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# **Behavioral Health Resource Network (BHRN)**

## **Strategic Data Plan**

**Joint Interim Committee on Addiction and Community Safety Response**

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# Behavioral Health Resource Networks (BHRNs)

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The Behavioral Health Resource Networks (BHRNs) are building the county-level integrated services required to improve community behavioral health outcomes and support new deflection models.

Their focus is a responsive substance use disorder (SUD) system that reduces fatal overdoses, increases service engagement, supports people entering recovery, and aligns with the Alcohol and Drug Policy Commission's Strategic Plan for Oregon.

Medicaid or insurance pays for most traditional SUD treatment, such as in-patient rehabilitation or out-patient medication-assisted treatment. BHRNs provide services that address the rest of the continuum of care (including low-barrier treatment services in those situations where Medicaid or insurance does not pay), as well as its upstream determinants.

# BHRN Strategic Data Plan Goals: Phase 1

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- **Goal 1: Convening Culturally Specific Community Advocates, Providers, and BHRNs** – OHA brought together partners to leverage enhanced qualitative and quantitative data that illustrate program outcomes.
- **Goal 2: Grant Reporting Requirements** – As data management needs mature, OHA will strengthen grant reporting requirements for data clarity, incorporating more specific measures.
- **Goal 3: Identify Gaps in Data Availability and Reporting** – OHA is working to evaluate gaps in the data being collected as identified through community engagement work and legislative requirements. OHA may recommend legislative updates based on this analysis.
- **Goal 4: System Impacts** – OHA will work to identify a meaningful way to show the system-wide impacts of BHRN investments through continued financial reporting and improved abilities to track BHRN clients through different systems of care.

# Goal 1: Convening Culturally Specific Partners

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*OHA brought together partners in Spring 2024 to leverage enhanced qualitative and quantitative data that illustrate program outcomes.*

- Focus groups were held with culturally specific community advocates and a survey was sent to all current grantees to gather feedback on measuring outcomes for the M110 program, which will inform metrics to be integrated into ROADS, among other qualitative collection tools.
- Thematic analysis from focus groups and survey responses identified metrics that fall under categories of: access and outreach, client success, harm reduction, narratives and personal testimonies, network improvement, quality of life, wraparound services, workforce.
- This engagement serves as the starting point for establishing a feedback pipeline between OHA and BHRN grantees for a continuous partnership in understanding treatment outcomes.

# Goal 2: Grant Reporting Requirements

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*As data management needs mature, OHA will strengthen grant reporting requirements for data clarity, incorporating more specific measures.*

- RFGA set expectation for data collection
- Uniformity of grant agreement reporting requirements
  - Specific data points to determine outcomes for each service delivery area
    - Low barrier treatment
    - Housing
    - Peer Support
    - Harm reduction

# Goal 2: Grant Reporting Requirements

*OHA staff have been working to develop new program metrics that satisfy statutory reporting requirements while working towards reducing administrative burden.*

Selected Metrics	Statutory Requirement	Data Collection Start Date		
		December 2024	July 2025*	December 2025
Client demographic data	HB2513; §10 No.5 (h) (B)(v)	✓		
Increases in BHRN service providers	HB2513; §10 No.5 (h) (A)(i)		✓	
Increases in culturally specific providers	HB2513; §10 No.5 (h) (A)(ii)		✓	
Increase in individuals accessing harm reduction services	HB2513; §10 No.5 (h) (A)(iii)			✓
Number of clients receiving BHRN services	HB2513; §10 No.5 (h) (A)(iv)			✓
Number of clients receiving housing services	HB2513; §10 No.5 (h) (A)(v)			✓
Average duration of client participation	HB2513; §10 No.5 (h) (B)(i)			✓
Time to access services and reasons for delay	HB2513; §10 No.5 (h) (B)(iii)			✓

\* July data collection based on new grants management software capabilities

# Goal 3: Identify Data Availability and Reporting Gaps

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*OHA is working to evaluate gaps in the data being collected as identified through community engagement work and legislative requirements. OHA may recommend legislative updates based on this analysis.*

- Metrics analysis and determination
  - OHA is working to finalize an overall set of metrics, incorporating both legislative requirements and feedback from community engagement work.
  - OHA will then determine which metrics capture outcomes for each service area.
  - Gaps in data reporting will be evaluated in an ongoing basis through quarterly data reviews and discussions with the BHRN Partners.

# Goal 3: Identify Data Availability and Reporting Gaps

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*Some legislative reporting requirements may be unachievable as currently written due to a lack of baseline at December 2020 and the braiding of funding streams.*

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**§10 No.5 (h) (A)(iv)** More individuals are accessing treatment than they were before December 3, 2020.

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**§10 No.5 (h) (A)(v)** Access to housing for individuals with substance use has increased [since December 3, 2020]

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**§10 No.5 (h) (B)(i)** The outcomes of each network or recipient, including but not limited to the number of clients with substance use receiving services from each network or recipient, the average duration of client participation and client outcome

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**§10 No.5 (h) (B)(ii)** The number of individuals seeking assistance from the network or recipients who are denied or not connected to substance use treatment and other services, and the reasons for the denials.

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**§10 No.5 (h) (B)(iii)** The average time it takes for clients to access services and fulfill their individual intervention plan and the reason for any delays, such as waiting lists at referred services.

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**§10 No.5 (h) (B)(iv)** Whether average times to access services to which clients are referred, such as housing or medically assisted treatment, have decreased over time since December 3, 2020.

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# Goal 4: System Impacts: Phase 2

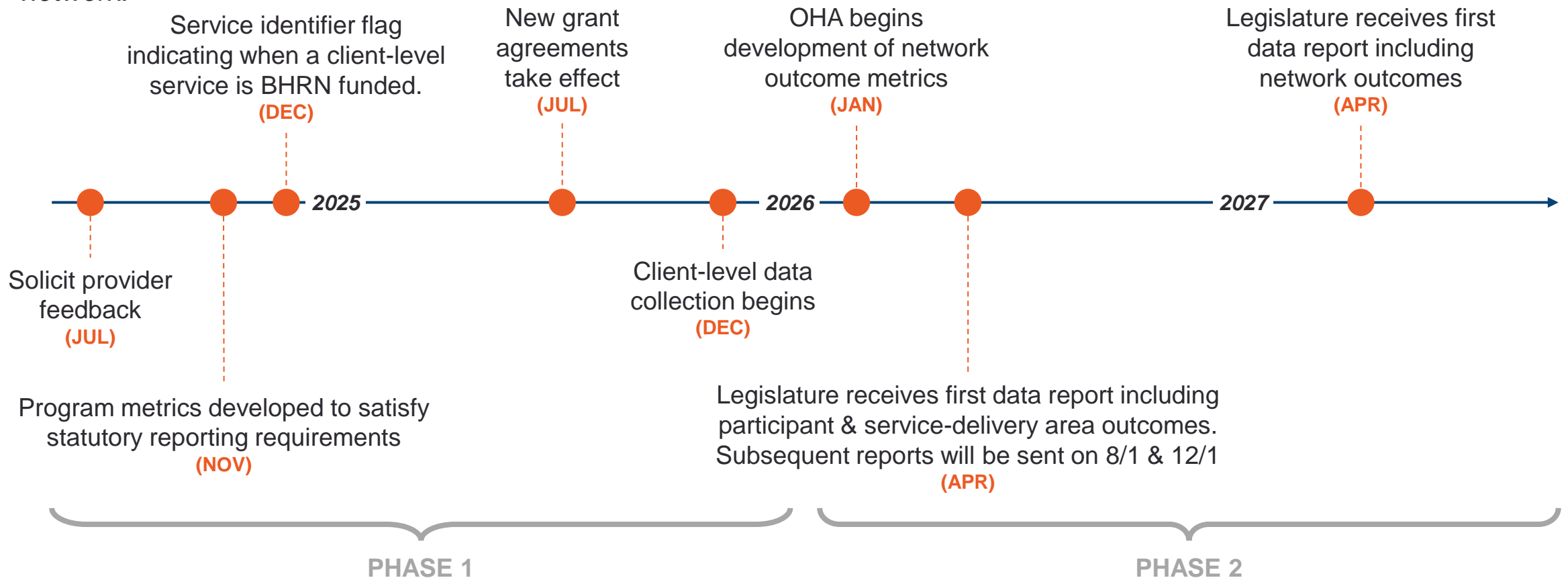
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*OHA will work to identify a meaningful way to show the system-wide impacts of BHRN investments through continued financial reporting and improved abilities to track BHRN clients through different systems of care.*

- As part of the improvement and push for collaboration, OHA will work with a broader behavioral health system by creating a cross-system workgroup within each county that brings together BHRN partners, Community Mental Health Programs, Certified Community Behavioral Health Clinics, and CCOs to review data from M110 and incorporate it into the overall county or regional level behavioral health reporting. The aim will be to demonstrate a cohesive system that maximizes investments and demonstrates improved behavioral health outcomes.
  - OHA will develop each network as the foundation of the SUD system and associated network metrics
  - OHA and the Oversight and Accountability Council will use the metrics to ensure improved health outcomes for people served and determine future funding strategies
  - OHA is working with Community Mental Health Programs to create accountability and additional structure with local implementation plans

# Timeline for Phased Data Collection

During Phase 1 (2024-2026) OHA has begun ramping-up participant-level and service-specific data collection. Phase 2 (2026 – 2027) will expand data collection to performance of BHRNs as a network and participant-level outcomes in the network.





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# Data Infrastructure Implementation Updates

# BHRN Data Collection Improvements

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Technology updates to improve insights and reduce data silos

- Grant Management software purchase and implementation
  - Submit and process grant applications, track funding, monitor BHRN services provided at a community level through aggregated data collection and narrative feedback from grantees.
- Replacement of the data collection system for BH client services
  - Collect data on BHRN services that are provided directly to individuals.

# BHRN Grant Management Software

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Grant management software is a specialized tool designed to streamline the process of applying for, managing, and reporting on grants.

## What will it improve?

- Consolidated reporting of community services and outcomes
- Centralized platform for grantees and grant administrators
- Grantee submission process
- Application review and processing time
- Budget reporting and tracking

## What data is collected?

- Counts of services and supplies served to population
- Narrative outcomes and impacts reporting
- Grantee budget reports and expenditures
- Grant application and processing

## How will the data be used?

- Meet legislative reporting requirements and measure access to community-level services.
- Narrative data will be utilized in qualitative metrics related to grantee provided services.
- Financial data will be connected to available service data to provide insight into the BHRN investment.
- Applications will be tracked from initial submission through award and progress monitoring.

# BHRN Client Services Data Collection

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The ROADS (Resilience Outcomes Analysis and Data Submission) System is anticipated to replace the legacy behavioral health data collection system beginning in December 2024.

## What will it improve?

- Identification of BHRN services provided to individual clients for a subset of BHRN Partners.
- Provider administrative reporting burden reduced by .

## What data is collected?

- Initial service identifier flag that providers will use to indicate when a client-level service is BHRN funded.
- Greater detail on BHRN services in 2025 ROADS system enhancements.

## How will the data be used?

- Initial identifier flag used by OHA staff to better understand what services are being reported and inform future data collection and training efforts.
- Detailed client services data will be used to meet legislative reporting requirements and measure access to individual services.

# Thank you

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