



OREGON  
**HEALTH**  
AUTHORITY

Jan. 23, 2025

# Behavioral Health 101

Presented to:

Senate Committee on Early Childhood and Behavioral Health

Ebony Clarke, OHA Behavioral Health Director

# Agenda

---

- Defining Behavioral Health
- Factors Impacting Behavioral Health
- Oregon Behavioral Health System Overview
- Behavioral Health System Partners
- Current Challenges
- Behavioral Health Investments
- Key Progress
- Priorities Moving Forward

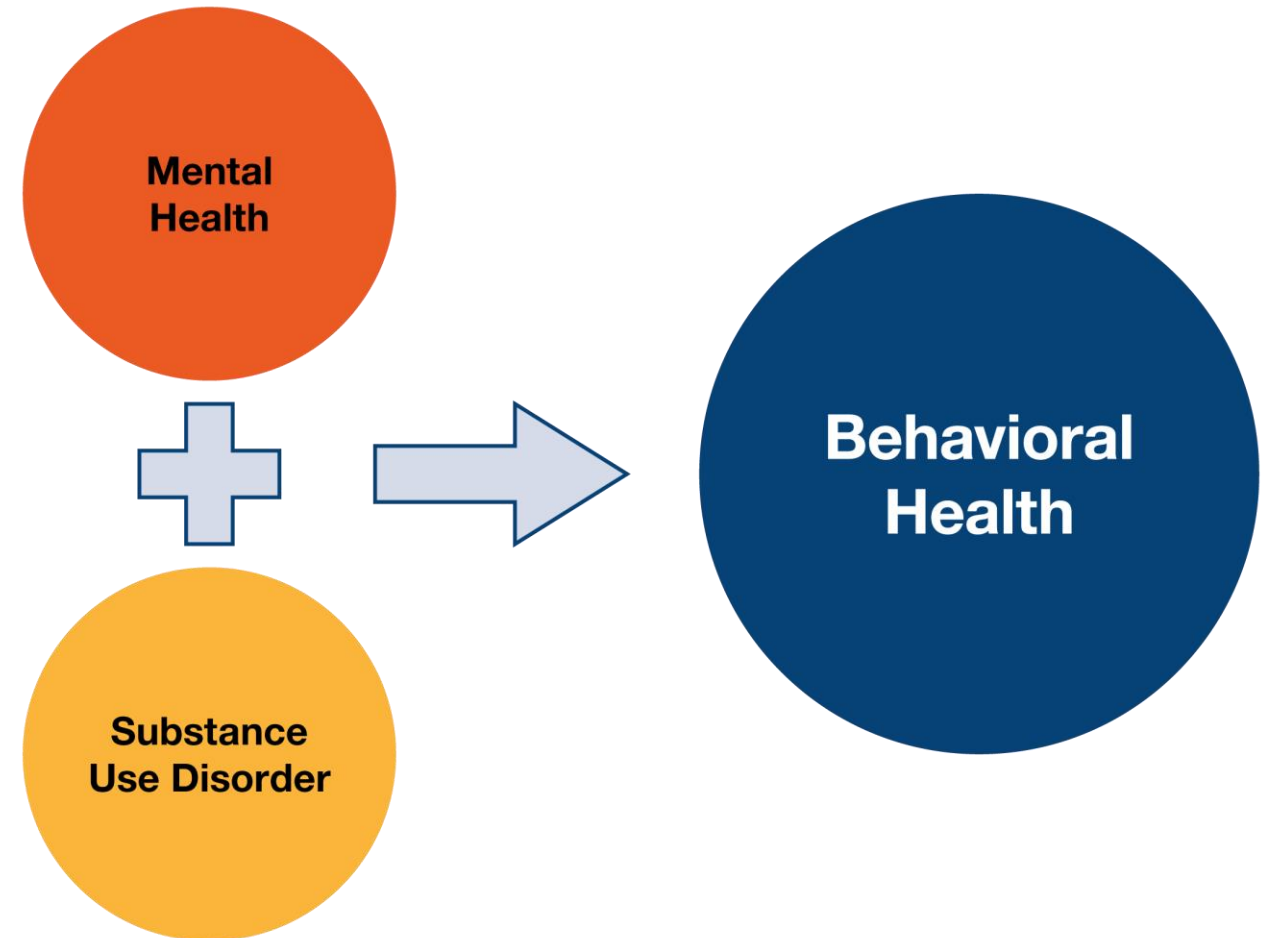
# What is Behavioral Health?

---

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

---



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

# Current Factors Impacting Behavioral Health

---

- Opioid crisis
- Workforce availability
- Rates of diagnosis
- Persistent gaps
  - Access
  - Acuity
  - Prevention

# OHA's Behavioral Health Division Role

---

Oregon's Behavioral Health Division works to help Oregonians achieve physical, mental, and social wellbeing. We focus on preventing mental health, substance use, and gambling disorders through prevention, early intervention, and access to care.

# 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



## Strategic Goal

Eliminate health inequities  
in Oregon by 2030

Transforming  
behavioral health

Strengthening  
access to  
affordable  
care for all

Fostering healthy  
families and  
environments

Achieving  
healthy Tribal  
communities

Building OHA's  
internal capacity  
and commitment  
to eliminate  
health inequities



# Behavioral Health Treatments and Services

---

Behavioral health is a care approach that prevents and treats:

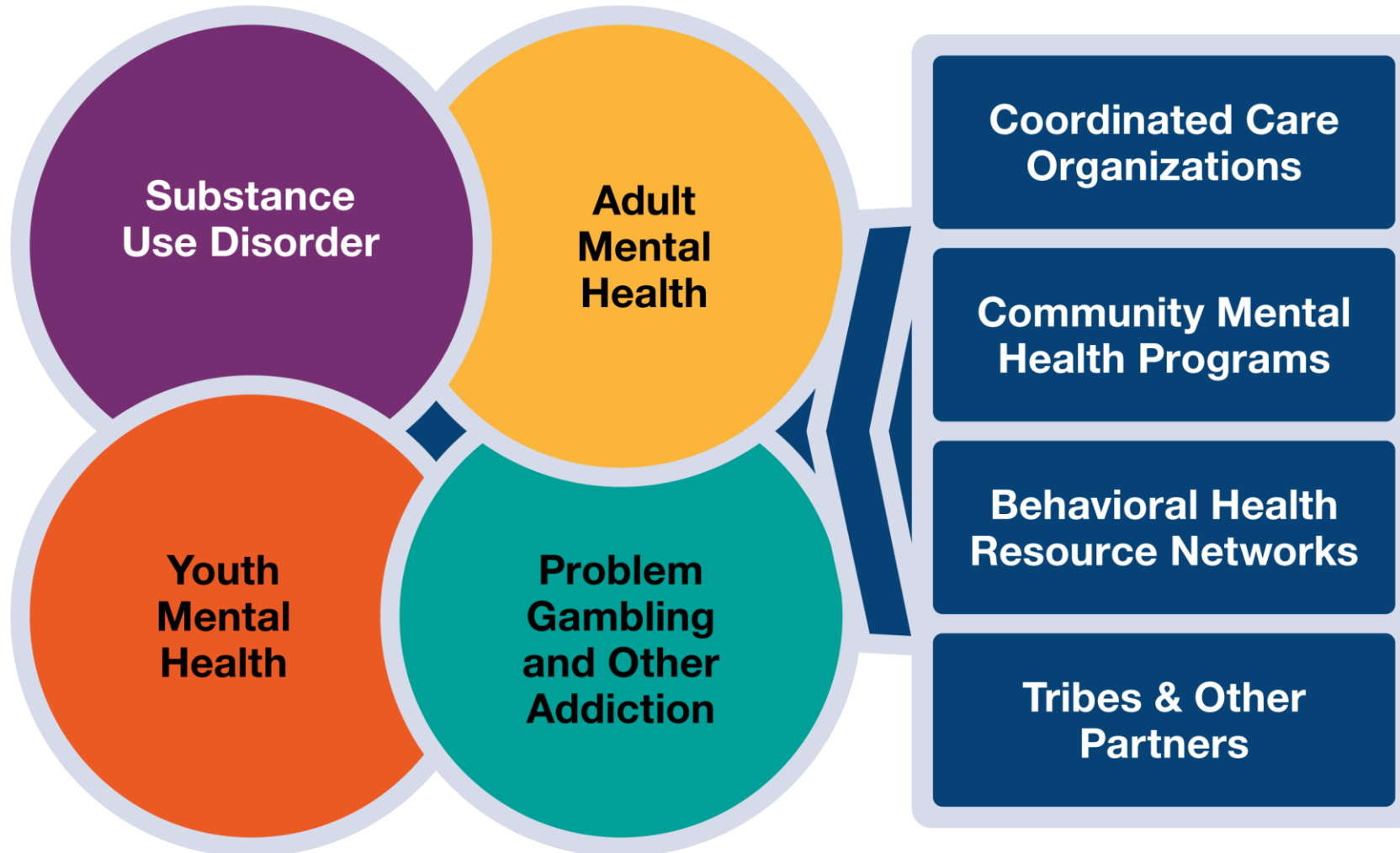
- Mental illness and mental health challenges
- Substance use disorders and challenges
- Problem Gambling and other addiction



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

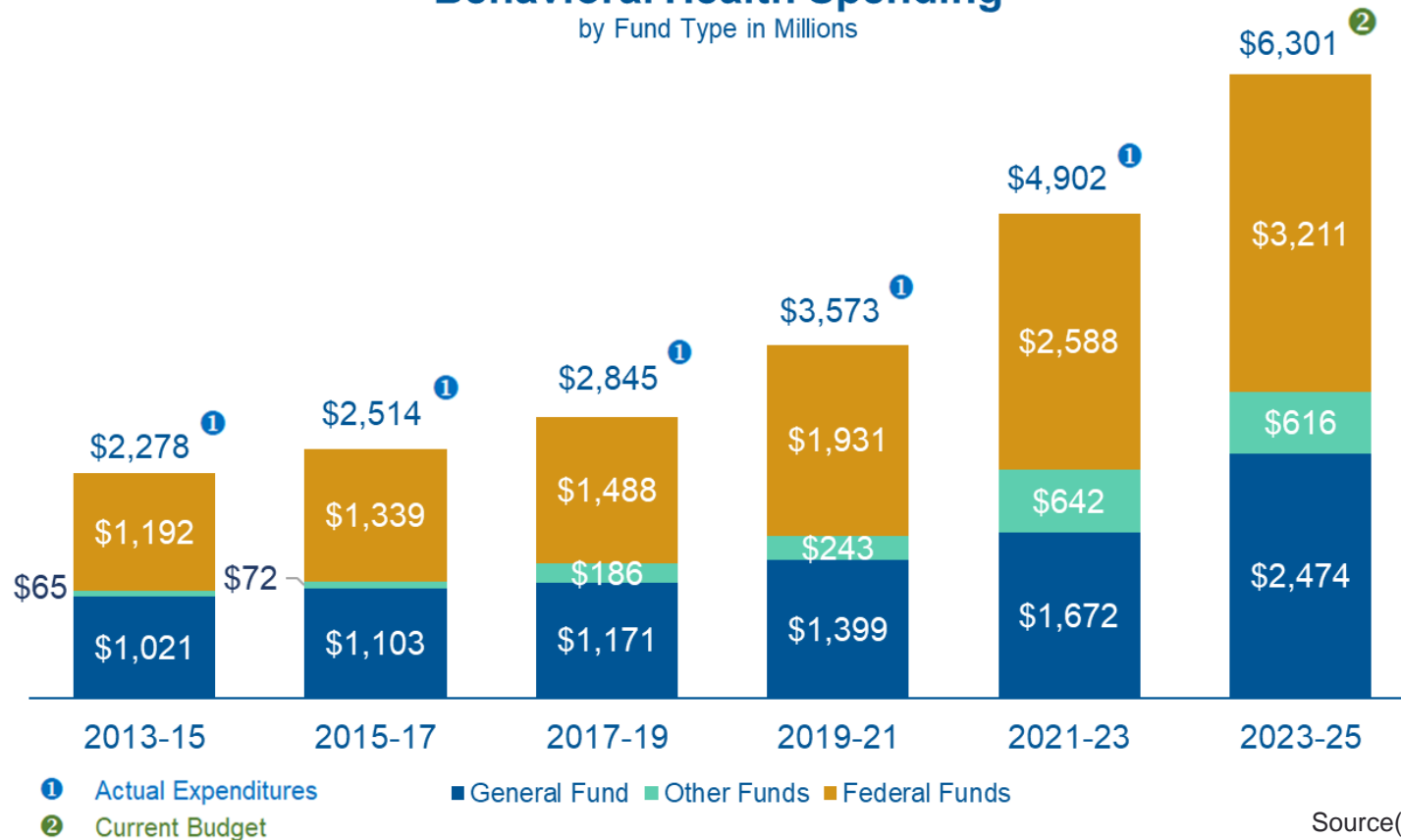
# Behavioral Health Services Funding Pathways

---



# OHA Behavioral Health System Budget By Fund Type

Oregon Health Authority  
Behavioral Health Spending  
by Fund Type in Millions



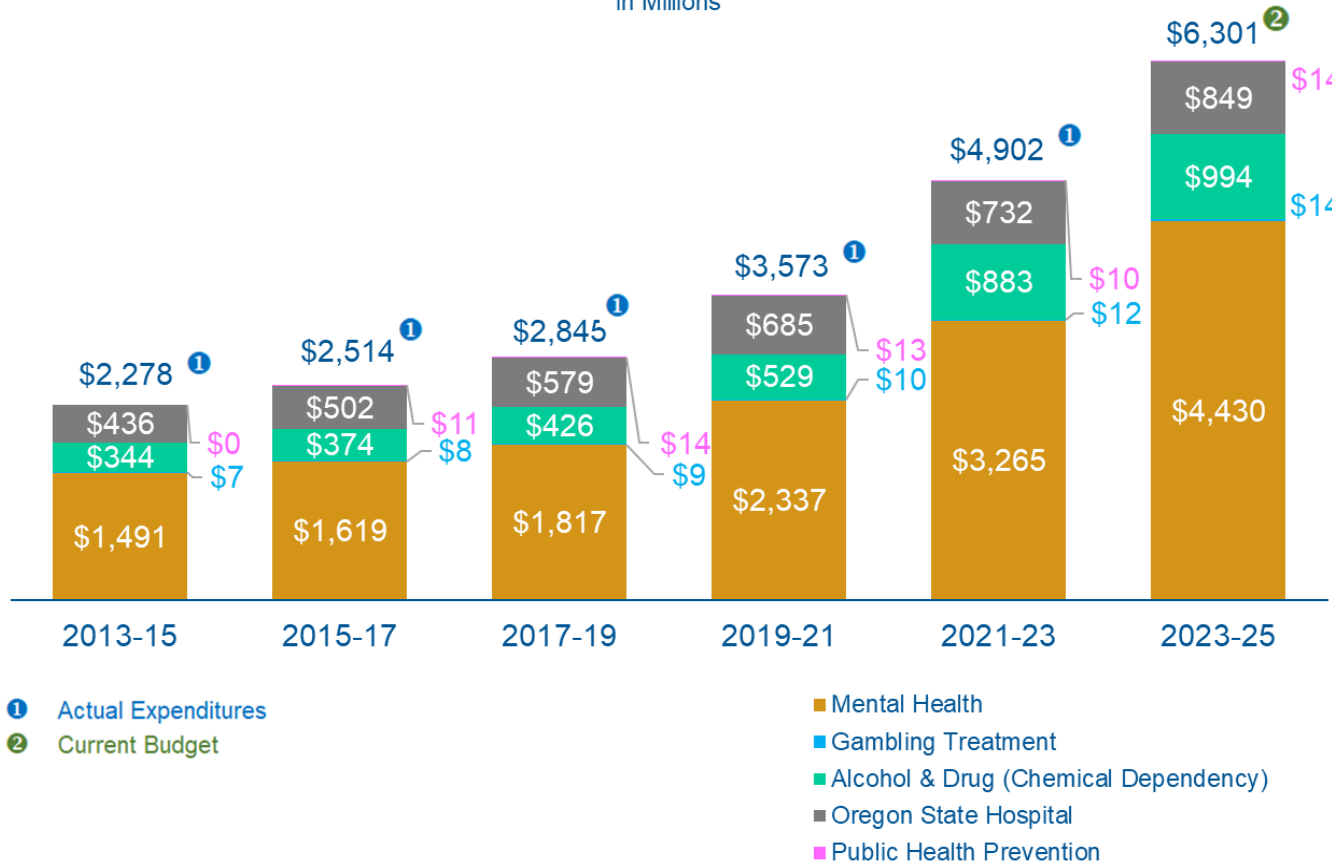
- Spending in the Behavioral Health system has steadily increased over the past few biennia.
- The average increase over the last three biennia is 30%.
- Approximately 49% of the 2023-25 budget is funded by state funds and 51% from federal funds.

Note: Lottery Funds are not included above due to rounding.

Source(s): Actual expenditure data provided by the Statewide Financial Management Application. 2023-25 budget data based on 2023-25 Legislatively Approved Budget after the 2024 session.

# Behavioral Health System: Funding by Program

Oregon Health Authority  
Behavioral Health Spending  
in Millions

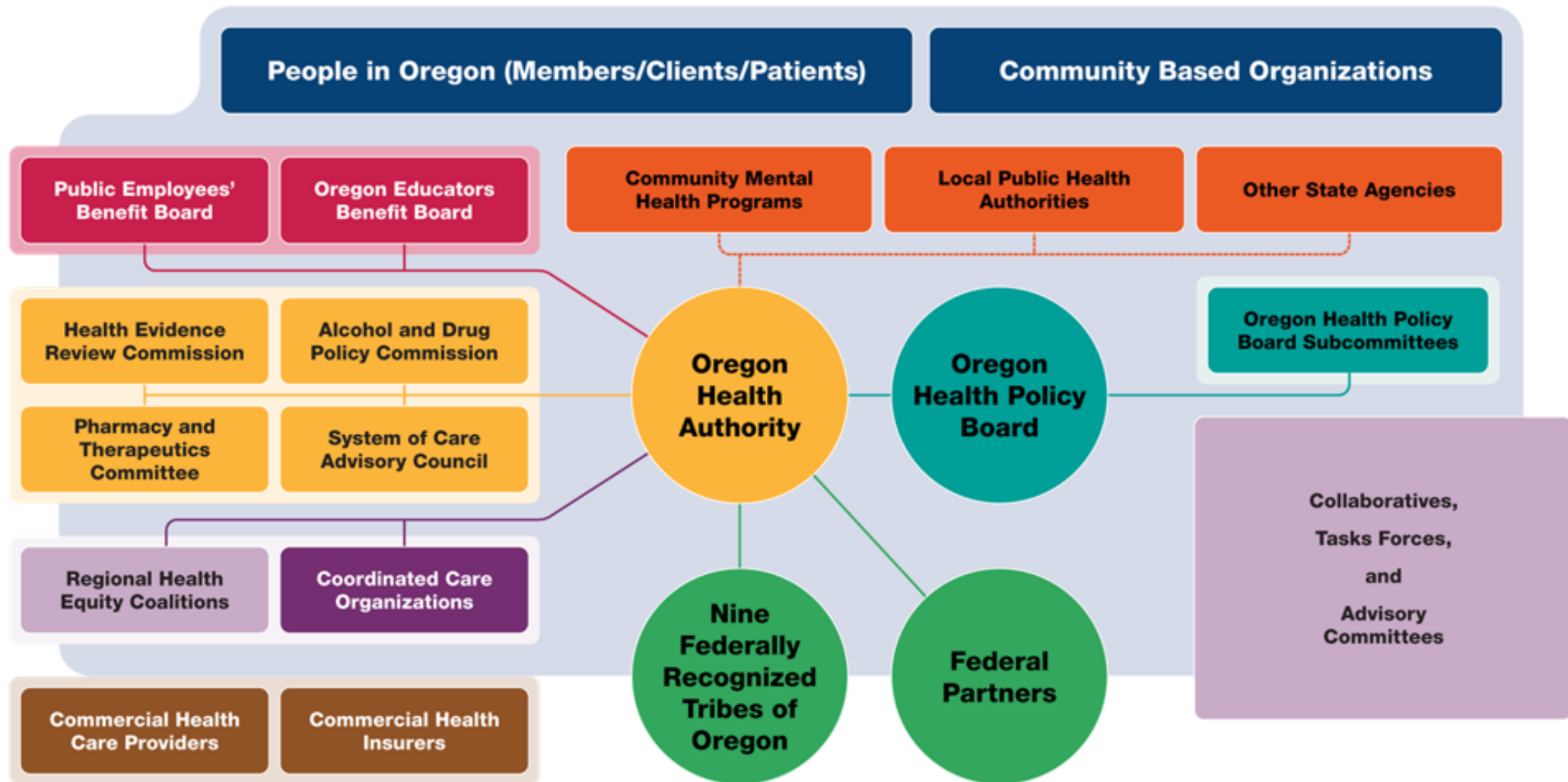


- The majority of funding in the Behavioral Health system is in the Mental Health program.
- Projected funding in the 2023-25 biennium:
  - Mental Health = 70%
  - Gambling Treatment < 1%
  - Alcohol & Drug = 16%
  - Oregon State Hospital = 13%
  - Public Health Prevention < 1%

NOTE: Figures for Mental Health Drugs are not shown separately. They are included as part of Mental Health.

Source(s): Actual expenditure data provided by the Statewide Financial Management Application. 2023-25 budget data based on 2023-25 Legislatively Approved Budget after the 2024 session.

# External Partnerships



# Key Behavioral Health Partners

## 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

## 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



## Local Mental Health Authorities & Community Mental Health Programs

- State funding supports LMHAs/CMHPs for planning and delivering services at the community level
- CMHPs offer Medicaid and non-Medicaid services
- CMHPs employ various delivery models

## Behavioral Health Resource Networks (BHRNs)

- 42 BHRNs with a total of 160 partners providing SUD services in counties and Tribes
- Services include housing, supported employment, harm reduction intervention, low barrier SUD treatment, peer support mentoring and recovery services

# Key Challenges in Behavioral Health and OSH

---

## 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

## 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 5504 (2024) SUD treatment for DOC
- SB 5525 (2023) Jail diversion and enhance civil commitment services

## Co-create Innovative Care Delivery Models

- 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

## 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



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

---



- **Conducted first in kind study of Oregon's residential treatment system**, identified gaps and recommendations to guide evidence-based development
- **Funded addition of 465 new treatment beds for youth and adults** by December 2026
- **Funded 25 organizations to expand community-based licensed residential facilities, homes, and supportive housing** for individuals with severe and persistent mental illness
- **Tripled peer services, supported employment and housing supports** over 21 months of BHRN operations
- **279,258 naloxone doses distributed** through Harm Reduction Clearinghouse, and self-report of **over 8,000 overdose reversals**
- **Achieved 94% retention** 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, loan repayment, retention and peer workforce development

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

---



- Certified Community Behavioral Health Clinics **increased access to treatment by 4.9% overall**, with 30.6% in rural and 14.5% in remote areas
- **Created five new Opiate Treatment Programs (OTPs)** across the state- two of which a Tribal-operated OTPs
- **Increased client encounters by 235% from initiation of BHRN services to the most recent quarter**, including by 20% from Q6-Q7 (the most recent quarter)
- **Licensed first Integrated Psychiatric and Substance Use Residential facility**, which includes 4 beds specifically for youth detox
- **Funding enabled 91% of BHRN member organizations and providers to increase outreach** to raise awareness, build trust, and encourage engagement with services and supports



# 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

---

# Thank you!

Ebony Clarke  
**Director**  
Behavioral Health Division

Contact:  
Robert Lee  
**Senior Policy Advisor**  
[Robert.Lee@oha.oregon.gov](mailto:Robert.Lee@oha.oregon.gov)

