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January 17, 2023

Kip Memmott, Director
Secretary of State, Audits Division
255 Capitol St. NE, Suite 180
Salem, OR 97310

<Sent via email: kip.r.memmott@sos.oregon.gov>

Dear Mr. Memmott:

This letter provides a written response to the Audits Division's final draft audit report titled Too Early to Tell: The Challenging Implementation of Measure 110 has Increased Risks, but the Effectiveness of the Program has Yet To Be Determined.

The Oregon Health Authority (OHA) appreciates the role of the Secretary of State Audits Division in providing oversight of Oregon's State funded programs on behalf of taxpayers and the people we serve. The scope of this audit was focused on efforts made by OHA and the Oversight and Accountability Council (OAC) to implement the state's new Behavioral Health Resource Network (BHRN) program to serve families and individuals affected by substance use disorder. The objective was to examine specific elements of Measure 110 (M110) as required by Senate Bill 755 (SB755) ensured including the effectiveness of governance provided by OHA and the OAC to meet the intent of the ballot measure and associated legislation.

In response to the drug addiction and overdose rates in the state, Oregon voters passed Measure 110, which decriminalized the possession of substances for personal use and instituted a health-based approach to addiction and overdose. SB755 an equitable approach to implementation by mandating creation of an Oversight and Accountability Council (OAC), comprised of community members with lived experience, substance use disorder treatment providers, policy, and subject matter expertise. The OAC has the sole authority to award BHRN funding or amend grant agreements. The OAC, in consultation with OHA, also supervises program implementation.

This legislation created a paradigm shift in decision-making (external partners are decision-makers and OHA is in a supporting role) that required building new relationships and developing trust with community partners and the Council. This paradigm shift, coupled with ambitious implementation timelines and stretched OHA staffing resources due to the pandemic, led to an initial delay in implementation.

To date the Measure 110 program through the direction of the Oversight and Accountability has created 42 BHRN's across all 36 counties in the state through over 230 separate grant agreements. Creating at least one network of low-barrier services in each county at no cost to the individual accessing services. The choice of the council to use

grant agreements as funding vehicles and the flexibility of the cannabis tax dollars allows for these BHRN's to build infrastructure in a way other funding generally restricts. The council's direction to decentralize power by creating grant agreements with each individual entity, while a heavy lift, was done strategically to ensure that smaller, innovative, harm reduction focused, and culturally and linguistically specific serving organizations were not left out of a process that historically marginalized their voices. The work of systems change is rarely as public as M110 has been, but that is true to the spirit of this paradigm shifting work.

Below is our detailed response to each recommendation in the audit.

RECOMMENDATION 1		
Publish a plan by September 2023 for how the M110 program integrates into the overall behavioral health system in Oregon.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	September 2023	Bessie Scott

Narrative for Recommendation 1

OHA agrees that the behavioral health system in Oregon needs a comprehensive strategic plan that incorporates Measure 110. As new leaders join the agency, OHA will develop a strategic behavioral health action plan, which the agency will evolve and regularly adjust over time based on community engagement, ongoing data collection and funding available to address program priorities. OHA will issue the first iteration of this strategic priority framework (which will include M110) by September 30, 2023.

RECOMMENDATION 2		
Identify and document gaps that prevent detailed metrics from being implemented that would track the overall effectiveness and impact of M110.		
<ul style="list-style-type: none"> Develop and communicate a plan for addressing the gaps to appropriate stakeholders. Emphasis should be placed on developing metrics that allow policy makers and the public to effectively assess the impact and effectiveness of the M110 program. 		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	December 31, 2024	Bessie Scott

Narrative for Recommendation 2

OHA acknowledges that continued data collection is necessary to accurately measure the effectiveness of M110. Since the inception of M110, there have been barriers to adequate data collection due to changes to the behavioral health reporting system (MOTS) and challenges at the Partner level (e.g. experience level, capacity) that have hindered ideal

data collection efforts. In 2023, a state-level health records system, coined Resilience Outcomes Analysis and Data Submission (or ROADS), is expected to replace MOTS and allow all Providers to report client-level data on M110-related services. ROADS will have the capacity to store requirements specific to those outlined in SB755; BHRN Partners will be able to submit the client-level data necessary to evaluate the outcomes of M110. In addition to the creation of ROADS, OHA is nearing completion of a Behavioral Health Data Warehouse (BHDW) that will allow analysts to connect client-level information across reporting systems. This will ultimately create a system that connects information on Class E Violations and dismissals, access to treatment services, demographics, and outcomes at the client-level. Client level data on M110 services will allow OHA analysts to better determine metrics such as rates of screening waivers and subsequent treatment plan initiation and completion across different geographic and demographic categories.

OHA acknowledges that many BHRN Partners are new to health care and reporting systems. To avoid over-burdening the Partners, and in accordance with the suggested removal of unnecessary burdens on behavioral health providers as described in HB5202, OHA and the OAC approved a Phased Data Work Plan for 2022-2023. The Work Plan requires aggregated data submission from all BHRN Partners, regardless of some organizations' capability to submit additional data. This will allow OHA to view trends and outcomes on an aggregate level and allows the BHRNs to submit data requirements at the same frequency.

In addition to the Work Plan, OHA is currently monitoring M110-related data in other statewide reporting systems. This includes drug-related death and hospitalization data from the Center of Health Statistics, Medicaid claims data on SUD diagnoses and treatment services, and poison control data. Because these systems have historical data prior to M110 implementation, they can provide baseline information for evaluating the effect of M110 statewide.

While the ultimate responsibility to ensure this happens falls to the M110 program, the actions needed will require a cross-agency collaboration between the Health Systems Division and Health Policy & Analytics to ensure effective implementation.

RECOMMENDATION 3

Document policies and procedures for the M110 program, including:

- Clear expectations, roles, and responsibilities; and,
- Trainings for grant applicants and evaluators, grants management, stipends, and conflicts of interest.

Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	December 31, 2024	Jessica Carroll

Narrative for Recommendation 3

- a) The M110 program has documented policies and procedures for program interaction with the Oversight and Accountability Council, BHRN Grant

administration processes, chapter 944 rulemaking/changing process in collaboration with the OAC. These policies and procedures include the roles and responsibilities for the involved parties. Currently the policies and procedures are up to date and will continue to be reviewed annually and revised as needed.

b) Trainings:

- **Grant applicant and evaluator:** Once the OAC determines the next BHRN funding model, The M110 Program will create a webinar training for grant applicants and a training for grant evaluators.
- **Grant administration:** The M110 program currently utilizes the DAS contract administration training as well as M110 contract administrator orientation focused on all foundational aspects of M110. The program will continue to utilize these avenues of training grant administrators. Once the OAC determines the process for the next funding cycle, OHA will assist the OAC by making recommendations for the next evaluation process. Due to the current grant expirations, this should be completed by December 31, 2024 for the next grant cycle.
- **Stipends:** Currently, OAC members are trained on claiming stipends on an individual, as needed basis. The M110 program is currently developing a training to be delivered to the entire council once a year. We expect to have this training developed and available for the council to add to their agenda by June 2023. The OAC will then determine if and when to complete the training.
- **Conflicts of Interest:** The M110 program has and will continue to provide the Oregon Government Ethics Training by the office of the Oregon Government Ethics Commission (OGEC). M110 will also continue to collect conflict of interest declarations from council members in writing and before council votes on funding decisions. OHA does not have the authority to limit the involvement of OAC members based on their declared or perceived conflicts of interest.

RECOMMENDATION 4

OHA should recommend to the OAC to expand collaboration with:

- The Department of Corrections to address substance use disorders of adults in custody;
- Housing stakeholders such as Oregon Housing and Community Services and the Oregon Interagency Council on Homelessness to leverage expertise specifically on the intersection of housing and substance use disorder;
- Opioid Settlement Prevention, Treatment and Recovery

Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	March 31, 2023	Jessica Carroll

January 17, 2023

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Narrative for Recommendation 4

OHA will offer contacts within these various organizations to the OAC. If the OAC chooses to collaborate with any of the entities, OHA will offer to further assist in facilitating those discussions.

Thank you for the opportunity to collaborate. We are excited about the value the M110 Program has and will continue to add to the lives of those living in Oregon.

For any questions, please contact:

Bessie Scott - Bessie.M.Scott@oha.oregon.gov

Jessica Carroll - Jessica.A.Carroll@dhsoha.state.or.us

April Gillette - April.S.Gillette@dhsoha.state.or.us

Sincerely,

A handwritten signature in blue ink that reads "James M. Schroeder". The signature is fluid and cursive, with the first name "James" being the most prominent.

James M. Schroeder
Interim Director

EC: Kristine Kautz, OHA Deputy Director
Dave Baden, OHA Chief Financial Officer
Dana Hittle, OHA Interim Medicaid Director
Margie Stanton, OHA Health Systems Division Director
Yoni Kahn, OHA Chief of Staff