

Tina Kotek, Governor

February 7, 2025

Senator Wlnsvey 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: February 5 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 5 presentation on Oregon's Behavioral Health Division and its work.

**1. Follow up on Mental Health America study which ranks Oregon as 48<sup>th</sup> in the nation for behavioral health access.**

The survey from Mental Health America survey is a limited reflection of the progress and current state of mental health and substance use disorders across Oregon. The data in the survey are lagging. The recent 2024 ranking is based upon 2021-2022 data pulled from national data bases during the pandemic. The data are limited and pull across 15 disparate data sets. These sets include prevalence, costs, and national statistics. They are combined to establish one score or rank. The data also combines youth and adult information into one ranking which also makes it hard to discern the meaningfulness of the rank to Oregon populations.

Historically this survey did not include diagnoses across the full scope of mental health and substance use disorders. The data is focused on the combined

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prevalence of depression and suicidal ideation relying heavily on information pulled from a screening tool often used in primary care titled the PHQ-9 (Patient Health Questionnaire with 9 items). The PHQ-9 has high utilization in Oregon as it is a part of most primary care medical home programs. Screening for substance use disorder is also a focus of screening in our state. Because Oregon is focused on identifying mental health and substance use disorders, Oregon is ranked very high for the prevalence of behavioral health concerns.

The information provided regarding youth also draws Oregon to the “bottom” of the rankings. Again, our state screens extensively for youth noting the current data is limited to a) a major depressive disorder within the past year, b) substance use disorder within the past year, and c) youth with serious thoughts of suicide. What is defined as “youth access to care” was based upon self-report and the most common response from youth included a tendency to not seek care as they felt they could address it on their own or they were concerned about the stigma.

The cost information included in this study also relies upon the cost of care information including those who are uninsured and adults and children who lack of payer coverage of services as a marker for access to care. Additionally, an item was added for workforce availability which was also very low in 2022.

Thus, the MHA ranking is skewed for states who are good at surveying the population need, those where private payers do not cover services, those where stigma continues, and states with workforce shortages. There are other “ranking” reports such as one completed in 2019 by Health Insider with similar data which ranked Oregon as 13th looking at cost, access, and quality.

## **2. OHA’s plan to alleviate the bottleneck at OSH and the impacts of the Mosman Order.**

To effectively address the bottleneck, OHA is actively working to come into compliance with the Mosman federal court order and better support the mandated population by implementing a number of strategies, please see a few of those below. Additionally, OHA is requesting legislative support to assure adequate staffing to provide these services and oversight, in addition to

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successful legislation to implement the requirements of the order by Judge Mosman (Second Amended Order to Implement Neutral Expert's Recommendations), issued July 2, 2023, as directed in the report submitted by the Neutral Expert to the court on November 19, 2024.

*Implementation of the Extended Care Management Team (ECMU) team to case manage discharges from OSH*

The Extended Care Management Unit (ECMU) in the Behavioral Health Division is tackling systemic barriers and challenges to increase timely discharges of Aid and Assist and Guilty Except Insanity/Psychiatric Security Review Board (GEI/PSRB) patients at Oregon State Hospital (OSH). ECMU leads and monitors the discharge planning between OSH social workers, residential treatment providers, forensic coordinators, PSRB monitors, and Exceptional Needs Care Coordinators (ENCCs) from the Community Mental Health Programs in reviewing facility vacancies, placement referrals and progress, and waitlist status for patients on the Ready-to-Place (RTP) or Conditional Release Ready (CRR) lists at OSH. This assertive multi-agency strategy aims to create bed capacity through addressing and monitoring the utilization of effective and appropriate level of care treatment within the mental health residential system. The ECMU is in phase 1 focusing on Lane County, Multnomah County, and Washington County.

*Emergency rules requiring residential treatment providers to prioritize Aid and Assist and GEI populations regarding admissions and waitlists*

The emergency rule changes remove barriers to the expeditious placement of persons transitioning from or as an alternative to commitment to the Oregon State Hospital. OHA's failure to act promptly would result in serious prejudice to forensic populations with mental illness who have a right to access an appropriate level of treatment whether that is at OSH or in a less restrictive, more integrated setting in the community. This rule prioritizes community placements for discharges from OSH and the forensic population.

Currently, there is a lengthy waitlist for admission to OSH for the forensic population. This rule was adopted on January 17, 2025, and should substantially reduce the waitlist, allowing the forensic population with mental illness to access appropriate levels of treatment in the hospital or community more quickly.

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Additionally, OHA reduced the minimum number of individuals placed on a waitlist from 10 to 5. OHA's failure to act promptly to modify the minimum waitlist numbers for community placements would have seriously prejudice potential residents by giving those on the waitlist an unrealistic expectation that they will be admitted. This will allow potential residents and referral agencies to focus on realistic placement options and placement to occur more promptly.

### *Flexible funds for housing*

Flexible housing funds support individuals by providing immediate and long-term stability. These supports include items such as rental assistance, application fees, moving costs, storage fees, repair and maintenance fees, eviction avoidance, and utilities.

OHA is distributing \$875,000 in flex funds to be used by CMHPs for supporting housing related needs from January 1 through June 30, 2025. This amount was determined with a formula based on CMHP-provided data on unhoused aid and assist clients and overall aid and assist cases.

The Governor's Recommended Budget request \$3.5 million to be administered via a partnership between OHA and OHCS to incorporate lessons learned from OHCS' existing behavioral health pilot being administered as part of the homelessness emergency in the State of Oregon. If approved, these funds will be distributed in the next biennium beginning July 1, 2025. Resources will be administered in a way that builds effective coordination between counties and housing/homeless service providers to promote the housing stability of people experiencing homelessness who have a behavioral health need.

### *Community Navigator expansion*

The Community Navigator pilot supports case management for individuals discharging from OSH. Currently there are five pilot sites that began in March 2024, with in-reach to OSH which started in July 2024. The current pilot was funded by SB525 for \$6,000,000. Initial feedback from CMHPs indicates successful client engagement and positive impact on care transitions, housing stability, and participation in Substance Use Disorder (SUD) treatment. The primary goal of this pilot is to reduce rates of recidivism for individuals, especially

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those at risk of homelessness, on A&A orders from involuntary state hospitalization.

*Aid and Assist Secure Residential Treatment Facility (SRTF) Expansion*

OHA has worked to expand SRTFs capacity with funding from the 2023-2025 budget through a onetime only appropriation of \$9.4 million from HB 5024 to increase bed capacity throughout the state of Oregon and improve access to services.

Given OHA's understanding of need across the state, a regional approach for this expansion, expanding to two regions (Southern Oregon and Southern Coast) was chosen based on the number of individuals at OSH. Additionally, these regions share providers and have a natural partnership across the counties. We believe this will increase the likelihood of success.

*SUD warm handoff planning and training*

Given the high rate of methamphetamine and opioid use within these populations, OHA is created and is facilitating trainings for all SUD providers on the BH and legal needs of the A&A and GEI populations. While this training is being scheduled, an immediate strategy is the development of a warm handoff between OSH and specific SUD providers within three main counties (Multnomah, Washington and Lane – ECMU focused areas) to ensure continuity of care for individuals who were inducted on MAT at OSH, as well as for those who received a screening that indicated the need for SUD treatment.

**3. Additional clarification on capital construction infrastructure investments**

The 2023-25 Legislatively Approved Budget for Behavioral Health facility costs is approximately \$227 million total funds. Of this amount \$212 million is budgeted in the Mental Health budget and \$15 million is budgeted in the Substance Use Disorder budget. The \$212 million figure was included as part of the \$430 million budget for "Behavioral Health Residential Services" in the Mental Health table that was previously provided to the Subcommittee.

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<b>Program</b>	<b>Millions</b>
Community Based Organization Support (SB 1530 - 2024)	\$ 18
Community Acute Psychiatric Faculty Capacity (HB 5030 -2023)	\$ 50
SDOH - Regional Development & Innovation (HB 2024 - 2021)	\$ 125
BH Housing Incentive Fund (BH 2316 - 2021)	\$ 19
SUD Facility Expansion (SB 5525 -2023)	\$ 15
Total Funds	\$ 212

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

Sincerely,



Ebony Clarke  
Behavioral Health Director