



OREGON
HEALTH
AUTHORITY

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County Financial Assistance Agreement and Public Health Funding

Presentation to the Joint Committee on Ways and Means
Subcommittee on Human Services

Ebony Clarke, Behavioral Health Division Director

Dr. Christa Jones, Deputy Director, Service Delivery, Behavioral Health Division

Dr. Jon C. Collins, Deputy Director, Operations and Strategy, Behavioral Health Division

Danna Drum, MDiv, Interim Deputy Public Health Director, Public Health Division

Presentation Overview

Behavioral Health CFAA Overview

- Background and new CFAA goals
- CFAA alignment with OHA's Strategic Plan
- Core Service Areas and performance expectations
- Measuring outcomes
- Funding details

Public Health Funding to Counties/Local Public Health Authorities

- Public Health Intergovernmental Agreement
- Public Health Program Elements and funding summary

Appendix: CFAA Allocations by County/Tribe

Behavioral Health CFAA Overview

The County Financial Assistance Agreement (CFAA) is a grant agreement between **OHA** and a **Local Mental Health Authority (LMHA)** that provides financial assistance to establish and operate or contract with a public agency or private corporation for a **Community Mental Health Program (CMHP)**.

In some cases, OHA may choose alternative contracting arrangements:

1. If an LMHA declines to operate or contract for a CMHP, OHA can contract with another public agency or private corporation.
2. In an emergency situation (e.g., no CMHP operating, LMHA unable to provide services essential for public health and safety), OHA can operate the program or service on a temporary basis.
3. If an LMHA agrees, OHA can contract with a public agency or private corporation for all services within one or more of the following program areas: Mental or emotional disturbances, Drug abuse, Alcohol abuse and alcoholism.

Why Revise the CFAA?

Previous model had
vague outcomes

Previous model was
less client centered

Opportunity to
decrease
administrative
burden

New CFAA Goals



Co-create vision, goals and language of CFAA revisions in partnership with the Association of Oregon Community Mental Health Programs (AOCMHP).



Enhanced ability for counties to shape local service plans around regional needs, with clear expectations to ensure transparency around funding, data and outcomes.



Restructure CFAA services and language to align with regulatory and statutory requirements. Simultaneously reduce unnecessary administrative burden and/or duplicative reporting requirements.



Outcome measures that are aligned with behavioral health system priorities and OHA Strategic Plan, promoting better outcomes.



Enhanced reporting to better understand impact of funding and services to improve behavioral health outcomes.

New CFAA Goals (continued)

- Provides a local response to the behavioral health needs.
- Works to support a coordinated crisis system to all Individuals within the geographic service area of the County(ies).
- Provides individualized services to ensure that people are served in the least-restrictive, most-integrated setting possible, allowing Individuals across the lifespan to live as independently as possible.
- Coordinated access to stable housing to prevent Individuals with Behavioral Health Disorders and their families from being unhoused.
- Services address the unique needs of Individuals without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, intellectual and/or developmental disability, IQ score, or physical disability.
- Works to reduce the risk of unnecessary emergency department utilization, criminal/legal involvement and acute psychiatric hospitalizations by providing upstream services.

CFAA Alignment with OHA's Strategic Plan

The revamped CFAA is the funding and accountability mechanism that turns the OHA's Transforming Behavioral Health strategic focus area into county-level action.

- Connecting all people in Oregon to behavioral health services and supports when and where they need them
- Bolstering the behavioral health workforce
- Adopting a "Behavioral Health in All" policy
- Improving transparency and accountability
- Building system capacity

Reshaping what counties plan for

- Core Service Areas through local plan and budget development

Outcomes counties are responsible for

- i.e., crisis, forensic diversion, child and family services, equity

How results are measured

- Quarterly implementation reporting
- Annual financial reporting
- Resilience Outcomes Analysis and Data Submission (ROADS, state-mandated data collection system)

Core Service Areas (CSAs)

- Built on strengths of previously used “Service Elements,” new CSAs incorporate many of the same foundational components to maintain continuity and familiarity
- Not confined by the limitations of what was or wasn’t included in earlier frameworks
- Represents a more flexible and comprehensive approach, allowing for the integration of new priorities, emerging best practices, and evolving service needs
- Ensures that the framework remains adaptable and forward-looking, rather than being restricted by historical structures or definitions

CSA: System Management & Coordination

This CSA establishes the foundation for planning, oversight and coordination of behavioral health services within each county's CMHP. It ensures counties have a structured system to design, implement, monitor and evaluate services funded through the CFAA, aligning with state requirements and local needs.

Required Metric:

- ✓ Meeting all reporting deadlines associated with the Local Plan and as otherwise noted in the Agreement.

CSA: Crisis Services

This CSA requires 24/7/365 mobile crisis intervention services (MCIS) and mobile response and stabilization services (MRSS) for individuals experiencing a behavioral health crisis. Crisis Services are designed to prevent or reduce behavioral health crises, stabilize individuals experiencing acute symptoms of mental illness or substance use disorder, and ensure timely intervention to avoid unnecessary hospitalization or involvement with the criminal legal system.

Required Metrics:

- ✓ MCIS and MRSS teams respond within the timelines required under OAR 309-072. Performance is assessed by evaluating timeliness of dispatch, arrival and service initiation.
- ✓ Individuals receiving an MCIS response are contacted within 72 hours for follow-up, with all contact attempts documented. Performance is measured by the percentage of follow-ups completed within the required timeframe.
- ✓ Adults receiving MCIS receive the services necessary to remain safely in the community following the initial response. Performance is evaluated by reviewing service linkage, stabilization outcomes and avoidance of higher-acuity placements.
- ✓ Youth receiving MRSS receive the services necessary to remain safely in the community following the initial response. Performance is measured by service engagement, stabilization outcomes and reduced need for emergency or inpatient care.
- ✓ Youth are screened for stabilization services following the initial MCIS response. Performance is assessed by the proportion of eligible youth who receive timely stabilization screening.
- ✓ Youth and families who consent to stabilization services are enrolled in stabilization services. Performance is measured by enrollment rates among consenting families and timeliness of service initiation.
- ✓ Youth enrolled in stabilization services are referred to recommended ongoing services prior to discharge. Performance is evaluated by the completeness and timeliness of referrals and the continuity of care at discharge.

CSA: Forensic & Involuntary Services

This CSA focuses on people involved in the criminal legal system or civil commitment process who need behavioral health care. The goal is to help individuals regain legal competency, keep the community safe, and provide treatment in the most appropriate and least restrictive setting. Services include competency restoration for those under “Aid & Assist” orders, supervision and monitoring for individuals under the Psychiatric Security Review Board (PSRB), civil commitment support and programs that divert people from deeper involvement in the criminal legal or forensic system.

Required Metrics – *Aid and Assist Competency Restoration Services:*

- ✓ Individuals under aid & assist orders or transitioning from Oregon State Hospital (OSH) or local jails are referred to community navigator services in a timely and consistent manner. Performance is assessed by measuring referral completion rates, timeliness of referrals and documentation accuracy.
- ✓ Individuals under aid & assist commitment orders who are on the OSH waitlist are screened for forensic diversion services. Performance is evaluated by the proportion of eligible individuals screened, timeliness of screenings and documentation of diversion eligibility decisions.
- ✓ Individuals under aid & assist orders at OSH who have been found “ready to place” have a completed community transition plan prior to the community consult being submitted to the court. Performance is measured by the completeness and timeliness of transition plans and their alignment with court submission timelines.
- ✓ All required reports associated with aid & assist populations are completed and submitted to OHA in accordance with OAR Chapter 309 Division 88. Performance is assessed by on-time submission rates, completeness of required documentation and compliance with statutory reporting requirements.

CSA: Forensic & Involuntary Services (continued)

Required Metrics – Monitoring, Security and Supervision Services for Individuals Under the Jurisdiction of the Psychiatric Security Review Board (PSRB):

- ✓ Conditional release evaluations for individuals found to be Guilty Except for Insanity (GEI) are completed and submitted within 30 calendar days of receiving the orders.
- ✓ PSRB monthly reports are submitted to PSRB as required by OAR 309-019-0160.
- ✓ Comprehensive annual reviews are submitted to OHA as required by OAR 309-019-0160.
- ✓ Treatment plans are reviewed and updated within 364 calendar days of the previous plan.
- ✓ OHA approved risk assessments are updated within 180 calendar days of the previous assessment.

Required Metrics – Civil Commitment Services:

- ✓ Conditional release evaluations for GEIs are completed and submitted within 30 calendar days of receiving the orders.
- ✓ PSRB monthly reports are submitted to PSRB as required by OAR 309-019-0160.
- ✓ Comprehensive annual reviews are submitted to OHA as required by OAR 309-019-0160.
- ✓ Treatment plans are reviewed and updated within 364 calendar days of the previous plan.
- ✓ OHA approved risk assessments are updated within 180 calendar days of the previous assessment.

CSA: Forensic & Involuntary Services (continued)

Required Metrics – *Forensic Diversion Services*.

- ✓ Attempt to contact and complete a Behavioral Health screening for Individuals who are described above in Subsection (4)(b) of Exhibit B:
 - ✓ Within seven (7) business days of the applicable court order; or
 - ✓ Within seven (7) business days of the court, CMHP, a party, or OHA identifying the Individual as someone who the court determined lacked trial competency under ORS 161.370 at least twice in the preceding 24 months.
- ✓ Develop a transition plan for Individuals, who a certified forensic evaluator has determined does not need hospital level of care or the CMHP has determined may be appropriate for community placement, within 14 calendar days of that determination. The transition plan must align with the least restrictive, most integrated setting appropriate to meet the Individual's Behavioral Health needs, preferences, choices and strengths, and addresses risk and protective factors.

CSA: Outpatient & Community-Based Services

This CSA outlines a comprehensive range of outpatient and community-based behavioral health services designed to ensure individuals receive care in the most integrated, least restrictive setting possible. These services aim to promote recovery, reduce hospitalization, reduce interactions with the juvenile and criminal legal system and support long-term stability for individuals with mental health or substance use disorders.

Required Metrics:

- ✓ Individuals are offered an appointment with a licensed medical provider within seven (7) business days of enrollment in Early Assessment and Support Alliance (EASA).
- ✓ Individuals enrolled in EASA are offered supported employment or supported education services.
- ✓ Individuals enrolled in EASA and their families will have access to structured family psychoeducational groups.
- ✓ Adults with mental illness enrolled in Services are screened for potential home and community-based services eligibility and are referred when indicated.
- ✓ New mental illness or substance use disorder diagnoses are followed up by treatment within 14 calendar days of initial diagnosis.
- ✓ New mental illness or substance use disorder diagnoses are followed up by two engagement visits or medication treatments within 30 calendar days of initial treatment.
- ✓ A letter of acceptance and entry is sent to Individuals deemed eligible for Assertive Community Treatment (ACT) as required by OAR 309-019-0248.
- ✓ Older or disabled adults receiving Services are screened for potential home and community-based services eligibility and are referred when indicated.

CSA: Residential & Housing Support Services

This CSA focuses on ensuring individuals with behavioral health disorders receive care in the least restrictive, most integrated setting possible, while addressing housing stability as a critical component of recovery. Services aim to prevent unnecessary institutionalization, support transitions to community-based care and reduce homelessness among individuals with behavioral health needs.

Required Metrics:

- ✓ Individuals who need residential treatment services are screened for potential home and community-based services eligibility and are referred when indicated.
- ✓ Individuals who receive housing support services are screened for potential home and community-based services eligibility and are referred when indicated.
- ✓ Individuals receiving residential Behavioral Health treatment are offered Services to assist with their transition to outpatient Services prior to discharge from residential treatment.
- ✓ Individuals enrolled in Behavioral Health treatment services establish or maintain housing prior to completion of treatment.

CSA: Behavioral Health Promotion & Prevention

This CSA emphasizes proactive strategies to promote mental wellness and prevent behavioral health disorders before they occur. It focuses on reducing risk factors, strengthening protective factors and fostering resilience across the lifespan. The intent is to minimize the onset of mental illness and substance use disorders through evidence-based prevention and promotion activities integrated into community systems.

Required Metrics:

- ✓ Individuals receiving Behavioral Health Prevention and Promotion Services report an increased understanding of mental health, substance use prevention and available resources.
- ✓ Individuals receiving Behavioral Health Prevention and Promotion Services report a change in attitude toward mental health, substance use or coping strategies.
- ✓ Individuals receiving Behavioral Health Prevention and Promotion Services report an increased likelihood of engaging in behavior change such as accessing counseling Services or delaying or decreasing use of alcohol and other drugs.

CSA: Block Grant Funded Services

This CSA governs the use of federal block grant funds—specifically the Community Mental Health Services Block Grant (MHBG) and the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)—to address complex behavioral health needs. These funds are intended to fill gaps in services for priority populations, support prevention and treatment initiatives and ensure compliance with federal requirements.

Required Metrics:

- ✓ Reduce the rate at which Individuals with a mental or emotional disturbance or a substance use disorder are admitted to the emergency room.
- ✓ SUD treatment Services are made available to Individuals who are pregnant or post-partum and request such Services.
- ✓ Ensure Individuals have a culturally responsive healthcare provider.

CSA: Invoiced Services

This Core Service Area establishes the framework for CMHPs to be reimbursed for specific behavioral health services through an invoicing process. These services are typically non-Medicaid-covered, medically appropriate or court-ordered interventions that require additional financial support. The goal is to ensure continuity of care for individuals who lack insurance coverage or whose needs fall outside standard funding streams.

Required Metrics: N/A

Measuring Outcomes

- Performance monitoring will be conducted through the review of reports required by the CFAA in addition to data available in ROADS and the Medicaid Management Information System (MMIS).
- Each quarter, BHD staff will review the data for each CMHP to assess progress toward established goals, financial performance and required metrics, and to identify any areas of concern.
- Technical assistance plans for each CMHP will be produced based on the reviews of BHD staff. These plans will be reviewed by BHD Managers to identify trends, assess the effectiveness of strategies and determine if additional intervention may be needed. OHA will also review the data with the CMHPs and engage them in group discussions to ensure they are active partners in system management.
- Findings will be documented and presented to BHD Executive Leadership in quarterly CFAA review meetings, ensuring accountability and enabling timely adjustments to maintain alignment with organizational objectives.

Local Plans: What & Why

- **Required by ORS 430.630(9)(b):**
Each local authority must adopt comprehensive local plan for the delivery of mental health services for children, families, adults and older adults that describes the methods by which the local mental health authority shall provide those services.
- **Purpose:**
A blueprint to ensure services meet community needs.
- **Why it matters:**
 - ✓ Describes how behavioral health services are provided in each Core Service Area
 - ✓ Helps OHA identify strengths and gaps
 - ✓ Enables better technical assistance, advocacy and support

2026-2027 CFAA Funding by Source

(Jan. 1, 2026 – June 30, 2027)

Fund Source	Total (rounded)	Percent of CFAA Funding
301 – Mental Health Block Grant (MHBG)	\$8.4 million	2.7%
307 – MHBG EASA	\$3 million	1.0%
309 – MHBG Crisis	\$1.5 million	0.5%
401 – Marijuana Tax Revenue	\$5.4 million	1.7%
406 – Tobacco Tax Revenue	\$19.7 million	6.3%
407 – 988 Tax Revenue	\$25.0 million	8.0%
411 – Tobacco Master Settlement Funds	\$6.5 million	2.1%
421 – Beer & Wine Tax Revenue	\$4.8 million	1.5%
450 – Marijuana Tax Revenue	\$12.5 million	4.0%
520 – SUPTRS Block Grant	\$11.2 million	3.6%
804 – Mental Health General Fund	\$158.3 million	50.6%
806 – Mental Health GF New Investments	\$45.9 million	14.7%
807 – SUD General Fund	\$1.0 million	0.3%
815 – Mobile Response & Stabilization (MRSS)	\$9.3 million	3.0%
TOTAL	\$312.5 million	100.0%

Fund Source Details

301: Mental Health Block Grant (MHBG) – Federal Funds

- Authorized by sections 1911-1920 of Title XIX, Part B, Subpart I and III of the Public Health Service Act

307: MHBG EASA Services – Federal Funds

- 10% of the state's MHBG award must be allocated to early intervention services for youth and young adults experiencing first-episode psychosis

309: MHBG Crisis Services – Federal Funds

- 5% of the state's MHBG award must be allocated to support behavioral health crisis services

401: Mental Health Marijuana Tax

- Authorized by state legislation

Fund Source Details

406: Tobacco Tax New Investments

- Authorized by state legislation

407: 988 Tax Revenue

- Authorized by state legislation

411: Tobacco Master Settlement Account

- Authorized by state legislation

421: Beer and Wine Tax (40%) Treatment

- Authorized by state legislation

450: Marijuana Tax (40%)

- Authorized by state legislation

Fund Source Details

520: Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) – Federal Funds:

- Authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

804: Mental Health General Fund

- Authorized by state legislation

806: Mental Health New Investments

- Authorized by state legislation

807: Alcohol and Drug Treatment – General Funds

- Authorized by state legislation

815: Mobile Response and Stabilization Services (MRSS) – General Fund

- Authorized by state legislation

Next Steps (CFAAs)

- Continue monthly meetings in partnership with CMHP Directors to jointly address implementation needs and challenges. Improve data collection methods to cut down on administrative tasks without compromising outcomes reporting or financial accountability.
- OHA's Core Service Area Teams will provide technical assistance as needed across counties and regions.
- Continuous data review and analysis will help ensure that services are on track with goals.
- Awaiting 12 signatures to finalize agreements (received 23 as of Feb. 10, 2026).

Public Health Funding for Counties/LPHAs

- Public Health Division (PHD) executes agreements (PH IGA) with Local Public Health Authorities (LPHAs) each biennium with funding awarded annually.
- 33 LPHAs: 32 counties, 1 public health district covering 2 counties
 - Note: LPHA must be a county government, public health district or other intergovernmental entity (ORS 431.003(7))
- Curry and Wallowa counties previously transferred their public health authority to OHA

Public Health Intergovernmental Agreement (PH IGA)

- Main funding mechanism for public health work in Oregon
- Program elements (PEs)
 - Funding and scopes of work are negotiated collaboratively through the Conference of Local Health Officials
 - Most PEs are funded with Federal Funds, some with state General Funds or Other Funds
 - Not all LPHAs receive all PE funding – depends on scope, available funding, etc.

Public Health PEs

Program Element #	Name	FF, GF, OF	Supports BH/SUD efforts	Total Amount 2023-2025	Total Awarded to Date SFY 2026
01	State Support for PH (Communicable Disease) *includes COVID \$	GF, FF		\$31,350,744	\$10,367,872
02	Cities Readiness Initiative (Emergency Preparedness)	FF		\$1,110,833	\$796,323
03	Tuberculosis Case Management	FF		\$130,537	\$357,200
04	Community Chronic Disease Prevention	FF		\$95,000	\$31,547
07	HIV Prevention Services			\$2,876,000	N/A
08	Ryan White Case Management	OF		\$732,040	\$65,398
12	Public Health Emergency Preparedness	FF		\$5,832,141	\$2,914,051

Public Health PEs (cont.)

Program Element #	Name	FF, GF, OF	Supports BH/SUD efforts	Total Amount 2023-2025	Total Awarded to Date SFY 2026
13	Tobacco Prevention & Education	OF	Yes	\$17,450,076	\$7,603,326
17	Vector Control	FF		\$16,644	N/A
25	Enhanced Pertussis Surveillance & Investigation; Mpox Surveillance	FF		\$585,166	\$275,498
27	Overdose Prevention	FF, OF	Yes	\$309,463	N/A
36	Alcohol and Drug Prevention and Education	FF, GF, OF	Yes	\$4,502,948	\$6,769,437
40	WIC	FF, GF		\$33,422,187	\$17,525,658
42	Maternal, Child, and Adolescent Health	FF, GF	Yes	\$5,256,811	\$2,302,945
43	Immunization Services	FF		\$8,161,445	\$1,696,523

Public Health PEs (cont.)

Program Element #	Name	FF, GF, OF	Supports BH/SUD efforts	Total Amount 2023-2025	Total Awarded to Date SFY 2026
44	School-Based Health Centers	GF	Yes	\$8,671,373	\$4,932,000
46	Reproductive Health Community Access	FF, GF		\$1,558,711	\$816,025
50	Safe Drinking Water	FF, GF, OF		\$3,228,637	\$1,696,523
51	Public Health Modernization	GF, FF		\$68,307,544	\$34,430,839
60	Suicide Prevention, Intervention & Postvention	FF	Yes	\$768,292	\$392,679
62	Overdose Prevention	FF	Yes	\$2,438,998	\$1,355,217
63	Family Connects Lead Organization	GF	Yes	\$3,513,958	\$2,030,000
73	HIV Early Intervention & Outreach Services	OF		\$12,199,414	N/A

Public Health PEs (cont.)

Program Element #	Name	FF, GF, OF	Supports BH/SUD efforts	Total Amount 2023-2025	Total Awarded to Date SFY 2026
75	Lower Umatilla Basin Ground Water Management Area Services	GF		\$635,909	\$461,845
76	Tobacco Retail License Program	GF, OF		\$541,880	\$307,648
77	Enhanced Healthcare Associated Infections	FF		\$312,319	\$174,285
78	CBO Equity Funds Administration	GF		\$198,750	\$72,631
79	Medical Reserve Core Capacity Building	FF		\$686,061	\$128,379
80	CBO Mini-grant Funding	GF		\$602,500	N/A
81	HIV, STI Statewide Services	FF, OF		N/A	\$9,862,522
	TOTAL			\$215,186,913	\$106,759,798

Thank you

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Contact:

Dean Carson (he/him)

Senior Policy Advisor

Dean.Carson2@oha.Oregon.gov





Appendix

2026-2027 CFAA Allocations by County/Tribe

(Jan. 1, 2026 – June 30, 2027)

County or Tribe	CMHP	2026-27 Allocation*
Baker County	New Directions NW, Inc.	\$2.4 million
Benton County	Benton County Health Department	\$8.9 million
Clackamas County	Clackamas County Health Housing & Human Services	\$18.1 million
Clatsop County	Clatsop Behavioral Healthcare	\$4.3 million
Columbia County	Columbia Community Mental Health, Inc.	\$8.1 million
Confederated Tribes of Warm Springs	Confederated Tribes of Warm Springs Health & Human Services	\$1.5 million
Coos County	Coos Health & Wellness	\$6.2 million
Crook County	BestCare Treatment Services	\$3.0 million
Curry County	Adapt Integrated Health Care	\$4.0 million
Deschutes County	Deschutes County Health Services	\$12.6 million
Douglas County	Adapt Integrated Health Care	\$8.6 million
Gilliam County	Community Counseling Solutions	\$0.7 million

*rounded allocation amounts. Full details available.

2026-2027 CFAA Allocations by County/Tribe

(Jan. 1, 2026 – June 30, 2027)

County or Tribe	CMHP	2026-27 Allocation*
Grant County	Community Counseling Solutions	\$1.3 million
Harney County	Symmetry Care, Inc.	\$1.3 million
Hood River, Wasco, & Sherman County	Mid-Columbia Center for Living	\$7.0 million
Jackson County	Jackson County Health & Human Services	\$17.1 million
Jefferson County	BestCare Treatment Services	\$4.2 million
Josephine County	Options for Southern Oregon, Inc.	\$8.3 million
Klamath County	Klamath Basin Behavioral Health	\$7.3 million
Lake County	Outback Strong	\$1.3 million
Lane County	Lane County Health & Human Services	\$26.7 million
Lincoln County	Lincoln County Health & Human Services	\$5.7 million
Linn County	Linn County Mental Health Services	\$7.3 million
Malheur County	Lifeways, Inc.	\$5.8 million

*rounded allocation amounts. Full details available.

2026-2027 CFAA Allocations by County/Tribe

(Jan. 1, 2026 – June 30, 2027)

County or Tribe	CMHP	2026-27 Allocation*
Marion County	Marion County Health & Human Services	\$23.8 million
Morrow County	Community Counseling Solutions	\$2.2 million
Multnomah County	Multnomah County Health Department	\$59.5 million
Polk County	Polk County Behavioral Health	\$6.6 million
Tillamook County	Tillamook Family Counseling Center	\$2.8 million
Umatilla County	Community Counseling Solutions	\$5.1 million
Union County	Center for Family Development	\$3.5 million
Wallowa County	Wallowa Valley Center for Wellness	\$1.8 million
Washington County	Washington County Health & Human Services	\$27.5 million
Wheeler County	Community Counseling Solutions	\$0.7 million
Yamhill County	Yamhill County Health & Human Services	\$7.2 million

*rounded allocation amounts. Full details available.