



OREGON  
**HEALTH**  
AUTHORITY

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# Overview of Behavioral Health in Oregon

*Presented to:*  
*House Interim Committee on Behavioral Health*

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# Agenda

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1. Defining Behavioral Health
2. Oregon's Behavioral Health Landscape
3. OHA's Behavioral Health Division Approach
4. Behavioral Health System & Partner Overview
5. Populations Served
6. Behavioral Health Transformation Progress & Key Updates
7. Priorities & Federal Impacts

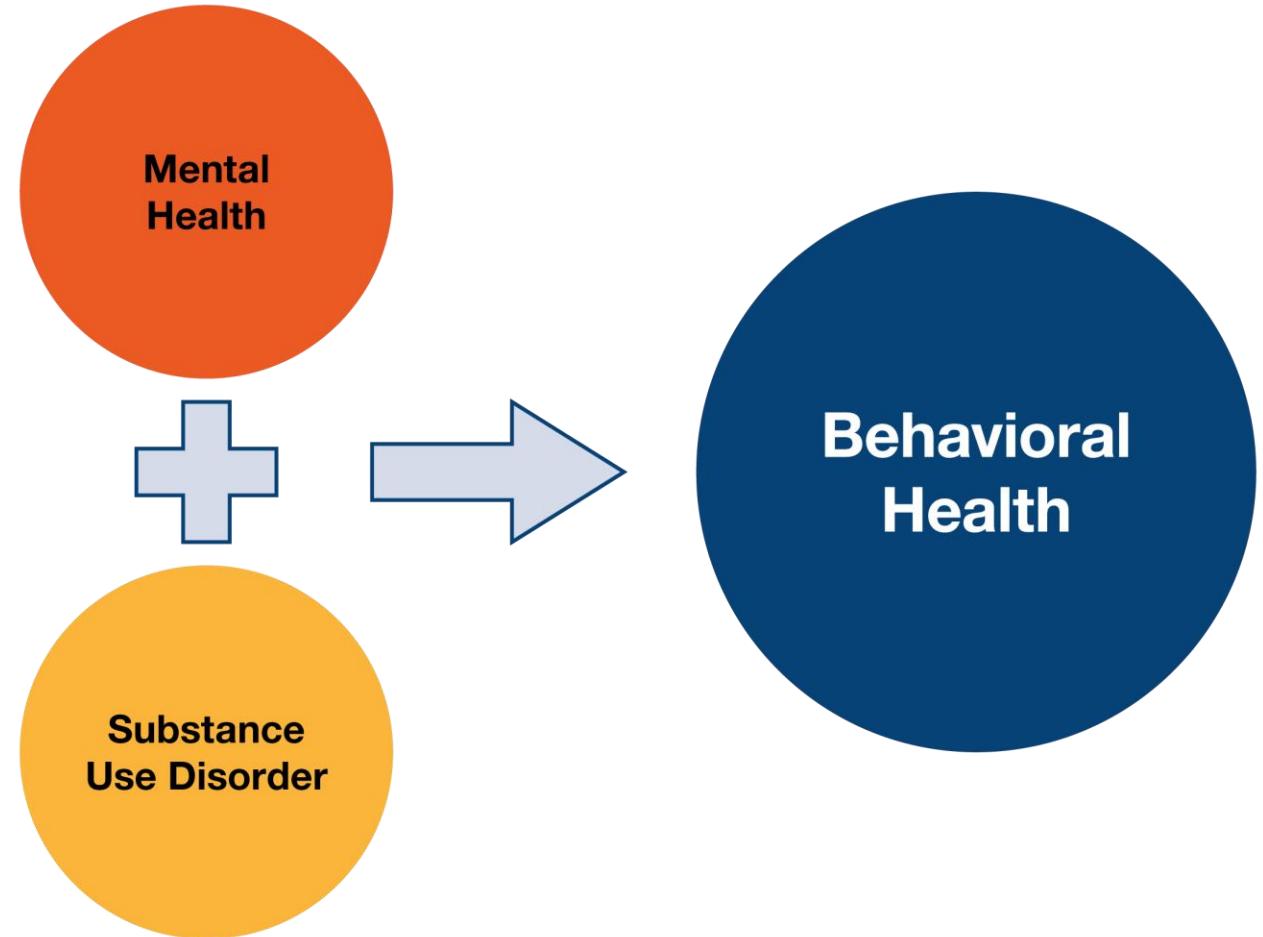
# What is Behavioral Health?

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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



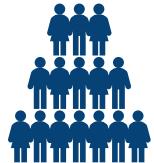
# Social Determinants Impact Behavioral Health

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- Quality health care access
- Education opportunities
- Employment opportunities
- Economic stability
- Community connection
- Affordable housing

# Oregon's Behavioral Health Landscape



Oregon's behavioral health workforce is growing, but needs more advanced and culturally/linguistically specific providers and expansive career pathways



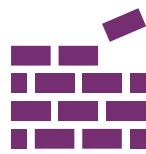
The number of people under aid and assist orders or civil commitment increased, deepening capacity and process challenges at Oregon State Hospital



Mental health and SUD diagnoses for Oregon Health Plan members increased since 2022, exacerbating system capacity and service eligibility limitations



Oregon is expanding the behavioral health crisis system, ensuring services are available 24/7 in every county, but workforce limitations have slowed progress



System capacity continues into 2025 with over 240 BHRN grants, but barriers to access persist, particularly by geography and levels of care, and declining cannabis tax revenue.

# OHA's Behavioral Health Division Approach

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.



Maintain and advance system infrastructure and workforce



Sustain and expand access to behavioral health services and supports



Engage community in development of solutions and vision



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



# OHA's Strategic Plan

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## Strategic Goal

Eliminate health inequities  
in Oregon by 2030



# Transforming Behavioral Health

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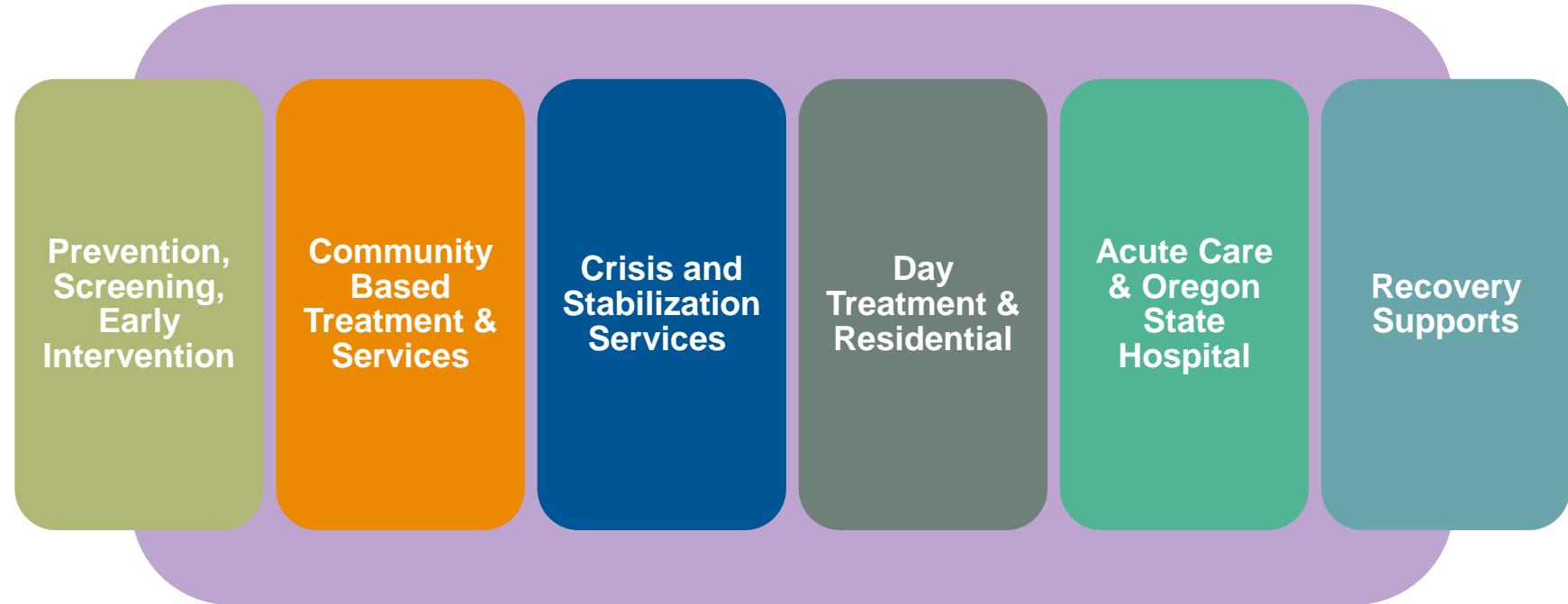
**Behavioral Health Division** is driving the following strategies to transform Behavioral Health:

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

# Behavioral Health Treatments and Services

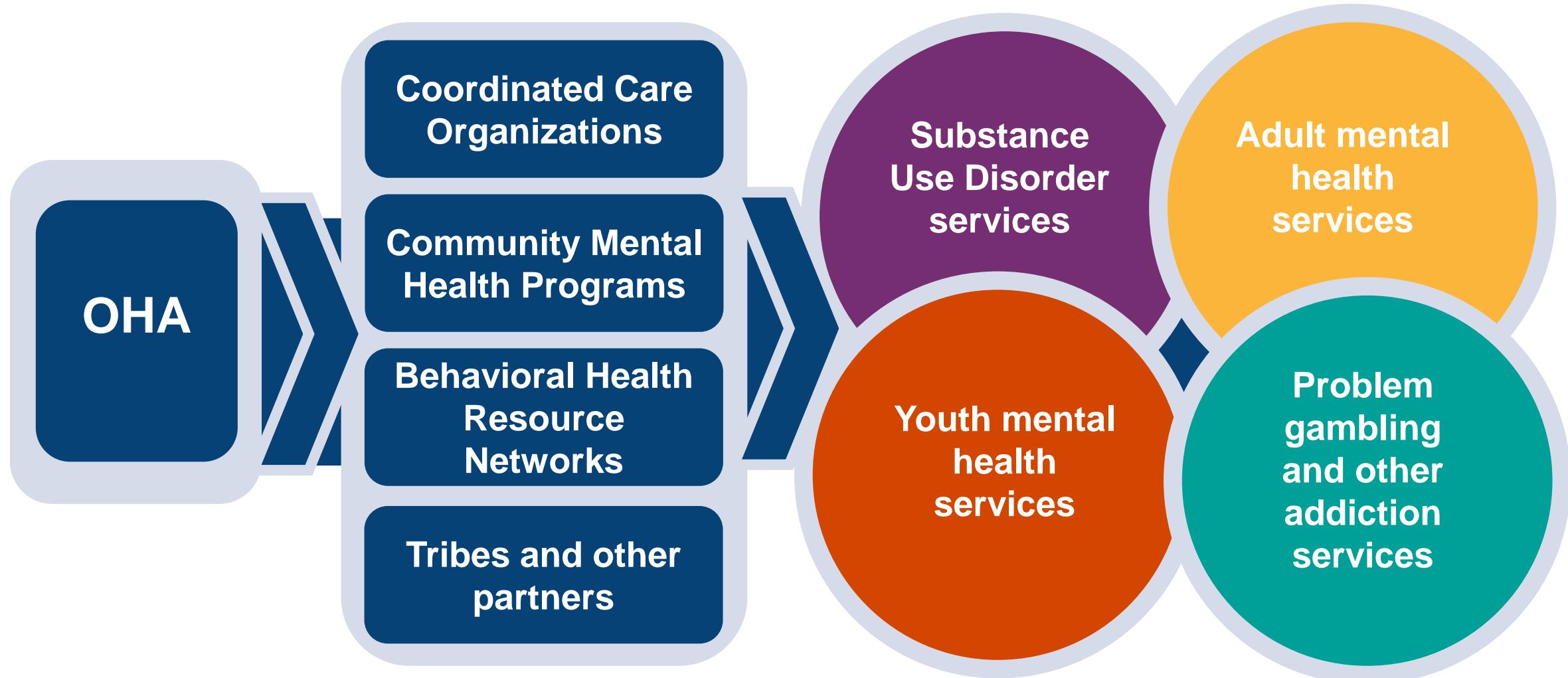
Behavioral health is a care approach that prevents and treats:

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

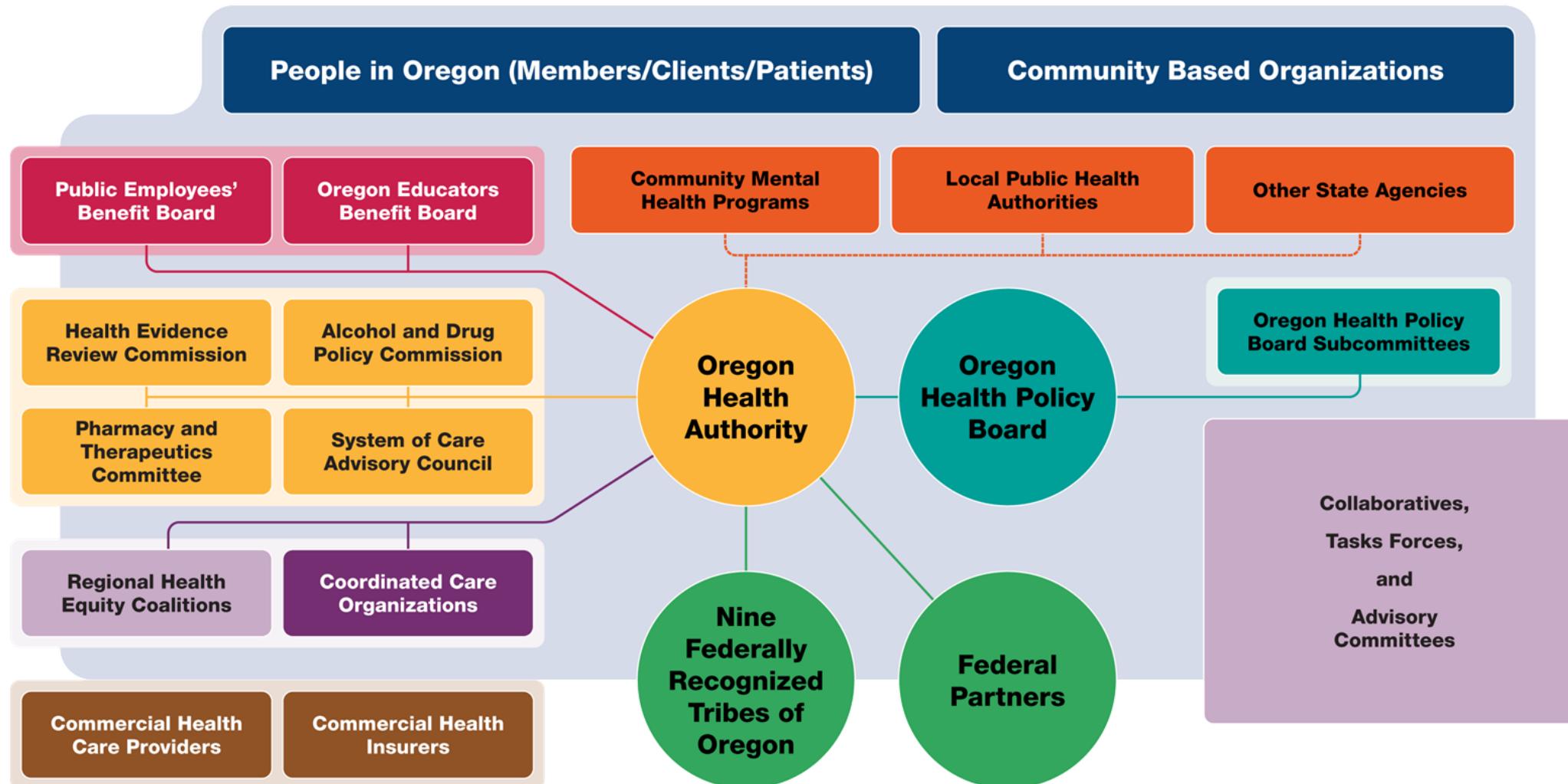


Behavioral health needs can be experienced **across the life span** of a person, from birth to the end of life.

# Behavioral Health Services Funding Pathways



# External Partnerships



# Key Behavioral Health Partners

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## 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



## 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

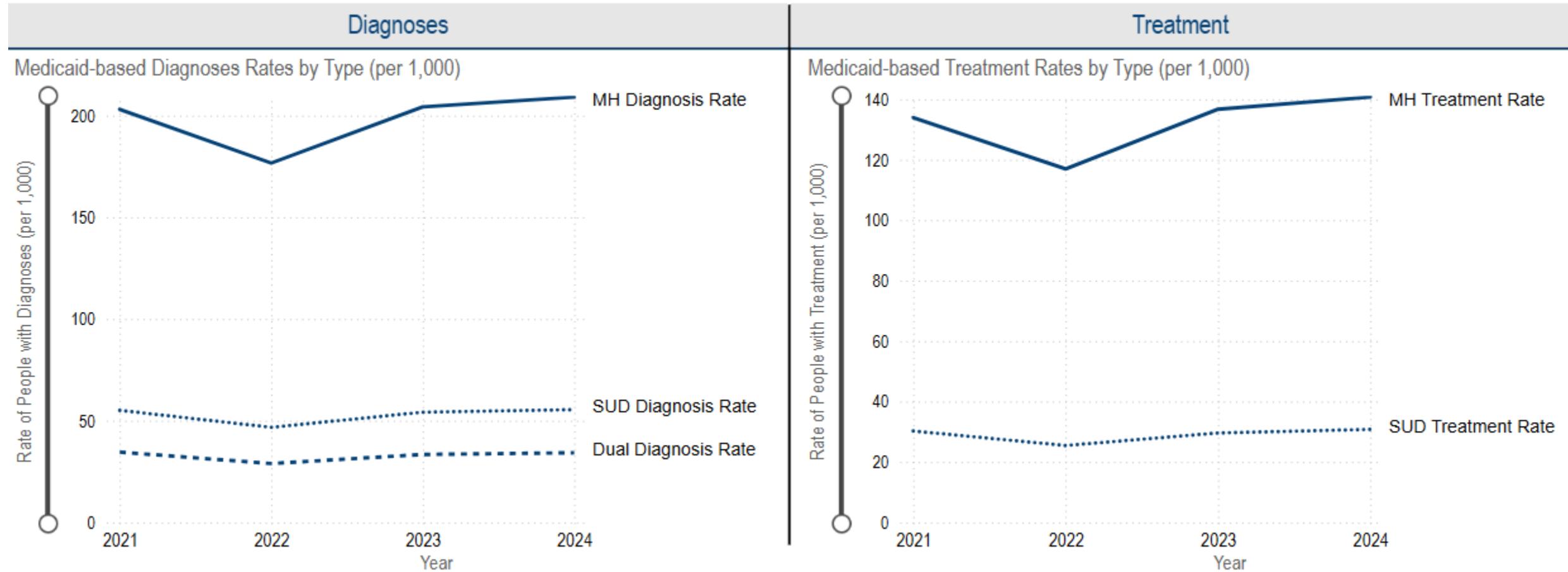
## Behavioral Health Providers

- Counties, non-for-profit organizations, or for-profit businesses
- May be paid by multiple sources (CCOs, private insurers, etc.)
- Multiple payers translates to multiple requirements for reporting and outcome measures

## Behavioral Health Resource Networks (BHRNs)

- 36 BHRNs with a total of 234 partners providing SUD services in counties and Tribes
- Services include screening, assessment, housing, harm reduction intervention, low barrier SUD treatment, and peer support mentoring.

# Statewide Medicaid Diagnosis and Treatment Rates



# 2024 – SUD and Mental Health Diagnosis Rates

Rate of SUD Diagnoses (per 1,000)

55

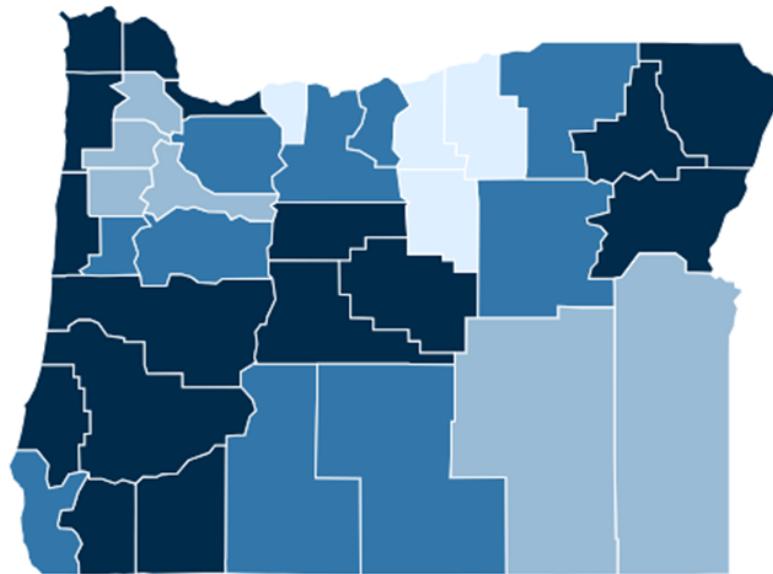
Rate of MH Diagnoses (per 1,000)

203

Rate of Dual Diagnoses (per 1,000)

38

Rate of SUD Diagnoses by County



Map legend: Rate (per 1,000)

<40

40-49

50-59

60+

Map legend: Rate (per 1,000)

<80

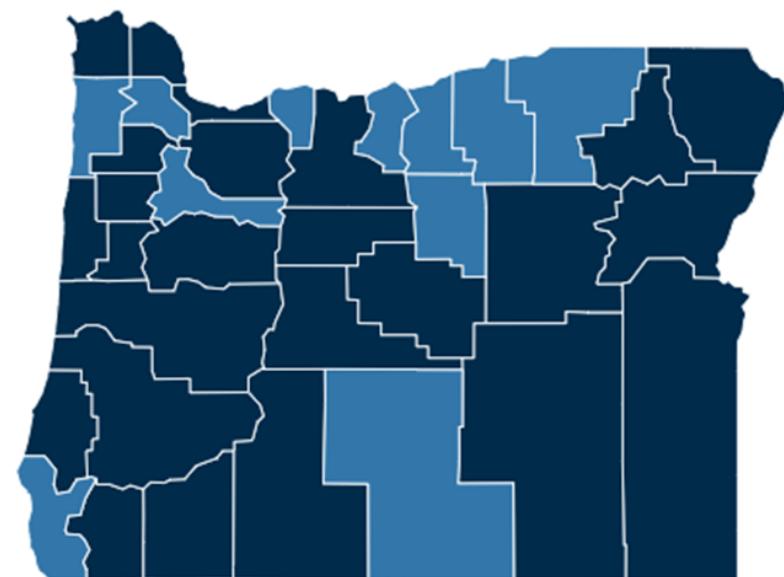
80-119

120-159

160-199

200+

Rate of Mental Health Diagnoses by County



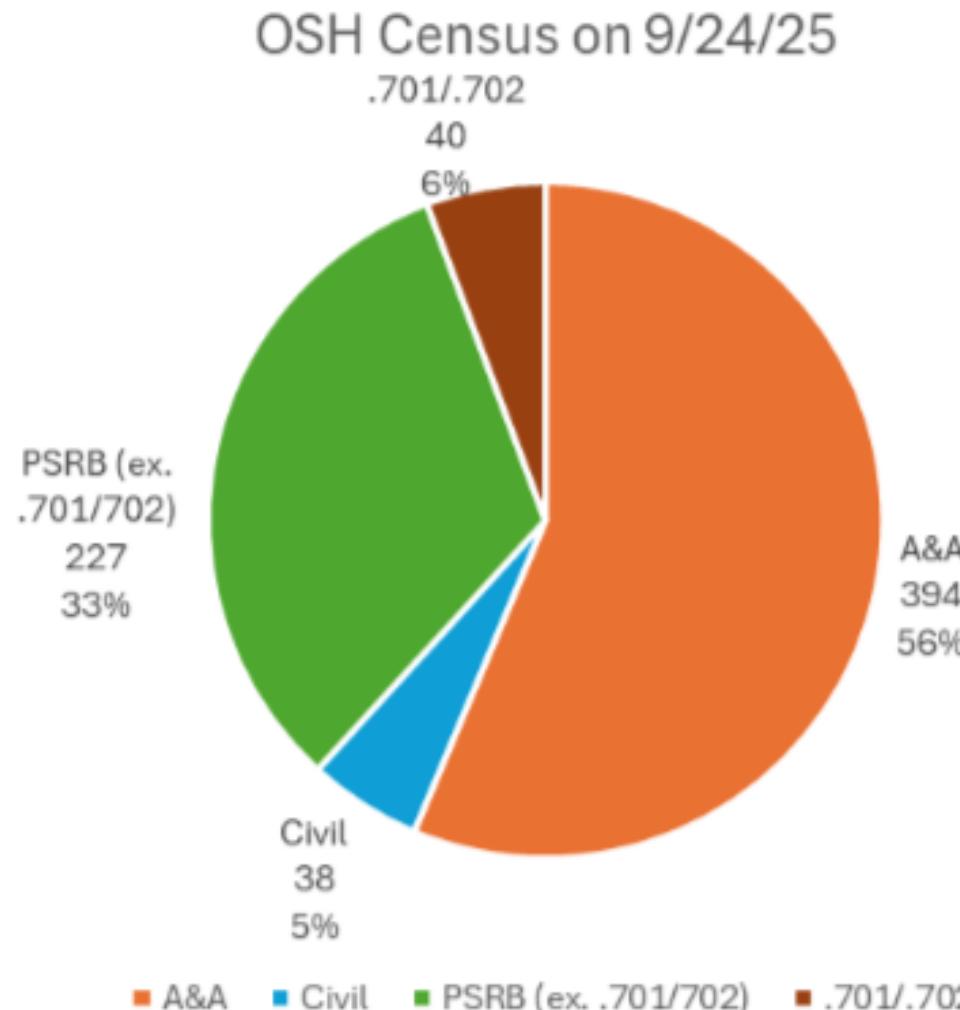
## Service Reach Highlights

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- 2024 – Medicaid Culturally and Linguistically Specific Services (CLSS) Provided
  - 12,005 individuals received at least one SUD or Mental Health service from an approved CLSS Provider
- 2024 – Certified Community Behavioral Health Clinics (CCBHC) Services Provided
  - 35,605 individuals received at least one service from a CCBHC

# Oregon State Hospital

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- Part of the larger continuum of behavioral health services
- Highest level of care for adults with serious mental illness
- Operated by OHA as a separate division from Behavioral Health Division

# Key Challenges in Behavioral Health and OSH

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## Challenges in 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 in 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

# Behavioral Health Investments (1 of 3)

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## 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 5525 (2023) Jail diversion and enhance civil commitment services
- SB 5504 (2024) SUD treatment for DOC
- HB 2005 (2025) Forensic Behavioral Health Omnibus
- HB 2059 (2025) Residential Behavioral Health Capacity Program
- PKG 801 (2025) Behavioral Health Permanent Supportive Housing
- POP 551 (2025) Harm Reduction Clearinghouse

# Behavioral Health Investments (2 of 3)

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## Strategic and Structural Supports

- 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

# Behavioral Health Investments (3 of 3)

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## 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
- HB 2015 (2025) Development and Operations of Residential Behavioral Health Programs
- HB 2024 (2025) Behavioral Health Workforce Incentives, Reimbursement, Study, and Safety
- SB 296 (2025) Study of Adult Foster Homes and Residential Care Regulatory Framework
- SB 739 (2025) Residential Care Facility Investigations
- POP 552 (2025) – Residential+ Study

# Behavioral Health Transformation Progress Overview

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## Access

- Expanding home and community-based services
- Expanding Culturally and Linguistically Specific Services

## Behavioral Health Workforce

- Reducing administrative burden
- Retaining behavioral health workforce

## Transparency and Accountability

- Revamping the County Financial Assistance Agreement
- Developing public dashboards
- Engaging community in rule changes

## System Capacity

- Expanding residential capacity
- Expanding behavioral health crisis services

# Key Progress in Oregon's Behavioral Health System (1 of 2)

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- **Conducted first in-kind study of Oregon's residential treatment system**, identified gaps and recommendations to guide evidence-based development
- In alignment with the [Residential+ Facility Study](#) findings, **\*991 new behavioral health beds** are projected to be operational by December 2026.
- **Almost quadrupled services across all areas** over 33 months of BHRN operations
- **Over 724,000 naloxone doses distributed** through Save Lives Oregon Harm Reduction Clearinghouse, and over **20,000 opioid overdose reversals reported**
- **Maintained 89% retention** of 282 loan repayment recipients in Oregon's behavioral health workforce.
- **Enacted 495 contracts with 159 behavioral health organizations, CMHPs, and Oregon's Nine Federally Recognized Tribes** to increase credentialed providers, retention and peer workforce development



*\*Note: this data was taken from the [Behavioral Health Housing & Licensed Capacity Investments Dashboard](#) – Capacity by Quarter projections as of 09/24/2025*

# Key Progress in Oregon's Behavioral Health System (2 of 2)

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- Certified Community Behavioral Health Clinics **increased access to treatment by 4.9% overall**, with 30.6% in rural and 14.5% in remote areas
- Since July 2024, **created three new Opioid Treatment Programs (OTPs) and one new non-mobile medication unit**. Additional funding (from the Opioid Settlement Prevention, Treatment, and Recovery Board) will also create one new mobile medication unit in Lane County and nine non-mobile medication units in underserved areas of the state. Two of these non-mobile units are projected to open in the next three months.
- The most recent data (Quarter 11 March 2025), shows **over 2.6M client encounters since June 30, 2022**, in the seven BHRN service areas.
- **Licensed first Integrated Psychiatric and Substance Use Residential facility**, which includes 4 beds specifically for youth detox
- **Of the 162 BHRN member organizations funded for peer support in the last grant cycle, over 40% saw clients five or more times a week** to raise awareness, build trust, and encourage engagement with services and supports



# Expansion of Residential Capacity Updates

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- OHA has seen a significant growth in licensed residential capacity and continues to work towards the goals identified in the [Residential+ Facility Study](#).
- Impacts of investment of approximately \$395M appropriated to expand behavioral health housing and facilities:
  - Secure Residential Treatment Facility beds = 109
  - Mental Health Residential Treatment Home & Facility beds = 249
  - SUD Residential Treatment Facility beds = 569
  - Withdrawal Management Facility beds = 144
- House Bill 2059 (2025) continues to advance OHA's goal to increase licensed residential behavioral health capacity statewide in alignment with the findings in the Residential+ Facility Study. With 16 projects identified for funding through HB 2059, the following increased capacity is anticipated:
  - Secure Residential Treatment Facility beds = 44
  - Mental Health Residential Treatment Home & Facility beds = 42
  - SUD Residential Treatment Facility beds = 68 *new* & 54 *preserved*
  - Withdrawal Management Facility beds = 6
  - Inpatient Psychiatric beds = 10

# House Bill 2024 (2025) Updates (1 of 3)

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**Total Funding Available: \$4,754,411**

## **Funding Allocations:**

### **20% (\$975K) to Direct Contracts**

- \$500K To Oregon's 9 Federally Recognized Tribes
- \$225K To Oregon Youth Authority (OYA)
- \$250k To Oregon's 988 Crisis Hotline Centers

### **80% (\$3.7M) for Open Solicitation (RFGA)**

- RFGA designed to prioritize Mobile Crisis Services, Forensic Services, Medication-Assisted Treatment (MAT) Programs, Child, Family & Youth Services, and Culturally and Linguistically Specific Providers and Services (CLSS)

# House Bill 2024 (2025) Updates (2 of 3)

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## Desired Outcomes:

- Improve the recruitment and retention of behavioral health care providers, especially in rural, frontier, and other high-need areas across the state.
- Reduce provider vacancy rates at organizations that provide essential behavioral health services.
- Increase the number of individuals training for and entering the behavioral health workforce

- Increase and expand service capacity and capabilities for rural and underserved communities.
- Support career advancement opportunities for behavioral health providers through education and training.
- Increase the behavioral health system's capacity to provide culturally responsive care that is deeply embedded in equity-centered cultural responsiveness, de-stigmatization of services, promotion of restorative healing and community empowerment.

# House Bill 2024 (2025) Update (3 of 3)

## Tentative Timeline

| Date             | Milestone   |
|------------------|---|
| 9/05/25          | RFGA materials submitted to OHA's Contracts Strategy & Coordination Team for review. Collaboration with Office of Contracts and Procurement (OC&P) and Oregon Department of Justice (ODOJ) to follow. |
| 9/29/25          | RFGA solicitation and application materials posted on OregonBuys  |
| 10/31/25         | Application deadline: all applications must be submitted by 11:59 PM PST  |
| 10/27 – 11/14/25 | Application review and evaluation period by Grant Review Committee (GRC)  |
| 11/19/25         | Notice of Awards (NOA) posted to OregonBuys and emailed to all applicants   |
| 12/18/25         | Anticipated project start date and initial distribution of funds begins   |

# Transforming Behavioral Health Strategy – Outcome Measure Updates

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| TBH Strategy  | Measure   |
|---|---|
| <p><b>Strategy 1</b> – Connect all Oregonians to care: Measure, incentivize, and increase timely access to culturally and developmentally responsive behavioral health services and supports across the life course, in the community. [No-wrong door approach]</p> | <p>Ensure treatment demands in the state are met.</p> |

Finalized and on [OHA SP Dashboard](#)

\*\*This outcome measure uses federal data that has experienced adverse impact in 2025

# Transforming Behavioral Health Strategy – Outcome Measure Updates

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| TBH Strategy  | Measure   |
|---|---|
| <p><b>Strategy 2 – Bolster the BH workforce:</b> Recruit, retain, and expand the capacity of the BH workforce to provide culturally and linguistically responsive care.</p> | <p>Increase the number of people incentivized to pursue or sustain a career in behavioral health.</p> |

Finalized and on [OHA SP Dashboard](#)

# Transforming Behavioral Health Strategy – Outcome Measure Updates

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| TBH Strategy  | Measure   |
|---|---|
| <p><b>Strategy 3 – Adopt a BH in All Policy –</b><br/>by addressing upstream social determinants of health and structural challenges through a primary prevention lens.</p> | <p>Increase the utilization of health-related services among people with severe mental illness and substance use-related needs.</p> |

Finalized and on [OHA SP Dashboard](#)

# Transforming Behavioral Health Strategy – Outcome Measure Updates

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| TBH Strategy   | Measure  |
|--|--|
| <p><b>Strategy 4 – Improve transparency and accountability:</b> Increase public transparency and accountability for the outcomes that our statewide BH investment dollars achieve.</p> | <p>Establish public facing dashboards that demonstrate accountability and transparency for funds invested in the behavioral health system.</p> |

Finalized and on [OHA SP Dashboard](#)

# Transforming Behavioral Health Strategy – Outcome Measure Updates

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| TBH Strategy   | Measure   |
|--|---|
| <p><b>Strategy 5 – Build system capacity:</b><br/>Measure, monitor, and close the statewide gap in treatment capacity, with a focus on high-acuity SUD and SPMI specific to children, youth and adult populations.</p> | <p>Decrease the number of people accessing the emergency department for behavioral health visits.</p> |

Finalized and on [OHA SP Dashboard](#)

# 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
  - Certified Community Behavioral Health Clinics
- Decrease admin burden

## Access to services and supports

- Enhance SUD continuum of care to address overdose crisis
- 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

# Federal Policy & Budget Impacts on Behavioral Health

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- Medicaid policy
  - Access
  - Workforce
  - CCOs were offered a 10.2% rate increase for Medicaid FFS contracts. At least one CCO has indicated they will exit this work (in an area where there is another CCO).
- SAMHSA Reorganization under Administration for a Healthy America
  - Block Grants (Mental Health and SUPTRS) and State Opioid Response grants
    - No definitive funding decrease
    - Block Grant restructuring
    - OHA BHD continues to monitor and re-apply/apply to opportunities for existing and supplemental funding
- H.R. 1 (2025)
  - Indeterminate

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# Thank you!

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