January 20, 2026

Honorable Senator Lisa Reynolds, Chair
Honorable Senator Dick Anderson, Vice Chair
Senate Interim Committee on Early Childhood and Behavioral Health
900 Court Street NE
State Capitol
Salem, OR 97301

SUBJECT: January 14, 2026 Committee Questions

Dear Chair Reynolds, Co-Chair Anderson and Committee Members:

Please find information below requested by members of the Senate Interim Committee on Early Childhood and Behavioral Health at the January 14, 2026 meeting on Behavioral Health Licensing & Certification.

Bed Capacity, Staffing, and Utilization

In Oregon's behavioral health system, "capacity" can refer to several related but distinct concepts. *Licensed capacity* reflects the maximum number of beds a facility is authorized to operate under its license. *Staffed capacity* reflects the number of beds a program can support based on available workforce. *Utilization* or *occupancy* refers to how many beds are filled at a given point in time.

For youth residential programs, staffed capacity information is publicly reported. As noted during the hearing, Senator Gelser Blouin's question is regarding youth bed capacity is addressed on page 16 of the 2025 Annual Report on Children's Psychiatric Residential Treatment Facility Capacity, which is also linked in the slide below the licensed numbers. In the report, OHA uses the term "program beds" to

describe the number of beds that the program can support with their current staffing, which may be lower than the licensed maximum.

At this time, OHA does not maintain a single, statewide dataset that captures real-time utilization or occupancy across all licensed behavioral health residential facilities. Licensing data establishes authorized capacity but does not track daily census or workforce availability across provider types.

However, Oregon partners do use an operational tool to support real-time coordination of behavioral health placements. The Oregon Behavioral Health Coordination Center (OBCC), operated by Oregon Health & Science University, allows participating providers and system partners to share self-reported information about available behavioral health beds for care coordination purposes. While OBCC improves situational awareness and placement efficiency, participation varies by provider and region, and the tool is not owned or governed by OHA. As such, it does not represent a comprehensive or authoritative source of statewide utilization data.

OHA continues to explore ways to better understand operational capacity across the system, while maintaining appropriate distinctions between licensing, program operations, and real-time care coordination functions.

Integrated Co-Occurring Providers

Mental health and substance use disorder (SUD) treatment services can and often are provided within the same facility by the same provider organization in Oregon, when the organization is appropriately licensed to do so.

Oregon licenses behavioral health treatment providers by service type, rather than by diagnosis. Provider organizations that hold both mental health and SUD treatment approvals may deliver integrated, co-occurring services within a single program or facility. In these settings, the same multidisciplinary clinical team (such

as licensed clinicians, qualified mental health professionals, peer support specialists, and other credentialed staff) may provide care addressing both mental health and substance use needs, consistent with their individual credentials and the program's license.

The Integrated Co-Occurring Disorders (ICOD) program was established in 2021 by House Bill 2086 (2021) to intentionally support and expand this model of care. Today, the ICOD program consists of over 50 provider organizations at over 60 locations throughout the state. These providers are specifically approved to deliver integrated treatment to individuals with co-occurring mental health and substance use disorders, using coordinated treatment planning, shared clinical teams, and unified program operations.

The ICOD webpage can be found HERE. A direct link to the most up-to-date provider list can be found HERE.

Mobile Crisis Units

Mobile crisis services in Oregon are primarily delivered through Community Mental Health Programs (CMHPs), which are county-operated or county-contracted systems responsible for providing crisis response within their service areas. Legislative funding provided to counties supports these CMHP-based mobile crisis teams, allowing each county to design and operate mobile crisis services that meet local needs. As a result, mobile crisis teams are located throughout the state and are administered at the county level, rather than as a small number of centrally operated programs.

In addition to CMHP-operated mobile crisis teams, Oregon has two mobile crisis programs that are not operated by CMHPs. Both of these programs are located in Lane County and were referenced during the hearing because they are licensed as non-CMHP providers:

- **Riverview Center for Growth** provides Mobile Crisis Intervention Services and Mobile Response Stabilization Services for individuals 20 years old and younger across the county.
- **Western Lane Fire and EMS Services** provides Mobile Crisis Intervention Services for Lane County's Oregon Coast.

These two programs operate alongside, but separate from, the CMHP-based crisis system and reflect local service delivery arrangements specific to Lane County.

In summary, legislative investments in mobile crisis services primarily flow to counties to support CMHP-operated mobile crisis teams statewide, while a small number of non-CMHP providers (currently two, both in Lane County) also deliver mobile crisis services under Oregon's licensing framework.

Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,

Ebony Clarke
Behavioral Health Director
Oregon Health Authority