
Oregon's Measure 110 Substance Use Recovery Program

Annual Oregon IPS Supported Employment & Education Statewide Conference

October 27th, 2021

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font, positioned above the "H" in "Health". The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below the "Health" and underlined.

Oregon
Health
Authority

Introductions

Program Manager for Measure 110

- Angela Carter, ND (they/them)

Measure 110 and SB 755

- Ballot Measure 110 was passed by Oregon voters in 2020 with the understanding that drug addiction is a serious public health problem, and thus should be managed through a health-based approach rather than a criminal justice approach.
- The measure decriminalized possession of small amounts of controlled substances, creating Class E fines instead of misdemeanor or felony charges
- The measure also initiated a statewide recovery program.
- During the 2021 Legislative Session, Senate Bill 755 was crafted as the vehicle to implement and refine Ballot Measure 110.

Measure 110

Oversight & Accountability Council

- Measure 110 established a diverse council of individuals with a variety of lived experience of recovery from substance use, work in certified peer support, harm reduction, medical and mental health care service, as well as representatives of the OHA.
- The Council has 3 tri-chairs who lead the OAC meetings, direct the work, and provide community outreach and education
- The council is empowered to create rules to govern the program
- The council is empowered to grant funds from the Drug Treatment and Recovery Services Fund from Cannabis tax funds and other sources to entities across Oregon in order to increase community access to services related to substance use treatment, harm reduction, peer support, and housing and create networks of care

Access to Care Grants

- The Measure 110 Oversight and Accountability Council is empowered to provide Access to Care grants to government, Tribal or community organizational entities so long as the entity increases access to any of the following:
 - **Low barrier substance use treatment**
 - **Peer support and recovery services**
 - **Transitional, supportive, and permanent housing for persons with substance use disorder**
 - **Harm reduction interventions**
 - **Behavioral healthcare workforce supports.**

Access To Care Grants

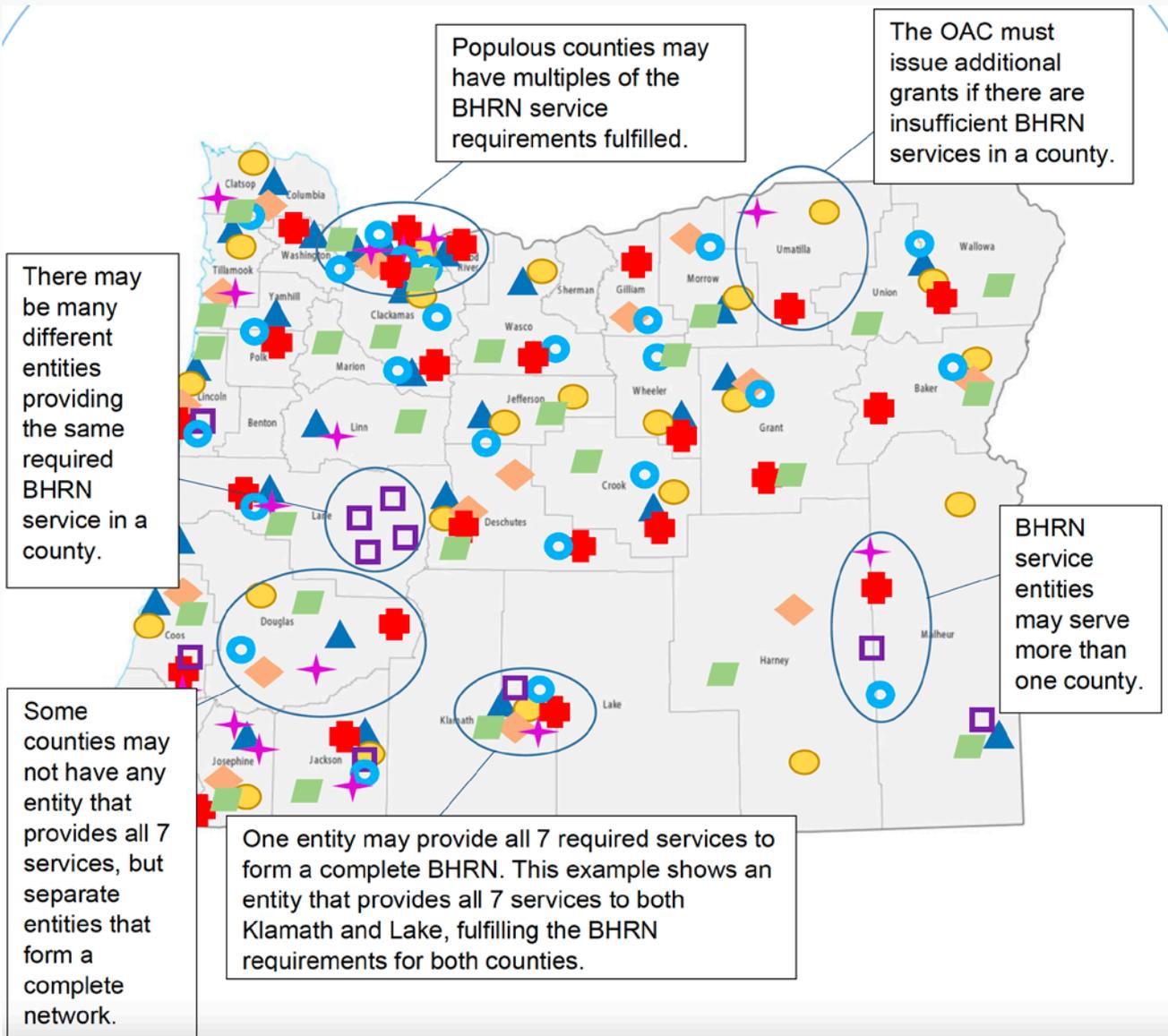
- \$22.3 million granted in 2021 in 2 rounds to 70 entities across Oregon
 - SUD Treatment
 - Peer Support
 - Housing
 - Harm Reduction
 - Supported Employment
 - Provider Technical Assistance
- If money remains after the BHRNs are completely funded, there will be another round of Access to Care Grants in early 2022.
- The 9 federally recognized Tribes may use funds

Behavioral Health Resource Networks

- The Council is also empowered to grant funds to entities to create networks of care for substance use and recovery for each county and Tribal area.
- These Behavioral Health Resource Networks (BHRN's) will be a network of entities or single entity providing specified and unified services related to healthy management of substance use concerns.
- Organizations including nonprofits and private businesses, local governments, the Nine Federally Recognized Tribes of Oregon, and the Urban Indian Health Program may establish a BHRN and are eligible to apply for funding through the Oversight and Accountability Council
- The OAC and the OHA will fund and support the establishment of at least one complete BHRN per county by the first quarter of 2022.

Behavioral Health Resource Networks (“BHRNs”)

- Minimum service requirements:
 - Screenings for health and for services needed
 - Assessments for substance use disorder
 - Intervention planning
- Peer delivered services
- Low barrier substance use disorder treatment
- Transitional and supportive housing
- Harm reduction services



Behavioral Health Resource Networks (“BHRNs”)

- BHRNs will provide Low-Barrier Substance use disorder treatment and services, and will be asked to be accountable to the following:
- Trauma-informed services regardless of active use;
- Culturally and linguistically specific services;
- Little to no waiting to obtain treatment services with access to treatment services available within 48 hours after an individual obtains a screening;
- Harm reduction approach, including the immediate goal of improving quality of life and protecting against loss of life;
- Individualized treatment
- Unique recovery trajectories that are personal to each individual and are not dictated by treatment providers;
- Treatment and service is provided without appointment requirement, regardless of an individual’s ability to pay or insurance coverage, and regardless of criminal history, state residency or citizenship status;
- Transportation barriers are addressed, facilitating access to treatment, services and supports;
- Minimal or eliminated travel between multiple service providers

Behavioral Health Resource Networks (“BHRNs”)

- The OAC will distribute funding to ensure access to **historically underserved populations**. The BHRNs will have detailed policies on how they will offer:
 - Culturally and Linguistically Specific Services;
 - Culturally and Linguistically Responsive Services;
 - Accessibility for People with Intellectual and Developmental Disabilities;
 - Accessibility for People with Physical Disabilities;
 - Gender Affirming and Responsive Care;
 - LGBTQIA2S+ Affirming and Inclusive Services;
 - Youth Friendly and Inclusive Services;
 - Patient Centered and Non-Stigmatizing Services, including on use of person-first, non-stigmatizing language;
 - Trauma informed engagement and care;
 - Services for parents with young children

Pathway through the BHRNs

- A person found by law enforcement to have small quantities of scheduled substances receives a Class E violation: a fine, of \$45-\$100
- If an individual completes a screening through a BHRN screener within **45 days** of receiving a ticket, and submits verification, the E violation is dismissed by the court.
- A person may also complete any equivalent or more intensive treatment contact and provide proof to the court to get their ticket dismissed.
- Youth with an E violation shall be directed through the juvenile system and be permitted to enter into formal accountability agreements.

Pathway through the BHRNs

- After assessment, a person may opt to receive an individual intervention plan outlining their pathway to treatment and recovery.
- Referrals are then offered to other nodes of the local BHRN as needed or to service providers outside the BHRN to access appropriate, holistic, and culturally responsive and specific services and treatment.
- Referral services to include but not limited to health care, housing, employment and training, childcare and other applicable services and supports

Lines for Life

- People who receive a class E fine may also call 503-575-3769 or 541-575-3769 24/7 to reach Lines for Life, the only currently state-approved center for screening assessment for SUD, and have the fee waived in court.
- Clients may receive an assessment through the line, then receive referrals for treatment and resources for holistic recovery support as requested.
- There is not a requirement for treatment to have the fee waived

Behavioral Health Resource Networks: Grants

- Grants process will begin in early November, the OAC has completed building the RFGP
- The OAC will devote the remaining 2021-23 biennium budget to funding the BHRNs
- through November OHA is accepting BHRN grant proposals from individual entities, partial networks, or complete networks
- The OAC will review and score all applications and may ask that entities providing complementary services within a county or Tribal area collaborate to create the BHRN for the area
- A MOU between each entity in the BHRN must be established by the time funds are awarded, but is not required to apply

Supported Employment

- SB755 includes a requirement for referral to supported employment services as a part of the screening and individual intervention plan
- Referral for expungement services is also required when appropriate
- Workforce expansion to provide culturally and linguistically specific and responsive services statewide is a big priority for the OCA and OHA
- Grant funds may be used for workforce expansion and training
- Peer supported services is also a priority in M110

Supported Employment

- How can the OHA assist in increasing workforce and access to training to meet the requirements of M11/SB755?
 - Creating a path for Peers to enter the workforce from the BHRNs
 - Creating partnership between IPS and other job training resources and the BHRNs for appropriate referral in each county and Tribal area
 - What else?

Questions?

- Contact: Angela Carter, ND
- Program Manager for Measure 110 with the OHA
- Angela.M.Carter@dhsoha.state.or.us
- Cell: (503) 508-6604