

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



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## Purpose & Scope

The 2025-29 grant launches a new meaningfully enabled BHRN/M110 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 BHRN/Measure 110 funds.

## BHRN Grantee Tool for Quarterly Reporting

To support accurate and timely reporting in Submittable, the BHRN/Measure 110 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.

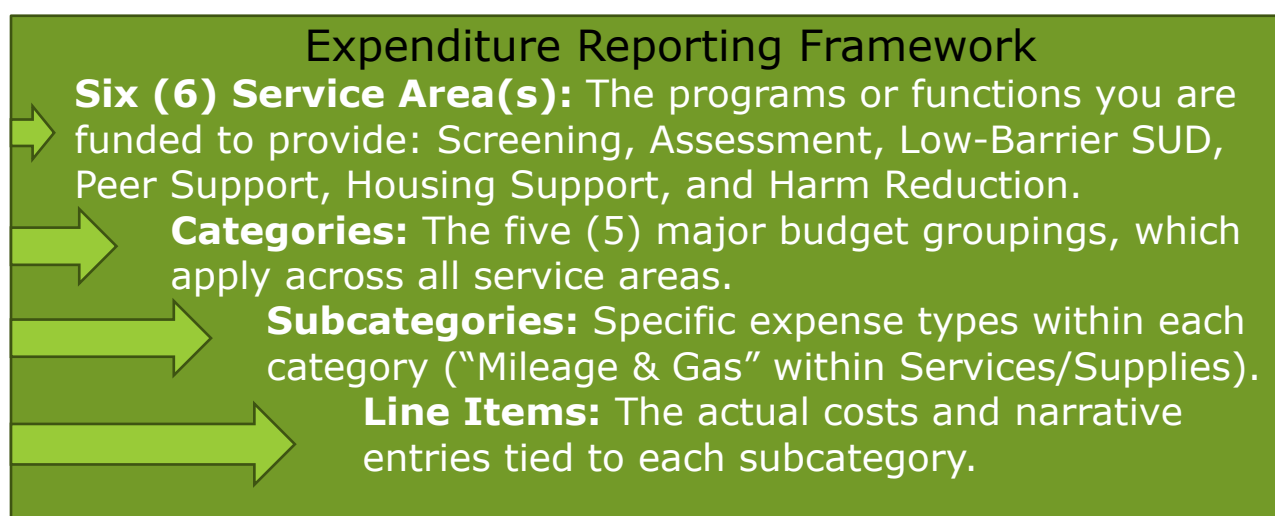
This [BHRN Quarterly Template](#) is not a required submission document but is a highly recommended internal tracking tool. It will help reduce reporting errors, support internal audits, and streamline communications with your grant administrator. Grantees may also use this tool to prepare their staff 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.



### 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) BHRN 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 funds are meaningfully enabled by BHRN/Measure 110, 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 has the same reporting categories and subcategories. The tables below describe the standard metrics and definitions for Services & Supplies.

| Subcategory<br>(Data Dictionary ID) | Description<br>(Allowable)                                                                                                                                                                                                                         | Description<br>(Limitations)                                                                                                                    |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Mileage & gas<br>(S&S2-3)           | <ul style="list-style-type: none"> <li>• Mileage reimbursement for staff using personal or agency vehicles for service delivery.</li> <li>• Use the federal reimbursement rates.</li> <li>• Mileage should be tracked &amp; documented.</li> </ul> | <b>Do not include:</b> <ul style="list-style-type: none"> <li>• vehicle maintenance,</li> <li>• leasing,</li> <li>• insurance costs.</li> </ul> |

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| Subcategory<br>(Data Dictionary ID)                          | Description<br>(Allowable)                                                                                                                                                                                                                                    | Description<br>(Limitations)                                                                                                     |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Program space and operational expenses<br>(S&S4-5)           | <ul style="list-style-type: none"> <li>Rent and utilities for offices, drop-in centers, or other service locations.</li> <li>Advertising &amp; branded outreach, if not client-facing. Office supplies, not technology related.</li> </ul>                    | <b>Do not include:</b> <ul style="list-style-type: none"> <li>Food</li> <li>Technology related</li> <li>Printers</li> </ul>      |
| Professional services<br>(S&S6-7)                            | <ul style="list-style-type: none"> <li>Bookkeeper</li> <li>Accountant</li> <li>Auditor</li> <li>Insurance</li> <li>Payroll</li> <li>Janitorial</li> </ul>                                                                                                     | Must support program operations but <b>do not include</b> client services or subcontractors.                                     |
| Narcan/Naloxone<br>(S&S8-9)                                  | Purchase of Naloxone kits and related distribution supplies.                                                                                                                                                                                                  |                                                                                                                                  |
| Translation, Interpretation, Language services<br>(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.<br>(S&S12-13)                      | <ul style="list-style-type: none"> <li>Urine Analysis (UA), lab supplies</li> <li>Lab fees</li> <li>Medications</li> <li>Other medical supplies</li> </ul>                                                                                                    |                                                                                                                                  |
| Technology<br>(S&S14-15)                                     | <ul style="list-style-type: none"> <li>Phone, tablets, or computers used for service delivery or coordination.</li> <li>Electronic Health Records (EHR) systems and licensing.</li> <li>Subscriptions and platforms (e.g., Zoom, Microsoft office)</li> </ul> |                                                                                                                                  |
| Other<br>(S&S16-17)                                          | Misc. (e.g., food for meetings & team building)                                                                                                                                                                                                               | Narrative Required                                                                                                               |
| Program space maintenance.<br>(S&S18-19)                     | <ul style="list-style-type: none"> <li>Repairs to facilities used for M110 funded services</li> <li>Furniture</li> <li>Appliances</li> <li>Light maintenance (e.g., plumbing, paint)</li> </ul>                                                               | <b>Do not include:</b> <ul style="list-style-type: none"> <li>Renovations</li> <li>Remodels</li> <li>New construction</li> </ul> |

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| Subcategory<br>(Data Dictionary ID)           | Description<br>(Allowable)                                                                                                                                                                                                                                                                        | Description<br>(Limitations)                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               | <ul style="list-style-type: none"> <li>• "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.</li> </ul>                                                                       | <b>Does Not include Major Alterations:</b> "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<br>(S&S20-21)             | <ul style="list-style-type: none"> <li>• Repairs</li> <li>• Oil changes</li> <li>• Tire replacement</li> <li>• Upkeep for service vehicles</li> <li>• Insurance or lease payments (actively used in service delivery)</li> </ul>                                                                  | <b>Do not include:</b> <ul style="list-style-type: none"> <li>• Purchase of vehicles</li> </ul>                                                                                                                                                                                                                                                                                                                                                         |
| Legal – client assistance<br>(S&S22-23)       | <ul style="list-style-type: none"> <li>• Expungement (e.g., filing fees, court costs)</li> <li>• Legal deflection or reentry services</li> <li>• Contracted legal providers directly serving clients</li> </ul>                                                                                   | Only report if legal services are a funded part of your grant                                                                                                                                                                                                                                                                                                                                                                                           |
| Basic Needs – client assistance<br>(S&S24-25) | <ul style="list-style-type: none"> <li>• Hygiene kits</li> <li>• First aid supplies</li> <li>• Personal care items</li> <li>• Food/clothing</li> <li>• Prepaid phones</li> <li>• Bus passes/transportation services</li> <li>• Employment-related supplies (e.g., work boots, ID fees)</li> </ul> | Must directly support client engagement and retention.                                                                                                                                                                                                                                                                                                                                                                                                  |

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| Subcategory<br>(Data Dictionary ID)        | Description<br>(Allowable)                                                                                                                                                                        | Description<br>(Limitations)                                               |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Direct service subcontractor<br>(S&S26-27) | Subcontractors providing direct client services.<br>Examples: <ul style="list-style-type: none"> <li>• Peer-run agencies</li> <li>• Housing case managers</li> <li>• SUD/MAT providers</li> </ul> | <b>Do not include:</b><br>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<br>(Data Dictionary ID)               | Subcategory                        | Line-Item Description                                                             |
|--------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------|
| Screening, Assessment, & SUD<br>(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)<br>(S&S30-31)      | MAT Services & Supplies            | Medications, subcontracted MAT providers, labs, etc.                              |
| Low Barrier Substance Use Treatment (SUD)<br>(S&S32-33)      | Medical beds                       | Withdrawal management, partial hospitalization, sobering center                   |
| Peer Counseling & Support, SUD, Harm reduction<br>(S&S34-35) | Contingency Management             | Incentives, gift cards, group activities, etc.                                    |
| Peer Counseling & Support, SUD, Harm reduction<br>(S&S36-37) | Sexual Health & Disease Prevention | STD Testing Kits, Condoms, Safe Sex Kits, Educational Materials                   |
| Peer Counseling & Support, SUD, Harm reduction<br>(S&S38-39) | Substance Use Safety Supplies      | Syringes, safe smoking kits, Fentanyl/Xylazine test strips, vending machines      |

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| Specific Service Areas<br>(Data Dictionary ID) | Subcategory                       | Line-Item Description                                         |
|------------------------------------------------|-----------------------------------|---------------------------------------------------------------|
| Peer Counseling & Support<br>(S&S40-41)        | Community building                | Recovery groups, events, peer spaces, family activities       |
| Housing<br>(S&S42-43)                          | Program Costs                     | Org-owned housing, utilities, maintenance, supportive housing |
| Housing<br>(S&S44-45)                          | Motel Vouchers                    | Total amount of motel vouchers                                |
| Housing<br>(S&S46-47)                          | 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<br>(Data Dictionary ID)                                                                         | Description<br>(Allowable)                                                                                                                                                           | Description<br>(Limitations)                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Direct service personnel<br>(PC1-2)                                                                         | <ul style="list-style-type: none"> <li>• CRM</li> <li>• CADAC</li> <li>• RN</li> <li>• PSS</li> <li>• PWS</li> <li>• QMHA/QMHP</li> </ul>                                            | 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.<br>(PC3-4) | <ul style="list-style-type: none"> <li>• Manager</li> <li>• Executive Director</li> <li>• BHRN Coordinator</li> <li>• Data Collection</li> <li>• IT Support</li> <li>• HR</li> </ul> | 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<br>(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<br>(Data Dictionary ID) | Description<br>(Allowable)                                                                                                                 | Description<br>(Limitations)                           |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Training<br>(TC1-2)                 | <ul style="list-style-type: none"> <li>Continuing Education (CEU)</li> <li>Certification/recertification</li> <li>Team building</li> </ul> | Do not include food costs associated with trainings.   |
| Conferences<br>(TC3-4)              | <ul style="list-style-type: none"> <li>Conferences</li> <li>Travel</li> <li>Lodging</li> </ul>                                             | Do not include food costs associated with conferences. |
| Other<br>(TC5-6)                    | <ul style="list-style-type: none"> <li>Misc.</li> <li>Food for events &amp; team building</li> </ul>                                       | 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<br>(Data Dictionary ID) | Description<br>(Allowable)    | Description<br>(Limitations)               |
|-------------------------------------|-------------------------------|--------------------------------------------|
| Purchased vehicle(s)<br>(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. Include all meaningfully enabled by BHRN/M110 funds directed towards administrative costs.

| Subcategory<br>(Data Dictionary ID) | Description<br>(Allowable)                                                                                                                                                                                                                                                                                                                                                                            | Description<br>(Limitations)                                                                                                                                                                 |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Administrative Costs<br>(AC1-2)     | Admin (Indirect) charges are general operating costs that are meaningfully enabled by BHRN/M110 funded service areas but cannot be directly linked to a specific activity or line item. These may include: <ul style="list-style-type: none"> <li>• shared administrative salaries.</li> <li>• rent, utilities.</li> <li>• technology infrastructure that benefits multiple service areas.</li> </ul> | Admin (Indirect) costs have no minimum but have a <b>maximum of up to 10%</b> of the total Not-to-Exceed ( <b>NTE</b> ) grant award. Must not duplicate any direct costs reported elsewhere. |

## Staff and Provider Data – All Service Areas

Meaningfully enabled BHRN/M110 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 on 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 BHRN/M110 grants?"

### Example:

*If 5.50 FTE is reported for CADAC, this may represent four full-time staff members ( $1.0 \times 4 = 4.0$  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 members' role, any changes in FTE, and their contribution to the meaningfully enabled by BHRN/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<br>(Data Dictionary ID)                         | Description                                                                                                                                                                 | Line-Item Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Direct Client Service Personnel<br>(DS1–30)                 | Direct Service positions are those directly serving clients. These positions need to be specifically tracked for compliance.                                                | <ul style="list-style-type: none"> <li>• Certified Alcohol &amp; Drug Counselor (CADC)</li> <li>• Certified Recovery Mentor (CRM)</li> <li>• Peer Support Specialist (PSS)</li> <li>• Peer Wellness Specialist (PWS)</li> <li>• Case Manager</li> <li>• PWS or PSS Supervisor</li> <li>• Housing support</li> <li>• Harm Reduction staff</li> <li>• Nurse (RN)</li> <li>• Nurse (LPN)</li> <li>• Employment Support staff</li> <li>• Clinical Supervisor/Manager</li> <li>• Doctor/Clinician/Prescriber</li> <li>• Coordinator/Navigator</li> <li>• Other (Narrative Required)</li> </ul> |
| Non-direct service/<br>administrative staff<br>(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 | <ul style="list-style-type: none"> <li>• Executive Director</li> <li>• Deputy Director</li> <li>• BHRN manager</li> <li>• Grant manager</li> <li>• Other managers</li> <li>• Administrative support</li> <li>• Human Resources staff</li> <li>• Budget and accounting staff</li> <li>• Audit staff</li> <li>• Data Analyst</li> <li>• Other (Narrative Required)</li> </ul>                                                                                                                                                                                                               |



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

## Culturally and Linguistically Specific Services

*"Has your Culturally Linguistically Specific Service status changed from last quarter?"*

According to OAR 944-001-0010 (8) "Culturally and Linguistically Specific Services" means quality substance use prevention, treatment, and recovery supports and services that are designed specifically for a distinct minoritized cultural community, developed based on the languages used and cultural values of the distinct minoritized cultural community and designed to elevate their voices and experiences, and that have the aim of enhancing emotional safety, belonging, and a shared collective cultural experience for healing and recovery among the distinct cultural community served. These services are primarily led and staffed by people that have extensive experience working with or being immersed in the same minoritized cultural community they serve or have a history of at least five years primarily serving the specified minoritized cultural community in a behavioral health setting."

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.

## 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.

## Screening Client Count

For this reporting period, please provide client counts for Screening.

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| Subcategory<br>(Data Dictionary ID) | Description                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Screening<br>(S1)                   | <p>Enter the number of clients served that received a screening during this reporting period.</p> <ul style="list-style-type: none"> <li>Response is <b>required</b> if screening was selected Service Area in “areas that you receive grant funds for”.</li> <li>This is for meaningfully enabled by BHRN/M110 funded screenings only.</li> </ul> |

### Assessment Metric

This metric captures the number of clients who received a meaningfully enabled by BHRN/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, meaningfully enabled by BHRN/M110 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<br>(Data Dictionary ID) | Description                                                                                                                                                                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assessment<br>(A1)                  | <p>ORS 430.389 2(d)(B) a substance use disorder screening by a certified alcohol and drug counselor or other credentialed addiction treatment professional.</p> <p>The assessment shall prioritize the self-identified needs of a client.</p> |

### Low Barrier SUD Treatment Client Count

For this reporting period, please provide client counts for SUD.

| Subcategory<br>(Data Dictionary ID) | Description                                                                                                                                                                                                                                                                                         |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Low-Barrier SUD Treatment<br>(SD1)  | <p>Enter the number of clients served that received a Low-Barrier SUD Treatment during this reporting period.</p> <ul style="list-style-type: none"> <li>Response is <b>required</b> if Low-Barrier SUD Treatment was selected Service Area in “areas that you receive grant funds for”.</li> </ul> |

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| Subcategory<br>(Data Dictionary ID) | Description                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
|                                     | <ul style="list-style-type: none"> <li>This is for meaningfully enabled BHRN/M110 funded Low-Barrier SUD Treatment only.</li> </ul> |

### 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 meaningfully enabled BHRN/M110 funded service areas.

| Subcategory<br>(Data Dictionary ID)                                                     | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How many clients did you provide Harm Reduction services to? <i>(required)</i><br>(HR1) | Number of unique individuals that your organization provided harm reduction services to during this reporting period.                                                                                                                                                                                                                                                                                                                                                                                                       |
| Total Units of Naloxone<br><i>(required)</i><br>(HR2)                                   | <p>A unit of Naloxone refers to one complete dose of Naloxone that is ready for distribution or use.</p> <ul style="list-style-type: none"> <li>One single-dose intranasal spray (Narcan® 4mg spray)</li> <li>One single-dose intramuscular vial with an accompanying syringe (when distributed together as a kit)</li> <li>One auto-injector device</li> </ul> <p><b>Count each individual dose as one unit,</b> regardless of the format or brand. If a kit contains two doses, that should be reported as two units.</p> |
| Safer use and wound care supplies <i>(required)</i><br>(HR3)                            | <p>Supplies that reduce the risk of:</p> <ul style="list-style-type: none"> <li>disease transmission</li> <li>soft tissue injury</li> <li>other harms related to substance use.</li> </ul> <p>This includes the number of:</p> <ul style="list-style-type: none"> <li>safer use supplies</li> <li>sterile syringes</li> <li>cottons</li> </ul>                                                                                                                                                                              |

## BHRN SUBMITTABLE REFERENCE GUIDE

| Subcategory<br>(Data Dictionary ID)                                          | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                              | <ul style="list-style-type: none"> <li>sterile water</li> <li>alcohol swabs</li> <li>and tourniquets</li> <li>basic wound care (band-aids, antibiotic ointment)</li> <li>supply kits (two or more wound care supplies)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                              |
| Substance use-related infectious disease screening<br>(required)<br>(HR4)    | <p>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:</p> <ul style="list-style-type: none"> <li>HIV</li> <li>Hepatitis B or C</li> <li>sexually transmitted infections (STIs),</li> <li>tuberculosis</li> <li>COVID-19.</li> </ul> <p>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.</p> |
| Drug checking supplies<br>(required)<br>(HR5)                                | <p>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.</p> <p>Number of unit/strip:</p> <ul style="list-style-type: none"> <li>Test strips</li> <li>Reagent kits</li> <li>Urine test strips</li> </ul> <p>All drug checking supplies are provided at no cost within meaningfully enabled BHRN/M110 funded programs and may evolve to address emerging risks in the drug supply.</p>                                                                                                           |
| Information and education about harm reduction services. (required)<br>(HR6) | <ul style="list-style-type: none"> <li>Printed materials</li> <li>verbal guidance</li> <li>outreach conversation encounters</li> <li>peer-led education increases awareness of harm reduction strategies.</li> </ul> <p>Topics may include:</p> <ul style="list-style-type: none"> <li>overdose prevention</li> <li>safer use practices</li> <li>infection prevention</li> <li>stigma reduction</li> <li>how to access available harm reduction services.</li> </ul>                                                                                                                                                                           |

## BHRN SUBMITTABLE REFERENCE GUIDE

| Subcategory<br>(Data Dictionary ID)                                                                                                           | Description                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                               | Count each encounter as 1 service, if multiple items from the list above are provided in an encounter.                                                                                                                                                                                                                                                                                                 |
| Referrals for Hepatitis, HIV, STI, COVID-19, and Tuberculosis (TB) testing, vaccine, or other healthcare services. <i>(required)</i><br>(HR7) | Number of referrals for: <ul style="list-style-type: none"> <li>• testing</li> <li>• vaccination</li> <li>• treatment</li> <li>• healthcare services/medical care for communicable diseases often linked to substance use.</li> </ul> Number of individual referrals may be made directly, through written materials, or electronically, and aim to ensure timely access to essential health services. |
| How many units of Naloxone did you distribute directly to people most at risk of overdose? <i>(required)</i><br>(HR8)                         | Includes clients actively using substances or known to be at high risk based on outreach, assessment, or harm reduction engagement. Each <b>single-dose kit or device</b> counts as <b>one unit</b> . If a kit contains two doses, that should be reported as two units.                                                                                                                               |

### 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<br>(Data Dictionary ID)                                               | Description                                                                                                                                        |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| How many unique clients did you work with this Quarter? <i>(required)</i><br>(P1) | Count each client <b>only once per quarter</b> , who have worked with BHRN/M110 funded staff, regardless of how many times they received services. |

| Subcategory<br>(Data Dictionary ID)                                                                                                                                 | Description                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| "If you provide Peer Support services, how many clients that you are working with have engaged with your organization 3+ times this quarter?"<br>(required)<br>(P2) | Count the number of unique Peer Support clients who received services from your organization three or more times during the reporting quarter. |

## Housing Client Count

For this reporting period, please provide client counts for Housing.

| Subcategory<br>(Data Dictionary ID) | Description                                                                                                                                                                                                                                                                                                |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Housing<br>(H1)                     | Enter the number of clients served that received Housing during this reporting period. <ul style="list-style-type: none"> <li>Response is <b>required</b> if Housing was selected Service Area in "areas that you receive grant funds for".</li> <li>This is for BHRN/M110 funded Housing only.</li> </ul> |

## Virtual Telehealth

This metric captures how many clients accessed services through telehealth or virtual platforms funded by BHRN/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<br>(Data Dictionary ID)                                                                                            | Description<br>(Allowable)                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How many clients did you service this quarter using meaningfully enabled BHRN/M110 funded telehealth/virtual services?<br>(T1) | Number of clients who received meaningfully enabled <b>BHRN/M110 funded services</b> through <b>telehealth or virtual platforms</b> during the reporting period. This includes video calls, phone-based support, or other remote service formats. Count each client <b>once per quarter</b> , 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<br>(Data Dictionary ID)                                         | Description                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Were clients denied services within your organization this quarter?<br>(D1) | Select either yes or no                                                                                                                                                                                                                                                                                                                     |
| Reasons for Denials                                                         |                                                                                                                                                                                                                                                                                                                                             |
| Safety concerns.<br>(D2)                                                    | Number of clients who were denied services due to safety-related issues—such as: <ul style="list-style-type: none"> <li>• client behavior</li> <li>• environmental risks</li> </ul>                                                                                                                                                         |
| Abstinence requirement is not met.<br>(D3)                                  | Number of clients denied services due to abstinence-based eligibility criteria: <ul style="list-style-type: none"> <li>• required clean time</li> <li>• program rules not aligned with harm reduction</li> </ul> Use only if abstinence is <b>explicitly required</b> by the funded service model.                                          |
| At capacity/no room for new clients<br>(D4)                                 | Number of clients denied services because: <ul style="list-style-type: none"> <li>• program or facility reached maximum capacity</li> <li>• housing full</li> <li>• staff unavailable</li> <li>• waitlist closed</li> </ul>                                                                                                                 |
| Requested service not provided.<br>(D5)                                     | Number of clients who were denied because the service they requested was <b>not offered</b> by your organization under BHRN/M110 funding. May include: <ul style="list-style-type: none"> <li>• housing with pets</li> <li>• housing options for person(s) with children</li> <li>• services outside your approved scope of work</li> </ul> |

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| Subcategory<br>(Data Dictionary ID)                                | Description                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supply constraints.<br>(D6)                                        | <p>Number of clients denied services or supplies due to a <b>shortage of materials</b>, such as:</p> <ul style="list-style-type: none"> <li>• Naloxone</li> <li>• test kits</li> <li>• basic needs items</li> </ul> <p>Include only when lack of supply directly caused the denial.</p>                                  |
| Other reason.<br>(D7-8)                                            | <p>Use this category for any denial that doesn't fit the predefined categories. A brief <b>narrative explanation</b> is required to describe the reason for denial, such as:</p> <ul style="list-style-type: none"> <li>• eligibility issues</li> <li>• documentation gaps</li> <li>• transportation barriers</li> </ul> |
| If denied, how many were referred to another BHRN Partner?<br>(D9) | <p>Number of clients denied services, report how many were referred to another BHRN provider or partner for the requested service.</p>                                                                                                                                                                                   |

## Outreach Metrics

This section captures the impact and reach of your organization's outreach efforts during the reporting period. Grantees must report on the number of individuals who engaged in any meaningfully enabled BHRN/M110 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.

| Updated Outreach Metrics Quarter 4 Launch                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Question                                                                                                                                                                                | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| How many individuals received additional, non-outreach BHRN services as a result of your outreach ( <b>i.e. referrals</b> )? (OS1)                                                      | The revised metric clarifies the outcome being measured by focusing specifically on the number of unique individuals who received non-outreach BHRN services because of outreach. This change improves data consistency, reduces confusion, and allows OHA to more accurately assess when and how outreach efforts connect individuals to additional BHRN services.                                                                                                                                                       |
| For this reporting period, how often did your organization provide any form of outreach? (OS2)                                                                                          | <i>Instructions: (Select one option from below)</i><br>A. 5 times a week or more<br>B. Once a week or more<br>C. Once a month or more<br>D. We did not perform outreach this quarter                                                                                                                                                                                                                                                                                                                                      |
| During this reporting period, how many BHRN-funded outreach encounters has your organization provided where staff delivered <b>direct services</b> to individuals in the field? (OS2.1) | These metric captures outreach activities where staff directly interact with individuals to raise awareness of BHRN services and connect people to potential future care (e.g., event booths, community education, referrals, or scheduling services). <b>An encounter with one person should only count for one category.</b> Please use your best judgement of where to enter each encounter. These encounters focus on engagement and recruitment and are distinct from direct service delivery. Includes current list |

## BHRN SUBMITTABLE REFERENCE GUIDE

| Question                                                                                                                                                                                         | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                  | of locations and types of outreach checkboxes. See Location and Type Subcategories below*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| During this reporting period, how many BHRN-funded outreach encounters has your organization provided focused on <b>promoting or recruiting</b> individuals to receive BHRN services?<br>(OS2.2) | These metrics capture outreach activities that support awareness of BHRN services without direct interaction with individuals (e.g., distributing materials, media campaigns, community postings, or partner communications). These efforts help expand visibility and access to services but do not involve direct service delivery. Includes current list of locations and types of outreach checkboxes. <b>An encounter with one person should only count for one category.</b> Please use your best judgement of where to enter each encounter.<br>See Location and Type Subcategories below* |

### Location of Outreach

| Subcategory<br>(OS2.1.1)           | Description                                                                                                                                                                                                                    |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| On the street or in camps          | Outreach conducted in: <ul style="list-style-type: none"> <li>• public spaces</li> <li>• encampments</li> <li>• sidewalks</li> <li>• areas where unsheltered individuals reside or congregate.</li> </ul>                      |
| In Jails or Prisons                | Services provided within: <ul style="list-style-type: none"> <li>• correctional facilities</li> <li>• including engagement education</li> <li>• reentry support for currently or recently incarcerated individuals.</li> </ul> |
| In K-12 schools                    | Activities held within elementary, middle, or high school environments to engage youth in: <ul style="list-style-type: none"> <li>• education</li> <li>• prevention</li> <li>• service linkage.</li> </ul>                     |
| In a university or college setting | Outreach conducted on college or university campuses targeting young adults through: <ul style="list-style-type: none"> <li>• tabling</li> <li>• workshops</li> <li>• service referrals</li> </ul>                             |
| In a clinical setting              | Outreach delivered inside or near health care facilities: <ul style="list-style-type: none"> <li>• community clinics</li> </ul>                                                                                                |

## BHRN SUBMITTABLE REFERENCE GUIDE

| Subcategory<br>(OS2.1.1)                   | Description                                                                                                                                                                                                |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | <ul style="list-style-type: none"> <li>hospitals</li> <li>urgent care, often to patients or those awaiting care</li> </ul>                                                                                 |
| At a local event/organized community event | Engagement performed at community-organized events, such as: <ul style="list-style-type: none"> <li>fairs</li> <li>rallies</li> <li>town halls</li> <li>health expos</li> <li>public gatherings</li> </ul> |
| At a community or social service setting   | Services offered in established community hubs where people access basic needs, such as: <ul style="list-style-type: none"> <li>shelters</li> <li>food programs</li> <li>social service offices</li> </ul> |
| Other Location                             | Any outreach site not captured. Providers must briefly describe the setting and its relevance.                                                                                                             |

### Type of Outreach

| Subcategory<br>(OS2.1.2)         | Description                                                                                                                                                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider Informational Materials | Distributed during outreach to raise awareness about available services. <ul style="list-style-type: none"> <li>educational flyers</li> <li>brochures, cards</li> <li>digital content</li> </ul>                   |
| Referrals                        | Direct connections made to additional services, including internal BHRN programs or external partners, based on client needs identified during outreach.                                                           |
| Harm Reduction Supplies          | Distribution of items such as: <ul style="list-style-type: none"> <li>syringes</li> <li>wound care kits</li> <li>safer sex supplies</li> </ul> Other materials to reduce health risks and support safer practices  |
| Basic Needs Supplies             | Items such as: <ul style="list-style-type: none"> <li>hygiene kits</li> <li>blankets</li> <li>clothing</li> <li>personal care supplies</li> <li>materials that support individual dignity and wellbeing</li> </ul> |
| Food                             | Provisions such as: <ul style="list-style-type: none"> <li>meals</li> <li>snacks</li> </ul>                                                                                                                        |

| Subcategory<br>(OS2.1.2)                                                     | Description                                                                                                                                                                                                    |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                              | <ul style="list-style-type: none"> <li>• nutritional support during outreach activities</li> </ul>                                                                                                             |
| Transportation services                                                      | Support such as: <ul style="list-style-type: none"> <li>• bus passes</li> <li>• ride vouchers</li> <li>• coordination of transport to help individuals access services or meet basic needs</li> </ul>          |
| Medical Care                                                                 | Facilitation of on-site or referred healthcare services: <ul style="list-style-type: none"> <li>• wound care</li> <li>• testing</li> <li>• brief medical assessments</li> </ul>                                |
| Peer Support services                                                        | Support provided by certified or trained peer specialists with lived experience who offers: <ul style="list-style-type: none"> <li>• mentorship</li> <li>• resources</li> <li>• recovery navigation</li> </ul> |
| Support navigating other systems (child welfare, DHS, criminal justice etc.) | Assistance connecting to or understanding public systems such as: <ul style="list-style-type: none"> <li>• DHS</li> <li>• child welfare</li> <li>• criminal justice agencies</li> </ul>                        |
| Other Outreach Services                                                      | 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<br>(Data Dictionary ID)                                                                                                            | Description                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please describe systemic or organization <b>successes</b> that occurred this reporting period.<br>(N1)                                         | <ul style="list-style-type: none"> <li>• Improvements in service delivery models</li> <li>• Infrastructure</li> <li>• Interagency collaboration</li> <li>• Outreach methods</li> <li>• BHRN coordination</li> </ul> <b>Do not include client-level information or identifying details</b>           |
| Please describe systemic or organization <b>challenges</b> .<br>(N2)                                                                           | <ul style="list-style-type: none"> <li>• Barriers to implementation</li> <li>• Service coordination issues</li> <li>• Infrastructure or staffing gaps</li> <li>• Challenges related to outreach &amp; engagement</li> </ul> <b>Do not include client-level information or identifying details</b>   |
| Provide any additional information or comments you would like to share.<br>(N3)                                                                | Use this space to document important administrative details not covered elsewhere                                                                                                                                                                                                                   |
| Provide any additional files you would like to share.<br>(N4)                                                                                  | <ul style="list-style-type: none"> <li>• File upload size limit is 400 MB.</li> <li>• Please email your grant administrator if you think your files exceed this limit</li> </ul>                                                                                                                    |
| Provide any additional links to: <ul style="list-style-type: none"> <li>• Videos</li> <li>• Multimedia</li> <li>• Social media</li> </ul> (N6) | You can include: <ul style="list-style-type: none"> <li>• Campaign links</li> <li>• Multimedia</li> <li>• Social media showcasing:               <ul style="list-style-type: none"> <li>❖ Program engagement.</li> <li>❖ Community outreach.</li> <li>❖ Promotional efforts.</li> </ul> </li> </ul> |

## Contact Information

| Contact                                                                                                                         | Description                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Behavioral Health Resource Network (BHRN)<br><a href="mailto:BHRN.grants@odhsoha.oregon.gov">BHRN.grants@odhsoha.oregon.gov</a> | Any questions concerning your grant or other information.<br><br><b>NOTE: Please include your grant agreement number in the subject line of the email.</b> |
| Sean McMahon<br><a href="mailto:Sean.mcmahon2@oha.oregon.gov">Sean.mcmahon2@oha.oregon.gov</a>                                  | ROADS/Submittable questions                                                                                                                                |
| Abbey Stamp<br><a href="mailto:Abbey.stamp@oha.oregon.gov">Abbey.stamp@oha.oregon.gov</a>                                       | Executive Director, Measure 110                                                                                                                            |
| Sahand Kianfar<br><a href="mailto:Sahand.kianfar@oha.oregon.gov">Sahand.kianfar@oha.oregon.gov</a>                              | M110 Program & Council Manager                                                                                                                             |
| Grant Administrator Contacts                                                                                                    |                                                                                                                                                            |
| Liz Fernley                                                                                                                     | <a href="mailto:Liz.fernley@oha.oregon.gov">Liz.fernley@oha.oregon.gov</a>                                                                                 |
| Sydney Gilbert                                                                                                                  | <a href="mailto:Sydney.j.gilbert@oha.oregon.gov">Sydney.j.gilbert@oha.oregon.gov</a>                                                                       |
| Elizabeth Padilla                                                                                                               | <a href="mailto:Elizabeth.m.padilla@oha.oregon.gov">Elizabeth.m.padilla@oha.oregon.gov</a>                                                                 |
| Katie Reichard                                                                                                                  | <a href="mailto:Katie.l.reichard@oha.oregon.gov">Katie.l.reichard@oha.oregon.gov</a>                                                                       |
| Tim Scott                                                                                                                       | <a href="mailto:Timothy.c.scott@oha.oregon.gov">Timothy.c.scott@oha.oregon.gov</a>                                                                         |
| Ariana White                                                                                                                    | <a href="mailto:Ariana.white2@oha.oregon.gov">Ariana.white2@oha.oregon.gov</a>                                                                             |
| Kiely Corti                                                                                                                     | <a href="mailto:Kiely.corti2@oha.oregon.gov">Kiely.corti2@oha.oregon.gov</a>                                                                               |

## 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](#)

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