

OFFICE OF THE SECRETARY OF STATE  
SHEMIA FAGAN  
SECRETARY OF STATE  
  
CHERYL MYERS  
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION  
STEPHANIE CLARK  
DIRECTOR  
  
800 SUMMER STREET NE  
SALEM, OR 97310  
503-373-0701

**TEMPORARY ADMINISTRATIVE ORDER**  
INCLUDING STATEMENT OF NEED & JUSTIFICATION

**OAAC 1-2021**  
CHAPTER 944  
OVERSIGHT AND ACCOUNTABILITY COUNCIL

**FILED**  
08/30/2021 4:22 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Establishes requirements for Behavioral Health Resource Network and Access to Care grants and funding

EFFECTIVE DATE: 09/01/2021 THROUGH 02/27/2022

AGENCY APPROVED DATE: 08/30/2021

CONTACT: Samantha Byers                      500 Summer St NE  
503-519-1840                                      Salem, OR 97301  
Samantha.BYERS@dhsosha.state.or.us

Filed By:  
Wanda Davis  
Rules Coordinator

**NEED FOR THE RULE(S):**

The Oversight and Accountability Council needs to adopt these rules to establish the requirements of the Behavioral Health Resource Networks and the Access to Care funding recipients, for the provision of substance use treatment and recovery services, as required by Ballot Measure 110 (2020) and Senate Bill 755 (2021). These rules define what services must be provided by Behavioral Health Resource Networks and recipients of Access to Care funding, and what services can be paid for by the Drug Treatment and Recovery Services Account.

**JUSTIFICATION OF TEMPORARY FILING:**

(1) Describe the specific consequences that result from the failure to immediately adopt, amend or suspend the rule(s): The US Centers for Disease Control and Prevention has reported an acceleration of the increase in drug overdose deaths across the US. SAMHSA reported in the National Survey of Drug Use and Health that one in ten Oregonians over the age of 12 has a substance use disorder. (See the SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Annual Averages, 2017-2019, [https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer\\_Volume6.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer_Volume6.pdf)). Drug addiction and overdoses are a serious problem in Oregon, which leads to death, and disruption for individuals, their families, and their communities. That burden is carried disproportionately by individuals and communities who lack access to services for substance use.

Ballot Measure 110 passed in late 2020 and amended in 2021 (SB 755) makes health assessment, treatment and recovery services for substance use available to all those who need and want access to those services, by funding drug addiction and treatment services using marijuana tax dollars.

The services are immediately needed because of the rising rates of overdose and overdose deaths and the inequities in access to resources. Failure to adopt rules immediately will result in delay in funding potentially life-saving recovery and treatment services. Failure to adopt rules immediately could result in avoidable deaths, avoidable denial of services, lower access to life saving overdose prevention medication (such as Nalaxone, Narcan), and low access to harm reduction services and supplies. Failure to adopt rules immediately could also lead to fewer outpatient SUD treatment options and fewer connections for people seeking affordable housing placements and other services.

(2) who would suffer these consequences:

One in ten Oregonians over the age of 12 have a substance use disorder according to the National Survey of Drug Use and Health. (Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Annual Averages, 2017-2019, [https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer\\_Volume6.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer_Volume6.pdf)). Substance use disorder affects individuals, as well as their families and communities, who could suffer worse outcomes for those with substance use disorder and which deepens health inequities for those who lack access to services.

(3) why or how failure to immediately take rulemaking action would cause these consequences:

The rules will immediately create the framework by which organizations will be able to seek funding under Measure 110 and SB 755 (2021) and from which the state's granting, contracting, and procurement process may fund critical services. Without these immediate rules, the process of creating and funding necessary services would be delayed, resulting in the deaths and consequences described above.

(4) how the temporary action will avoid or mitigate those consequences:

The immediate, temporary rules will allow the process of creating and funding necessary services to proceed without unnecessary delay.

---

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Ballot Measure 110 (2020)

Senate Bill 755 (2021): <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB755/Enrolled>

Overdose and Overdose Death Prevalence: <https://emergency.cdc.gov/han/2020/han00438.asp>

National Survey on Drug Use and Health <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

National Survey on Drug Use and Health, Annual Averages, 2017-2019. SAMSHA.

[https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer\\_Volume6.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer_Volume6.pdf)

---

RULES:

944-001-0000, 944-001-0010, 944-001-0020, 944-001-0030, 944-001-0040

ADOPT: 944-001-0000

RULE TITLE: Purpose

RULE SUMMARY: Describes the purpose of this Division 001 of rules.

RULE TEXT:

(1) These rules prescribe general minimum operational standards including services and supports provided by the Behavioral Health Resource Networks (BHRN).

(2) These rules prescribe the formation, implementation, and operation of Behavioral Health Resource Networks.

(3) These rules specify general criteria used to distribute grants and funding required to establish the Behavioral Health Resource Networks and to increase access to community care in the following areas:

(a) Low-barrier substance use disorder treatment;

(b) Peer support and recovery services;

(c) Transitional, supportive, and permanent housing for persons with substance use disorders;

(d) Harm reduction interventions; and

(e) Incentives and supports to expand behavioral health workforce.

(4) These rules specify reporting requirements used to satisfy the Secretary of State to conduct financial and performance audits.

STATUTORY/OTHER AUTHORITY: Ballot Measure 110 (2020), SB 755 (2021)

STATUTES/OTHER IMPLEMENTED: Ballot Measure 110 (2020), SB 755 (2021)

ADOPT: 944-001-0010

RULE TITLE: Definitions

RULE SUMMARY: Definitions of the terms used in this Division 001 of rules.

RULE TEXT:

- (1) "Access to Care Grants" means funds distributed by the Oversight and Accountability Council and Oregon Health Authority through direct award or request for grant proposal for purposes of increasing access to one or more of the services described in SB 755 Section 2(3)(a):
  - (a) Low-barrier substance use disorder treatment;
  - (b) Peer support and recovery services;
  - (c) Transitional, supportive, and permanent housing for individuals with substance use disorders;
  - (d) Harm reduction interventions; and
  - (e) Incentives and supports to expand behavioral health workforce.
- (2) "ASAM Criteria" means the Fifth Edition of the American Society of Addiction Medicine (ASAM) for the Treatment of Addictive, Substance-related, and Co-Occurring Conditions, which is a clinical guide to develop patient-centered service plans and make objective decisions about levels of care, continuing care, and transfer or discharge for individuals.
- (3) "Behavioral Health" means the inclusion of mental health, substance use, substance use disorders, and problem gambling.
- (4) "Behavioral Health Resource Network" means an organization or network of organizations that receives funds from the Oversight and Accountability Council or the Oregon Health Authority under Section 2, Chapter 2 Oregon Laws 2021 (Ballot Measure 110 (2020)) and these rules.
- (5) "Case Management" means the services to assist individuals to connect to and gain access to needed services and supports outlined in an individual intervention plan; substance use disorder treatment, health care, housing, employment and training, childcare and other applicable services and supports. Case management is a separate service from recovery peer supports.
- (6) "Comprehensive Behavioral Health Needs Assessment" means the process of obtaining sufficient information, including a substance use disorder screening, to determine if a diagnosis is appropriate and to create a self-identified, Individual intervention plan.
- (7) "Culturally and Linguistically Responsive Services" means the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- (8) "Culturally and Linguistically Specific Services" means provision of culturally and linguistically responsive services (defined above) designed for a specific population by a provider who shares the culture, language, or identity with the individual seeking services.
- (9) "Diagnosis" means the principal mental health or substance use diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- (10) "DSM" means the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition published by the American Psychiatric Association.
- (11) "Gender Affirming Care" means health care and health related services that holistically attends to but is not limited to transgender, gender-nonconforming, non-binary, Two Spirit and intersex people's physical, mental, and social health needs and well-being while respectfully affirming their gender identity. Gender Affirming Care is sensitive and responsive to an individual's gender identities and expressions. Gender affirming care complies with non-discrimination laws.
- (12) "Harm Reduction Services" means all interventions that reduce the negative individual and public health outcomes of substance use and substance related harm, such as overdose and substance use related infections. Harm Reduction Services include supported access to naloxone, sterile syringes, safer use and wound care supplies, and substance use-

related infectious disease screening.

(13) "Low-Barrier Substance Use Disorder Treatment Services" means the absence of programmatic barriers to service delivery including practice induced stigma. Low Barrier Substance Use Disorder Treatment practices demonstrate the following:

- (a) Trauma-informed services regardless of active use;
- (b) Culturally and linguistically specific services;
- (c) Little to no waiting to obtain treatment services;
- (d) Access to treatment services available within 48 hours after an individual obtains a screening;
- (e) Harm reduction approach, including the immediate goal of improving quality of life and protecting against loss of life;
- (f) Individualized treatment to meet the unique needs of each individual;
- (g) Unique recovery trajectories that are personal to each individual and are not dictated by treatment providers;
- (h) Individuals are able to engage in treatment, including medication for substance use disorders without administrative delays, lengthy intake, assessment or treatment planning sessions;
- (i) Treatment is provided without appointment requirements;
- (j) Treatment is provided regardless of an individual's ability to pay or insurance coverage;
- (k) Treatment is provided regardless of criminal history, state residency or citizenship status;
- (l) Transportation barriers are addressed, facilitating access to treatment, services and supports; and
- (m) Minimal or eliminated travel between multiple service providers

(14) "Organization" means any entity lawfully registered to do business in the State of Oregon, including, but not limited to, sole proprietorship, partnership, limited partnership, limited liability partnership, limited liability company, for profit corporation, or nonprofit corporation, or any government, including, but not limited to, counties, cities, Council of Governments created under ORS chapter 190, or Special Districts under ORS chapter 198, e.g. a health district organized under ORS 440.305 to 440.410.

(15) "Peer delivered supports, mentoring, and recovery services" means community-based services performed by a certified individual who has lived experience with addiction and recovery and who has specialized training and education and to work with people with a substance use disorder. These include services provided by the following certified peer professional types:

- (a) Addiction Peer Support Specialists certified under OAR 410 Div 180;
- (b) Addiction Peer Wellness Specialists certified under OAR 410 Div 180;
- (c) Certified Recovery Mentors certified by the Mental Health and Addiction Certification Board of Oregon; and
- (d) Youth Support Specialists certified under OAR 410 Div 180.

(16) "Peer Support and Peer Wellness Specialist Supervision" means supervision by a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are available. The supports provided include guidance in the unique discipline of peer delivered services and the roles of peer support specialists and peer wellness specialists.

(17) "Peer Delivered Services Supervisor" means a qualified individual certified as a Peer Support Specialist (PSS) or a Peer Wellness Specialist (PWS) with at least one year of experience as a PSS or PWS in behavioral health services to evaluate and guide PSS and PWS program staff in the delivery of peer delivered services and supports.

(18) "Peer-Run Organization" means an organization:

- (a) In which a majority of the individuals who oversee the organization's operation and who are in positions of control have lived experience with mental health or addiction challenges;
- (b) That is fully independent, separate, and autonomous from other behavioral health agencies; and
- (c) That has the authority and responsibility for all oversight and decision-making on governance, financial, personnel, policy, and program issues in the organization.

(19) "Recovery Housing" means abstinence-based or drug-free housing for people in recovery from addiction. Such housing creates a peer supportive community of individuals participating in outpatient substance use disorder treatment and those individuals with an ongoing program of recovery. Recovery Housing provides a drug free environment for all residents and is inclusive of individuals who are receiving Medication Assisted Treatment (MAT)

and practices Intervention Before Eviction (IBE) if residents relapse.

(20) "Screening" means the process to identify circumstances that require a comprehensive behavioral health needs assessment or referrals to additional services and supports, at a minimum in the following areas:

- (a) Acute care needs;
- (b) Treatment for substance use disorders and co-existing health problems;
- (c) Personal safety needs;
- (d) Harm reduction;
- (e) Peer supports;
- (f) Housing;
- (g) Employment and training; and
- (h) Childcare needs.

(21) "Supportive Housing" means a safe place to live that supports access to lifesaving health services until the individual decides to participate in a program of recovery. The housing does not have drug-free requirements. The program connects individuals to treatment and recovery services when the individual chooses to seek a life without drugs.

STATUTORY/OTHER AUTHORITY: Ballot Measure 110 (2020), SB 755 (2021)

STATUTES/OTHER IMPLEMENTED: Ballot Measure 110 (2020), SB 755 (2021)

ADOPT: 944-001-0020

RULE TITLE: Operational, Policy, and Service and Support Requirements of Behavioral Health Resource Networks

RULE SUMMARY: Describes operational, policy, and service and support requirements of Behavioral Health Resource Networks

RULE TEXT:

(1) Each Behavioral Health Resource Network (BHRN) or applicant to receive funding as a BHRN shall fulfill all requirements of SB 755, Section 2(2)(d) and basic operational requirements outlined in these rules to be eligible to receive Drug Treatment and Recovery Services Funds from the Oversight and Accountability Council and the State.

(2) Operational and policy requirements shall include:

(a) BHRNs shall maintain, implement, and formalize organizational policies and procedures that detail the following standards of service. BHRNs shall make these policies and procedures available to the Oversight and Accountability Council:

(A) Culturally and Linguistically Specific Services;

(B) Culturally and Linguistically Responsive Services;

(C) Accessibility for People with Intellectual and Developmental Disabilities;

(D) Accessibility for People with Physical Disabilities;

(E) Gender Affirming and Responsive Care;

(F) LGBTQIA2S+ Affirming and Inclusive Services;

(G) Youth Friendly and Inclusive Services;

(H) Patient Centered and Non-Stigmatizing Services, including on use of person-first, non-stigmatizing language;

(I) Trauma informed engagement and care;

(J) Services for parents with young children; and

(K) Process and procedures for data collection in compliance with OAR 944-001-0040.

(b) An individual who is authorized to perform peer delivered supports, mentoring, and recovery services or a certified alcohol and drug counselor who is available in-person, by phone, or electronically 24 hours a day, seven days a week for anyone contacting the BHRN;

(c) Posting regular office hours and access information for the 24-hour telephonic and electronic access to the BHRN's website and each component organization's website;

(d) Culturally and linguistically specific services shall be provided throughout all the service array continuum;

(e) BHRN providers who are not culturally and linguistically specific shall provide and coordinate culturally and linguistically responsive services; and

(f) BHRNs, including all component entities, shall maintain and implement policies and procedures that support individual rights as outlined in this rule.

(3) Behavioral Health Resource Networks shall provide, and maintain sufficient capacity to provide, the following services and supports to individuals who use drugs in the BHRN's county or region:

(a) Screening by a certified addiction peer support or wellness specialist. Screening service shall be available 24 hours a day, seven days a week, every calendar day of the year. Screening shall be made available to each individual immediately upon first contact. At least one organization within each BHRN within each county or region shall meet this requirement.

(A) Referral to all requested and appropriate services shall be made at the time the screening is completed.

(B) Supportive services shall be offered to individuals waiting for services that are not readily available.

(C) Services shall be offered face-to-face or through telehealth. The modality shall be based on the needs and preference of the individual as well as any safety concerns identified by the individual or the BHRN.

(b) Comprehensive behavioral health needs assessment, including a substance use disorder screening by a certified alcohol and drug counselor or other credentialed addiction treatment professional;

(A) A comprehensive behavioral health needs assessment shall be provided within 24 hours of an individual's first

contact with the BHRN or statewide telephone line.

(B) For substance use disorder services, each assessment shall be consistent with the dimensions described in the ASAM and shall document a diagnosis and level of care determination consistent with the DSM and ASAM.

(C) When co-occurring substance use, gambling disorder, mental health disorders, or any risk to health and safety are determined, BHRN shall document the finding and provide appropriate referral for further assessment, planning, and intervention by an appropriate professional.

(c) Peer delivered outreach, supports, mentoring, and recovery services.

(d) Harm reduction services, information, and education. Individuals shall be offered a referral for Hepatitis, HIV, STI, and Tuberculosis (TB) testing, vaccine, or care services if necessary.

(e) Low-barrier substance use disorder treatment.

(A) Individuals using substances intravenously shall be offered interim referrals or information to immediately reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of overdose and the transmission of disease.

(B) Minimum interim referral and information services shall include:

(i) Counseling and education about blood borne pathogens including Hepatitis, HIV, STIs, and TB; the risks of needle and paraphernalia sharing; and the likelihood of transmission to sexual partners and infants;

(ii) Counseling and education about steps that can decrease the likelihood of Hepatitis, HIV, STI, and TB transmission;

(iii) Offering to pregnant individuals counseling on blood borne pathogen transmission, as well as the effects of alcohol, tobacco, and other drugs use on the fetus. Referral to prenatal care shall be offered; and

(iv) Peer delivered supports, mentoring, and recovery services that address parenting and youth in transition support, as indicated.

(f) Flexible and low barrier transitional and supportive housing for individuals with substance use disorders.

(A) BHRNS shall provide housing options that serve populations at all points on the substance use continuum. BHRNS shall provide gender affirming housing options including responsive housing and shelter options for those who are transgender, gender-nonconforming, and intersex. Family housing options shall be made available.

(B) BHRNS shall offer all of the following types of rental assistance: assistance for fair market rate and privately held housing, assistance attached to a development, and assistance attached to wrap around services. BHRNS or applicants may also propose in their funding applications to offer other, innovative types of rental assistance in addition to these following:

(i) Single family and multifamily housing development;

(ii) Barrier busting assistance, including deposit funds, repairs, and landlord incentives; and

(iii) Mobile units, camping equipment, and campsites

(C) Planning shall assess supports that individuals need to maintain housing, health, and recovery. This includes planning and remediation steps for those experiencing relapse in abstinence-only living environments.

(g) Partnerships and clear referral pathways to the following services:

(A) Employment, training and education, expungement services;

(B) Family counseling, parenting, and childcare;

(C) Youth services;

(D) State and federal public benefits such as the Oregon Health Plan, supplemental Nutrition Assistance Program (SNAP), and Temporary Aid for Needy Families (TANF);

(E) Assistance to address food insecurity;

(F) Coordination with other local, county, and state agencies as appropriate, such as social services, child welfare, or corrections;

(G) Referral and coordination with agencies providing services to those who have experienced physical abuse, sexual abuse, or other types of domestic violence; and

(H) Primary care services, including primary pediatric care and immunizations for children of those seeking care.

(4) BHRNs shall maintain adequate staffing to provide the required services and supports to individuals in the BHRN's

county or region. A minimum staffing requirement for each BHRN shall be at least one qualified service provider within each of the following categories:

(a) Certified alcohol and drug counselor or other credentialed addiction treatment professional;

(b) Case manager;

(c) Certified addiction Peer Support or Peer Wellness Specialist; and

(d) Peer Support and Peer Wellness Specialist Supervision or Peer Delivered Services Supervisor.

(5) Each BHRN shall promptly provide an individual with verification once they have completed a screening. BHRN shall use the approved verification form determined by Oregon Health Authority and shall send verification in the manner prescribed by the Chief Justice of the Supreme Court.

(a) BHRNs shall give individuals an opportunity to sign a release of information that shall both:

(A) Authorize the BHRN to send the verification form to the Oregon Health Authority (OHA) or its contractor, and

(B) Authorize OHA or its contractor to forward the verification form to the court in their case, in a manner prescribed by the Chief Justice of the Supreme Court.

(b) BHRNs shall operate in a manner that honors tribal sovereignty and self-determination.

STATUTORY/OTHER AUTHORITY: Ballot Measure 110 (2020), SB 755 (2021)

STATUTES/OTHER IMPLEMENTED: Ballot Measure 110 (2020), SB 755 (2021)

ADOPT: 944-001-0030

RULE TITLE: Formation of Behavioral Health Resource Networks and Funding for Behavioral Health Resource Networks

RULE SUMMARY: Describes application process for Behavioral Health Resource Networks, grants, and funding

RULE TEXT:

(1) Organizations, local governments, the Nine Federally Recognized Tribes of Oregon, and the Urban Indian Health Program may seek to establish a Behavioral Health Resource Network and are eligible to apply through an application process designated by the Oversight and Accountability Council. Organizations, local governments, the Nine Federally Recognized Tribes of Oregon, and the Urban Indian Health Program may seek participation in a BHRN by:

(a) Applying as a pre-established service provider or network of service providers that cover all of the required services outlined in SB 755, Section 2(2)(d) and in these rules;

(b) Applying as a partial network of service providers that cover some of the required services under SB 755, Section 2(2)(d) and in these rules, and seeking additional funding or partnerships to cover all the services; or

(c) Applying as a single service provider that covers one or more of the required services in SB 755, Section 2(2)(d) and in these rules, seeking to be part of a BHRN.

(2) The applicants may identify in their applications how they intend to partner with other entities to provide the services. The Oversight and Accountability Council and the Oregon Health Authority may facilitate collaboration among the applicants.

(3) Within a timeframe specified by the Oregon Health Authority, applicants who propose to form a BHRN, or partial BHRN, with other service providers, shall have a Memorandum of Understanding (MOU) or written agreement with the other service providers specifying their respective roles and responsibilities to meet each requirement of funding. The MOUs shall detail workflows that ensure uninterrupted and seamless service delivery for all individuals. MOUs shall specify processes and procedures that ensure tightly linked referral pathways, service capacity monitoring, and the use of peers to facilitate their entire service delivery.

(4) Through the application process and funding opportunity, the Oversight and Accountability Council shall disburse funds so individuals in each county have access to at least one BHRN.

(5) The Oversight and Accountability Council may provide Access to Care grants and funding to eligible applicants seeking to provide one or more of the services described in SB 755, Section 2(3)(a) or this rule. Applicants may include, but are not limited to, entities not selected to participate in BHRNs, or organizations, local governments, or tribes that have not expressed interest in participating in a BHRN but wish to provide one or more of the services described in SB 755, Section 2(3)(a) or this rule.

(6) The Oversight and Accountability Council shall not award Access to Care grants and funding until after the council has committed funding to BHRNs serving every county in the state.

(7) The Oversight and Accountability Council shall prioritize culturally and linguistically specific services and historically underserved populations in awarding of Access to Care Grants.

STATUTORY/OTHER AUTHORITY: Ballot Measure 110 (2020), SB 755 (2021)

STATUTES/OTHER IMPLEMENTED: Ballot Measure 110 (2020), SB 755 (2021)

ADOPT: 944-001-0040

RULE TITLE: Data collecting and reporting requirements for Behavioral Health Resource Networks and recipients of grants or funds

RULE SUMMARY: Describes data collection and reporting requirements for Behavioral Health Resource Networks and recipients of grants or funds.

RULE TEXT:

(1) Financial recordkeeping and reporting is required as follows:

(a) BHRNs and Access to Care grants and funding recipients shall keep accurate books, records and accounts that are subject to inspection and audit by the Secretary of State Audits Division upon request.

(b) Additional financial reporting shall be followed as outlined in each grant agreement or contract.

(2) Client demographics and client service and support reporting is required as follows:

(a) Each network and recipient shall, at a minimum, collect and report on the following:

(A) Number of clients with substance use disorder receiving services from each network or recipient;

(B) Average duration of client participation and client outcomes;

(C) The number of individuals seeking assistance from the network or recipients who are denied or not connected to substance use disorder treatment and other services, and the reasons for the denials;

(D) The average time it takes for clients to access services and fulfill their individual intervention plan and the reason for any delays, such as waiting lists at referred services;

(E) Whether the average time to access services to which clients are referred, such as housing or medication assisted treatment, has increased or decreased since network or recipient received funding; and

(F) Demographic data on clients served, including self-reported demographic data on race, ethnicity, gender, and age.

Each network or funding recipient shall collect data in accordance with OAR 943 Division 070.

(b) Each BHRN and Access to Care grant or funding recipient will submit a summary of how demographics are collected, including any tools used and the staff person or network entity who will collect the data. The summary shall include justification for the approach.

(c) Additional client, client service, and client outcome reporting requirements shall be followed as outlined in each grant or funding agreement or contract.

(d) Licensed or certified behavioral health treatment providers that are part of a network or a recipient of grants or funds, shall report the entry of all clients on the mandated state data system.

STATUTORY/OTHER AUTHORITY: Ballot Measure 110 (2020), SB 755 (2021)

STATUTES/OTHER IMPLEMENTED: Ballot Measure 110 (2020), SB 755 (2021)