



OREGON
HEALTH
AUTHORITY

Behavioral Health Division Funding & Programs

Presented to
Joint Ways & Means Subcommittee on Human Services
April 16 and 17, 2025

Ebony Clarke, Behavioral Health Director
Jon Collins, Behavioral Health Deputy Director, Operations and Strategy
Christa Jones, Behavioral Health Deputy Director, Service Delivery

Outline

Section 1: Behavioral Health Division

- Vision, purpose and role
- Funding sources
- Organizational structure
- Budget implementation

Section 2: Program Administration

- Behavioral health ecosystem
- Behavioral health services
- System capacity
- Strategy and operations

Section 3: Challenges, Successes and Strategic Priorities



OREGON
HEALTH
AUTHORITY

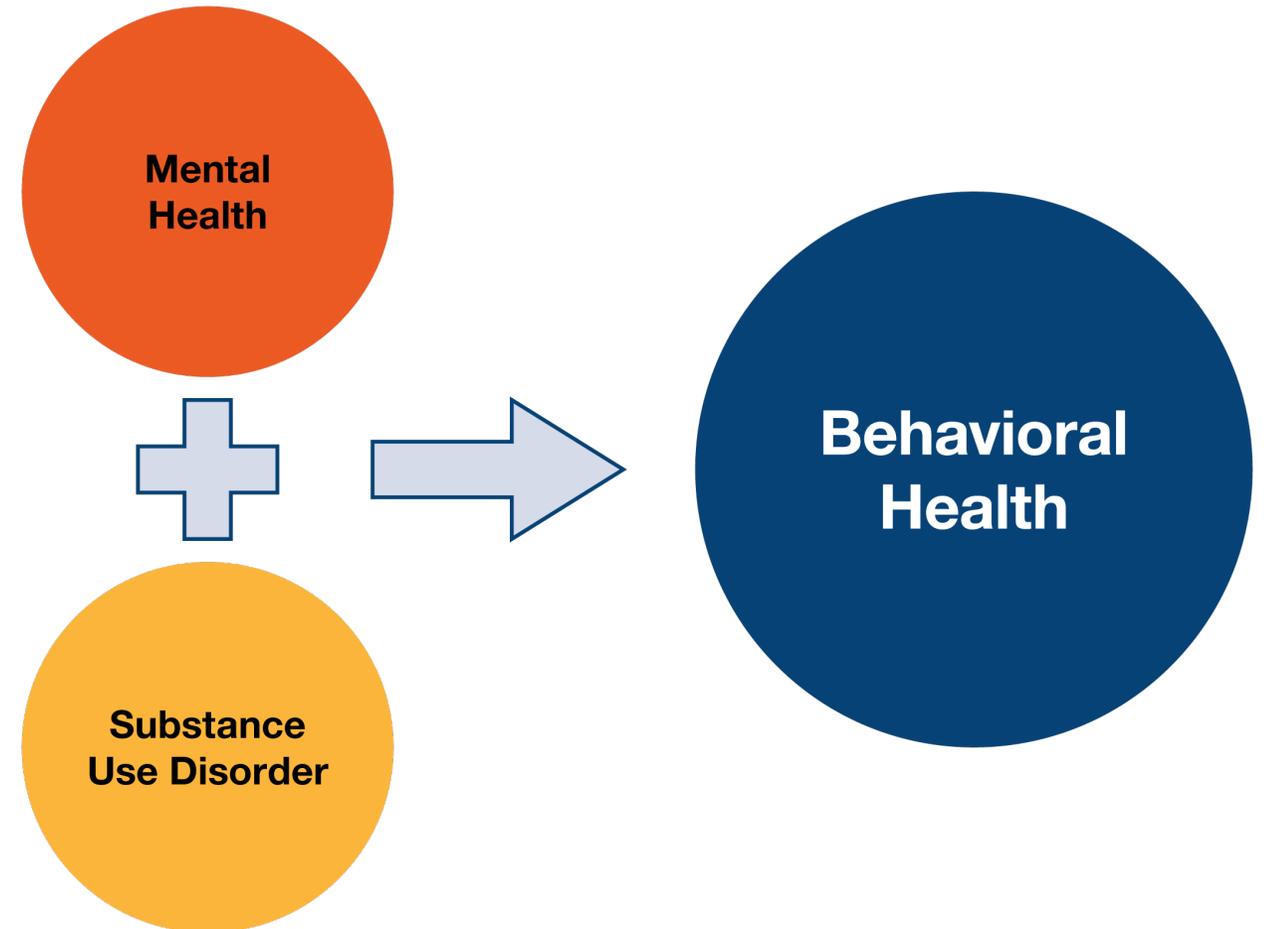
Section 1: Behavioral Health Division

What is behavioral health?

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



OHA's Behavioral Health Division role

Oregon's Behavioral Health Division works to help Oregonians achieve physical, mental, and social wellbeing. We provide oversight of Oregon's behavioral health system, drive policy to support the system, and operate as a single state authority for federal behavioral health block fund management. We focus on access to care, early intervention and partner with programs to prevent mental health, substance use, and problem gambling.

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.



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



Sustain and expand access to behavioral health services and supports



Engage community in development of solutions and vision



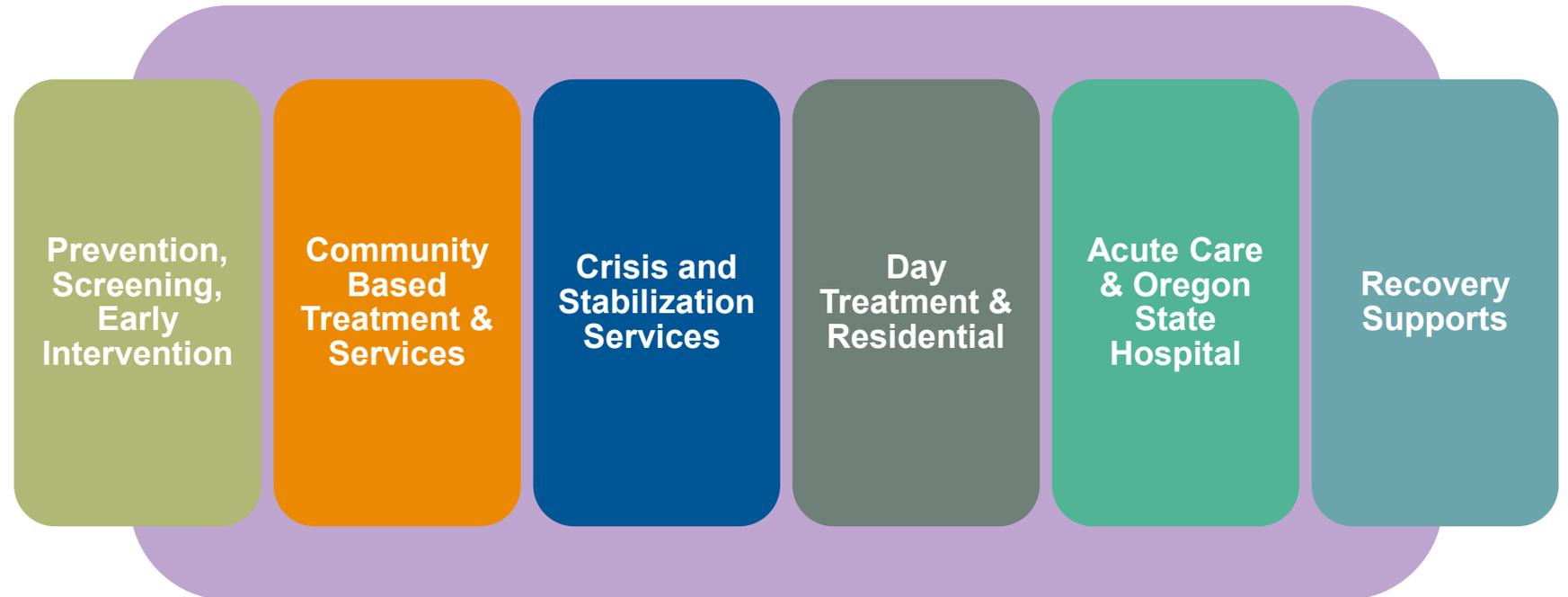
Maintain and advance system infrastructure and workforce



Behavioral health treatments and services

Behavioral health is a care approach that prevents and treats:

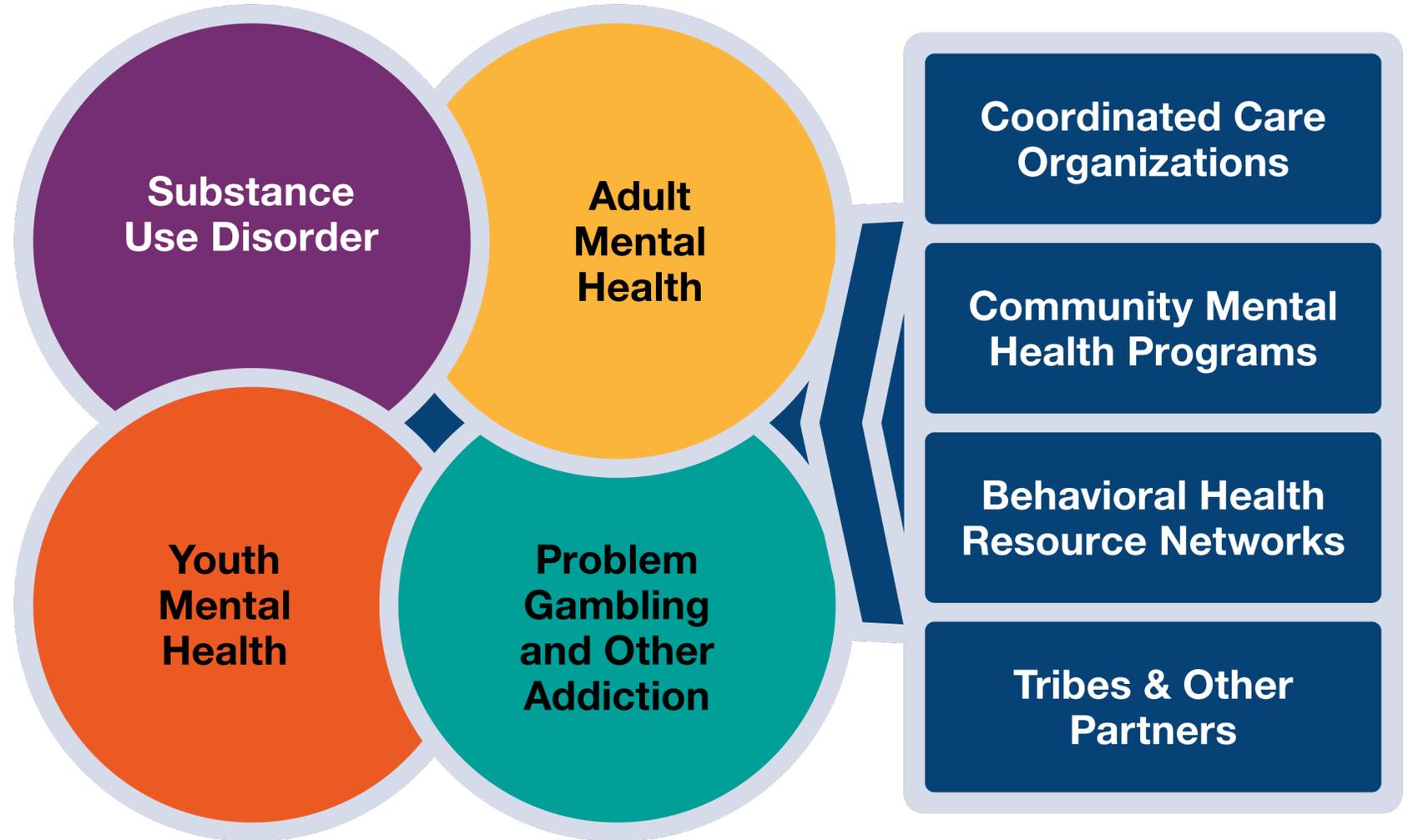
- Mental illness and mental health challenges
- Substance use disorders and challenges
- Problem Gambling and other addiction



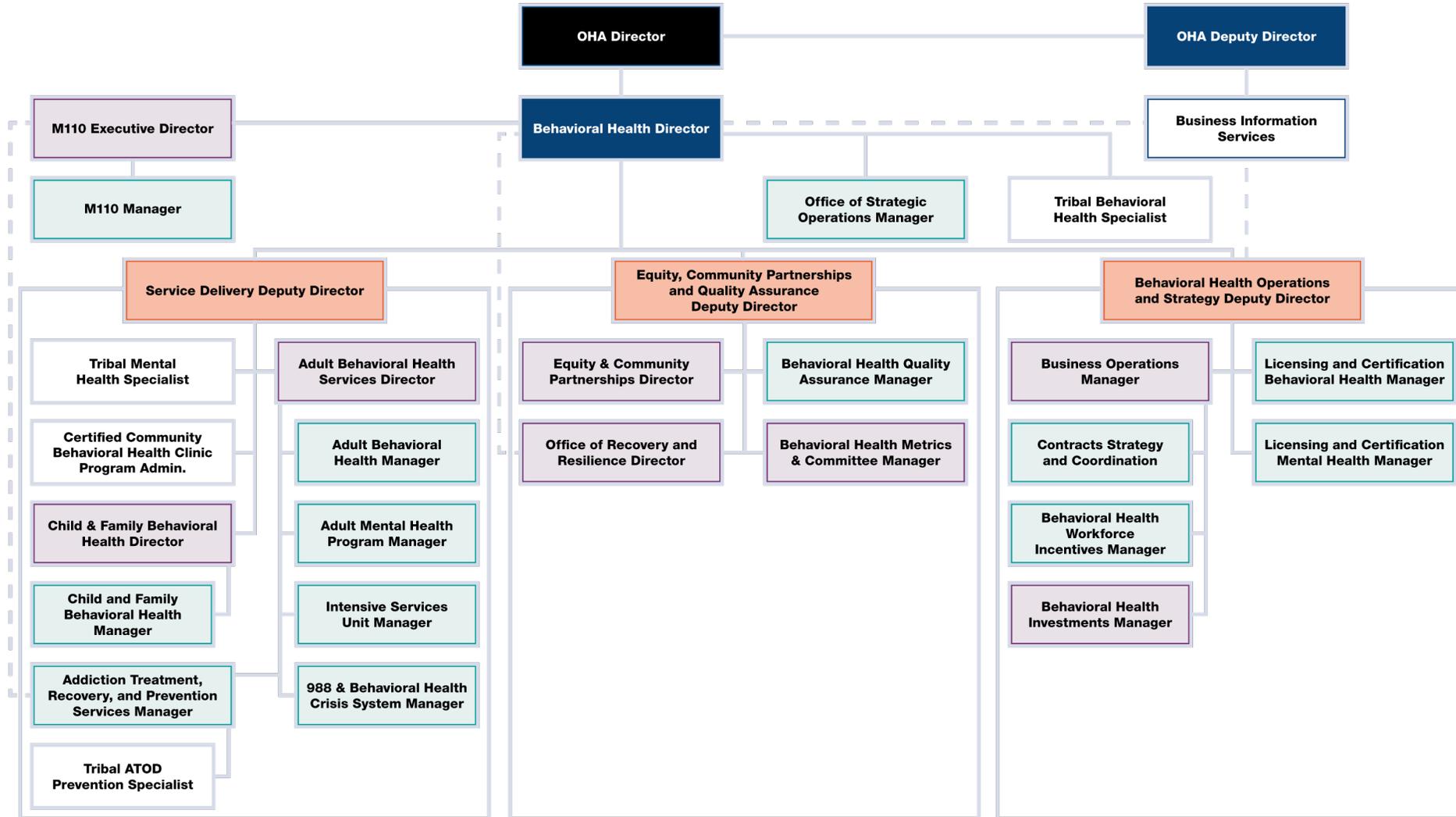
Behavioral health needs can be experienced **across the life span** of a person, from birth to the end of life.

Ensuring availability of services across the continuum

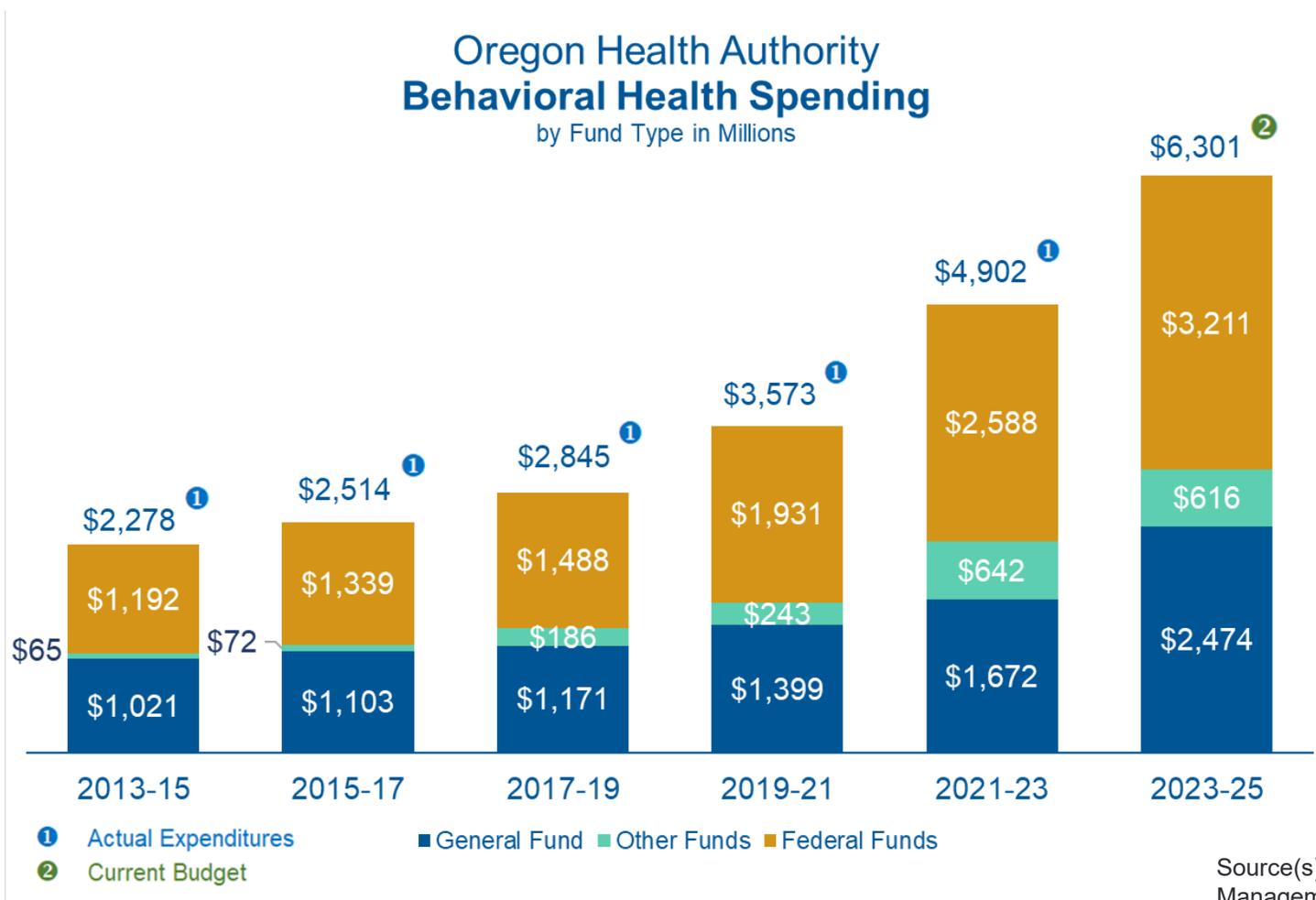
The Behavioral Health Division does not directly provide any behavioral health care or treatment. OHA distributes funding via the following partners to ensure comprehensive and accessible services are equitably available across the state.



Organizational Structure – Behavioral Health Division



OHA behavioral health system budget by fund type



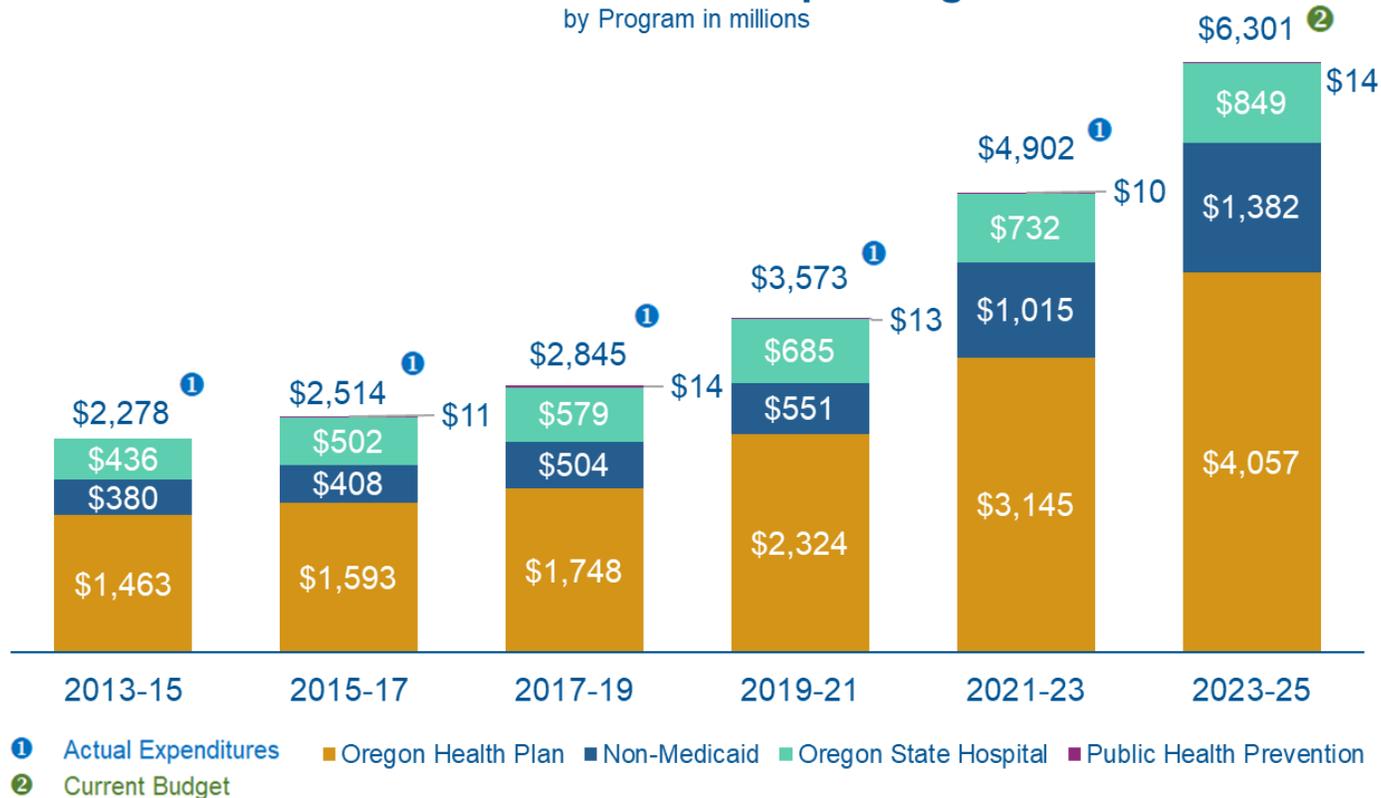
- Spending in the Behavioral Health system has steadily increased over the past few biennia.
- The average increase over the last three biennia is 30%.
- Approximately 49% of the 2023-25 budget is funded by state funds and 51% from federal funds.

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 system: Funding by OHA division

Oregon Health Authority
Behavioral Health Spending
 by Program in millions

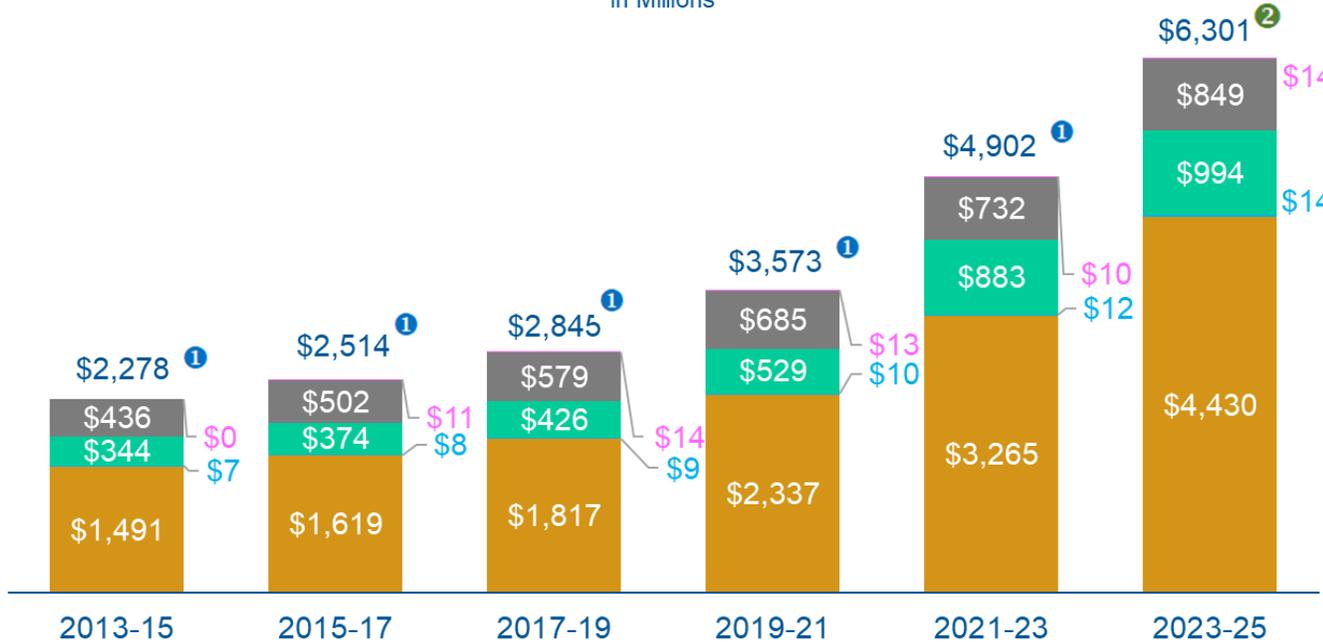


- The Oregon Health Plan (OHP) receives the largest share of funding in the Behavioral Health system.
- Projected funding in the 2023-25 biennium:
 - OHP = 64%
 - Non-Medicaid = 22%
 - Oregon State Hospital = 13%
 - Public Health Prevention < 1%

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 system: Funding by program

Oregon Health Authority
Behavioral Health Spending
in Millions



① Actual Expenditures
② Current Budget

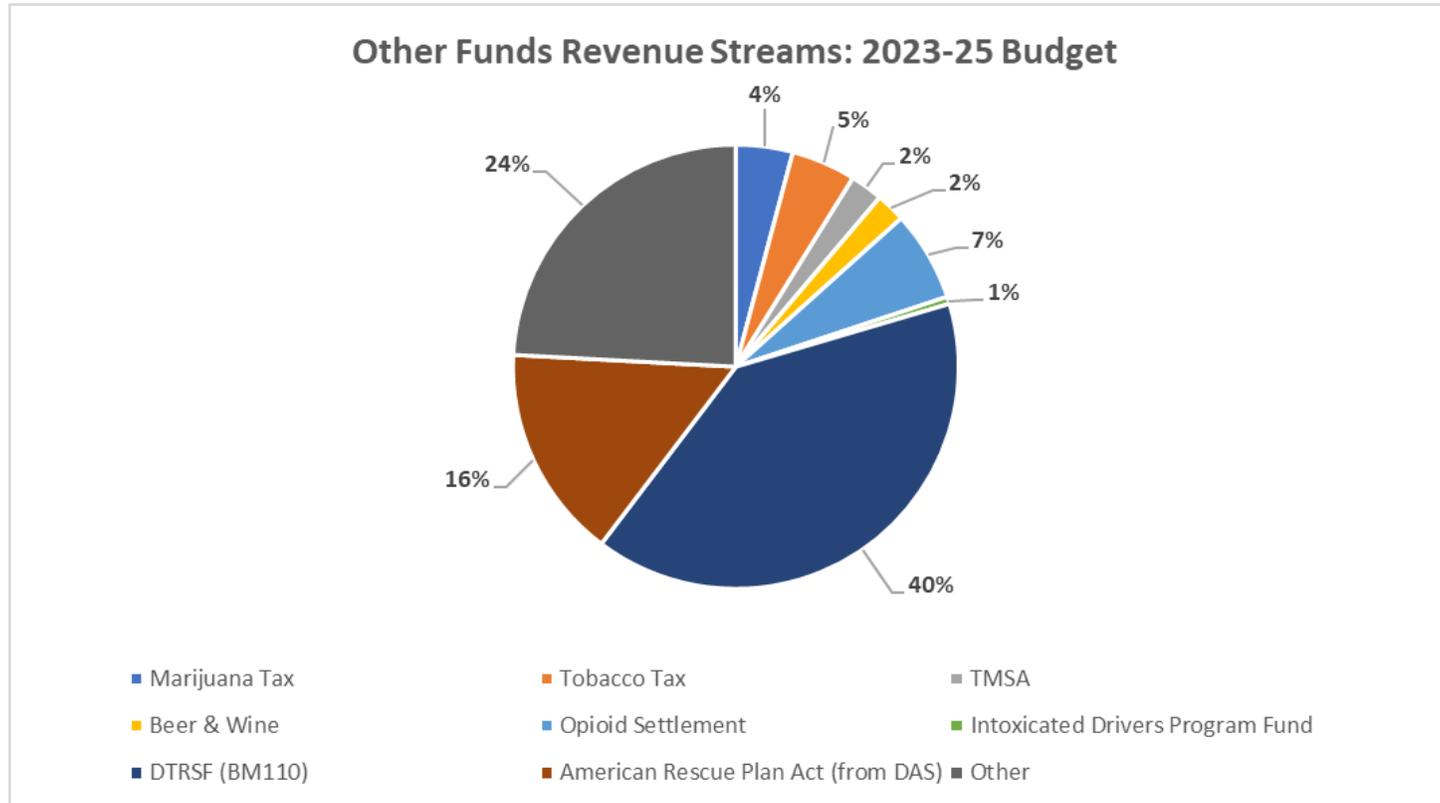
■ Mental Health
■ Gambling Treatment
■ Alcohol & Drug (Chemical Dependency)
■ Oregon State Hospital
■ Public Health Prevention

- The majority of 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 (non-Medicaid) program: 2023-25 other funds revenue streams

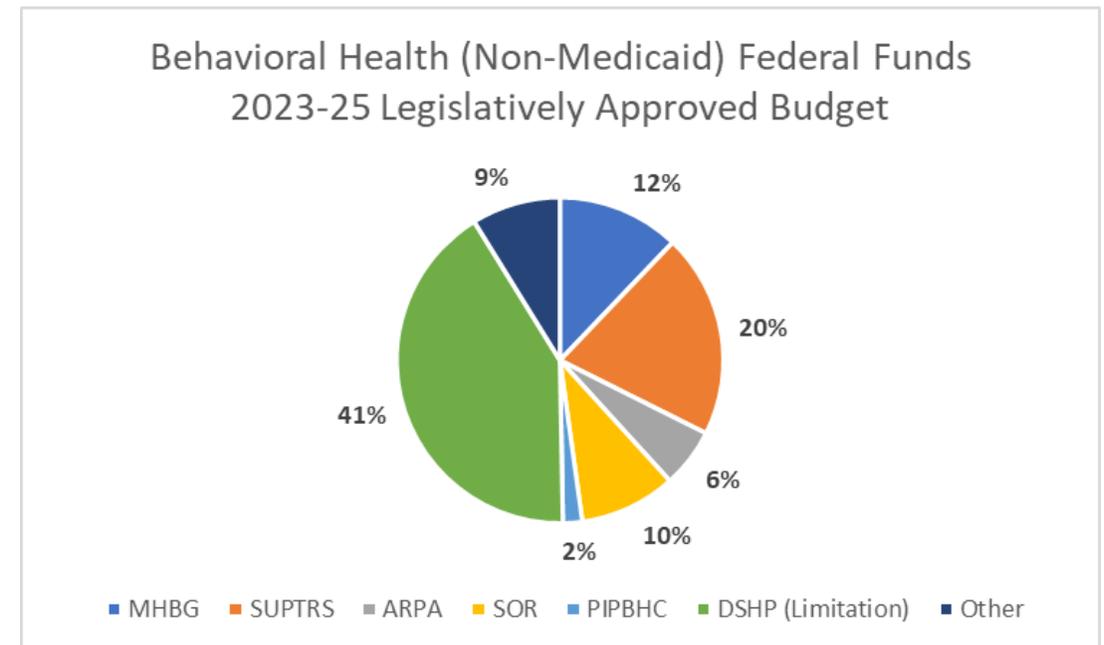
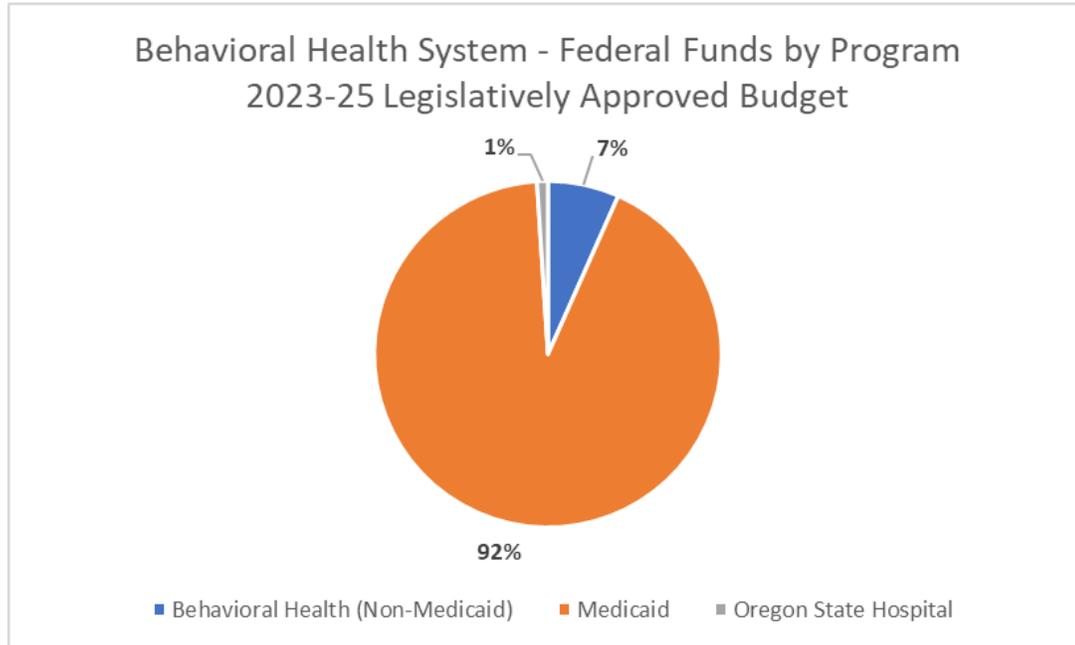


- The Behavioral Health System is funded by multiple Other Funds revenue sources.
- The largest revenue stream, about 40%, in the 2023-25 biennium is DTRSFS (BM 110).
- American Rescue Plan Act funding is from federal funds, but is shown in the budget as Other Funds due to receiving funding from DAS.

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/Public Health 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

Behavioral health system: Historical program and administrative funding by division

All values in millions

Division	2023-25 Leg. Approved Budget				
	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
Behavioral Health Division (Admin Costs)	\$ 45.5	\$ 3.1	\$ 39.8	\$ 56.2	\$ 144.6
COMPASS/ODSO (Admin Costs)	\$ 5.0	\$ -	\$ -	\$ 12.7	\$ 17.7
Behavioral Health Division	\$ 572.6	\$ 15.8	\$ 581.1	\$ 212.3	\$ 1,381.8
Medicaid Division	\$ 1,102.1	\$ -	\$ -	\$ 2,954.6	\$ 4,056.7
Oregon State Hospital	\$ 799.6	\$ -	\$ 16.5	\$ 32.5	\$ 848.5
Public Health Division*	\$ -	\$ -	\$ 2.4	\$ 11.3	\$ 13.7
Total	\$ 2,524.8	\$ 18.9	\$ 639.8	\$ 3,279.7	\$ 6,463.1

Division	2021-23 Actuals				
	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
Behavioral Health Division (Admin Costs)	\$ 45.8	\$ 3.8	\$ 18.5	\$ 47.5	\$ 115.5
COMPASS/ODSO (Admin Costs)	\$ 4.2	\$ -	\$ -	\$ 10.5	\$ 14.7
Behavioral Health Division	\$ 580.8	\$ 13.4	\$ 313.2	\$ 108.0	\$ 1,015.4
Medicaid Division	\$ 700.6	\$ -	\$ -	\$ 2,444.6	\$ 3,145.2
Oregon State Hospital	\$ 391.0	\$ -	\$ 315.6	\$ 25.0	\$ 731.6
Public Health Division*	\$ -	\$ -	\$ -	\$ 10.3	\$ 10.3
Total	\$ 1,722.3	\$ 17.2	\$ 647.2	\$ 2,646.0	\$ 5,032.7

Division	2019-21 Actuals				
	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
Behavioral Health Division (Admin Costs)	\$ 16.9	\$ 5.1	\$ 9.2	\$ 29.6	\$ 60.7
COMPASS/ODSO (Admin Costs)	\$ 1.1	\$ -	\$ -	\$ -	\$ 1.1
Behavioral Health Division	\$ 247.9	\$ 12.4	\$ 188.4	\$ 102.5	\$ 551.2
Medicaid Division	\$ 541.9	\$ -	\$ -	\$ 1,782.1	\$ 2,324.0
Oregon State Hospital	\$ 608.6	\$ -	\$ 40.3	\$ 35.6	\$ 684.6
Public Health Division*	\$ 0.8	\$ -	\$ 2.1	\$ 10.4	\$ 13.2
Total	\$ 1,417.2	\$ 17.5	\$ 240.1	\$ 1,960.1	\$ 3,634.8

* Public Health Federal Funds limitation is for SUPTRS block grant.

- COMPASS = Community Outcome Management and Performance Accountability Support System
- ODSO = Office of Data Strategy and Operations
- Funding for the 2023-25 biennium for the behavioral health system grew by 28% over the 2021-23 biennium.
- When compared to the 2019-21 biennium, funding has increased by 78%.
- Medicaid is the primary cost component in the behavioral health system.

Behavioral health system: 2023-25 budget expenditure types

All values in millions

Assumed Funding Vehicle	2023-25 Leg. Approved Budget (Total Funds)	
Behavioral Health Division/Non-Medicaid Costs		
CFAAs	\$	392.5
Direct Contracts/Grants*	\$	989.3
Medicaid Costs		
CCO Payments	\$	3,105.5
FFS Payments	\$	951.2
Oregon State Hospital	\$	848.5
Public Health Division	\$	13.7
Total Funds: 2023-25 Leg. Approved Budget	\$	6,300.8

- Medicaid pays for approximately 64% of costs in the behavioral health system.
- The Behavioral Health Division (previously Non-Medicaid) pays for 22% of costs.
- The Oregon State Hospital pays for 14% of costs.
- A small amount of costs are paid by the Public Health Division, which rounds to zero percent.

* Further research is required to split out direct contracts, grants and Interagency Agreements.

Behavioral health system: Historical budgeted revenue sources

All values in millions

Fund Type	2023-25	2021-23	2019-21		2023-25	2021-23	2019-21
General Fund	\$ 2,474.3	\$ 1,672.3	\$ 1,399.2	Federal Funds			
Lottery Funds	\$ 15.8	\$ 13.4	\$ 12.4	Mental Health Block Grant (MHBG)	\$ 25.7	\$ 19.4	\$ 17.7
Other Funds				MHBG American Rescue Plan Act	\$ 7.8	\$ 15.7	\$ -
Marijuana Tax	\$ 26.7	\$ 23.9	\$ 63.8	MHBG Covid grant	\$ 1.8	\$ 1.3	\$ -
Tobacco Tax	\$ 36.2	\$ 35.5	\$ 40.0	FEMA/BC	\$ -	\$ 1.3	\$ 5.6
Tobacco Master Settlement Agreement	\$ 14.2	\$ 12.8	\$ 11.4	PATH	\$ 1.3	\$ 1.2	\$ 1.2
CMH Housing Fund	\$ 1.3	\$ 0.1	\$ -	OR-HT	\$ 0.3	\$ 1.7	\$ 1.3
Comm Child & Family	\$ -	\$ -	\$ 1.4	CHR-P	\$ 1.6	\$ 0.7	\$ 0.8
ARPA (from DAS)	\$ 93.1	\$ 17.0	\$ -	PIPBHC	\$ 4.1	\$ -	\$ 5.1
Covid Relief (from DAS)	\$ -	\$ -	\$ 25.6	Designated State Health Programs	\$ 88.1	\$ -	\$ -
Drug Treatment & Recovery Services Fund	\$ 238.8	\$ 208.4	\$ 18.4	State Opioid Response (SOR) grant	\$ 25.6	\$ 21.6	\$ 24.3
Opioid Settlement	\$ 41.7	\$ -	\$ -	Substance Abuse Prevention, Treatment & Recovery Services (SUPTRS) grant	\$ 45.0	\$ 41.3	\$ 44.8
Intoxicated Driver Program Fund	\$ 3.2	\$ 2.2	\$ 4.3	SAMSHA Medicated Assist. Treatment grant	\$ -	\$ -	\$ 1.6
Beer & Wine Tax	\$ 12.8	\$ 13.2	\$ 12.9	SAMSHA Opioid State Targeted Response grant	\$ -	\$ -	\$ 1.0
988 Tax Revenues	\$ 15.4	\$ -	\$ -	SUPTRS - ATOD	\$ 1.3	\$ -	\$ -
Lottery Bond Proceeds	\$ 70.0	\$ -	\$ -	SUPTRS - ARPA	\$ 8.9	\$ 12.1	\$ -
Oregon State Hospital	\$ 16.5	\$ 315.6	\$ 40.3	Temp. Assist to Needy Families (ODHS)	\$ 1.9	\$ 1.9	\$ 1.8
Public Health Division	\$ -	\$ -	\$ 2.1	Medicaid Match	\$ 2,954.6	\$ 2,444.7	\$ 1,782.1
Birth Certificates	\$ -	\$ 0.0	\$ -	Oregon State Hospital	\$ 32.5	\$ 25.0	\$ 35.6
Other (Incl. Empty Limitation)	\$ 30.1	\$ -	\$ 10.5	Other (Incl. Empty Limitation)	\$ 10.5	\$ -	\$ 9.0
Total Other Funds	\$ 600.0	\$ 628.8	\$ 230.8	Total Federal Funds	\$ 3,210.7	\$ 2,588.0	\$ 1,932.0
				Total Funds	\$ 6,300.8	\$ 4,902.5	\$ 3,574.5

Behavioral Health Division Administrative Costs

All values in millions

Budget	2023-25 Positions	2023-25 (LAB)	2021-23 (Actuals*)	2019-21 (Actuals*)
Other Funds**				
Opioid Settlement HB 4098	2	\$ 0.3	\$ 0.1	\$ -
IMPACTS Subaward		\$ -	\$ 0.1	\$ 0.0
988 Call Center Tax Fund HB 2757		\$ 17.6	\$ -	\$ -
American Rescue Plan Act - Workforce	10	\$ 1.9	\$ 2.5	\$ -
Tobacco Tax	1	\$ 1.3	\$ 1.3	\$ 1.3
Tobacco Master Settlement Agreement	0	\$ 1.6	\$ 1.6	\$ 1.6
Intoxicated Drivers Program Fund	1	\$ 1.3	\$ 1.3	\$ 1.3
Marijuana Tax	1	\$ 0.8	\$ 0.8	\$ 0.8
Marijuana Tax - Drug Treat and Recover Services (BM110)	22	\$ 15.0	\$ 10.0	\$ 1.8
COVID Relief Funds		\$ -	\$ -	\$ 0.9
TANF Housing Pilot Program		\$ -	\$ 0.8	\$ 1.5
Federal Funds**				
Mental Health Block Grant	3	\$ 2.3	\$ 1.4	\$ 1.1
Mental Health Block Grant - COVID		\$ 0.3	\$ 0.3	\$ 1.2
988 Grant	1	\$ 3.5	\$ 2.1	\$ -
988 Campaign Grant		\$ 3.0	\$ 1.0	\$ -
Substance Abuse Prevention and Treatment Grant	3	\$ 2.7	\$ 2.6	\$ 2.7
Substance Abuse Prevention and Treatment Grant - COVID		\$ -	\$ -	\$ 1.8
SOR4 Grant	3	\$ 6.0	\$ 5.8	\$ 3.0
Medicaid Admin	7	\$ 33.4	\$ 32.8	\$ 18.7
Children's Health Insurance Program Admin		\$ 4.9	\$ 1.5	\$ 1.1
General Funds				
General Fund - Direct	82	\$ 16.8	\$ 39.5	\$ 14.0
General Fund - Indirect	91	\$ 28.7	\$ 6.3	\$ 2.9
Lottery Funds				
Lottery Funds	3	\$ 3.1	\$ 3.8	\$ 5.1
Total	230	\$ 144.6	\$ 115.5	\$ 60.7

* General Fund, Medicaid and CHIP are actuals; remainder is based on budget authority

**Other and Federal funds less than 100k were not included

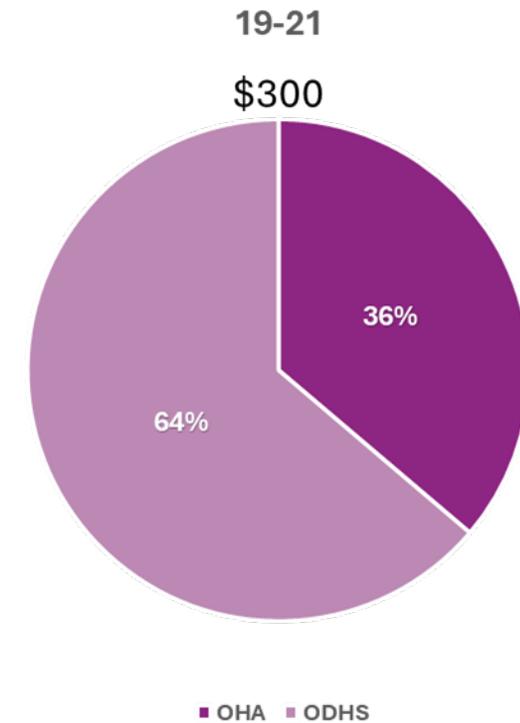
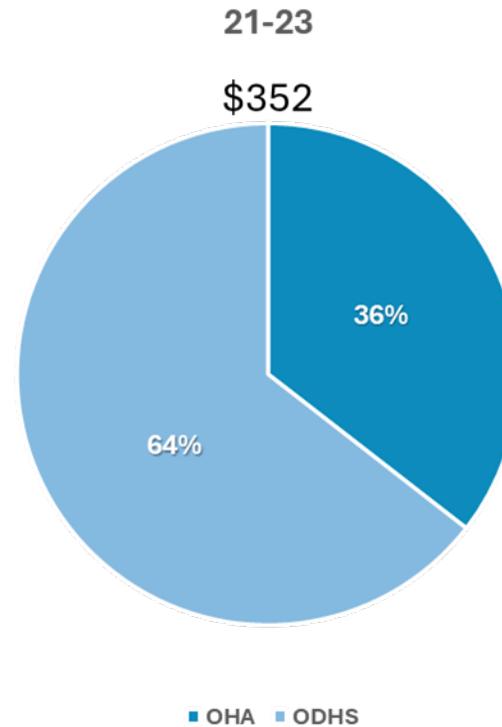
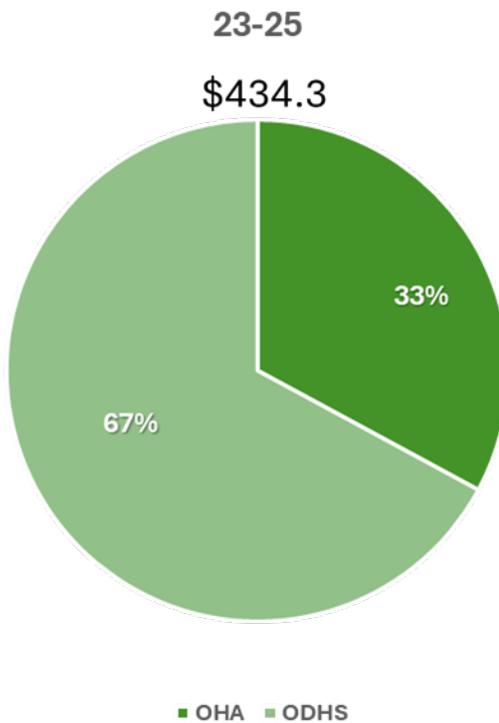
Behavioral Health System: Historical Medicaid Budget by Program and Fund Type

All values in millions

Program	2023-25 Leg. Approved Budget			2021-23 (Actuals)			2019-21 (Actuals)		
	General Fund	Federal Funds	Total Funds	General Fund	Federal Funds	Total Funds	General Fund	Federal Funds	Total Funds
Managed Care/CCO	\$ 812.3	\$ 2,293.2	\$ 3,105.5	\$ 508.5	\$ 1,894.5	\$ 2,403.0	\$ 372.5	\$ 1,296.3	\$ 1,668.8
FFS - Mental Health Residential	\$ 108.7	\$ 189.0	\$ 297.7	\$ 69.3	\$ 149.9	\$ 219.2	\$ 66.5	\$ 146.6	\$ 213.1
FFS - Young Adults in Transition MH Residential	\$ 6.8	\$ 17.0	\$ 23.8	\$ 4.7	\$ 14.0	\$ 18.7	\$ 3.1	\$ 9.0	\$ 12.1
FFS - Personal Service Workers	\$ 2.7	\$ 4.4	\$ 7.2	\$ 1.4	\$ 2.9	\$ 4.3	\$ 1.2	\$ 2.3	\$ 3.5
FFS - Drugs Mental Health	\$ 61.0	\$ 181.2	\$ 242.2	\$ 56.0	\$ 205.0	\$ 261.0	\$ 48.2	\$ 174.1	\$ 222.3
FFS - Applied Behavior Analysis	\$ 4.1	\$ 6.6	\$ 10.7	\$ 0.4	\$ 0.9	\$ 1.3	\$ 0.2	\$ 0.4	\$ 0.6
FFS - Kids Intensive	\$ 13.8	\$ 20.7	\$ 34.5	\$ 10.5	\$ 20.9	\$ 31.4	\$ 12.1	\$ 23.5	\$ 35.5
FFS - Mental Health	\$ 38.9	\$ 88.6	\$ 127.5	\$ 26.6	\$ 77.5	\$ 104.1	\$ 14.5	\$ 48.3	\$ 62.9
FFS - Adult Foster Home	\$ 18.8	\$ 29.3	\$ 48.2	\$ 13.3	\$ 27.1	\$ 40.4	\$ 13.4	\$ 27.3	\$ 40.8
FFS - Psychiatric Emergency Services	\$ 0.3	\$ 1.1	\$ 1.4	\$ 0.2	\$ 1.3	\$ 1.5	\$ 0.3	\$ 1.8	\$ 2.1
FFS - CCBHC	\$ 22.4	\$ 63.3	\$ 85.7	\$ 2.5	\$ 8.3	\$ 10.8	\$ 2.1	\$ 7.2	\$ 9.3
FFS - PSA&D	\$ 7.3	\$ 33.6	\$ 40.9	\$ 4.0	\$ 22.3	\$ 26.3	\$ 4.7	\$ 24.6	\$ 29.3
FFS - A&D Res	\$ 4.8	\$ 26.6	\$ 31.4	\$ 3.1	\$ 20.0	\$ 23.1	\$ 3.1	\$ 20.5	\$ 23.6
Total Medicaid	\$ 1,102.1	\$ 2,954.6	\$ 4,056.7	\$ 700.6	\$ 2,444.6	\$ 3,145.2	\$ 541.9	\$ 1,782.1	\$ 2,324.0

Behavioral Health System: Shared Services Funding Budget

All values in millions



The Shared Services budget is allocated out based on the personnel expenditures for both OHA and ODHS. Therefore, the portion attributed to Behavioral Health is approximately 1.5% (or \$6.7 total funds) of the Shared Services Budget.

Behavioral Health System: Shared Services Direct Charge Budget

All values in millions

Shared Services Direct Charges for the development and maintenance of the Behavioral Health Information Systems known as the Compass Portfolio.

Compass Systems Budget	23-25	21-23	19-21
General Fund	\$ 5.0	\$ 4.2	\$ 1.1
Enhanced Medicaid	\$ 12.7	\$ 10.5	\$ -

In addition, there are 24 dedicated positions, budgeted within Medicaid's Office of Data Strategy and Operations, who work across Shared Services and the Behavioral Health Division to support all Behavioral Health data resources.

Key Behavioral Health investments

Expand and Enhance Programs

- HB 5024 (2021) Aid & Assist Community Services / Evaluation
- PKG 802 (2021) Psychiatric Residential Treatment Services Capacity
- HB 5024 (2021) Behavioral Health Housing – OHA and HB 5202 (2022) County funding
- PKG 813 (2021) Integrated Co-occurring Disorders Treatment
- HB 5024 (2021) Substance Use Disorder Waiver
- HB 5024 (2021) Children's System of Care Advisory Council
- PKG 802 (2021) Young Adults in Transition
- SB 5525 (2023) Detox and recovery community centers
- SB 5506 (2023) Community behavioral health inpatient capacity
- SB 5504 (2024) SUD treatment for DOC
- SB 5525 (2023) Jail diversion and enhance civil commitment services

Co-create Innovative Care Delivery Models

- SB 755 (2021) Measure 110: Behavioral Health Resource Networks
- HB 5024 (2021) Certified Community Behavioral Health Clinics
- HB 2417 (2021) 988 Call Center
- PKG 801 (2019) Mobile Response and Crisis Stabilization Services
- HB 2980 (2021) Peer Respite Centers
- PKG 801 (2021) Interdisciplinary Assessment Teams
- SB 5525 (2023) Crisis system and mobile crisis rates
- SB 5525 (2023) Harm Reduction Clearinghouse

Strategic and Structural Supports

- HB 5202 (2022) Behavioral Health Rate Increase (FFS and CCO)
- HB 2949 (2021) Behavioral Health Workforce Initiative
- HB 4094 (2022) Behavioral Health Workforce Stability Grants
- POP 414 (2021) COMPASS Modernization
- SB 5525 (2023) Provider Incentive Program
- SB 5525 (2023) Child and Family Behavioral Health Workforce
- HB 5025 (2023) OHSU Behavioral Health Coordination Center
- HB 2235 (2023) – Behavioral Health Workforce Work Group
- HB 4092 (2024) – Administrative Burden



OREGON
HEALTH
AUTHORITY

Section 2: Program Administration

Behavioral health ecosystem

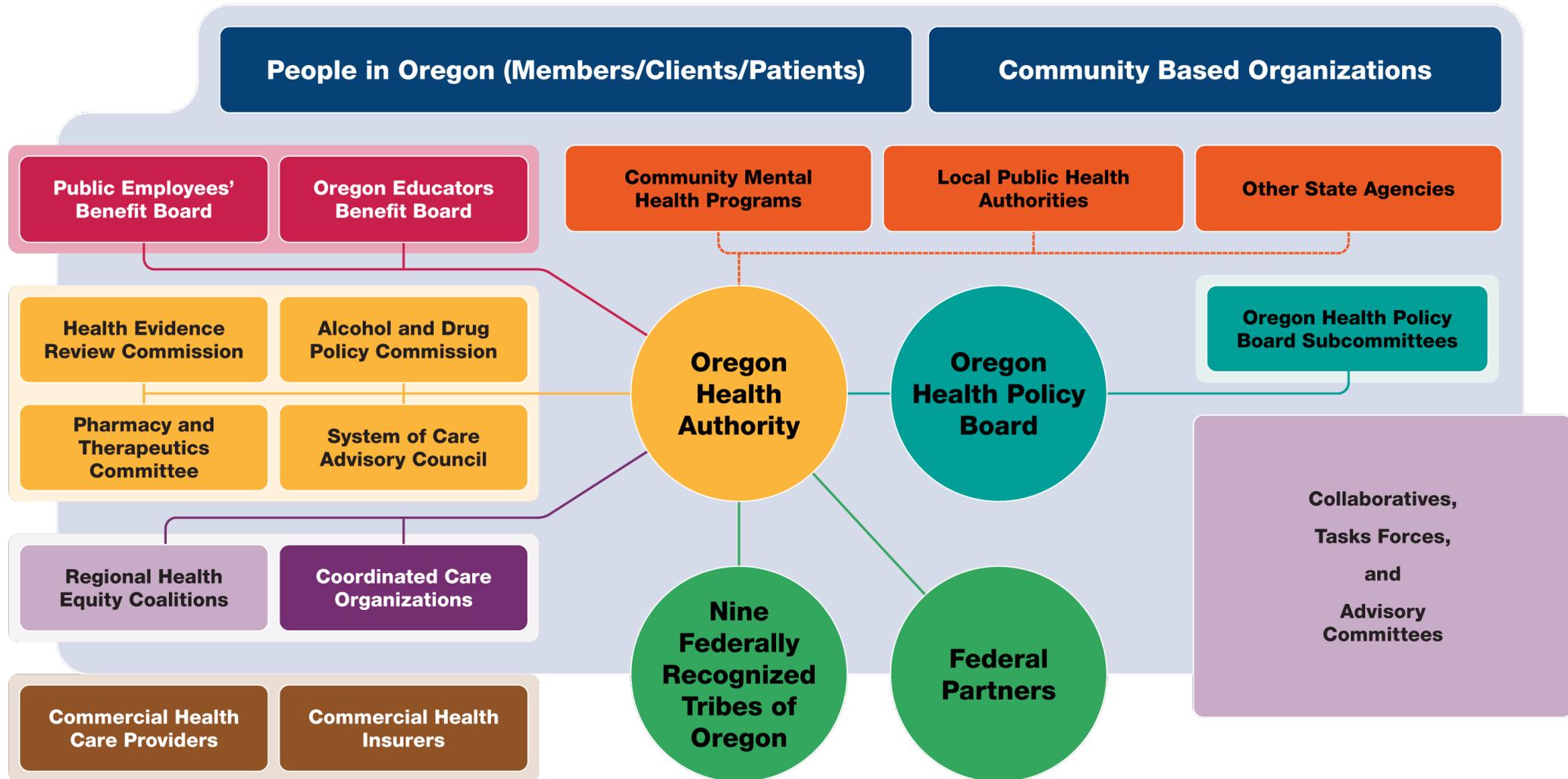
Behavioral health partners

Consumers, peers, families and lived experience

Advisory bodies



Oregon's behavioral health ecosystem



Behavioral health services funding pathways

Funding for behavioral health services in Oregon is distributed via:

- Direct expenditures for agency administration and staff
- Grants
- County Financial Assistance Agreements
- Interagency agreements
- Other funding contracts

Funding Local Mental Health Authorities

Central to the provision of behavioral health services in Oregon is funding Community-based Behavioral Health Supports and Services via Local Mental Health Authorities (LMHAs).

OHA provides financial assistance awards, the County Financial Assistance Agreement to counties and Tribal Awards to Tribes, for the behavioral health system to ensure equitable access to essential mental and behavioral health services across Oregon.

These awards support a comprehensive and coordinated system of care that addresses our state's diverse needs.

Awards consider:

- Population Size
- Utilization of State Hospital Services
- Availability of Housing
- Regional Collaboration
- State and Federal Funding Availability

ORS 430.630 and Rule 309-019-0105 establish and define LMHAs:

“Local Mental Health Authority (LMHA)” means one of the following entities:

The board of county commissioners of one or more counties that establishes or operates a CMHP

The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services

A regional local mental health authority composed of two or more boards of county commissioners

Presently, the Oregon Health Authority, Oregon Counties, 9 Federally Recognized Tribes are authorized as LMHAs.

Community Mental Health Programs

Community Mental Health Programs (CMHPs) are responsible for planning and delivery of safety net services for persons with mental or emotional disturbances and substance use disorder pursuant to OAR Chapter 309, Division 014. The County Financial Assistance Agreement (CFAA) outlines the populations and services a CMHP must prioritize.

Priority Populations

- Aid and Assist
- PSRB/JPSRB
- Civil Commitment
- Individuals engaged in the criminal justice system
- Individuals who have or are at risk of developing a mental or emotional disturbance or substance use disorder

LMHA local service plans

LMHAs must establish a Local Mental Health Plan (LMHP) that guides the coordination, scope and availability of services in their area. This includes identifying approaches to:

- Coordinate care and referrals, including discharge and transition processes, transportation services, local housing needs for persons with mental health disorders, and cross system coordination
- Provide supported employment and vocational opportunities for consumers
- Determine the most appropriate service provider
- Maximize resources for consumers

The LMHA Local Service Plan has distinct requirements of the CMHP, which includes but is not limited to:

- Twenty-four-hour crisis services
- Secure and nonsecure extended psychiatric care
- Secure and nonsecure acute psychiatric care
- Twenty-four-hour supervised structured treatment
- Psychiatric day treatment
- Dual diagnosis services;
- Access to placement in state-funded psychiatric hospital beds;
- Treatments that maximize client independence;
- Family and peer support and self-help services;
- Support services;
- Prevention and early intervention services;
- Transition assistance between levels of care;
- Precommitment and civil commitment in accordance with ORS chapter 426; and
- Outreach to older adults at locations appropriate for making contact with older adults, including senior centers, long term care facilities and personal residences.

LMHA service coordination

LMHAs have the option to leverage OHA funding to coordinate services that are aligned to their local plan with the following methods:

- County LMHA uses funds to provide direct service, typically through their local health department
- County LMHA uses funds to sub-award with a CMHP
- Tribal LMHA uses funds to provide direct service or sub-awards to an alternate provider

OHA is the LMHA for Counties that opt out of this role:

- OHA will coordinate the selection of and fund a CMHP through direct award Service Element Contracts. OHA assumes the administration of the contract.

Coordinated Care Organizations (CCOs)

- The implementation of CCOs in 2012 created networks of all types of providers: physical health, behavioral health (mental health and substance use), and dental health to optimize the delivery of whole-person care for those with Oregon Health Plan (OHP) in all areas of Oregon.
- The Behavioral Health Division has working relationships with each CCO's behavioral health leadership and program leaders to ensure collaboration to bring better health, deliver better care, and address the cost of care.
- Since the creation of CCOs there has been a shared commitment to improve the behavioral health system including quality and access to care across the life-span and acuity.

Oregon State Hospital

- Coordinate with OSH and CMHPS to efficiently transition individuals who are under Aid and Assist, Guilty Except for Insanity (GEI) or Civil Commitment order into residential levels of care or community.
- OHA/BHD ensures that required reporting/evaluations is done in a timely manner to facilitate discharge.
- OHA/BHD supports Community Mental Health Programs through funding and accountability through the CFAA.
- OHA/BHD works with CMHPs to resolve barriers and address complex needs.
- OHA/BHD works directly with PSRB to address the unique services and monitoring necessary for GEI individuals.
- Escalation pathways include immediately addressing stalls in service delivery to ensure individuals access to appropriate levels of care.

Other hospitals & community-based organizations

- Every hospital with an emergency department across Oregon meets people who are in mental health and/or substance use crisis.
- The Behavioral Health Division is committed to active communication when a person is in crisis, supporting the work of hospitals and community-based services to get that person to the best care location and services available at that time.
- BHD interfaces with individual hospitals as well as the Hospital Association of Oregon (HAO) representing the 61 community hospitals including their Behavioral Health Committee when invited.
- BHD builds out programming to alleviate strain on hospital systems who provide care to individuals with a SUD and mental health crisis.

Centering lived experience and community expertise

The **Behavioral Health Equity and Community Partnerships (ECP) team*** reduces behavioral health inequities populations by:

- Building deep, trusting relationships in the community
- Leading and participating in multi-agency task forces, committees, workgroups, and advisory panels on behavioral health policy and programs.
- Proposing policy and system improvements to eliminate health disparities, informed by the shared experiences of communities and agency partners.

Total staffing: 6.0 FTE

The **Office of Recovery and Resilience (ORR)** ensures the inclusion of people with mental health and addiction histories have a strong voice within the state behavioral health system.

- Build a statewide network of peer-run programs
- Provide technical assistance to peer support specialists, peers and peer-run programs;
- Increase peer involvement policy development and implementation
- Promote culturally competent services for peers in these groups;
- Coordinate an annual statewide peer conference.

Total staffing: 9.0 FTE

The **Behavioral Health Metrics and Committee Team** is tasked with:

- Organizing and facilitating existing, and newly required, committees, councils, and taskforces focused on and/or including behavioral health.
- Establishing and following up on statutory requirements and deliverables.

Total staffing: 5.0 FTE

Additional advisories, commissions and councils

- ACT Workgroup
 - Additions and Mental Health Planning and Advisory Council (AMHPAC)
 - Behavioral Health Committee (BHC)
 - Behavioral Health Crisis Systems Advisory Committee (BHCSAC)
 - CCBHC Steering Committee
 - CMHP Workgroup
 - Children's System Advisory Council (CSAC)
 - Community Leadership Council (CLC) (HB 4071)
 - Previously known as BH Workforce Incentives Committee
 - Crisis Systems Advisory Workgroup
 - DUII Services Modernization Initiative Workgroup
 - HB 2235 Workgroup (BH Workforce)
 - HB 2316 Advisory Group (BH Investments)
 - Mental Health Clinical Advisory Group (MHCAG)
 - Oregon Alliance to Prevent Suicide
 - Oregon Consumer Advisory Council (OCAC)
 - Oversight and Accountability Council (OAC)
 - Problem Gambling Services Multicultural Advisory Committee
- In Partnership with other agencies -**
- Older Adults & People with Disabilities Advisory Committee – BH & Aging and People with Disabilities
 - SUD 1115 Waiver Advisory Committee – BH/Medicaid

Behavioral health ecosystem summary

Oregon Health Plan & Coordinated Care Organizations

- OHP (Medicaid) covers ~30% of the state, includes behavioral health coverage
- Funded through federal funds with state match
- CCOs serve most OHP members; OHA serves ~10% of OHP members

Behavioral Health Providers

- Non-for-profit organizations, for-profit businesses, hospitals and in some cases counties.
- May be paid by multiple sources (CCOs, private insurers, etc.)
- Multiple payers translates to multiple requirements for reporting and outcome measures



Local Mental Health Authorities & Community Mental Health Programs

- State funding supports CMHPs for planning and delivering services at the community level
- CMHPs offer Medicaid and non-Medicaid services
- CMHPs employ various delivery models

Behavioral Health Resource Networks (BHRNs)

- 42 BHRNs with a total of 160 partners providing SUD services in counties and Tribes
- Services include housing, supported employment, harm reduction intervention, low barrier SUD treatment, peer support mentoring and recovery services

Behavioral health services

Service delivery programs
Services across the lifespan



Programmatic objectives: Service Delivery unit

Through its Service Delivery Unit, BHD establishes the infrastructure and environment that enable and sustain comprehensive services across the continuum of care.

Oversight

- Setting/driving policy to align standards with best practices
- Investing in and developing workforce skill and capacity
- Ensuring integrity of programming and services
- Contract administration

Quality & Innovation

- Identifying and establishing promising and evidence-based practices
- Addressing gaps in access and types of services to meet community need
- Collecting and utilizing data to inform priorities and decisions

Collaboration

- Working across agencies and community to address intersecting needs of individuals, their families and communities

Funding

- Distribution of funds to behavioral health partners to maintain the behavioral health service delivery system and to innovate with communities

Total Staffing: 88.0 FTE

Achieving programmatic objectives

BHD's Service Delivery unit leads oversight and execution of our programmatic objectives, focusing on prevention and care systems development that centers, lived experience, System of Care principles, and developmental science.

Programs conduct activities in core service areas across the continuum of care, which includes:

- Prevention
- Community based services
- Substance Use Disorder services
- Crisis System services
- Complex needs
- Residential services
- Forensic services
- Recovery services

Programmatic tactics



System assessment
Technical assistance



Quality oversight and clinical best practice
BH policy and planning



Culturally responsive supports
Workforce training development and support



Trauma informed approaches
Cross-agency collaboration and partnership
Community crisis response

Service Delivery teams

Child and Family Behavioral Health: **22** FTE

Adult Behavioral Health: **64** FTE

Certified Community Behavioral Health Clinic: **2** FTE

Behavioral Health Division programmatic partners

Child and Family Behavioral Health partners

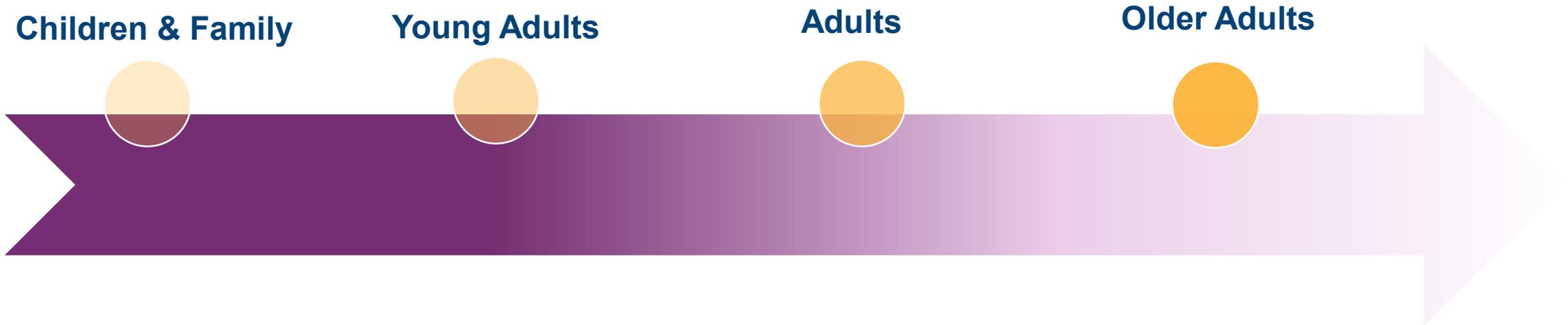
- Alliance to Prevent Suicide
- Child Serving State Agencies
- Children's System Advisory Council
- Community
- Community Based Organizations
- County Mental Health Programs
- Coordinated Care Organizations
- Oregon Health and Science University
- Peer Run Organizations
- Portland State University
- State and Local Hospitals
- System of Care Advisory Council
- Youth Advisory Councils
- Youth, young adults and their families/caregivers

Adult Behavioral Health partners

- Addiction and Mental Health Planning Advisory Council
- Alcohol and Drug Policy Commission
- Association of Oregon Mental Health Programs
- Behavioral Health Resource Networks
- Community
- Community Based Organizations
- Coordinated Care Organizations
- County Mental Health Programs
- Guilty Except for Insanity/Psychiatric Security Review Board
- Lottery
- Office of Veterans Affairs
- Opioid Settlement Prevention
- Oregon Council on Behavioral Health
- Oregon Council on Problem Gambling
- Oregon Department of Human Services (ODHS)
- Oregon Health and Science University
- Peer Run Organizations
- Portland State University
- Service Providers
- State and Local Hospitals
- Treatment, and Recovery Board
- Voices of Problem Gambling Recovery

BHD programs reach across the lifespan

OHA is responsible for ensuring safe, affordable, and comprehensive behavioral health services are available to all people in Oregon. To do this effectively, services must be available across the continuum of care and the full lifespan.



Prevention

Prevention involves strategies to reduce or prevent the likelihood of behavioral health conditions, inclusive of primary prevention, risk factors and protective factors.



Example: Youth Suicide Intervention Prevention Plan (YSIPP) is the statewide plan, mandated in 2014 by HB 4124, to reduce youth suicide for those 5-24 years of age and includes interventions from upstream prevention through postvention. About \$10.5 million are allocated for YSIPP delivery. This is estimated to be about 50% of the total need for a fully funded YSIPP. With secure funding and infrastructure, the youth suicide rate has decreased significantly since 2018, but only for non-Hispanic white youth.

Example: Adult Suicide Intervention Prevention Plan (ASIPP) is the statewide plan to reduce suicide for those 18 years of age and older. It includes interventions from upstream prevention through postvention. It focuses on populations that have disparate rates of suicide, like veterans and older adults. ASIPP was first published in 2023, it is not mandated and is not funded. With secure funding and infrastructure, the adult suicide rate would likely decrease similar to the reduction seen in the youth suicide rate.

Overview of prevention funding sources

- Federal Block Grant funds
- General Fund

A full list of BHD prevention programs

- Mental Health Prevention and Promotion
- Suicide prevention
- Substance Use Disorder Prevention

Community based services

Community based services (CBS) allow individuals to receive care and support in their community while continuing to live in their home, neighborhood, and alongside family or loved ones. This includes outpatient, intensive outpatient, day treatment, early childhood programs, and peer delivered services.

Children & Family

Young Adults

Adults

Older Adults

Example: Intensive In-Home Behavioral Health Treatment serves youth ages 0-20 and prevents out of home placements. In 2024, enrollment increased to 269 youth and 19 providers statewide.

Example: Early Assessment and Support Alliance offers Intensive multidisciplinary community supports for youth with early onset psychosis. Over 6000 individuals served since 2007.

Example: Assertive Community Treatment is an evidenced-based practice intensive community treatment and support providing comprehensive intervention services to individuals with SPMI integrating/reintegrating into their communities. In 2024, 1490 participants were enrolled in 33 ACT teams across the state, an increase from 1264 in 2023.

- Overview of Community Based Services funding sources**
- Beer & Wine
 - Medicaid
 - Mental Health Block Grant
 - Oregon General Fund

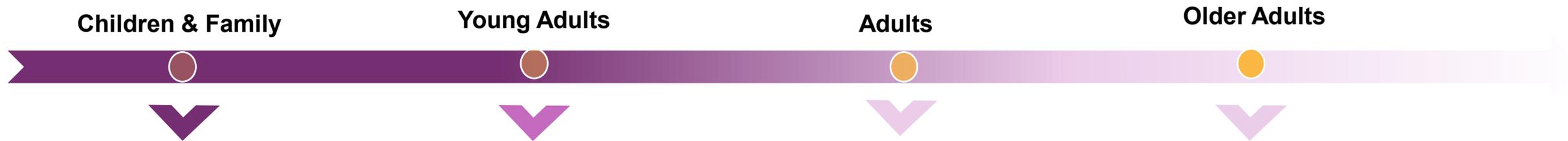
- A full list of BHD CBS programs**
- Certified Community Behavioral Health Clinics (CCBHC)
 - Day Treatment/Partial Hospitalization Programs
 - Early childhood programs
 - Enhanced Care Outreach Services
 - Family Search and Engagement
 - Outpatient services Mental Health and SUD
 - Oregon Psychiatric Access Lines (OPAL)
 - Peer Services
 - School based mental health
 - Young adult hubs

Program Snapshot: Certified Community Behavioral Health Clinic (CCBHC)

- CCBHCs were established in 2017 under the CCBHC federal demonstration. There are 12 organizations across 21 sites, covering 14 counties.
- CCBHCs provide 9 core services **across the lifespan**: crisis services, including 24/7 mobile crisis; mental health and substance use disorder services; treatment planning; screening, diagnosis, and risk assessment; peer family and counselor services; psychiatric rehabilitation; primary care screening and monitoring; targeted case management; and intensive mental health services for veterans.
 - CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. This includes developmentally appropriate care for children and youth.
 - CCBHC services are funded through Medicaid. 2023-2025 biennium budget: \$24,019,084 from state funds and \$92,163,793 from federal funds
- CCBHCs in Oregon increased access by 4.9% between 2017 and 2022. The 2024 Oregon CCBHC Evaluation found CCBHCs demonstrated positive health outcomes and lower utilization in high cost services.

Substance Use Disorder services

Substance Use Disorder (SUD) services cover the lifespan, offering care and treatment to individuals with SUD, ranging from screening and assessment to treatment and recovery. SUD services include, education, outpatient, intensive outpatient, day treatment, residential, and withdrawal management. Harm reduction interventions and principles span the full continuum.



Example: Medication Assisted Treatment including the use of methadone, is a medically monitored therapeutic intervention designed to assist opiate-dependent individuals, improve their overall quality of life and begin the recovery process. This involves case management, counseling and medication management. Over 14,000 individuals are currently in the Opioid Treatment Program system across the state.

Overview of SUD services funding sources

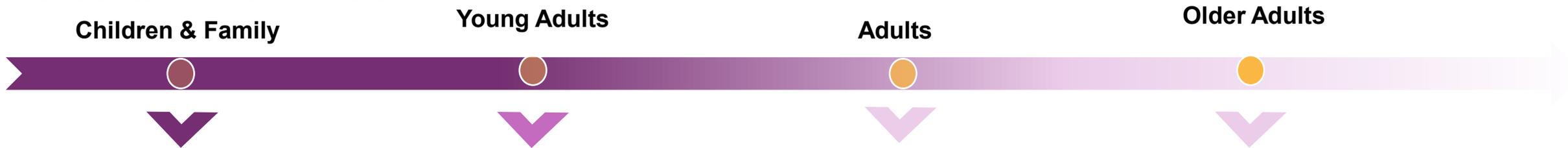
- Beer and Wine Tax
- Cannabis Tax
- Federal block grants
- State Opioid Response Grant
- Fines
- Medicaid
- Oregon General Fund

A full list of SUD services programs

- BHRNs
- DUII
- Hospitals
- Opioid Treatment Programs/Methadone, Office Based Opioid Treatment/non-methadone
- Problem gambling
- Recovery Programs
- SLO/Harm Reduction Clearinghouse
- SUD Outpatient Treatment Programs
- Withdrawal Management
- Residential treatment

Crisis services

BHD is working to build a no-barrier, interconnected behavioral health crisis continuum of care by collaborating with community providers and people with lived experience. Crisis services include crisis phone lines, mobile crisis intervention services, mobile response and stabilization services, and crisis stabilization centers.



Example: Mobile Crisis Intervention Services (MCIS) operates in every county to make mobile behavioral health crisis services available on a 24/7 basis. In 2024, there was a total of 24,534 responses reported across the state.

Example: Mobile Response and Stabilization Services provide stabilization services to individuals ages 0-20 and their families 24/7 service regardless of insurance type. For counties reporting, a total of 398 youth enrolled in stabilization services.

Overview of Crisis Services funding sources

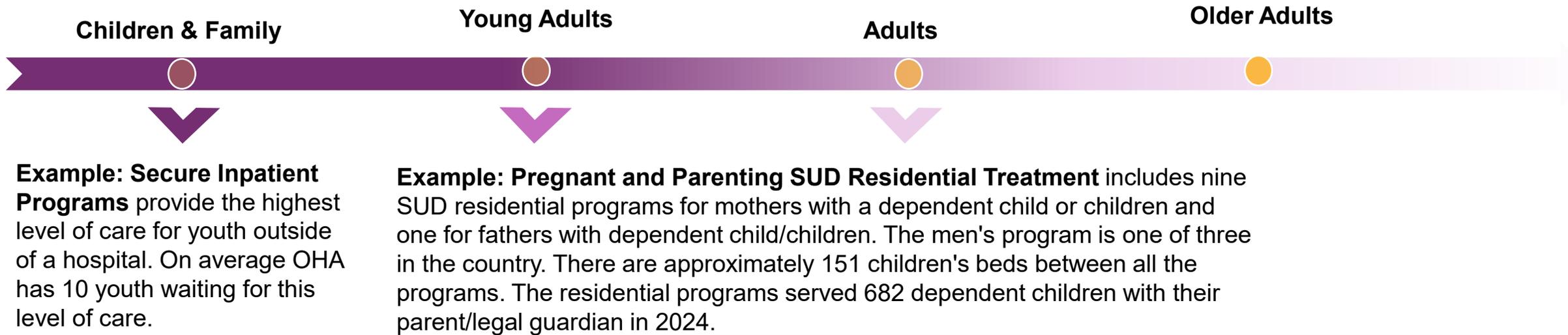
988 Tax
Federal Block Grants
Medicaid
Oregon General Fund
Tobacco Tax

A full list of BHD Continuum Area programs

- 988 Call Centers
- Crisis Stabilization Centers
- Mobile Response and Stabilization Services
- Mobile Crisis Intervention Services
- Parent Warmline
- Youth Line

Residential treatment

Residential treatment may address substance use disorders, psychiatric disorders, or co-occurring SUD and psychiatric disorders. Conditions. These services include secure inpatient programs, young adult treatment residences, and adult foster homes.



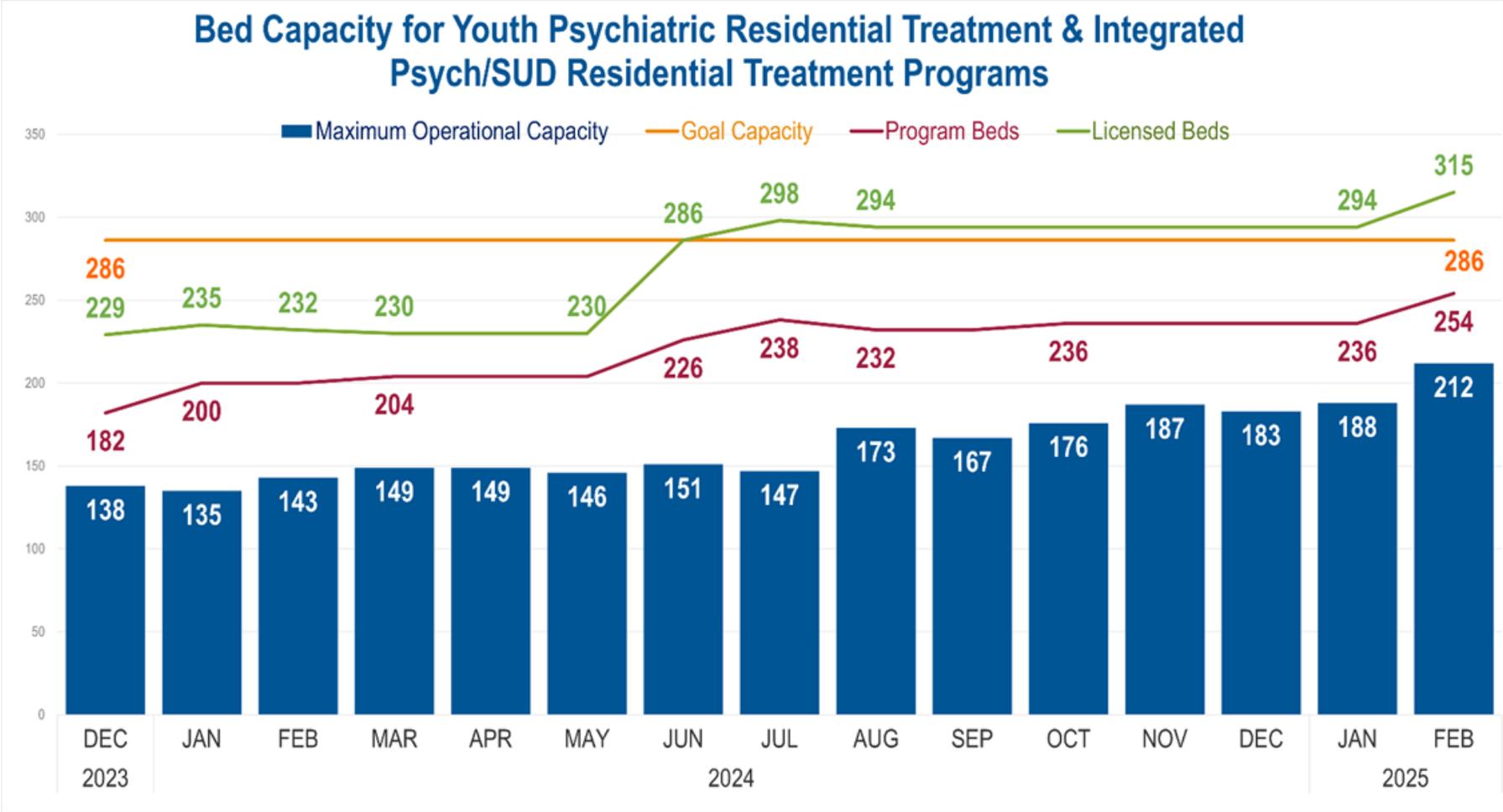
Overview of residential treatment funding sources

Federal grants
Medicaid
General Fund

A full list of BHD residential treatment programs

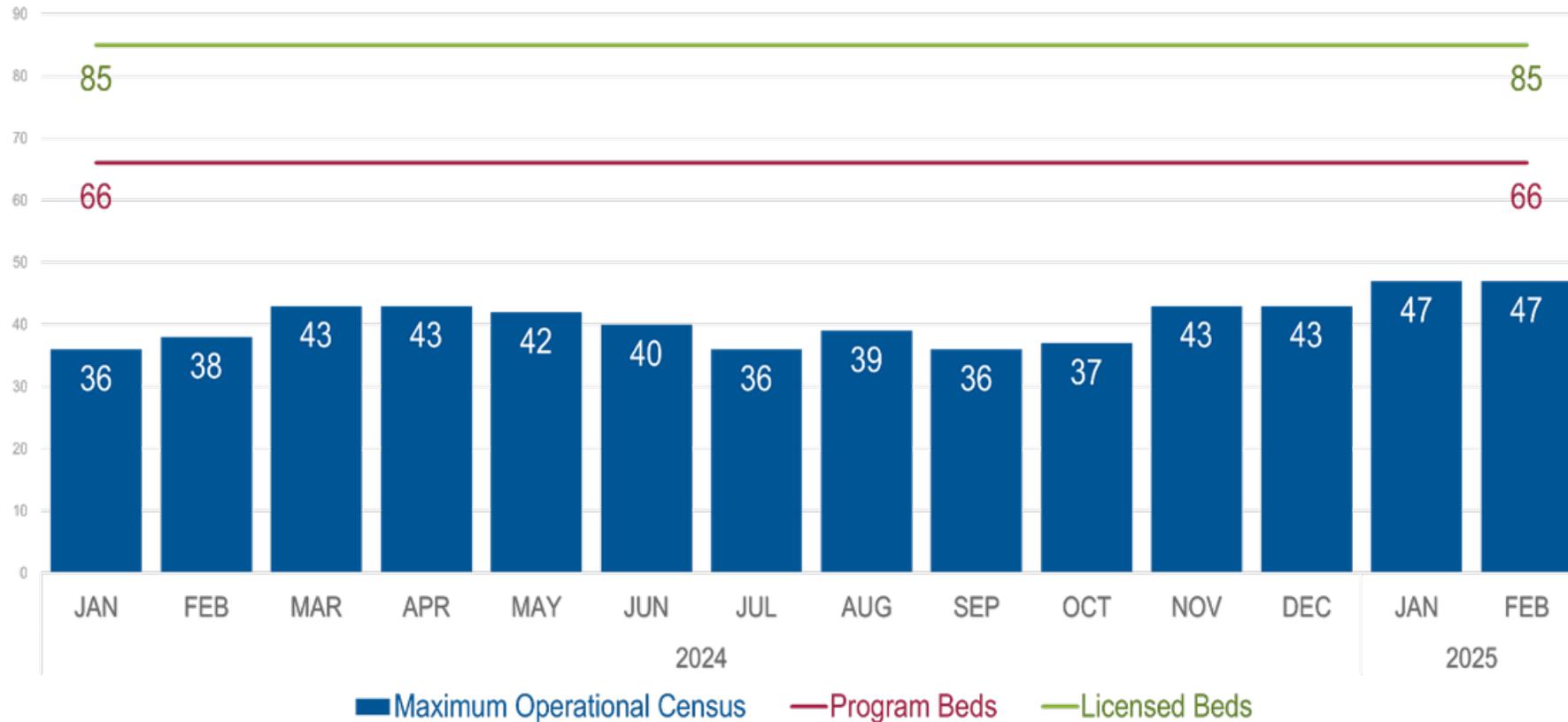
- Adult Foster Homes
- Integrated Psychiatric Treatment Services (MH/SUD)
- Residential Treatment Homes
- Residential for Commercially Sexually Exploited Children
- Secure Residential Treatment Facilities
- Youth Psychiatric Residential Treatment Programs
- Youth Substance Use Disorder Residential/Withdrawal Management
- Youth Secure Inpatient Programs
- Young Adult in Transition Homes

Youth psychiatric residential Dec 2023 – Feb 2025

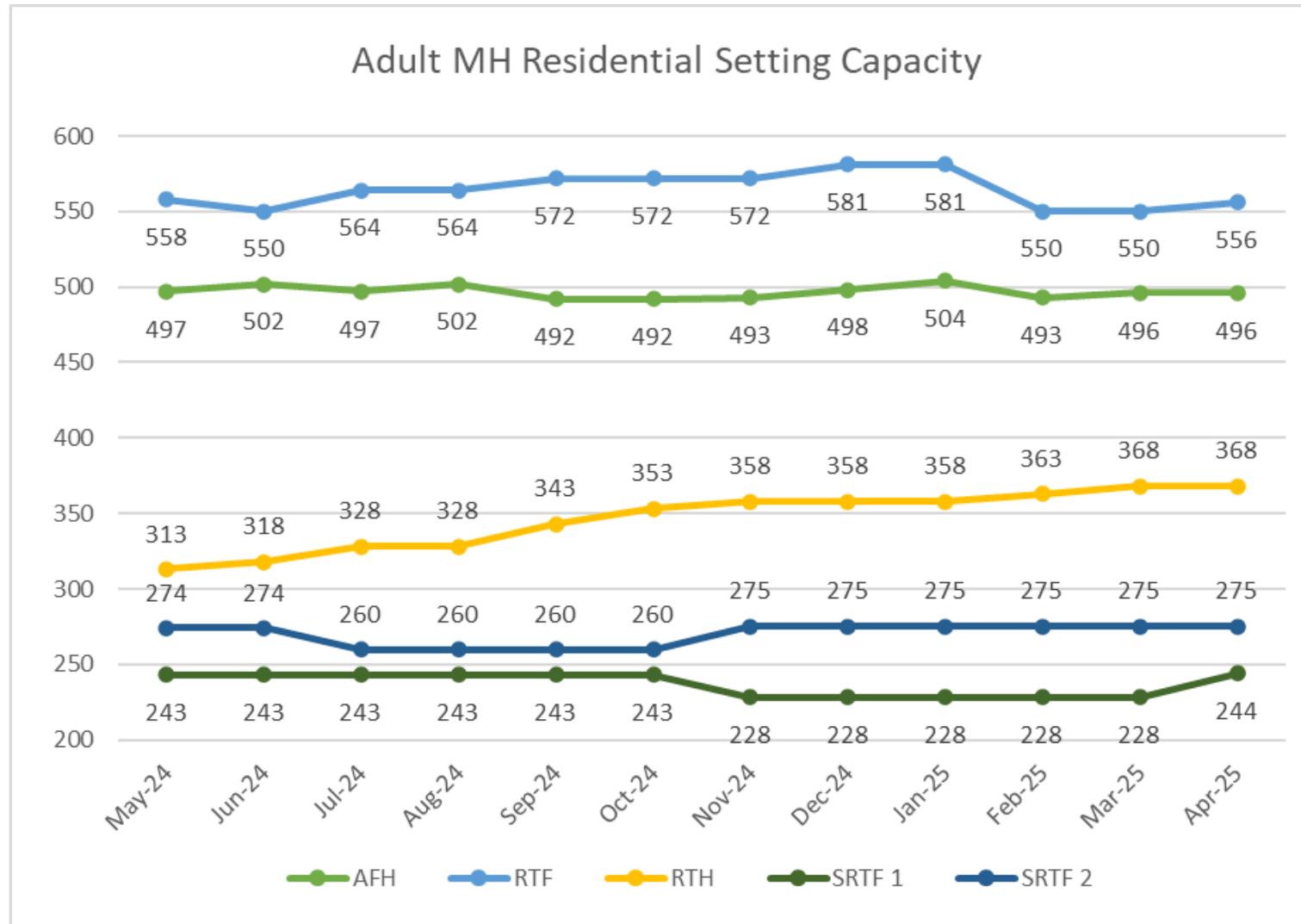


Youth Substance Use Disorder residential

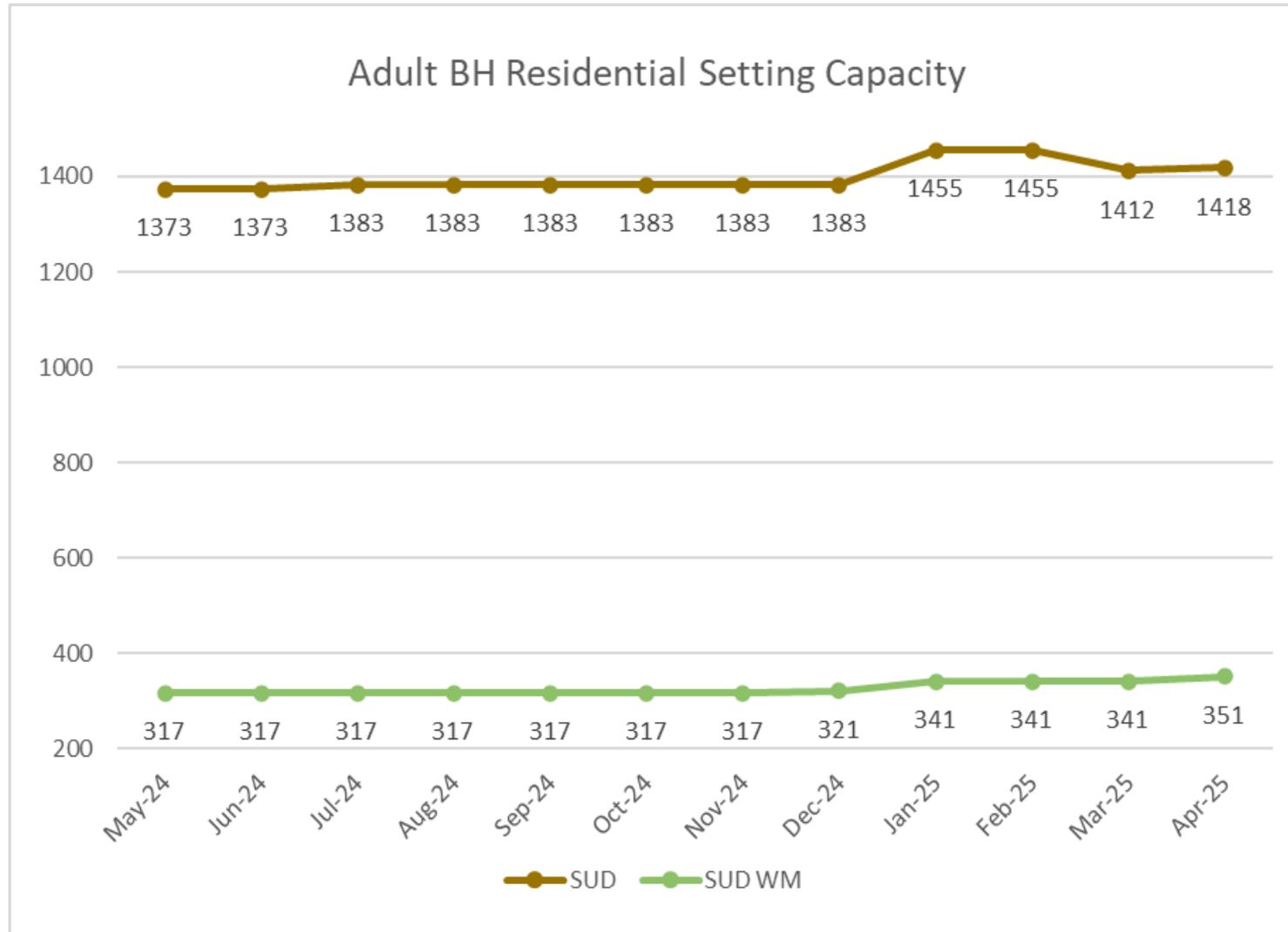
Bed Capacity for Youth Substance Use Disorder (SUD) & Integrated Psych/SUD Programs



Adult residential capacity: Mental health

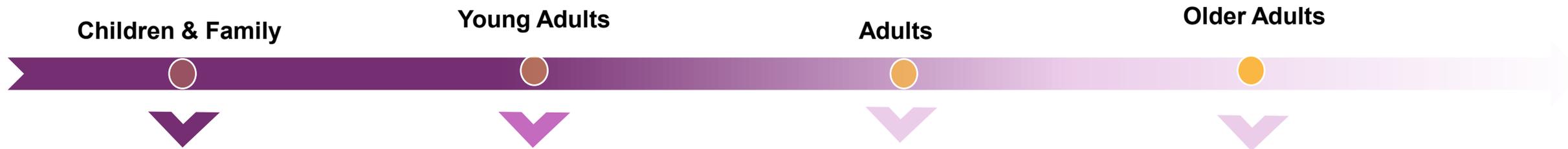


Adult residential capacity: Behavioral health



Complex needs services

For individuals needing timely access to appropriate services and supports, OHA/BHD leads a cooperative approach between OHA, CMHPs, CCOs, providers, community partners, and other involved parties to dismantle obstacles in care delivery systems.



Example: Expedited Assessment Services for Youth provides quick assessments for youth at risk of placement disruption to identify the right services and plan. SB 1 (2019) established EASY. Since, 387 youth referred and screened and 184 evaluated. Approximately 70% were found eligible for I/DD services.

Example: Older Adult Behavioral Health Initiative meets the needs of older adults and people with physical disabilities by improving timely access to care from qualified providers who work together to provide coordinated, quality and culturally responsive behavioral health and wellness services. In 2021-2023 the Initiative held 2412 complex care consultations in all 36 counties, held 504 Workforce training events, and collaborated frequently with over 8700 BH professionals to obtain resources in their communities.

Overview of complex needs services funding sources

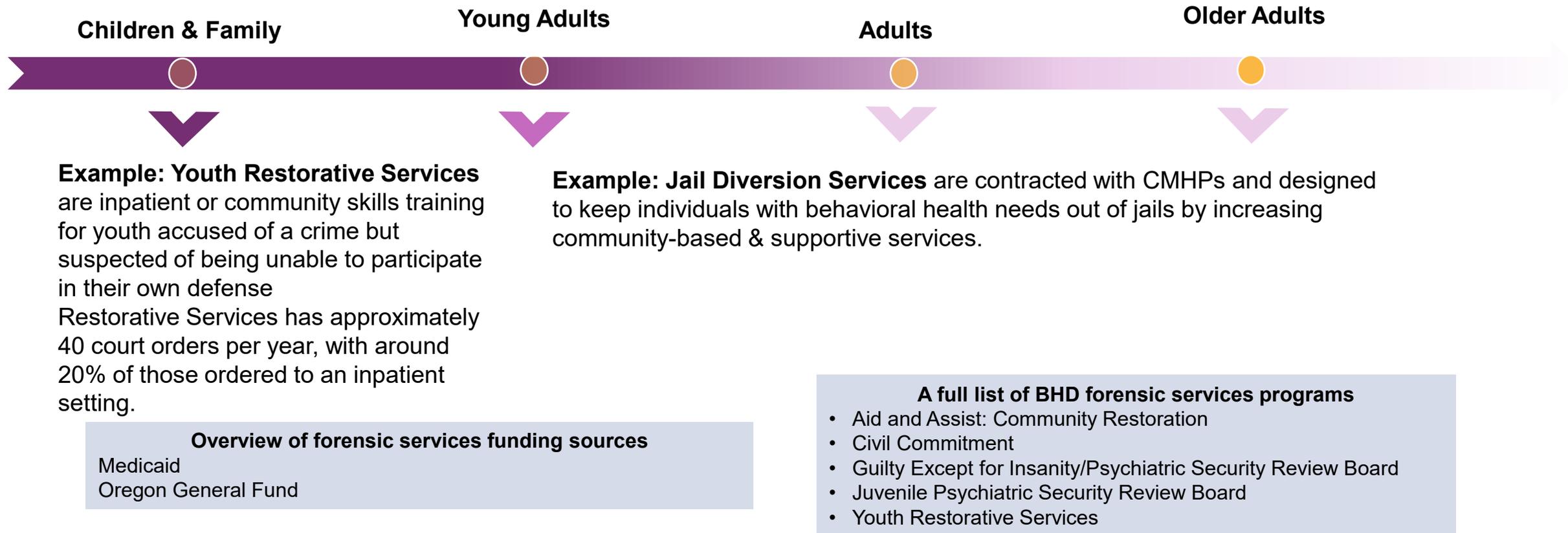
Block grants
Oregon General Fund
Tobacco tax

A full list of BHD complex needs programs

- Complex Case Coordination and Technical Assistance
- EASY
- Enhanced care services and outreach
- Fidelity Wraparound
- OABH

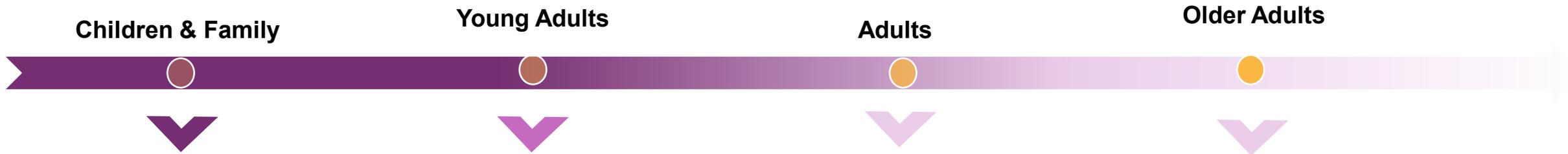
Forensic services

A specialized set of behavioral health services to support individuals who are involved with the criminal/legal system. This includes services to stabilize an individual to enable participation in their legal proceedings or to find structured and supportive settings that prepares for the next level of care.



Recovery services

Recovery services support individuals across the lifespan to maintain sobriety from substance use or problem gambling. These supports include peer delivered services, recovery centered social supports and environments.



Example: Recovery High Schools allow youth in recovery to learn and socialize alongside fellow youth in recovery. HB 2767 (2023) expansion; additional Recovery High School opening in Spring 2025 through Oregon Department of Education.

PRIME+ Peers: Recovery helps people maintain recovery, reduces relapse and helps people fulfill their potential, and peers are a critical part of supporting individuals' recovery. Between Dec. 2022 and Sept 2024, 76 peers from 21 organizations, representing 24 of 36 counties served 3,928 participants. 54% of those served received three or more contacts with a PRIME+ peer.

Overview of recovery services funding sources

Federal Grants
Medicaid
Oregon General Fund

A full list of BHD recovery services programs

- Peer Delivered Services
- PRIME+ Peers
- Recovery High Schools

System capacity

Behavioral Health Resource Networks (M110)

Behavioral Health Workforce Incentives unit

Behavioral Health Investments unit



Measure 110 background (7/22-6/25)

There are 42 BHRN across the state, 151 BHRN Grant Agreements & 11 Tribal Organizations within the M110 Program, each providing a unique mix of services to various populations.

Service Areas	Number of BHRN Partners Providing Services
Harm Reduction Intervention	92
Housing Services	93
Individual Intervention Planning	114
Low Barrier Substance Use Treatment	113
Peer Support, Mentoring, etc.	181
Screening & Comp Behavioral Health Needs	113
Supported Employment	57

\$414M Grant Funding
Awarded to BHRNs

151 BHRN Partners
+ **11** Tribal Organizations

Youth Serving
26

Culturally Specific
39

LGBTQ+ Specific
30

Behavioral Health Resource Networks (BHRNS)

(1 of 2)

Launched in 2022 through Measure 110, Behavioral Health Resource Networks (BHRNs):

- Are coordinated networks of service providers, working together to help Oregonians seeking support for their substance use. 42 networks of 151 providers; 11 tribal agreements
- Consist of all types and sizes of entities, from gov't (CMHPs) to small non-profits (i.e., culturally specific) organizations
- Provide screening, assessment, SUD services, peer services, housing, and harm reduction
- Services are designed to complement traditional treatment to enhance client outcomes
- Services are provided at no cost and not billable to Medicaid (or serve under/uninsured clients)
- Are funded by cannabis tax revenue (Drug Treatment and Recovery Services Funds)
- 2022-2025: \$414M statewide; 2025-2029: \$391M statewide

Funded through a granting process:

- Oversight and Accountability Council (OAC) allocates funding (ORS 430.389)
- OHA consults for and supports the OAC

Administration budget: \$15M/biennium

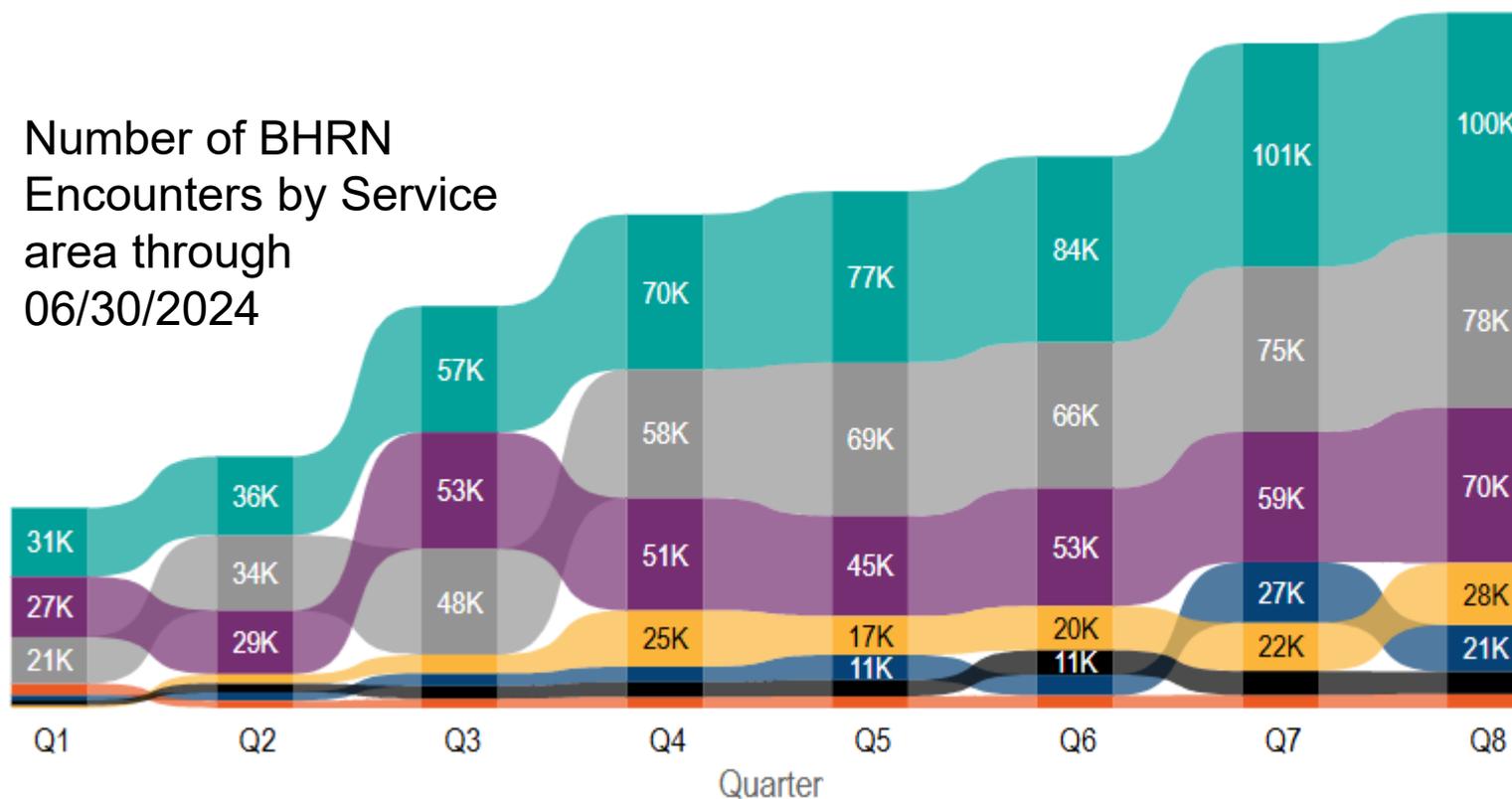
Total staffing: 20 FTE

Behavioral Health Resource Networks (BHRNs) (2 of 2)

Data and outcomes:

- New grant cycle begins July 1, 2025 with new patient-level data systems
- Current grant cycle illustrate investments and encounters through a public [dashboard](#)

Number of BHRN
Encounters by Service
area through
06/30/2024



Service area



SUD = Substance Use Disorder

Behavioral Health Workforce Incentives (BHWI) goals

- Increase behavioral health system capacity to provide care that deeply embeds practices and promotes principles of health equity, cultural responsiveness, de-stigmatization of services, restorative healing and community empowerment.
- Develop and invest in a culturally specific workforce and increase access to culturally responsive services and interventions.
- Engage communities through shared decision-making to build structures, processes, resources and supports for increasing recruitment and retention of a culturally responsive behavioral health workforce.

Total Staffing: 9.0 FTE

HB 4071 (2022) BH workforce incentives allocation breakdown

\$80M in ARPA through Interagency Agreements (IAA) with DAS authorized by HB 4071 (2022):

1. IAA 6231 (“Clinical Supervision Grants”) - \$20M

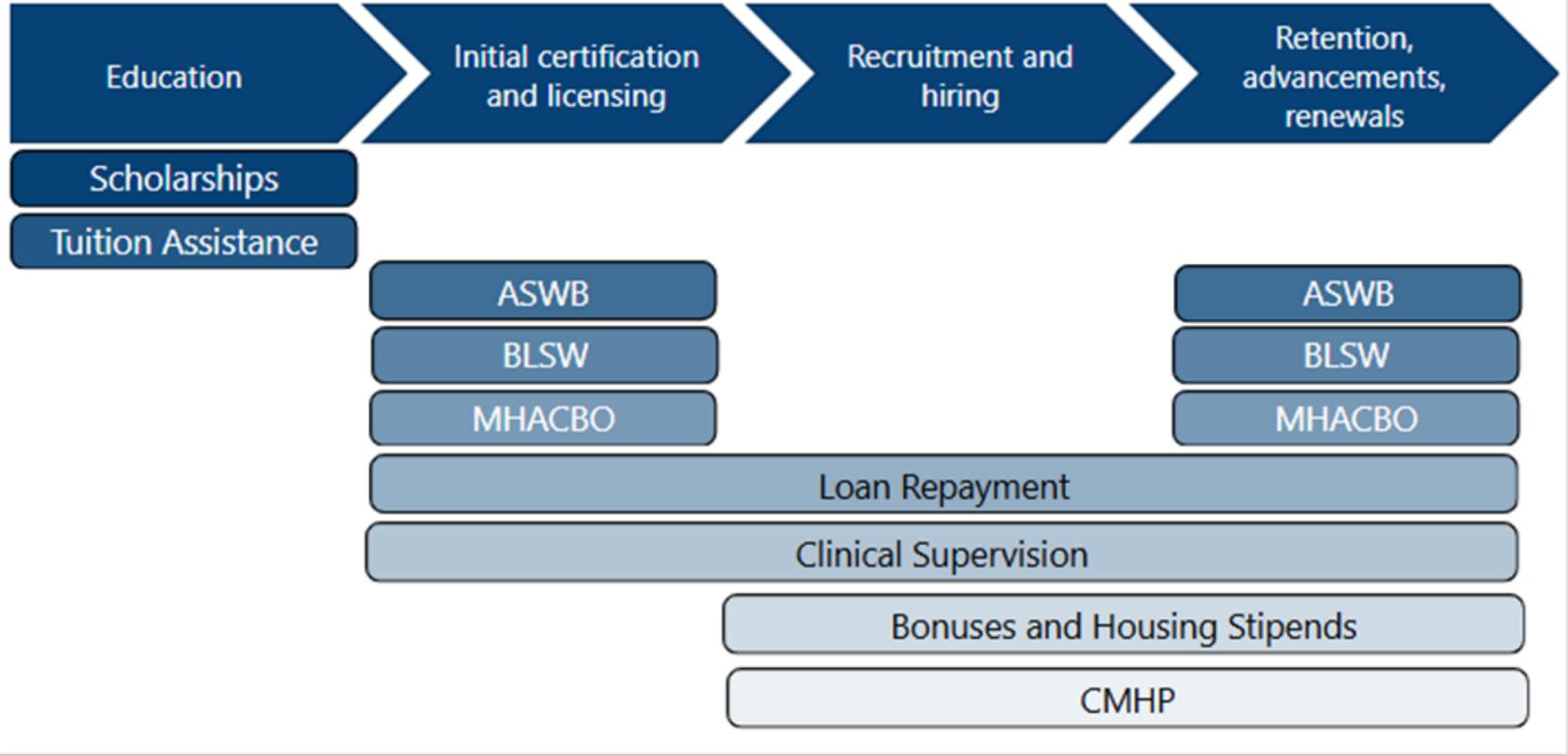
- Clinical Supervision Expansion Grant: \$13.2M
- Tribal Affairs Set-Aside: \$1M
- Community Mental Health Program (CMHP) Set-Aside: \$5.6M

2. IAA 6230 (“Workforce Incentives”) - \$60M

- Loan Repayment: \$15.8M
- Tuition Assistance & Stipends: \$10M
- Behavioral health Scholarships (SHOI-Like): \$3.8M
- Bonus and Housing Stipend Grant: \$2M
- Board of Licensed Social Workers: \$638K
- Association of Social Work Boards: \$130K
- Mental Health and Addiction Counselor Board of Oregon: \$3.7M
- CMHP Set-Aside: \$14M
- Tribal Affairs Set Aside: \$3.2M
- Peer Support Services: \$4.9M

**How
HB 4071
Incentives
fit into the
BH career
path**

Behavioral health workforce career path



HB 4071 investment impacts (1 of 2)

BHWI Loan Repayment

90% of program participants remained in Oregon's BH workforce.

Of the 282 participants,

- 70% identify as "Black, Indigenous, or a Person of Color";
- 25% rural;
- 38% multilingual.

Clinical Supervision Expansion Grant*

To date, through this program, **312** new BH credentials earned and **94** new clinical supervisors trained.

CMHP and Tribe Clinical Supervision and Incentives

Across **27** CMHPs and Oregon's **Nine** Federally Recognized Tribes, this program increases access to safety-net services across the continuum of care through individually customized workforce recruitment and development interventions.

Tuition Assistance and Stipends*

To date, **389** tuition assistance grants and stipends awarded to master's level students.

*Program is still in progress and numbers are expected to rise

HB 4071 investment impacts (2 of 2)

Behavioral health Scholarships (SHOI-Like)*

Over **250** scholarships awarded to individuals pursuing education or certification to become Peers, Certified Recovery Mentors, Qualified Mental Health Associates, and Certified Alcohol and Drug Counselors

Mental Health and Addiction Counseling Board of Oregon agreement

Fees covered for **7,900** behavioral health certifications, **2,788** certification exams, and **1,673** QMHA and/or QMHP exam preparation courses.

BHWI Bonus and Housing Stipend Grant*

1,021 retention bonuses, **334** new hires, **189** housing stipends.

Approximately, 47% of active recipients self-identified as someone who is not White.

*Program is still in progress and numbers are expected to rise

HB 2235 (2023) background and reports

Background: House Bill (HB) 2235 was signed in 2023 and charges OHA with convening a 21-member workgroup to study and provide recommendations on major barriers to recruitment and retention of the publicly financed behavioral health (BH) system.

The **HB 2235 Workgroup** members were recruited in December 2023 and are one of the most diverse workgroups that OHA has ever convened.

Legislatively mandated reports:

- Recommendations are to be presented to the legislature through 2 reports.
 - [First Report](#): submitted in January 2025, and is to inform legislators on what resources to commit to OHA's budget
 - Second report: due December 2025 and will inform broader legislative actions (i.e., reimbursement rates).

HB 2235 current topics and examples

- Incentives
 - Tax credits, childcare subsidies, housing assistance
- Licensing/Certification/Credentialing
 - Barriers of background checks, long processing times, need for multiple credentialing processes
- Administrative Burden
 - Documentation standards, staffing requirements, repetitive fidelity reports
- Workload Reduction/Burnout
 - Shift lengths, more defined scopes of practice for task sharing
- Reimbursement/Pay Models
 - Equitable reimbursement increase and barriers of existing payment structures

Child and family behavioral health expansion

In Summer 2024, BHWI partnered with OHA's Child and Family Behavioral Health unit to expand programs for BH workforce training and expansion. BHWI currently administrates:

Child and Adolescent Psychiatry (CAP) expansion:

- \$850K to OHSU to expand the number of participants in their CAP and Developmental Pediatrics training programs.
 - Two CAP fellows have been recruited; one more CAP and three Developmental Pediatricians over the next two years.
- \$75K to Oregon Pediatrics to hire, train, and retain linguistically specific behavioral health practitioners, and to increase child and family behavioral health competencies of existing culturally specific, linguistically specific, and culturally responsive providers.

BH Career and Technical Education (CTE):

- \$185K in funding to three Oregon school districts for existing and emerging behavioral health career and technical education programs.
 - \$75K to Salem-Keizer school district for peer support training and certifications; scholarships for behavioral health internships to 2nd year students
 - \$55K to Lane County school district to provide peer support and suicide prevention training and certifications
- \$55K to Sunset-Beaverton school district to hire and train a behavioral health licensed instructor for the district's emerging program.

Qualified Mental Health Associate pilot

In January 2025, the Qualified Mental Health Associate (QMHA) pilot program launched as a proposed approach to expand access to behavioral health career pathways and workforce readiness of recent graduates. The pilot creates two new accelerated pathways for QMHA-R certification:

- **Specialized Associate Degree Pathway:** Graduates of two-year behavioral health & human services programs with practicum hours in behavioral health will qualify for QMHA-R certification.
- **Registered Apprenticeship Pathway:** Graduates of BOLI-registered apprenticeship programs with relevant work experience and instructional hours will also be eligible for certification.

Twelve education and training programs are participating in the pilot. The pilot will run until Spring 2029.

Behavioral Health Investments team goals

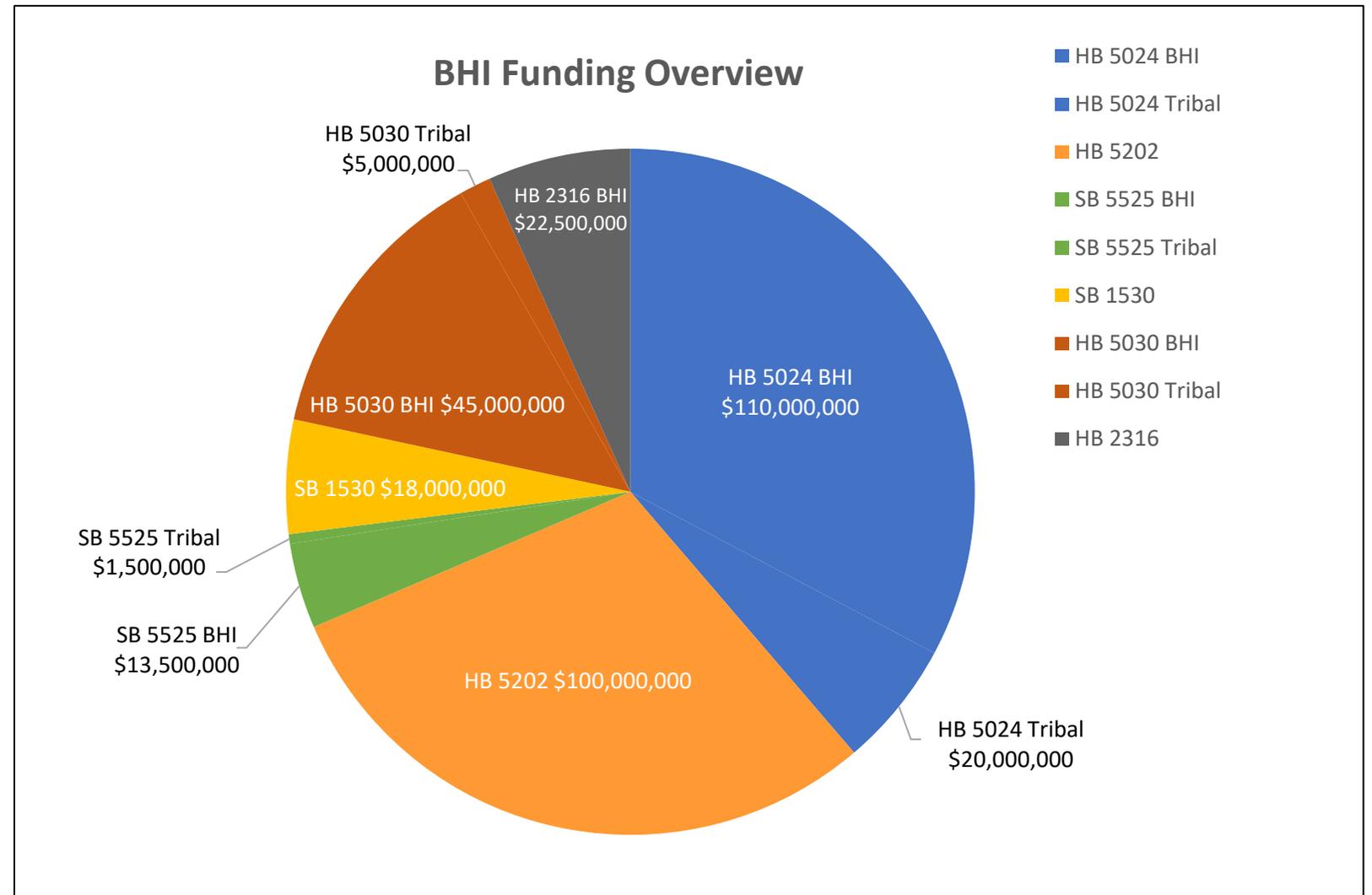
- Increasing statewide capacity of behavioral health housing by 3,700+ beds/units – as recommended in the [Behavioral Health Residential+ Facility Study](#) 5-year plan.
- Engaging Oregon communities through shared leadership and decision-making to aid in identifying and addressing existing equity gaps in behavioral health housing.
- Increasing community agency and voice throughout the funding process.

Total Staffing: 13.0 FTE

Behavioral Health Investment: Funding overview

BHI is overseeing the administration of 6 sources of funding, 3 of which have Tribal set-aside amounts.

The information in the following slides does not include tribal project data.



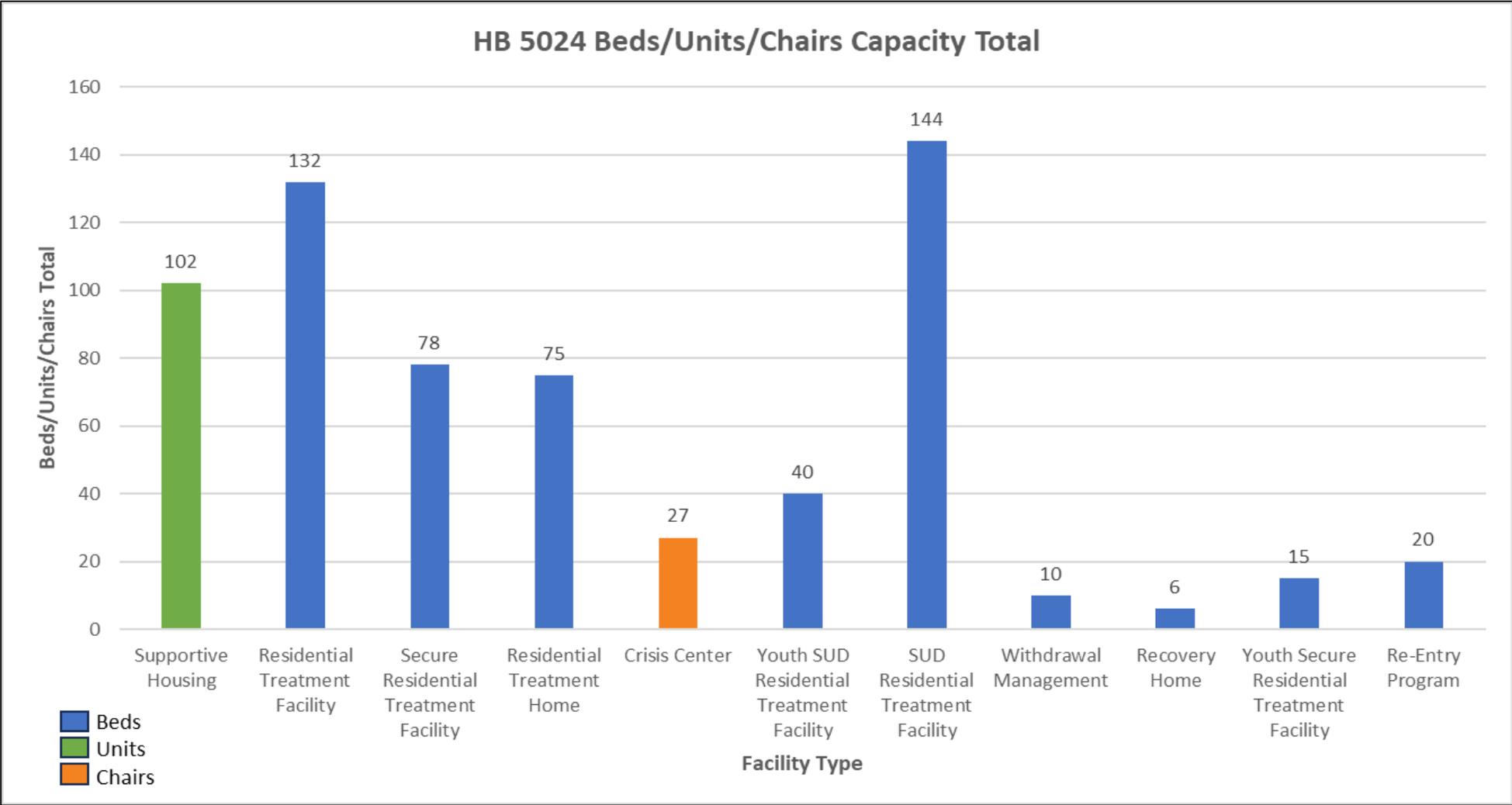
House Bill 5024: \$130 Million General Fund

- The Oregon State Legislature appropriated \$130 million General Fund in the 2021-2023 biennium (\$65 million from General Fund and \$65 million from American Rescue Plan Act funding) with a Tribal set-aside.
- These funds were appropriated to the Oregon Health Authority for the expansion of community-based licensed residential facilities and homes and supportive housing for individuals with Serious and Persistent Mental Illness (SPMI) requiring a higher level of care.
 - 25 organizations funded with 35 total projects throughout the state. This investment will result in the creation of 191 beds and 93 units.

House Bill 5024 (continued)

- Direct Awards from HB 5024 totaling \$23.7 million from General Fund dollars, to support the increase of capacity of Behavioral Health facilities and housing awarded to 9 organizations.
 - These projects will increase capacity by 150 Beds, 5 Units, and 19 Chairs. The chairs refer to service that is less than 24 hours, such as crisis respite, and chairs do not result in ongoing bed capacity.
- The Intensive Services Unit was given \$9.4 million from \$65 million HB 5024 General Fund dollars.
 - Thus far, 5 organizations have been identified for funding for a total of 7 projects prioritizing the Aid & Assist and Civil Commitment populations, increasing capacity by 62 Beds.
- \$34.2 million from HB 5024 ARPA Funds was directly awarded to 12 organizations to support increased capacity of Behavioral Health facilities and housing.
 - These investments will result in the creation of 117 beds, 4 units, and 8 chairs. The chairs refer to service that is less than 24 hours, such as crisis respite, and chairs do not result in ongoing bed capacity.

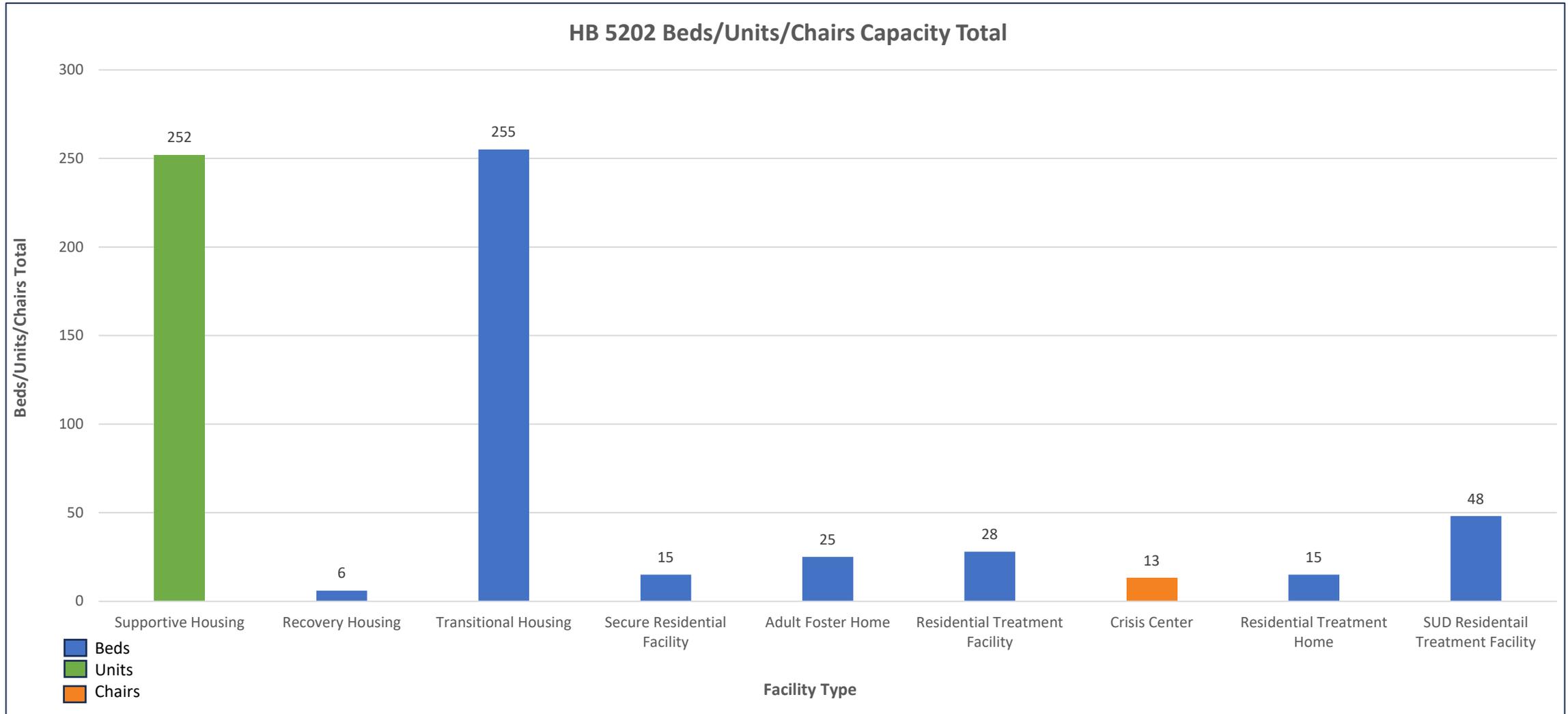
House Bill 5024 capacity impact visual



House Bill 5202: \$100 Million General Fund

- The Oregon State Legislature appropriated \$100 million from General Fund in the 2021-2023 biennium.
- Funding was disbursed to Community Mental Health Programs (CMHPs) to increase behavioral health housing capacity and treatment options.
- The intention of this funding was to increase accessibility and put greater power into the hands of communities designing, providing, and consuming services. Funding was intentionally distributed in a manner designed to be low barrier.
 - 30 Community Mental Health Providers identified for funding with a total of 70 projects increasing capacity by 392 beds, 252 units, and 13 chairs. The chairs refer to service that is less than 24 hours, such as crisis respite, and chairs do not result in ongoing bed capacity.

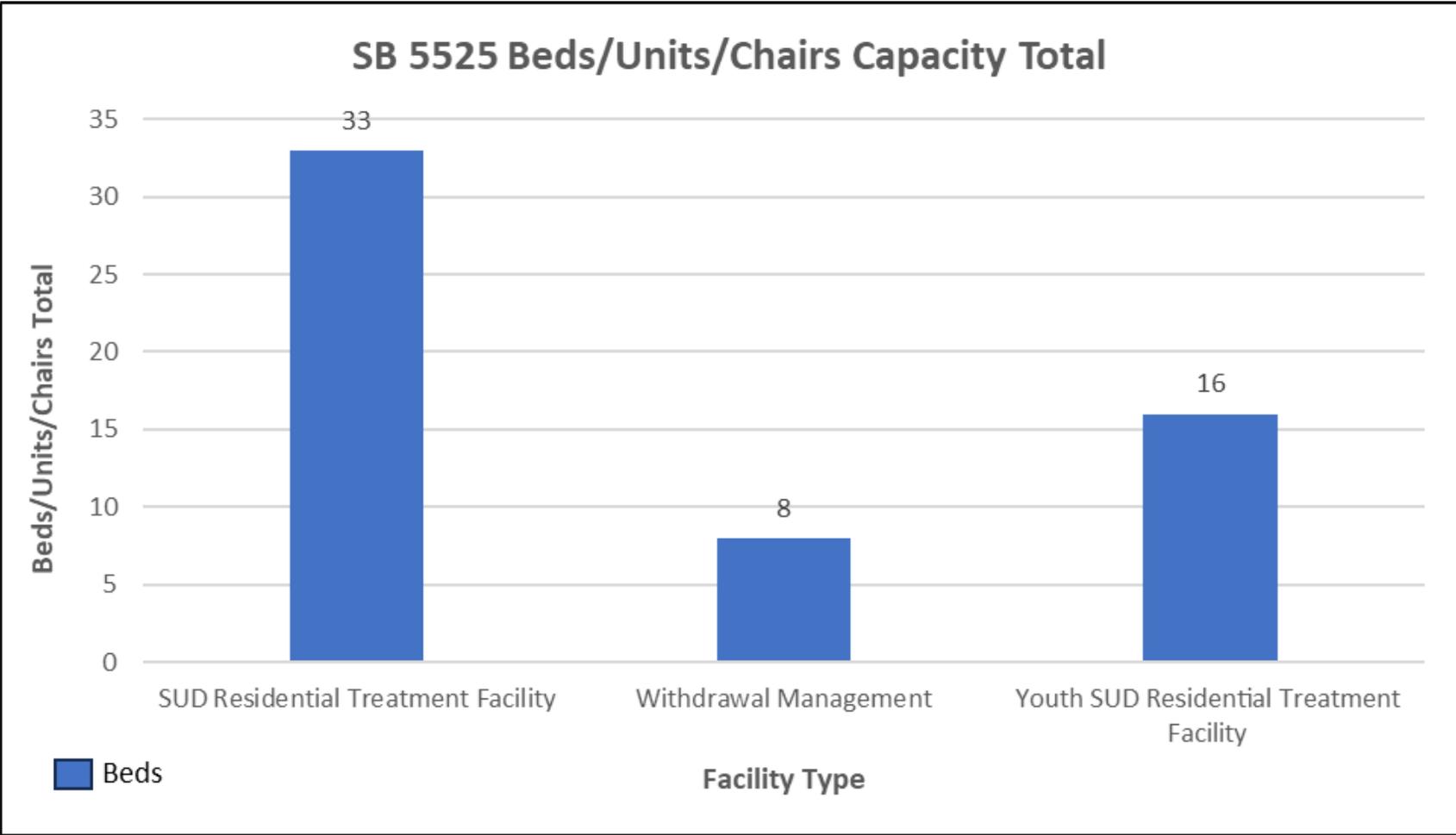
House Bill 5202 capacity impact visual



Senate Bill 5525: \$15 Million General Fund

- The Oregon State Legislature appropriated \$15 million General Fund from the 2021-2023 biennium with a Tribal set-aside.
- This funding stream was appropriated to increase the availability of Substance Use Disorder (SUD) facilities for both children and adults.
 - SB 5525 consists of five projects identified for funding, increasing capacity by 57 beds.

Senate Bill 5525 capacity impact visual



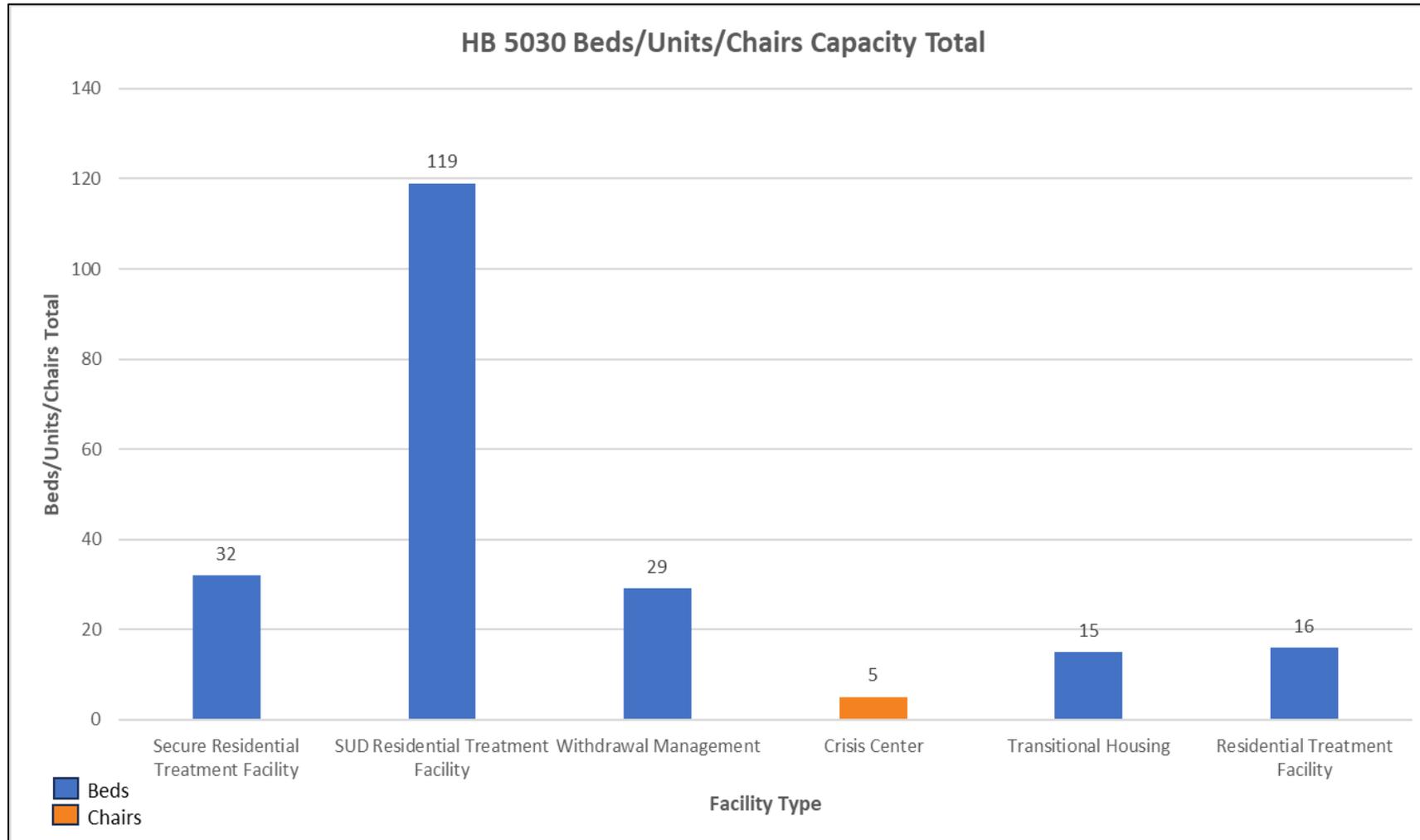
Senate Bill 1530 (\$18 Million General Fund)

- The Oregon State Legislature appropriated \$18 million General Fund from the 2023-2025 biennium.
- This bill granted funding to specific organizations to develop SUD services and housing throughout the state.
 - SB 1530 consists of 27 Awards for 12 organizations. Of these, 22 awards support increased capacity through capital development and 5 awards support ongoing operational costs, increasing capacity by 176 beds.
- *Please note, as SB 1530 beds are all the same facility type (recovery homes), a visual bar chart is not included on the next slide to reflect the additional capacity of 176 beds.*

House Bill 5030: \$50 Million from Lottery Bond

- The Oregon State Legislature appropriated \$50 million from Lottery Bond sales from the 2023-2025 biennium with a Tribal set-aside.
- SB 5030 funding was identified to increase community acute psychiatric facility capacity, and/or to prevent the admission of acute psychiatric care and increase access to individuals discharging from acute psychiatric facilities. This funding will also provide additional opportunities for treatment to support economic growth in local communities for capital investments.
 - A total of 12 projects have been identified for funding, increasing capacity by 211 beds and 5 chairs. The chairs refer to service that is less than 24 hours, such as crisis respite, and chairs do not result in ongoing bed capacity.

House Bill 5030 visual



Strategy and operations

Office of Strategic Operations unit
Quality Assurance unit
Business Office unit
Contracts & Strategy unit
Licensing & Certification unit



Office of Strategic Operations unit

This team within the BHD Director's Office leads organizational strategy and strategic positioning through transformation management. This focuses on centralizing and aligning process, strategy, and resources for BHD to make our work more efficient, collaborative, impactful, and assure accountability.

Recruitment and
Onboarding
Strategy

Communications
Strategy and
Employee
Experience

Legislative and
Budget
Coordination

Governance
Strategy and
Systems Planning

Total Staffing: 12.0 FTE

Behavioral Health Division quality assurance

The Behavioral Health Division is developing a **quality assurance** program to ensure compliance and stewardship of behavioral health for the Oregon Health Authority.

- Areas included in this work include.
 - Coordinating and tracking audit responses.
 - Emergency management to ensure local providers can continue care when there is an emergent natural disaster and or significant disruption and connect additional resources when local behavioral health systems are emergently overwhelmed.
 - Track and follow all rules affecting behavioral health and implement internal and community facing standard practices for rules changes.
 - Continuously review opportunities to reduce administrative burden on behavioral health consumers, providers, organizations and entities implementing solutions developed through community engagement.
 - Ensure consistent support of OHA's Strategic Plan including developing, tracking, and supporting measures to ensure the improvement of the behavioral health system including access to care.

Total Staffing: 8.0 FTE

Operation Management and Administrative Support

These teams are in the BHD Operations and Strategy Office and provide operational, administrative, fiscal support for Behavioral Health Division's operations, compliance in support of program and staff readiness.

BHD Business Office

- Administrative Support
- Facilities Management
- Equipment and Software
- Small Procurement
- Travel Coordination
- System Security Access
- Supply Management
- Recruitment Support
- Onboard/Offboard Support
- Mail/Shipping

Continuity of Operations/Records Management

- General Operations Projects
- Continuity of Operations Planning
- Records Officer
- Records Schedule
- Records Management and Retention

Total Staffing: 7.0 FTE

Position and Expenditure Support

- BHD Position Management
- Management Support/PD Development
- BHD Budget Planning Support
- Financial Coding
- Stipend Payments
- Invoice Payments
- Special Payments
- Expenditure Analysis
- HR Workday Partnership
- Federal Grant S.O. Function

Contracts strategy and coordination

The Contracts Strategy and Coordination unit leads procurement, grant development and execution and spend planning for non-Medicaid behavioral health programs at OHA.

- Centralized divisional contract processing
- Strategic contracting
- Small, Intermediate and Special procurement
- Emergency Procurement
- Spend Plan Support
- Single point of contact with OC&P, DOJ
- Contract and Grant Lifecycle Management
- Procurement training
- Solicitations
- Statements and scopes of work
- Boiler plate management
- Internal controls for compliance
- Payment and invoicing

Total Staffing: 13.0 FTE

Spend plan development and execution

The Contracts and Strategy Unit supports programs in the development of spend plans to responsibly allocate and track spending. This includes supporting delivery of grant funds to BHD partners.

2023-25 Behavioral Health Spend Plan	
Adult BH	\$585,554,438
Children BH	\$202,167,611
Tribal BH	\$ 27,462,252
Total	\$815,184,301
Completed Contract Actions (CY2023/24 combined)	2358
Avg contract value (CY2023/24 combined)	\$345,710.00

Contract/Grant Processing Time (request to execution)	
Target	60 Days
Goal	45 Days
Stretch Goal	30 Days
Current Actual	35 Days

*Prior to improving the contracting process in 2021, processing times often exceeded **100 Days**.*

Licensing and Certification unit

The Licensing and Certification (L&C) Unit is responsible for oversight of all licensed and certified behavioral health programs and facilities in alignment with safety, resident rights, health, and well being, and service provision regulations.

L&C achieves its mission through compliance assessment, complaint and incident investigation, and processing applications for licensing and certification.

Total Staffing: 27.0 FTE

L&C licenses, certifies, and registers 37 different program types serving children and adults across the continuum of care:

- Mental Health Residential treatment facilities
- Substance Use Disorder Residential and Withdrawal Management
- Problem Gambling
- Outpatient providers and clinics
- Community Mental Health Programs
- Certified Community Behavioral Health Clinics
- Children's intensive treatment services
- In-home services
- Acute and inpatient services
- Community housing and support

Licensing & Certification continuum of care

Community Based Services

- Agency with Choice
- Alcohol and Drug Screening Specialists
- Behavioral Health Integrated Co-occurring Programs
- Certified Community Behavioral Health Clinics
- Community Mental Health Programs
- Community-Based Supported Housing
- Intensive In-home Behavioral Health Treatment
- Mental Health Outpatient Programs
- Opioid Treatment Programs
- Psychiatric Day Treatment Services
- Sobering Facilities
- Substance Use Outpatient Programs

Crisis Services

- Children's Emergency Safety Intervention Specialists
- Crisis Receiving & Stabilization Centers
- Emergency Department Hold Rooms
- Mobile Crisis Intervention Services
- Mobile Response & Stabilization Services
- Psychiatric Emergency Services
- Transport Custody Hospitals

Residential Treatment

- Adult Foster Homes
- Integrated Psychiatric Residential Treatment Services
- Problem Gambling Treatment Programs
- Residential Treatment Facilities
- Residential Treatment Homes
- Youth Psychiatric Residential Treatment Services
- Substance Use Disorder Residential Treatment Facilities
- Substance Use Disorder Withdrawal Management Facilities
- Youth Secure Inpatient Programs

Complex & Forensic Services

- Civil Commitment Examiners
- Civil Commitment Investigators
- Corrections Alcohol & Drug Treatment Programs
- Deflection Programs
- Inpatient Psychiatric Units
- Regional Acute Care Psychiatric Services
- Secure Residential Treatment Facilities Class 1
- Secure Residential Treatment Facilities Class 2
- Secure Transportation Services



Section 3: Challenges, Successes and Strategic Priorities

OHA's Strategic Plan



OREGON
HEALTH
AUTHORITY

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

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

Key challenges

Challenges Impacting Behavioral Health

- Equitable access to care
- Children's Behavioral Health services/supports
- High acuity/forensic populations and civil commitment
- Crisis system services/supports
- SUD services
- Residential Care/Houselessness challenges
- Workforce capacity and development, including culturally/linguistically specific providers
- Limited opportunities to design the system by those with lived experience and the community organizations that serve them

Challenges Impacting Oregon State Hospital

- Shift in population: 98% are now patients under Aid & Assist orders
- A federal court order as a result of a lawsuit requires discharging patients under Aid & Assist orders after certain timelines
- Despite more rapid discharges, the wait list has grown due to increased court orders
- Staffing shortages, in common with the rest of the healthcare sector
- Limited capacity of forensic evaluators

Key progress in Oregon's behavioral health system (1 of 2)



- **Established OHA's Behavioral Health Division** in April 2024
- **Conducted first in kind study of Oregon's residential treatment system**, identified gaps and recommendations to guide evidence-based development, and **launched corresponding Request for Information (RFI)**
- **Published public facing dashboard** to increase transparency about investments related to increasing behavioral health residential capacity
- **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
- **Tripled peer services, supported employment and housing supports** over 21 months of BHRN operations
- **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



Key progress in Oregon's behavioral health system (2 of 2)



- **279,258 naloxone doses distributed** through Harm Reduction Clearinghouse, and self-report of **over 8,000 overdose reversals**
- Certified Community Behavioral Health Clinics **increased access to treatment by 4.9% overall**, with 30.6% in rural and 14.5% in remote areas
- **Created five new Opioid Treatment Programs (OTPs)** across the state- two of which a Tribal-operated OTPs
- **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)
- **Licensed first Integrated Psychiatric and Substance Use Residential facility**, which includes 4 beds specifically for youth detox
- **Funding enabled 91% of BHRN member organizations and providers to increase outreach** to raise awareness, build trust, and encourage engagement with services and supports

2025-27 focus areas

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

Thank you!

Ebony Clarke
Director
Behavioral Health Division

Contact:
Robert Lee
Senior Policy Advisor
Robert.Lee@oha.oregon.gov



Behavioral Health System: Historical Program Funding by Division

All values in millions

Division	2023-25 Leg. Approved Budget				
	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
Behavioral Health Division	\$ 572.6	\$ 15.8	\$ 581.1	\$ 212.3	\$ 1,381.8
Medicaid Division	\$ 1,102.1	\$ -	\$ -	\$ 2,954.6	\$ 4,056.7
Oregon State Hospital	\$ 799.6	\$ -	\$ 16.5	\$ 32.5	\$ 848.5
Public Health Division*	\$ -	\$ -	\$ 2.4	\$ 11.3	\$ 13.7
Total	\$ 2,474.3	\$ 15.8	\$ 600.0	\$ 3,210.7	\$ 6,300.8

Division	2021-23 Actuals				
	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
Behavioral Health Division	\$ 580.8	\$ 13.4	\$ 313.2	\$ 108.0	\$ 1,015.4
Medicaid Division	\$ 700.6	\$ -	\$ -	\$ 2,444.6	\$ 3,145.2
Oregon State Hospital	\$ 391.0	\$ -	\$ 315.6	\$ 25.0	\$ 731.6
Public Health Division*	\$ -	\$ -	\$ -	\$ 10.3	\$ 10.3
Total	\$ 1,672.3	\$ 13.4	\$ 628.8	\$ 2,588.0	\$ 4,902.5

Division	2019-21 Actuals				
	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
Behavioral Health Division	\$ 247.9	\$ 12.4	\$ 188.4	\$ 102.5	\$ 551.2
Medicaid Division	\$ 541.9	\$ -	\$ -	\$ 1,782.1	\$ 2,324.0
Oregon State Hospital	\$ 608.6	\$ -	\$ 40.3	\$ 35.6	\$ 684.6
Public Health Division*	\$ 0.8	\$ -	\$ 2.1	\$ 10.4	\$ 13.2
Total	\$ 1,399.2	\$ 12.4	\$ 230.8	\$ 1,930.6	\$ 3,573.0

* Public Health Federal Funds limitation is for SUPTRS block grant.

- COMPASS = Community Outcome Management and Performance Accountability Support System
- ODSO = Office of Data Strategy and Operations
- Funding for the 2023-25 biennium for behavioral health system programs grew by 29% over the 2021-23 biennium.
- When compared to the 2019-21 biennium, funding has increased by 76%.
- Medicaid is the primary cost driver in the behavioral health system.

Behavioral health system: 2023-25 Behavioral Health Division budget by program and fund type

All values in millions

Program	SE	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
COMMUNITY MENTAL HEALTH PROGRAMS						
System & Management Coordination	1	\$ 15.0	\$ -	\$ -	\$ -	\$ 15.0
Aid & Assist	4	\$ 51.3	\$ -	\$ 0.0	\$ 0.2	\$ 51.5
Assertive Community Treatment Services	5	\$ 5.1	\$ -	\$ -	\$ -	\$ 5.1
Choice Model Services	6	\$ 22.0	\$ -	\$ -	\$ -	\$ 22.0
Commerical Sexual Exploitation of Children	7	\$ 6.2	\$ -	\$ 0.6	\$ -	\$ 6.8
Jail Diversion	9	\$ 17.5	\$ -	\$ 10.9	\$ -	\$ 28.3
Mental Health Promotion & Prevention Services	10	\$ 2.9	\$ -	\$ 1.6	\$ -	\$ 4.5
Parent Child Interaction Therapy (PCIT)	11	\$ 4.9	\$ -	\$ -	\$ -	\$ 4.9
Rental Assistance	12	\$ 42.0	\$ -	\$ -	\$ -	\$ 42.0
School-Based Mental Health Services	13	\$ 5.3	\$ -	\$ -	\$ -	\$ 5.3
Young Adult Hubs Program (YAHP)	15	\$ 1.8	\$ -	\$ 1.1	\$ -	\$ 2.9
Mental Health Non-OHP Comm. & Res. Assist.	17	\$ 22.9	\$ -	\$ -	\$ -	\$ 22.9
Non-Residential Comm. MH Services for Adults	20	\$ 52.7	\$ -	\$ 3.3	\$ 16.2	\$ 72.1
Civil Commitment Services	24	\$ 14.6	\$ -	\$ 6.4	\$ -	\$ 21.0
MH Crisis Services for Adults & Children	25	\$ 61.4	\$ -	\$ 29.1	\$ 0.7	\$ 91.2
Mobile Response & Stabilization Services	25A	\$ 19.5	\$ -	\$ 0.5	\$ -	\$ 20.0
EASA Non-res. Comm. MH Services for Youth	26	\$ 14.1	\$ -	\$ 2.1	\$ 3.6	\$ 19.9
Residential Community MH Treatment	28	\$ 1.6	\$ -	\$ -	\$ -	\$ 1.6
Monitoring, Security and Supervision Services	30	\$ 10.3	\$ -	\$ -	\$ -	\$ 10.3
Older or Disabled Adult Comm. MH Svc GERO-Spec	35	\$ 7.5	\$ -	\$ -	\$ 0.2	\$ 7.7
Start Up	37	\$ -	\$ -	\$ -	\$ 4.1	\$ 4.1
Supported Employment	38	\$ 0.9	\$ -	\$ 3.5	\$ -	\$ 4.4
PATH Services	39	\$ 0.0	\$ -	\$ -	\$ 1.3	\$ 1.3
Psychiatric Residential Treatment Services	128	\$ 20.9	\$ -	\$ 2.0	\$ -	\$ 22.9
Youth Suicide Prevention		\$ 5.7	\$ -	\$ 0.3	\$ 1.4	\$ 7.4
IAT		\$ 5.2	\$ -	\$ -	\$ -	\$ 5.2
Misc. Contracts - Kids		\$ 10.7	\$ -	\$ 2.1	\$ 2.1	\$ 14.9
Misc. Contracts - Adults		\$ 13.2	\$ -	\$ 2.1	\$ 13.0	\$ 28.2
BH Housing Capacity		\$ 81.6	\$ -	\$ 134.2	\$ -	\$ 215.8
Tribal	303/304	\$ 14.8	\$ 0.4	\$ 11.4	\$ 3.7	\$ 30.4
Veterans		\$ -	\$ 1.8	\$ -	\$ 0.9	\$ 2.6
Co-Occuring		\$ 3.7	\$ -	\$ -	\$ -	\$ 3.7
Mobile Health Units		\$ 0.3	\$ -	\$ 1.7	\$ -	\$ 2.1
Workforce		\$ -	\$ -	\$ 20.3	\$ -	\$ 20.3
Clinical Supervision		\$ -	\$ -	\$ 5.1	\$ -	\$ 5.1
Other (Including DSHP for FF)		\$ -	\$ -	\$ 18.4	\$ 83.3	\$ 101.7
Total: Community Mental Health Programs		\$ 535.7	\$ 2.2	\$ 256.7	\$ 130.5	\$ 925.1

Program	SE	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
SUBSTANCE USE DISORDER PROGRAMS						
Adult Substance Abuse Disorder Residential	61	\$ 1.5	\$ -	\$ -	\$ -	\$ 1.5
Housing Services (Child-Parents A&D Res)	62	\$ 2.1	\$ -	\$ -	\$ 2.4	\$ 4.6
Peer-Delivered Services	63	\$ -	\$ -	\$ 6.2	\$ -	\$ 6.2
Housing Assistance	64	\$ 2.5	\$ -	\$ -	\$ -	\$ 2.5
Intoxicated Driver Program Fund	65	\$ -	\$ -	\$ 2.8	\$ -	\$ 2.8
Contium of Care	66	\$ 1.9	\$ -	\$ 17.0	\$ 16.5	\$ 35.4
A&D Residential Capacity Services	67	\$ 10.0	\$ -	\$ 3.3	\$ -	\$ 13.3
Tribal Services	70	\$ -	\$ -	\$ 1.9	\$ 0.1	\$ 2.0
Problem Gambling Prevention	80	\$ -	\$ 4.3	\$ -	\$ -	\$ 4.3
Problem Gambling Treatment	81	\$ -	\$ 6.7	\$ -	\$ -	\$ 6.7
Problem Gambling Residential	82	\$ -	\$ 1.5	\$ -	\$ -	\$ 1.5
Problem Gambling	84	\$ -	\$ 1.2	\$ -	\$ -	\$ 1.2
Tribal ATOD	352	\$ -	\$ -	\$ -	\$ 2.2	\$ 2.2
Tribal CBH & SUD	354	\$ 0.3	\$ -	\$ 0.0	\$ 0.4	\$ 0.7
Tribal Intoxicated Driver Program	355	\$ -	\$ -	\$ -	\$ -	\$ -
Tribal Housing Assistance	356	\$ -	\$ -	\$ -	\$ 0.2	\$ 0.2
Tribal SOR	357/360	\$ -	\$ -	\$ -	\$ 0.9	\$ 0.9
BM110		\$ -	\$ -	\$ 233.1	\$ -	\$ 233.1
Opioid Settlement		\$ -	\$ -	\$ 40.0	\$ -	\$ 40.0
Misc & Direct Contracts		\$ 3.6	\$ -	\$ 4.0	\$ 38.6	\$ 46.3
SUD Facilities		\$ 15.0	\$ -	\$ -	\$ -	\$ 15.0
Other (Include empty limitation)		\$ -	\$ -	\$ 18.4	\$ 31.7	\$ 50.1
Total: Substance Use Disorder Programs		\$ 36.9	\$ 13.6	\$ 326.8	\$ 93.1	\$ 470.5
TOTAL: CMH + SUD		\$ 572.6	\$ 15.8	\$ 583.5	\$ 223.6	\$ 1,395.6

Behavioral health system: 2021-23 Behavioral Health Division budget by program and fund type

All values in millions

Program	SE	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
COMMUNITY MENTAL HEALTH PROGRAMS						
System & Management Coordination	1	\$ 17.4	\$ -	\$ -	\$ -	\$ 17.4
Aid & Assist	4	\$ 24.3	\$ -	\$ -	\$ -	\$ 24.3
Assertive Community Treatment Services	5	\$ 5.0	\$ -	\$ -	\$ -	\$ 5.0
Choice Model Services	6	\$ 20.0	\$ -	\$ -	\$ -	\$ 20.0
Commerical Sexual Exploitation of Children	7	\$ 5.6	\$ -	\$ -	\$ 0.2	\$ 5.8
Crisis & Acute Trans Services	8	\$ 2.5	\$ -	\$ 0.3	\$ 1.4	\$ 4.3
Jail Diversion	9	\$ 2.5	\$ -	\$ 11.2	\$ -	\$ 13.7
Mental Health Promotion & Prevention Services	10	\$ 2.4	\$ -	\$ 1.8	\$ -	\$ 4.2
Parent Child Interaction Therapy (PCIT)	11	\$ 3.8	\$ -	\$ -	\$ -	\$ 3.8
Rental Assistance	12	\$ 30.8	\$ -	\$ 0.1	\$ -	\$ 31.0
School-Based Mental Health Services	13	\$ 5.0	\$ -	\$ -	\$ -	\$ 5.0
Young Adult Hubs Program (YAHP)	15	\$ 1.5	\$ -	\$ 1.1	\$ -	\$ 2.6
Mental Health Non-OHP Comm. & Res. Assist.	17	\$ 14.0	\$ -	\$ -	\$ -	\$ 14.0
Non-Residential Comm. MH Services for Adults	20	\$ 53.2	\$ -	\$ 0.3	\$ 13.3	\$ 66.8
Civil Commitment Services	24	\$ 8.7	\$ -	\$ 5.9	\$ -	\$ 14.6
MH Crisis Services for Adults & Children	25	\$ 46.7	\$ -	\$ 15.0	\$ 9.1	\$ 70.8
EASA Non-res. Comm. MH Services for Youth	26	\$ 7.4	\$ -	\$ 2.3	\$ 3.5	\$ 13.1
Residential Community MH Treatment	28	\$ 4.3	\$ -	\$ -	\$ -	\$ 4.3
Monitoring, Security and Supervision Services	30	\$ 9.2	\$ -	\$ (0.0)	\$ -	\$ 9.1
Adult Foster Care Services	34	\$ 0.3	\$ -	\$ -	\$ -	\$ 0.3
Older or Disabled Adult Comm. MH Svc GERO-Spec.	35	\$ 7.4	\$ -	\$ -	\$ 0.1	\$ 7.4
Pre-Admission SCR & Res Serves	36	\$ 0.0	\$ -	\$ -	\$ -	\$ 0.0
Start Up	37	\$ 12.4	\$ -	\$ -	\$ -	\$ 12.4
Supported Employment	38	\$ 1.8	\$ -	\$ 2.3	\$ -	\$ 4.1
PATH Services	39	\$ 0.0	\$ -	\$ -	\$ 1.2	\$ 1.2
A&D Residential Capacity Services	67	\$ 4.2	\$ -	\$ -	\$ -	\$ 4.2
Tribal Services	70	\$ -	\$ -	\$ 1.6	\$ -	\$ 1.6
Psychiatric Residential Treatment Services	128	\$ 3.7	\$ -	\$ -	\$ -	\$ 3.7
Misc. Contracts - Adults & Kids*		\$ 120.2	\$ 0.1	\$ 11.1	\$ 19.9	\$ 151.2
BH Housing Capacity		\$ 13.5	\$ -	\$ -	\$ -	\$ 13.5
Tribal	303/304	\$ 1.1	\$ 0.3	\$ 2.1	\$ -	\$ 3.5
Veterans		\$ -	\$ 1.0	\$ -	\$ -	\$ 1.0
Workforce		\$ 134.5	\$ -	\$ -	\$ 13.5	\$ 148.0
Total: Community Mental Health Programs		\$ 563.4	\$ 1.4	\$ 55.1	\$ 62.2	\$ 682.1

Program	SE	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
SUBSTANCE USE DISORDER PROGRAMS						
System Management	3	\$ -	\$ 0.3	\$ -	\$ -	\$ 0.3
Adult Substance Abuse Disorder Residential	61	\$ 0.6	\$ -	\$ 1.1	\$ 1.7	\$ 3.4
Housing Services (Child-Parents A&D Res)	62	\$ 1.9	\$ -	\$ 0.2	\$ 1.9	\$ 4.1
Peer-Delivered Services	63	\$ -	\$ -	\$ 6.2	\$ -	\$ 6.2
Housing Assistance	64	\$ -	\$ -	\$ 0.3	\$ 1.7	\$ 2.0
Intoxicated Driver Program Fund	65	\$ -	\$ -	\$ 1.7	\$ -	\$ 1.7
Contiuum of Care	66	\$ 5.1	\$ -	\$ 13.9	\$ 18.2	\$ 37.2
A&D Residential Capacity Services	67	\$ -	\$ -	\$ 2.9	\$ 6.4	\$ 9.3
Tribal Services	70	\$ -	\$ -	\$ -	\$ 0.3	\$ 0.3
Problem Gambling Prevention	80	\$ -	\$ 3.4	\$ -	\$ -	\$ 3.4
Problem Gambling Treatment	81	\$ -	\$ 5.7	\$ -	\$ -	\$ 5.7
Proble Gambling Residential	82	\$ -	\$ 1.8	\$ -	\$ -	\$ 1.8
Problem Gambling	84	\$ -	\$ 0.3	\$ -	\$ -	\$ 0.3
Tribal		\$ 1.6	\$ -	\$ -	\$ 1.0	\$ 2.6
BM110		\$ -	\$ -	\$ 208.4	\$ 0.5	\$ 208.9
Workforce		\$ -	\$ -	\$ -	\$ 8.1	\$ 8.1
Veterans		\$ -	\$ 0.0	\$ -	\$ 0.1	\$ 0.2
Misc & Direct Contracts*		\$ 8.0	\$ 0.7	\$ 2.3	\$ 26.7	\$ 37.8
Total: Substance Use Disorder Programs		\$ 17.3	\$ 12.1	\$ 237.2	\$ 66.7	\$ 333.3
TOTAL: CMH + SUD		\$ 580.7	\$ 13.5	\$ 292.2	\$ 128.9	\$ 1,015.4

* Further research is required to split these costs into specific programs.

Behavioral Health System: 2019-21 Behavioral Health Division Budget by Program & Fund Type

All values in millions

Program	SE	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
COMMUNITY MENTAL HEALTH PROGRAMS						
System & Management Coordination	1	\$ 13.8	\$ -	\$ -	\$ -	\$ 13.8
Aid & Assist	4	\$ 13.5	\$ -	\$ 0.1	\$ -	\$ 13.6
Assertive Community Treatment Services	5	\$ 4.7	\$ -	\$ -	\$ -	\$ 4.7
Choice Model Services	6	\$ 20.2	\$ -	\$ -	\$ -	\$ 20.2
Commerical Sexual Exploitation of Children	7	\$ 1.0	\$ -	\$ 4.1	\$ -	\$ 5.1
Crisis & Acute Trans Services	8	\$ 2.1	\$ -	\$ 0.6	\$ 1.7	\$ 4.4
Jail Diversion	9	\$ 2.0	\$ -	\$ 11.2	\$ -	\$ 13.2
Mental Health Promotion & Prevention Services	10	\$ 2.5	\$ -	\$ 1.9	\$ -	\$ 4.4
Parent Child Interaction Therapy (PCIT)	11	\$ 4.6	\$ -	\$ -	\$ -	\$ 4.6
Rental Assistance	12	\$ 26.9	\$ -	\$ 4.9	\$ -	\$ 31.8
School-Based Mental Health Services	13	\$ 4.7	\$ -	\$ -	\$ -	\$ 4.7
Tribal-Based Mental Health Services	14	\$ 1.6	\$ -	\$ 4.1	\$ -	\$ 5.7
Young Adult Hubs Program (YAHP)	15	\$ 1.6	\$ -	\$ 1.1	\$ -	\$ 2.7
Peer Delivered Services	16	\$ -	\$ -	\$ 0.5	\$ -	\$ 0.5
Non-Residential Comm. MH Services for Adults	20	\$ 24.9	\$ -	\$ 19.6	\$ 13.1	\$ 57.6
Acute & Intermediate Psychiatric Inpatient Services	24	\$ 7.3	\$ -	\$ 6.2	\$ -	\$ 13.5
MH Crisis Services for Adults & Children	25	\$ 37.4	\$ -	\$ 17.0	\$ 2.9	\$ 57.3
EASA Non-res. Comm. MH Services for Youth	26	\$ 5.5	\$ -	\$ 3.6	\$ 1.5	\$ 10.6
Residential Comm. MH Treatment for Youth	27	\$ 0.1	\$ -	\$ -	\$ -	\$ 0.1
Residential Community MH Treatment	28	\$ 11.4	\$ -	\$ -	\$ -	\$ 11.4
Monitoring, Security and Supervision Services	30	\$ 12.8	\$ -	\$ -	\$ -	\$ 12.8
Adult Foster Care Services	34	\$ 0.9	\$ -	\$ -	\$ -	\$ 0.9
Older or Disabled Adult Comm. MH Svc GERO-Spec	35	\$ 6.5	\$ -	\$ 0.4	\$ -	\$ 6.9
Start Up	37	\$ (0.3)	\$ -	\$ 1.1	\$ -	\$ 0.8
Supported Employment	38	\$ 1.7	\$ -	\$ 2.3	\$ -	\$ 4.0
PATH Services	39	\$ -	\$ -	\$ -	\$ 1.1	\$ 1.1
Psychiatric Residential Treatment Services	128	\$ 2.3	\$ -	\$ -	\$ -	\$ 2.3
Misc. Contracts - Adults & Kids*		\$ 15.1	\$ 1.3	\$ 26.5	\$ 11.5	\$ 54.4
Other		\$ 13.2	\$ -	\$ 12.6	\$ 7.4	\$ 33.2
Total: Community Mental Health Programs		\$ 238.0	\$ 1.3	\$ 117.8	\$ 39.2	\$ 396.3

Program	SE	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds
SUBSTANCE USE DISORDER PROGRAMS						
Local Administration - Addiction Services	3	\$ -	\$ 0.4	\$ -	\$ -	\$ 0.4
Adult Substance Abuse Disorder Residential	61	\$ 0.4	\$ -	\$ 4.2	\$ 4.5	\$ 9.1
Housing Services (Child-Parents A&D Res)	62	\$ 1.9	\$ -	\$ 0.3	\$ 2.0	\$ 4.2
Peer-Delivered Services	63	\$ -	\$ -	\$ 6.3	\$ 0.1	\$ 6.4
Housing Assistance	64	\$ -	\$ -	\$ -	\$ 1.8	\$ 1.8
Intoxicated Driver Program Fund	65	\$ -	\$ -	\$ 1.9	\$ -	\$ 1.9
Contiuum of Care	66	\$ 1.0	\$ -	\$ 18.0	\$ 22.7	\$ 41.7
A&D Residential Capacity Services	67	\$ -	\$ -	\$ 7.3	\$ 6.5	\$ 13.8
Problem Gambling Prevention	80	\$ -	\$ 3.0	\$ -	\$ -	\$ 3.0
Problem Gambling Treatment	81	\$ -	\$ 5.6	\$ -	\$ -	\$ 5.6
Probem Gambling Residential	82	\$ -	\$ 1.3	\$ -	\$ -	\$ 1.3
Problem Gambling	84	\$ -	\$ 0.3	\$ -	\$ -	\$ 0.3
BM110		\$ -	\$ -	\$ 10.9	\$ -	\$ 10.9
Misc & Direct Contracts*		\$ 3.7	\$ -	\$ 1.1	\$ 24.3	\$ 29.1
Other		\$ 2.9	\$ 0.5	\$ 20.6	\$ 1.4	\$ 25.4
Total: Substance Use Disorder Programs		\$ 9.9	\$ 11.1	\$ 70.6	\$ 63.3	\$ 154.9
TOTAL: CMH + SUD		\$ 247.9	\$ 12.4	\$ 188.4	\$ 102.5	\$ 551.2

* Further research is required to split these costs into specific programs.