POLICY BRIEF

EXPANDING SERVICES FOR PEOPLE WHO USE DRUGS

Measure 110 expanded funding for services for people who use drugs through networked, county-level organizations known as Behavioral Health Resource Networks (BHRNs). This policy brief covers funding for these expanded drug treatment and supportive services, which came over a year after the law went into effect after a difficult and time-intensive grantmaking process.

Measure 110 Allocated Cannabis Taxes to Support Services

Measure 110 ended arrests for personal possession, restructured penalties for larger amounts of drugs, and allocated $302 million from cannabis taxes to expand substance use disorder treatment, harm reduction, peer support, housing, and other supportive services for people who use drugs. These funds were distributed through a grantmaking process.

Measure 110 directed Oregon Health Authority (OHA) to provide technical assistance and support to the community-led Oversight and Accountability Council (OAC) in processes like the designing and executing the BHRN funding process.

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BHRNs Cover an Impressive Array of Services for People Who Use Drugs
## *But Funding Them Has Been Difficult*

New BHRN Services for People Who Use Drugs

BHRN funding intentionally focused on services that were not billable to Medicaid or funded through other initiatives, to meet the goal of supplementing rather than supplanting existing resources. Prior to the grantmaking process, the OAC developed the Chapter 944 Rules defining BHRN services. BHRN grantees are expected to **"Provide critical services for people with substance use issues. These critical services include, for example, screening, referrals, outreach, and supported employment services as set by statute and administrative rule."**[1]

According to the rules, BHRNs must provide the following services:

- **Low-barrier treatment services**
  Drug treatment absent of "programmatic barriers to service delivery including practice induced stigma." Examples include services that do not require appointments or referrals; have little to no wait time; are trauma informed and culturally informed; encompass unique recovery trajectories; and are available regardless of finances, insurance, citizenship status, or transportation needs.

- **Harm reduction services**
  Initiatives to "reduce the negative individual and public health outcomes of substance use and substance related harm, such as overdose and substance use related infections." Harm reduction services include access to naloxone, sterile syringes, safer use and wound care supplies, substance use-related infectious disease screening, sobering support, contingency management, drug checking supplies, and overdose prevention sites.

- **Peer delivered supports, mentoring and recovery services**
  "Low-barrier community-based services, outreach, and engagement performed by a certified individual who has lived experience with addiction and recovery and who has specialized training and education to work with people who have harm caused by substance use and/or substance use disorder."

- **Case management**
  "Services to assist individuals to connect to and gain access to needed services and supports outlined in an individual intervention plan; substance use disorder treatment, health care, housing, employment and training, childcare and other applicable services and supports."

[1]https://www.oregon.gov/oha/HSD/HSDRules/943-001-TempOrder-06292022.pdf
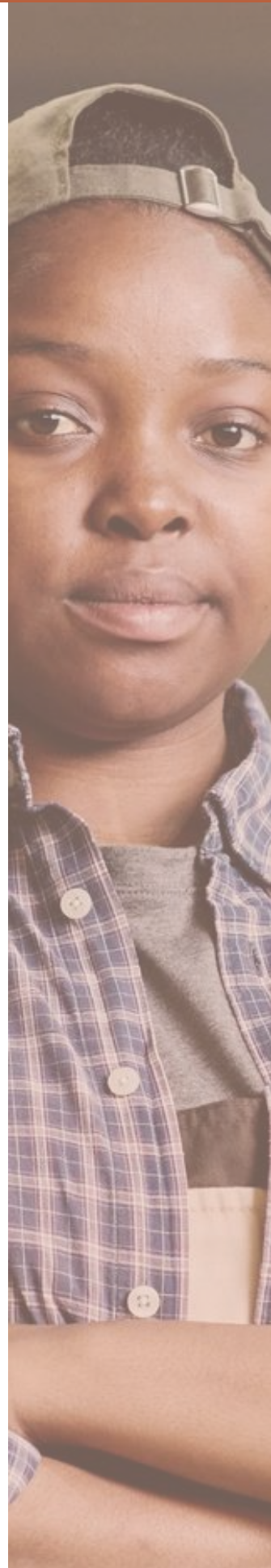
- **Comprehensive behavioral health needs assessments**
  "The process of obtaining sufficient information, including a substance use disorder screening, to determine if a diagnosis is appropriate and to create a self-identified, individual intervention plan."

- **Housing**
  "Options that serve populations at all points on the substance use continuum. BHRNs must provide gender-affirming housing options including responsive housing and shelter options for those who are transgender, gender nonconforming, and intersex. Family housing options must be made available."

- **Supportive employment**
  "Individualized services that assist individuals with substance use disorder in obtaining and maintaining employment in the community and in continuing treatment for the individual to ensure rehabilitation and productive employment."[2]

A BHRN can be a single organization that provides all the listed services or multiple organizations networked together. The OAC built flexibility and inclusivity into the service definitions.

Challenges in the BHRN Grantmaking Process

Funding a new approach in services for people who use drugs was a large undertaking. Three key elements caused major challenges throughout the process:

1. OHA lacked adequate dedicated staffing to support a complex new grantmaking process
2. OAC lacked training in designing grantmaking processes (including writing requests for proposals, designing rubrics, and evaluating applications) and governing processes (including equal protection and conflict of interest policies)
3. The grant application process was intended to be flexible and accessible to organizations, but instead was complex and confusing for applicants

[2]https://www.oregon.gov/oha/HSD/HSDRules/943-001-TempOrder-06292022.pdf

[3]Fagan, Shemia, Cheryl Myers and Kip Memmott (2022). Oregon Audits Division, Real Time Audit of Measure 110 Implementation.
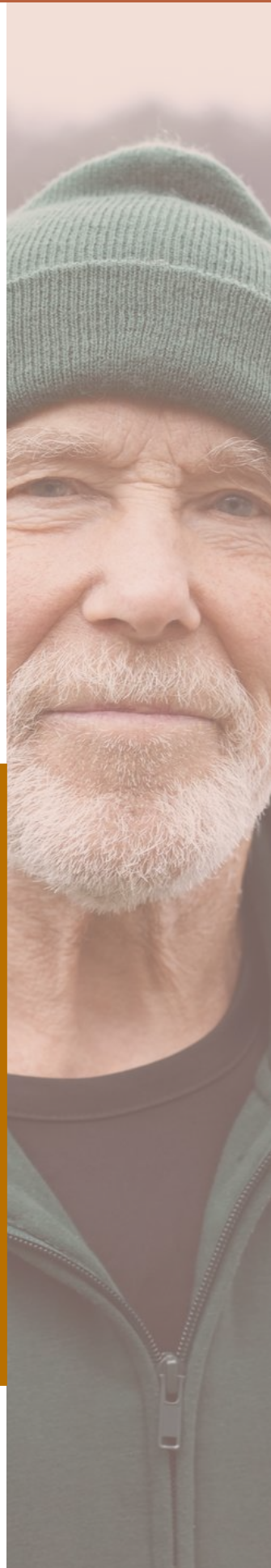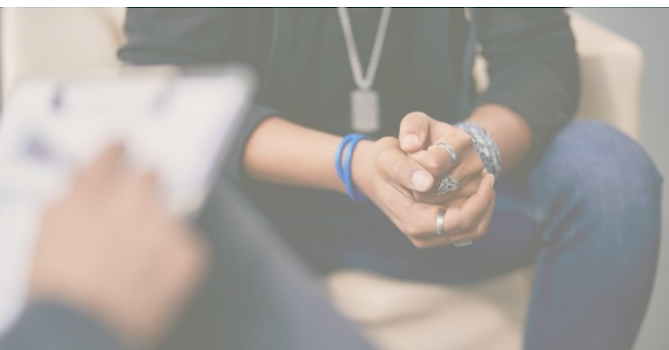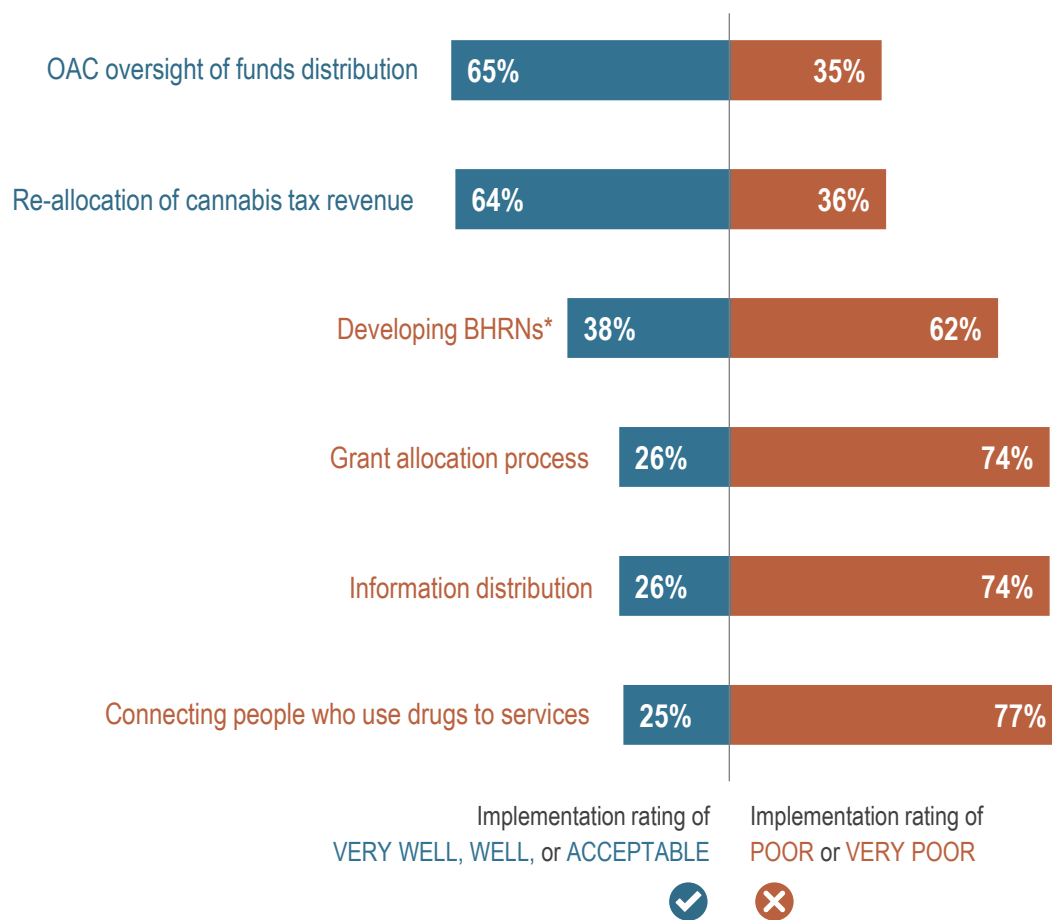
Re-Allocating Marijuana Taxes Was Successful
Other Funding Processes Presented Challenges

Comagine Health researchers surveyed key decisionmakers in Oregon about the process of funding expanded services for people who use drugs. Survey participants felt that the processes related to reallocation of cannabis tax revenue went acceptably and nearly half (47%) reported that it went well or very well. Survey participants also generally felt the community-led council overseeing fund distribution was going acceptably to well (54%).

Many survey respondents felt the re-allocation of cannabis tax revenue was going well

Process	VERY WELL, WELL, or ACCEPTABLE	POOR or VERY POOR
OAC oversight of funds distribution	65%	35%
Re-allocation of cannabis tax revenue	64%	36%
Developing BHRNs*	38%	62%
Grant allocation process	26%	74%
Information distribution	26%	74%
Connecting people who use drugs to services	25%	77%

Implementation rating of
VERY WELL, WELL, or ACCEPTABLE ✔

Implementation rating of
POOR or VERY POOR ✖

Behavioral Health Resource Networks (BHRNs) are regionally representative and diverse consortiums in each county that provide harm reduction, peer support, treatment, housing, and other services.

The BHRN Application Process

Study participants **resoundingly expressed frustration with the BHRN funding process**.

OAC members asked for OHA to provide expert support for designing and conducting the grantmaking process. Implementation advocacy support proposed that the process could be led or extensively advised by an independent foundation with experience in grantmaking.

OHA leadership reported that the timeframes required in the legislation for setting up a funding process as novel as Measure 110 were too ambitious. They suggested that other states consider expanding support for the existing service infrastructure in the state first while designing a new process. This would allow time for thoughtful design of both a new service model and a new funding process.

> It's been a nightmare since the beginning. It's still playing out because of **the lack of clarity and specificity at the beginning** and this assurance [to applicants], "Just turn it in and we'll figure it out.
>
> **"** IMPLEMENTATION ADVOCATE

The Application Evaluation Process

The OAC-designed application evaluation rubric was also complex. The process involved decisions about the call for proposals, submission of applications, application evaluation, and contracting with BHRN organizations. OHA acknowledged gaps in supporting the OAC throughout the process.

> We had 330-some-odd applications to go through. Two assessments per [application], with a really complicated set of what we call rubrics, even just to review those applications, to summarize them, to help get them in front of the [OAC]. . . . Many of those were summarized unexpectedly by [OHA] because we were trying to play catchup with leveraging over 100 additional staff to help with that process . . . .The effort is so massive at each stage from reviewing the applications . . . to getting out supports to the county regions to help negotiate all this within the financial parts**. Every step along the way has been big, and we've been understaffed and underprepared because it's all brand new**.
>
> **"** OHA LEADERSHIP

A state audit echoed the claim **that OHA was understaffed during the implementation,** and that **the OHA staff involved lacked adequate institutional knowledge to support the funding process**.

> Significant staff transitions occurred in summer 2021, which **diminished OHA's institutional knowledge of M110**. OHA has, at times, assigned nondedicated staff, working on multiple assignments on the M110 implementation team.
>
> **"** SECRETARY OF STATE AUDIT[4]

[4]Fagan, Shemia, Cheryl Myers and Kip Memmott (2022). Oregon Audits Division, Real Time Audit of Measure 110 Implementation.

Recommendations

We recommend that policymakers, advocates, and states address the need to:

- Hire or dedicate adequate, knowledgeable government staffing to support the funding effort

- Acknowledge that community organizations and community-led councils may be unfamiliar with government grant processes and consider working with an independent, equity-focused grantmaking foundation as a training and technical assistance resource

- Provide training on grantmaking to community-led councils

- Provide consistent submission guidelines and allow for a long application window

Policy and governance participants commended the BHRN services supported by Measure 110 funding, including those that are historically non-billable and underfunded. Participants noted a remaining need to increase funding for traditional treatment systems and integrate BHRNs into existing networked care infrastructures. Participants were hopeful for the future of BHRN services and noted that funding new organizations, especially organizations in communities most impacted by the harms of criminalization, must be a central goal of the grant process.

> This idea that if you have a community, if you have community leaders 'just let them do their thing' . . . No, you have to provide them with facts, figures, and information before deliberation. . . . **Having subject matter experts, policy and procedure people, engaging community leaders on a continuous basis . . . is critically important.** It can't just be 'You guys are all wonderful for being here. Thanks. What do you think about this?' It doesn't work like that.
>
> **❝❞** INTERVIEWEE

> Potentially, one thing . . . is to not have it within an agency but have it within a social-justice-oriented foundation that could get the money and would [have] . . . a lot **more practice with expertise when it comes to doing equitable grantmaking**. . . . One of the things we kept asking for is, 'Bring some of those folks to the OAC; here's things to think about; here's ways to do it.'
>
> **❝❞** INTERVIEWEE

[5]Lenahan, K., et al. (2022). Oregon Substance Use Disorder Services Inventory and Gap Analysis, OHSU-PSU School of Public Health.

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