CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Policy Session Worksheet

Presentation Date: December 9, 2025 **Approx. Start Time:** 1:30PM **Approx. Length:** 30 minutes

Presentation Title: Community Mental Health Program Local Plan

Department: Health, Human and Housing Services (H3S) / Behavioral Health Division (BHD)

Presenters: Mary Rumbaugh, H3S Director; Karen Kern, Behavioral Health Division Director

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Review the proposed Community Mental Health Program Local Plan and approve for submission to the Oregon Health Authority.

EXECUTIVE SUMMARY:

On October 1, 2025, the Behavioral Health Division (BHD) submitted a draft Local Plan to the Oregon Health Authority (OHA). The Local Plan describes how the Community Mental Health Program (CMHP) organizes and funds services. This session will provide the Board with a high-level overview of the plan's requirements and process that was used to develop the plan. The BHD is waiting for comments from OHA before incorporating their feedback and submitting the final Local Plan in December 2025.

The Local Plan and Budget templates were developed in collaboration with the Association of Oregon Community Mental Health Programs (AOCMHP) to align with the new County Financial Assistance Agreement (CFAA), which grants funding for services and supports provided January 1, 2026, through June 30, 2027. It's intended that this alignment helps Local Mental Health Authorities (LMHA) and Community Mental Health Programs (CMHP) to better design and run programs that fit their communities' needs, while providing OHA the information needed to carry out its oversight and financial stewardship responsibilities.

In Clackamas County, the Board of County Commissioners is the LMHA, and the County Behavioral Health Division is the CMHP.

Pursuant to ORS 430.620, the Local Mental Health Authority Role in the Health Care System has five parts:

- Determine the need for local mental health services and adopt a comprehensive local plan for how the services will be provided most efficiently and effectively.
- Establish and administer or operate a community mental health program with an array of services.
- Manage the mental health crisis system, children's behavioral health system of care and transitions of adults entering or discharging from Oregon State Hospital or residential care.
- Ensure a community-based behavioral health and social services safety net.
- Coordinate mental health services with the criminal/juvenile justice and corrections system and collaborate with the local public safety coordinating council.

The Local Plan is structured to outline how the CMHP is going to fund and provide services based on OHA's reprioritization of populations served in Core Services Areas. Those Core Service Areas are:

- System Management & Coordination
- Crisis Services
- Forensic & Involuntary Services
- Outpatient & Community-Based Services
- Residential & Housing Supports
- Behavioral Health Promotion & Prevention
- Block Grant Funded Services

OHA has prioritized service delivery in the Core Service Areas as follows:

Priority 1: Involuntary and Mandated Services (Aid and Assist, Psychiatric Services Review Board (PSRB) and Juvenile Psychiatric Services Review Board (JPSRB), Civil Commitment)

Priority 2: Forensic Services (Jail Diversion, Mental Health Services in Jail, Individuals placed on a hold but not committed)

Priority 3: At risk of hospitalization and crisis or at risk of removal from the home (Mobile Crisis, Crisis Walk-In, Crisis Stabilization)

Priority 4: Individuals who have or are at risk of developing a Mental or Emotional Disturbance or Substance Use Disorder

County Financial Assistance Agreement (CFAA)
Each LMHA has a CFAA agreement with the Oregon Health Authority. This provides financial assistance to local programs for mental health, addiction, recovery and other behavioral health services not covered by Medicaid. County staff have been involved in discussions with the state for the last 24 months on the changes in this agreement. *The CFAA currently is unresolved.* Remaining issues are:

- Tension between "substantial compliance" and "as funds allow"
- Shift of responsibility to counties
- Shift in how we provide care coordination
- Required changes in supporting older adults
- Funding gaps for full crisis continuum
- Additional reporting and monitoring requirements

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? ☒ **YES** ☐
What is the cost? $12,072,515

What is the funding source? County Financial Assistance Agreement (CFAA)-IGA with the Oregon Health Authority

There are no General Funds involved. While a decrease in funds from the CFAA is not anticipated, there is funding from other sources, including CCOs, that support some of the plan activities. The recent reduction in funding due to the termination of the Care Oregon Delegation Agreement will require the BHD to use CFAA dollars to support care coordination activities in the Local Plan priority populations.

STRATEGIC PLAN ALIGNMENT:

- How does this item align with your Department's Strategic Business Plan goals?
  Equity Driven Services and Improve Community Safety & Health

- How does this item align with the County's Performance Clackamas goals?
  Healthy People; Recovery Oriented System of Care

LEGAL/POLICY REQUIREMENTS:

The CMHP Local Plan is guided by Oregon Administrative Rules (OARs) Chapter 309, Division 14 - Oregon Health Authority, Health Services Division: Behavioral Health Services, Community Mental Health Programs.

PUBLIC/GOVERNMENTAL PARTICIPATION:

As part of the planning requirements, the BHD engaged the public, including community partners, stakeholders, and consumers of services through survey, focus groups, and key informant interviews. This engagement identified unmet needs that are incorporated into the Plan. Details can be found in Part III of the Local Plan (Attachment B).

OPTIONS:

1. Advance the Community Mental Health Program Local Plan as presented to a Board Business Meeting for final approval and submission to the Oregon Health Authority.
2. Advance the Community Mental Health Program Local Plan, with modifications, to a Board Business Meeting for final approval and submission to the Oregon Health Authority.
3. Advance the Community Mental Health Program Local Plan as presented to a Board Business Meeting for final approval and delay submission until the County Financial Assistance Agreement has been finalized with the Oregon Health Authority
4. Direct staff to pursue an alternative approach.

RECOMMENDATION:

1. Advance the Community Mental Health Program Local Plan as presented to a Board Business Meeting for final approval and submission to the Oregon Health Authority.

ATTACHMENTS:

#A: Power Point Presentation
#B: DRAFT Community Mental Health Program Local Plan Submitted 10.1.25

SUBMITTED BY:

Division Director/Head Approval Karen Kern
Department Director/Head Approval Mary Rumbaugh
County Administrator Approval _____

For information on this issue or copies of attachments, please contact Karen Kern @ 971-509-5174

CMHP Local Plan
BCC Policy Session

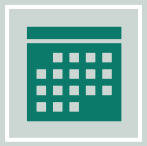
H3S - Behavioral Health Division
December 9, 2025
Mary Rumbaugh, H3S Director
Karen Kern, Behavioral Health Division Director

Health, Housing & Human Services
CLACKAMAS COUNTY

2026-2027 Local Plan and Budget

Purpose: To provide a framework for CMHPs to meet community needs and align with the County Financial Assistance Agreement (CFAA).

Focus: Outlining the plans and budgets for behavioral health services to achieve OHA's goal of eliminating health inequities and shifting priorities.



Timeline: The 2026-2027 plan template covers the funding period from **January 1, 2026, through June 30, 2027.**

Submitting the Plan: Clackamas County Draft Local Plans and Budgets was submitted to OHA on October 1, 2025, Final Local Plan due in December.

County Financial Assistance Agreement (CFAA)

Provides financial assistance to local programs for mental health, addiction, recovery, and other behavioral health services, and funds services not covered by Medicaid.

Local Plan

Details how funds will be used to meet state requirements and be accountable for a continuum of care and functions as the scope of work for the CFAA.

Local Strategy

Allows CMHPs to customize their services to community needs while still meeting the priorities and expectations outlined in the CFAA.

CFAA Contract Changes – Considerations

Tension between "substantial compliance" and "as funds allow"

Shift of responsibility to Counties

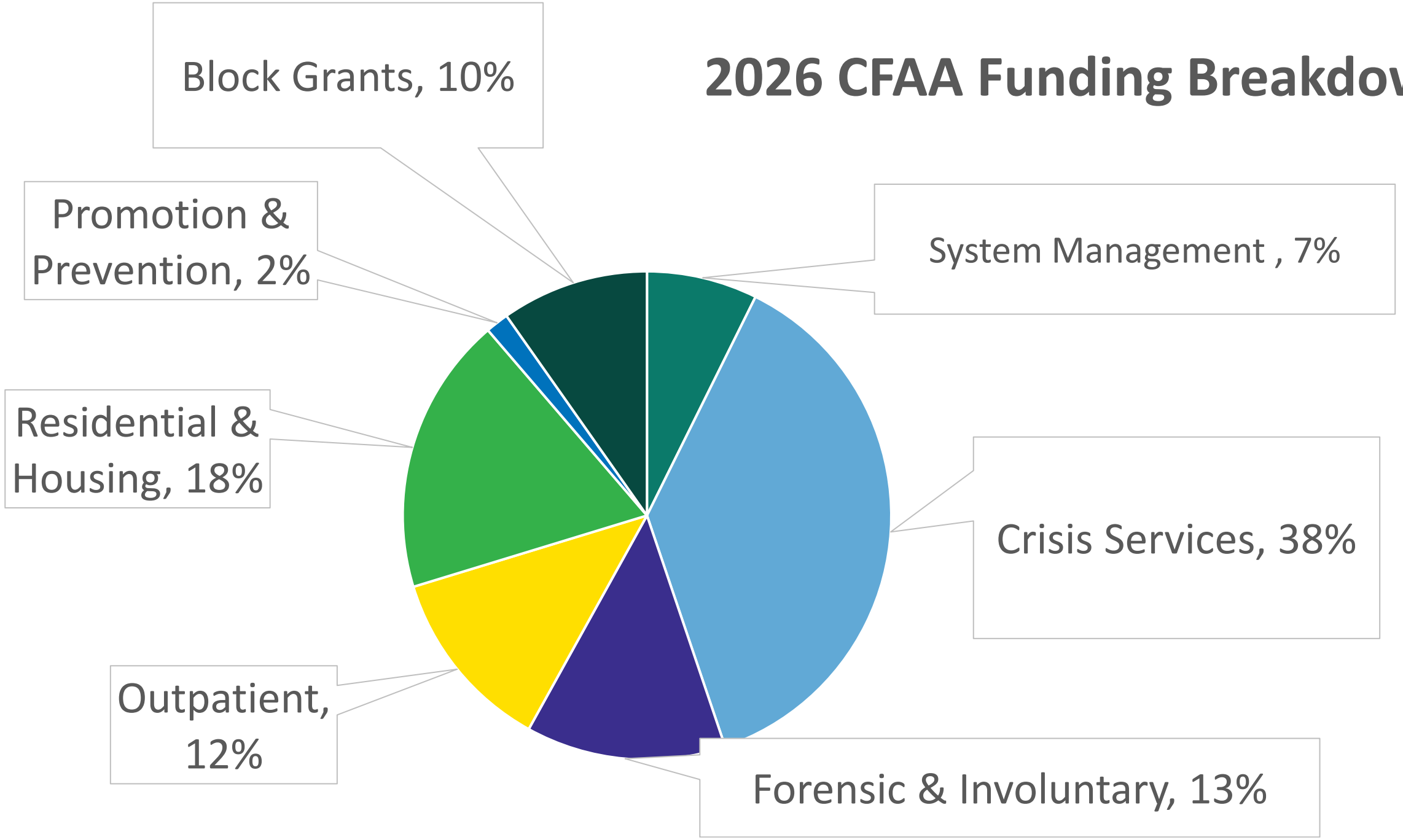
Shift in how we do Care Coordination

Navigating required changes to support Older Adults

Funding gaps for full crisis continuum of services

Additional reporting and monitoring requirements

2026 CFAA Funding Breakdown



Core Service Areas in the Local Plan

System Management & Coordination

Crisis Services

Forensic & Involuntary Services

Outpatient & Community-Based Services

Residential & Housing Supports

Behavioral Health Promotion & Prevention

Block Grant Funded Services

CMHP Changes – Prioritization for Funding

1 Priority 1

- Aid and Assist
- PSRB and JPSRB
- Civil Commit

2 Priority 2

- Diversion from the Justice System

3 Priority 3

- People at risk of Inpatient Hospital
- Youth at risk of removal from the home

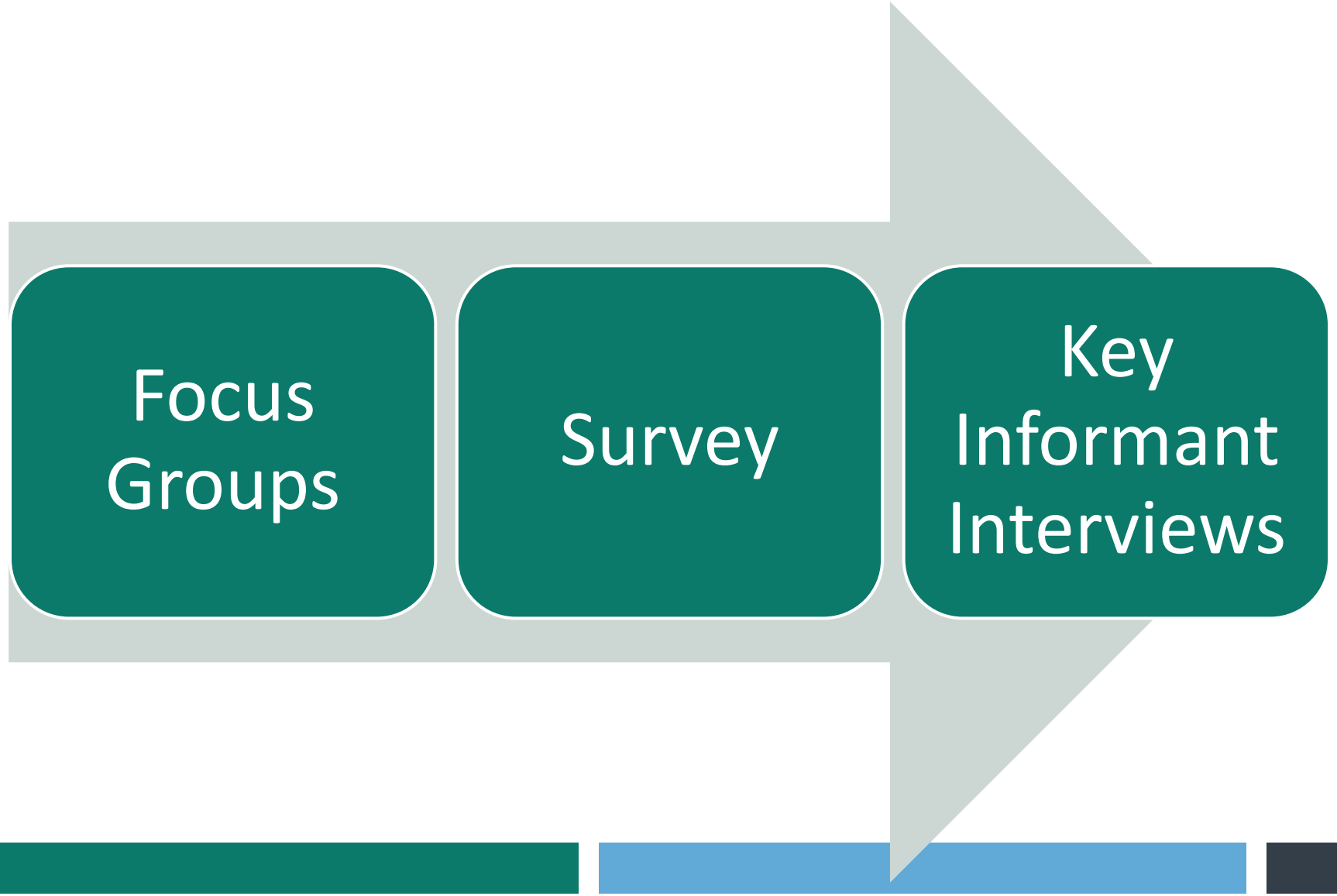
4 Priority 4

- People who have or are at risk of a behavioral health disorder

Shifts funding to highest system acuity and risks our ability to intervene before justice involvement, inability to care for self, or crisis.

Primary Funding Focus is on Involuntary, Forensics and Crisis Response

Community and Stakeholder Engagement



- Identified Needs, Barriers and Gaps
- Identified Areas of Improvement
- Determined Key Unmet Needs in Priority Areas

Stakeholder and Community Engagement

Clackamas County BHRN Provider Network	Area Plan on Aging (AAA) Aging Services Subcommittee	CCBHD Youth Barrier Busters	Local Public Safety Coordinating Council (LPSCC)
Mental Health and Addiction Council	BHD Staff	Framework of Providers - Sequential Intercept Model	Culturally Sensitive Recovery Housing and Supports – Transcending Hope
Hospitals (Providence, Kaiser and Legacy)	Tri-County CMHPs	CCOs (Health Share, CareOregon, Trilium)	Alliance of Culturally Specific Mental Health Providers

Identified Priority Unmet Needs

- Expanded Outpatient Mental Health Services
- Timely Access and Access to Specialty Services, including Culturally Responsive and Co-occurring Disorders
- Broader Access to Crisis Services
- Infrastructure to Improve Data Collection and Reporting through our EHR

Next Steps

1. Review and incorporate feedback from OHA
2. Identify changes to budget, operating plan and structure
3. Review contracts for FY 2026 - 27
4. Develop Final Plan and Budget
5. Submit to OHA by December 5, 2025

Clackamas County Behavioral Health Division (CCBHD)

Local Plan Draft Submission October 1, 2025

The Clackamas County Behavioral Health Division (CCBHD), which functions as our Community Mental Health Program (CMHP), serves the third largest county in the state. CCBHD, along with Multnomah County and Washington County, is one of three Metro-Region CMHPs that often operate in tandem to serve the larger Tri-County community.

CCBHD is weathering a time of change and uncertainty with federal, state, and local funding shifts along with other local and state entities across the nation. As we align services to meet the new requirements of our County Financial Assistance Agreement (CFAA), we are faced with some challenging decisions on how to maintain a robust system of care for children, adults and families experiencing mental illness and substance use disorders in our community. The funding received through the CFAA is not sufficient to support service delivery, and we are facing the elimination or risk of elimination of other revenue sources necessary to support the system of care. We will see a $2.6m reduction in revenue due to the elimination of CareOregon funding by December 31, 2025, which represents almost 7% of our total annual budget. That investment is vital to support the care coordination needs of Medicaid beneficiaries in crisis or returning to the community following a civil commitment or forensic involvement.

Part I of this plan outlines our continuum of behavioral health services as it stands now, and how our CMHP partners with community providers to serving the community. Part II highlights a draft of how we will be restructuring our CMHP to align with the new priorities under the CFAA program and funding requirements. To meet the priorities with shrinking resources outside of CFAA-committed dollars, we are restructuring our service delivery and thinking through how we braid available funding to meet the need. We have several sessions planned with staff in October to further this effort, which, along with feedback from OHA, will be reflected in our final plan submission.

As you will see in Part III, Clackamas County engaged in multiple focus groups with stakeholders and community members with this planning process to ensure a good understanding of the strengths of our CMHP, but more importantly the needs and gaps experienced across the continuum. We will be continuing this work into October, but engagements thus far have shown a clear need for the upstream services needed to support people before they experience crisis or destabilization, which is reflected in Part IV as service needs and gaps. This population represents the lowest priority with the new CFAA, and it's unclear how we will have sufficient funding to support prevention and early intervention services aimed at reducing the need for higher acuity utilization. In addition to engaging the community, CCBHD identified gaps in services that meet the needs of our priority populations as they gain some stability and recovery, and you will see highlighted the need to expand outpatient, intensive outpatient, and ICM and/or ACT capacity.

CCBHD is waiting for templates and requirements before we can fully respond to the section on metrics in Part V and will determine additional metrics once we receive those templates. The budget narrative in Part IV ties to the description of core services in Part II and budget found in Attachment 1. CCBHD already runs with a very lean administrative overhead and has costs tied to central County administrative functions over which we have no control.

CCBHD looks forward to any feedback from OHA as we continue restructuring services to meet CFAA requirements and shift focus to priority populations.

Part I: Description of County's Current Continuum of Behavioral Health Care

The Local Mental Health Authority in Clackamas County is the Board of County Commissioners, and the Clackamas County Behavioral Health Division (CCBHD) of the Health, Human and Housing Services (H3S) Department is the CMHP. CCBHD does not have any official partnerships, contracts or agreements with any Tribal Agencies.

Coordinated Care Organizations: Clackamas County Medicaid beneficiaries are served by two Coordinated Care Organizations (CCOs) – Health Share (administered through CareOregon) and Trillium Community Health Plan. About 90% of Oregon Health Plan (OHP) members in our county are assigned to CareOregon, with the remaining 10% being assigned to Trillium. CCBHD staff meet regularly with both CCOs in multiple venues and workgroups at the service team and executive level and participate in workgroups as part of the Tri-County regional continuum of service delivery. CCBHD contributes data and service reports on CCO members to help inform health and population needs in our County. CCBHD and our two CCOs share in supporting the following services:

1. Care Coordination: CCBHD has historically had agreements with CareOregon to support the care coordination needs of their members experiencing a serious mental illness or emotional disturbance, including Intensive Care Coordination, Choice, and Jail Diversion. As of December 31, 2025, those agreements will be eliminated, and we will be changing our care coordination model (See Part II). CCBHD also has an agreement with Trillium to fund care coordination services for their members.

2. Wraparound Care Coordination for Youth: CCBHD has an agreement with CareOregon and Trillium to support evidence-based Wraparound Services and care coordination for youth with complex needs and their families. CCBHD provides this service to fidelity.

3. Mobile Crisis and Crisis Walk-In Clinic: CCBHD has an agreement with CareOregon to support both Mobile Crisis and Crisis Walk-in services and Trillium to support Mobile Crisis. This revenue is braided with CFAA dollars to support the crisis needs in our community, and without it, we would not be able to fund the full continuum of crisis services.

4. Peer Support Services: CCBHD has an agreement with CareOregon to embed peer with funding services across the continuum.
5. Health Promotion and Prevention: CCBHD has historically partnered with CareOregon to fund Promotion and Prevention activities, however that agreement was not renewed. This funding allowed us to provide additional upstream support to a population deprioritized by this CFAA.
6. Crisis Stabilization Center: CCBHD is excited to bring a Crisis Stabilization Center to our County and are hoping to open doors by the end of the year. CareOregon has partnered with CCBHD on this project with limited-term funding to support operations.

Hospital Collaboration: Clackamas County does not have any formal letters of Agreement with local hospitals, and our residents receive hospital care throughout the Tri-County region and in Marion County. CCBHD does work closely with hospitals across the region on discharge, transition and follow-up care coordination and we provide services aimed at reducing or preventing reliance on Emergency Departments for mental health care. These services include our Urgent Walk-In Clinic, mobile crisis, and soon a 23-Hour Stabilization Center (set to open in December of 2025). Hospitals can make direct referrals to our Mobile Crisis- Stabilization Services (MRSS) team for youth and young adults up to age 21.

CCBHD has working relationships with hospital partners related to Notice of Mental Illness and Involuntary Commitment. Adults who are on an involuntary commitment, either by court order or by guardian, are screened for services and then next steps are coordinated with hospital staff. Our Forensic and Crisis teams also coordinate closely with the hospitals when clients are transported from the Jail or Community for emergency psychiatric services. Our Wraparound team also coordinates with SAIP and SCIP (Secure Adolescent Inpatient Program/ Secure Child Inpatient Program).

Justice System Partnerships: CCBHD works closely with the Justice System and Court Partners to support populations that are arguably the most vulnerable and have the highest level of need. Our Forensic and Involuntary Commitment programs coordinate with judges, defense and prosecuting attorneys, and court clerks. CCBHD's Civil Commitment team hosts a quarterly meeting with court partners. They also schedule hearings and develop and maintain contracts with Mental Health Examiners.

CCBHD's Aid and Assist team meets with court partners weekly to discuss the current docket and involved participants (both individuals being restored in the Oregon State Hospital and in the community). Communication occurs throughout the week to establish restoration services and discuss the status of community consultations. The Aid and Assist team also hold quarterly general meetings with court partners, including the dedicated Aid and Assist docket judge. These meetings allow the team to discuss system level and process issues as well as develop specific programming.

Law Enforcement and Community Corrections: CCBHD has close partnerships with our local law enforcement (LE) agencies and Community Corrections. There are nine different law enforcement agencies operating in Clackamas County and eight have embedded Behavioral Health clinicians. The Cities of Wilsonville and Gladstone have clinicians that are CCBHD staff, the clinicians in other jurisdictions are connected to their respective Cities. These clinicians are available to respond with LE on calls that come through dispatch. CCBHD also has staff that participate in the Adult Threat Assessment team as mental health subject matter experts. Our Mental Health Abuse Investigators cross report to law enforcement and work in tandem when there is a criminal matter.

CCBHD's Crisis Team responds to mobile crisis requests through 988 and the Clackamas County Crisis and Support Line, and our Mobile Crisis Response Team (MCRT) also works closely with law enforcement and other first responders. MCRT has a backline that First Responders may use to request immediate assistance as well as an email address for non-urgent and follow-up requests. Our overnight mobile crisis position is currently stationed in our 911 dispatch center so they can support both individuals who need additional support from the crisis line as well as work to build relationships with LE partners and dispatch.

Our Forensic Services teams are very closely connected to the jail and attend a weekly START meeting (Strategic Transition and Re-entry Team) which includes staff from the jail, probation, and mental health staff from other LE agencies. This team reviews currently incarcerated individuals who are experiencing symptoms of mental health to determine how best to support them. Individuals also assessed for participation with our Forensics Diversion team.

CCBHD has staff that work in the jail and partner closely with Community Corrections to serve our forensic population, including care coordination at re-entry. The MCRT also responds to our Juvenile Intake and Assessment Center (JIAC). Youth who are detained by law enforcement may be held at JIAC for up to five hours. While there, JIAC staff complete screening tools and will call for mobile crisis if they appear to be in psychiatric distress or indicates thoughts of harming themselves or others. CCBHD collaborates with Community Corrections through the IMPACTS grant as well to provide a clinician on site at the probation building.

Both the Behavioral Health Division and H3S Directors have voting seats on LPSCC (the Local Public Safety Coordinating Council) and work closely on public safety issues.

Schools: CCBHD collaborates both with individual schools and the ten public school districts in Clackamas County. Our Wraparound team members are active participants in IEP meetings with school staff and sometimes principals. We attend the regular Threat Assessment meetings and often consult on threat assessments. A high percentage of Wraparound team referrals come from schools. CCBHD facilitates a "Barrier Busters" weekly meeting via Zoom for anyone working in the children's continuum of care that is widely attended by school clinicians or social workers and sometimes teachers where we are available to provide consultation and share resources. We also provide WRAP 101

classes for school districts to train about Wraparound services and how it can support students.

Our Clackamas County Health Centers embed clinicians in several schools, and we work closely with them on supporting youth and collaborating with families and school staff on their care plan.

The MCRT provides stabilization services for youth ages 20 and below and responds to schools to assess for crisis and de-escalate situations where students are involved, referring to Mobile Response Support Services (MRSS) for follow up care. Our Crisis and Support Line staff are available for consultation, referrals, and suicide safety screening. School staff also refer youth and families to our Behavioral Health Walk-in Clinic, Clackamas Mental Health Clinic (MHC).

Community Action Agencies and Housing Authorities: CCBHD works closely with our Housing Continuum of Care (CoC) and Housing Authority. Behavioral Health and Housing and Community Development (HCDD) are division partners under the Health, Housing, and Human Services Department (H3S) in Clackamas County. HCDD and CCBHD have an agreement to place housing navigators on our care coordination and crisis teams. CCBHD and HCDD are also collaborating on Behavioral Health Housing Retention Team (BHRT) that will provide crisis support, short-term case management, care coordination and stabilization support to individuals or families who are at risk of losing their housing due to symptoms or functioning challenges related to behavioral health disorders.

CCBHD works closely with members of our Coordinated Housing Access Line to help individuals and families access housing support, and we facilitate a mental health workshop as part of the Housing First Aid training. Our CMHP Director sits on the Clackamas County Continuum of Care (CoC), which is a consortium of individuals and organizations with the common purpose of planning a housing and services continuum for people who are homeless. The CoC originated to meet the Federal HUD requirement for Continuum of Care McKinney-Vento funds to flow into Clackamas County for people who are homeless.

CCBHD also collaborates with the Social Services Division Community Action Agency (CAA) programs on services for people with low incomes through the Community Action Board (CAB). CAB Members provide input on the Community Needs Assessment, which determines the underlying causes and conditions of poverty and identifies resources to address unmet needs. The most recent assessment shows that 38% of county residents do not have enough income to cover the basic cost of living here, and for some of them, behavioral health conditions are a factor.

Clackamas County Social Services: Clackamas County Social Services is the Area Agency on Aging (AAA) serving Clackamas County. Through the AAA, CCBHD works with ten senior centers, the Senior Citizens Council, Legal Aid and our DHS and APD branches (see ODHS below). The AAA developed a plan with three main strategies: 1) Reduce barriers to accessing services throughout the county, especially for populations that have

historically been underserved; 2) Create and update quality assurance efforts to ensure program quality; and 3) Expand programming to meet the needs of a growing older adult population. CCBHD supports activities that fall under these strategies to improve the health of older adults in our community.

CCBHD also partners with Clackamas County Social Services Veteran Service Office. CCBHD supports the Veteran's Rental Assistance Program (VRAP) program to assist Veterans in our community in obtaining or maintaining housing, and we work collaboratively to facilitate additional behavioral health support when needed outside of the VA Facility.

Oregon Department of Human Services (ODHS): CCBHD works closely with ODHS to review access to services for individual cases and provide general information about services. Our care coordinators assist ODHS in understanding the mental health and substance use systems of care and accessing appropriate services for community members receiving Long-Term Services and Supports (LTSS) who are living at home. CCBHD's Older Adult Specialist works closely with Aging and Disability Services to coordinate care for older adults receiving mental health services. LTSS are not funded through our CCOs for Medicaid beneficiaries, so close coordination on individual cases is critical.

CCBHD management staff coordinates with ODHS's Preventative Staffing committee to make recommendations/decisions to connect families to resources and Agile Funding that aims to keep youth out of the foster care system. ODHS regularly refers to our Wraparound team for cases where children or families are experiencing mental health challenges, and we participate in case consultation or meetings for the families in our care.

CCBHD contracts with multiple community providers to provide treatment services for families who are ODHS system-involved and work toward a recovery path.

Behavioral Health Resource Network (BHRN): CCBHD's Behavioral Health Resource Network (BHRN) is a collaborative group of providers in Clackamas County who receive funding to provide substance use treatment and recovery services for free as part of Measure 110. BHRN providers develop a recovery plan through screening and referrals, treatment, crisis support, peer services, harm reduction services, and employment and housing services. CCBHD participates in BHRN meetings as part of the provider network and also for case consultation and resource navigation.

CCBHD's BHRN network offers culturally responsive services across the lifespan for Clackamas County residents. Access to these services is low-barrier and available through our CCBHD website at https://www.clackamas.us/behavioralhealth/network. Our provider network includes:

- 4D Recovery - 4th Dimension Recovery offers peer support services to folks ages 18-35 that struggle with substance use disorders.

- Bridges to Change - Bridges to Change is a peer-centered housing, behavioral health, and peer provider organization. BTC has a continuum of housing and a variety of treatment services.
- Cascadia - Cascadia provides mental health services, addiction recovery support, primary care, wellness programs, permanent housing solutions, and affordable housing for people of all ages.
- Harmony Academy - Harmony Academy is a public charter school based in Lake Oswego. Recovery is the foundation of the school program and community as recovery is infused into the high school curriculum to better support youth in finding their way towards a healthier way of life.
- Outside In - Outside In offers harm reduction, peer support and substance use disorder treatment programs. Outside In programs are free of charge, available to all and guided by a harm reduction model, where everyone deserves respect and is a valued member of the community.
- Parrot Creek Child and Family Services - Parrott Creek offers outpatient substance use disorder (SUD) and Mental Health services for youth and adults with Medicaid (CareOregon and Trillium). In addition, they offer rental assistance for people engaged in outpatient SUD treatment throughout Clackamas County. Parrott Creek has recovery housing for female-identifying parents reuniting with their children who are in DHS custody.
- The Peer Company - The Peer Company (formerly Mental Health and Addiction Association of Oregon) provides peer support and recovery mentor services free of charge and open to anyone who would like support. This is a nonclinical support service offered by someone with the personal lived experience of having struggled with mental health or substance use/addiction issues.
- Recovery Works NW - Recovery Works NW provides medicine assisted treatment (MAT), outpatient drug & alcohol treatment, and addictions-specific mental health and peer services to help people get their lives back from opioid, alcohol, methamphetamine, and other addictions. All services are guided by a judgement-free, compassion-first ethos. Recovery Works NW accept news clients on the same or next business day for medications.
- Transcending Hope - Transcending Hope is a Measure 110 stabilization low barrier housing program, with a 6- to 8-month stay fully funded with flex funds for participants. Participants will work with housing Navigators, House Managers, and Community Supports to reach goals and work on transition planning into housing.
- YouthERA - YouthERA offers peer support, including recovery/substance use-specific support, to youth ages 14-25. We've been there so we can speak from our own experience. We will listen to you, help create next steps, and honor your voice

in the process. Our programs are cost-free and available by referral or simply by walking into our program.

In addition to the formal BHRN provider network, OHA currently provides funding for a variety of Substance Use Disorder Services through A&D Service Element 66, some of which comes from the Federal SAMHSA SUPTRS Block Grant. Those include treatment services through Fora Health, CODA, LWNW, Parrot Creek and Cascadia.

Deflection: Clackamas County's Deflection Program is operated by the District Attorney's Office. Clackamas County's Operations Management Group (OMG) oversees the program tailored to Clackamas County residents while also enhancing public safety. This group includes leaders representing law enforcement, community corrections, CCBHD, H3S, Clackamas County Community Court defense attorney, court staff, the county's BRHN partners as well as other outreach and treatment partners. The group meets periodically to review the program and has access to all the program's data. The group will help the Clackamas County District Attorney's Office manage the forward path of the program.

Mental Health and Addiction Council (MHAC): CCBHD looks to MHAC to advise the Board of County Commissioners and the Behavioral Health Division Director on community needs, gaps in services, barriers and priorities related to providing mental health and addictions services in the County. The CMHP Director attends the monthly MHAC meetings and provides a report on current initiatives and programs and then hears from the various ad hoc or subcommittees on issues important to the continuum of care.

Local and Regional Groups: CCBHD attends, collaborates, and facilitates multiple meetings locally and regionally. These include (but aren't limited to) the Alliance of Culturally Specific Providers, 911 (CCOM and LOCOM) providers, Clackamas County BHRN meeting, Clackamas County SUD provider meeting, Clackamas County and Trillium Community Health Plan meeting, AOCMHP monthly meeting and various special meetings, LPSCC, Housing CoC, ODHS Preventive Staffing Committee, OABHI meetings, Tr-County CMHP Partners meeting, Joint Behavioral health Workgroup with Health Share, as well as the various groups and meetings referenced above.

Part II: Description of Core Service Areas

Required and other Allowable Services:

CCBHD is still in the process of redesigning our services to provide the highest quality and most efficient care for the priority populations. This has been additionally complicated by the termination of our Delegation Agreement with CareOregon. This funding supported 15.0 FTE Care Coordinator positions, which accounts for 100% of our Intensive Care Coordination Team and 50% of the Choice Team. CCBHD will need to restructure how we provide care coordination to clients across the system of care, which will take additional time and both financial and operational analysis for both the Adult and Children's System of Care. Below is our best assessment of how we will deliver or ensure delivery of the Required Services, as well as any Other Allowable Services, for each Core Service Area.

System Management and Coordination (See Attachment 1 – Budget, System Management tab):

CCBHD has a well-established structure for meaningful system design and oversight of services. This includes the Division Director, Operations, Administrative, and Quality Management Managers, and a dedicated Supervisor for each service area.

CCBHD is redesigning our service array to align with Local Plan and CFAA requirements. Ultimately, the Behavioral Health Director is responsible for completion and submission of this plan, however this is a project that includes all levels of our staff. We have hired a consultant as described in Part III to compile data from existing sources as well as to conduct a survey and host several focus groups for community, stakeholder, and consumer input. Performance monitoring and evaluation will be completed by Managers, Supervisors, and Quality Management staff.

As we restructure our programs to best meet the needs of the priority populations, we will also reassess our administrative and quality management support. We already run very lean in these areas and may need additional support to manage reporting and monitoring. We will also need to develop or redevelop forms in our EHR to accommodate specific data and reporting needs, and we anticipate having capacity for that project beginning in FY 2027. As mentioned in Part V. we will wait for the new metric and reporting templates to get started on understanding any additional data and reporting needs and then review current EHR forms to determine any additional form development to ensure we capture what is required, and potentially additional metrics we feel are important to understanding populations and services.

Complex case consultation, care coordination and transition planning have been the responsibility of staff across the continuum. The CCBHD Delegation Agreement with CareOregon funded many of the staff performing those tasks, and the elimination of that funding has a significant impact on our ability to provide care coordination. Our planned restructuring will likely result in shifting resources from other services to fill this need and potentially embedding additional care coordination into our Aid and Assist, Civil Commit and PRRB teams.

CCBHD currently has two Protective Services Investigators. We are doing some analysis to determine whether we need 2.0 FTE to manage the call volume for abuse allegations. The expanded diagnoses and required additional case management and crisis support will be factored in that decision.

Crisis teams provide training to various groups about mental health symptoms and de-escalation. CCBHD funds a portion of a Suicide Prevention Coordinator (See Attachment 1 – Budget, BHPP tab). CCBHD staff participate in the County Emergency Operations Center (EOC) and crisis team staff are trained in Psychological First Aid and ready to be deployed in the event of a disaster or emergency. CCBHD participates in a mutual aid agreement with Multnomah and Washington Counties to support the Tri-County area.

Due to the investment in the required services, CCBHD does not anticipate having additional funding to provide many of the "Other Allowable Services" and will be reviewing what is possible under the current CFAA requirements. We do informally capture some activities, including community education and information.

Crisis Services (See Attachment 1 – Budget, Crisis Services tab)*:*

1. Mobile Crisis: CCBHD has invested in expanding Mobile Crisis Services over the past two years to support the people in our community that are experiencing an increase in symptomology or reduction in functioning due to their behavioral health condition or have behaviors that may be escalating and in need of immediate intervention to prevent them from requiring involuntary services. Our Mobile Crisis Response Team (MCRT) adopted the Crisis Now model and has 24-hour coverage Sunday through Wednesday, with one open overnight position that has been under continuous recruitment for over 500 days and covers 12:00 to 7:30am Wednesday through Saturday.

   CCBHD subcontracts our Mobile Response Support Services (MRSS) to Catholic Community Services, who provide MRSS services throughout the tri-county area. Capacity with this vendor has been a challenge and they are unable to provide sufficient support and follow up. As part of the restructuring referenced above, we are considering bringing this service in-house as part of our MCRT team.

2. Crisis Walk-In Clinic: CCBHD operates a Behavioral Health Urgent Walk-In Center - the Clackamas Mental Health Center (MHC). Currently the clinic is open from 9:00am to 7:00pm Monday through Friday and is open to anyone in the community, regardless of payor or age. There is a full team of peers, clinicians and a provider to support people during walk-in and follow up. Staff at MHC answer the Crisis Support Line during clinic hours. Outside of clinic hours the crisis line is answered by the Multnomah County Crisis line team. Clackamas MHC and the Crisis and Support Line are currently receiving some funding through an agreement with CareOregon.

   As part of the restructuring referenced above, Clackamas MHC will be utilized as a bridge to priority populations with formalized cross-team workflows. There is also an opportunity to develop more robust Older Adult Services with the new CFAA requirements outside of the current Older Adult Behavioral Health Initiative (OABHI) and provide direct initiation and stabilization services for our aging population.

   CCBHD is building a Crisis Stabilization Center, please see Part IV, Unmet Needs.

Forensic and Involuntary Services (See Attachment 1 – Budget, Forensic and Involuntary tab):

1. Aid and Assist: CCBHD recently separated our Aid and Assist team from other forensic programs. In addition to the supervisor, we currently have 4.2 FTE supporting this program (one of whom is a Peer Support Specialist). Our next phase

in program restructuring is to merge our Forensic diversion team, an additional 3.35 FTE with the Aid and Assist team. This will allow for more seamless transition between jail diversion and Aid and Assist and allow the teams to work together when the Aid and Assist population is high. Quick turnarounds at the State Hospital, a lack of placements for community restoration, and the new requirements under HB 2005 drive the need for additional FTE dedicated to this program and at least one additional QMHP FTE and a Community Navigator (per HB 2005) is needed. We will be assessing the exact number of additional FTE and funding for this position(s) in the coming month.

CCBHD's Aid and Assist staff provide support to individuals both in the State Hospital (by attending IDTs and working on discharge planning) and in Community Restoration services. We are also very connected and highly respected partners of the court, completing community consultations, restoration plans, progress updates, and all other required documentation on time.

CCBHD's youth Aid and Assist support comes from our Juvenile Department Team.

2. Forensic Diversion: As stated above, CCBHD currently has 3.35 FTE in Forensic Diversion Services. This team will merge with the Aid and Assist in early November to work together fluidly. We will need to update our screening and assessment forms and develop tracking tools to help us move proactively identify individuals who meet criteria for Forensic Diversion. There is substantial cross over between the duties of the Forensic Diversion team and how we have structured our Aid and Assist team (for example Aid and Assist, in coordination with the Jail, are responsible for communicating with the courts and coordinating rapid forensic evaluations), so connecting these two teams makes sense. We will be working on updating job descriptions and clarifying the duties of each position so that roles are clear, and all duties outlined in the CFAA, for both service areas, are assigned.

   CCBHD has a contract to provide one rapid forensic evaluation per week.

3. PSRB/JPSRB: CCBHD currently has 1.1 FTE assigned to Psychiatric Security Review Board (PSRB) monitoring, security, and supervision. Juvenile PSRB is managed by our Juvenile Department. This number of FTE is adequate to serve our PSRB population at this time.

4. Civil Commitment: CCBHD currently has 4.35 FTE dedicated to Civil Commitment Services. It is unclear at this time if that will be adequate to meet the needs identified in the CFAA as well as HB 2005. This is another area that we will be assessing in the coming months. CCBHD is very interested in providing outreach and stabilization services to divert individuals from Civil Commitment and Forensic services. This may be one of the most powerful service options for assisting individuals in accessing the appropriate level of care prior to a loss of civil liberties. We will also, however, be assessing the funding for the required services to determine how to best support them.

We are not formally part of the Extended Care Management Unit (ECMU) pilot but are prepared to participate. Our staff already support individuals with referrals to residential treatment, care coordination, and other aspects of discharge planning.

5. Law Enforcement Collaboration: We have a contract with The City of Wilsonville through the Clackamas County Sheriff's Office to provide 1.0 FTE mental health specialist to work within the Wilsonville Police Department to provide crisis response, follow-ups, care coordination and community trainings related to mental health within the City.

   The City of Gladstone also contracts with us through Gladstone Police Department to house 1.0 FTE Certified Alcohol and Drug Counselor (CADC) within their police department to provide outreach and support to individuals living in the City of Gladstone and struggling with symptoms of mental health and substance use disorders.

   CCBHD provides 1.0 FTE Care Coordinator to Clackamas County Probation as part of an IMPACTS grant (Improving People's Access to Community-based Treatment, Supports, and Services) to work with individuals who are on probation because of crimes related to mental health conditions or for whom mental health conditions make it difficult to meet their legal requirements. It is noteworthy that this grant is set to expire on 12/31/2025 and it is unclear at this time if it will be renewed, but it is our intention to continue the service if possible.

6. Sequential Intercept Map (SIM) Alignment: CCBHD participated in an update of our Sequential Intercept Map in November 2024. Behavioral Health Care Coordination is available at intercept 0, 1, and 3-5 through our Crisis Walk-In Clinic and Mobile Crisis teams. Our Jail Diversion team currently works across all six intercepts, having direct access to our jail to support individuals in custody. Through continued restructuring, we will further strengthen and formalize our partnerships between our Behavioral Health Walk-in Clinic and Forensic services.

Outpatient and Community Based Services (See Attachment 1 – Budget Outpatient tab):

1. CCBHD currently passes all funding allocated to Early Assessment and Support Alliance (EASA) through to Lifeworks NW to work with this vulnerable population. Our current CFAA allocation has not been enough to cover the cost of providing these services to substantial compliance and we are assessing how we can make additional investment in this population. Note that the MHBG-funded portion of EASA Services will be reflected in the "Block Grants" tab of Attachment 1.

2. CCBHD contracts with multiple community partners to provide an array of outpatient services, and we have also identified some gaps and unmet needs in this area, particularly with Intensive Outpatient Treatment, Intensive Case Mana genet (ICM) and Assertive Community Treatment (ACT) as described in Part IV. As part of our restructuring, we will be looking for dollars to pull over to support expansion of

these services in the community, which may require supplementing Fee-for-Service billing for some of our vendors, at least for start-up.

CCBHD currently has contracts with the following organizations to provide Outpatient Services: Cascadia Health, Clackamas County Health Centers, CODA, Inc, Fora Health, Lifeworks NW, and Parrott Creek Child and Family Services. Lifeworks NW also provides intensive community-based treatment. Contracted Aftercare and Recovery Support Providers include the outpatient providers listed above as well as peer services provided through Dual Diagnosis Anonymous, Folk Time, Transcending Hope, YouthERA, NAMI, and The Peer Company.

Note that outpatient services funded by MHBG funds will be reflected in the "Block Grants" tab of the budget template.

CCBHD has also allocated a small amount of flexible funding to each of our service areas to remove barriers to community-based care. These might cover one-time costs for documents like birth certificates or IDs, costs associated with moving into housing, cell phones and activation cards, transportation (including both taxi and buses), medications, and medical services, or other needs that present a barrier to clients forward movement on their recovery path. We first work with other resources available to the client or check for other natural supports or community organizations that can provide support. CCBHD is cautious about providing funding for ongoing costs that we may not be able to sustain in the future.

CCBHD's Gero-Specialist Services have historically been provided by one team member who was primarily focused on the objectives of the Older Adult Behavioral Health Initiative (OABHI). We will be shifting this position to better align with the priority populations and CFAA requirements and in response to internal data about the volume of older adults using crisis and clinic services. The 1.0 FTE currently focused on Older Adults will continue as the trainer for Older Adult services with our Crisis Intervention Teams (with a focus on training law enforcement), developing a training series for mobile crisis team members, and joining case conferences with the Civil Commitment Team and Choice to provide case consultation in addition to open invitation trainings and complex care coordination meetings, which have been ongoing in our County.

Our mobile crisis and walk-in clinic data show sufficient intervention with older adults to build out more robust direct services. We are expanding older adult outpatient support to align with the Gero-specialist requirements in the CFAA, which will include 1.0 FTE stationed within the crisis walk-in clinic who will provide both direct services and community-focused components of this service area. Alternatively, we are assessing providing specialized training to current crisis walk-in clinicians to create a team to serve older adults and share the duties of quarterly training and complex case consultation.

Residential and Housing Supports (See Attachment 1 – Budget, Residential and Housing tab):

CCBHD currently has 1.0 FTE Residential Specialist. The services described in this section of the CFAA have historically been done by a combination of our Residential Specialist, Choice Care Coordinators, and Aid and Assist Staff. In the absence of Choice and with the reduction of our Care Coordination staff due to the CareOregon contract termination, this service area will need to be redesigned, and FTE capacity needs will be assessed.

Clients in residential services will have an assigned Care Coordinator embedded in their respective service team. Care Coordinators will be responsible for ensuring a service plan is developed, identifying appropriate and available placements, making referrals for residential services, providing diversion support from state hospital or secure residential services, monitoring service plans, and ensuring that discharge planning is conducted throughout the individual's placement. Diversion from community hospitals would fall to our mobile crisis and walk-in clinic staff.

With our Part A funding, CCBHD contracts with community-based providers to provide residential services. Funding for these services is braided with the invoiced services funding stream and other funding sources. See "Residential & Housing" tab in Exhibit A for further detail.

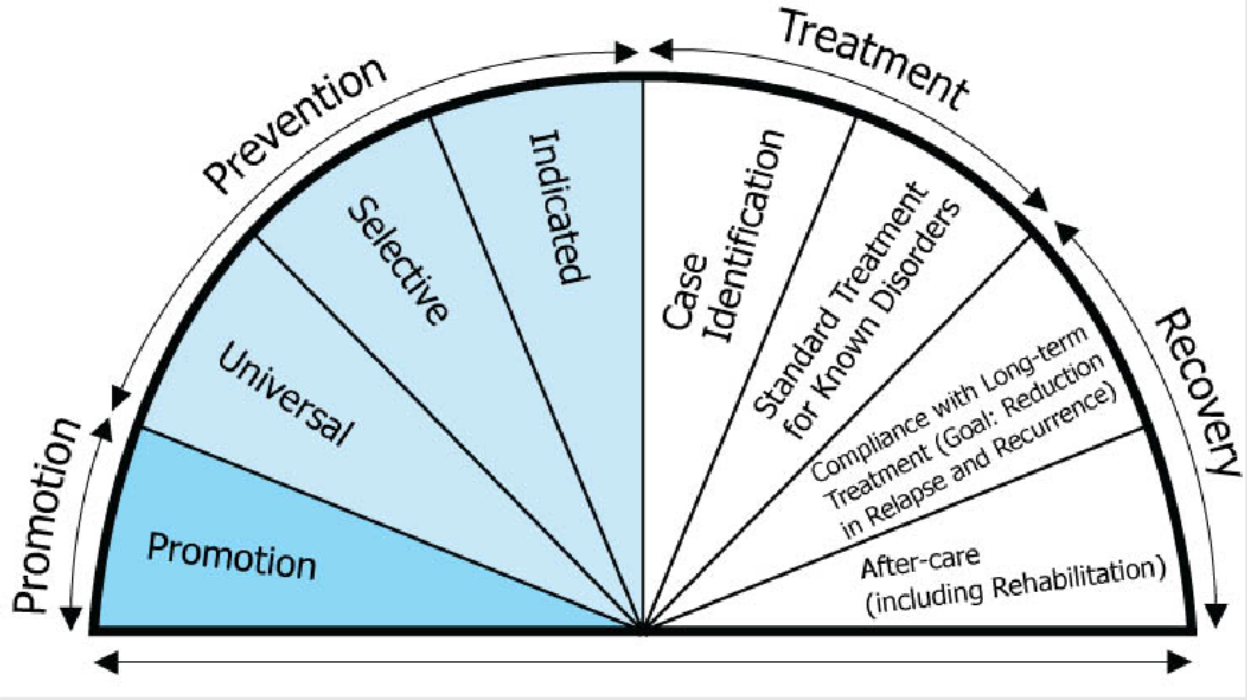
CCBHD contracts with Cascadia and Jackson House to provide respite services, though these services are fully funded by our internal Fund Balance and as a result may not be sustainable. We refer individuals to our Coordinated Housing Access line for Housing Coordination.

Our Housing and Community Development Department (HCDD) is contracting with CCBHD to place 2.0 FTE Housing Navigators within our programs and 2.0 FTE new positions to provide Behavioral Health Housing Retention. HCDD is utilizing SHS (Supportive Housing Services) funds from the regional income tax levied in the Portland Metro Area to fund homeless and housing services. These limited-term Care Coordinators will assist individuals at risk of houselessness due to symptoms of mental health conditions.

Behavioral Health Promotion and Prevention (See Attachment 1 – Budget BHPP tab):

CCBHD collaborates with our Public Health Division to provide behavioral health promotion and prevention activities. This includes supporting a department-wide Suicide Prevention Coordinator. We currently use CCO dollars to supplement this area and may need to redeploy current CFAA funding allocated to BHPP to maintain other service areas. We currently pass through $223,855. While listed as required in the CFAA, the preventative services defined in ORS 430.630(3)(L) and (3)(m) are clearly described in statute as "subject to the availability of funds." We do not anticipate having funding to support additional allowable activities. Following the graphic below, our prevention funds are primarily focused on promotion, universal, and selective prevention, represented by

the slices on the left side. Additional prevention efforts reflected in the graphic are gap in our system.



Block Grant Funded Services (See Attachment 1 – Budget, Block Grants tab)

CCBHD currently has Block Grant-funded services as described below and we anticipate continuing those services at the same level in the next cycle of the CFAA. The summary of Block Grant-funded contracts and activities below reflects services funded by Mental Health Block Grant (301) funds, SUPTRS Block Grant (520) funds, MHBG Crisis (308) funds, and MHBG EASA (307) funds. Note that we are following any potential federal impacts to Block Grant service areas, which may require us to shift services in the future. In addition, some Block Grant funded contracts and service areas have more than one funding source, as indicated in the budget template.

CCBHD's contracts and service areas utilizing funds from both Block Grants funding include:

CONTRACTOR(S)/PROGRAMS	DESCRIPTION	FUNDING SOURCE
Asian Health & Services Center	Culturally Specific Mental Health Services	301 MHBG
Racies de Bienestar	Culturally Specific Mental Health Services	301 MHBG

Parrott Creek Child & Family Services	MH & SUD Outpatient Services	301 MHBG
Lifeworks NW	MH & SUD Outpatient Services	301 MHBG
Lifeworks NW	EASA Services	307 MHBG EASA & 806 MH New Investments
FolkTime	Mobile Crisis Embedded Peer Services	308 MHBG Crisis & 804 MH General Fund
CCBHD	Forensic Jail Discharge Staffing & Admin	520 SUPTRS BG & 301 MHBG
CCBHD	Forensic Aid & Assist Staffing	301 MHBG
CCBHD	Forensic PSRB Staffing & Admin	520 SUPTRS BG
CCBHD	Civil Commitment Materials & Services	520 SUPTRS BG

Invoiced Services: Invoiced services are identified by Care Coordinators and other clinical staff who work with our accounting team to seek reimbursement for invoiced services. CCBHD contracts with Cascadia Behavioral Health and ColumbiaCare Services to provide residential services for PSRB clients who meet clinical needs and other uninsured individuals identified as Clackamas County residents. See the budget narrative section below for further details on invoiced services funding.

The role of Peers in provision of the Core Service Areas

The role of peers is to foster collaborative relationships with individuals from a perspective of lived and living experience. These relationships provide support that can inspire hope and encourage individuals to move towards their self-determined goals. Peers can support individuals with navigating complex systems and normalizing mental health/substance use challenges.

CCBHD involves peer support throughout our provision of the Core Service Areas. As a division, we employ 1.0 FTE Peer System Coordinator funded by CareOregon. This position is held by a certified peer and assists with onboarding and oversight of our embedded and community-based peer contracts. This team member also serves on our Quality Management committee, is frequently part of hiring committees, and is involved with improvement projects in our electronic health record. She also hosts a monthly meeting for all of the peer providers working within our County.

CCBHD contracts with Folktime to embed 10.0 FTE peers within our Core Service Areas. We currently have 3.0 FTE peers assigned to MCRT, 2.0 FTE to Clackamas MHC, 2.0 FTE to

the Choice team, 1.0 FTE to Intensive Care Coordination (ICC) team, 1.0 FTE connected to Older Adults, and 1.0 FTE to Aid and Assist. FTE counts for embedded peers reflect both directly funded peer positions and relevant portions of supervisory and executive positions within FolkTime needed to support the peer program. With the restructuring of services to meet the CFAA and better integrate care, we have identified the need to embed additional peers in Involuntary Services team population and will redeploy the peer currently embedded with ICC.

Integrating peers with clinical teams provides multidisciplinary support to individuals who have expressed an interest in working with a peer. The peer also provides the perspective of lived experience to the team at large, providing unique insights and giving peers the opportunity to advocate for individuals if needed.

Our community-based peer programs are led by contracted organizations to provide peer support to adults, youth, and family members. Additionally, our contracted organizations provide support to the community around self-help and education related to mental health challenges. It is unlikely that we will have the additional dollars needed to expand into early intervention, partial hospitalization/ day treatment, or supported education.

Contracts that we currently hold and are reassessing for funding include Peer Delivered Services with Folktime and The Peer Company, IPS Supported Employment with Lifeworks and Clackamas County Health Centers, and VRAP which is a partnership with Clackamas County Social Services. As mentioned above, we would very much like to continue to provide Care Coordination and Case Management services, however the loss of funding associated with the CareOregon has significantly decreased our capacity in this area. Remaining Care Coordination positions will need to be realigned to meet the needs of the priority populations.

Trauma-Informed Behavioral Health Services

CCBHD is committed to providing services that are trauma-informed, recognizing that a person's life experiences, including trauma, profoundly impact their mental health and well-being. Our approach is rooted in the understanding that trauma can influence how people interact with the world. Our goal is always to create an environment of safety, trust, and collaboration. This philosophy shapes every interaction, from the time a person first walks through our doors to the care they receive from various staff. Our services are designed to be respectful and empowering, avoiding re-traumatization and supporting everyone’s journey toward healing.

In 2015 we contracted with Trauma Informed Oregon (TIO) to train our entire staff in the principles of trauma-informed care (TIC). A few years later, recognizing the crucial role of leadership, we partnered with TIO to develop a specialized supervision training specifically for our management staff. This unique training equipped our leaders to not only model TIC principles but also to support and supervise their teams in a way that fosters a trauma-informed culture throughout the division. This investment in our staff has been foundational to our ability to deliver high-quality, compassionate care.

Through these trainings we created a series of one-pagers related to each of the principles of Trauma Informed Care. These are used regularly by supervisors to keep the conversation and principles alive in our work. New hires receive training in TIC as part of their onboarding.

Over the years, our commitment to TIC has become an integral part of our agency's identity. We've continuously reviewed its importance, not just in the services we provide to the community, but also in how we support our own staff's well-being. We are now preparing to reassess the entire Division. This comprehensive review will help us evaluate our progress, identify areas for growth, and reinforce our dedication to being a truly trauma-informed organization for both our clients and our employees.

Delivery of culturally and linguistically responsive and appropriate behavioral health services.

CCBHD strives to provide culturally and linguistically responsive and appropriate behavioral health services. The CCBHD director and Systems Coordination Manager attend a tri-county meeting with the Alliance for Culturally Specific Providers monthly and is in the process of contracting with the following culturally specific providers: Raices de Bienstar and Asian Health and Services Center.

All individuals seeking support from CCBHD have access to interpretation services either through Medicaid providers (for OHP members) or through Linguava, IRCO, and Passport to Languages.

In addition, we work with our Human Resources Department to attempt to recruit and retain a diverse workforce. Data is used to determine the need for bilingual/ bicultural positions. Individuals on interview panels are encouraged to take a course on Minimizing Bias in the Hiring Process, and all staff receive training at the Department and Division level on equity and inclusion.

CCBHD is in the process of translating our vital documents into the primary languages in Clackamas County (Spanish, Chinese, Russian, and Vietnamese), and we have staff certified in Health Literacy available to review public facing materials.

Care coordination and transition planning processes

As stated throughout, a recent elimination in CareOregon funding is leading to a workforce reduction of 15.0 FTE Care Coordinators. This is a reduction of approximately 62% of our adult care coordinators (across all service areas). Youth care coordination is supported by a team of 12.0 FTE (with an additional 2.0 FTE for supervisors) Wraparound Care Coordinators. This team is entirely funded by Care Oregon.

We are currently assessing whether we will continue to have a separate team of Care Coordinators or if we will embed them in each of the priority teams. Regardless, each individual in residential care will be assigned a Care Coordinator in line with the CFAA agreements. Additionally, individuals in Aid and Assist and on a Civil Commitment will be assigned to Care Coordination as described above.

Part III: Description of Community Needs Assessment and Planning Process

Population-based and Community Needs Assessment Process: CCBHD worked with a consultant to develop a County-wide community needs assessment process and took a broad approach to community engagement. Four methods were employed to generate feedback on the themes of the Local Plan and determine strengths, gaps and needs: 1) review of recent data and local needs assessments already completed; 2) presentations and discussions with community partners, stakeholders, behavioral health provider networks, and housing support provider networks; 3) Key Informant Interviews (KIIs) with subject matter experts; and 4) a detailed survey.

Review of data and published community health or needs plans includes the 2022 and 2025 Healthy Columbia Willamette Community Health Improvement Plans, 2025 OHA's Mental Health Statistics Improvement Program (MHSIP) for Youth and Adults, 2024 Health Share of Oregon Adult Outpatient Survey, 2024 Clackamas County Social Services Community Needs Assessment Survey, and the Clackamas County Social Services 2025-2029 Older Americans Act Area Plan.

Information and feedback gathered from the various sources assists CCBHD in determining **1)** the types of behavioral health services needed locally including developmentally appropriate, culturally, and linguistically specific services; and

2) the type of housing supports needed locally for individuals with behavioral health disorders and their families including, but not limited to, capacity development, rental assistance, and other barrier removal assistance. Additional review of data and reports for the above questions and the activities to ensure we engage groups and community members and providers to address those questions are listed below.

Additionally, CCBHD reviewed the following reports specific to developmentally appropriate and culturally and linguistically appropriate services:

- 2022 NAMI Improving Psychiatric Residential Treatment Services for BIPOC Youth.
- Coalition of Communities of Color: Cultivating Belonging in CCA Research Justice Study,
- Examining the MH Landscape of Slavic and Eastern European Communities: The Slavic and Eastern European MH and Well-Being Survey Report,
- Mobile Crisis Intervention Services Reports,
- Supportive Housing Services for Clackamas County Reports,
- FUSE: People with Frequent Utilization of Public Services in Clackamas County, OR: Potential Service Enhancements,
- 2024 Clackamas County Student Health Survey,
- 2023 OHA Youth and Young Adult SUD Prevention, Treatment, and Recovery Report
- 2023 Oregon SUD Services Inventory & Gap Analysis Estimating the need & capacity for services in OR across the continuum of care (OHSU)

CCOs: CCBHD coordinated efforts with development of the community health improvement plan by the CCOs in our region by facilitating a Metro Region group with CareOregon and Trillium to understand CCO priorities and coordination of care for people with behavioral health needs. Outside of our regular regional CCO meeting, CCBHD set up a separate focus group to identify needs and gaps with our regional CMHPs and Health Share, Trillium and CareOregon.

Consumers, advocates, families, service providers, schools, and other interested parties: CCBHD held several focus groups with stakeholders over the past few months and has several more planned into October. Completed focus groups include:

1. Clackamas County BHRN Provider Network
2. Clackamas County Social Services Area Plan on Aging (AAA) Aging Services Subcommittee
3. CCBHD Barrier Busters youth meeting (a collaboration with ODHS, school district staff, teachers, social workers, clinicians, ESD, I/DD providers, County Health Centers, Housing Authority and community housing providers),
4. Local Public Safety Coordinating Council (LPSCC)
5. Mental Health and Addiction Council
6. Community Framework of Providers intervening in relation to the Sequential Intercept Model (SIM) including EMS, Public Health, hospitals, law enforcement and probation
7. Culturally Sensitive Recovery Housing and Supports – Transcending Hope

Scheduled focus groups and KIIs include:

1. Tri-County CMHPs and Area Hospital representatives from Providence, Kaiser and Legacy on October 2, 2025
2. Alliance of Culturally Specific Mental Health Providers on October 17, 2025

CCBHD held or has planned KIIs with the following subject matter experts:

1. Child and Family Treatment Provider
2. Youth Peer Provider
3. Corrections Health Provider
4. Adult Peer Providers
5. Service provider for people who are houseless
6. Culturally-Specific serve provider
7. North Clackamas School District and Estacada School District (rural) representatives

CCBHD developed a survey for broad distribution to all the groups mentioned above to generate data across the system of care to elicit responses about strengths, needs and gaps as well as priorities. The survey was conducted in JotForm and was provided to participants in all of the above activities through a link and a QR code. To date, 45 surveys have been completed.

Local Mental Health Advisory Committee: As mentioned above, CCBHD held a focus group during the September Mental Health and Addictions Council (MHAC) meeting. MHAC members reviewed a presentation on the current CMHP services and budget, and the priorities of the new CFAA. Live polling elicited immediate response during the meeting and members then took the survey provided for a deep dive into strengths, needs and gaps.

Local Public Safety Coordinating Council (LPSCC): CCBHD held a held a focus group during the September LPSCC meeting. LPSCC members reviewed a presentation on the current CMHP services and budget, and the priorities of the new CFAA. CCBHD facilitated a discussion on the unique position of LPSCC in ensuring that justice and law enforcement partners provide input on the plan and perspectives were noted. LPSCC members were also provided with a link to take the survey.

Behavioral Health Promotion and Prevention (BHPP): CCBHD worked with Clackamas County Public Health on the BHPP and reviewed local data, reports and evidence of need to drive goal strategies, how they align with existing local prevention and promotion strategies, how they prioritize the determinants of behavioral health and wellness, and how they develop and maintain healthy communities, build skill development and enhance social-emotional competence across the lifespan. There are several areas that support CCBHD interventions upstream, though those are lower priority populations in the CFAA. Here is a summary of the four goals and associated strategies:

Strategic Goal #1**:** Promote mental health and well-being across the lifespan by creating protective environments that help people stay healthy and reduce the need for mental health care.

1. Promote programs that reduce isolation and build connection (e.g., men's sheds, peer groups, community cafes)
2. Provide stress reduction and emotional regulation opportunities in community settings.
3. Destigmatize mental health and promote early help-seeking through public messaging.
4. Develop culturally responsive campaigns in partnership with BIPOC, LGBTQIA2S+, Veteran, and older adult communities.

Strategic Goal #2**:** Equip communities to recognize and respond to suicide risk

1. Deliver evidence-based trainings such as QPR, Be Sensitive Be Brave, and CALM.
2. Provide technical assistance and consultation to community organizations.
3. Create culturally and linguistically relevant resources with diverse community organizations.
4. Promote trauma-informed, equity-centered education.

Strategic Goal #3: Empower individuals and communities by increasing health literacy and resilience to support lifelong mental health and well-being.

1. Provide culturally and linguistically relevant mental health education
2. Integrate clear, supportive messaging into public health campaigns and services.
3. Normalize help-seeking as an act of courage and strength.
4. Build capacity within communities most affected by suicide, such as older white men and rural residents.

Strategic Goal #4: Expand Access to Lethal Means Safety

1. Offer lethal means safety training.
2. Distribute secure storage items (e.g., lockboxes, safes).
3. Deliver safety messaging through culturally relevant platforms, including but not limited to the firearm community.

Survey Results

As mentioned above, CCBHD administered a survey in addition to focus groups and KIIs looking at Behavioral Health Priorities. Preliminary results are below. We looked to address three main topics:

1. What are barriers to accessing services?
2. What are the most needed substance use disorder services and supports?
3. What are the most needed mental health services and supports?

Responses were ranked based on the number of responses for each category. We are still collecting surveys and will have a complete analysis of responses in our final Local Plan submission at the end of the year. You will see in Part IV where we address some of the unmet needs and gaps referenced throughout our community and stakeholder engagement activities and survey, however some areas are more global to the system of care rather than specific priority populations, and we will be addressing those in coming months.

As of September 30, 2025, the five top-ranked responses, in order of rank, are:

What are barriers to accessing services?

1. Not enough services available
2. Insurance coverage/Cost
3. Available appointment times/wait times
4. Transportation
5. Trust in the providers or system

What are the most needed substance use disorder services and supports?

1. MAT and short-term stabilization
2. Detox/Withdrawal management services
3. Residential SUD treatment and supports
4. Case management and care coordination for SUD
5. Outpatient SUD treatment and supports

What are the most needed mental health services and supports?

1. Short-term stabilization for mental health
2. Residential mental health treatment
3. Case management and care coordination for mental health
4. Crisis services for mental health – crisis and support line, mobile outreach, stabilization
5. Outpatient mental health treatment and supports

Part IV: Description of Unmet Service Needs and Critical Gaps

Description of unmet needs by priority populations: Initial feedback from focus groups, KIIs and the survey highlight several strengths of our CMHP system of care and strategic alignment with priorities, as well as some gaps and need. For this draft Local Plan, CCBHD can summarize findings to date, however all activities have not been completed by submission on October 1, 2025, and we anticipate that additional data gathered during the remaining activities may uncover slightly different results. There is, however, sufficient data to demonstrate emerging themes in both survey and focus group feedback.

Priority 1 – Involuntary and Mandated Services:

Aid and Assist: Unmet needs for this priority population include:

- Lack of residential treatment and secure residential treatment capacity.
- Gaps in community services for people when they return – including residential treatment, outpatient support, housing or housing supports.
- The Aid & Assist plan has an inherent revolving door, and the burden has been placed on local communities without supplying resources. There isn't an appropriate place to support Aid & Assist clients. The state hospital does not have space available. Commitment orders are cancelled when local capacity is full. They are then returned to the community where they reoffend and then are cycled through a system that inherently doesn't work and puts the burden on local communities without giving financial support to build appropriate capacity.

PRRB or JPSRB: No specific feedback given to date identifying gaps for this population.

Civil Commitment: Unmet needs for this population include:

- Insufficient support at re-entry
- Not enough residential SUD and MH services for adults
- Need more access to housing, including adult foster homes, SRO, in-home supports
- Need more case management and clinical support to ensure people thrive in the community

Priority 2 – Forensic Services

Jail Diversion: No specific feedback given for this population.

Mental Health Services in Jail: No specific feedback given for this population. Clackamas County Sheriff's Office contracts with Naphcare to provide mental health treatment in jail. CCBHD does provide care coordination services for people at re-entry, however this resource is funded through CareOregon through a contract that is terminating December 31. 2025. This causes a significant gap.

Individuals placed on hold but not committed: No specific feedback given for this population. CCBHD does provide supports with follow-up from hospitalizations.

Priority 3 – At Risk of Hospitalization and Crisis

Mobile Crisis: Unmet needs include inconsistency and understanding of criteria for mobile crisis response. Specific feedback includes that sometimes mobile teams are not deployed, which results in unpredictability and lack of confidence. Feedback also included that the criteria for receiving mobile outreach services is not understood. Respondents saw a need for a broader array of mobile services, so response was more effective.

Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional Disturbance or Substance Use Disorder

Prevention:

- Primary prevention is a priority and should receive more funding
- Upstream primary prevention has been proven to be successful, yet the focus of resources is intervention and treatment.
- OHA priorities do not incentivize prevention while it is key to preventing current and future issues.

Housing:

- Insufficient housing resources to support people with behavioral health issues
- More supportive services to keep people housed
- Need more access to housing at various levels of care
- Shelter and housing resources for youth

Culturally-specific services:

- Need more culturally specific services/staff
- Need more bi-lingual and bi-cultural staff, services and providers
- Better strategies to increase the workforce.
- Culturally specific services can require more skills and abilities than is recognized; fee levels should reflect the additional skill

Rural communities:

Greater access for rural communities, particularly for crisis situations. More transportation options.

Other funding models could help utilize paraprofessionals to provide services to less acute situations in rural communities and allow therapists to concentrate on the more serious situations.

Additional feedback

- Contracting can be unnecessarily complicated, rigid and slow.
- What you can bill for doesn't fully represent the services provided or the expense of providing those services.
- Funding and contracting models can be a barrier to culturally specific services
- Organizations in development may not have the administrative infrastructure to accommodate county requirements; the county should consider other models of contracting
- The reimbursement method requires organizations to bank operating costs while they wait for contract payments; those funds could be deployed into services if the county had a more service oriented contracting system (versus a system that is risk-focused)

Addressing Unmet needs:

CCBHD is currently working on a restructuring of service delivery to align with CFAA priority areas. In addition to the gaps identified by our community and stakeholder engagement, which is still underway, CCBHD has identified gaps in the system of care geared toward supporting people as they exit involuntary services or incarceration. We also identified gaps in understanding the upstream needs and will be working with the Integrated Behavioral Health Teams in our County Health Centers to support people who are at risk of or have developed a behavioral health condition and leverage our FQHC services for that population.

Aid and Assist: CCBHD is shifting to an embedded Care Coordination model instead of standalone teams to streamline support for individuals in connecting with needed services especially community restoration and support once restored. And additional identified gap is the limited number of Mental Health Examiners, shared across the Tri-County region, and we are developing strategies to either work with courts to allow the use of zoom and/or recruit additional examiners.

PSRB: No unmet needs at this time

Civil Commitment: Like Aid and Assist, CCBHD will add additional embedded care coordination. In addition, we are exploring expanding community-based services to support ACT and ICM as people communing back to the community need more intensive outpatient services than we currently have available. We also identified a gap in developing a list of contracted attorneys to assist in obtaining guardianship services and are doing outreach with local attorney networks.

Jail Diversion and Emergency Holds: CCBHD will build on current service levels and identify additional care coordination and case management activities. CCBHD will expand the level of outpatient services offered through the Clackamas MHC to include additional resources for older adults and care coordination following holds.

People at risk of hospitalization or removal from the home: CCBHD is engaging in several sessions with staff to understand how we might better serve people before a crisis or de-escalate during a crisis to avoid higher levels of care. CCBHD plans to engage our County Health Centers to develop more robust services in rural areas and ensure that people have access to care across the region.

Crisis Stabilization Center:
CCBHD is opening a voluntary Crisis Stabilization Center and has contracted with Clarvida to operate 8 chairs. This has been an identified gap that will help support people in that third priority and potentially reduce psychiatric inpatient stays and Emergency Department visits for mental health conditions. The Crisis Stabilization Center will be accessible to our MCRT as well as law Enforcement. In addition, HCDD is contracting with Father's heart to operate 12 short-term transitional housing beds attached to the Crisis Stabilization Center.

The Crisis Stabilization Center operating costs are funded through CareOregon for the first two years as long as that funding stays stable. OHA is currently working a rule set to support reimbursement for these services, which will be critical to sustain the Center ongoing.

To lift this project CCBHD has to use a County building in Milwaukie, and the City of Milwaukie was uncomfortable in allowing walk-in services at this site, and CCBHD will continue to work with them to potentially shift access to walk-ins in the future.

Part V: Metrics

1. CCBHD will complete all required reporting and track all performance metrics designated in the Core Service Areas. It will be essential that we receive the required reporting templates with enough time to build these metrics into our electronic health record and train our staff on the new reporting/ documentation requirements prior to January 1.
2. CCBHD does not wish to report any additional metrics. As we redesign our program areas, we will reassess our internal performance and utilization data points to begin collecting more thorough information for future program development.

Part VI: Budget Narrative

Throughout the budget template, CCBHD identifies County General Fund as an "Other Public Funding Stream". These funds come from the Behavioral Health Division's Fund Balance, which includes one-time carryover funds for special projects, underspent

revenue from previous fiscal years, and funds moved out of settlement from previous biennium cycles as the Community Mental Health Plan. CCBHD did not receive enough funds in the invoiced services funding stream allocation for the CFAA effective January 1, 2026. CCBHD will receive an allocation of $133,896.75. This funding stream is not delineated from the 804 Mental Health General Fund funding stream in the budget template. Invoiced services funds will be used to fund Residential Treatment Services provided by Columbia Care while other contracted services that have historically been funded as invoiced services will be funded via 804 MH General Fund and 806 Mental Health New Investments. See "Residential & Housing" tab in the Attachment 1 - Budget for further detail.

Other funding streams indicated as "CCO Funding" reflect revenue from CareOregon or Trillium Community Health Plan primarily made up of Medicaid pass-through funds. CCBHD does not track revenue spent by age across funding streams and this level of reporting is not required by funders. Therefore, a breakdown of CFAA funds by the three identified age ranges is not provided. CCBHD braided six CFAA funding streams in the "Outpatient" budget tab. Given that the template limited CFAA funding streams per tab to four, detailed information on the utilization of the remaining two CFAA streams is included in the "Notes" column in column T in Attachment 1- Budget.

In the coming months, CCBHD will work to ensure forensic programs are fully funded by allocating CFAA revenue through the Community Mental Health Plan agreement. The current budget template reflects limited forensic services costs being funded by the Division's fund balance, which is consistent with Clackamas County's historic approach. Forensic program expenses are primarily reflected on the "Forensic & Involuntary" tab, while some block grant-funded forensic expenses are reflected on the "Block Grants" tab. Clackamas County did not complete the "General-Indirect Admin" tab because all indirect and administrative services are directly attributed to individual core service areas.

As referenced in Part II, CCBHD has restructured its Block-Grant funded programming in the upcoming CFAA cycle, and the table of funded services indicates where Block Grant funding is used to supplement existing resources and not supplant them.

Part VII: Description of Technical Assistance Needs

Required Outcomes and Financial Reporting

CCBHD is concerned that we will not have sufficient time after the templates are released to build the data fields and collection needs into our EHR in time to report, and we may need technical assistance in ensuring we set our reporting system up to reflect the changes. We also are waiting for the screening tool required for the Gero-specialist home-based services, which will likely require additional form development in our EHR.

As mentioned throughout, CCBHD is concerned that our overall budget, including revenue from the CFAA and other sources, is insufficient to meet the requirements of the priority areas to sufficient compliance. So many of the more complex services targeted in the first

two priorities have nuanced needs that will require us to continuously improve our service delivery while becoming more efficient and leaner.

CCBHD is exploring additional revenue or reimbursement options, including billing for services wherever possible. This will require additional work in our EHR as well as administrative support. We currently only have 0.5 FTE dedicated to billing for services and will need to add additional administrative resources.

CCBHD is interested in any technical assistance or grants that may be available to support the start-up/implementation costs for additional community-based capacity for outpatient services. We are particularly interested in ACT or ICM, Day Treatment or Partial Hospitalization, and IOP.

Part VIII: Required Attachments

All attachments sent as separate documents.

Attachment 1 – Budget

Attachment 2 – Current Organizational Chart

Attachment 3 – Key Contacts

Attachment 4 - List of Subcontractors