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LC 228: Strengthening Behavioral Health Resource Networks

The Behavioral Health Resource Network (BHRN) Program needs legislative updates to manage declining revenue, fine-tune programming, and award funding strategically based on local need and existing resources.

BHRNs have little ability to adapt to declining revenues and community needs

The BHRN Program was established to provide a continuum of services for individuals with substance use disorders in six specific service areas: screening, comprehensive needs assessment, low-barrier substance use disorder treatment, housing support, harm reduction, and peer support. However, declining revenue in the Drug Treatment and Recovery Services Fund (DTRSF) – which is the only remaining revenue source for BHRNs – makes it increasingly difficult to sustain current statutory requirements.

These requirements mandate that six service areas and seven specific categories of staff be funded in every county regardless of local need, existing resources, or available funding. Certain statutory requirements related to housing, reporting, and grant-based funding further limit the flexibility of Oregon Health Authority (OHA) to respond to changing community needs and fiscal realities. Without legislative updates, limited resources will be spread too thin, reducing the effectiveness, quality, and sustainability of BHRN services across Oregon.

Numerous BHRN partners have already indicated that if they are asked to provide the same range of services with further reduced funding, they will need to simply leave the program.

Updating the BHRN Program will provide flexibility and focus

This proposal gives OHA and local communities greater flexibility to manage declining revenues while preserving access to critical services statewide and improving the sustainability of BHRNs.

- **Integrate screening and comprehensive needs assessments into other service areas**: Remove a requirement for Screening and Comprehensive Needs Assessments to be funded as standalone service areas in every county. Allowing these functions to be integrated into the other service areas is consistent with best practice in the health sector, aligns with provider feedback, and lowers administrative burden.
- **Allow funding based on community need**: Remove the requirement that all six BHRN service areas be funded in each of Oregon's 36 counties. OHA and local communities will be able to allocate funds strategically, based on demonstrated local needs.
- **Expand eligible housing service models**. Revise the definition of "housing providers" to allow supportive housing services, such as tenant-based assistance and voucher programs, to meet eligibility requirements. This reduces reliance on capital-intensive housing models and increases flexibility in meeting housing needs.
- **Provide staffing flexibility for smaller counties**: Modify current staffing requirements, which mandate every BHRN maintain seven specific categories of staff. Instead, counties can meet the staff requirements through cross-trained staff, shared positions, and referral networks.
- **Clarify OHA's data collection authority**: Update outdated statutory language related to audits and explicitly authorize OHA to establish standardized data submission methods, schedules, and formats through rulemaking.
- **Expand funding allocation mechanisms beyond grants**: Broaden OHA's options for how to allocate BHRN funds and not limit it to just using a grant process. This allows funding decisions to adjust over time, so limited resources are invested where they are needed most.

For more information:

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