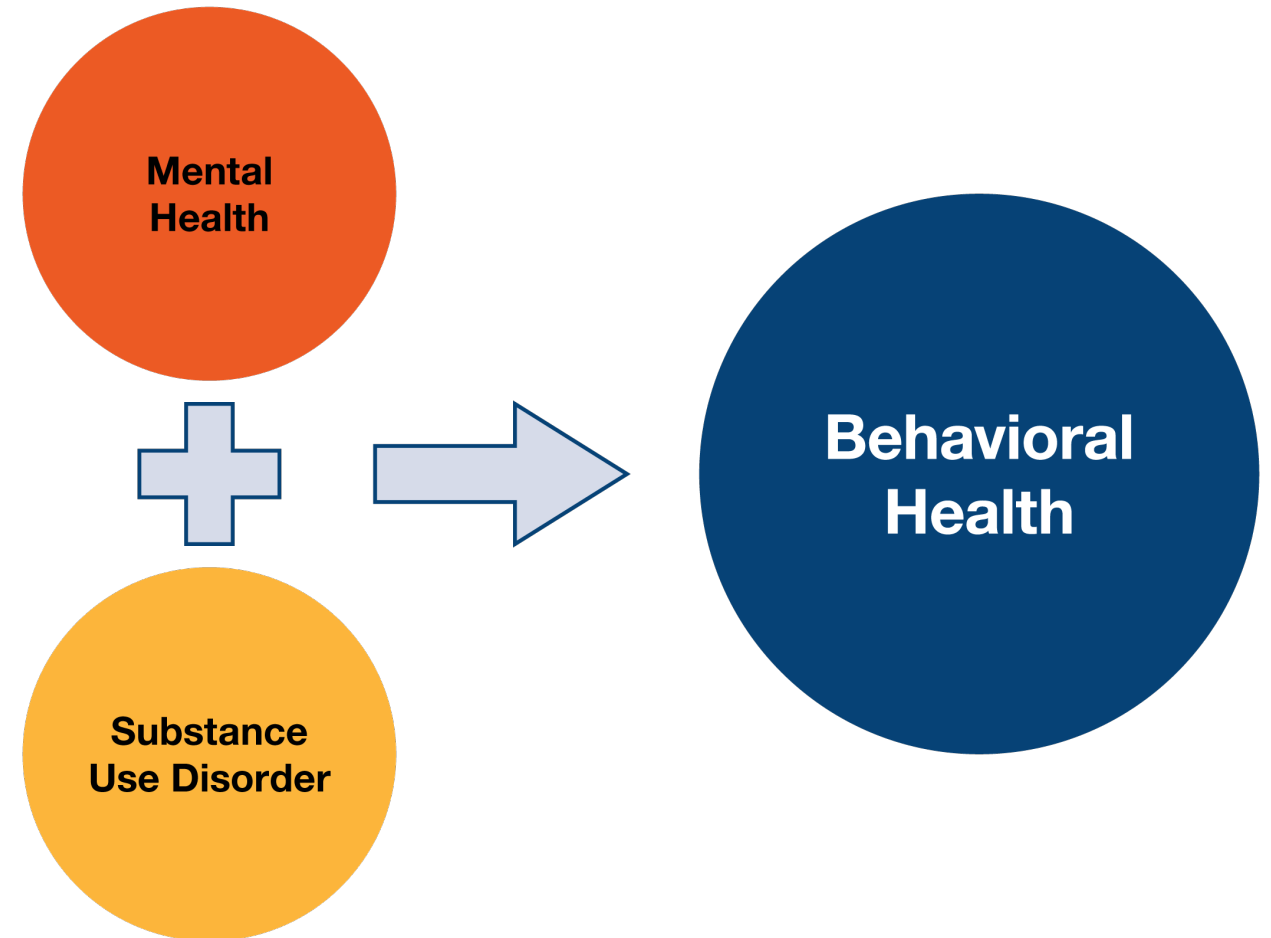
# What is Behavioral Health?

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Behavioral health refers to a person's emotional and mental well-being across the lifespan.

It includes the **prevention, treatment and ongoing support** of:

- Mental health conditions such as schizophrenia, depression, and anxiety
- Substance use disorders
- Problem gambling and other addictive behaviors



# Overview of the Behavioral Health Division

The Behavioral Health Division uses a community-led, culturally responsive and evidence-based approach to meet the behavioral health needs of individuals, families, and communities in Oregon.



Maintain and advance system infrastructure and workforce



Sustain and expand access to behavioral health services and supports



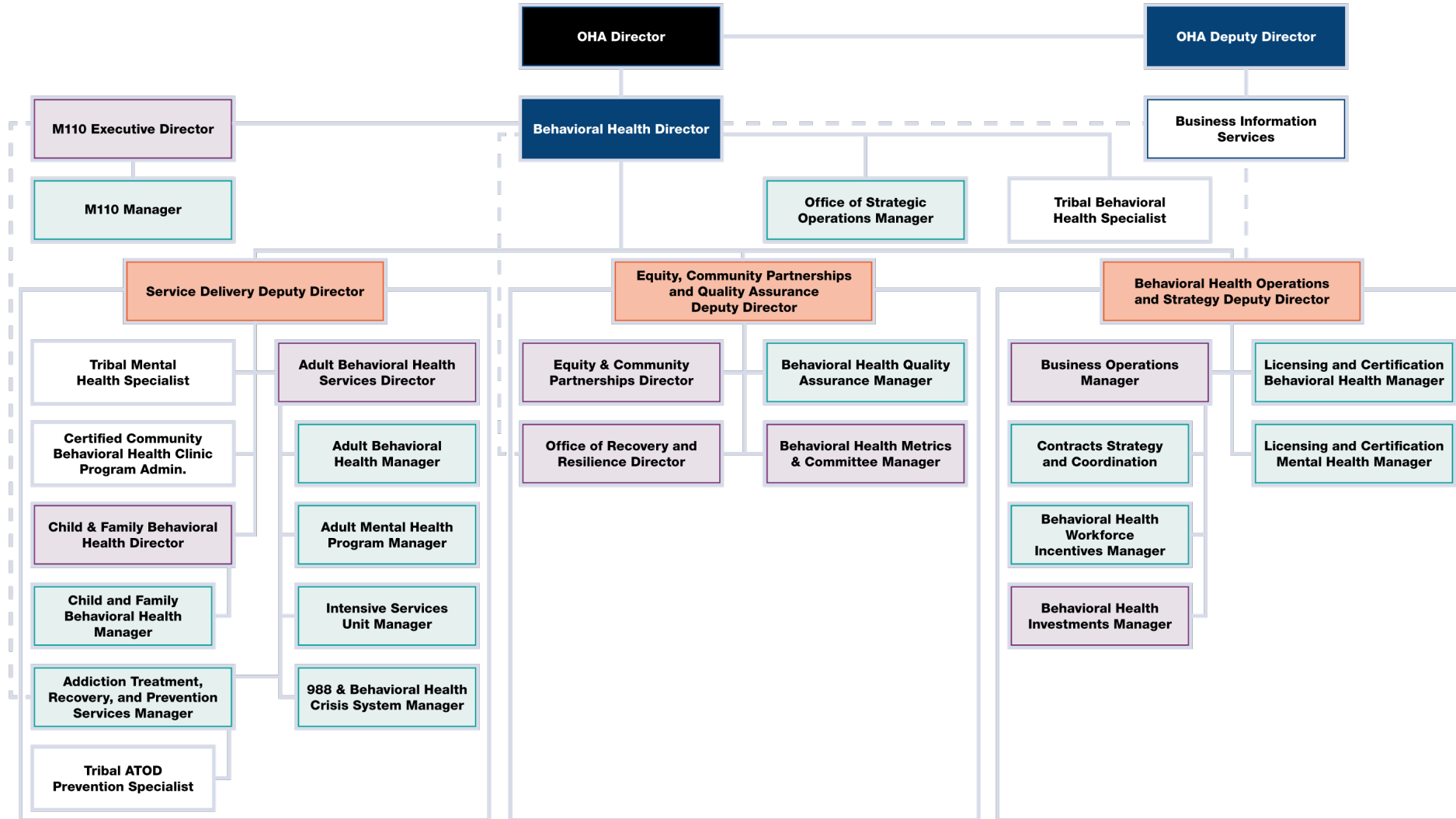
Engage community in development of solutions and vision



Create policy and provide oversight for regulatory, quality and accountability standards



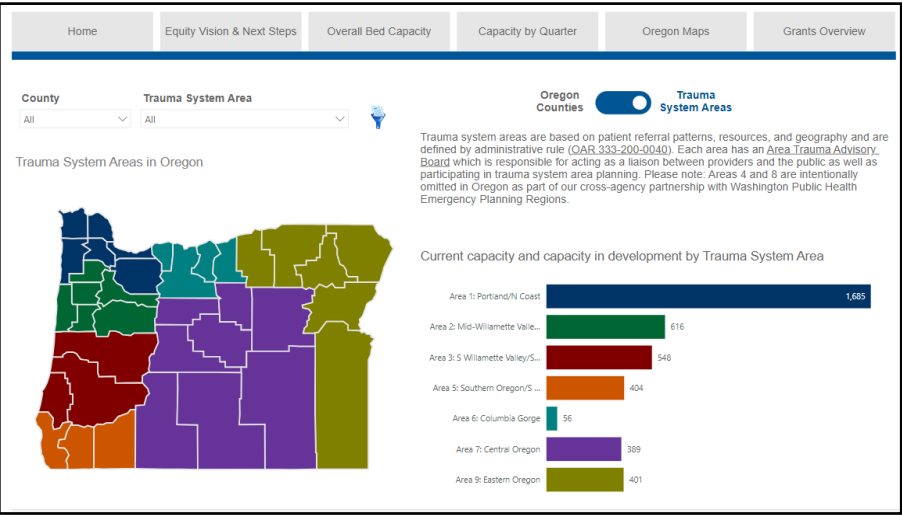
# Organizational Structure – Behavioral Health Division



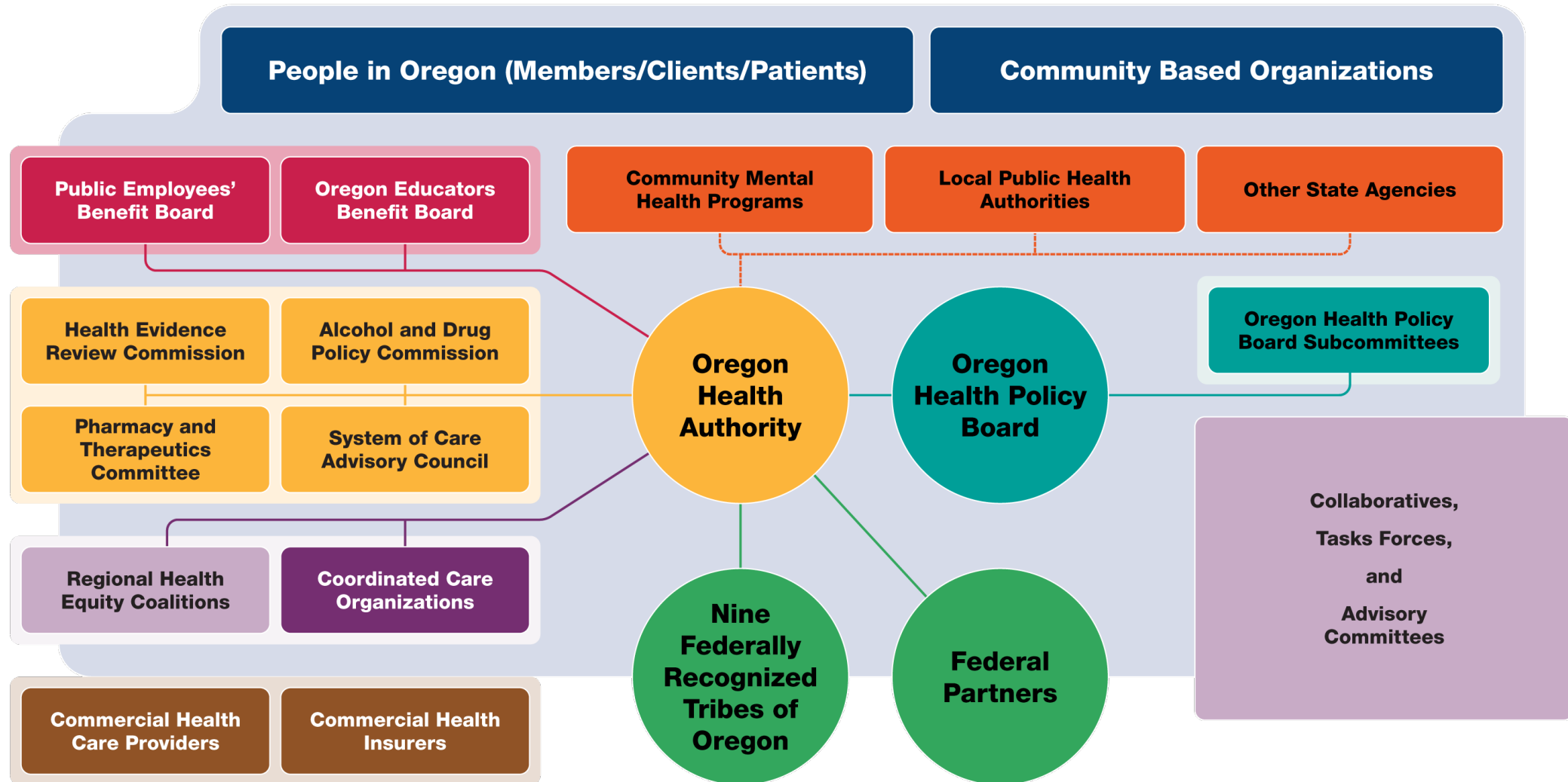
# Internal Partnerships



## Behavioral Health Housing and Licensed Capacity Investments Dashboard



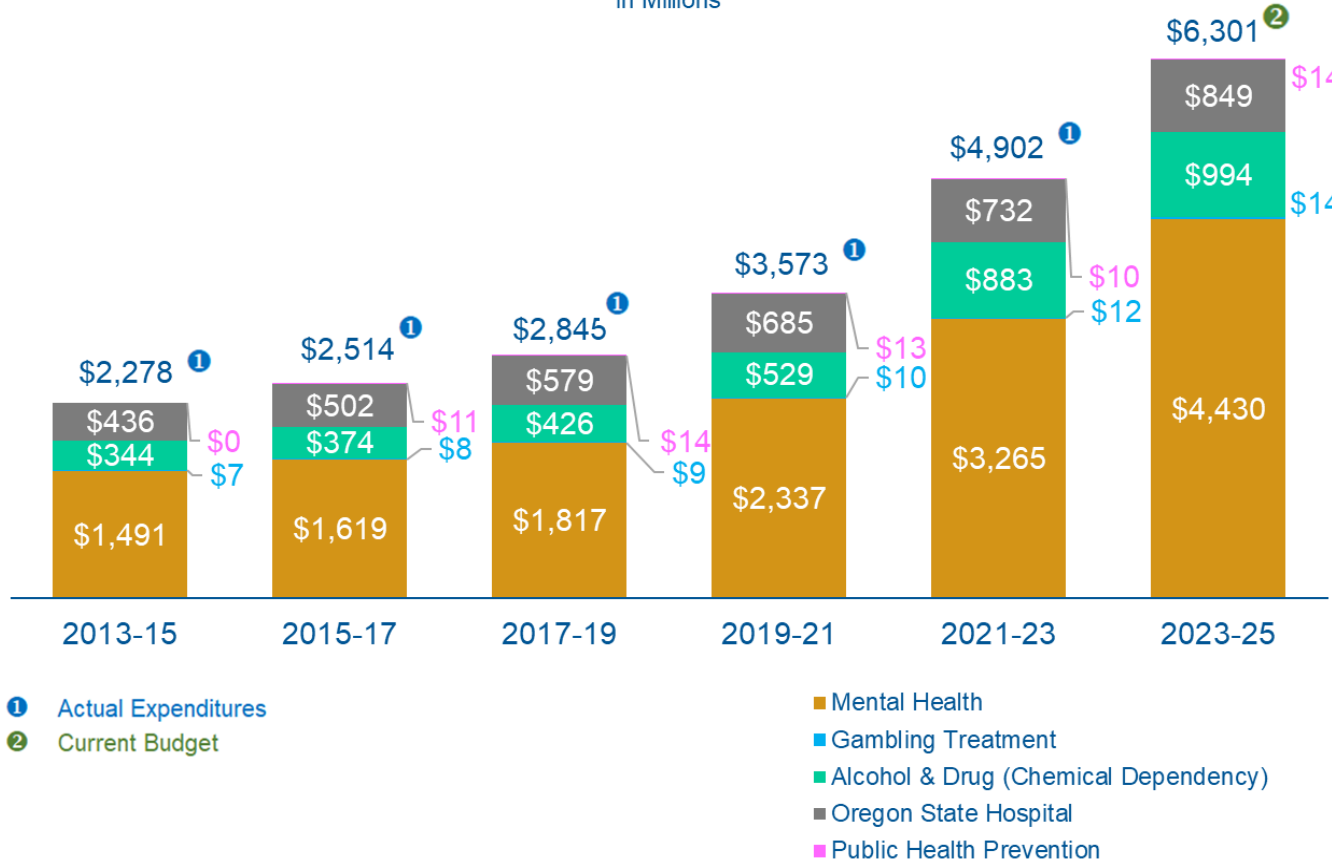
# External Partnerships





# Behavioral Health System: Funding by Program

Oregon Health Authority  
Behavioral Health Spending  
in Millions



- Most of the 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%

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

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 Services Funding Pathways

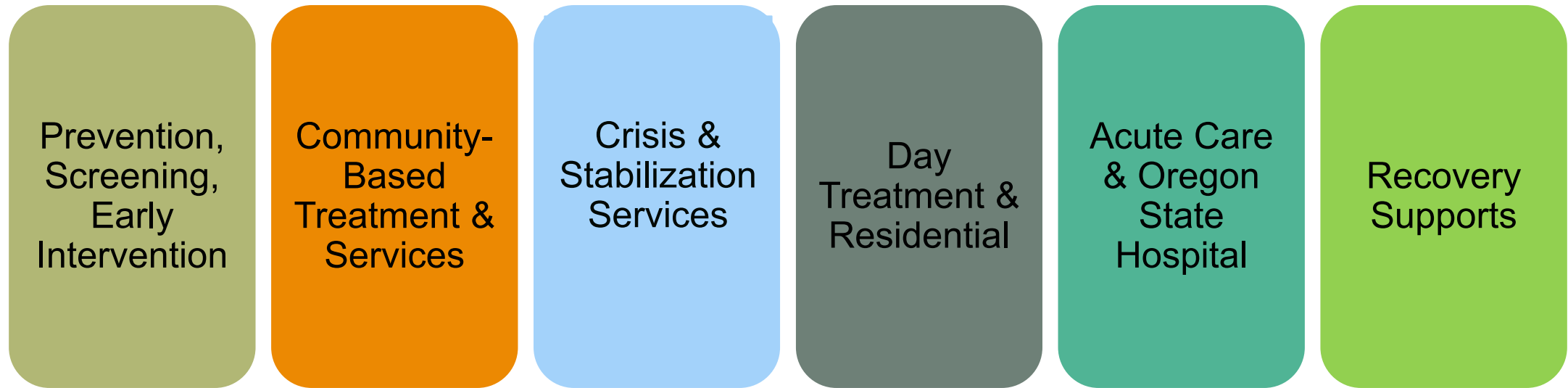
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Funding for behavioral health services in Oregon is distributed via:

- Coordinated Care Organizations
- Community Mental Health Programs
- Tribal Mental Health Programs and Tribal Partners
- Behavioral Health Resource Networks
- Other partners

# Behavioral Health Treatment and Services Continuum

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# Social Determinants Impact Behavioral Health

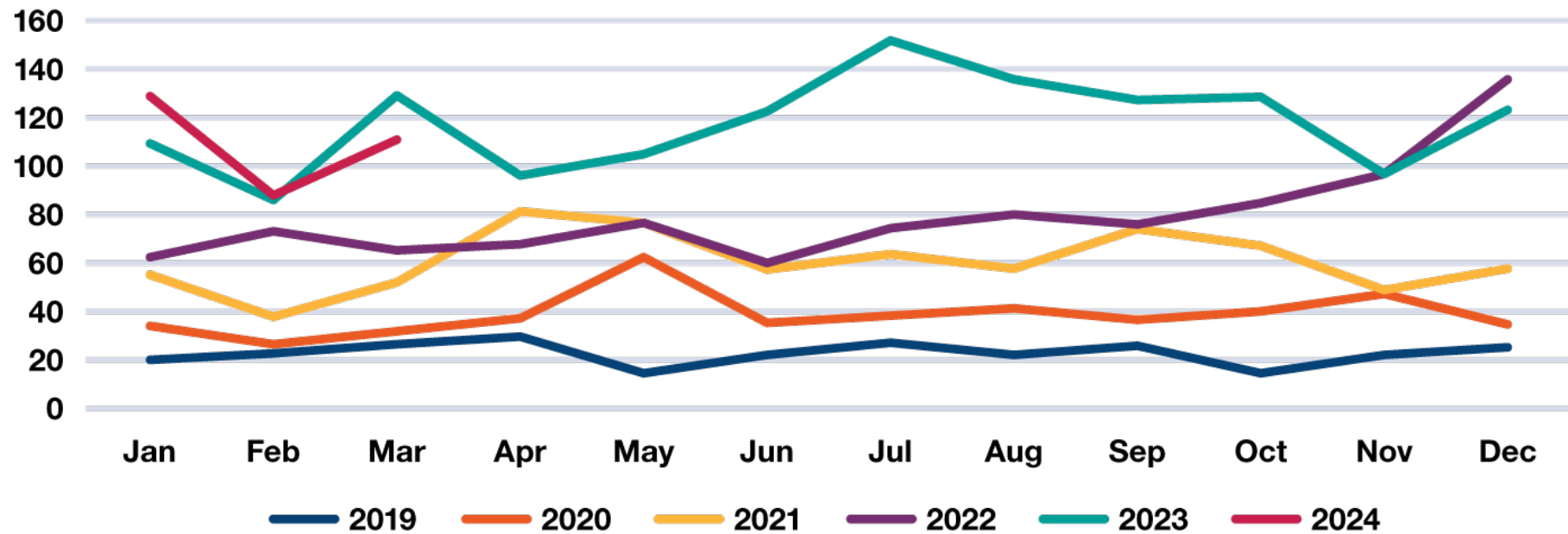
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- Quality health care access
- Education opportunities
- Employment opportunities
- Economic stability
- Community connection
- Affordable housing

# Opioid Crisis and Overdose Impacts Behavioral Health in Oregon

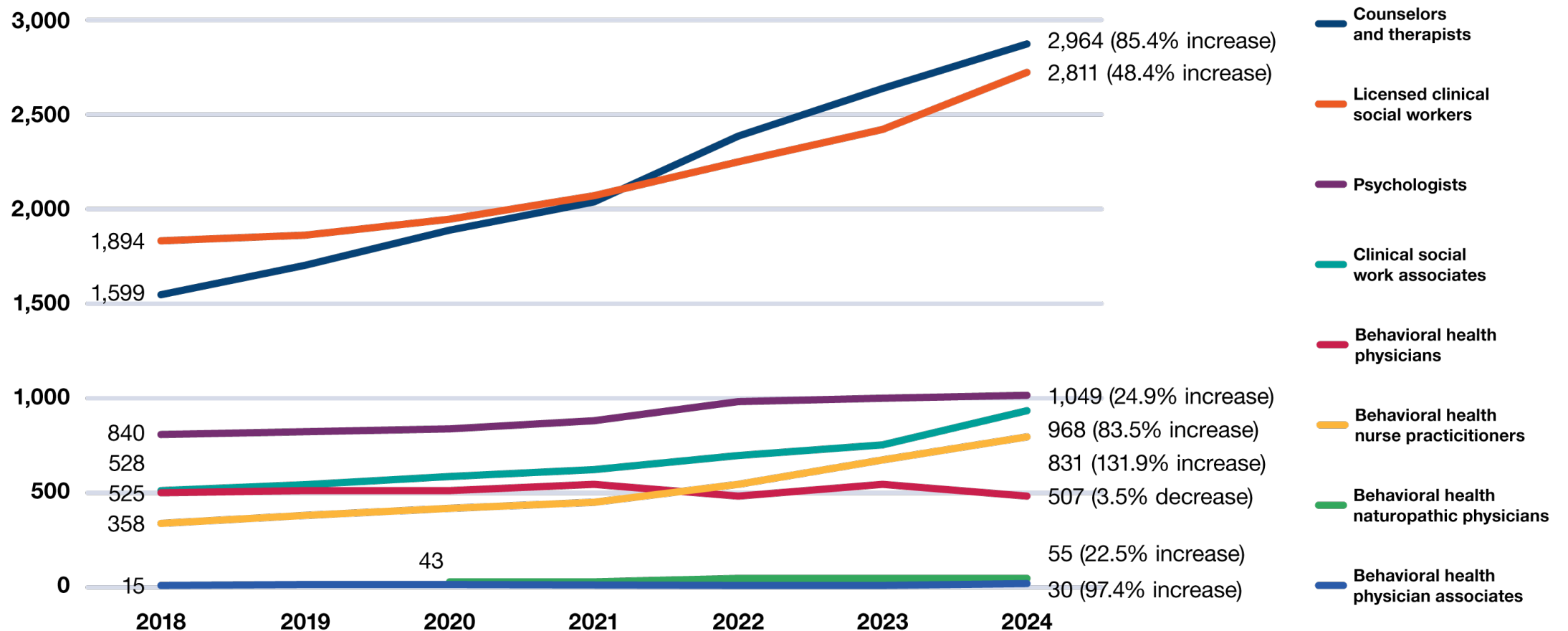
## Oregon Opioid Overdose Deaths



\*Mortality data for 2024 is processing. As a result, numbers may change.

# Behavioral Health Workforce Availability Impacts Behavioral Health in Oregon

Change in behavioral health professional direct patient care FTE in Oregon, 2018-2024



# Rates of Diagnosis and Persistent Gaps Impact Behavioral Health in Oregon

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- Since 2022, there has been a steady rise in mental health and SUD diagnoses for Oregon Health Plan members.
- Oregon's behavioral health system, facing preexisting limitations / shortages in both facilities and workforce, has been unable to fully meet expanding demand.
- Gaps in access to care are exacerbated by gaps in Medicaid coverage, particularly for SUD services.

# OHA's Strategic Plan



## Strategic Goal

Eliminate health inequities  
in Oregon by 2030

Transforming  
behavioral health

Strengthening  
access to  
affordable  
care for all

Fostering healthy  
families and  
environments

Achieving  
healthy Tribal  
communities

Building OHA's  
internal capacity  
and commitment  
to eliminate  
health inequities



# Goal Pillar One: Transforming Behavioral Health

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Behavioral Health Division is driving the following strategies to transform Behavioral Health:

1. Connecting all people in Oregon to behavioral health services and supports when and where they need them
2. Bolstering the behavioral health workforce
3. Adopting a “Behavioral Health in All” policy
4. Improving transparency and accountability
5. Building system capacity



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# Key Successes

# Incentivizing Oregon's Behavioral Health Workforce

Since 2021, BHD has received \$80 million to bolster and expand Oregon's behavioral health work force:

- \$60 million to develop, recruit, and retain a diverse BH workforce
- \$20 million to increase the number of credentialed providers



**Achieved 94% retention** in Oregon's behavioral health workforce



**Enacted 495 contracts with 159 behavioral health organizations, CMHPs and Oregon's Nine Federally Recognized Tribes** to increase credentialed providers, loan repayment, retention and peer workforce development



**Issued 136 scholarships and 467 tuition assistance grants and stipends awarded** for graduate students and peer and behavioral health training programs



**Funded or reimbursed the cost of 15,703 fees** for exam prep, registration, and licensure



**Conducted evaluation of recruitment and retention barriers for Oregon's publicly financed behavioral health workforce** and will publish recommendations in January 2025

*Continued work in this area aligns to Goal 1, Strategies 2 and 5 of OHA's Strategic Plan*

# Investing to Expand Oregon's Behavioral Health System Capacity

To close the gap between behavioral health needs and the capacity of the existing behavioral health system, BHD has been making strategic investments in infrastructure development.

These efforts have utilized funding from:

- HB 5024 - \$130M: \$65M General Fund & \$65M American Rescue Plan Act
- SB 5525 - \$15M General Fund (with \$1.5M Tribal Set Aside)



**Funded addition of 465 new treatment beds for youth and adults by December 2026**



**Funded 25 organizations to expand community-based licensed residential facilities, homes, and supportive housing for individuals with severe and persistent mental illness**



**Added a provider to expand residential capacity for youth restorative services, part of juvenile Aid and Assist**



**Conducted first of its kind study of Oregon's residential treatment system, identified gaps and recommendations to guide evidence-based development**



**Published a public dashboard to track investments to increase behavioral health housing capacity in Oregon**

*Continued work in this area aligns to Goal 1- Strategies 4 and 5 of OHA's Strategic Plan*

# Increasing Access to Behavioral Health Services via Certified Community Behavioral Health Clinics

CCBHCs provide integrated, coordinated, holistic care to all, regardless of ability to pay. The payment model addresses historic underfunding of the outpatient behavioral safety net, improves clinics' ability to recruit and retain staff and enables them to focus on services clients need the most, in the settings they prefer. An emphasis on data and quality improvement helps clinics drive better outcomes at the local level.



**Increased access to treatment by 4.9% overall**, with 30.6% in rural and 14.5% in remote areas



**Higher satisfaction with access to care among rural adults and urban youth.** Black and African American adults reported most significant improvements in care



**Two new clinics opened** with direct funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)



**Submitted CCBHC state/clinic led metrics** to SAMHSA for first time ever

*Continued work in this area aligns to Goal 1- Strategies 1 and 5 of OHA's Strategic Plan; Goal 2- Strategy 3*

# Increasing Capacity and Access to SUD Services and Supports (1 of 2)

Like the rest of the nation, Oregon faced a rapid shift in substance use and overdose beginning in 2019.

Oregon's response includes a focused strategy and increased access to Medication Assisted Treatment, including through SAMHSA State Opioid Response grant investments and Tribal infrastructure fund.



**Developed comprehensive SUD strategy** to equitably and rapidly increase access to SUD supports and services that address whole-person health; in process of implementation



**Created five new Opiate Treatment Programs (OTPs)** across the state



**Launched two Tribal-operated OTPs** as part of the new five programs across the state



Developed one of the **first Tribal-operated mobile OTPs in the United States**



**Licensed the first Integrated Psychiatric and Substance Use Residential Facility**, which includes 4 beds specifically for youth detox

*Continued work in this area aligns to Goal 1- Strategies 1, 3 and 5 of OHA's Strategic Plan*

# Increasing Capacity and Access to SUD Services and Supports (2 of 2)

In addition, Oregon has further established services across the spectrum of substance use from prevention to recovery. Key efforts include:

- Behavioral Health Resource Networks (BHRNs)
- Save Lives Oregon



**Increased client encounters by 235% from initiation of BHRN services to the most recent quarter**, including by 20% from Q6-Q7 (the most recent quarter)



**Tripled peer services, supported employment and housing supports** over 21 months of BHRN operations



**279,258 naloxone doses distributed** through Harm Reduction Clearinghouse, and self-report of **over 8,000 overdose reversals**



**Funding enabled 91% of BHRN member organizations and providers to increase outreach** to raise awareness, build trust, and encourage engagement with services and supports

*Continued work in this area aligns to Goal 1- Strategies 1, 3 and 5 of OHA's Strategic Plan*

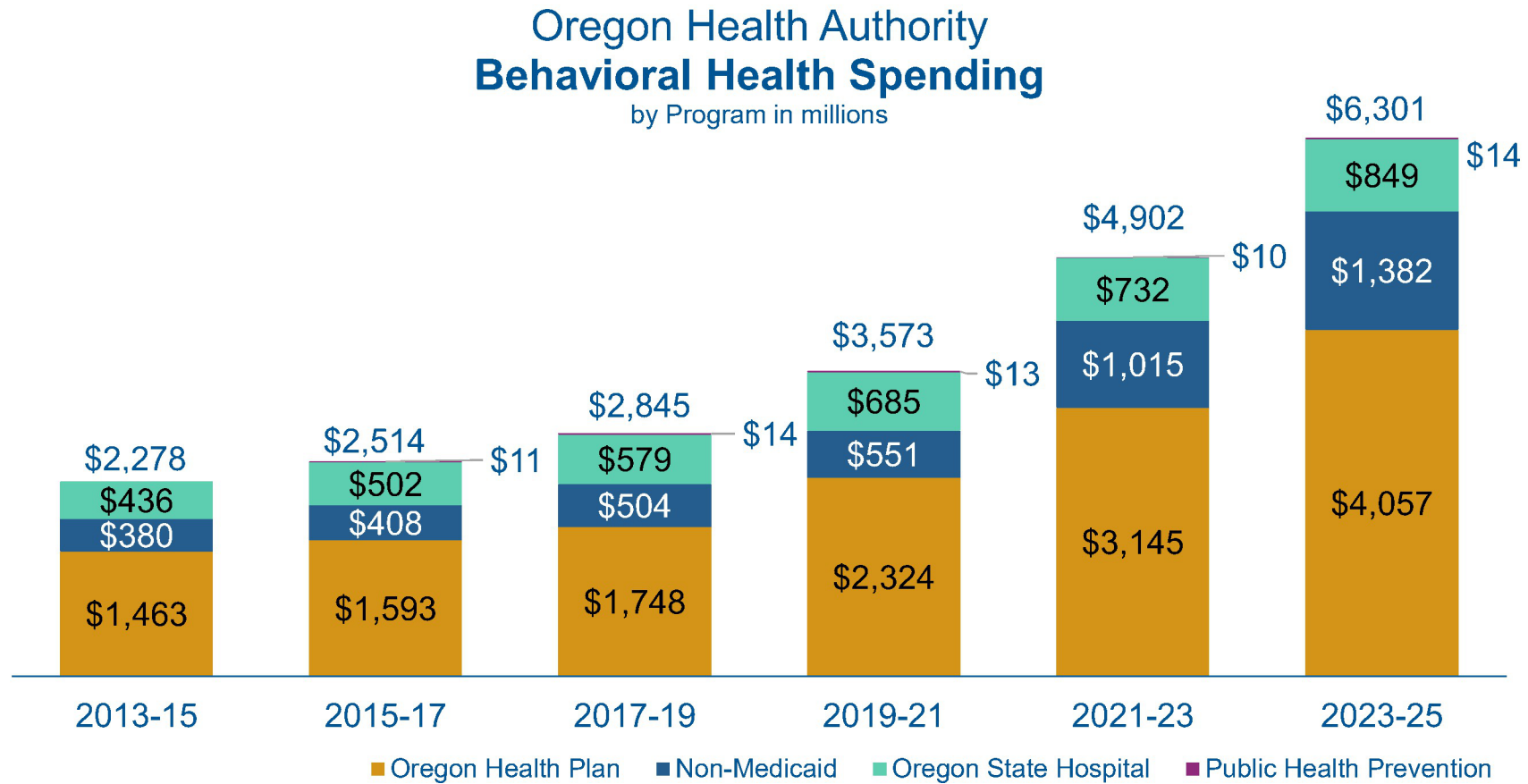


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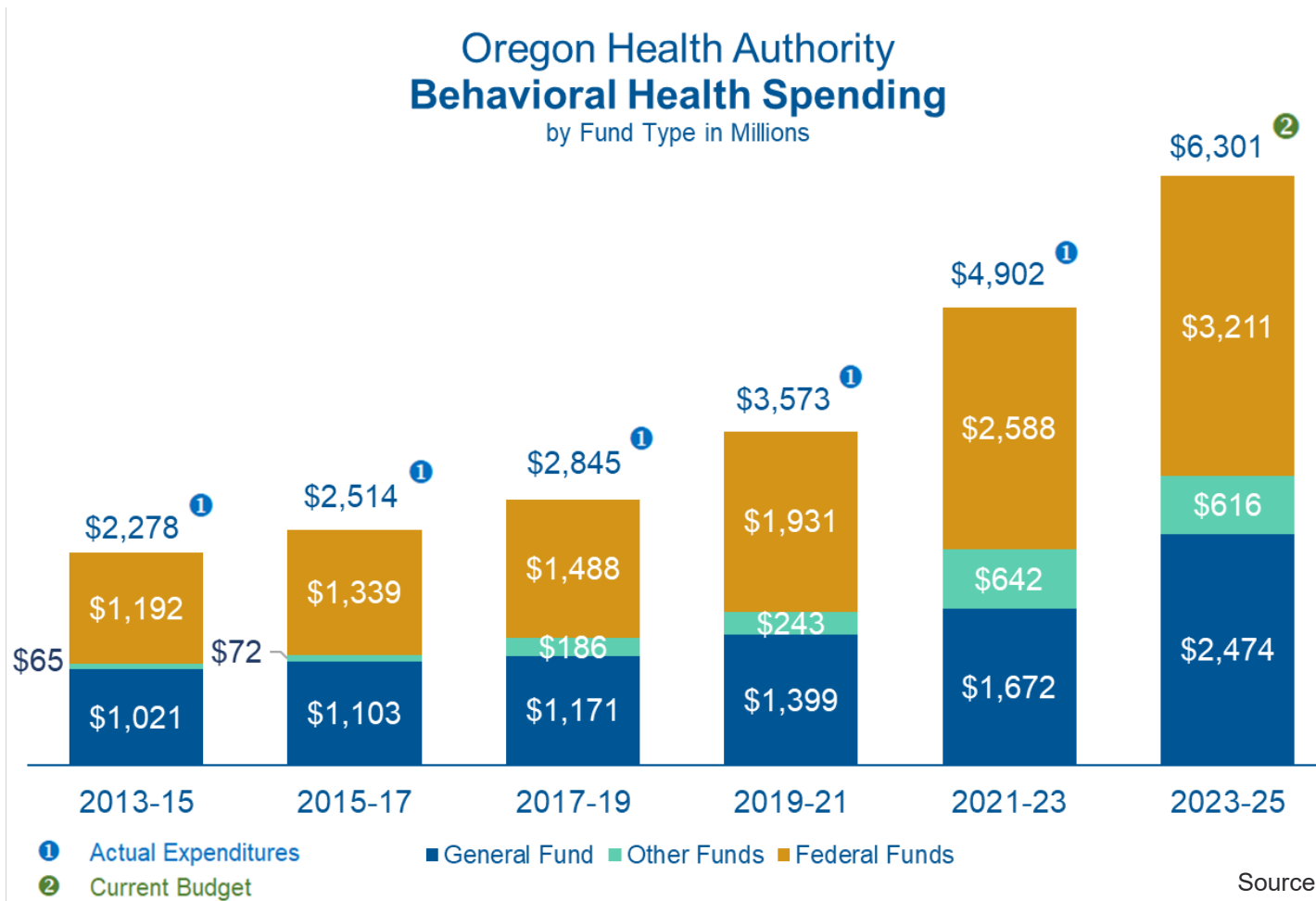
# Budget Overview



# OHA Behavioral Health Spending, by Program



# OHA Behavioral Health System Budget By Fund Type



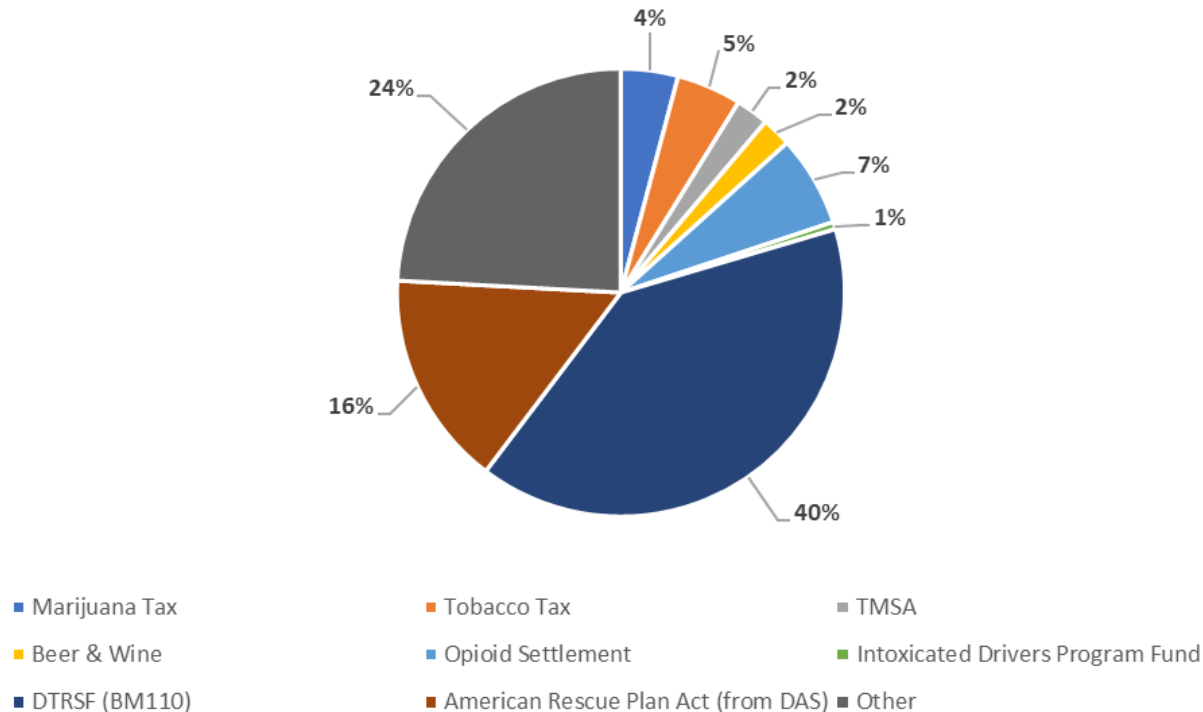
- Spending in the Behavioral Health system has steadily increased over the past few biennia.
- The average increase over the last three biennia is 30%.
- Approximately 49% of the 2023-25 budget is funded by state funds and 51% from federal funds.

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

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

Other Funds Revenue Streams: 2023-25 Budget

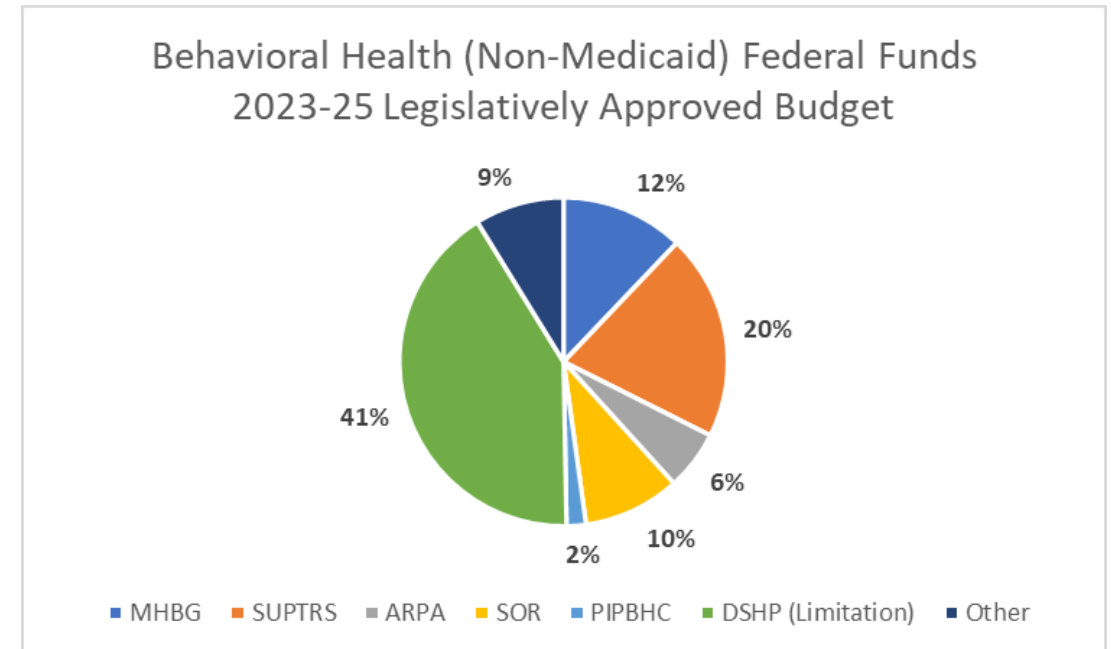
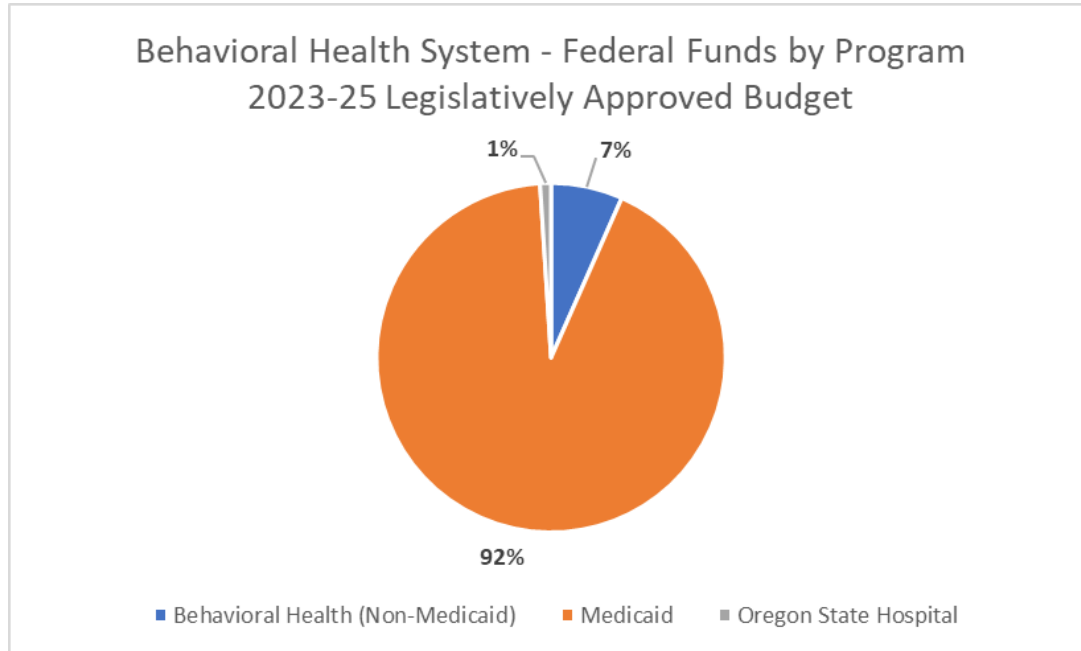


- The Behavioral Health System is funded by multiple Other Funds revenue sources.
- The largest revenue stream, about 40%, in the 2023-25 biennium is DTRSFS (BM 110).
- American Rescue Plan Act funding is from federal funds, but is shown in the budget as Other Funds due to receiving funding from DAS.

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

Source(s): 2023-25 budget data based on 2023-25 Legislatively Approved Budget after the 2024 session.

# Behavioral Health System: 2023-25 Federal Funds Revenue Streams

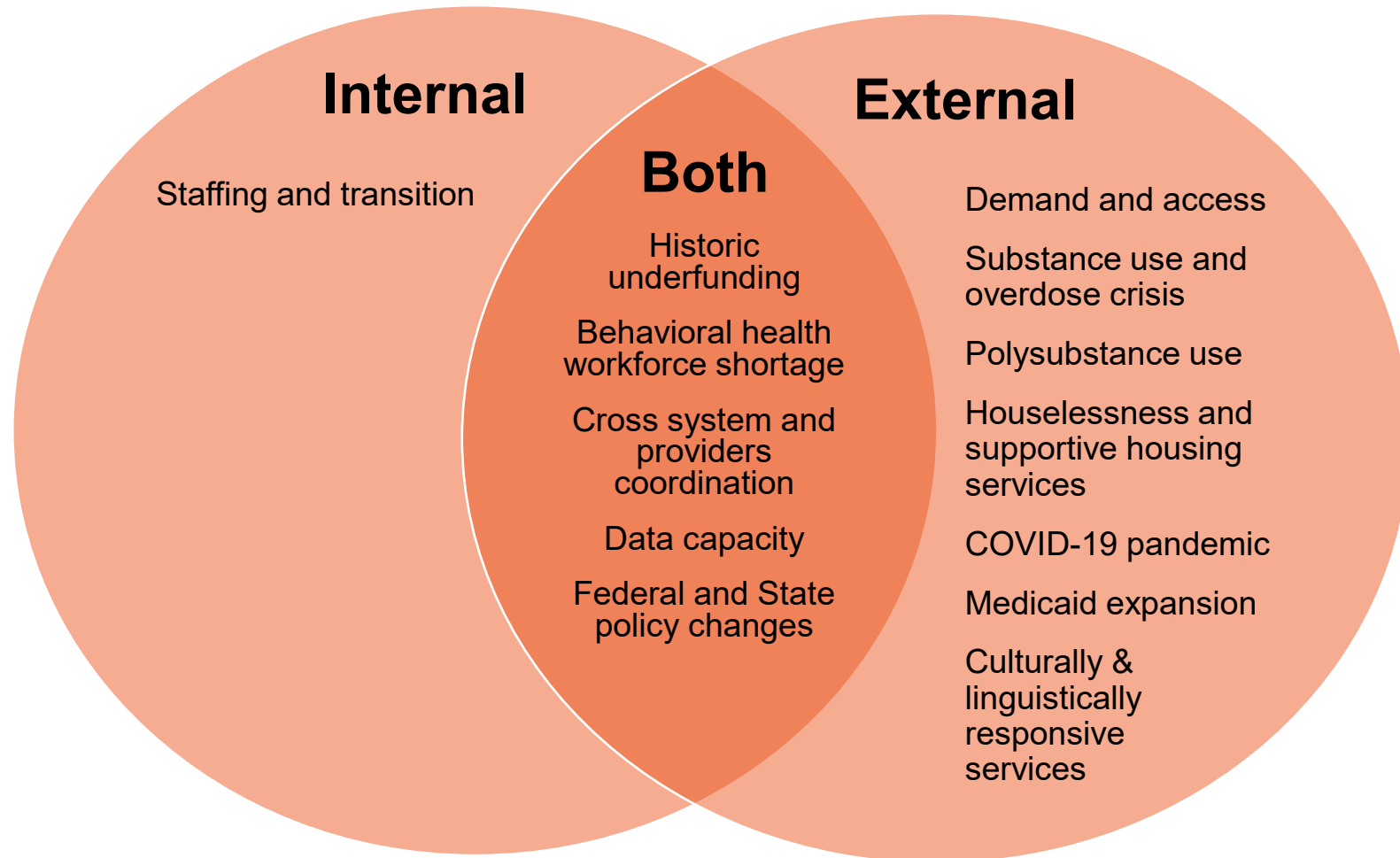


- The federal funds in the Behavioral Health System is primarily funded with Medicaid federal funds.
- DSHP allows Oregon to receive federal funds based on eligible services paid with state funds
- MHBG/SUPTRS represents 32% of Non-Medicaid budget

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

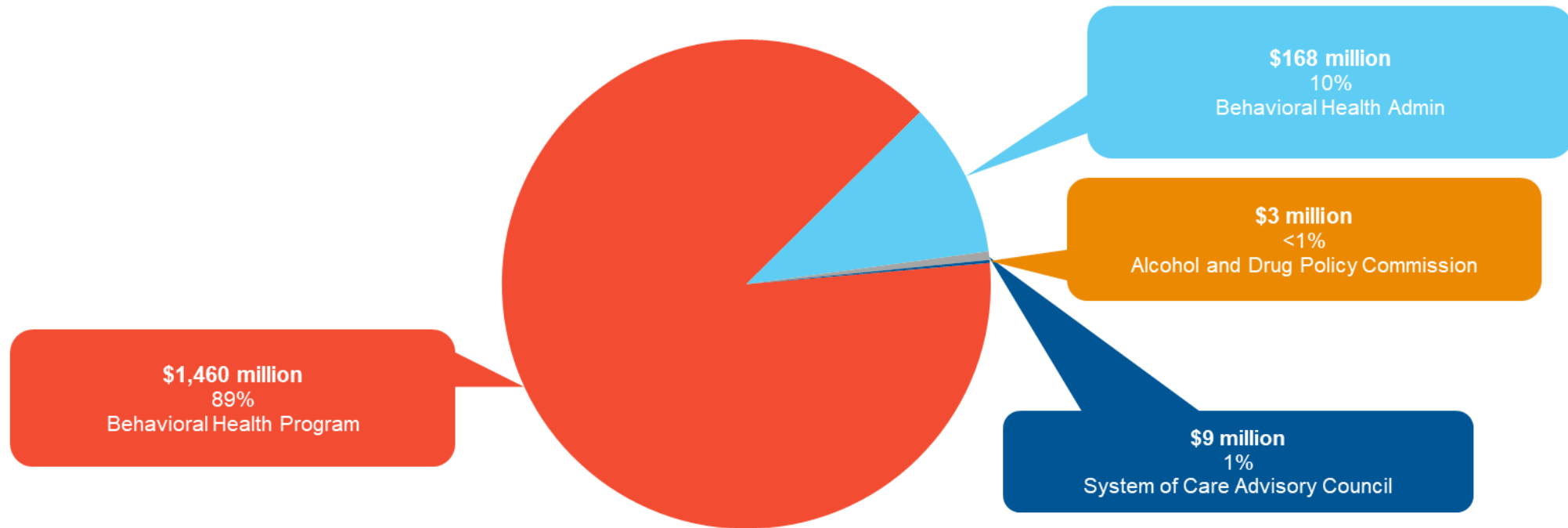
# Budget Drivers

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# 2025-27 Governor's Budget, by Program Area

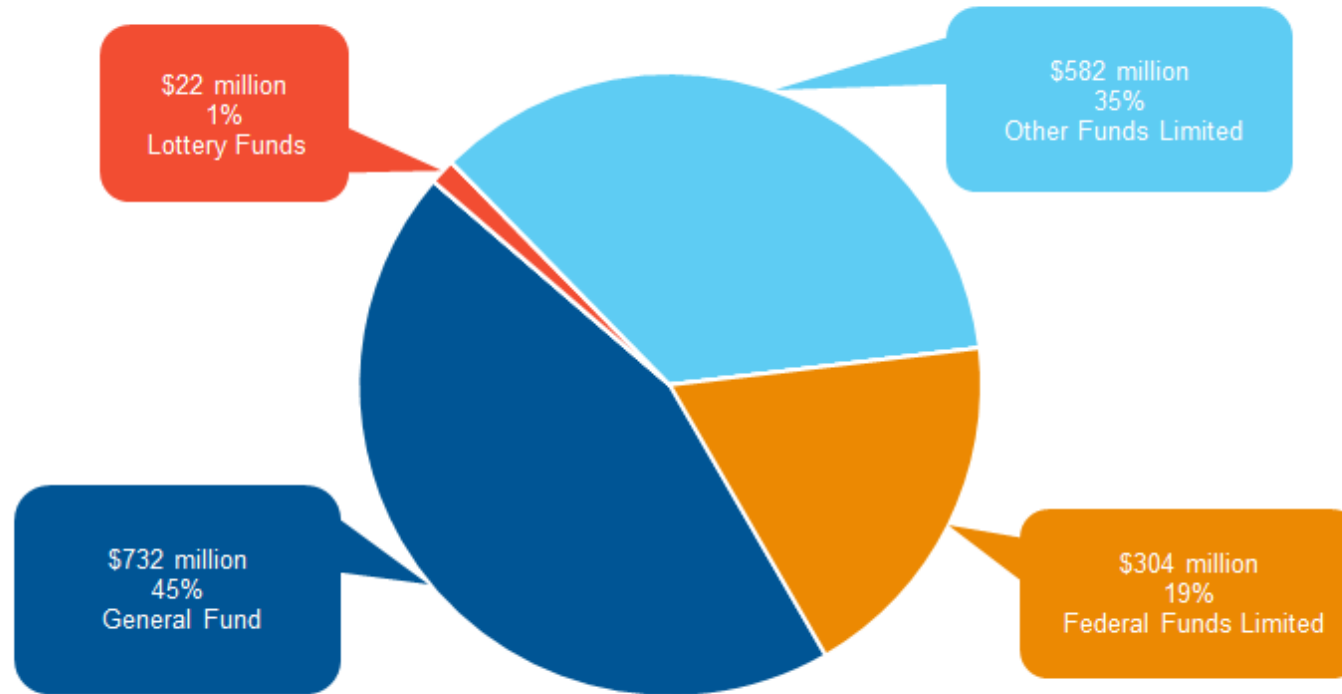
Behavioral Health Division by Program  
\$1,641 million Total Funds



**Revenue Sources:** Marijuana Tax, Cigarette / Tobacco Product Taxes, Opioid Settlement Funds, Beer and Wine Tax, Lottery, Criminal Fines, Federal Grants

# 2025-27 Governor's Budget, by Fund Type

Behavioral Health Division by Fund Type  
\$1,641 million Total Funds



**Revenue Sources:** Marijuana Tax, Cigarette / Tobacco Product Taxes, Opioid Settlement Funds, Beer and Wine Tax, Lottery, Criminal Fines, Federal Grants

# 2025-27 Governor's Budget Investments

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- Behavioral Health Community Navigators: \$2.4M GF, \$2.4M TF
- Civil Commitment Staff – Buy Back: \$1.5M GF, \$3.3M TF
- Deflection and Jail-Based Services: \$14.7M GF, \$16.3M TF
- Intensive In-Home Behavioral Health Treatment and SUD Model Expansion: \$7.0M GF, \$7.0M TF



# Major Behavioral Health Program Changes

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## Program changes occurring in the last three biennia

### **Additions:**

- 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

### **Expansions:**

- 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
- Behavioral Health as a Division of OHA

# 2025-27 Focus Areas

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## Infrastructure and workforce

- Sustain and advance:
  - BHRNs
  - Workforce recruitment and retention
  - Crisis response system
- Increase treatment options for individuals on Medicaid
- Expand beds and facilities
  - Residential treatment
  - CCBHCs
- Decrease admin burden

## Access to services and supports

- Sustain and advance Save Lives Oregon Harm Reduction Clearinghouse activities
- Increase services and supports for:
  - Mandated populations - Aid & Assist, Civil Commitment, GEI
  - Youth in temporary lodging
  - Youth in school settings
- Expand suicide prevention activities for youth most impacted by suicide

## Accountability to quality and standards

- Achieve Mink/Bowman federal court order compliance
- Community Mental Health Programs/County Financial Assistance Agreement Revamp



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# Priority Investments

# POP #550 – Behavioral Health Workforce Investments

## Challenge:

- Severe shortage of behavioral health providers, especially in rural and SUD services.
- Barriers in education, certification, and resources limit workforce diversity and access to services.

## Proposal:

- Incentives for diverse provider recruitment and retention, targeting underserved areas.
- Support for culturally specific training, peer programs, and supervision to boost access and diversity.

## Desired outcomes:

- Increases recruitment and retention of behavioral health providers, especially in high-need and underserved areas.
- Builds a culturally diverse workforce to improve equity and access to behavioral health services.
- Reduces health disparities and strengthens Oregon’s behavioral health infrastructure statewide.

	General Fund	Total Funds	Positions	FTE
POP #550	\$24,838,542	\$24,250,000	4	3.0

# POP #551 – Harm Reduction Clearinghouse & Treatment Innovations

## Challenge:

- Severe substance use and overdose crisis with dramatic rise in overdose deaths.
- CBOs lack sufficient resources for harm reduction supplies, limiting access to life-saving medications and support for underserved populations.

## Proposal:

- Provides partial funding for the Harm Reduction Supply Clearinghouse to increase CBO access to naloxone and other supplies.

## Desired outcomes:

- Expands CBO access to harm reduction resources and strengthens community engagement.
- Reduces overdose deaths, improves health equity, and fosters culturally responsive care models.

	General Fund	Total Funds	Positions	FTE
POP #551	\$10,394,821	\$10,394,821	2	1.5

# POP #552 – Residential+ Study

## Challenge:

- Lack of sufficient residential treatment services for youth, adults, and mandated populations, especially in culturally and geographically underserved areas.
- Current funding structures disadvantage smaller and culturally-specific providers, limiting access to needed services and eroding trust with communities.

## Proposal:

- Funds new and expanded residential treatment facilities guided by results of 2024 behavioral health residential study, including specialized facilities for youth and adults, as well as stabilizes current providers with capacity-building support.
- Improves funding distribution by prioritizing culturally diverse, smaller providers and adding support for community coordination to increase equitable service access.

## Desired outcomes:

- Increases residential treatment capacity and reduces wait times for care.
- Builds trust with communities through collaborative funding processes and expands culturally responsive services.
- Creates a more accessible, efficient, and equitable behavioral health system across Oregon.

	General Fund	Total Funds	Positions	FTE
POP #552	\$100,000,000	\$100,000,000	0	0

# Thank you

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Behavioral Health Division



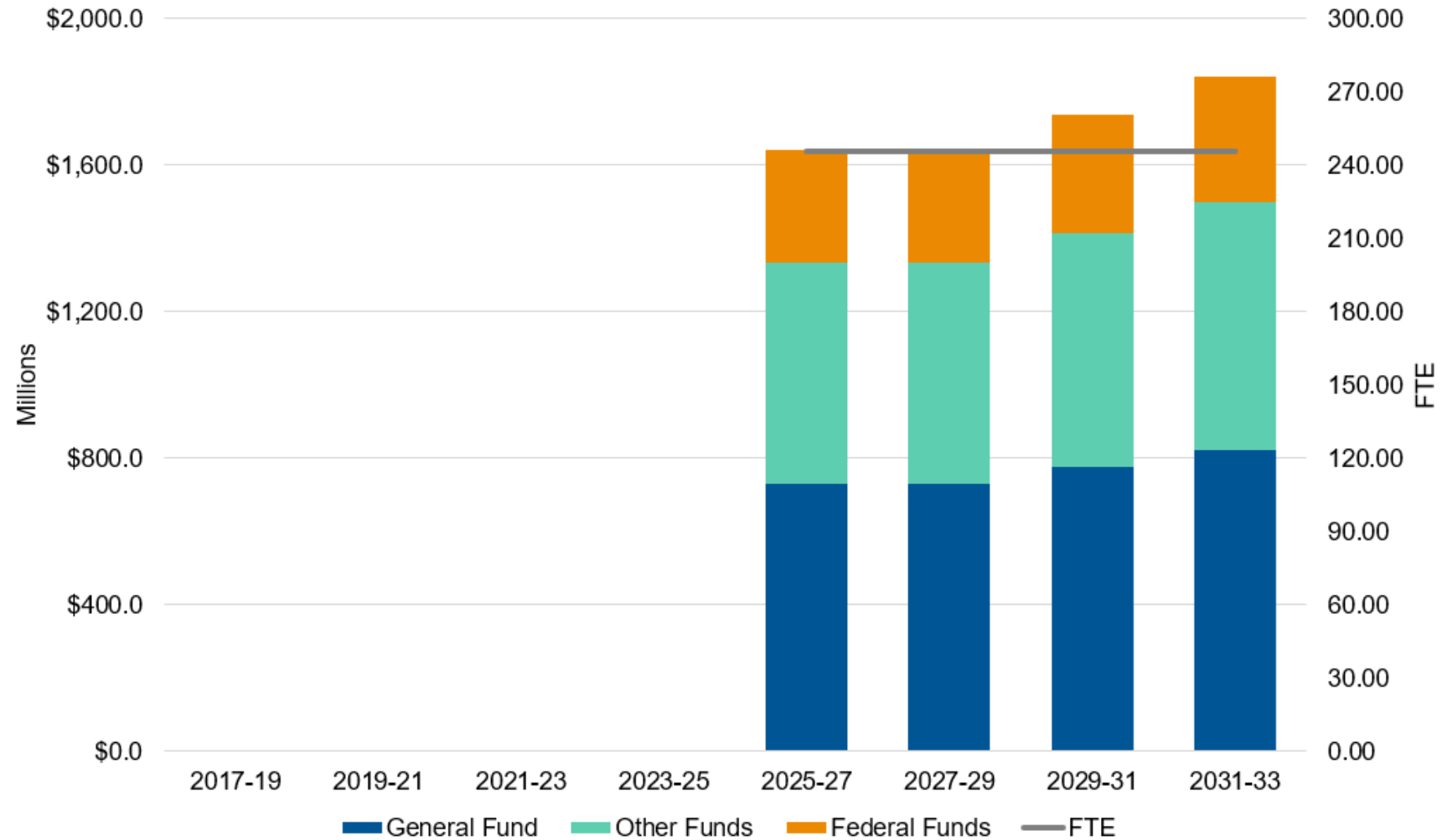


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# Appendix

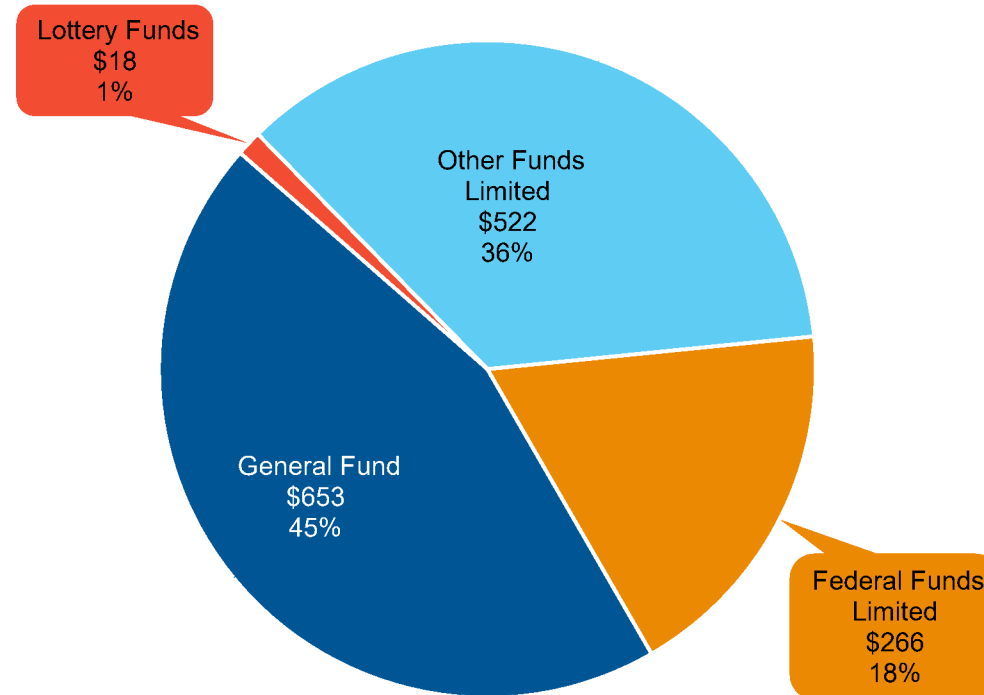


# Behavioral Health Funding



# Behavioral Health Program Funding, by Fund Type

Behavioral Health Program  
\$1,459 million Total Funds



# Behavioral Health Admin Funding, by Fund Type

Behavioral Health Admin  
\$168 million Total Funds

