



OREGON
HEALTH
AUTHORITY

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Residential Behavioral Health Capacity

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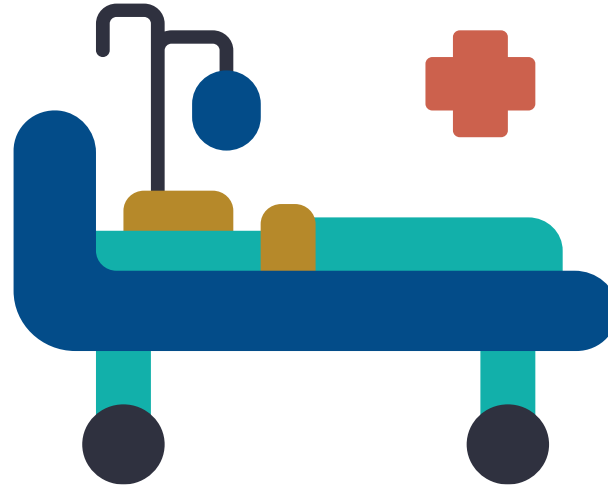
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Adult Mental Health and Substance Use Treatment: Residential Capacity in Oregon

Governor Kotek Initiative #2: Behavioral Health Capacity



Expand behavioral health treatment beds in a way that equitably addresses system gaps at each level of care immediately and plan for long term development for a sustainable system of care.

SB 5525 (2023) SUD Residential – \$15M

General Fund to be allocated to increase availability of substance use disorder (SUD) facilities for both children and adults.

- 68 Adult SUD Residential Beds
- 12 Withdrawal Management Beds
- 32 Youth SUD Residential Beds
- \$1.5M Tribal Set Aside

HB 5024 (2023) BH Residential – \$16.9M

General fund to support the need for increased capacity of SUD and MH facilities.

- 74 Adult SUD Residential Beds
- 12 Withdrawal Management Beds
- 1 Peer Run Recovery Campus

SB 1530 (2024) Recovery Housing– \$18M

Oregon Health Authority, for the biennium ending June 30, 2025, out of the General Fund, received \$18M total, for distribution as grants to the entities noted in the bill for specific purposes to support the development of SUD services throughout the state.

- 27 Awards for 12 organizations
- 22 awards support increased capacity through capital development for 241 beds
- 5 Awards support ongoing operational costs
- \$1.5M Tribal Set Aside

HB 5204 (2024) BH Capacity – \$86.5M

***This investment is NOT included in pending capacity growth in PCG study.**

- 10 Crisis Stabilization Centers
- 28 additional withdrawal management beds
- 2 Primary Care Clinics
- 94 Housing Units

HB 5030 (2023) Lottery Bonds – \$50M

*This investment is NOT included in pending capacity growth in PCG study.

- 127 Beds across 3 BH Campus Models include crisis stabilization and mix of beds
- 52 Housing Units includes 15 youth specific
- 28 Mental Health Residential Beds
- 1 Crisis Stabilization Center
- 1 Youth Drop In Center

PCG Study: An Overview

Governor Kotek directed OHA to conduct a study on behavioral health bed capacity needs in Oregon, culminating in a 5-year plan to expand capacity across the state.

OHA retained Public Consulting Group to conduct the analysis.

Link to study:

<https://www.oregon.gov/oha/HSD/AMH/DataReports/Behavioral-Health-Residential-Facility-Study-June-2024.pdf>

Study includes:

- Estimates of current capacity and unmet bed need for the following facilities, by trauma system area: inpatient psychiatric, mental health residential treatment, SUD residential treatment, and withdrawal management.
- Estimated capital construction costs for new facilities.
- Snapshot of overall behavioral health system needs, based on qualitative research and a survey of providers.

Data Collection and Analysis

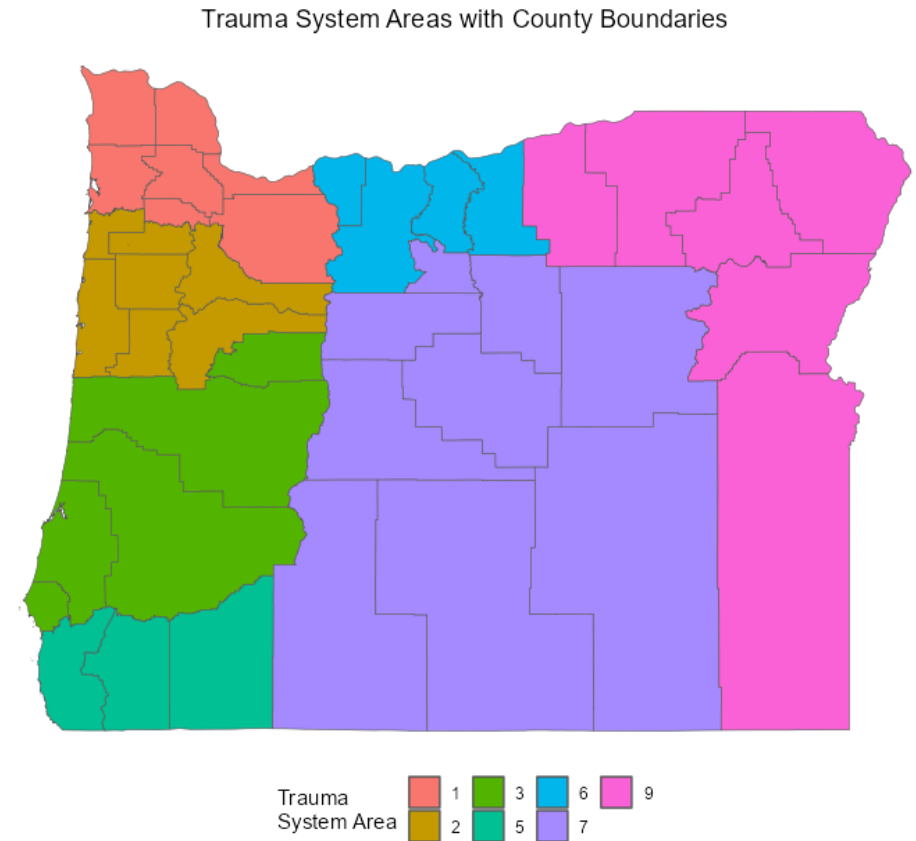
Current Facility Inventory

PCG created an inventory of the current facilities in Oregon falling within the project scope and their associated bed capacities.

Mapping of Current Capacity

PCG was directed to use Trauma System Areas for this project. After facilities were identified, PCG

- Mapped all facilities to their associated trauma system area
- Analyzed the number of beds in each region and the number of beds per 100,000 population for each region by facility type.



Regional Summary of Current & Planned Capacity (Including In Progress)

Facility Type	Current and Planned Bed Count	Current & Planned Beds Per 100k Population
State Hospitals	577	13.62
Inpatient Psychiatric Facility - Freestanding	98	2.31
Inpatient Psychiatric Unit in Hospital	363	8.57
Residential Treatment Facility (RTF)	641	15.13
Secure Residential Treatment Facility (SRTF)	587	13.86
Residential Treatment Home (RTH)	388	9.16
Adult Foster Home (AFH)	498	11.76
Residential SUD Facility	1,418	33.48
Clinically-Managed Withdrawal Management Facility	8	0.19
Medically-Monitored Withdrawal Management Facility	309	7.30
Total Beds	4,887	

Source: Licensing and Certification Team, OHA Public Health Division, OSH and Behavioral Health Investment Team Grant Data. June 2024.

Estimated Statewide Capacity Needs Snapshot

Facility Type	Current Capacity	Pending Capacity	Total Projected Capacity by 3rd Qtr 2025	Projected Additional Capacity Needed	Total Future Bed Capacity (Current + Pending + Needed Beds)	% Increase
Inpatient Psychiatric Facility (Includes State & Community Hospital Beds)	1,038	0	1,038	486	1,524	46.81%
Mental Health Residential Facility (RTF & RTH only)	810	219	1,029	102	1,131	9.91%
Secure Residential Treatment Facility	510	77	587	198	785	33.77%
SUD Residential Facility	1,374	44	1,418	2,357	3,775	166.22%
Withdrawal Management Facility (Clinical & Medical)	301	16	317	571	888	180.13%
Totals	4,033	356	4,389	3,714	8,103	84.63%

June 2024

Community Engagement

The Final Report details our community engagement goals, methods and key themes. An essential component of this project entails **actively involving a diverse range of community members.**

Collecting information and listening to the real-life experiences of Oregonians who have firsthand experience within the behavioral health system across the state, served as **paramount influence in shaping our analysis and recommendations.**

Key Themes

Three common themes quickly emerged during key informant interviews. Although our study primarily focuses on residential behavioral health facilities and their associated capacities, participants frequently addressed additional needs in behavioral health resources and how different points of care impact residential facilities.



Considerations

- Report does not quantify bed needs for specific sub-groups, such as children, older adults, people with complex needs, people with co-occurring disorders, and forensic populations.
- Capital construction costs for residential and withdrawal management reflect new facility builds; renovations likely cost less per bed.
- Funding plan divides new bed builds roughly equally across all 5 years. As an alternate, Oregon could consider frontloading areas of greatest need, e.g SUD Residential and Withdrawal Management, which have the biggest gaps.
- Growing the BH workforce in tandem with executing capital projects is critical for increasing access – a bed built is not a bed filled if there is no one to staff it.
- Bed estimates and 5-year plan represent a point in time estimate – population needs may change over time and investments in less acute settings can offset need for inpatient, residential and withdrawal management.

OHA BH Division completed an RFI

RFI closed Sept 16, 2024

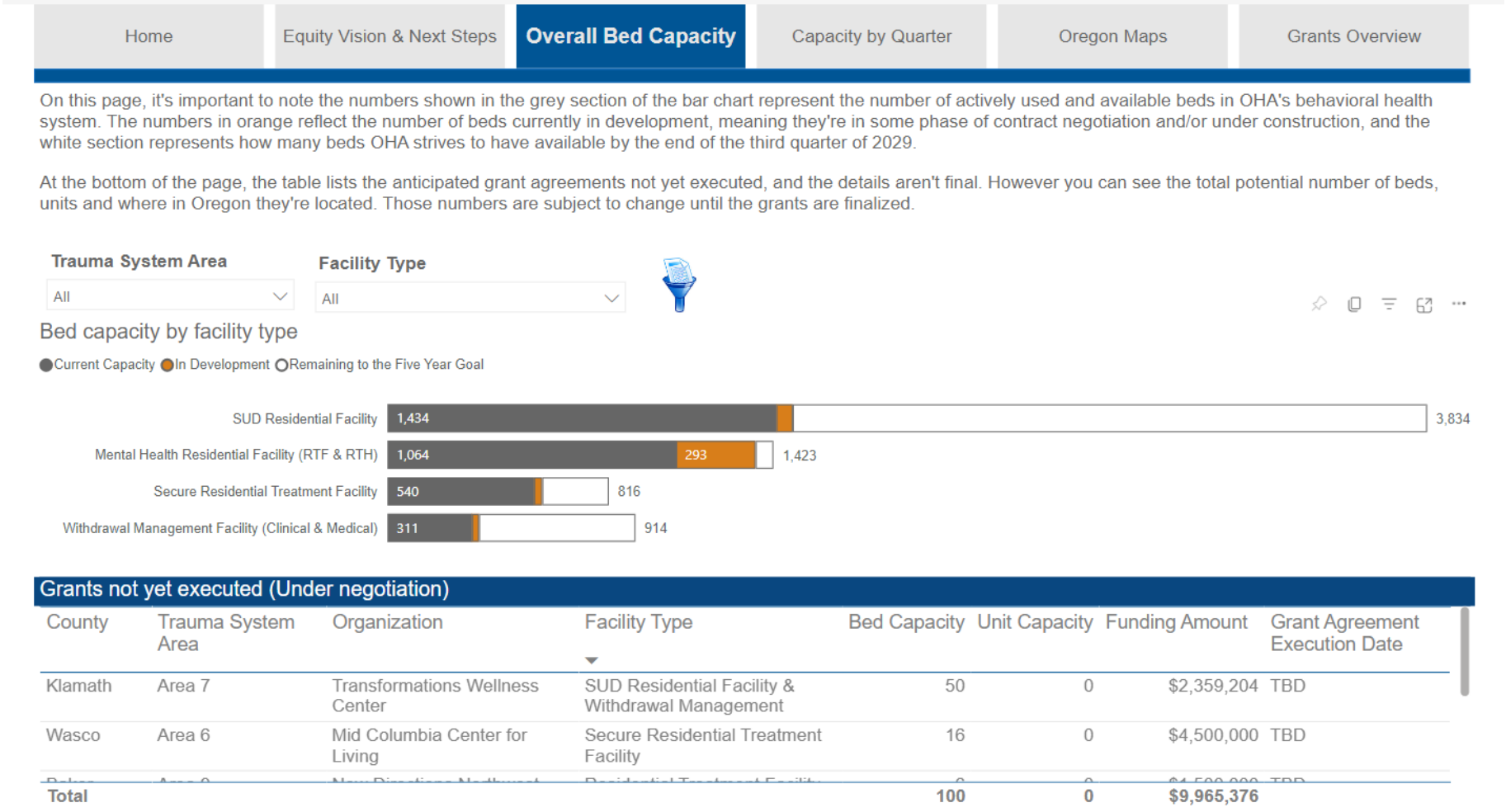
Comparative analysis of project proposals received through RFI will help the state understand how community needs align with the Res+ Study to inform funding recommendations

Governor's Office and OHA BH Division will work to use the results to drive Governor's budget recommendations

Next Steps

- Use regional bed need estimates and 5-year plan to guide investments
 - Lottery bonds
 - Policy Option Package: Regional Funding Hubs
- Develop tracking tools to monitor progress toward closing gaps
- Increase efforts to expand capacity in other areas of the continuum of care, especially housing

New OHA Dashboard to Display BH Residential Capacity Investments Over Time



Children's Mental Health and Substance Use Treatment: Residential Capacity in Oregon

Child & Youth Residential Facilities

Statewide

● Psychiatric Residential Treatment Facilities (PRTF)
● Substance Use Disorder Residential Programs

0 15 30 60 Miles

Coast Range

Cascade Range

Sekiyu National Forest

Medford

Fremont National Forest

Harney Basin

Malheur National Forest

John Day Fossil Beds National Monument

Whitman National Forest

Umatilla National Forest

Gifford Pinchot National Forest

Columbia

Salem

Trillium-Farm

Looking

Eugene

Jasper

Embark

Rimrock

ADAPT

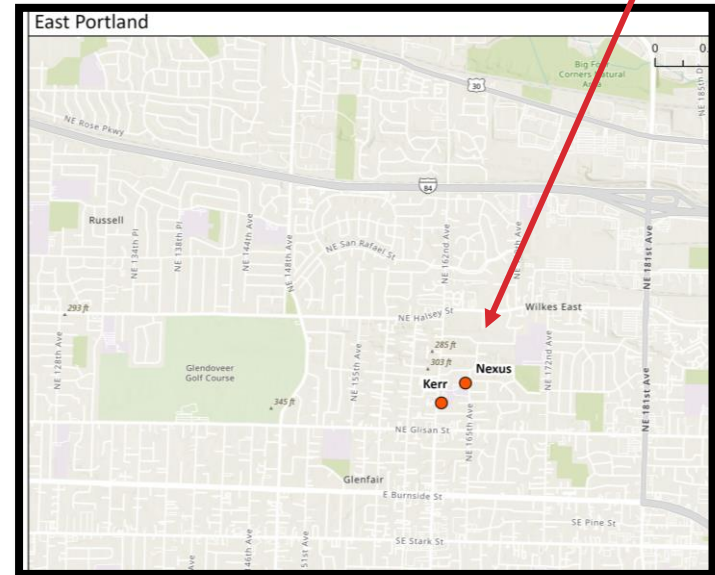
Nexus

Madrona

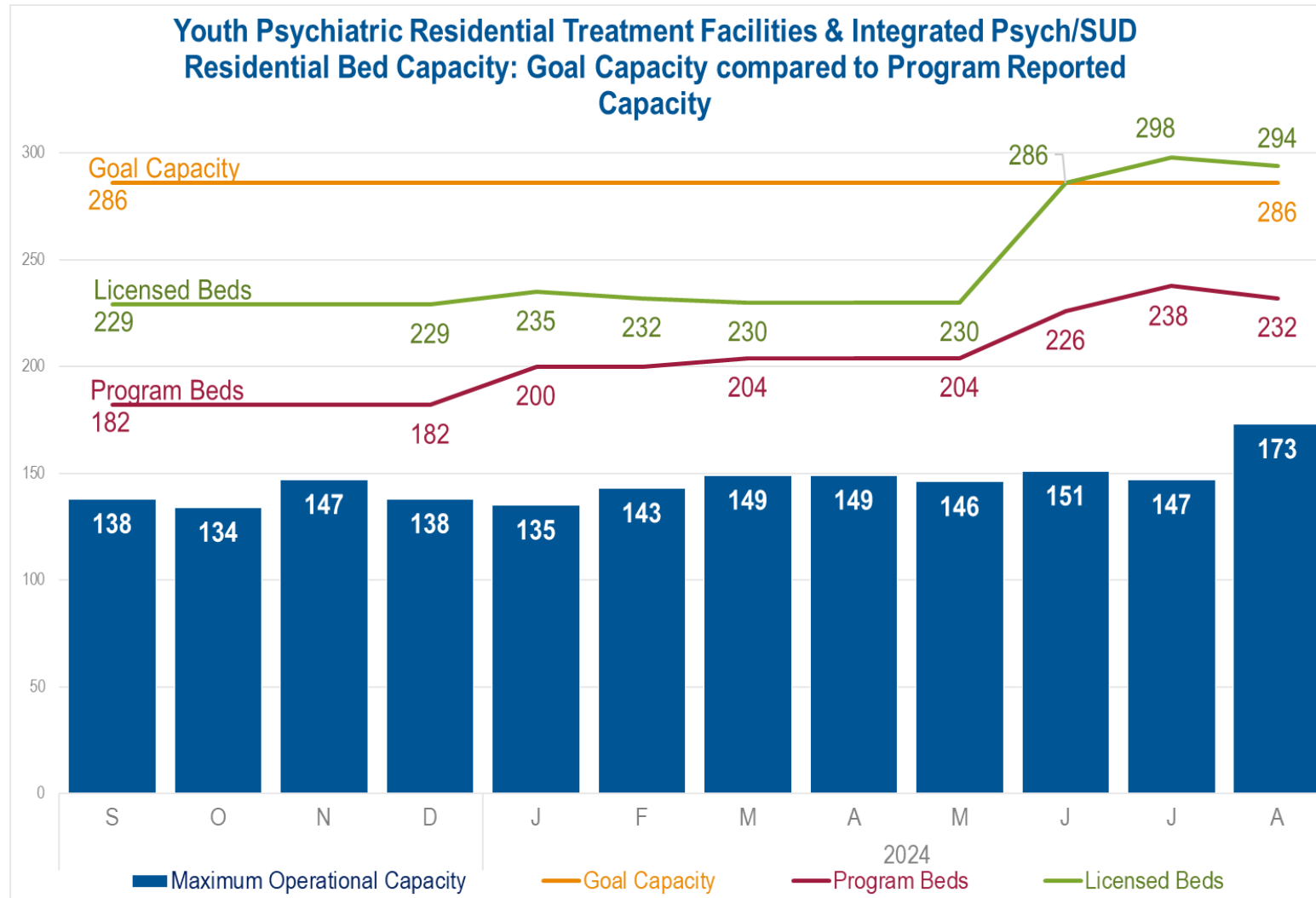
NARA NW

CCS (in Construction)

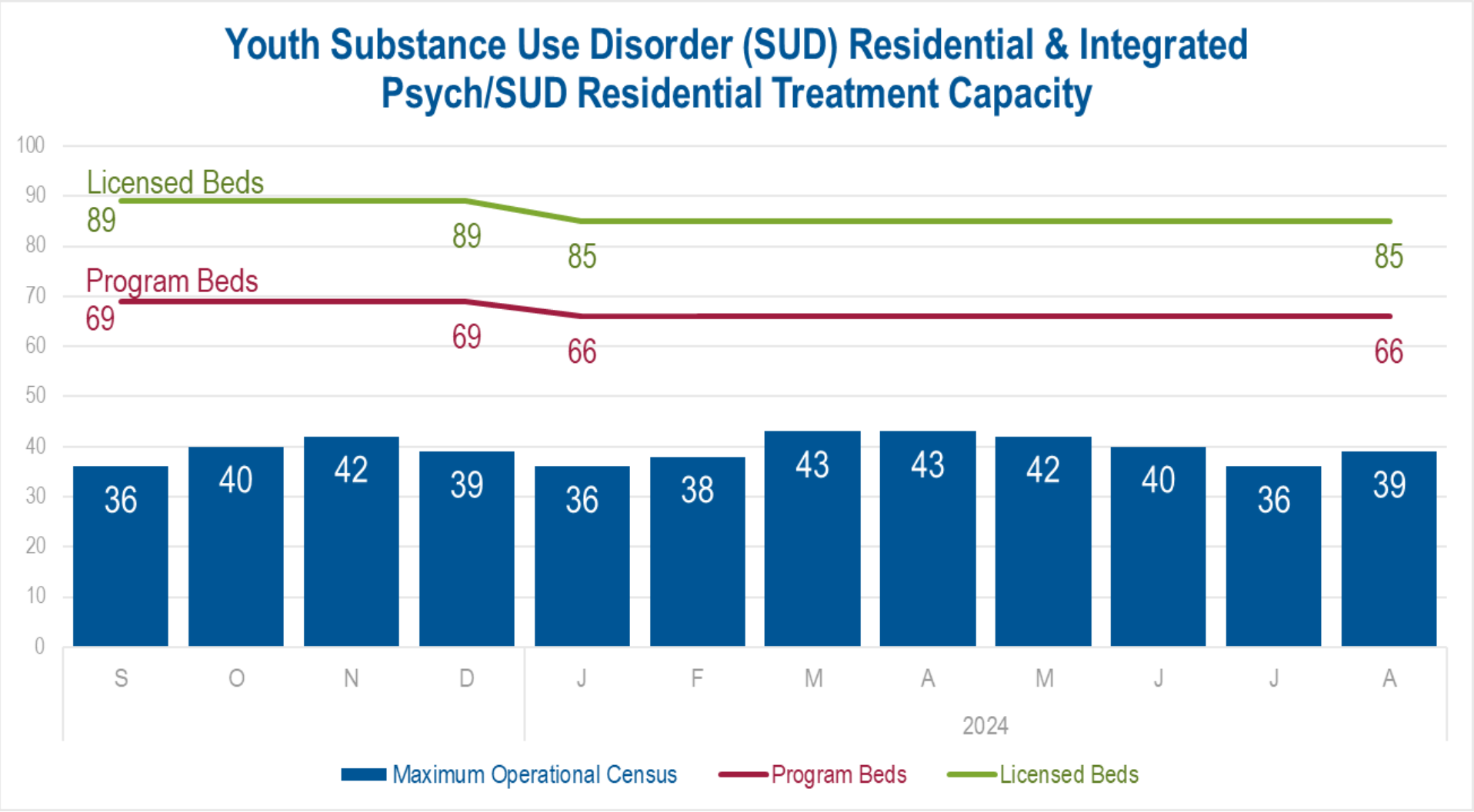
Kennewick



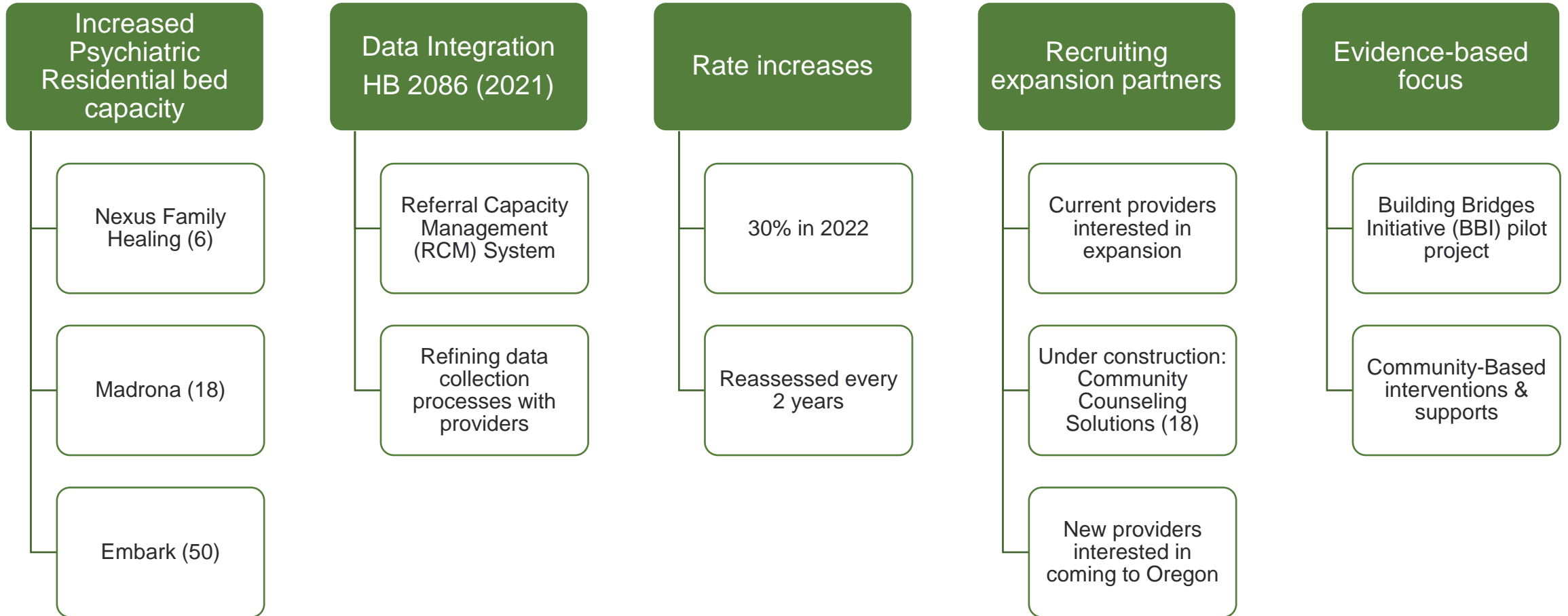
Psychiatric Residential Treatment Capacity



SUD Residential Treatment Capacity



Recent Successes & Current Efforts



Next Steps

Policy Option Package

Referral & Capacity
Management (RCM)
system evolution

Provider communities of
practice

Need for assessing the
child/youth residential
system

Alignment with System
of Care Advisory
Council (SOCAC) and
Alcohol and Drug Policy
Commission (ADPC)



Thank you

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