Measure 110 BHRN Data

HPA Data Profile

Behavioral Health Resource Networks (BHRNs) are comprised of community-based providers that offer comprehensive recovery services and support to people who use substances (learn more about M110 and BHRNs in the box at right). BHRNs report to OHA about the services they provide and the clients they serve.

A few examples of the things BHRN data can tell us include:
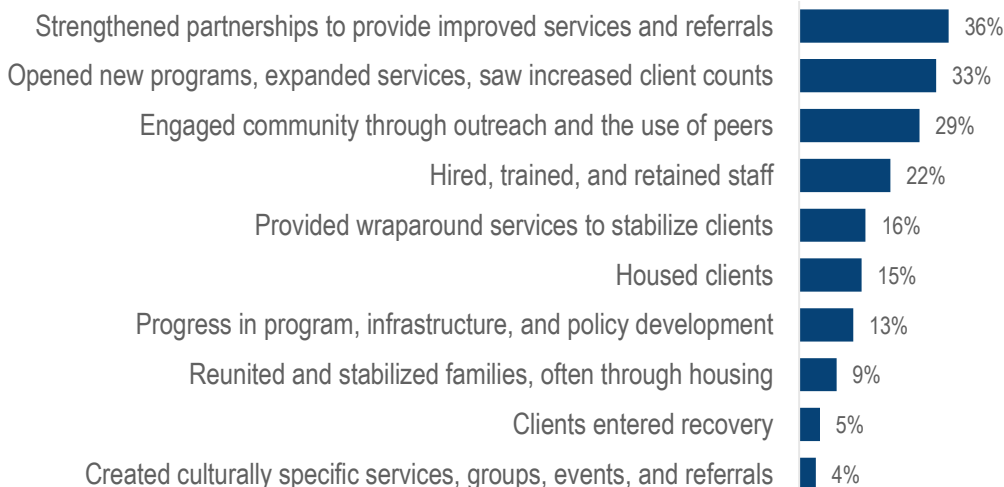
At the end of the first 12 months serving their communities, BHRNs reported the most frequently accessed services were *Peer Support* and *Harm Reduction.*
July 2022 through June 2023. Units are in thousands.

Top successes reported by BHRNs during the fourth quarter of reporting.
More than a third reported strengthening partnerships to provide improved services and referrals.

Strengthened partnerships to provide improved services and referrals	36%
Opened new programs, expanded services, saw increased client counts	33%
Engaged community through outreach and the use of peers	29%
Hired, trained, and retained staff	22%
Provided wraparound services to stabilize clients	16%
Housed clients	15%
Progress in program, infrastructure, and policy development	13%
Reunited and stabilized families, often through housing	9%
Clients entered recovery	5%
Created culturally specific services, groups, events, and referrals	4%

About Measure 110

In November 2020, Oregon voters passed Ballot Measure 110 (M110), the Drug Addiction Treatment and Recovery Act. In July 2021, the legislature passed Senate Bill 755, which amended the act and made it more feasible to implement.

The main goal of the law is to better serve people who use substances or are diagnosed with a substance use disorder. It achieves this by:

- Funding new community-based entities called Behavioral Health Resource Networks (BHRNs), which offer recovery services and support to people who use substances; and

- Lowering penalties for possessing personal amounts of controlled substances.

- In March 2024, the legislature passed House Bill 4002 which repealed the Class E violation that applied to possession of small amounts of controlled substances and replaced it with a new misdemeanor crime of unlawful possession of a controlled substance but maintained funding for BHRNS.

Learn more about the Drug Addiction Treatment and Recovery Act.

Regular reporting

OHA publicly reports the data collected from BHRNs through an online [Measure 110 BHRN Dashboard](#). The dashboard allows users to explore data by service area and county for topics including:

- – The total number of service encounters that occurred each quarter.
- – Client demographics (race/ethnicity, age, and gender identity).
- – Qualitative data describing successes and challenges experienced by BHRN organizations, ways they have lowered barriers to access, and other narrative topics.
- – Total amounts of funds allocated to and spent by BHRNs.

The dashboard is updated each quarter with three months of new data.

About the data

This section includes information about where M110 BHRN data come from, the types of information available, and important things to know when interpreting the data.

Overview of data elements

The data elements BHRNs are required to report to OHA have increased in complexity and detail over time, as shown in the table below. Data are currently reported to OHA in aggregate. A new reporting platform is currently being developed which is expected to allow for reporting of client-level data.[1]

BHRN Service Areas

"Service areas" refers to the types of services a BHRN provides. There are seven service areas:

1. Substance use screenings
2. Comprehensive behavioral health assessments
3. Low barrier substance use disorder treatment
4. Peer support services
5. Harm reduction
6. Housing services
7. Supported employment

Reported since July 2022

- Number of clients served (by service area)
- Client demographics (race, ethnicity, age, gender)
- Number of individuals denied or not connected to services
- Narrative describing successes and challenges

Added in January 2023

- + Expanded race/ethnicity categories
- + Additional narrative on how BHRNs are lowering barriers to access and providing culturally and linguistically appropriate services

Added in April 2023

- + Additional narrative on reasons for denials of service
- + More detailed information related to different service area to assess capacity and progress (e.g., harm reduction supplies distributed, outreach events performed)

In development (anticipated late 2025)

A new reporting platform that will allow BHRNs to report certain client-level data

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[1] Some M110 services are provided anonymously (e.g., harm reduction and some peer-delivered services)

How the data are collected

BHRNs currently submit quarterly aggregated data using an online form. [Learn more and view a sample reporting form](#).

In the future a new reporting platform called the [Resilience Outcomes Analysis and Data Submission (ROADS)](#) System will allow BHRNs to submit certain client-level data (anticipated late 2025).

Timing and frequency

BHRNs submit data to OHA on a quarterly basis, three months after the end of each quarter. OHA then reviews submissions for accuracy, which can take another three months. As a result, there is usually a **six-month lag between the delivery of services and publication of data**. For example, data about services provided during Q1 2024 (January-March) were published in September 2024, as shown in the table below.

- ─ Services delivered
- ● BHRNs report previous quarters data to OHA
- ■ OHA updates data dashboard with new quarter of data

2024												2025					
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
─	─	─			●			■									
			─	─	─			●			■						
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REALD and SOGI

What are REALD and SOGI?

REALD and SOGI are types of standardized demographic information. REALD stands for: **R**ace, **E**thnicity and **L**anguage, **D**isability. SOGI stands for: **S**exual **O**rientation and **G**ender **I**dentity.

Collecting and analyzing data aligned with REALD and SOGI standards help us identify and address health disparities, and support data justice in communities that are most affected by health disparities. [Learn more](#) on OHA's website.

REALD and SOGI in Measure 110 BHRN data

As of this publication, the Measure 110 BHRN data reported to OHA are not REALD compliant. Some of the new data collected is expected to be compliant with REALD and SOGI standards when a client-level reporting database launches at a later date for certain services.

Things to remember when using Measure 110 BHRN data…

Aggregate data limit the type of analysis that can be performed.

Because data are currently reported to OHA *in aggregate*, it is not possible to capture unique client counts. That means we do not currently know the number of *unique individuals* served by

BHRNs. For example, if a BHRN reports that they had 500 client encounters during a quarter, it does not necessarily mean that 500 individuals were served because one client may be counted multiple times.

Aggregate data collection also means that intersections between demographics cannot be identified. For example, while the total count of young adults (ages 18-25) and the total count of clients who identify as Hispanic/Latino are each reported, we cannot identify the count of *young adults who are also Hispanic/Latino.*

Performance should not be assessed by quantitative data alone.
Quantitative data such as the number of services provided do not paint an adequate picture of overall performance of individual BHRNs, which vary in the services they deliver and populations they serve. Quantitative data also do not capture the full system impacts of Measure 110. For example, simply looking at the number of individuals served does not capture investments in the workforce or substance use treatment that have been funded by the measure. Qualitative data elements (i.e., narrative responses) provide additional context for understanding the impact BHRNs have in their communities.

Data collected during times of crisis may be incomplete.
Because of the nature of the services provided by BHRNs, it may be difficult for providers to capture the required reporting elements at the time of service. To meet the goal of low-barrier access to services, some are provided without any attempt to collect personal information from the clients being served.

Requesting data

Users can request organizational-level data for each BHRN, including counts and full narrative. To request, email behavioralhealth.data@dhsoha.oregon.gov or complete and submit a General Data Request Form available on the Health Analytics Data Requests webpage.

Quick Facts

Name	Measure 110 BHRN Data
Acronym	*(BHRN stands for Behavioral Health Resource Network)*
Summary	Program data BHRNs report to OHA
Data type	Administrative
Populations	Clients who use substances and receive services from a BHRN
Frequency	Quarterly
Available since	July 2022
Required?	Yes: SB 755 (2021) and HB 2513 (2023)
Regular reporting	Measure 110 BHRN Dashboard
Website	https://www.oregon.gov/oha/HSD/AMH/Pages/Measure110.aspx and https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/behavioral-health.aspx
Primary/Lead staff	Emily Perttu
Internal requests	Email behavioralhealth.data@dhsoha.oregon.gov
External requests	Email behavioralhealth.data@dhsoha.oregon.gov or complete and submit a General Data Request Form available on the Health Analytics Data Requests webpage.
Security level[2]	Level 3 (restricted)
Data dictionary?	No
REALD and SOGI	Not currently implemented. Expected to be compliant after a new client-level reporting platform is launched.
Suggested citation	Oregon Health Authority, Measure 110 Behavioral Health Resource Network Program Data [date]

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[2] Learn more: https://www.oregon.gov/das/policies/107-004-050.pdf