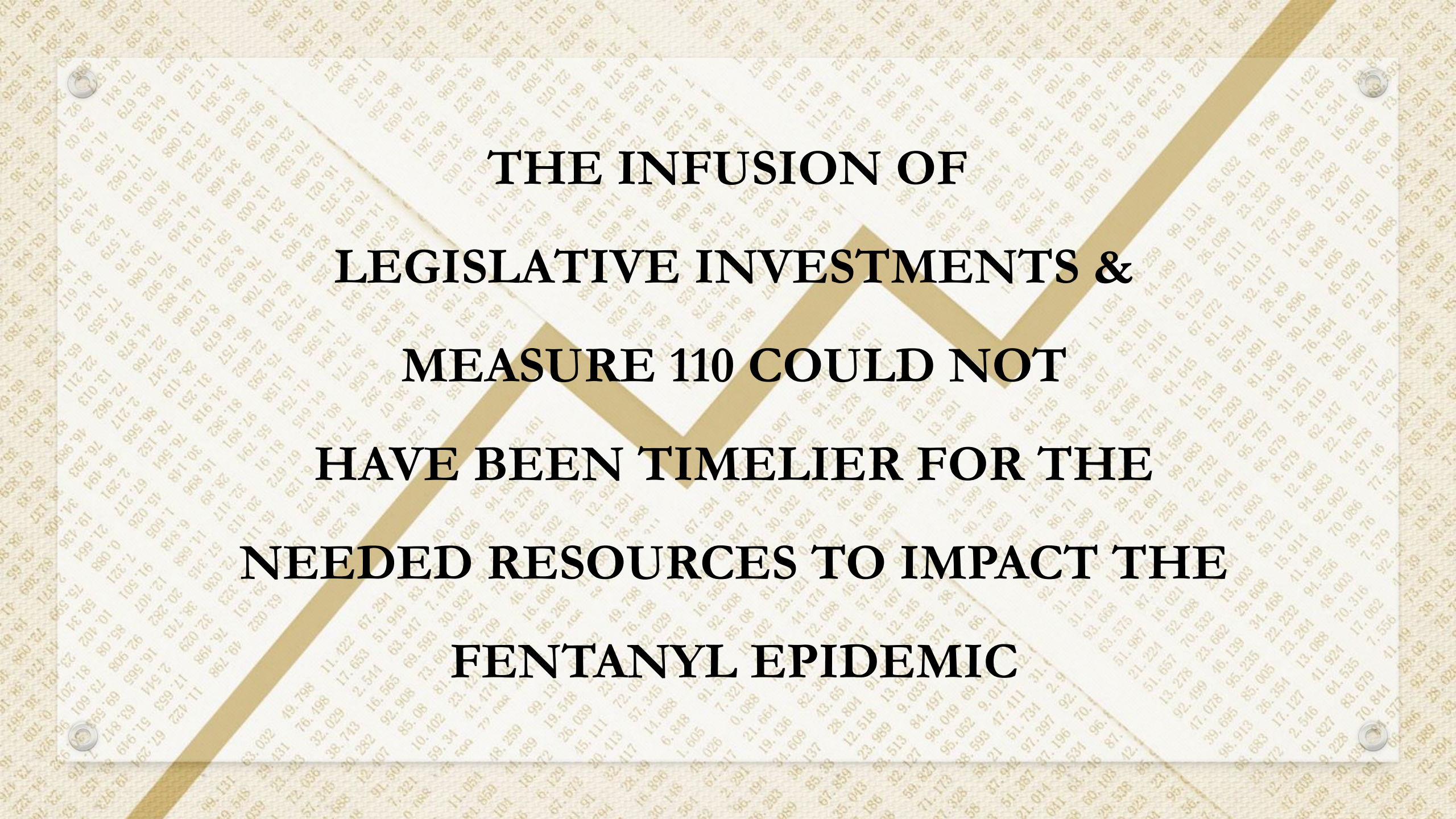


THANK YOU

Your work in the last 3 years;

Is powerful, saving lives, keeping families safe, honoring workers, and preserving health all our communities.

With gratitude, Heather Jefferis and the OCBH Board and Membership



**THE INFUSION OF
LEGISLATIVE INVESTMENTS &
MEASURE 110 COULD NOT
HAVE BEEN TIMELIER FOR THE
NEEDED RESOURCES TO IMPACT THE
FENTANYL EPIDEMIC**

EPIDEMIC

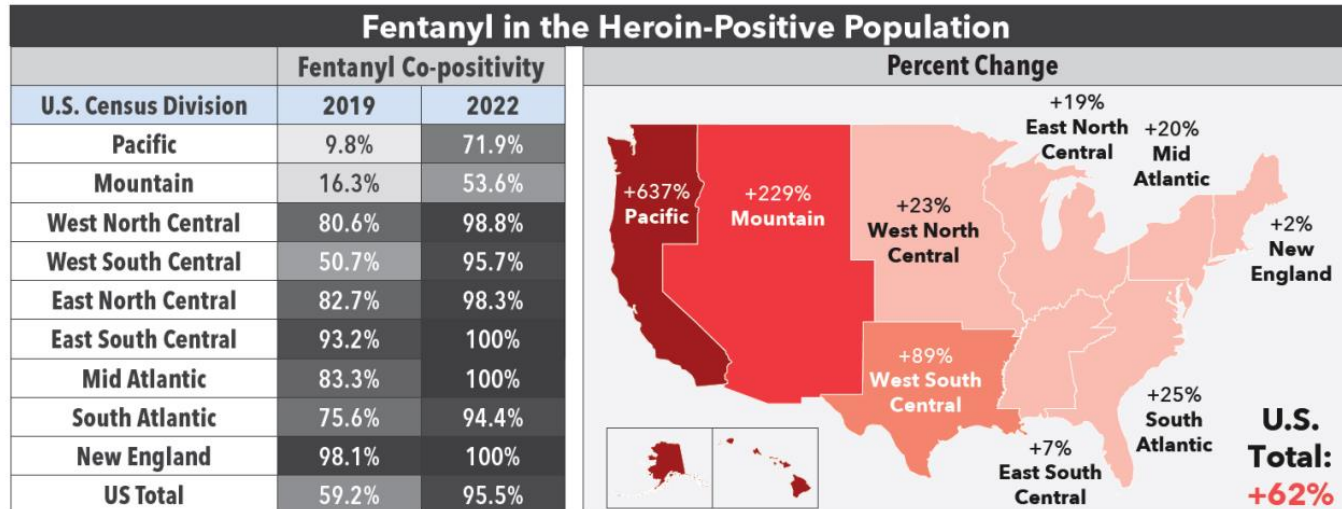


Heroin & opioid overdose



are now the leading cause of accidental death in Pennsylvania.

Geographical Analysis of Fentanyl Co-Positivity in SUD Treatment Settings



More information... and considerations

Oregon: Opioid deaths in 2010 (combining heroin and synthetic opioid) were less than 200 persons, in 2019, 280 deaths, in 2022, 934 & still in data collection. At a per 100,000 persons ratio that is 13.5% in 2011 to an increase of 26.8% in 2021.

Population 4.2 mill

Pennsylvania: The CDC reported 3034 deaths due to opioids in 2019, in 2021 5,168, 2022 there were 4,703 reported deaths (*decrease 16%). Opioid-related mortality rates per 100,000 population in Pennsylvania rose from 5 to 23.7, an increase of nearly 4.75% (CDC 2020).

POP 12.96 mill

*Center for rural Penn. Report March 2023

Steps of Emergency Management



- **Prevention:** Actions taken to avoid an incident. Stopping an incident from occurring. Deterrence operations and surveillance of trends and system health. To cope with unavoidable emergencies.
- **Mitigation:** Refers to measures that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of emergency. Such developing systems and resources to support sustainable services.
- **Preparedness:** Activities increase a community's ability to respond when a disaster occurs. Typical preparedness measures include developing mutual aid agreements and memorandums of understanding, training for both response personnel and concerned citizens, conducting exercises to reinforce training and test capabilities, and presenting education campaigns.
- **Response:** Actions carried out immediately before, during, and immediately after event, which are aimed at saving lives, reducing economic losses, and alleviating suffering. Response actions may include activating the emergency operations center, evacuating threatened populations, opening shelters and providing mass care, emergency rescue and medical care, emergency service coordination.
- **Recovery:** Actions taken to return a community to normal or near-normal conditions, including the restoration of basic services and the repair of physical, social and economic damages. Typical recovery actions include debris cleanup, financial assistance to individuals and governments, rebuilding of key facilities, and sustained mass care for those impacted.

110 required BHRN services

- **Screening including referral** to treatment for substance abuse and coexisting health problems, housing, employment, training and childcare.
- **24 hours a day, seven days a week, every calendar day of the year.**
- **If desired by the individual a comprehensive behavioral health needs assessment, including a substance use disorder screening by a certified alcohol and drug counselor or other credentialed addiction treatment professional and Client led Individual intervention planning, The plan must address the client's need for substance use disorder treatment, coexisting health problems, housing, employment and training, childcare and other services.**
- **Ongoing peer services, including outreach**
- **Harm reduction services and information and education about harm reduction services.**
- **Low-barrier substance use disorder treatment.**
- **Transitional and supportive housing for individuals with substance use disorders and housing stock.**
- **Capital and startup funds for withdrawal management, residential and other Medicaid service programs.**
- **Employment and education support service**
- **All services provided through the networks must be evidence-informed, trauma informed, culturally specific, linguistically responsive, person-centered and nonjudgmental. The goal shall be to address effectively the client's substance use and any other social determinants of health.**

Question, And how has Measure 110 complicated or helped the issue?

110 BHRN DASHBOARD

https://app.powerbigov.us/view?r=eyJrIjoiODU1NDNINzU0MDBkNy00NTM1LWE4NzgtNGEYnZQxYWY0NTU2IiwidCI6IjY1OGU2M2U4LTkzMzktNDk5Yy04ZjQ4LTEzYWRjO TQ1MmY0YyJ9&utm_medium=email&utm_source=govdelivery

Client Engagement in BHRN Partner Services

Data displayed on this page was reported by BHRN Partners during the first (Q1-July 1st, 2022 - September 30, 2022) and second (Q2- October 1, 2022 - December 31, 2022) quarters of their grants. BHRN Partners report the number of clients they serve, and the number of service encounters they have with their clients, as a measure of overall engagement. The chart below shows that statewide, the largest numbers of clients and encounters were reported in the areas of Peer Support and Harm Reduction for both quarters. Additionally, the number of clients increased statewide between Q1 and Q2 in all service areas. **Use the buttons below to view either the number of clients or the number of service encounters. Use the menu on the right to filter for a specific county.**

Select a County to filter the chart

- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Willowa
- Wasco
- Washington
- Wheeler
- Yamhill

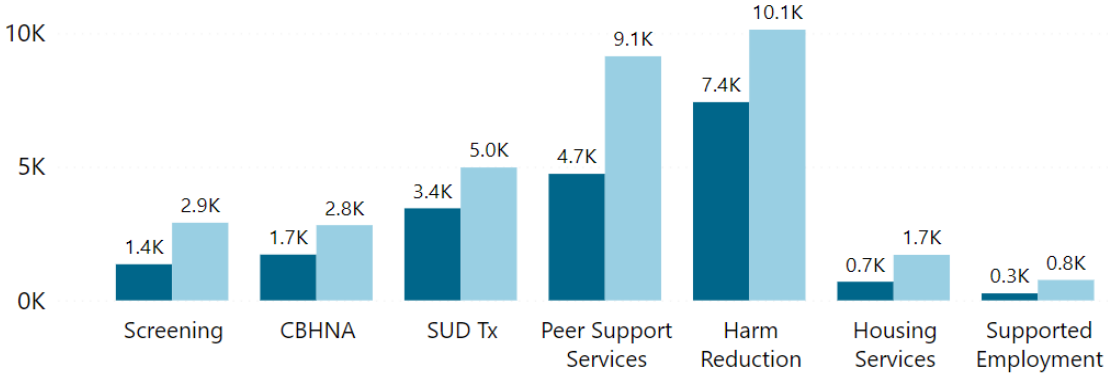
Number of Clients

Number of Encounters

BHRN Client Counts by Service Area - All Counties

Counts <10 will not be shown to protect confidentiality

Quarter ● Q1 ● Q2



Service area	Total % change in client counts between Q1 and Q2
Screening	▲ 115%
CBHNA	▲ 64%
SUD Tx	▲ 44%
Peer Support Services	▲ 93%
Harm Reduction	▲ 37%
Housing Services	▲ 144%
Supported Employment	▲ 190%

CBHNA = Comprehensive Behavioral Health Needs Assessment; SUD Tx = Substance Use Disorder Treatment

OCBH member investments and why significant

- 31 OCBH member organizations received \$96,603,379.00 in resources.
- These awards span across 60 grants and 26 counties.
- Each of these members was able to enhance and expand previously unsustainable services within their communities.
- Confidence in a predictable mission aligned funding home for providers and their Boards.
- Each of these organizations improved supports for workforce and care access and coordination within their communities.



Member Organizations

ADAPT	Reconnections Counseling
Addictions Recovery Center	Rimrock Trails Treatment Services
Bend Recovery (ORTC)	Shangri La
Bestcare Treatment Services	Telecare Corp
Boys & Girls Aid	The Janus House
Bridges to Change	Transformations Wellness Center
Cascadia Behavioral Healthcare	Volunteers of America - Oregon
Cedar Hills Hospital	Wallowa Valley Center for Wellness
Central City Concern	Willamette Family
CODA, Inc.	
Cognitive Enrichment Concepts	Affiliate Members
ColumbiaCare	4th Dimension Recovery Center
Community Counseling Solutions	Alano Club of Portland
Crestview Recovery	Fletcher Group
DePaul Treatment Centers	Genoa Telepsychiatry
Eastern Oregon Recovery Center	Mental Health Association of Portland
Emergence Addiction & Mental Health Services	MHAAO
Kairos NW	MHACBO
Kolpia Counseling	Oregon Family Support Network
Lifeworks NW	Sequoia Mental Health
Lines for Life	WomenFirst Transition & Referral Center
Lutheran Community Services NW	
Milestones Family Recovery	
Morrison Child and Family Services	
Native American Rehabilitation Association (NARA)	
New Directions NW	
New Narrative	
Northwest Treatment	
NW Premier RTF	
On Track	
Options for Southern Oregon	
Oregon Recovery Behavioral Health	
Oregon Trail Recovery	
Phoenix Counseling	
Polk Adolescent Day Treatment Center	