A Health-Based Approach to Addiction Treatment and Recovery

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Oversight and Accountability Council
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)
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 want access to those services.

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

<table>
<thead>
<tr>
<th>Service Types</th>
<th>Number of Organizations Providing Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUD Treatment</td>
<td>31</td>
</tr>
<tr>
<td>Peers</td>
<td>51</td>
</tr>
<tr>
<td>Housing</td>
<td>28</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>25</td>
</tr>
<tr>
<td>Employment Support</td>
<td>5</td>
</tr>
<tr>
<td>Provide Technical Assistance</td>
<td>2</td>
</tr>
</tbody>
</table>
Grantee Organizations: County Distribution

Organizations That Service A County

Douglas, Gilliam, Malheur, Morrow, and Sherman counties are covered separately in a Contract Amendment through Greater Oregon Behavioral Health Inc. (GOBHI), which was not an awardee.
# Summary of Funds Spent

<table>
<thead>
<tr>
<th>Funded Entity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access To Care Grantees</td>
<td>$21,503,191.42</td>
</tr>
<tr>
<td>Direct Amended Contracts</td>
<td>$6,831,484.99</td>
</tr>
<tr>
<td><em>PRIME+, Rental Assistance, and ClearingHouse</em></td>
<td></td>
</tr>
<tr>
<td>Tribal Nations</td>
<td>$3,070,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$31,404,676.41</strong></td>
</tr>
</tbody>
</table>
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.
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
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
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:**
- RFGP for BHRNs approved by OAC
- RFGP 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
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/OAC.aspx

Access to Care Grants
List of Awardees

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

Measure 110 General Information Session
Webinar recording
https://www.youtube.com/watch?v=tyUT8DkhDoo