

Division: Behavioral Health

## Program Characteristics:

## Program Description

The Choice Model Program offers Care Coordination and contracted services for people with Severe and Persistent Mental Illness (SPMI). The program diverts people from the Oregon State Hospital (OSH), coordinates successful discharge from acute psychiatric care into appropriate community placements, coordinates care for individuals in licensed residential facilities, and develops supports to maximize independent living.

The Choice Program collaborates with other division units, hospitals, OSH, OHA/Health Systems Division, Coordinated Care Organizations, and other counties to coordinate placement and transition within a statewide network of licensed housing providers. The program aims to help people achieve the maximum level of independent functioning possible by diverting them from an 'admission to hospital' level of care into community-based resources. It supports timely, safe, and appropriate discharges, and provides access to supports to help people achieve independent living and self-sufficiency in the least restrictive housing environment. Services include Exceptional Needs Care Coordination (ENCC), access to peer services, funding for uninsured/underinsured clients for outpatient services, housing supports, and rental assistance.

Services offered include: supported housing development and rental assistance, ENCC to assure access to appropriate housing placements, and the development of supports to identify the least restrictive setting for stability. Care Coordination provides referrals to community mental health programs, supported employment, and transition planning to efficiently use licensed residential housing capacity.

## Equity Statement

The Choice Program provides culturally and linguistically responsive care coordination and connects clients to aligned service providers—an established best practice for achieving equitable health outcomes. The Choice Model continues to prioritize and update practices to clarify access, remove systemic barriers, and promote more equitable service delivery.

## Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$2,396,543	\$0	\$2,459,258
Contractual Services	\$0	\$3,086,499	\$0	\$2,715,313
Materials & Supplies	\$0	\$17,387	\$0	\$7,914
Internal Services	\$0	\$569,749	\$173,940	\$143,939
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$6,070,178</b>	<b>\$173,940</b>	<b>\$5,326,424</b>
<b>Total Expenses:</b>	<b>\$6,070,178</b>		<b>\$5,500,364</b>	
<b>Program FTE</b>	0.00	14.32	0.00	13.88
<b>Program Revenues</b>				
Intergovernmental	\$0	\$6,070,178	\$0	\$5,326,424
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,070,178</b>	<b>\$0</b>	<b>\$5,326,424</b>

## Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of individuals served	754	767	750
% of Choice-enrolled individuals with an active legal status (Aid & Assist, Civil Commitment, Psychiatric Security Review Board, or Guardianship) at the point of r	N/A	50%	60%