

February 5, 2025

Senator Winsvey Campos, Co-Chair
Representative Andrea Valderrama, Co-Chair
Joint Ways and Means Human Services Sub-Committee
900 Court Street NE
State Capitol
Salem, OR 97301

SUBJECT: Feb. 4 Subcommittee Questions

Dear Co-Chairs and Committee Members:

Please find below information requested by members of the Joint Ways and Means Human Services Sub-Committee at the February 4th meeting on Oregon's Behavioral Health program.

1. A breakdown of how funds are allocated to the Behavioral Health Resource Networks (BHRNs) and community mental health programs.

A comprehensive [dashboard](#), available on the Drug Treatment and Recovery Services Fund [webpage](#), shows funds allocated to BHRNs across the state. Updated weekly, the dashboard also includes funds allocated to tribes, county-specific spending, BHRN partners, and funded service areas.

Fund allocation to community mental health programs is included in the table below.

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23-25 Biennium Totals for the County (CFAA) Contracts as of 2-5-2025	
County (CFAA) Name	Contract Total
Baker County	\$2,693,417.38
Benton County	\$10,754,906.49
Clackamas County	\$21,604,999.16
Clatsop County	\$5,857,829.71
Coos County	\$7,119,063.39
Crook County	\$3,364,673.83
Deschutes County	\$19,020,125.03
Gilliam County	\$1,109,895.74
Grant County	\$1,767,243.29
Jackson County	\$21,892,128.34
Jefferson County	\$5,424,739.81
Josephine County	\$10,747,905.16
Lake County	\$1,872,254.10
Lane County	\$34,421,190.77
Lincoln County	\$7,343,682.06
Linn County	\$9,445,442.06
Malheur County	\$7,174,180.14
Marion County	\$29,813,432.67
Morrow County	\$3,300,823.17
Multnomah County	\$79,777,639.40
Polk County	\$8,062,574.48
Tillamook County	\$3,583,931.73
Umatilla County	\$6,082,040.64
Union County	\$4,837,140.05
Washington County	\$35,247,717.07
Wheeler County	\$927,309.73
Yamhill County	\$9,541,060.45
Adapt (Curry)	\$3,901,768.10
Adapt (Douglas)	\$11,454,350.82
Columbia Community MH	\$10,891,118.94

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Klamath Child & Family Transitions Center	\$9,871,822.12
Symmetry Care	\$1,670,780.16
Mid-Columbia Center for Living	\$9,344,924.15
Wallowa Valley Center for Wellness	\$2,709,102.81
Grand Total all County (CFAAs):	\$402,631,212.95

2. A breakdown of how much behavioral health funding goes toward infrastructure and how much goes toward direct services.

While indirect costs or infrastructure costs vary depending on the contractor and service being purchased by the state, below are general percentages that cover the majority of dollars that flow through OHA:

- CMHPs receive roughly 3.7% in administrative costs through the County Financial Assistance Agreement. It has been reported and acknowledged that this percentage is too low to cover program administration expenses. OHA is working with CMHPs to allow for more flexibility to account for administrative expenses.
- The CCO administrative costs are tracked by OHA's Office of Actuarial and Financial Analysis (OFA). Each year, OFA collects the Minimum Medical Loss Ratio data showing the member service expense as a percentage of CCO net revenue, which is reviewed for accuracy against their financial reporting, before submitting the information to CMS. The oversight on the minimum medical spending of CCOs safeguards the members and encourages the CCOs to meet the requirements of spending 85% of their capitated payments on member medical services. Oregon regulation meets the Center for Medicare & Medicaid Services (CMS) minimum requirement that at least 85% of all Medicaid program spending goes towards medical

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spending instead of towards administrative services or organizational profits.

- BHRN program administration cost is roughly 7% of the total \$248.8 million dollars.
- The OHA Behavioral Health Division runs an administration cost of roughly 10% of its total budget.

3. A breakdown of the Behavioral Health Division’s (BHD) funding sources.

Below, is a chart and table that shows a breakdown of major funding streams across CCOs, County Community Mental Health Programs (CMHPs) and the state.

Chart 1. OHA Behavioral Health Spending 2021-2025

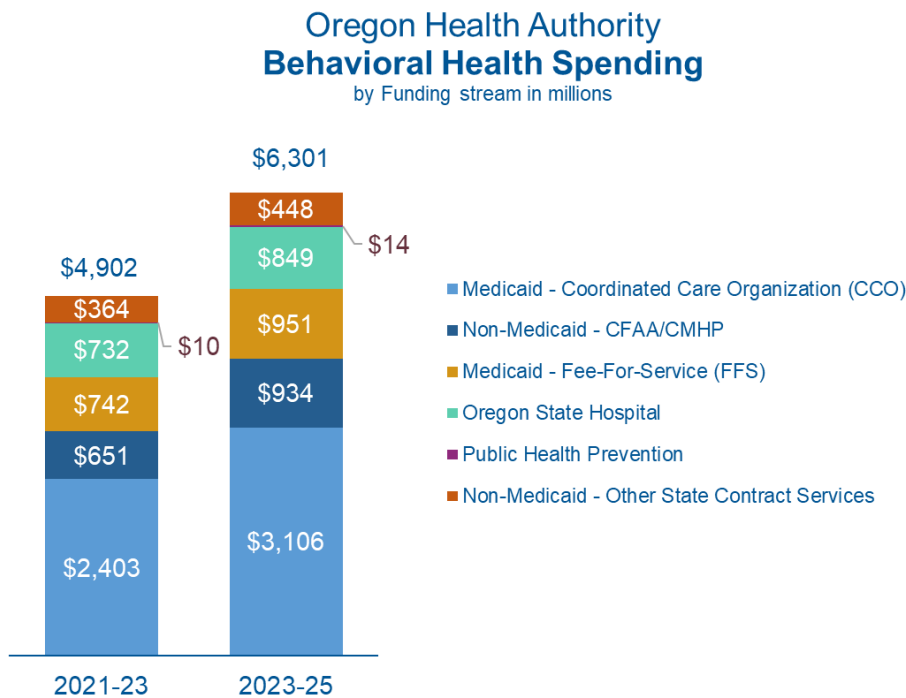


Table 1. OHA Behavioral Health Spending 2021- 2025 (in millions)

Spending by Funding Stream	2021-23	2023-25
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Medicaid - Coordinated Care Organization (CCO)	\$2,403	\$3,106
Non-Medicaid - CFAA/CMHP	\$651	\$934
Medicaid - Fee-For-Service (FFS)	\$742	\$951
Oregon State Hospital	\$732	\$849
Public Health Prevention	\$10	\$14
Non-Medicaid - Other State Contract Services	\$364	\$448
Total Funds	\$4,902	\$6,301

Table 2. OHA Behavioral Health Spending – Mental Health 2023-2025
Behavioral Health Spending
Mental Health - 2023-25 Budget
 In Millions

State Funds* & Federal Funds

Behavioral Health Tx Services	\$ 495
Behavioral Health Residential Services	\$ 430

Medicaid FFS

Drug MH	\$ 242
Mental Health Psychiatric Emergency Services (PES)	\$ 127
Adult Foster Homes	\$ 1
MH Residential Adults	\$ 48
Young Adults in Transition	\$ 298
MH Res	\$ 24

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	\$	7
Personal Service Workers		
	\$	11
Applied Behavioral Analysis		
	\$	86
CCBHC		
	\$	35
Kids Intensive		
CCO		
Mental Health Services	\$	151
Inpatient		
Mental Health Services Non-	\$	1,332
Inpatient		
	\$	1,143
Other MH Services		
	\$	4,430

* State Funds include General Fund, Lottery Funds and Other Funds

4. Please provide a copy of the BHD organizational chart with names.

The Behavioral Health Division was formed in April 2024. An [organizational chart](#) including leadership names is available on OHA's website.

5. How BHD measures success.

OHA and BHD work diligently to measure impact of investments through a wide range of process measures and outcomes. Metrics are established and tracked at both an Agency-wide level and Division-level. As a result, data collection and analysis are often conducted in partnership across divisions. In this case, BHD frequently partners with the Health Policy and Analytics and Public Health Divisions.

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At an Agency-wide level, BHD utilizes the strategies and metrics outlined in [OHA's strategic plan](#) under the 'Transforming Behavioral Health' goal area. A publicly available [dashboard](#) tracks progress made against the strategic plan's goals.

At the Division-level, BHD evaluates a wide range of measures to determine impacts of investments. BHD publishes two public dashboards tracking progress on investments in key areas, the [Behavioral Health Housing and Licensed Capacity Investments Dashboard](#) and, as cited above, [Measure 110 Behavioral Health Resource Network Dashboard](#). A summary of the process and outcome measures that BHD uses to evaluate the impact of work follow below.

Process measures include:

- Tracking development of new infrastructure, including facilities and beds
- Rates of available providers
- Rates of access to services

BHD also measures impact by tracking specific outcomes, including, but not limited to:

- Hospital admissions and readmissions
- Hospital utilization and boarding for Children and Youth under 25
- Substance use overdose and deaths
- Rates of death by suicide
- Carceral recidivism
- Rates of houselessness
- Clinical outcomes for children's programs
- Youth and family feedback for Intensive In-Home Behavioral Health Treatment (IIBHT)

6. Who to contact if an individual with intellectual and developmental disabilities (I/DD) is turned away from a behavioral health service.

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If the individual is enrolled in the Oregon Health Plan:

- The member or their caregiver can contact their CCO, or Comagine (for Open Card) directly for support and care coordination, as well as needed follow up with the contracted provider.
- If that response does not meet their need, the member or their caregiver can contact Member Services at OHA for additional support.
- Members or caregivers can also contact the Ombuds Office by [email](#) or phone (877-642-0450) at OHA for direct case support, advocacy and follow up with the provider.
- Members or caregivers can contact the OHA Behavioral Health Division by emailing Adult Mental Health Services at amh.web@state.or.us. The Adult Mental Health Unit will link the member to their CCO and/or to their local CMHP. The unit will coordinate with the CCO or CMHP to establish enrollment (new to OHP) or access services for enrolled members.

If the individual is non-OHP eligible:

- The member or their caregiver can follow up with their insurance directly, or Department of Consumer & Business Services
- The individual, their caregiver or provider can contact the Community Mental Health Program in their county.
- For adults age 18+, they or a caregiver can email Adult Mental Health Services at amh.web@state.or.us. The Adult Mental Health Unit will link the individual to their local CMHP and coordinate access to services.

7. Billing for services for behavioral health needs and I/DD needs.

A member of the subcommittee alluded to instances where constituents were told they needed to wait 90 days between accessing behavioral health residential care and entering into an I/DD facility due to billing policy. Without specific knowledge of the case, it is not possible to provide a specific response regarding what occurred.

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However, OHA works collaboratively with the Oregon Department of Human Services, including its Office of Developmental Disabilities Services, which supports individuals with I/DD, to improve access to covered services for members, reduce burdens, and enhance care coordination. Specifically, OHA and ODHS are working together to identify and implement strategies to streamline access to all appropriate and necessary services for Oregonians receiving Home and Community-Based Services and is actively seeking to facilitate greater coordination and integration between our programs. Work is underway to improve access, simplify and align eligibility systems, and shift toward stacking and coordinating services, rather than requiring an Oregonian to move from one program to another thereby reducing barriers that create complexity in the billing process. OHA and ODHS recognize that many Oregonians experience both disabilities and need for behavioral health supports, and we are committed to wrapping services around the person.

Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,



Ebony Clarke
Behavioral Health Director