



A Health-Based Approach to Addiction Treatment and Recovery



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hot topics
in practice


Northwest Center
FOR PUBLIC HEALTH PRACTICE

Question for the Viewers


Describe your agency's level of involvement with addiction treatment and recovery programs:

- A. High
- B. Medium
- C. Low
- D. Other (please type in chat)


Measure 110 Background



Implementing the Measure




Future Directions





About Measure 110



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

Measure 110 makes screening, health assessment, treatment and recovery services for substance use disorder available to all those who need and ant access to those services.

It adopts a health approach to substance use by removing criminal penalties for low-level drug possession.

Treatment and Recovery Services Fund

Oregon Health Authority (OHA) established a Treatment and Recovery Services Fund, financed with cannabis revenues, to fund new statewide Recovery Centers and Community Access to Care grants.

This funding will be perpetual and will continue to build and sustain recovery services in Oregon.



Measure 110 Actions

As a result of Measure 110's passage, the following changes have been made to Oregon state law:

- ✓ Possession of all substances in Oregon is decriminalized, eliminating arrest and incarceration for small quantities
 - Possession of larger quantities remains a felony and may be punishable by imprisonment
- ✓ Class E violations are created: \$40 - \$100 fine for possession of small quantities of substances
- ✓ Class E violations may be waived by the court if the recipient receives a screening through the Measure 110 phone line or receives treatment at another facility

Treatment and Recovery Services Fund

Measure 110 established:

- An Oversight and Accountability Council to oversee the distribution of grants, with OHA providing technical and logistical support.
- A 24/7 Telephone Recovery Line, which is staffed by Lines for Life.
- All services provided through the networks must be evidence-informed, trauma-informed, culturally specific, linguistically responsive, person-centered and nonjudgmental.

Question for the Viewers

What area of addiction treatment and recovery services are of most relevance to your agency?

- A. Advancing policy at the state or local level
- B. Building community stakeholder relationships
- C. Pursuing funding opportunities, resources, or services
- D. Other (please type in chat)



Oversight and Accountability Council




The Oversight and Accountability Council (OAC) oversees the implementation of Behavioral Health Resource Networks and provides ongoing funding for Access to Care and Behavioral Health Resource Network grants.

- Comprised of 22 members
- Meets weekly (with broadcasts on YouTube) to oversee the measure's implementation

The Tri-Chairs

In their role, the Tri-chairs:

- Have equal status on the OAC
- Determine the agendas and what roles each member may take (e.g., who will facilitate meetings, etc.)
- Provide direction to OHA and facilitators



The OAC has chosen to organize using a Tri-Chair structure.

Council Accomplishments to Date

✓

Invited and received informational presentations from agencies, providers and consumers to better understand system challenges

✓

Funded 70 entities across Oregon through Access to Care Grant; Established a community grant process; awarded \$30M in grants and contracts for services and supports

✓

Developed and published permanent administrative rules for the Behavioral Health Resource Networks (OAR Chapter 944) in February 2022

✓

Received over 300 grant applications for the BHRNs; the largest grant process in OHA history; OAC developed rubric that centers the M110 vision

✓

Testified before the Oregon State Legislature during the 2022 legislative session



Access to Care Grants

Each grant supports increased access to one or more of the following:

▪

Low barrier substance use treatment

▪

Peer support and recovery services

▪

Transitional, supportive, and permanent housing for persons with substance use disorder

▪

Harm reduction interventions

▪

Behavioral healthcare workforce supports

\$22.3 million granted to 70 recipients

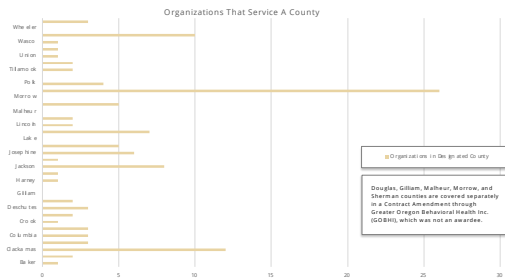
▪

Government, Tribal, and community organizations and agencies were eligible

Grantee Organizations: Service Type

Service Types	Number of Organizations Providing Service Type
SUD Treatment	31
Peers	51
Housing	28
Harm Reduction	25
Employment Support	5
Provide Technical Assistance	2

Grantee Organizations: County Distribution



Summary of Funds Spent

Funded Entity	Amount
Access To Care Grantees	\$21,503,191.42
Direct Amended Contracts <i>PRIME+, Rental Assistance, and ClearingHouse</i>	\$6,831,484.99
Tribal Nations	\$3,070,000.00
Total	\$31,404,676.41

Behavioral Health Resource Networks (BHRNs)

Behavioral Health Resource Networks (BHRNs) provide unified services for healthy management of substance use concerns.

A BHRN can be a single entity, or a network of entities.




Behavioral Health Resource Networks (BHRNs)

Minimum Service Requirements

- Screenings for health services and other needed services
- Assessments for substance use disorder
- Intervention planning
- Peer delivered services
- Low barrier substance use disorder treatment
- Transitional and supportive housing
- Harm reduction services

BHRN Functions


BHRNs are accountable for ensuring:




Trauma-informed services




Culturally and linguistically specific services




Quick access to treatment




Harm reduction approach




Individualized treatment



Unique recovery trajectories



Flexible appointments and service



Access to transportation and removal of travel barriers



Future Directions

BHRN Eligibility

- Organizations eligible to establish a BHRN and apply for funding include:
 - Nonprofit organizations
 - Private businesses
 - Local governments
 - Tribal governments and the Urban Indian Health Program
- BHRNs will be established in every county in Oregon in 2022
- If funds are available after funding BHRNs, additional Access to Care grants may be issued

Investment Timeline

Q4 2021:

- RFQP for BHRNs approved by OAC
- RFQP posted
- Responses due
- BHRN applications submitted


Q1-Q2 2022 and beyond:

- Review completed
- Notification sent to applicants
- Contracts executed
- Evaluations starting (through Summer 2022)
- Permanent Administrative Rules for BHRNs completed


Key Takeaways

- ✓ The speed of transformation
- ✓ Centering health equity and those with lived experience
- ✓ Moving from vision to reality
- ✓ Measuring impact
- ✓ Scalability/feasibility


A Chat with Leticia Sainz and Sabrina Garcia



Allene Mares



Leticia Sainz



Sabrina Garcia

QUESTIONS?



To ask a question, please click the  icon in the Zoom toolbar to open your Q&A Pod.

Resources

Measure 110 Oversight and Accountability Council
Purpose and Archive of Meetings
<https://www.oregon.gov/oha/HSD/AMH/Pages/DAC.aspx>

Access to Care Grants
List of Awardees
<https://www.oregon.gov/oha/HSD/AMH/docs/Grant-Awardees-051821.pdf>

Ballot Measure 110
Drug Addiction Treatment and Recovery Act Background
<https://www.oregon.gov/oha/HSD/AMH/Pages/DAC.aspx>

Measure 110 General Information Session
Webinar recording
<https://www.youtube.com/watch?v=rvUT8DkhDoo>
