Behavioral Health Resource Networks Provider Engagement

Understanding community perspectives on gaps in BHRN services and preferences for 2029 awards



OREGON HEALTH AUTHORITY

Behavioral Health Division
Behavioral Health Resource Networks Team

Provider Engagement Overview

Survey (May/June 2026)

- Survey on representation of BHRN services, communities served, and award process sent to:
  - All BHRN providers
  - OAC (Oversight and Accountability Council)
  - BHRN interested parties mailing list
- Questions were open ended and individually reviewed for content.
- Responses were grouped into themes and tallied.

Listening Sessions (August 2026)

- After the survey, three listening sessions with providers further explored the themes that arose from the survey.
- BHRN staff shared survey results with participants and asked to confirm and/or expand on the themes. The participants were also asked to add themes missing from the survey results.

Provider Engagement Timeline

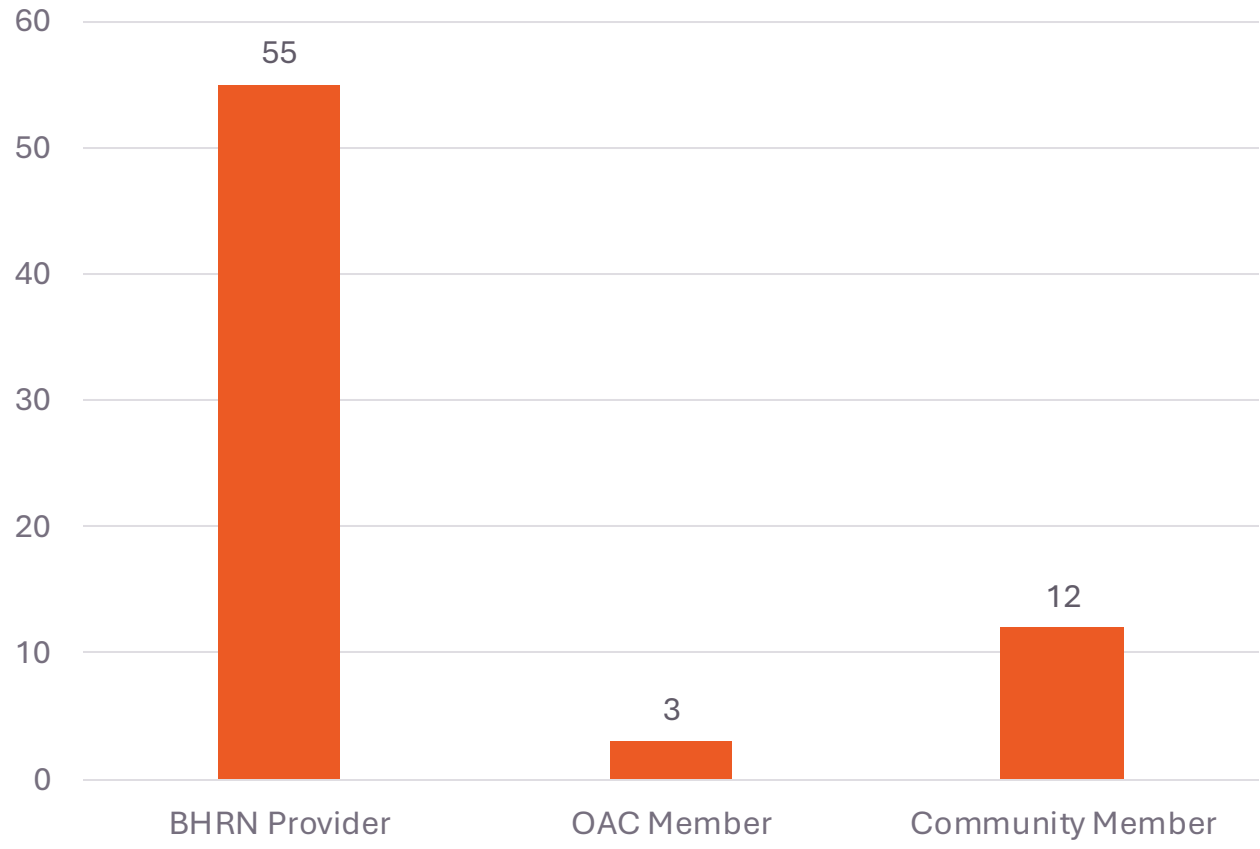
Survey Opens	5/28/26
Survey Closes	6/26/26
BHRN Program Reviews Feedback	6/26/26 – 7/22/26
Initial Feedback Presented to OAC	7/22/26
Public Listening Sessions (Review initial feedback and explore themes collaboratively)	8/5/26 – 8:30-10am 8/11/26 – 3:30-5pm 8/13/26 – 12-1:30pm
Presentation of Final Results to Director’s and Governor's Offices	9/21/26
Presentation of Final Results to OAC	10/14/26

Survey Questions

- Are there BHRN (or other substance use treatment) services missing, constantly at capacity, or underrepresented in your area?
- Are there BHRN services that seem overrepresented and/or underutilized within your area?
- Are there any communities that seem underserved by the BHRN(s) in your area?
- Are there any communities that seem over-prioritized by the BHRN(s) in your area?
- We are seeking your input on how to approach future BHRN funding cycles. What would you like the 2029 BHRN Award Process to look like?
- Is there anything else you'd like to share?

Survey Results - Who responded?

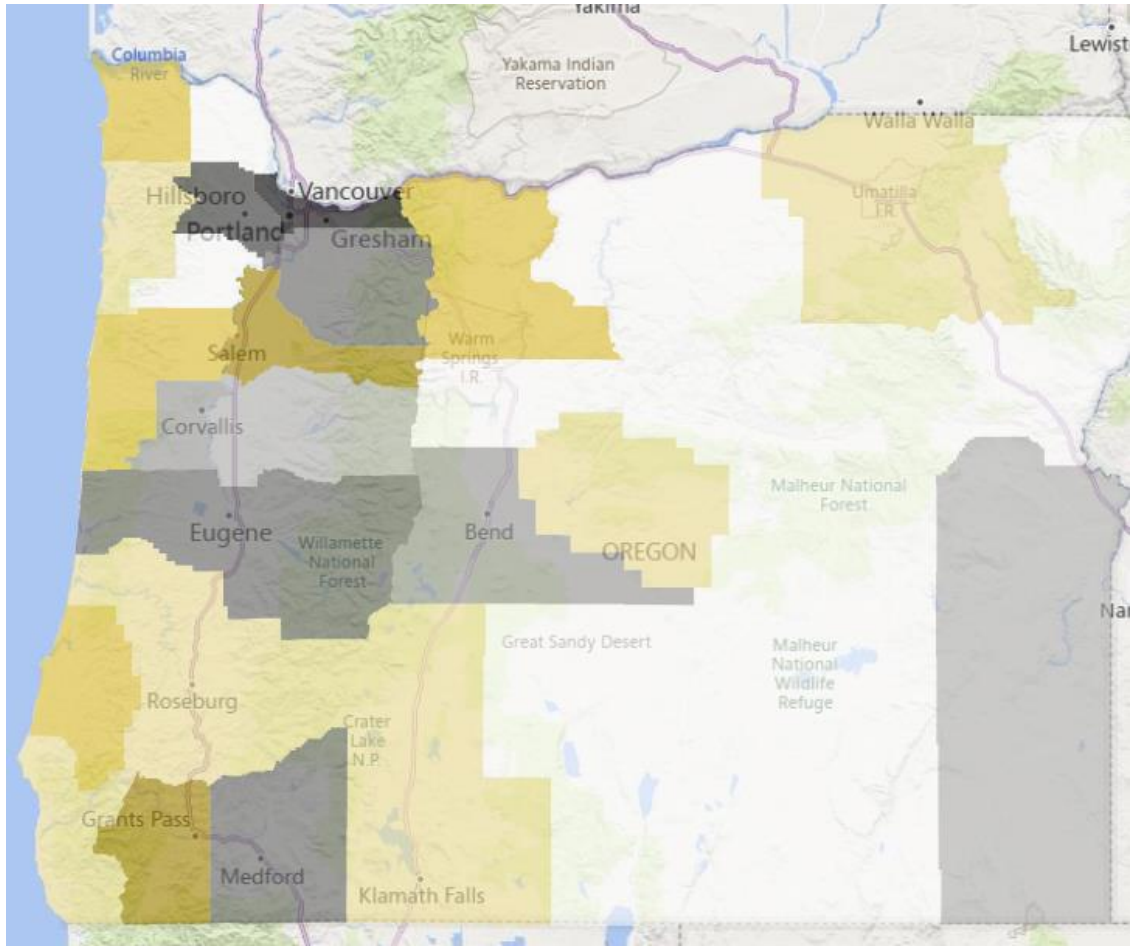
- 70 Responses in total
- Majority (55) were BHRN Providers.



Survey Results - Who responded?

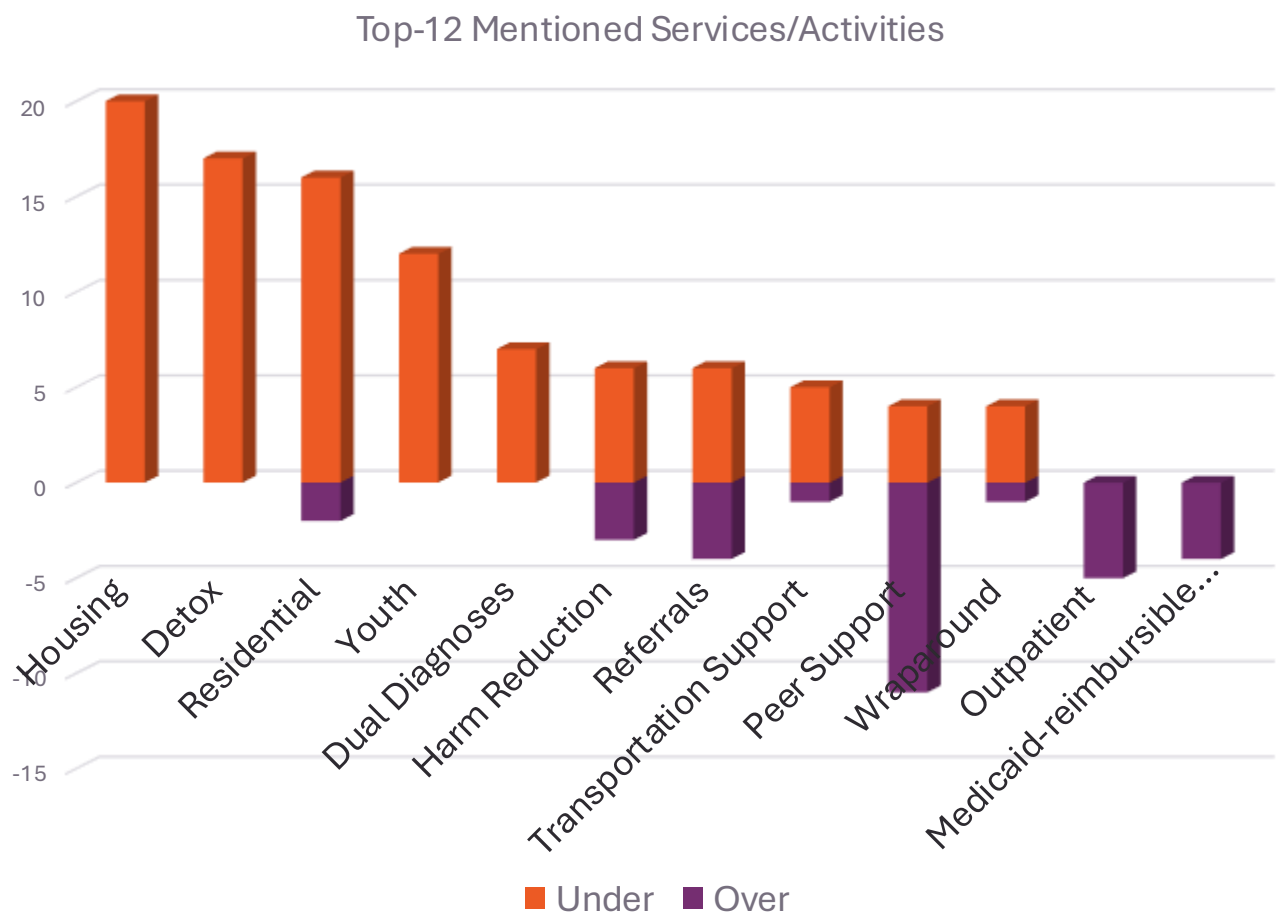
Responses per County					
Baker County	0	Harney County	0	Morrow County	0
Benton County	5	Hood River County	2	Multnomah County	32
Clackamas County	13	Jackson County	6	Polk County	2
Clatsop County	2	Jefferson County	0	Sherman County	0
Columbia County	0	Josephine County	3	Tillamook County	1
Coos County	2	Klamath County	1	Umatilla County	1
Crook County	1	Lake County	0	Union County	1
Curry County	1	Lane County	6	Wallowa County	0
Deschutes County	5	Lincoln County	2	Wasco County	2
Douglas County	1	Linn County	4	Washington County	19
Gilliam County	0	Malheur County	4	Wheeler County	0
Grant County	0	Marion County	3	Yamhill County	0

Legend			
White	0	Light grey	4-6
Light Yellow	1	Dark Grey	>10
Dark Yellow	2	Black	>20
Gold	3		



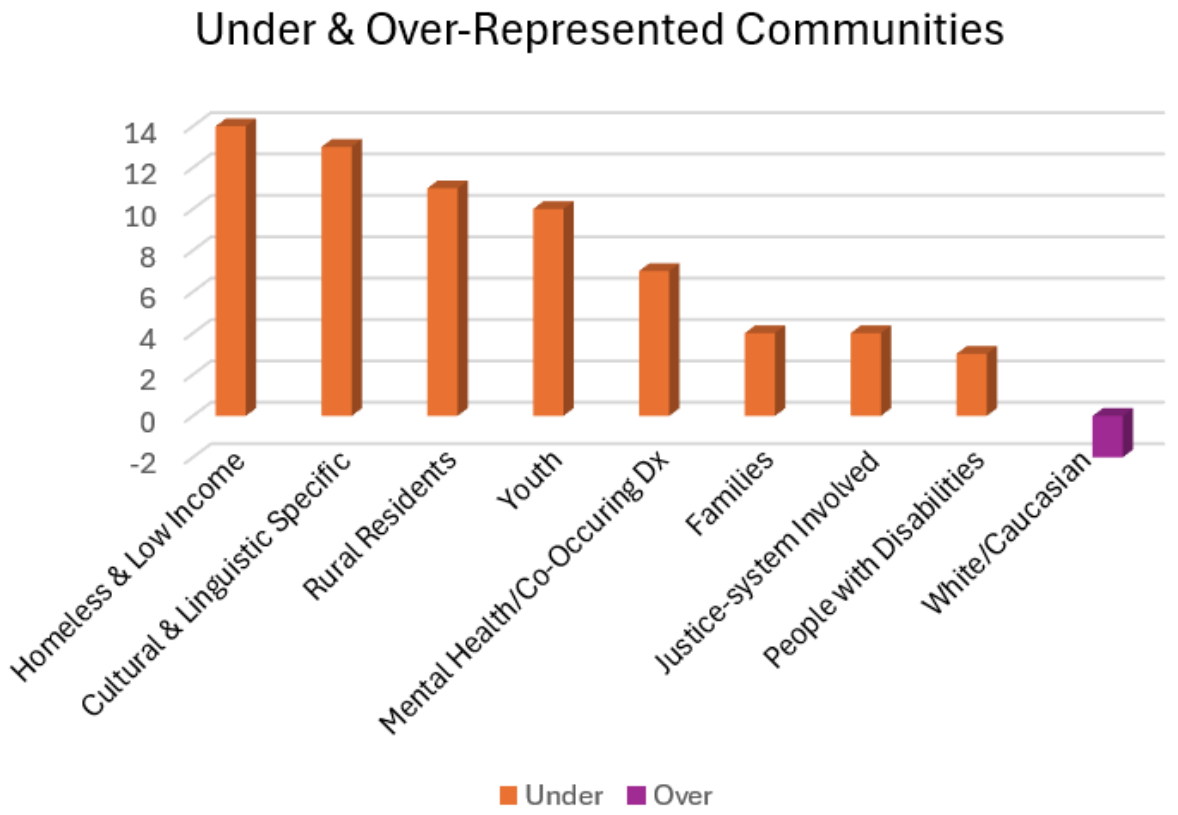
Survey Results: Under- and Over-represented Services

- Supportive transitional and recovery housing identified repeatedly as needed
- Highlighted need for youth-specific housing, detox, and residential
- Based on responses about harm reduction, evidence-based programming is underrepresented, while low-quality or incomplete programs are overrepresented
- “I have clients with four peers to a family and nowhere to live”
- Culturally specific peer support called out as underrepresented.
- People spoke to counties having standalone peer *and* peer within traditional billable orgs



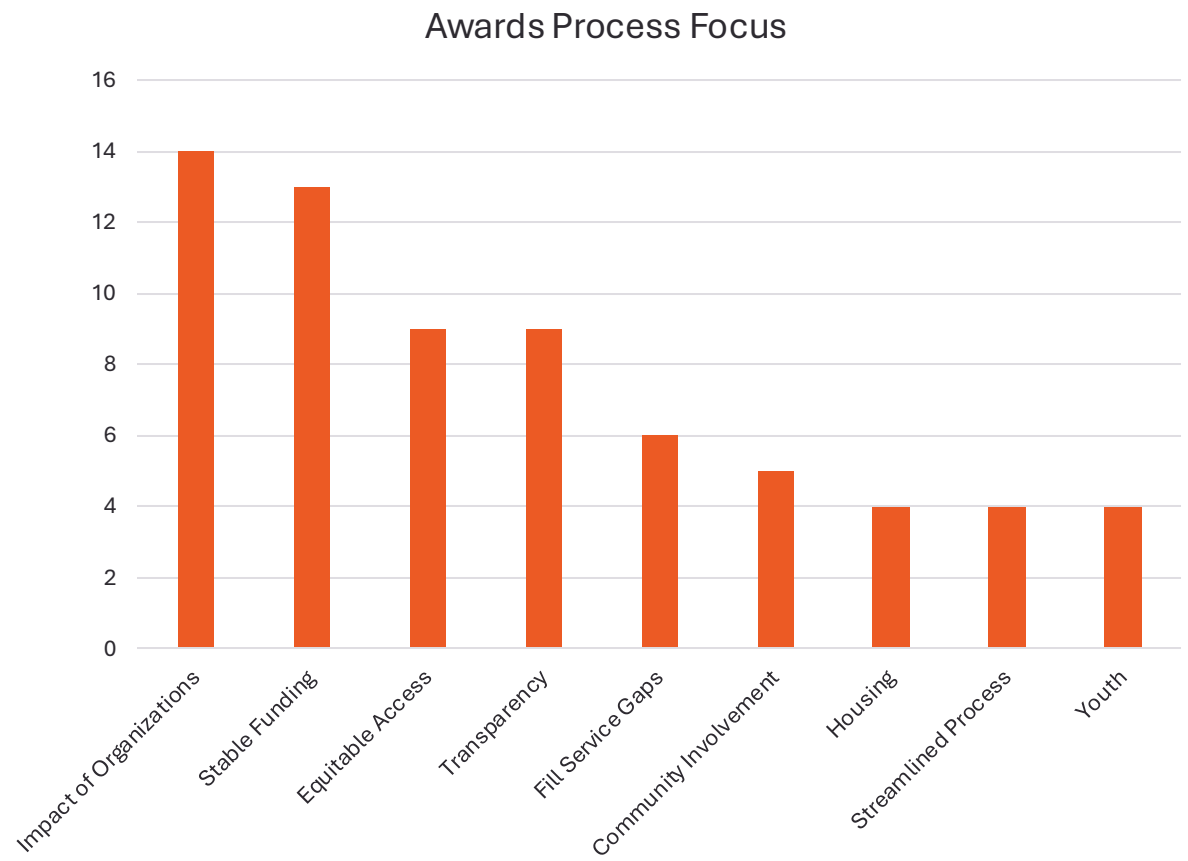
Survey Results:
Under- and Over-represented Communities

- Mostly mirrors the under-represented services.
- Culturally & Linguistically Specific Services: Highlight CLSS need for Black, Latine, and Non-English speaking (especially Spanish) communities. Greatest need is in Multnomah County.
- Youth: Some responses emphasized needing Substance Use Disorder Treatment and Youth Peer Support, not prevention.
- White/Caucasian was the only community mentioned >1x as being over-represented.
- Not included: 8 Portland Metro Area responses named specific local areas being under/over served.



Survey Results: Awards Process

- Measurable outcomes for grantees with awards based on impact of services provided
- Stability of funding across the grant cycle
- Equitable access to awards and consistency in the awards process
- Transparency
- Fill services gaps and integration with existing systems and infrastructure
- Community involvement in awards process
- Housing infrastructure
- Youth services



Survey Results - "Anything Else?"

Top Themes

- Consequences of Funding Reductions
- Values: Sustainability, accountability, collaboration, centering lived experience/community voice, building trust, connection, & stability
- Strengthening interdisciplinary partnerships between treatment providers, recovery housing, healthcare systems, criminal justice agencies, and peer organizations
- Standardization of award process with transparency, clarity, & consistency
- Workforce shortage & burnout
- Importance of Harm Reduction, grassroots services, and outreach

Other Quotes

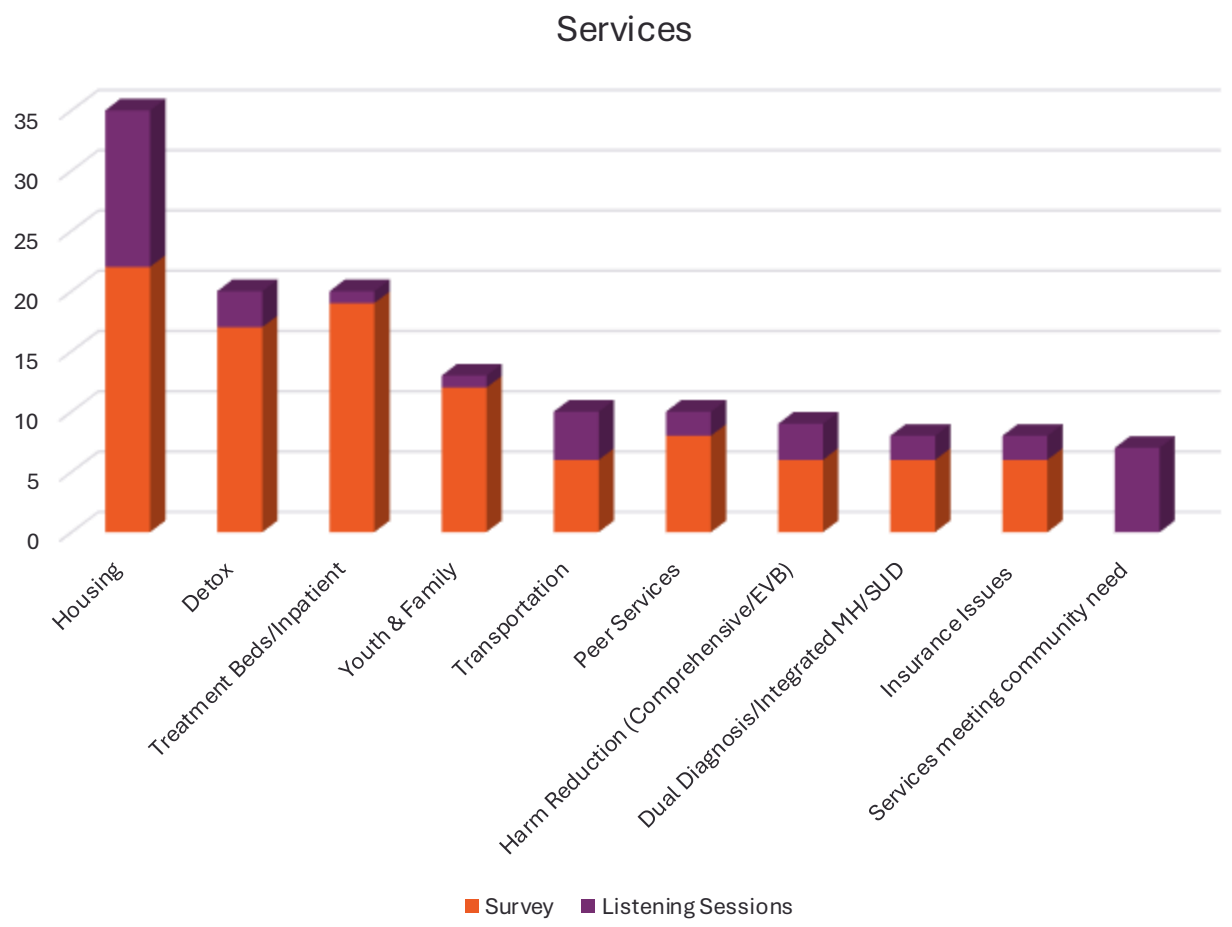
- "OHA (Oregon Health Authority) should consider geographic isolation, travel time, lack of public transportation, absence of residential treatment, limited recovery housing, workforce shortages, and the number of failed or incomplete referrals caused by unavailable services."
- "The BHRN program has real potential to transform lives across Oregon. That potential will only be realized if OHA listens to providers on the ground, prioritizes the populations most often left behind, and builds a funding process that rewards impact over infrastructure."

Listening Sessions – Overview

- Three listening session were held virtually to further explore the initial results of the Provider Engagement Survey
  - A total of 46 participants attends across the three sessions.
  - Regionality of participants was not collectively captured in the sessions.
  - Feedback in the listening sessions largely reinforced what was heard in the survey.

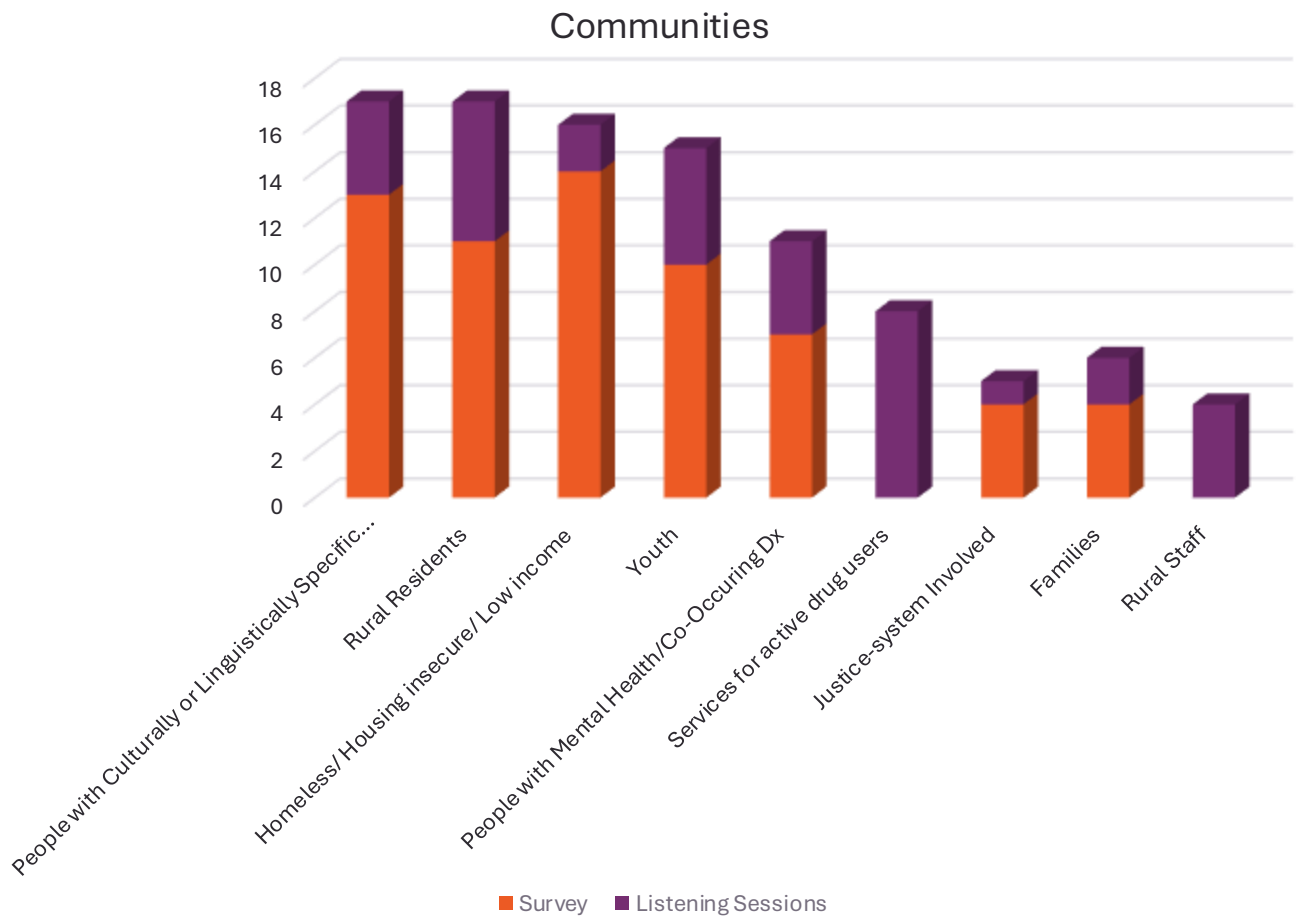
Combined Results: Under-represented Services

- Housing was reaffirmed as service area with highest frequency. In particular, the needs for transitional housing, housing tied to an intensive outpatient plan, and housing for those not fully abstinent were highlighted
- Transportation issues were highlighted as being particularly challenging in rural areas
- A new theme arose from the listening sessions around the matching services offered to the needs of each county or region



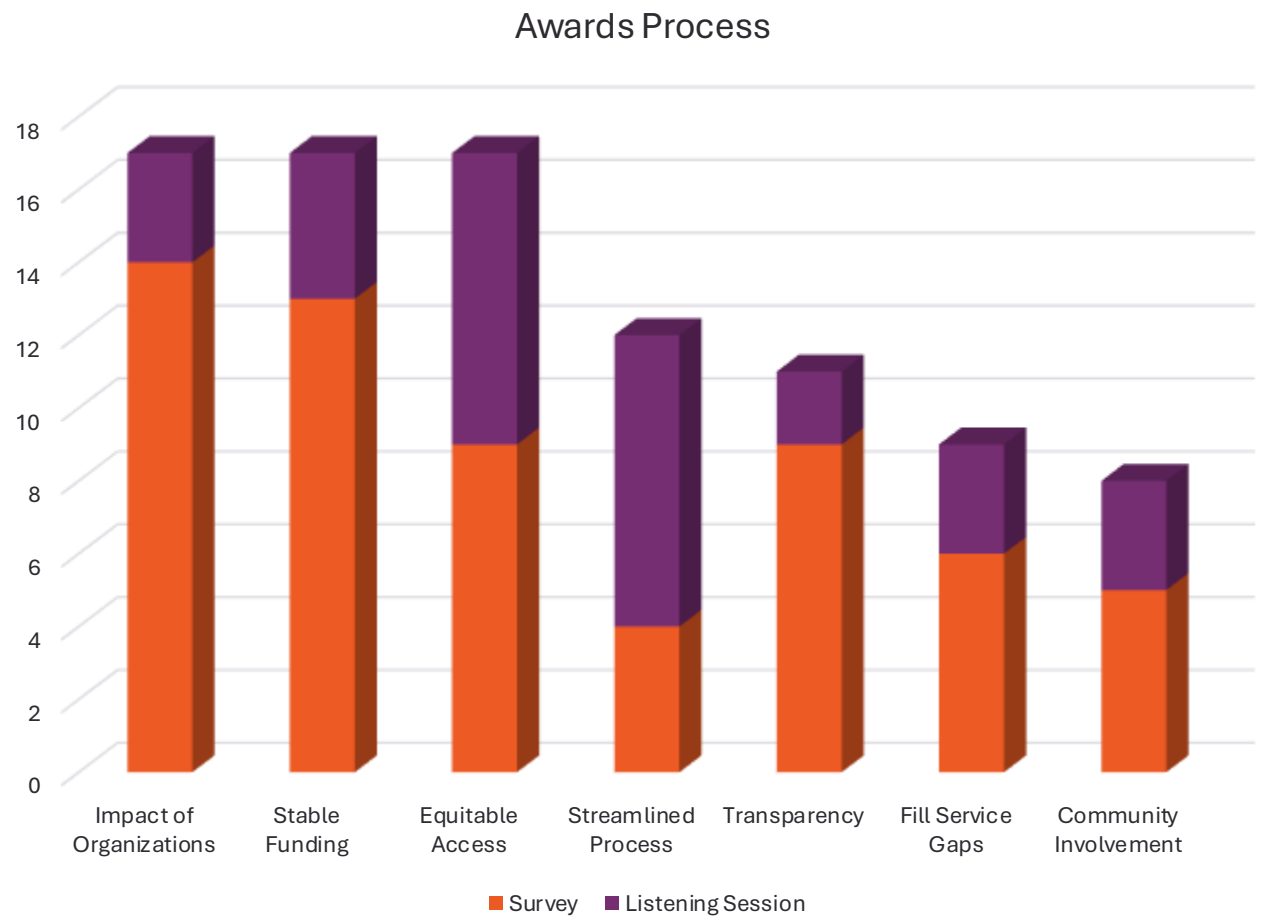
Combined Results: Under-represented Communities

- Discussion around CLSS brought up how different counties and regions have different needs. It was suggested the program should do CLSS needs assessment to support funding where it is needed
- Listening sessions highlighted the lack of services for active drug users and the difficulties rural providers face trying to hire and retain staff.



Combined Results: Awards Process

- Discussion and themes included:
  - Organizational impact
  - Measurable outcomes
  - Balanced & transparent
  - Focus on achievable short-term outcomes/metrics
  - Consideration the population served
  - Community involvement
  - BHRN funds should fill service gaps
- Other themes:
  - Desire for site visits
  - Increased opportunities to bring state staff together with local providers
  - Increasing collaboration with existing services and across the network



Provider Engagement: Summary

- Key focus areas for future funding decisions uplifted by the engagement process:
  - Housing
  - Youth
  - Culturally & Linguistically Specific Services
  - Rural areas
- Award process focus:
  - Allocations based on demonstrated need for services and impact of organizations
  - Stable awards that fund full programs vs spreading funding too thinly
  - Awards application process should be simple, transparent, and equitable