



OREGON  
**HEALTH**  
AUTHORITY

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# Veterans Behavioral Health Funding & Oversight

**Presented to:**

House Interim Committee on Emergency Management, General Government, and  
Veterans

**Presented by:**

Christa Jones, Psy.D., Behavioral Health Deputy Director, Service Delivery  
Susan Davis, Veteran and Military Behavioral Health Liaison

# Overview

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- Lottery funding allocations since Measure 96
- Administrative vs. direct service spending
- Funding decisions & accountability mechanisms
- Equity in access across rural, urban, and frontier communities
- Service outcomes & data reporting
- Coordination with ODVA & VA
- Oversight and audits
- Future planning: Veterans Mental Health Plan

# Measure 96 Lottery Allocations

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	2019-21	2021-23	2023-25	2025-27
Veterans Behavioral Health	\$2,500,000	\$2,127,476	\$2,233,850	\$2,879,455
Veterans Dental Program	---	\$1,000,000	\$2,730,796	\$3,519,334

# Measure 96 Funding (2019–21)

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- Veterans Behavioral Health Peer Support Specialist Pilot Program
- Veterans Behavioral Health Improvement Study Community Forums
- Veteran Behavioral Health Small Grant Awards/Community Based Organization Awards
- Veteran and Military Cultural Awareness and Suicide Prevention Trainings
- Peerpocalypse Sponsorships
- Tribal Behavioral Health Grants
- Veteran and Military Connected Mental Health First Aid trainings
- Veteran Brain Injury Advocate
- ODVA Veteran Service Grants funds
- Increasing access to Veteran Peer Services
- Veteran provider workforce development

# Measure 96 Funding (2021-23)

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- Veterans Behavioral Health Peer Support Specialist Program
- Veteran Behavioral Health Small Grant Awards/Community Based Organization Awards
- Veteran and Military Cultural Awareness and Suicide Prevention Trainings
- Peerpocalypse Sponsorships
- Tribal Behavioral Health Grants
- Veteran and Military Connected Mental Health First Aid trainings
- Increasing access to Veteran Peer Services
- Rural and remote focused Peer Services and Suicide Prevention trainings
- DUI screenings for veterans
- Firearms Safety/Suicide Prevention Poster Campaign

# Measure 96 Funding (2023–25)

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- Veteran Peer Support grants – **\$582,885**
- Tribal Veteran Behavioral Health grants – **\$446,770**
- Community-Based Organization grants – **\$543,699**
- Parenting Program contract – **\$65,000**
- MHFA & ASIST training grant – **\$196,868**
- Peerpocalypse sponsorships grant– **\$85,000**
- DUI screenings & education contracts– **\$55,400**
- Suicide prevention trainings/lethal means education grants– **\$148,786**
- Brain injury screening grant – **\$1,818**
- Justice-involved veteran services grants – **\$26,500**
- Suicide Postvention training contract – **\$38,647**
- Veterans Village Pride outreach – **\$16,808**

# Administrative vs. Direct Services

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- 100% of VSF dollars → Grants & contracts for veteran-serving orgs
- OHA staffing (1.5 FTE) funded by other state resources
- Grantee admin costs capped at  $\leq 10\%$  (Tribes use federal indirect rates)
- OHA does not yet collect detailed admin vs. direct service expenditure data
- 0.5 FTE currently vacant in VMBH program

# Funding Allocation & Accountability

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## **How funding decisions are made:**

- Competitive grants – reviewed by subject matter experts
- Direct awards – for rural/frontier areas or culturally specific services

## **Accountability mechanisms:**

- Progress reports on deliverables & goals
- Data collection: # served, service status, SDOH screenings
- Regular monitoring & technical assistance
- Contracts require evidence-based practices



# Equity & Access Strategies

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- Prioritize rural & frontier direct awards where few providers exist
- Require/encourage virtual services for remote veterans
- Target outreach to underserved veterans (rural, women, LGBTQIA+, BIPOC)
- Leverage Peer Support Specialists with lived experience
- Address Social Determinants of Health (housing, transportation, digital access)
- Enhance cross-program coordination to reduce fragmentation

# Number of SMVF Served (2023–2025)

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## Partial data (coordinated agency numbers pending):

- Trainings & direct services: **1,922**
- Community trainings: **582**
- Direct services: **1,952** (major categories)
- Other smaller programs: **25–58 participants each**
- Outcome data (clinical/social-emotional) not currently required

# Coordination with ODVA & VA

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- Regular interagency meetings & joint planning
- Participation in **Governor's Challenge to Prevent Suicide**
- Coordination on grants, training, outreach
- Align funding to fill gaps—not duplicate VA services
- Ongoing work to strengthen **data sharing & outcome tracking**

# Oversight & Monitoring

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- Contracts distinguish clinical vs. non-clinical services
- Required reports: service descriptions, # served, categories, feedback
- Site visits & outreach event monitoring
- Complaints investigated by OHA staff
- Staffing constraints (1.5 FTE, vacancy since March 2024) limit oversight capacity

# Audits & Evaluations Since 2019

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- No formal internal audits or third-party evaluations
- Ongoing monitoring & technical assistance in place
- Corrective actions: clarifying expectations, revising deliverables, funding adjustments if needed
- Exploring:
  - Standardized performance metrics
  - More site reviews/fidelity assessments
  - Independent evaluation options

# Veterans Mental Health Plan Discussion

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- No current Per-Member Per-Month estimate → requires actuarial analysis
- Would need to assess:
  - Eligible population size & demographics
  - Utilization rates
  - Covered services & provider reimbursement rates
  - Alignment with VA/community systems

# Lessons from Veterans Dental Health Plan

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- Defined benefit structure → strong accountability & ROI tracking
- VMBH grant model → flexible but decentralized, limited standardization
- Staffing constraints limited infrastructure development
- OHA open to exploring more structured models informed by Dental Plan success

# Consolidated Veterans Mental & Dental Health Plan

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- Open to exploring feasibility & design with Legislature, ODVA, and community partners
- Transition would require:
  - Systems redesign of funding & administration
  - Provider capacity review
  - Alignment with population needs
- OHA committed to centering veterans' voices in planning



# Closing

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- OHA is committed to:
  - Ensuring VSF dollars are spent effectively
  - Improving data tracking & accountability
  - Strengthening partnerships with ODVA & VA
  - Advancing equity & access for all veterans
- Open to legislative direction on next steps

# Thank you

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Contact:

Robert Lee

**Senior Policy Advisor**

Robert.Lee@oha.oregon.gov

