



OREGON
HEALTH
AUTHORITY



Measure 110 Audit Recommendations

Presentation to The Joint Legislative Audits Committee

Agenda

- Secretary of State Audit Recommendations and responses
- Challenges
- Successes

Recommendation 1: Agree

Develop an implementation roadmap with timelines, assigned accountability, and key deliverables for:

- a. program integration, and*
- b. evaluation, and outreach.*

Recommendation 1

a) Program Integration, due Dec 31, 2026

- Project manager assigned to work with all applicable teams and leadership to create roadmap
- Program Integration report is in review (also pertains to previous finding)

b) Evaluation and Outreach, due June 30, 2026

- Project manager assigned and has begun to pull together teams to complete roadmaps:
 1. Evaluation: data analysis and program evaluation, including posting outcomes to public dashboard
 2. Outreach: enhance provider outreach metrics and complete comprehensive assessment of funded outreach efforts

Recommendation 2: Agree

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.

Recommendation 2

Due December 31, 2028

- Deadline aligned with next available funding cycle
- Project manager will include recommendation as part of larger funding planning process
- Early implementation underway; grant reporting metrics enhanced through language clarification and specificity
- OHA will ensure Chapter 944 and 309 rules are consistent for BHRN grantees and the program

Recommendation 3: Agree

Require all M110-funded providers to begin participating in standardized interim data reporting using established systems.

Recommendation 3

Due March 31, 2026

- ***Complete***
- Submittable, the grant management platform, launched interim client counts for all grantees starting for Quarter 2 reporting (Q2 ended January 1, 2026).
- Interim practice until encounter-level data begins via ROADS later this year.

Recommendation 4: Disagree

4A. Complete a baseline analysis using available or proxy data.

4B. 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:

- 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 Dec 3, 2020.*
- f. Access to housing for individuals with substance use has increased.*

Recommendation 4

OHA has made significant progress implementing the [2024 Strategic Data Plan](#) and will be publishing an update in April 2026.

According to subject matter experts, 2019-2023 is not a suitable period for establishing baseline or proxy data. Given the absence of a valid retrospective baseline, OHA cannot accurately measure program outcomes against historical trends. Multiple variables, new initiatives, and disruptions prevent OHA from defensibly relying on a stable baseline, including:

- Pandemic-related disruptions
- Emergency Executive Orders
- Atypical rate adjustments
- HB 2949
- Opioid Settlement, Prevention, Treatment, and Recovery Board
- Save Lives Oregon
- Per HB 4002 (2024), contingent upon “availability of data”

Recommendation 5: Disagree

Publish a yearly performance report with standardized measures of M110 program outcomes against the retrospective baseline and statutory goals.

Recommendation 5

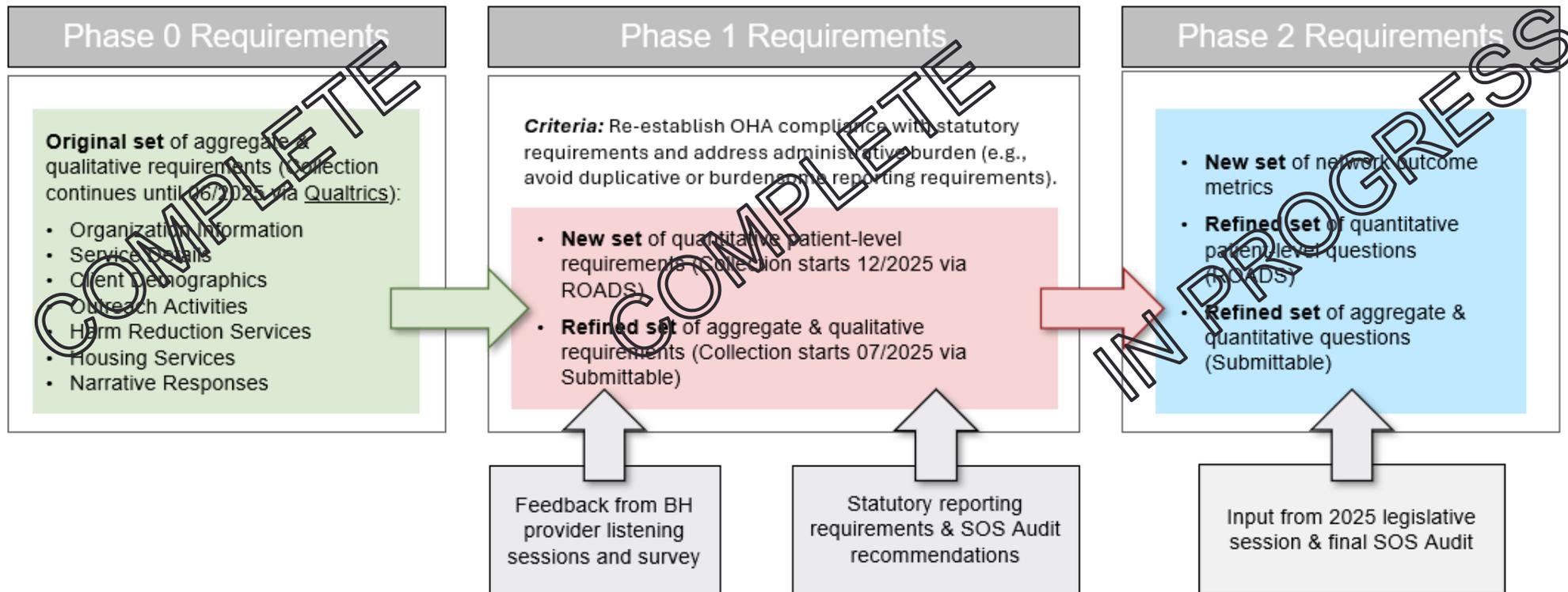
Since baseline data is unavailable, OHA continues with implementation of the Measure 110 Strategic Data Plan:

- Launched Submittable, grant management software for monitoring expenditures and program metrics
- ROADS (Resilience Outcomes Analysis and Data Submission) requires client-level encounter-specific data entry by BHRN providers
- Developing public-facing dashboard synthesizing Submittable and ROADS data

Recommendation 5: Progress

Highlight from August 2024 Strategic Data Plan Legislative Presentation

As detailed in the 08/01 *Measure 110 Strategic Data Plan*, the M110 team has identified a new set of “Phase 1” reporting requirements that are 1) aligned to statutory requirements, 2) incorporate provider feedback, and 3) consider existing reporting requirements.



Recommendation 6: Disagree

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.

Recommendation 6

OHA agrees with finding, but disagrees with the recommendation

- Outside the scope of the BHRN program
- Recommendation requires Electronic Health Record and Health Information Exchange platforms, which many BHRN providers do not have
- Barrier of regulatory complexities sharing person-level data across a diverse provider network.
- OHA does not currently have the infrastructure, staffing, or legislative appropriations to achieve this recommendation

SOS audit identified challenges audit outside OHA's scope

- Funding: declining cannabis tax revenue
 - Cannabis tax revenue is the sole funding source, creating ongoing risk to healthy and stable BHRN programs
 - Impacts both BHRN providers and OHA budget to support the program and implement audit recommendations
 - Vacillating levels of investment create inconsistent service levels
- Changes to guiding statutes
 - SB 755 (2021)
 - HB 4002 (2024)
 - SB 610 (2025)

Additional Challenges

- Sustaining and developing program with volatile revenue
 - Uplift small, culturally specific programs with limited infrastructure
 - With less funding, BHRN grantees will close
 - Negatively impacts intent of the BHRN model (unable to provide required array of services)
- Demonstrate impact of BHRN services, as a necessary pillar of the SUD system of care
- Program constraints (funding, statute).

Successes

- Implemented 12 of 14 previous audit recommendations
 - Remaining two will be complete by March 31, 2026
- Continual improvement in oversight and leadership
 - BHD, OHA, and GO support and leadership
 - BHRN Leadership Team (ED, Manager, Lead workers)
 - 20 dedicated FTE
 - Implemented project management approach
- High quality administration of 234 grant agreements
 - One BHRN in each county
 - Standardized expenditure and metrics review and validation to ensure responsible use of funds
- Partnership with and oversight of new Oversight and Accountability Council
- Significant data collection improvement
 - Incoming client-specific encounter data
 - Public dashboard under development to include client-level encounter data and program impacts
 - Upcoming comprehensive legislative reports: April 2026, August 2027, and April 2027

Successes (continued)

- Timely completion of the 2025 funding process
- Collaboration with other entities:
 - Oregon Criminal Justice Commission
 - Alcohol and Drug Policy Commission
 - Opioid Settlement, Prevention, Treatment, and Recovery Board
- 2022-2025 BHRN grantees:
 - Reported over 3 million encounters
 - Built housing and/or purchased property to support services:
 - 220 shelter beds
 - 183 housing units and an apartment complex
 - 31 pods and an additional pod village under development
 - 3 peer centers
 - 3 community welcome centers
 - 6 treatment centers (clinics, sobering, and recovery services)
 - 82 withdrawal management beds

Acknowledgments

- BHRN providers for their commitment to Oregonians in need
- SOS team for their oversight and support
- Oversight and Accountability Council for their dedication to the program
- OHA's BHRN team for the ongoing support of BHRN providers and navigating uncharted waters
- Data staff for their partnership to ensure OHA can demonstrate BHRN program impact

Thank you

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