Legislative Session Brief

2025 Regular Session – Behavioral Health

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Access to Behavioral Health Services

The legislature considered behavioral health policies related to two key areas: maintaining or building upon investments made in recent sessions aimed at improving access to behavioral health services as well as continuing to address system capacity and other consequences of the decision to reintroduce criminal penalties made in 2024 by House Bill 4002.

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See the **2025 Legislative Summary Report** for Behavioral Health, which highlights policy measures that received a public hearing during Oregon's 2025 Regular Legislative Session.

Lawmakers sought to improve access to behavioral health services, particularly intensive services needed by those with serious mental illness or substance use disorder. A 2024 report conducted by the Oregon Health Authority (OHA) at the request of Governor Kotek evaluated the state's adult behavioral health facility capacity. Informed by the needs summarized in the report, House Bill 2059 establishes the Residential Behavioral Health Capacity Program within OHA to identify and fund behavioral health programs aimed at addressing communities' needs for facilities offering withdrawal management, residential treatment, and psychiatric inpatient treatment. The measure allocates $65 million for distribution in the 2025-2027 biennium to increase capacity for these facility types.

In addition to providing funding aimed at increasing capacity for residential treatment facilities, the legislature passed legislation aimed at increasing flexibilities for the delivery of services offered by those facilities. House Bill 2015 requires OHA to investigate potential flexibilities for residential treatments in areas such as staffing and reimbursement. Further, the measure requires OHA to establish processes to support the early transition of residents, including youth. The legislature considered but did not pass House Bill 2206 (*not enacted*), which would have required OHA to study the feasibility of transferring the responsibility for administering the adult mental health residential service benefit from OHA to coordinated care organizations (CCOs). CCOs already are responsible for coordinating most other mental health benefits for Medicaid beneficiaries. House Bill 2208 consolidates behavioral health planning for CCOs, requiring all mandated behavioral health planning to be included in a CCO's community health improvement plan (CHIP). Moreover, the measure requires CCOs to collaborate with community mental health programs when conducting a community health assessment and allows OHA to align timelines and other reporting requirements.

Lawmakers acted to remove barriers or administrative burden in other aspects of the state's behavioral health system, including continuing to address capacity issues at the Oregon State

Hospital (OSH). House Bill 2005 makes changes to the state's civil commitment, fitness to proceed, and related processes with different objectives. First, HB 2005 modifies civil commitment and community restoration criteria and procedures, designed to increase the eligibility of more individuals for civil commitment and streamline the processes. The measure changes fitness to proceed procedures for individuals who are unable to aid and assist in their own criminal defense. These changes are designed to bring the state into compliance with a 2022 court order, which found that the state was out of compliance with the timeline for admitting criminal defendants lacking the fitness to proceed to OSH within seven days. To support the changes involving OSH, House Bill 5025 makes related appropriations to OHA including: $55.5 million to improve service at OSH, including funding for over 200 new positions; $3.9 million for navigators and coordinators to help with aid and assist and civil commitment clients; as well as $10 million to increase funding for county community restoration services.

Criminal Justice and Behavioral Health

The legislature considered measures seeking to clarify provisions of House Bill 4002 (2024), which reintroduced potential criminal penalties for drug possession, and other policy changes as a consequence of the legal landscape shift made by the measure. Senate Bill 236 served as the omnibus measure bringing clarification and technical fixes to HB 4002, including separating criminal statutes for fentanyl possession from general controlled substance offenses; modifying the definition of "local correctional facility" to allow more types of facilities to utilize opioid use disorder treatment services; clarifying the permitted prescription, dispensation, and administration of medications for opioid use disorder (MOUD) by pharmacists; as well as clarifying procedures and processes for expungement of records regarding the new unlawful possession of a controlled substance created by HB 4002.

Besides clarifying provisions of HB 4002 (2024), lawmakers modified the oversight of the Behavioral Health Resource Network (BHRN) grant program that was established when the Drug Addiction Treatment and Recovery Act (Measure 110) was implemented by Senate Bill 755 (2021). BHRNs provide screening, health assessment, treatment, and recovery services for drug addiction to individuals in the community. Since 2021, BHRN funding decisions were made by the Oversight and Accountability Council (OAC), an independent body made up of individuals with experience in substance use disorder (SUD) treatment, including individuals with lived experience in SUD treatment and recovery. Senate Bill 610 makes the OAC an advisory body to the Oregon Health Authority (OHA) and modifies the membership to include more county and state agency representation.

HB 4002 (2024) had charged the Alcohol and Drug Policy Commission (ADPC) to study barriers and best practices to various parts of the state's SUD treatment landscape. Lawmakers acted on some of barriers identified in the ADPC study in this session. House Bill 2929 modifies the membership, powers, and functions of the ADPC, including clarifying the role of other state agencies in implementing policies regarding SUD prevention, treatment, and recovery support. House Bill 3321 requires ADPC to develop and implement a state strategy on primary prevention to prevent the onset of SUD. House Bill 2506 (*not enacted*) would have required ADPC, in collaboration with OHA, to develop statewide policies and procedures covering

various aspects of SUD screening and treatment. Lawmakers similarly considered, but also did not pass, House Bill 3197 and its proposed -2 amendment, which would have implemented a progressive tax on alcohol with resulting revenue to fund youth alcohol and drug abuse prevention programs.

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