

Key Behavioral Health Investments (21-23 biennium) Expected to Increase Resources and Improve Outcomes for the Population Needing Intensive Services

Executive Summary:

This report summarizes the Oregon Health Authority's progress in allocating the more than \$1.35 billion in funding the Oregon legislature appropriated for the 2021-2023 biennium to transform Oregon's behavioral health system.

This report focuses on the first half of the 2021-2023 biennium. It will be updated quarterly.

Reimagining and rebuilding Oregon's behavioral health system is an extraordinarily challenging undertaking.

According to national data, Oregon has a higher prevalence of behavioral health problems than most other states, but less access to care. Too many people face barriers to care or cannot find a provider who looks like them or speaks their language.

Historic underfunding has produced a patchwork system of care delivery and oversight that is complex, fragmented and inequitable – and lacks clear measures of impact. The COVID-19 pandemic further strained the behavioral health workers and programs across the state, while increasing consumer demand for services.

The legislature's 2021-2023 \$1.35 billion in behavioral health investments represent a turning point for behavioral health in Oregon.

- As of June 1, 2022, OHA has spent or obligated approximately \$523 million in behavioral health investments.
- OHA will spend or obligate an additional \$422 million expected to be spent or obligated by the end of September 2022.
- In total, OHA will have spent or obligated \$945 million of the \$1.35 billion in new investments, with almost a year remaining in the biennium.

For the remaining funds, the report outlines the expected timeframes for allocating these investments. OHA has staged the timeframes for distributing these funds in recognition of various constraints and challenges programs currently face related to hiring and training, facilities expansions and other issues.

More importantly, investments (such as the implementation of Measure 110) require new grant-making processes to ensure more community members are involved in making decisions, funds are allocated to a more inclusive and equitable range of programs and more people in Oregon get the care they need.

OHA is distributing these funds within five major categories of investment:

- Aid and Assist: Funding to provide treatment, housing and other supports for people who are not competent to face a criminal proceeding due to the severity of their mental health issue.
- Behavioral Health Crisis System/988: Funding to improve Oregon's for crisis care and support, including development of a 24/7 hotline for people experiencing a behavioral health crisis.
- Ballot Measure 110 implementation: Funding for drug treatment and recover services in Oregon counties.
- Behavioral Health Housing/Social Determinants of Health (SDOH): Funding for expansion of residential settings for people with serious and persistent mental illness.
- Behavioral Health Workforce: Funding for behavioral health providers for staff compensation, workforce retention and recruitment.
- Investment/Innovation: Funding for to better coordinate access to care, incentivize culturally and linguistically specific services, invest in workforce diversity and support staff recruitment.

These investments are an urgent response to Oregon's behavioral health crisis, and they are a vital step toward a more responsive, accessible and equitable system of behavioral health care in our state.

Introduction: Significant Growth in Behavioral Health Spending

In 2021, the Oregon state legislature made \$1 billion in investments in the Behavioral Health system as part of a broad yet specific call to action in response to health inequities highlighted and exacerbated by the COVID-19 pandemic, and heightened injustices stemming from contemporary and historical racism. Significant investments continued in the 2022 short session, with intent to further improve access and quality of behavioral health services, decrease behavioral health inequities, elevate behavioral health parity with physical health, and relieve the behavioral health workforce crisis [see Table 1].

There are several investments that, by design, intention, and strategic planning and implementation, will facilitate more supportive pathways to meet the critical needs of the population receiving an intensive level of behavioral health care services, including Aid and Assist clients in the community. These investments include:

- **Aid and Assist/Intensive Services:** Aid and Assist Community Services (2021)
- **Behavioral Health Crisis System:** 9-8-8 National suicide Prevention Hotline (2021); Mobile Response and Crisis Stabilization Services (2021)
- **Ballot Measure 110:** Drug Treatment & Recovery Services / Behavioral Health Resource Networks (2021)
- **BH Housing/Social Determinants of Health:** Regional Development and Innovation (2021); Behavioral Health Housing one-time funds (2022)
- **Behavioral Health Workforce:** Mental Health Workforce & Grants (2021); Behavioral Health Workforce Grants (2022)
- **Behavioral Health Rate Increase** (2022)

Clients under Aid and Assist orders have a myriad of complex needs, best served with a robust set of behavioral health supports and services that address underlying mental health and/or substance use disorder conditions with a trauma informed and culturally specific approach along with other needs such as housing and employment supports. The range of investments listed above, while not all designed specifically with people under aid and assist orders as a focus, each bring resources that can substantially contribute to better addressing the needs of this population. For instance, housing is a primary need for people under Aid and Assist orders with almost two thirds reporting they were houseless at the time of their arrest for the charge that led to their Aid and Assist order. The Regional Development and Innovation funds are being prioritized for people served by the Oregon State Hospital, including those under Aid and Assist. The Behavioral Health Resource Networks that Measure 110 establishes are likely to be helpful in serving people who have been under an Aid and Assist order or are at risk since approximately 90% have challenges with substance use that is a contributing factor in their arrest and aid and assist

determination. The enhancements to Oregon's current crisis system through 9-8-8 which will reduce the need for law enforcement engagement with people in a behavioral health crisis is both likely to reduce arrests and incarcerations and improve overall outcomes. Finally, the investments directly into a robust and diverse workforce along with associated rate increases intended to sustain workforce investments support a robust workforce is foundational to all the investments – without staff none of the above system improvement investments can be successful.

Orchestrated interdependently, and reliant on collaborative action with community, these investments serve as a meaningful mechanism to further elevate our strategic goal to eliminate health inequities in Oregon by 2030. The OHA's health equity definition is:

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not **disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.***

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling and rectifying historical and contemporary injustices.*

Table 1: New Behavioral Health Investments within 21-23 Biennium

Investment	Grant/Funding Focus	Legislation	General Fund	Other Fund	Measure 110	ARPA (OF)	Federal Funds	Total Funds
Aid & Assist / Intensive Services	Aid and Assist Community Services	HB5024 (2021)	18,652,326	-	-	-	2,336,352	20,988,678
	Aid and Assist Evaluation of Services	HB5024 (2021)	500,000	-	-	-	-	500,000
	Intensive Services Unit	PKG802 (2021)	1,818,390	-	-	-	297,787	2,116,177
BH Crisis / 988	9-8-8 National Suicide Prevention Hotline	HB2417 (2021)	15,000,000	-	-	-	-	15,000,000
	Mobile Response and Crisis Stabilization	PKG801 (2019)	6,500,000	-	-	-	-	6,500,000
Ballot Measure 110	Drug Treatment & Recovery Services	SB755 (2021)	-	-	302,193,109	-	-	302,193,109
BH Housing / SDOH	Behavioral Health Housing one-time funds	HB5202 (2022)	100,000,000	-	-	-	-	100,000,000
	Behavioral Health Incentive Fund	HB5006 (2021)	-	20,253,714	-	-	-	20,253,714
	Regional Development and Innovation	HB5024 (2021)	65,000,000	-	-	65,000,000	-	130,000,000
BH Workforce	Behavioral Health Workforce Grants	HB4004 (2022)	132,347,979	-	-	-	-	132,347,979
	Mental Health Workforce & Grants	HB2949 (2021)	-	-	-	80,000,000	-	80,000,000
Investment / Innovation	Behavior Health Accountability	HB2086 (2021)	8,500,000	-	-	-	-	8,500,000
	Compass Modernization	POP 414 (2021)	2,320,585	1,669,288	-	-	5,407,953	9,397,826
	Mental Health/Substance Abuse Block Grants	PKG802 (2021)	-	-	-	-	32,395,439	32,395,439
	Study Behavioral Health Structures	HB3377 (2021)	300,000	-	-	-	-	300,000
	Substance Use Disorder Waiver & SPA	HB5024 (2021)	19,298,207	-	-	-	110,217,871	129,516,078
	Behavioral Health Rate increase	Future Eboard	42,500,000	-	-	-	112,000,000	154,500,000
System / Services	Certified Community Behavioral Health Clinics	HB5024 (2021)	24,873,949	-	-	-	96,520,781	121,394,730
	Co-occurring Disorder Treatment	PKG813 (2021)	10,600,000	-	-	-	-	10,600,000
	Interdisciplinary Assessment Teams	PKG801 (2021)	5,700,000	-	-	-	-	5,700,000
	Peer Respite Centers	HB2980 (2021)	6,000,000	-	-	-	-	6,000,000
	Psychiatric Residential Treatment Services Capacity	PKG802 (2021)	7,525,000	-	-	-	-	7,525,000
	Tribal Based Practices	PKG802 (2021)	500,000	-	-	-	-	500,000
	System of Care Advisory Council	HB5024 (2021)	4,918,175	-	-	-	-	4,918,175
OSH	Open Two Junction City Units	PKG802 (2021)	30,992,454	-	-	-	-	30,992,454
	OSH Operations	HB5006 (2021)	(300,000,000)	-	-	300,000,000	-	-
Total			216,970,347	21,923,002	302,193,109	445,000,000	367,216,620	1,353,303,078

Figure 1: Behavioral Health Spending, by Expenditure Source/Focus Area

The 21-23 Legislatively Adopted Budget for Behavioral Health reflects a 44% increase in funding provided for Behavioral Health services for the 21-23 biennium when compared to the 19-21 biennium. The average growth rate for the 19-21 biennium when compared to 17-19, and 17-19 compared to 15-17 grew by an average of 13%.

Behavioral Health funds for services go out to community through Coordinated Care Organization payments for many of the services for clients enrolled in a managed care program. These funds may then be contracted from the managed care entity to providers, counties, hospitals, or facilities directly for services for those clients. Clients not enrolled in a Coordinated Care Organization receive Behavioral Health related treatment through Fee-For-Service provider visits. Additional supports may be received by clients for services through non-Medicaid, services such as community restoration services which serve the aid and assist population. These expenditures are for services that are not federally matchable by Medicaid.

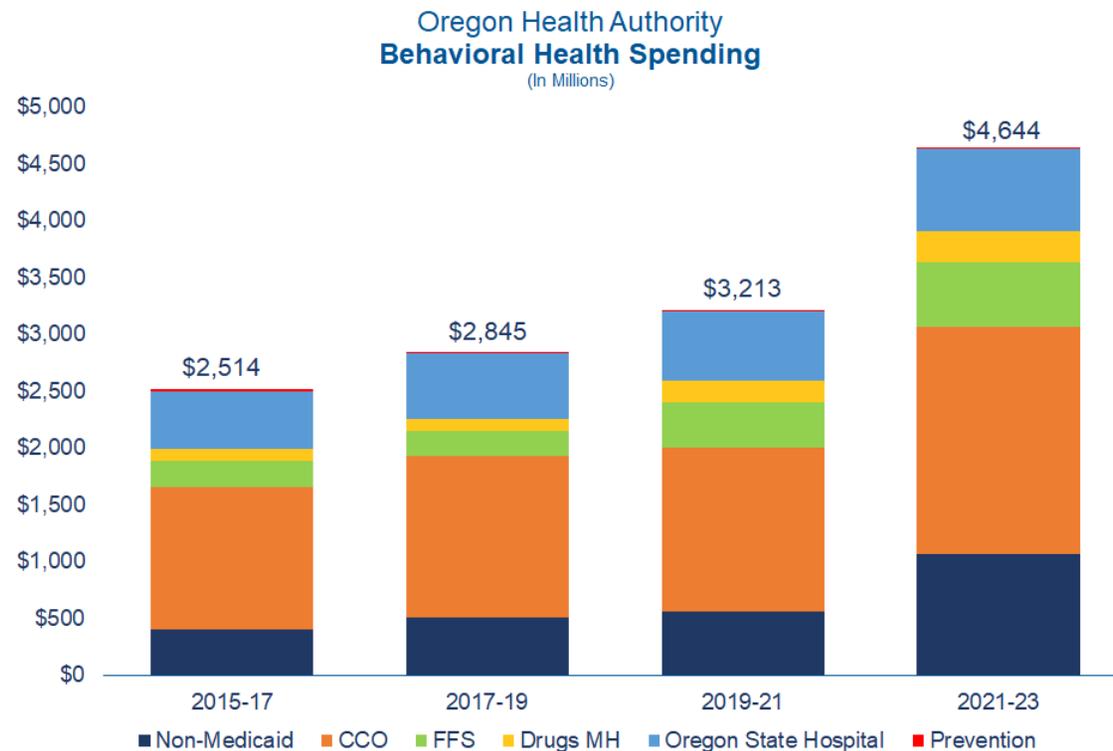


Figure 2: Grant and Funding Timeline of Key Behavioral Health Investments

			\$ awarded / initiated		\$ funding period (if finite)								
Investment	Grant/Funding Focus	Funds (\$)	Prior Biennium		21 - 23 Biennium								
			2021		2021		2022				2023		
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Aid & Assist / Intensive Services	Supportive Housing NWRRC	\$5.4M											
	3 County Housing/Restoration	\$3.5M											
	CMHP CFAA Stopgap	\$2.3M											
	CMHP Community Restoration RFA	\$15.0M											
BH Crisis / 988	Mobile Crisis CFAA amendment	\$10.0M											
	988 Call Center	\$5.0M											
	Mobile Response and Crisis Stabilization	\$6.5M											
Ballot Measure 110	Access to Care	\$39.9M											
	Behavioral Health Resource Networks (BHRNs)	\$265.0M											
BH Housing / SDOH	Planning Grants	\$5.0M											
	Licensed Residential* (current infrastructure)	\$10.0M											
	Licensed Residential/Adult and Youth*	\$112.9M											
	Supportive Housing*												
	Housing one-time funds (counties)	\$100.0M											
BH Workforce	Clinical Supervision*	\$20.0M											
	Scholarships, Loan Repayment, Housing Incentives, and Childcare Incentives*	\$60.0M											
	Workforce Stability	\$132.3M											
Investment / Innovation	BH Rate Increase/FFS (ongoing)**	\$80.0M											
	BH Rate Increase/CCO (contract)**	\$74.5M											

Definition: CMHP is County Mental Health Program; CFAA is County Financial Assistance Agreement; NWRRC is Northwest Regional Re-entry Center

* Timing and Total funds allocated to future grant solicitation and award disbursement is dependent on the outcome of earlier rounds, including number and type of applications received and subtotal of dollars awarded.

** Total fund dollars; general fund is \$42.5 across FFS and CCO and requires Emergency Board Special Purpose Appropriation

Key Behavioral Health Investments: Overview

Aid and Assist / Intensive Services

OHA's 21-23 biennium budget includes \$21.5 million for community restoration, clinical services, rental assistance and wraparound support. This funding also covered OHA operations for supporting individuals who have been ordered by a court to receive services enabling them to "aid and assist" in their own criminal defense. The goal is to allow these individuals to be served in their communities when clinically appropriate and assist in moving individuals currently receiving restoration services at Oregon State Hospital back into their home communities. These services increase access to treatment, improve stabilization in local communities and reduce recidivism and local hospitalizations.

Behavioral Health Crisis System

HB 2417 (2021) aims to build upon and improve Oregon's statewide coordinated crisis system. It outlines the expectations for local mobile crisis intervention teams, crisis stabilization centers, and other behavioral supports. This includes a 9-8-8 phone line (like 9-1-1 but focused on behavioral health) to provide behavioral health crisis intervention services and crisis care coordination anywhere in the state 24 hours per day, seven days per week, 365 days per year.

Ballot Measure 110

In November 2020, Oregon voters passed by referendum [Measure 110, or the Drug Addiction Treatment and Recovery Act](#).

The purpose of Measure 110 is to make screening health assessment, treatment and recovery services for substance use disorder and harmful substance use available to all those who need and want access to those services; and to adopt a health approach to substance use by removing criminal penalties for low-level drug possession. The legislature funded \$302 million to establish Behavioral Health Resource Networks (BHRNs) in every county and Tribal area across the state.

Behavioral Health Housing / Social Determinants of Health

OHA's 21-23 biennium budget includes \$130 million for capital, start-up, and operational costs related to increasing statewide capacity of community-based residential settings for individuals with a serious and persistent mental illness requiring a higher level of care and community-based housing for individuals with a serious and persistent mental illness who are able to live independently with appropriate support services readily available.

Behavioral Health Workforce

The Behavioral Health Workforce Initiative (BHWi) was created through House Bill 2949 (2021). BHWi is a transformative, community-led, and community-owned initiative to increase the recruitment and retention of providers in the behavioral health care workforce who are people of color, tribal members, or residents of rural areas in this state, in order to provide culturally responsive care for diverse communities.

BHWi provides incentives to increase the recruitment, retention, and diversification of the behavioral health workforce in addition to using incentives to increase Oregonians' access to culturally responsive services. The types of incentives specified in the bill include pipeline development, scholarships for undergraduates and stipends for graduate students, loan repayments, and retention activities. It provides \$60 million to increase training for diverse behavioral health professionals, both licensed and non-licensed, and \$20 million for a grant program to pay licensed behavioral health professionals to provide supervised clinical experience to associates or other individuals who have the necessary education but need supervised clinical experience to obtain a license to practice.

Behavioral Health Workforce (continued)

House Bill 4004 (2022) aims to promote staff compensation, as well as workforce recruitment and retention. The legislation provides two specific investments in response to challenges delivering services in the high risk COVID-19 environment as well as increasing need for behavioral health care which have contributed to a behavioral health care workforce crisis.

1. \$132.3 million General Fund investment for OHA to distribute grants to behavioral health care providers to increase compensation to staff and pay hiring and retention bonuses if necessary to recruit new staff or retain the providers' staff; and
2. Contract funds focused on nurses and behavioral health professionals to provide care in adult and child residential behavioral health treatment facilities, opioid treatment programs, withdrawal management programs and sobering centers

Behavioral Health Rate Increase

In the 2022 legislative session, HB 5202 included a Special Purpose Appropriation by Committee recommendation for \$42.5 million in state general funds with intent to increase behavioral health provider rates by an average of 30%, contingent on federal CMS approval. The \$42.5 million in state general funds are anticipated to have approximately \$154.5 million total fund impact to the Medicaid system.

Broad increases to existing Fee-For-Service fee schedule will be effective July 1, 2022. Agreements that facilitate Coordinated Care Organizations (CCOs) to increase rates to their behavioral health provider network will be reflected in the 2023 CCO contract effective January 1, 2023.

Key Behavioral Health Investments: Funding Highlights

Investment	21-23 Investment	Short-term Impact & Benefits	Long-term Goals & Outcomes
<p>Aid and Assist Community Services HB5024 (2021)</p>	<p>Total funds: \$21.5M (\$36.8M total includes \$21.5M new investment + \$15.3M base budget)</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Community Restoration • Licensed Residential • Supportive Housing 	<ul style="list-style-type: none"> • Increased funding to the County Financial Assistance Agreement (CFAA) to optimize current services and to assist in stopgap funding. • Continued focused Aid and Assist funding to 3 targeted, high hospital utilization, CMHP's for increased housing and local restoration services. • Completed RFA for all Community Mental Health Programs (CMHP) to increase community restoration services and outpatient resources for individuals engaged in the Aid and Assist process. RFA allows services to be tailored to meet local CMHP needs. • Dedicated Aid and Assist supportive housing as a statewide resource through Northwest Regional Re-entry Center (NWRRC) • Research insights on current Aid and Assist patient histories and outcomes in addition to nationwide review of research and competency methods based on Program Design and Evaluation Services (PDES) study; PDES is a research and evaluation unit within both the Multnomah County Health Department and the Oregon Public Health Division 	<ul style="list-style-type: none"> • Decreased admissions to OSH for competency restoration • Increased discharges to community restoration • Increased jail diversion due to mental illness • Increased coordination and oversight of current and future contracts and initiatives • Increased hospital transition teams to facilitate connection to community resources with the goal of reduction in recidivism

Investment	21-23 Investment	Short-term Impact & Benefits	Long-term Goals & Outcomes
<p>Behavioral Health Crisis System, includes:</p> <p>9-8-8 National Suicide Prevention Hotline (call center) and Mobile Response and Crisis Stabilization Services</p> <p>HB2417 (2021)</p>	<p>Total funds: \$15.0M</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Crisis Stabilization services • Workforce development 	<ul style="list-style-type: none"> • 988 call centers established and ready with necessary workforce by July 16, 2022 • CMHPs hire workforce needed to cover mobile crisis services 24/7/365 with two person teams 	<ul style="list-style-type: none"> • Increase jail and ED diversion • Increase overall capacity and coverage of mobile crisis services without break in continuum of care: Firehouse Model for Oregonians of all ages • Create a statewide BH crisis system which has all three components of crisis response: <ul style="list-style-type: none"> ○ A place to call, Someone to respond, and A place to go. • Culturally, developmentally and linguistically appropriate BH response to BH crisis.
<p>Mobile Response and Crisis Stabilization Services (MRSS)</p> <p>Legislature GF PKG 801</p>	<p>Total funds: \$6.5M</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Crisis Stabilization services • Workforce development 	<ul style="list-style-type: none"> • Operationalize MRSS services in all counties • Continued expansion of specific crisis stabilization services, including for children, youth, young adults, and families (ages 0 – 25 years), resulting in coverage across the entire life span of Oregonians regardless of insurance status • Customized training for all staff working with youth, young adults, and their families 	<ul style="list-style-type: none"> • Increased disposition in home and community for Oregonians with BH crisis • Increase overall capacity and coverage of mobile crisis services without break in continuum of care: Firehouse Model for children, youth, young adults, and families. • Create a statewide BH crisis system which has all three components of crisis response: <ul style="list-style-type: none"> ○ A place to call, Someone to respond, and A place to go. ○ For children this will include a Community to Support to prioritize keeping children in their homes and communities. • Culturally, developmentally and linguistically appropriate BH response to BH crisis.

Investment	21-23 Investment	Short-term Impact & Benefits	Long-term Goals & Outcomes
<p>Ballot Measure 110 Drug Treatment & Recovery Services / Behavioral Health Resource Networks (BHRNs) SB755 (2021)</p>	<p>Total funds: \$302.2M</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Case management • Low-barrier substance use disorder treatment • Harm reduction services • Peer-supported services • Housing • Mobile and virtual outreach 	<ul style="list-style-type: none"> • Community Access to Care grants awarded to 70 organizations across Oregon in 2021; increase in community access to low-barrier treatment, housing, peer support and harm reduction services. • At least one BHRN established in every county and Tribal area. 	<ul style="list-style-type: none"> • Creation of a statewide substance use recovery system that makes screening health assessment, treatment and recovery services available to all those who need and want access to those services. • Decrease in criminal punishments for people with substance use disorders or harmful substance use. • Increased accessibility to trauma-informed, culturally specific and linguistically responsive services.
<p>Regional Development and Innovation HB5024 (2021)</p>	<p>Total funds: \$130.0M</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Licensed Residential • Supportive Housing 	<ul style="list-style-type: none"> • Collaborative engagement, technical assistance, and subject matter consultation with Planning Grant awardees • Direct technical assistance for community providers to increase knowledge, comfort, and support with aim to facilitate successful grant application • Optimizes existing residential bed capacity within the community; \$10 million capacity extension grants (Q1 2022) resulted in an additional 70 beds • Provides dedicated funding for acquisition, renovation, and startup expenses for supportive housing and licensed residential treatment facilities. • Prioritizes four populations: 1. Aid and Assist, 2. Psychiatric Security Review Board – Guilty except Insanity (PSRB – GEI), 3. Civil Commitment, 4. Children with “Severe Emotional Disturbance”. 	<ul style="list-style-type: none"> • A more equitable and effective approach to the provision of community-based residential settings for individuals with a serious and persistent mental illness requiring a higher level of care. • Residential care programs that prioritize Aid and Assist Community Restoration, Psychiatric Security Review Board Jurisdiction or Civil Commitment. • Expansion of community-based housing for individuals with a serious and persistent mental illness who are able to live independently with appropriate support services readily available. • Culturally responsive, trauma-informed, person-centered programming led by people with lived experience of behavioral health needs as well as people disproportionately impacted by health inequities.

Investment	21-23 Investment	Short-term Impact & Benefits	Long-term Goals & Outcomes
<p>Behavioral Health Housing one-time funds</p> <p>HB5202 (2022) – counties</p>	<p>Total funds: \$100.0M</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Licensed Residential • Supportive Housing 	<ul style="list-style-type: none"> • Guided by a population-specific funding formula to provide an array of supported housing & residential treatment for each CMHP. • Expands residential treatment capacity, short-term shelter beds, and long-term stable rental assistance by supporting operational and administrative expenses. • Infuses funds to facilitate new bed capacity, including for acquisitions, renovations, and construction. 	<ul style="list-style-type: none"> • Coordination with OHA’s Social Determinants of Health unit and CMHP’s to fund community partner projects. • A coordinated approach to relieve bottlenecks in the continuum of care, and address health inequities and housing access disparities. • Increase in low to no barrier, safe shelter options.
<p>Mental Health Workforce & Grants / BH Workforce Initiative</p> <p>+HB2949 (2021)</p>	<p>Total funds: \$80.0M</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Clinical Supervision • Scholarships • Loan Repayment • Housing Incentives • Childcare Incentives • QMHA professionals 	<ul style="list-style-type: none"> • Community Leadership Council (CLC) was formed to support the Behavioral Health Workforce incentive (BHWi) initiative work. This council comprised of diverse practitioners provides much needed community voice and perspective to the incentives work taking place at OHA. • Clinical Supervision grants will offer support for credentialing (e.g. certification and licensure), alleviating financial burden and providing upward mobility and retention, especially for communities of color. • Loan Repayment incentive will support behavioral health practitioners in critically needed service areas that do not have ready access. • Housing and Childcare incentives will bridge gap to cost of living, living expenses in the State of Oregon which have been formattable for many in the field of behavioral health, influencing longer term retention. • Pipeline environmental scan with a focus on development, centering those community members most impacted. The initial focus will be Qualified Mental Health Associates (QMHA) – developing certification processes and robust professional development within the QMHA discipline. 	<ul style="list-style-type: none"> • 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. • Develop and invest in culturally specific workforce and increase access to culturally responsive services and interventions. • Engage communities in shared decision-making to build structures/ processes/ resources/ supports for increasing recruitment and retention of a culturally specific behavioral health workforce. • Support strategies for both recruitment and retention of the behavioral health workforce.

Investment	21-23 Investment	Short-term Impact & Benefits	Long-term Goals & Outcomes
Behavioral Health Workforce Stability grants HB4004 (2022)	<p>Total funds: \$132.3M</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Workforce Wages & Incentives 	<ul style="list-style-type: none"> • Higher wages and compensation bonuses for new and existing staff. • Offers provider flexibility to design and apply compensation strategies, as long as 75% directed toward wages, benefits, bonuses and incentives. 	<ul style="list-style-type: none"> • Improve workforce diversity & increase staff retention. • Result in better care coordination for people with intensive BH Service needs. • Incentivize culturally responsive & linguistically appropriate services.
Behavioral Health Rate increase HB5202 (2022)	<p>Total funds: \$42.5M general fund; \$154.5 total fund (requires Emergency Board release of Special Purpose Appropriation funding; decision June 1, 2022)</p> <p>Funding focus:</p> <ul style="list-style-type: none"> • Reimbursement Rates 	<ul style="list-style-type: none"> • Broad increases to existing FFS fee schedule, on average of 30%, will be effective July 1, 2022. • Improve parity of rates within Medicaid and compared with other payers. • Increase in CCO capitation rates with agreements to assure that funds have direct impact on their BH provider network. 	<ul style="list-style-type: none"> • Reduce behavioral health inequities and elevate quality and accountability. • Result in person-directed care & community-driven engagement. • Improve workforce diversity & increase staff retention. • Result in better care coordination for people with intensive BH Service needs. • Incentivize culturally responsive & linguistically appropriate services.

Table 2: New Behavioral Health Investments Spend Plan

Behavioral Health Investments					
(dollars in millions)					
Category	Spent	Obligated	Allocated (expected to be obligated or spent by end of Q3, 2022)	Amounts remaining for remainder of biennium	Total Available Funding
Aid and Assist Community Services including intensive Services Unit	\$7.9		\$15.0	\$0.7	\$23.6
988 implementation, mobile response, and crisis stabilization	\$10.0	\$5.0		\$6.5	\$21.5
Ballot Measure 110 and Access to Care awards	\$12.9	\$34.3	\$255.0		\$302.2
BH Housing/SDOH including BH housing one-time funds, incentive funds, and regional development and innovation	\$15.0	\$100.0	\$30.0	\$105.3	\$250.3
Behavioral Health Workforce Stability Grants	\$132.3				\$132.3
Mental Health Workforce & Grants/BH workforce initiative	\$5.8	\$7.0		\$67.2	\$80.0
Behavioral Health Rate Increases			\$80.0	\$74.5	\$154.5
BH services and support including SAMHSA block grants, SUD waiver, CCBHCs, System of Care work, Compass and other system supports and staffing costs	\$189.8		\$42.0	\$126.1	\$357.9
Open Junction City Units	\$3.5			\$27.5	\$31.0
Totals	\$377.2	\$146.3	\$422.0	\$407.8	\$1,353.3

Spent—means actual dollars spent; **Obligated**-means a contractual obligation or grant agreement signed that lays out terms of spending or formula award; **Allocated**-final decision made on funds and moving to contracting or spending of funds, also upcoming salaries or other internal charges not yet occurred

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