

# **Behavioral Health Residential+ Study Overview and Findings**

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## Behavioral Health Residential+ Facility Study

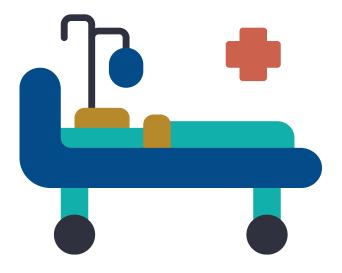
Governor Kotek directed OHA to conduct a study on behavioral health bed capacity needs in Oregon, culminating in a 5-year plan to expand capacity across the state.

OHA retained Public Consulting Group to conduct the analysis. 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.
- Capital construction costs for new facilities.
- Snapshot of overall behavioral health system needs, based on qualitative research and a survey of providers.
- A 5-year plan for funding unmet bed needs.

Link to study: <a href="https://www.oregon.gov/oha/HSD/AMH/DataReports/Behavioral-Health-Residential-Facility-Study-June-2024.pdf">https://www.oregon.gov/oha/HSD/AMH/DataReports/Behavioral-Health-Residential-Facility-Study-June-2024.pdf</a>

## Governor Kotek Initiative #2: Behavioral Health Capacity



Expand 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**

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#### 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.
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## **Data Collection and Analysis**

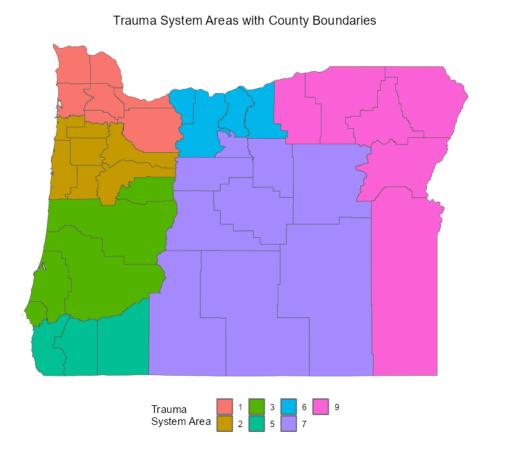
#### **Current Facility Inventory**

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.

#### Staffing/Workforce

Burnout and Safety
Administrative Burden
Pay and Compensation
Peer Expansion and Peer
Experience

#### Facility Access, Availability, and Experience

Wait Times
SUD Level of Care Mismatch
Exclusionary Criteria
Residential Experience

## Funding and Facility Expansion Priorities

SUD Continuum of Care
Culturally Specific Services
Meeting Complex Needs
Peer Workforce Expansion
Models for Rural Communities

#### **Considerations**

Report does not quantify bed needs for specific sub-groups, such as older adults, children, 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.

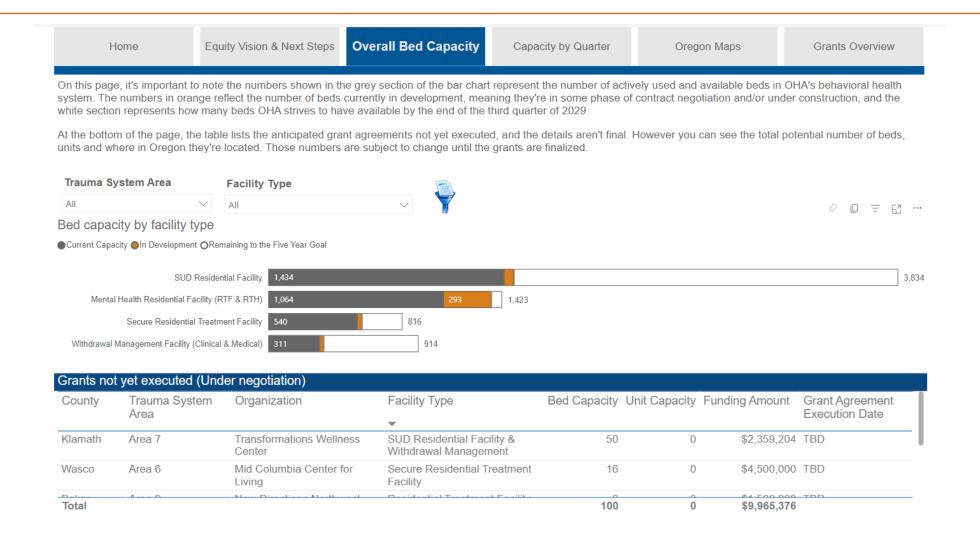
## **OHA BH Division completed an RFI**

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

## New OHA Dashboard to Display BH Residential Capacity Investments Over Time



### Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Sarah Herb at <a href="mailto:sarah.herb@oha.oregon.gov">sarah.herb@oha.oregon.gov</a> or 971-372-9887 (voice/text). We accept all relay calls.

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