



Audits Division: Measure 110 Lacks Stability, Coordination, and Clear Results

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Why This Audit Matters

- Oregon is among the **highest in the nation** for substance use disorder and use of illicit drugs.
- M110 was passed by Oregon voters in 2020 to expand access to drug treatment and recovery services. It also **removed criminal penalties for possession** of personal quantities of drugs.
- The state awarded **\$391 million** in grants to M110 providers, known as Behavioral Health Resource Networks (BHRNs), in 2025. About **\$800 million** has been awarded since 2021.



Oregon Health Authority

Measure 110 Lacks Stability, Coordination, and Clear Results

December 2025
Report 2025-29

Objective & Scope

The objective of this audit was to determine the extent to which the Oregon Health Authority (OHA) is meeting the objectives set forth by Ballot Measure 110 (2020), as amended by the Legislature in Senate Bill 755 (2021), as amended by House Bill 2513 (2023), as amended by House Bill 4002 (2024), and as amended by Senate Bill 610 (2025).

The audit focused on efforts made by OHA to coordinate Measure 110 (M110) to serve families and individuals affected by substance use disorder.

What We Found

Governance and leadership instability contributed to inconsistent guidance and poor grant oversight.

OHA has not strategically integrated M110 services into Oregon's broader behavioral health system.

What We Found

Flawed data and unclear goals prevent OHA from demonstrating M110 effectiveness.

Counties' implementation of deflection programs provides inequitable access to services.

Recommendations	Target Completion Date (as of Report)
1. Develop an implementation roadmap with timelines, assigned accountability, and key deliverables for program integration, evaluation, and outreach.	December 31, 2026
2. Communicate updated operational definitions for “culturally and linguistically specific services” and “culturally responsive services” to BHRN grant developers and evaluators, and M110-funded providers in future grant cycles.	December 31, 2028
3. Require all M110-funded providers to begin participating in standardized interim data reporting using established systems.	March 31, 2026
4. Complete a baseline analysis using available or proxy data. This analysis should be used to set future performance targets, identify service gaps, and address key questions in law including whether, since December 3, 2020: <ul style="list-style-type: none"> a) Overdose rates declined. b) The number of drug and alcohol treatment service providers increased. c) The number of culturally specific providers increased. d) Access to harm reduction services has increased. e) More individuals are accessing treatment than they were before December 3, 2020. f) Access to housing for individuals with substance use has increased. 	Agency Disagreed with Recommendation
5. Publish a yearly performance report with standardized measures of program outcomes against the retrospective baseline and statutory goals.	Agency Disagreed with Recommendation
6. Implement data-sharing infrastructure to support integrated care pathways and monitor the continuity of treatment and recovery services for people with substance use disorders engaging with the M110 program.	Agency Disagreed with Recommendation

Questions?

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