

Progress and Impact Mid-Biennium Report: Behavioral Health Resource Networks (2025-2027)

The Behavioral Health Resource Networks program is funded solely through cannabis tax revenue. This revenue is added to the Drug Treatment and Recovery Services Fund (DTRSF) and granted to providers to provide BHRN services. As of December 2025, \$176,778,589 of cannabis revenue is forecasted to be received in the 2025-27 biennium into the DTRSF.

Program background and summary

The Behavioral Health Resource Network (BHRN) Program was launched in 2021 through the passage of Measure 110 (M110), a first-in-the-nation program that significantly expands access to substance use disorder treatment, recovery, and harm reduction services. There are 36 BHRNs that collectively serve all Oregon counties. Funded through 234 grant agreements with service providers, BHRNs provide comprehensive, no-cost services including screening and assessment, substance use disorder treatment, peer support, harm reduction, and housing supports.

The BHRN team administers grant funding, supports network operations, manages reporting on activities and outcomes, and staffs the Oversight and Accountability Council (OAC), which advises the Oregon Health Authority on funding priorities and allocations.

In honoring the government-to-government relationship between the State of Oregon and the Nine Federally Recognized Tribes of Oregon, funding is provided to each of the Nine Tribes and two Tribal partners. The program also recently received a one-time \$13 million contribution from the Opioid Settlement Prevention, Treatment and Recovery Board to help stabilize BHRN services statewide.

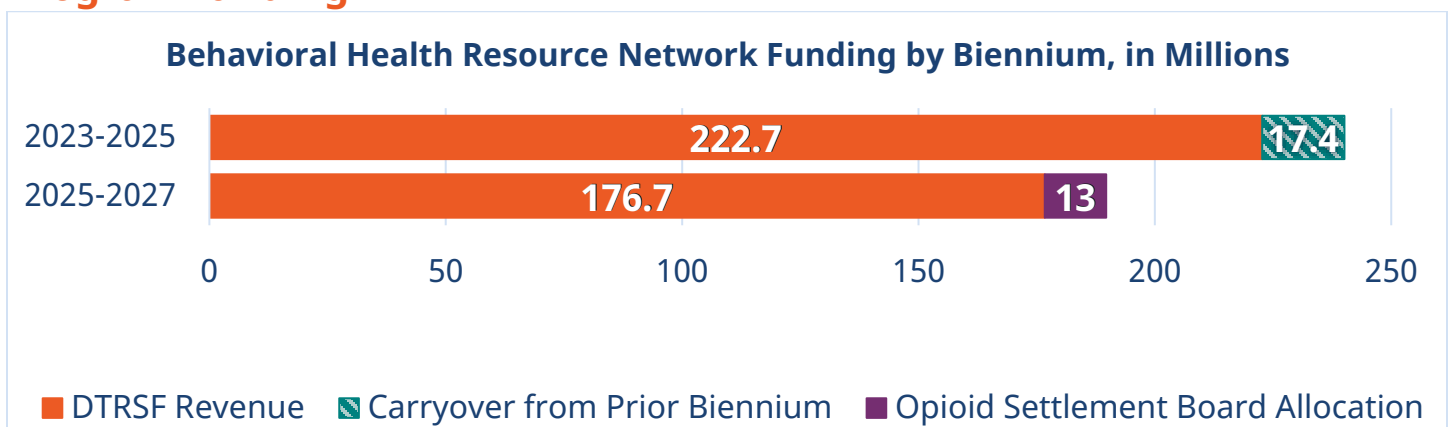
Cannabis tax revenue is volatile and has declined since July 2025 and as a result grantees will experience a 14 percent budget reduction from July 1, 2026, through June 30, 2027. Without the \$13 million contribution from the Opioid Settlement Prevention, Treatment and Recovery Board this reduction would have been approximately 27 percent.

Trends and outcomes summary

The BHRN program has continued to evolve from its initial Measure 110 implementation into an established component of Oregon's behavioral health system. In 2025, the program team was renamed the BHRN team to reflect its ongoing focus on sustaining and strengthening the statewide network. Key trends include increased integration of BHRN services within the broader continuum of care, strengthened coordination with behavioral health, housing, and deflection

partners, and continued efforts to align services with statewide substance use disorder treatment and recovery priorities. Through ongoing collaboration with the Alcohol and Drug Policy Commission, the Opioid Settlement Board, Oregon Criminal Justice Commission, Tribes, and community providers, the program continues to support access to treatment, recovery, harm reduction, and supportive services for Oregonians across all counties.

Program funding



Objectives, outputs and outcomes

Below are three example goals to help illustrate the BHRN program work and investments. In total, the BHRN program has 90 goals to ensure high quality grant administration, grantee and Oversight and Accountability Council support, and thorough data collection, analysis and reporting.

Objective 1: Ensure timely distribution of \$348M DTRSF to 234 BHRN and \$30.4 Tribal Set-Aside to providers. Output: Regular quarterly payments made to providers in a timely manner to ensure continuity of services and care. Outcome: 95% of all payments are made prior to the end of each quarter.	Objective 2: High quality oversight of 234 individual grant agreements. Output: BHRN grant administrators deployed consistent process for validating expenditure reports. Outcome: Ensure each grantee is on track with appropriate spending through quality assurance practices, reflected by timely quarterly report review and validation within 45 days of submission 100% of the time.	Objective 3: Substance use Disorder (SUD) treatment programming and services are available statewide. Output: Ensure 100% of the 36 statewide BHRNs have programming for SUD services and treatment. Outcome: By the end of the 2027 biennium at least 40% of total 2025-2029 allocated funds will be spent by providers.
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Considerations

The most notable impact to the BHRN program is the volatile funding source. Funding volatility remains the primary challenge to sustaining services across the 234 organizations funded through the four-year grant cycle. The BHRN team has worked diligently to create policies and processes that support grantees and the program with the goals of sustaining services, process transparency, and flexibility. Nonetheless, the program continues to push forward with the Strategic Data Plan, which will	provide significantly improved data, information, and program outcomes. Most recently, a data report was submitted to the Oregon Legislature with another due later in 2026. Due to the complexity of the last two funding cycles, OHA is already preparing for the 2029 funding cycle and will incorporate community engagement, OAC recommendations, provider feedback, and SUD gaps and opportunities into the next procurement process.
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Other formats and languages

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