

Behavioral Health Resource Network

Data Questions & Answers

August 2025

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Software

ROADS

How will ROADS collect harm reduction patient info?

Harm reduction patient information will not be collected in ROADS. Aggregate harm reduction data will be collected in Submittable.

Does ROADS sync with their EHR? Or how will we enter info?

Depends on your EHR. Below is a list of some compatible EHRs. To check about additional EHRs, contact Sean McMahon (sean.mcmahon2@oha.oregon.gov).

ROADS EHR Vendors for EDI

- Cerner Behavioral Health
- CoCentrix/Profiler
- Credible
- Dr. Cloud
- EXYM INC
- The Echoman
- TOWER Systems
- Netsmart (MyAvatar, Evolv, Avatar, Tier)
- OCHIN
- Raintree Systems Inc
- Reliatrax Inc
- Smart Management
- Streamline Healthcare Solutions LLC

If your EHR is not yet compatible, then you will enter data into the ROADS Portal. EDI stands for Electronic Data Interchange.

OCHIN is a version of EPIC. For providers using a different version of EPIC, please contact Sean (email above) to consult on your specific situation.

IMPORTANT NOTE: ROADS is not yet functional for BHRNs. BHRN data fields will launch in ROADS in October 2025.

When ROADS begins, how do you envision that these BHRN served individuals will be uniquely identified as such?

When the ROADS new release is launched, providers will be able to use the service element field to flag specific M110 services. More instructions will be provided for each service area during the upcoming ROADS trainings.

Submittable

BHRN program and technology staff are working together to ensure Submittable expenditure and performance metrics are easily understood and entered. We are finalizing the interface and planning training sessions for late Summer and early Fall before the end of Quarter 1. Provider profiles have been built, which will ease reporting and data submission.

Quarterly Reporting Metrics

Language & Definitions

What defines screening under harm reduction? What counts as information and education?

We are finalizing a data dictionary and a reference guide to help explain what screening entails. The data dictionary will help answer your questions about language and definitions. The data dictionary will be available in August 2025.

How were these determined? Is this language final or could certain things be worded, could we collect additional data?

Metric language and definitions were developed to comply with Oregon Administrative Rules and Oregon Revised Statutes. Additional consideration was taken from the Secretary of State Measure 110 performance audits.

Metrics and language of all new BHRN Program data elements have been approved by leadership. If needed and indicated by community and BHRN feedback, OHA can change the data elements in Submittable at a later date.

Can the harm reduction metrics be updated to include client counts, in addition to supply count?

Yes, there is a field to enter the number of individuals served in the harm reduction service area in Submittable.

Do you count “Units of Naloxone” as each nasal spray or each Narcan package? There are usually 2 doses in each package of the nasal spray Narcan.

Please count each unique dose as a unit (two units/doses per package).

Collection & Reporting

What if we aren't exclusively using M110 funds to purchase Narcan?

Calculate how much is being spent using a ratio or percentages of allocated funds. For example, let's say 75% of your organization's Narcan is purchased with M110 funds. If you distributed 100 units to 'concerned community members', you would only report 75 units.

Outside of counting the number of units purchased, if you are using Measure 110 funds/positions to distribute Narcan (via peers, other providers, etc.), please quantify that outreach as a BHRN Program service.

Almost always our first visit with an individual is in person- but often follow ups are done via phone. How would we count this given that the clients get included in one or the other?

Any client who receives mobile/virtual services provided under M110 funds should be counted in this total. This total is independent from other client counts. Clients who appear in these counts may also appear in other counts.

Since our BHRN work is imbedded within our mobile crisis teams some individuals are enrolled already and may be receiving a range of services. Do we count these or only those related to our BHRN efforts?

Please report only your BHRN related efforts in BHRN reporting platforms/areas (ROADS BHRN data elements and Submittable).

Where do we report patient demographic data, i.e., age range, race/ethnicity, gender identity?

ROADS.

[Outreach-Specific questions](#)

For outreach, does outreach need to be categorized as this table?

No. We are developing a better technical solution. More will be explained through training.

Since our Mobile crisis team is almost always responding to a community request by either the individual, concerned person, law enforcement should we consider this outreach or not? Or is this general outreach where there is not necessary a specific individual?

Outreach is defined as proactive attempts to engage individuals in services. The description above is considered mobile or community-based (rather than office-based) services that is focused on responsive, case-specific work.

Do we only report supplies and services that we do not provide in our main building in the Outreach Metrics tab? If so, where/how do we report all the supplies and services we perform in the main building?

If outreach is provided in a provider main building, please select “other location” and use the narrative box to describe the activity.

We are building an outreaching reporting platform in Submittable that aims to be as clear and simple as possible. We look forward to sharing this soon and engage in conversation during training.

Do you have outreach data strategies for people who are not our participants/patients?

This is a challenging but important data element. We hope through your outreach and engagement skills, organizations will be able to ask clients if outreach services led to follow up engagement. We understand collecting this data may feel burdensome and challenging. However, both OHA leadership and the legislature are very interested to better understand the impact of outreach on subsequent service utilization.

Rules

Peer Services

For peer support, OAR-944-010-0050 indicates that the peer counselling and support must be provided through implementation of individual intervention plans that are developed in response to comprehensive behavioral health screenings (0040) - does this mean that an org that does peer but not screening must refer their clients out for screening before delivering services (high barrier) to be in compliance?

We are aware this is an issue; we're working to address the rule to clarify the responsibility of an organization providing peer services around comprehensive behavioral health needs assessments. You may proceed with activities that relate to the second part of this rule: "as well as through peer outreach workers engaging directly with marginalized community members who could potentially benefit from the services described in these rules."

When the phrase "Ongoing peer counselling" is used, is this inclusive of other approved peer certification, even if not "Counselling" (CRM, YSS, PWS)

In practice, yes. OHA is aware of the outdated rules and is working on an update to the rule language.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the BHRN Program team at BHRN.Grants@odhsoha.orego.gov
We accept all relay calls.

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<https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx>