Behavioral Health Resource Network (BHRN)
Submittable Reference Guide
2025-29 Grant Cycle

OREGON HEALTH AUTHORITY

Table of Contents

Purpose & Scope

The 2025-29 grant launches a new Measure 110-funded grant management platform called Submittable. Through Submittable, BHRN Partners can access and enter quarterly expenditure report finances, monitor their budget, submit performance metrics, and communicate with their grant administrator. All expenditures are captured under the service areas as defined by the grant agreement and categorized in alignment with allowable definitions.

All reports (expenditure and service data) will be due one (1) month after the end of a quarter. Previously, in the 2022-25 grant cycle, BHRN Partners had up to three (3) months to report (the reporting delay made it difficult to have appropriate accounting oversight). Please note the quicker turnaround time.

This guide will help BHRN Partners navigate the quarterly reporting process, which includes performance/outreach metrics data tracking required by the Legislature. Each section of this guide includes a paragraph that explains what data is needed and how each metric is defined. To support accurate data reporting and compliance, grantees must stay in regular contact with their grant administrator.

This guide should be used in conjunction with the Grantee Handbook and the BHRN Data Dictionary. Together, these resources provide a comprehensive framework, descriptions of allowable expenditures, reporting requirements, and system expectations. All three tools—this reference guide, the handbook, and the data dictionary—work together to ensure accuracy, accountability, and transparency of Measure 110 funds.

BHRN Grantee Tool for Quarterly Reporting

To support accurate and timely reporting in Submittable, the Measure 110/BHRN team developed a companion BHRN Quarterly Template (Excel–based tracking tool). This tool is designed to help BHRN Partners organize and monitor required expenditure and performance/metric data prior to entering the information into Submittable at the end of a quarter.

This tool is a user-friendly format to enter service area expenditures, track allowable costs, and summarize totals by quarters. It aligns with the categories defined in this Reference Guide. Additionally, the tool has dedicated tabs (worksheets) and prompts to support grantees when compiling narratives and numerical data (including outreach, assessment, harm reduction, housing, and peer services) prior to the end of a quarter when totals are entered into Submittable.

This BHRN Quarterly Template is not a required submission document but is a highly recommended internal tracking tool. It will help reduce reporting errors, support internal audits, and streamline communications with your grant administrator. Grantees may also use this tool to prepare their staff for data entry and to maintain a running log of quarterly activities.

By using the BHRN Quarterly Template in conjunction with the Grantee Handbook, Data Dictionary, and Reference Guide, BHRN Partners will have consistent, compliant, and coordinated reporting practices.

Expenditure Quarterly Reporting

Measure 110-funded expenditure reporting for the 2025–29 grant cycle has been updated to improve consistency and accountability. The BHRN Quarterly Template is designed to help grantees collect and organize quarterly data before submitting it through Submittable.

To support standardization across programs and align with your Grant Agreement (Exhibit D – Approved Budget), all expenditures must be reported using a consistent hierarchy.

Expenditure Reporting Framework

- **Six (6) Service Area(s):** The programs or functions you are funded to provide: Screening, Assessment, Low-Barrier SUD, Peer Support, Housing Support, and Harm Reduction.
  - **Categories:** The five (5) major budget groupings, which apply across all service areas.
    - **Subcategories:** Specific expense types within each category (“Mileage & Gas” within Services/Supplies).
      - **Line Items:** The actual costs and narrative entries tied to each subcategory.

1. **Five (5) Core Expenditure Reporting Categories per Service Area**
   a. Services/Supplies
   b. Personnel
   c. Staff Training
   d. Vehicle (Capital Purchase Only)
   e. Administrative/Indirect Costs
2. **Subcategories**
   a. Each category contains specific subcategories *(e.g., mileage, professional services, Narcan, technology, legal services).*
   b. These subcategories are linked to the six (6) Measure 110 service areas and help define allowable costs for each.

3. **Line Items**
    a. Subcategories are further broken down into line items that describe the exact cost being reported.
    b. Example: Category: *Services/Supplies* → Subcategory: *Basic Needs* → Line Item: *Camping gear, bus passes, hygiene, etc.*
4. **Narrative Requirements**
    a. Narrative only required if specified for the purpose, context, or outcomes associated with the expense. (Keep all internal records)
    b. This narrative supports your numerical data and provides insight into how the expenditure contributes to program goals.

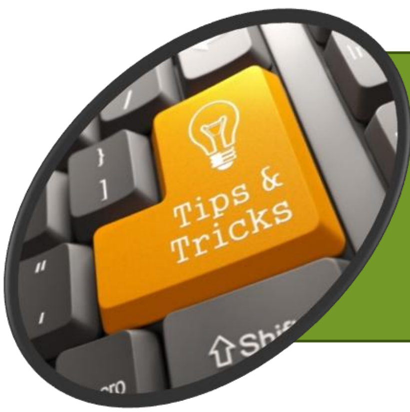
Why this matters:
Grouping costs in this structured way ensures consistency, enables accurate analysis of how Measure 110 funds are spent, and allows for better assessment of the impact your work has in the communities you serve. If you have any questions or need help, please contact your grant administrator.

Expenditure Reporting

The **Services & Supplies** section is one of the five expenditure categories.

Each subcategory in this section (operational expenses, harm reduction supplies, professional services, technology, client assistance, etc.) is allowable under your grant agreement, Oregon Revised Statutes (ORS) 430.378, and relevant Oregon Administrative Rules (OAR) Chapter 944, Division 10.

The subcategories are designed to support compliance with legislatively mandated reporting metrics. Grantees are asked to enter numerical totals (and in some cases provide brief narrative descriptions) to contextualize how funds are used.



Open the BHRN Quarterly Template while reviewing the information below

Services & Supplies – All Six (6) Service Areas

Each of the six (6) service areas have the same reporting categories and subcategories. The tables below describe the standard metrics and definitions for Services & Supplies.

Subcategory (Data Dictionary ID)	Description (Allowable)	Description (Limitations)
Mileage & gas *(S&S2-3)*	• Mileage reimbursement for staff using personal or agency vehicles for service delivery. • Use the federal reimbursement rates. • Mileage should be tracked & documented.	**Do not include:** • vehicle maintenance, • leasing, • insurance costs.

Subcategory (Data Dictionary ID)	Description (Allowable)	Description (Limitations)
Program space and operational expenses *(S&S4-5)*	• Rent and utilities for offices, drop-in centers, or other service locations. • Advertising & branded outreach, if not client-facing. Office supplies, not technology related.	**Do not include:** • Food • Technology related • Printers
Professional services *(S&S6-7)*	• Bookkeeper • Accountant • Auditor • Insurance • Payroll • Janitorial	Must support program operations but **do not include** client services or subcontractors.
Narcan/Naloxone *(S&S8-9)*	Purchase of Naloxone kits and related distribution supplies.	
Translation, Interpretation, Language services *(S&S10-11)*	Telephonic or in-person interpretation services. Includes American Sign Language (ASL).	Must support access to services for clients with language barriers
Clinical services – Misc. *(S&S12-13)*	• Urine Analysis (UA), lab supplies • Lab fees • Medications • Other medical supplies	
Technology *(S&S14-15)*	• Phone, tablets, or computers used for service delivery or coordination. • Electronic Health Records (EHR) systems and licensing. • Subscriptions and platforms (e.g., Zoom, Microsoft office)	
Other *(S&S16-17)*	Misc. (e.g., food for meetings & team building)	Narrative Required
Program space maintenance. *(S&S18-19)*	• Repairs to facilities used for M110 funded services • Furniture • Appliances • Light maintenance (e.g., plumbing, paint)	**Do not include:** • Renovations • Remodels • New construction

Subcategory (Data Dictionary ID)	Description (Allowable)	Description (Limitations)
	• "Minor alteration" means cosmetic upgrades to the interior or exterior of an existing building, such as but not limited to wall finishes, floor coverings and casework.	**Does Not include Major Alterations:** "Major alteration" means any structural change to the foundation, roof, floor, or exterior or load bearing walls of a building, or the extension of an existing building to increase its floor area. Major alteration also means the extensive alteration of an existing building such as to change its function and purpose, even if the alteration does not include any structural change to the building.
Vehicle Maintenance *(S&S20-21)*	• Repairs • Oil changes • Tire replacement • Upkeep for service vehicles • Insurance or lease payments (actively used in service delivery)	**Do not include:** • Purchase of vehicles
Legal – client assistance *(S&S22-23)*	• Expungement (e.g., filing fees, court costs) • Legal deflection or reentry services • Contracted legal providers directly serving clients	Only report if legal services are a funded part of your grant
Basic Needs – client assistance *(S&S24-25)*	• Hygiene kits • First aid supplies • Personal care items • Food/clothing • Prepaid phones • Bus passes/transportation services • Employment-related supplies (e.g., work boots, ID fees)	Must directly support client engagement and retention.

Subcategory (Data Dictionary ID)	Description (Allowable)	Description (Limitations)
Direct service subcontractor *(S&S26-27)*	Subcontractors providing direct client services. Examples: • Peer-run agencies • Housing case managers • SUD/MAT providers	**Do not include:** Subcontractors handling only admin or compliance

Service & Supplies – Specific Service Areas

In addition to the shared categories and subcategories of personnel, training, vehicles, and indirect costs, certain **services & supplies** are only for specific Service Areas. This means data/expenditures will only be reported if your organization is funded to provide that specific type of service.

Each service area has its own corresponding definitions and allowable activities, which must align with the approved grant budget and work plan. The tables and examples below help clarify reporting for each specific service area.

Specific Service Areas *(Data Dictionary ID)*	Subcategory	Line-Item Description
Screening, Assessment, & SUD *(S&S28-29)*	Funds for Un/Underinsured Clients	Funds to pay copays and any cost that could prevent continued access to treatment
Low Barrier Substance Use Treatment (SUD) *(S&S30-31)*	MAT Services & Supplies	Medications, subcontracted MAT providers, labs, etc.
Low Barrier Substance Use Treatment (SUD) *(S&S32-33)*	Medical beds	Withdrawal management, partial hospitalization, sobering center
Peer Counseling & Support, SUD, Harm reduction *(S&S34-35)*	Contingency Management	Incentives, gift cards, group activities, etc.
Peer Counseling & Support, SUD, Harm reduction *(S&S36-37)*	Sexual Health & Disease Prevention	STD Testing Kits, Condoms, Safe Sex Kits, Educational Materials
Peer Counseling & Support, SUD, Harm reduction *(S&S38-39)*	Substance Use Safety Supplies	Syringes, safe smoking kits, Fentanyl/Xylazine test strips, vending machines

Specific Service Areas *(Data Dictionary ID)*	Subcategory	Line-Item Description
Peer Counseling & Support *(S&S40-41)*	Community building	Recovery groups, events, peer spaces, family activities
Housing *(S&S42-43)*	Program Costs	Org-owned housing, utilities, maintenance, supportive housing
Housing *(S&S44-45)*	Motel Vouchers	Total amount of motel vouchers
Housing (S&SS46-47	Client Assistance – Rental/Moving	Rental, rental deposits, and/or move-in assistance, deposit

Personnel – Expenditure Reporting

The **Personnel Category** captures staffing costs for both **direct client service providers** and **non-direct administrative staff** who support the delivery and coordination of BHRN services. Personnel reporting ensures alignment of staffing, program, and grant agreement intent.

Subcategory *(Data Dictionary ID)*	Description (Allowable)	Description (Limitations)
Direct service personnel *(PC1-2)*	• CRM • CADC • RN • PSS • PWS • QMHA/QMHP	Direct Service positions are those directly serving clients. These positions need to be specifically tracked for compliance.
Non-direct service administrative staff. Program Coordination, management, Admin, Support staff. *(PC3-4)*	• Manager • Executive Director • BHRN Coordinator • Data Collection • IT Support • HR	These positions support the program, but do not work with clients directly. If supervisors also serve clients, they should be classified as Direct Service Personnel
Fringe/Benefits *(PC5-6)*	-	-

Staff Training – All Service Areas

This category captures **training** costs for staff training, staff conferences, and other related expenditures. No food costs may be included in the training and/or conferences (food is captured in the "other" subcategory).

Subcategory *(Data Dictionary ID)*	Description (Allowable)	Description (Limitations)
Training *(TC1-2)*	• Continuing Education (CEU) • Certification/recertification • Team building	Do not include food costs associated with trainings.
Conferences *(TC3-4)*	• Conferences • Travel • Lodging	Do not include food costs associated with conferences.
Other *(TC5-6)*	• Misc. • Food for events & team building	Other training costs

Vehicle(s) (Capital purchase only)

This category is used to report vehicles purchases, which must be pre-approved and included in your grant agreement. This field should only be used to report actual capital purchases completed during the reporting period. Do not include expenses for gas, mileage, maintenance, insurance, or leasing—those must be reported under Vehicle Maintenance in the Services & Supplies section.

Subcategory *(Data Dictionary ID)*	Description (Allowable)	Description (Limitations)
Purchased vehicle(s) *(VP1-2)*	Purchase of a vehicle(s) only	Do not include repairs, gas, and/or milage

Administrative (Indirect) Costs

This category is used to capture administrative/indirect charges that cannot be directly linked to a specific activity or line item.

Subcategory *(Data Dictionary ID)*	Description (Allowable)	Description (Limitations)
Administrative Costs *(AC1-2)*	Admin (Indirect) charges are general operating costs that support M110-funded service areas but cannot be directly linked to a specific activity or line item. These may include: • shared administrative salaries. • rent, utilities. • technology infrastructure that benefits multiple service areas.	Admin (Indirect) costs have no minimum but have a **maximum of up to 10%** of the total Not-to-Exceed **(NTE)** grant award. Must not duplicate any direct costs reported elsewhere.

Staff and Provider Data – All Service Areas

Measure 110-funded staff roles must be reported across all service areas. This applies to all personnel whose time is fully or partially funded by Measure 110. Grantees should report the **Full-Time Equivalent (FTE)** for each position, based only on staff who were actively working during the reporting period. Do not include vacant or unfilled positions in your report.

Question:
"How many of your existing staff are funded by M110 grants?"
Example: *If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0x4=4.0 FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE.*

A short narrative description is required for each position. Please describe the staff member's role, any changes in FTE, and their contribution to the M110-funded service. This is especially important when one person fulfills multiple responsibilities across categories, such as serving as both a service provider and an administrator.

Narrative Example:
*If a staff member works 50% of their time as a Certified Recovery Mentor (CRM) and 50% as an Executive Director, they should be reported as 0.5 FTE CRM and 0.5 FTE Executive Director, with a narrative explaining the blended role. If no clear split exists, grantees may report the staff member under "**Other**" and use the narrative to describe the dual responsibilities.*

Please refer to **'Exhibit D'** in your grant agreement to match specific staffing positions (such as Certified Recovery Manager, Certified Alcohol and Drug and Counselor, Executive Director, and/or Grant Manager) to the personnel subcategories. *See the BHRN Quarterly Template for a list of personnel.

Subcategory *(Data Dictionary ID)*	Description	Line-Item Options
Direct Client Service Personnel *(DS1–30)*	Direct Service positions are those directly serving clients. These positions need to be specifically tracked for compliance.	• Certified Alcohol & Drug Counselor (CADC) • Certified Recovery Mentor (CRM) • Peer Support Specialist (PSS) • Peer Wellness Specialist (PWS) • Case Manager • PWS or PSS Supervisor • Housing support • Harm Reduction staff • Nurse (RN) • Nurse (LPN) • Employment Support staff • Clinical Supervisor/Manager • Doctor/Clinician/Prescriber • Coordinator/Navigator • Other (Narrative Required)
Non-direct service/ administrative staff *(NDS1–NDS22)*	These positions support the program, but do not work with clients directly. If supervisors also served clients, they should be classified as Direct Service Personnel/other	• Executive Director • Deputy Director • BHRN manager • Grant manager • Other managers • Administrative support • Human Resources staff • Budget and accounting staff • Audit staff • Data Analyst • Other (Narrative Required)

Using the BHRN Quarterly template is a great way to prepare for data entry!

Culturally and Linguistically Specific Services

"If you are a culturally specific provider, what cultural, gender identity or linguistic category do you serve?"

This section also includes fields to capture whether your organization is providing culturally and linguistically specific services. According to OAR 944-001-0010 (9) "Culturally and Linguistically Specific Services" means provision of culturally and linguistically responsive services designed for a specific population by a Measure 110-funded provider who shares the culture, language, or identity with the individual seeking services.

If applicable, Measure 110-funded providers must indicate which cultural, gender, or linguistic groups they offer specialized service(s) for and report the **number of staff who personally identify** as members of the group(s) being served.

This is required to support the legislative intent of Measure 110 to promote equity, representation, and culturally responsive care.

If none of the listed groups apply, select "Other" and provide a brief explanation. <u>If a provider serves multiple groups or identifies with more than one group, please check each applicable group, but only count each person once in the overall number of providers</u>. Provide a brief explanation in the narrative.

This information supports the Oregon Health Authority's commitment to culturally specific services and helps ensure that Measure 110 continues to center equity in service design and delivery.

Subcategory *(Data Dictionary ID)*	What to Report	Additional Notes
Cultural Staff *(CS1)*	Indicate whether your organization is a culturally specific provider.	Measure 110-funded Culturally specific provider(s) as defined in OAR 944-010-0010 (8) & (9)
Cultural Staff *(CS2-2)*	Select the cultural, gender identity, or linguistic group(s) your Measure 110-funded organization provides specialized services for.	Includes: • Trauma-informed • Culturally and linguistically specific • Culturally and linguistically responsive • Services to individuals with intellectual and developmental disabilities • Services to individuals with physical disabilities • Gender affirming and responsive care • LGBTQIA2S+ affirming and inclusive services • Youth friendly and inclusive services • Services for parents or non-traditional parents with minor children; and/or • Pregnant persons • Other Type of cultural/linguistic category **'Other' selection requires for narrative**.
Cultural Staff *(CS3)*	If "other" is chosen, please specify. Please avoid duplication.	Description of the cultural, gender identity, or linguistic group that your Measure 110-funded provider serve
Cultural Staff *(CS4)*	Total number of providers (this reporting period) who self-identify as members of the culturally specific group(s) being served.	Do not double count providers with multiple identities. Count each individual only once per reporting period.

Performance Metrics

As part of quarterly reporting, BHRN Partners are required to submit service utilization data across several key areas: assessments, harm reduction, peer support, telehealth, and service denials. These metrics are essential for evaluating service delivery trends, understanding client engagement, and meeting legislatively mandated reporting requirements.

The data collected includes:

- the number of clients receiving specific services (such as Comprehensive Behavioral Health Needs Assessments),
- harm reduction supplies,
- peer support contacts,
- counts of Naloxone distributed,
- referrals made to healthcare services,
- client returns for ongoing engagement, and
- how many individuals accessed services via telehealth or virtual platforms.

Additionally, BHRN Partners must report any service denials, including the reason for denial *(i.e. capacity, safety, abstinence-based criteria and whether denied clients were referred to another BHRN provider)*. These data points help OHA monitor access, identify barriers, and inform statewide strategies to improve continuity of care across all service types.

Each of these fields should be completed based on actual services delivered during the reporting period. The [BHRN Quarterly template] and Submittable form include prompts to assist with data entry and ensure consistency across submissions.

Assessment Metric

This metric captures the number of clients who received a M110-funded **Comprehensive Behavioral Health Needs Assessment** during the reporting period. These assessments help identify a client's full range of behavioral health needs and are often the first step in connecting individuals to appropriate

Measure 110-funded services. This data helps OHA understand how clients are initially engaged and later access BHRN services.

This field is required for all providers offering assessment services, if Assessment is one of your funded service areas

Subcategory *(Data Dictionary ID)*	Description
Assessment *(A1)*	ORS 430.389 2(d)(B) a substance use disorder screening by a certified alcohol and drug counselor or other credentialed addiction treatment professional. The assessment shall prioritize the self-identified needs of a client.

Harm Reduction Metrics

Harm Reduction metrics track the number of clients served and the types of services or supplies provided under this category. This includes distribution of Naloxone, safer use and wound care supplies, drug checking supplies, and infectious disease screening, as well as referrals to external healthcare services. These metrics are essential for measuring the reach and impact of Harm Reduction strategies and must only be reported by providers funded for Harm Reduction services.

Each field is required if Harm Reduction is one of your Measure 110-funded service areas.

Subcategory *(Data Dictionary ID)*	Description
How many clients did you provide Harm Reduction services to? *(required)* *(HR1)*	Number of unique individuals that your organization provided harm reduction services to during this reporting period.
Units of Naloxone *(required)* *(HR2)*	A unit of Naloxone refers to one complete dose of Naloxone that is ready for distribution or use. • One single-dose intranasal spray (Narcan® 4mg spray) • One single-dose intramuscular vial with an accompanying syringe (when distributed together as a kit) • One auto-injector device

Subcategory *(Data Dictionary ID)*	Description
	Count each individual dose as one unit, regardless of the format or brand. If a kit contains two doses, that should be reported as two units.
Safer use and wound care supplies *(required)* *(HR3)*	Supplies that reduce the risk of: • disease transmission • soft tissue injury • other harms related to substance use. This includes the number of: • safer use supplies • sterile syringes • cottons • sterile water • alcohol swabs • and tourniquets • basic wound care (band-aids, antibiotic ointment) • supply kits (two or more wound care supplies)
Substance use-related infectious disease screening *(required)* *(HR4)*	A health screening test is a medical test or procedure performed on members of an asymptomatic population or population subgroup to assess their likelihood of having a particular disease. This may include: • HIV • Hepatitis B or C • sexually transmitted infections (STIs), • tuberculosis • COVID-19. Screening may occur verbally or through brief questionnaires during outreach or drop-in services. Screening may also include assessment of risk for infectious disease, rapid testing, and collection of samples for laboratory testing.
Drug checking supplies *(required)* *(HR5)*	Includes supplies to test drugs before use for the presence of potentially dangerous adulterants such as fentanyl or xylazine, as well as tools to detect substances in a person's system after use. Number of unit/strip: • Test strips • Reagent kits • Urine test strips All drug checking supplies are provided at no cost within M110-funded programs and may evolve to address emerging risks in the drug supply.

<table>
<tr><th>Subcategory
(Data Dictionary ID)</th><th>Description</th></tr>
<tr><td>Information and education about harm reduction services. (required)
(HR6)</td><td>Printed materials
verbal guidance
outreach conversation encounters
peer-led education that increases awareness of harm reduction strategies.
Topics may include:
overdose prevention
safer use practices
infection prevention
stigma reduction
how to access available harm reduction services.
Count each encounter as 1 service, if multiple items from the list above are provided in an encounter.</td></tr>
<tr><td>Referrals for Hepatitis, HIV, STI, COVID-19, and Tuberculosis (TB) testing, vaccine, or other healthcare services. (required)
(HR7)</td><td>Number of referrals for:
testing
vaccination
treatment
healthcare services/medical care for communicable diseases often linked to substance use.
Number of individual referrals may be made directly, through written materials, or electronically, and aim to ensure timely access to essential health services.</td></tr>
<tr><td>How many units of Naloxone did you distribute directly to people most at risk of overdose? (required)
(HR8)</td><td>Includes clients actively using substances or known to be at high risk based on outreach, assessment, or harm reduction engagement. Each single-dose kit or device counts as one unit. If a kit contains two doses, that should be reported as two units.</td></tr>
<tr><td>How many units of Naloxone were distributed to concerned community members? (required)
(HR9)</td><td>Includes family, friends, service providers, or others who are not at direct risk of overdose themselves but may witness or respond to an overdose. Each single-dose kit or device should be counted as one unit. If a kit contains two doses, that should be reported as two units.</td></tr>
</table>

Peer Support Metrics

This section measures client engagement with Peer Support Services. Providers must report the total number of **unique clients served** during the quarter, as well as how many of those clients have engaged with your organization **three or more**

times. These metrics demonstrate continuity of care, trust-building, and long-term engagement—key goals of the peer support model. Data from this section supports statewide evaluation of peer-delivered services and informs future funding and training strategies.

Each field is required if Peer Services is one of your funded service areas.

Subcategory *(Data Dictionary ID)*	Description
How many unique clients did you work with this Quarter? *(required)* *(P1)*	Count each client **only once per quarter**, who have worked with M110 funded staff, regardless of how many times they received services.
"If you provide Peer Support services, how many clients that you are working with have engaged with your organization 3+ times this quarter?" *(required)* *(P2)*	Count the number of unique Peer Support clients who received services from your organization three or more times during the reporting quarter.

Virtual Telehealth

This metric captures how many clients accessed services through telehealth or virtual platforms funded by M110 during the reporting period. This includes any virtual delivery of behavioral health services, low-barrier, substance use disorder treatment (SUD), peer support, assessments, or harm reduction education. Telehealth continues to be a critical access point for clients with transportation, geographic, or mobility barriers.

This field is required if telehealth is part of your service delivery approach.

Subcategory *(Data Dictionary ID)*	Description (Allowable)
How many clients did you service this quarter using M110 funded telehealth/virtual services? *(T1)*	Number of clients who received **Measure 110-funded services** through **telehealth or virtual platforms** during the reporting period. This includes video calls, phone-based support, or other remote service formats. Count each client

Subcategory *(Data Dictionary ID)*	Description (Allowable)
	once per quarter, regardless of how many virtual sessions they attended.

Denials

The Denials section captures the number of clients who were denied services during the quarter, along with the primary reason for denial *(e.g., safety concerns, program at capacity, abstinence requirement not met).* Providers must also report how many denied clients were referred to another BHRN partner. This information helps OHA and other stakeholders identify barriers to care, track unmet needs, and evaluate equity and accessibility across the Behavioral Health Resource Network.

Each field is required. All BHRN Partners must complete this section each quarter, even if the count is zero.

Subcategory *(Data Dictionary ID)*	Description
Were clients denied services within your organization this quarter? *(D1)*	Select either yes or no
Reasons for Denials	
Safety concerns. *(D2)*	Number of clients who were denied services due to safety-related issues—such as: • client behavior • environmental risks
Abstinence requirement not met. *(D3)*	Number of clients denied services due to abstinence-based eligibility criteria: • required clean time • program rules not aligned with harm reduction Use only if abstinence is **explicitly required** by the funded service model.
At capacity/no room for new clients *(D4)*	Number of clients denied services because: • program or facility reached maximum capacity • housing full • staff unavailable • waitlist closed
Requested service not provided. *(D5)*	Number of clients who were denied because the service they requested was **not offered** by your organization under M110 funding. May include: • housing with pets

Subcategory *(Data Dictionary ID)*	Description
	• housing options for person(s) with children • services outside your approved scope of work
Supply constraints. *(D6)*	Number of clients denied services or supplies due to a **shortage of materials**, such as: • Naloxone • test kits • basic needs items Include only when lack of supply directly caused the denial.
Other reason. *(D7-8)*	Use this category for any denial that doesn't fit the predefined categories. A brief **narrative explanation** is required to describe the reason for denial, such as: • eligibility issues • documentation gaps • transportation barriers
If denied, how many were referred to another BHRN Partner? *(D9)*	Number of clients denied services, report how many were referred to another BHRN provider or partner for the requested service.

Outreach Metrics

"For this reporting period, how many individuals engaged in any of your BHRN services with your organization because of your outreach?"

This section captures the impact and reach of your organization's outreach efforts during the reporting period. Grantees must report the number of individuals who engaged in any BHRN funded services as a direct result of outreach activities. This information helps demonstrate how outreach strategies support service access, increase community engagement, and reduce barriers to care. If "Other" categories are selected, please provide a short narrative explanation to describe the outreach activity or setting.

If your organization does not provide outreach services, you may leave these fields blank.

Location of Outreach

Subcategory *(Data Dictionary ID)*	Description
On the street or in camps *(OL1)*	Outreach conducted in: • public spaces • encampments • sidewalks • areas where unsheltered individuals reside or congregate.
In Jails or Prisons *(OL2)*	Services provided within: • correctional facilities • including engagement education • reentry support for currently or recently incarcerated individuals.
In K-12 schools *(OL3)*	Activities held within elementary, middle, or high school environments to engage youth in: • education • prevention • service linkage.
In a university or college setting *(OL4)*	Outreach conducted on college or university campuses targeting young adults through: • tabling • workshops • service referrals

Subcategory *(Data Dictionary ID)*	Description
In a clinical setting *(OL5)*	Outreach delivered inside or near health care facilities: • community clinics • hospitals • urgent care, often to patients or those awaiting care
At a local event/organized community event *(OL6)*	Engagement performed at community-organized events, such as: • fairs • rallies • town halls • health expos • public gatherings
At a community or social service setting *(OL7)*	Services offered in established community hubs where people access basic needs, such as: • shelters • food programs • social service offices
Other Location *(OL8)*	Any outreach site not captured. Providers must briefly describe the setting and its relevance.

Type of Outreach

Subcategory *(Data Dictionary ID)*	Description
Provider Informational Materials *(OS2)*	Distributed during outreach to raise awareness about available services. • educational flyers • brochures, cards • digital content
Referrals *(OS3)*	Direct connections made to additional services, including internal BHRN programs or external partners, based on client needs identified during outreach.
Harm Reduction Supplies *(OS4)*	Distribution of items such as: • syringes • wound care kits • safer sex supplies Other materials to reduce health risks and support safer practices
Basic Needs Supplies *(OS5)*	Items such as: • hygiene kits • blankets • clothing • personal care supplies • materials that support individual dignity and wellbeing

Subcategory *(Data Dictionary ID)*	Description
Food *(OS6)*	Provisions such as: • meals • snacks • nutritional support during outreach activities
Transportation services *(OS7)*	Support such as: • bus passes • ride vouchers • coordination of transport to help individuals access services or meet basic needs
Medical Care *(OS8)*	Facilitation of on-site or referred healthcare services: • wound care • testing • brief medical assessments
Peer Support services *(OS9)*	Support provided by certified or trained peer specialists with lived experience who offers: • mentorship • resources • recovery navigation
Support navigating other systems (child welfare, DHS, criminal justice etc.) *(OS10)*	Assistance connecting to or understanding public systems such as: • DHS • child welfare • criminal justice agencies
Other Outreach Services *(OS11-12)*	Any other outreach-based service not listed above. Requires a brief narrative description of the service provided.

Narratives

The **Narratives** section provides grantees the opportunity to share qualitative information to supplement quantitative reporting. This includes descriptions of systemic or organizational successes, such as improvements in service delivery models, infrastructure, interagency collaboration, outreach methods, and BHRN coordination. It also captures systemic or organizational challenges, including barriers to implementation, service coordination issues, infrastructure or staffing gaps, and outreach or engagement challenges.

Client-level or identifying information should not be included.

Additional fields allow grantees to share important administrative details, upload supporting files (up to 400 MB), and provide links to multimedia content—such as videos, social media, and campaign materials—that highlight program engagement, community outreach, or promotional efforts.

Subcategory *(Data Dictionary ID)*	Description
Please describe systemic or organization **successes** that occurred this reporting period. *(N1)*	• Improvements in service delivery models • Infrastructure • Interagency collaboration • Outreach methods • BHRN coordination **Do not include client-level information or identifying details**
Please describe systemic or organization **challenges**. *(N2)*	• Barriers to implementation • Service coordination issues • Infrastructure or staffing gaps • Challenges related to outreach & engagement **Do not include client-level information or identifying details**
Provide any additional information or comments you would like to share. *(N3)*	Use this space to document important administrative details not covered elsewhere
Provide any additional files you would like to share. *(N4)*	• File upload size limit is 400 MB. • Please email your grant administrator if you think your files exceed this limit
Provide any additional links to: • Videos • Multimedia • Social media *(N6)*	You can include: • Campaign links • Multimedia • Social media showcasing: ❖ Program engagement. ❖ Community outreach. ❖ Promotional efforts.

Contact Information

Contact	Description
Measure 110 (M110) *M110.grants@odhsoha.oregon.gov*	Any questions concerning your grant or other information. NOTE: **Please include your grant agreement number in the subject line of the email.**
Sean McMahon *Sean.mcmahon2@oha.oregon.gov*	ROADS/Submittable questions
Abbey Stamp Abbey.stamp@oha.oregon.gov	Executive Director, Measure 110
Sahand Kianfar Sahand.kianfar@oha.oregon.gov	M110 Program & Council Manager
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Resources

BHRN Quarterly Template

Oregon Administrative Rules (OAR), Chapter 944 rules

BHRN Grantee Handbook (2025-29)

Submittable Data Dictionary

Frequently Asked Questions (FAQ)

M110 Webpage

Milestone document

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, web-based communications, and other electronic formats. To request an alternate format, please send an e-mail to dhs-OAC.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.