

Measure 110: Successes, Barriers, and Regional Implementation

Monday 10/09/2023
Seaside, Oregon
CPCCO SUD Summit

Dwight Holton, Lines for Life

Amy Baker, Clatsop Behavioral Health

Rockie Phillips, Tillamook County Public Health

Miriam Parker, Columbia County Mental Health

Introduction to 110 Promise and
Vision vs Reality

1:15

1:20

What went well?

1:40

Close

1:55

2:10

What were the hurdles or barriers?

Where do we go from here?

Promise and Vision vs the Reality



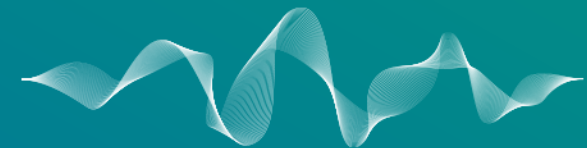
PROMISE



REALITY

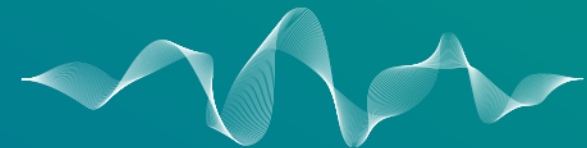
Ballot Measure 110

- Adopted by Voters in November 2020
- Designed to Shift Emphasis to Health Approach to SUD
- Decriminalized possession of narcotics
 - Created ticketing system for civil violations, connection to services through helpline
- Established Drug Treatment and Recovery Services Fund, financed by Cannabis Tax Revenue
- Created Oversight and Advisory Council to Administer Funds
- Created Behavioral Resource Health Networks
 - Designed and intended to meet an array of recovery needs: SUD treatment, peer support and recovery services, housing, harm reduction
- Amended by legislature in 2021 and 2023 to improve administration



BM Citations in Oregon (thru 8/31/23)

- 5992 citations issued
- 4433 ended in conviction
- 3803 based on failure to appear.



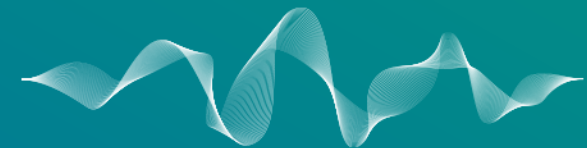
Calls to the BM 110 Line as of Sept 2023

- Total Number of Calls 823
- Completed Assessments: 92
- Connections to Service: 400
- Completed Assessment, no referral: 75
- Completed Assessment/already in services: 55



Circuit Court Cases with Class E Violations by County For Offenses Between 2/1/21 and 08/31/2023

County	Cases	County	Cases	County	Cases
Baker	26	Harney	1	Morrow	6
Benton	290	Hood River	69	Multnomah	930
Clackamas	117	Jackson	777	Polk	82
Clatsop	90	Jefferson	19	Sherman	6
Columbia	16	Josephine	1113	Tillamook	5
Coos	144	Klamath	173	Umatilla	141
Crook	39	Lake	11	Union	39
Curry	17	Lane	213	Wallowa	2
Deschutes	219	Lincoln	108	Wasco	41
Douglas	472	Linn	182	Washington	79
Gilliam	2	Malheur	32	Wheeler	0
Grant	4	Marion	131	Yamhill	301

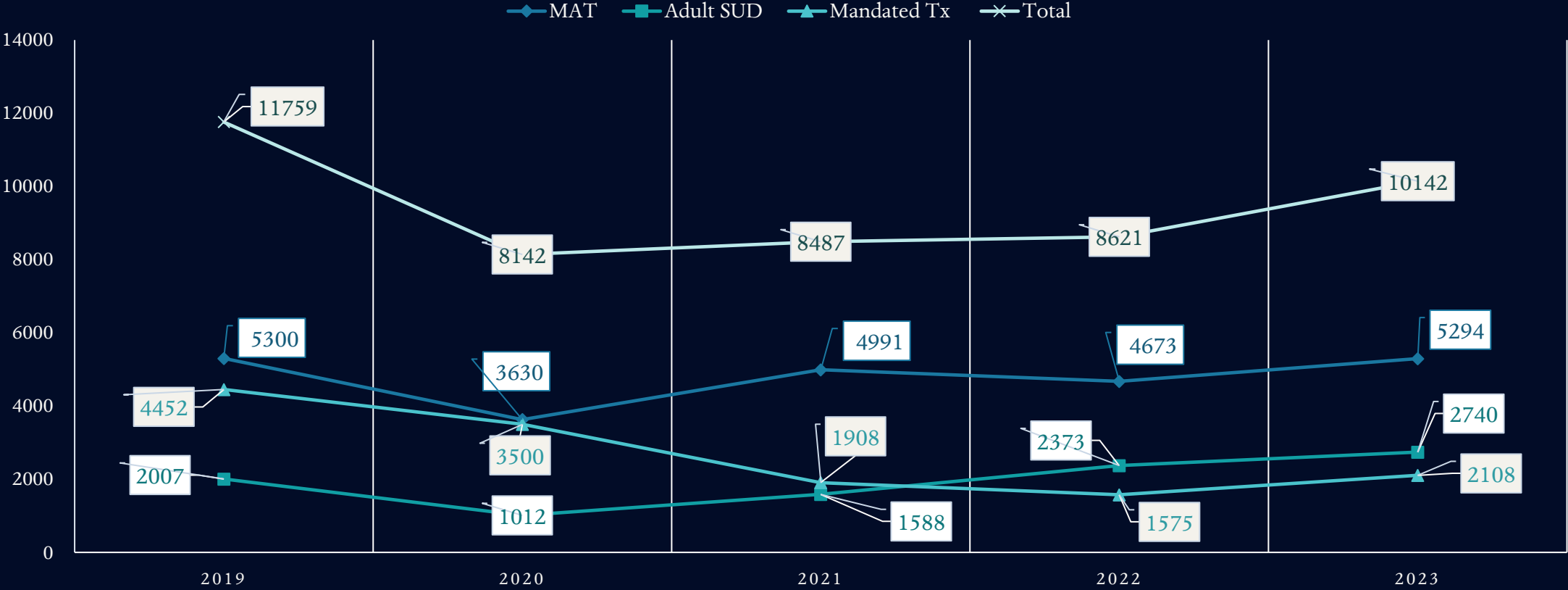


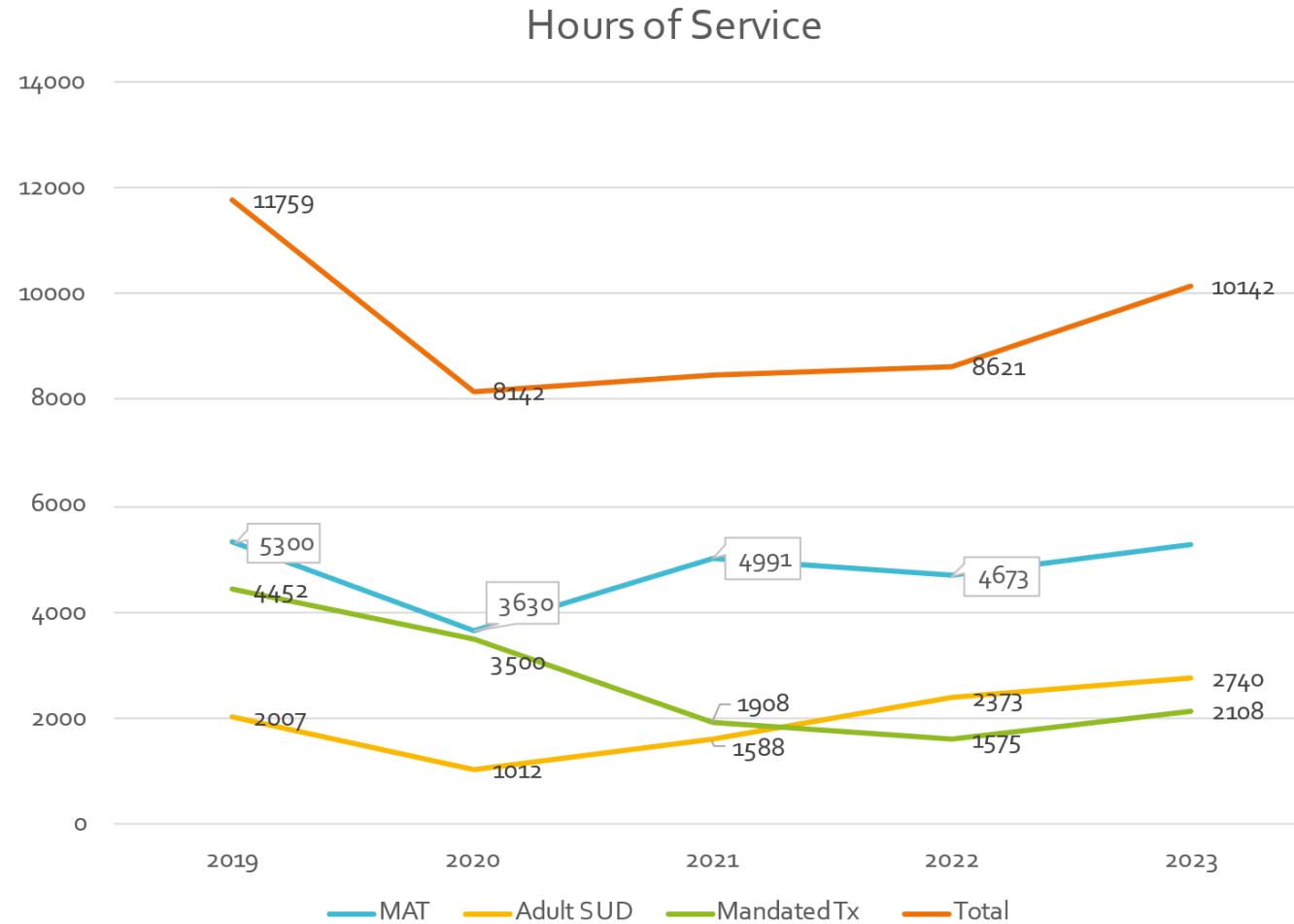


Challenges or
Hurdles

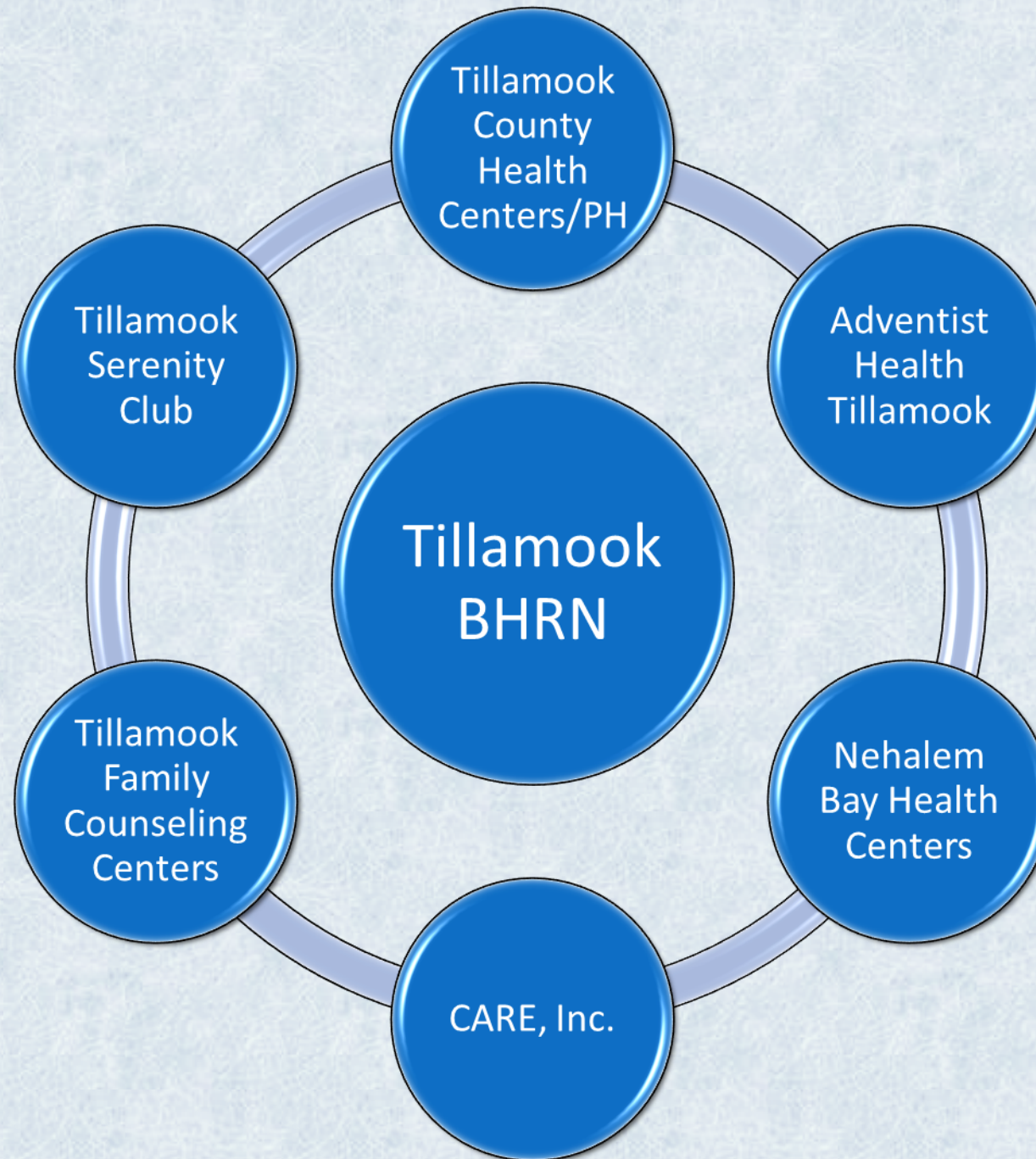
Clatsop Behavioral Healthcare SUD Services

HOURS OF SERVICE





Service Utilization for All SUD Programs



Rockie Phillips, RN, BSN
Public Health Deputy
Director

Tillamook BHRN Challenges

- Finding an appropriate location for shelters-Care
- Vacant Executive Director position-Care
- Recruiting qualified candidates to fulfill grant requirements-NBHC
- Filling vacant positions funded by the BHRN-TCCHC/PH
- Every project has taken longer than expected-TCCHC/PH
- Difficulty filling bilingual/bicultural Peer Support Specialist-TFCC
- Setting up health related social needs screening was more difficult than anticipated-Adventist Health
- Navigating the complexities of implementing new programs into an FQHC; State/Federal requirements, workflows, timing, staffing, workforce shortages-TCCHC/PH
- Ending of funding for OUR Tillamook-the group that was the driving force behind applying for the BHRN and pulling together partners in Tillamook Co.

**COLUMBIA
COUNTY
BHRN**



5 ORGANIZATIONS:



**Boulder
Care**



**Medicine Wheel
Recovery Services**



Youth ERA



**Columbia Community
Mental Health**



**Iron Tribe
Network**

Challenges

- Referral pathways are not solid
- Underutilization of screening and peer services
- BHRN not well integrated with other resources
- Lack a comprehensive plan to educate the community
- Underestimated the admin burden
- We can't out-Narcan the Fentanyl problem

What went well?



Tillamook BHRN Successes Outweigh the Challenges

- Expanding BH team; BH Assistant Manager, BH Clinician, BH Office Specialist, and BH PHPR-TCCHC/PH
- Expanding ability to prescribe Suboxone (100% of TCCHC Providers)-TCCHC/PH
- Implemented daily huddles and improved workflow for SUD treatment and support-TCCHC/PH
- Providing adults in the jail with medications for opioid use disorder free of charge through this funding –Adventist Health
- Supporting people in behavioral health court with needed supplies and contingency management –Adventist health
- Entered a 39-year lease with Tillamook County to provide a shelter location for no- and low- barrier shelters-CARE
- Hired 7 new houselessness peers to provide 24/7 services at the no and low barrier shelters-CARE
- Projected to double the number of shelters and triple the number of beds available for houseless individuals-CARE
- Hired qualified candidate to provide comprehensive behavioral health needs assessments including substance use disorder assessments by certified alcohol and drug counselor-NBHC
- Created or updated policies and procedures with the collaboration of the BHRN partners-NBHC
- Funding allows additional personnel and supplies to enhance recovery group curriculum, education, and outreach materials for more robust treatment individuals with substance use disorders-NBHC

"I would say the biggest benefit of the BHRN grant being given to Tillamook County participants, is the level of collaboration going on. In the past we were all forced to fight for the same dollars. After being awarded this grant we are able to work together to serve the same people. And true partnerships are beginning to form and it is so needed in Tillamook county. There is still work to be done in that regard, but it's better than it ever was. The Serenity Club itself has been able to grow and develop into an agency that is helping so many more people each day. We hope to continue that growth and to continue to provide much needed services to our community. I would say the biggest hardship in dealing with BHRN grant is waiting for information, but truly everyone involved has done a great job at helping us get where we have always wanted and needed to be. We are so grateful."

Tillamook Serenity Club

Funds arrived in
Sept/Oct 2022

Successes:

- Rental assistance started right away
- Transitional Housing property was purchased and operational in the first year
- Supported employment resources immediately available

Successes (continued)

Immediate expansion of Mobile Peer outreach

- Braided funding from M110, OHA, and CPCCO

A variety of services offered:

- harm reduction including syringe services, Narcan, basic wound care
- HIV/Hep C testing and Treatment as part of Prime+/PATH program,
- resource connection: food, tents, clothing, applications for benefits and housing, treatment
- In-person BHRN screenings with connection to clinical assessment within 24 hours
- Jail in-reach
- Narcan trainings for employer and community groups
- Overdose response (informally through peer network, working towards formal partnership with EMS)
- Outreach to houseless individuals at the request of LE, businesses, community members
→ decriminalizing houselessness

Successes (continued)

- Peer outreach available to individuals who have not entered a clinical space or done formal intake! No eligibility criteria, insurance questions, or appointments needed. Just immediate services.
- Operation of a 24/7 BHRN screening line, answered by live Columbia county CRMs. Available even for non-Class E violation screening. One of the few counties in the state to develop this locally

Successes (continued)



Clinical Services

- Expansion of services in historically underserved and nonclinical settings: client homes, jail, vehicles. Lots of flexibility and creativity happening!
- Low barrier/near-instant access MAT and outpatient treatment
- Serving the underinsured: Emphasizing treatment for those with commercial insurance and Medicare who struggle with copays or finding an accessible in-network provider

Successes (continued)

Addressing Social Determinants of Health



Food



Clothing



Shelter



Transportation



Communication
barriers



Community Discussion

What's next? Where do we go from here?



END

Thank you!