

Oregon Health Authority

# Measure 110

# Strategic Data Plan



# CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
<b>INTRODUCTION.....</b>	<b>5</b>
<b>HISTORY AND BACKGROUND .....</b>	<b>6</b>
About Measure 110.....	6
Past Data Challenges.....	6
Current State of Data and Metrics .....	7
<b>FRAMEWORK AND GOALS FOR M110 DATA COLLECTION .....</b>	<b>9</b>
Strategy for Future M110 Data Collection.....	9
Data Infrastructure Modernization .....	12
Conclusion .....	14
<b>APPENDIX .....</b>	<b>15</b>
Appendix A: Current M110 Data Measures Collected Quarterly from BHRN Providers .....	15
Appendix B: Additional Proposed Reporting Measures to Begin July 1, 2025.....	16
Appendix C: Data Plan Key Dates.....	17

# EXECUTIVE SUMMARY

Senate Bill 755 (2021) required the Oregon Secretary of State to issue three real-time audits of the Measure 110 (M110) Program. The second audit recommended that OHA develop a strategic plan with specific M110 outcome metrics and timelines and present it in the 2024 legislative session. OHA created a draft strategic plan specific to outcome metrics and submitted it to the legislature on February 1, 2024. This document presents a finalized version of that plan.

Although the legal framework of M110 was repealed, program investments in Behavioral Health Resource Networks (BHRNs) continue to form the foundation for system transformation – building the county-level integrated services required to improve community behavioral health outcomes and support new deflection models. With the Oversight and Accountability Council’s (OAC) direction, these networks must demonstrate inclusivity of culturally specific services for communities of color, LGBTQIA2S+ and youth. Their focus is a responsive substance use disorder (SUD) system that reduces fatal overdoses, increases service engagement, supports people entering recovery, and aligns with the Alcohol and Drug Policy Commission’s Strategic Plan for Oregon.

**OHA is committed to the continual improvement of the BHRN model and intends to use the Strategic Data Plan set forth in this report to evaluate the effectiveness of M110.** As part of the improvement and push for collaboration, OHA will work with a broader behavioral health system by creating a cross-system workgroup within each county that brings together BHRN partners, Community Mental Health Programs, Certified Community Behavioral Health Clinics, and CCOs to review data from M110 and incorporate it into the overall county or regional level behavioral health reporting. The aim will be to demonstrate a cohesive system that maximizes investments and demonstrates improved behavioral health outcomes.

At the program’s start, M110 focused on collecting qualitative and aggregated quantitative information. OHA began publishing this data in June 2023 and updates the data quarterly on the M110 website on the set of data indicators found in [Appendix A](#).

As the M110 Program continues to mature, data collection will focus on transitioning providers to OHA’s traditional administrative data systems and collecting client-level information. In the February 2024 report, OHA developed strategies to address each challenge in the following way:

- **Goal 1: Convening Culturally Specific Community Advocates, Providers, and BHRNs** – OHA brought together partners to leverage enhanced qualitative and quantitative data that illustrate program outcomes.
- **Goal 2: Grant Reporting Requirements** – As data management needs mature, OHA will strengthen grant reporting requirements for data clarity, incorporating more specific measures.

- **Goal 3: System Impacts** – OHA will work to identify a meaningful way to show the system-wide impacts of M110 investments through continued financial reporting and improved abilities to track M110 clients through different systems of care.
- **Goal 4: Identify Gaps in Data Availability and Reporting** – OHA is working to evaluate gaps in the data being collected as identified through community engagement work and legislative requirements. OHA may recommend legislative updates based on this analysis.

This M110 Strategic Data Plan provides a path forward to collect enhanced data measures to determine outcomes for the program as a whole and service area specific measures, collection of new client-level data through a participant survey, and the use of a new data infrastructure. This plan is further reinforced through OHA's upcoming Request for Grant Applications (RFGA) that reiterates and codifies these expectations. Webinars and technical support for interested applicants will emphasize the need to meet the reporting guidelines so that data collection infrastructure needs can be considered and addressed in their applications.

As we implement this strategic data plan, OHA will continue to collect aggregate quantitative and qualitative measures of evaluation, while working with community and other system partners to refine ways to provide a more holistic picture of M110's effectiveness for communities.

# INTRODUCTION

The [second audit](#), of the M110 program by the Oregon Secretary of State, a financial review, was published in December 2023 and contained the following recommendation:

*Recommendation 1: Develop a strategic plan with specific M110 outcome metrics and timelines and present it in the 2024 legislative session.*

OHA responded as follows:

*Narrative for Recommendation 1: OHA agrees to create and present a draft strategic plan specific to outcome metrics to the legislature in the 2024 session with a finalized version by August 1, 2024. OHA sees this plan as an opportunity to use the experience and knowledge gained over the first 18 months of this grant with our 230 BHRN Partners, and their capacity for data collection. It is OHA's goal to set strategic parameters around data collection, managing expectations around the type of data that is appropriate to collect, modifying our systems to collect data needed for outcomes metrics, and the role administrative burden plays in the provision of service. Due to the timeline of the 2024 legislative session, OHA cannot contract with an outside research expert prior to session, but OHA will consider that recommendation for future work.*

This document is responsive to the audit by providing a final strategic data plan that incorporates participant-level quantitative data, service area outcomes, and overall program outcomes into the existing data strategy.

# HISTORY AND BACKGROUND

## About Measure 110

Measure 110 (M110) was passed by Oregon voters in November 2020, then amended by the Oregon legislature through [SB 755 \(2021\)](#), and again through [HB 2513 \(2023\)](#).

M110, as amended, calls for the Oversight & Accountability Council (OAC) to oversee and approve grants and funding to implement Behavioral Health Resource Networks (BHRNs) in every county in Oregon. A BHRN is an entity or collection of entities that individually or jointly provide a full range of low-barrier substance use disorder (SUD) services and supports, including:

- Screening and assessments
- Low-barrier treatment services
- Harm reduction services
- Peer support services
- Housing, and
- Supported employment.

BHRNs are community driven. With OAC oversight and approval, the local organizations that make up each BHRN determine the specifics of which services are most needed, and how they will be provided, in their county.

Medicaid or insurance pays for most traditional SUD treatment, such as in-patient rehabilitation or out-patient medication-assisted treatment. BHRNs provide services that address the rest of the continuum of care (including low-barrier treatment services in those situations where Medicaid or insurance does not pay), as well as its upstream determinants.

## Past Data Challenges

Two principal data challenges emerged over the first grant cycle of M110:

1. The relevance and appropriateness of certain statutory performance metrics, and
2. The immaturity of data systems among many M110 providers.

On the first, SB 755 (2021) provided an approach to SUD recovery anchored in the use of nontraditional and community-led infrastructure, as compared with traditional treatment settings. At

the same time, however, it stipulated a series of performance metrics<sup>1</sup> that, while commonly used in treatment settings, have proven challenging to implement for many services offered through M110. Services such as harm reduction and long-term housing infrastructure development do not use individual service billing. Using these traditional metrics to evaluate the wide range of M110-funded services does not always capture the true impact of M110 on individuals nor on the behavioral health system across the continuum of care. Further, several of the metrics require a level of data collection that not all M110 providers may perform because of the sensitive nature of harm reduction services or other supportive services provided. These challenges were documented in the December 2023 Secretary of State Audit.

This is further exacerbated by the second issue which is that many M110 providers lack the data systems necessary to track and report client-level data. As discussed, many M110 providers within BHRNs are recovery support services that are largely not billed to insurance and often allow for client anonymity.

OHA recognizes that it will need to outline specific data reporting expectations for each service area, and will define those metrics in the grant agreements.

## Current State of Data and Metrics

At the program's start, the first goal of M110 data collection was to focus on qualitative and aggregated quantitative information collected by BHRN providers delivering those services, as well as capturing M110 investments in building treatment and housing infrastructure. OHA began publishing this data in June 2023 and updates the data quarterly on the [M110 website](#). See [Appendix A](#) for current M110 measures that are collected.

The second goal of M110 data collection – once the BHRNs became established and more experienced in data collection and submittal – was to transition providers to OHA's traditional administrative data systems.

The agency anticipated moving BHRN providers to ROADS (Resilience Outcomes Analysis and Data Submission), a platform still under development that aims to become the single, web-based data submission and reporting solution for behavioral health partners and OHA. The system requirements for the development of ROADS, however, were determined prior to the passage of M110 and do not currently include less traditional service data such as harm reduction, outreach, and other wraparound services funded by M110. Therefore, modifications to the ROADS system are required to meet the broader data collection needs of M110.

Completion of these modifications is expected to last into late 2025, though that timeline may change depending on procurement needs and the complexity of the system development.

The December 2023 audit accurately identified that data collection challenges “extend well beyond

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<sup>1</sup> Statutorily required metrics include the number of unique clients, denials for care, time it takes to access care, and the duration of care and outcomes associated with everyone served.

M110 to Oregon's entire behavioral health system" and that "some M110 metrics specified in statute may not be available" (p. 20). Even with these changes the December 2023 audit noted that larger behavioral health system challenges may impact the M110 program's ability to demonstrate program outcomes in the manner established by the legislature and to fully inform the next December 2025 program effectiveness audit.

Additional data strategies and potential statutory changes are necessary to fully illustrate the M110 program's overall effectiveness.



# FRAMEWORK AND GOALS FOR M110 DATA COLLECTION

The service array and unique nature of BHRN providers, and their competency in delivering targeted and culturally specific services, requires an ongoing commitment to developing qualitative and quantitative information to demonstrate M110 program outcomes.

OHA and the OAC will continue to demonstrate the impact associated with the funds M110 invested into the SUD service and recovery system. Merely measuring client-level information (i.e., number of individuals served) does not capture the investments M110 funds have made in housing, infrastructure, or the behavioral health workforce. A best practice associated with any set of services is to work with providers and recipients of care to understand the expected outcomes and metrics associated with services.

OHA is committed to co-developing with our BHRN providers a better way to collect and track data. Several BHRN providers are currently capable of collecting and transmitting client-level data while preserving the anonymity of their clients, but more needs to be done to build the capacity of all BHRN providers. OHA will leverage the next grant period to both support and incentivize providers to measure appropriate client-level data and to better capture investments, outputs, and outcomes across all service areas.

In addition to a M110 provider-based approach to better illustrate program outcomes, it is important to recognize that M110 is part of a larger system of care that includes funding going to counties through the County Financial Assistance Agreements (CFAA) as well as payment to Coordinated Care Organizations (CCOs) as part of the Oregon Health Plan. Full evaluation of M110 impacts should include how it supports, facilitates, or otherwise interacts with this broader system.

Finally, as noted in the December 2023 audit, larger data challenges create difficulty in tracking outcome and trend data within the greater behavioral health system including the M110 program.

## Strategy for Future M110 Data Collection

### Enhanced Measures

The path toward enhanced measures builds off the OAC's BHRN model. Although client-level data can be sensitive, the BHRN model is based on engagement, care coordination, and supportive services that allow for information to be collected over time. This network model allows for future data collection to demonstrate the progress of individuals served, the contribution of service delivery areas to individuals served and the overall impact of M110 funding.

Because providers braid funding streams, there is also an opportunity to look at the system-wide outcomes and access to services. By comparing claims data between pre M110 funding and post M110 funding, there is the ability to demonstrate impact on access to and utilization of services.

Lastly, the new data strategy highlights an individual's progression in services, as well as the provider's ability to improve care through outreach, increased workforce, and additional services. These elements will be collected through uniform data collection by service area and participant surveys.

Below is a framework of current key actions necessary to implement the aims described above.

**Goal 1: Convening Culturally Specific Community Advocates, Providers, and BHRNs** – OHA brought together partners throughout Spring 2024 to identify and leverage enhanced qualitative and quantitative data that illustrate program outcomes.

- To address the original goal of community engagement, OHA conducted seven focus groups and distributed a survey link to all BHRN organizations to solicit feedback on measuring outcomes for the M110 program and their community impact. The feedback gathered will be utilized to develop metrics for assessing the outcomes of BHRN services. These metrics will be integrated into the ROADS system, with targeted data collection set to commence in Summer 2025.
- The above-mentioned provider-based focus groups and survey opportunity that OHA began in Spring 2024 serves as a starting point for establishing a data feedback pipeline between OHA and BHRN grantees. Initial feedback is being used to create quantitative and qualitative indicators of M110 outcomes for the new grant cycle of 2025; however, acknowledging the variability of services and capacities of this work, ongoing collaboration between OHA, culturally specific providers directly impacted by M110 services, and BHRN grantees will continue to inform M110 data collection for future requirements.
- OHA will continue to work with BHRN providers to track and report specifics on staffing, service expansion, capital projects, youth services, virtual services, and the availability of culturally and linguistically specific services.
- OHA will develop and publish expectations for qualitative and quantitative data improvements informed by the feedback gathered from the provider engagement focus groups and surveys.
- OHA will leverage rulemaking, the upcoming Request for Grant Applications (RFGA), and new grant agreements to implement changes.
- OHA will provide technical assistance to providers to support standardization and quality of data collected.

**Goal 2: Grant Reporting Requirements** – As data management needs mature, OHA plans to strengthen requirements outlined in future grant agreements and use the upcoming RFGA to assess organizational capacity for data collection. Updated grant reporting requirements will ensure data clarity,

incorporating more specific data collection actions and measures. OHA is developing a new data and metrics section for the next grant cycle (July 1, 2025 – June 30, 2029), based on community and BHRN input, that builds on success to date, but also provides targets for all BHRNs to build out their data and metrics tracking and reporting ability including system improvements.

- OHA will provide appropriate and sustained technical assistance to providers to support them in making these system improvements.
- Detailed data indicators will be included in the final grant agreements, set to begin July 1, 2025. Draft data indicators that are under development are available in [Appendix B](#).

**Goal 3: System Impacts** – OHA will work with the broader behavioral health system including county governments and CCOs to identify a meaningful way to identify a meaningful way to show the system-wide impacts of M110 investments through continued financial reporting and improved abilities to track M110 client-level data through different systems of care.

- As part of the improvement and push for collaboration, OHA will work with a broader behavioral health system by creating a cross-system workgroup within each county that brings together BHRN partners, Community Mental Health Programs, Certified Community Behavioral Health Clinics, and CCOs to review data from M110 and incorporate it into the overall county or regional level behavioral health reporting. The aim will be to demonstrate a cohesive system that maximizes investments and demonstrates improved behavioral health outcomes.
- OHA will continue requiring robust financial reporting and will track investments that expand the SUD workforce and expand SUD treatment infrastructure.
- Detailed budgets and spending plans will be required upfront for future grantees, to enable OHA to better capture the fiscal impact of M110 on the SUD continuum of care.
- Methods for better capturing client-level impacts of M110 funding that extend beyond services provided through a BHRN, will be explored following the implementation of the data infrastructure for M110 data collection.

**Goal 4: Identify Gaps in Data Availability and Reporting** – OHA is working to evaluate gaps in the data being collected as identified through community engagement work and legislative requirements. OHA may recommend legislative updates based on this analysis.

- OHA will provide regular updates on the M110 website and to the legislature on both challenges to this plan and progress in making improvements in data collection and expenditure reporting. This will include making recommendations to the legislature about statutory changes that could facilitate more robust data and evaluation of program impacts.

OHA will provide follow-up reports as necessary to prepare for the 2025 session including any adjustment to data infrastructure project timelines or other data collection modifications based on feedback.

For a detailed timeline of the steps necessary to complete goals 1-4, see [Appendix C](#).

Additionally, to better understand the overall impact of the first 18 months of M110 funding, BHRN Partners completed a summary form capturing data on:

- Each BHRN partner's use of M110 funds to:
  - Expand services (by location, physical infrastructure, hours, staffing, etc.)
  - Increase outreach efforts
  - Strengthen collaboration among other BHRN partners and the broader community
  - Increase the inclusivity of services, diversify staffing, and target underserved populations
  - The most significant challenges that each BHRN partner faces, in ranked order
- Narrative descriptions of client success stories and unique ways in which each BHRN partner is using their M110 funds to fill service gaps in their region

## Data Infrastructure Modernization

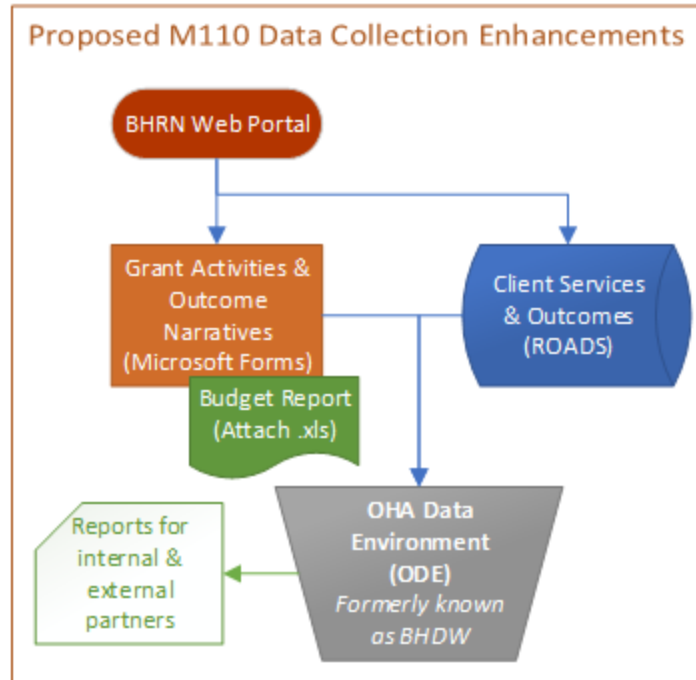
The following data infrastructure strategy has been designed to leverage new systems coming online that can be enhanced to collect M110 data in a streamlined manner. Data connection pipelines will be created or modified to provide measures and outcomes reporting responsive to M110 requirements. Reducing provider administrative reporting burden remains an overarching priority when designing solutions to close the data gaps in M110 reporting.

### Solutions In Progress

#### **New Program Data Collection Module**

OHA has begun the planning process to develop a portal for the BHRN grantees to report on use of funds. Through the portal, BHRN grantees will upload their budget report and submit aggregated program-level data and qualitative data. Grantees providing client-level data will have the option to submit data into the ROADS system through the same portal. Set to go-live with the new RFGA cycle in July 2025, this portal will reduce grantees' interaction with state systems from three different data submission types to a single interface. Key outcomes for this effort include:

- Unified M110 data collection to reduce provider administrative burden.
- Connection of financial data to qualitative and quantitative data in OHA Data Environment.
- Comprehensive M110 dashboards, analytics, outcomes reporting complete with expanded quantitative, qualitative, and financial data.



## ROADS Modification for Measure 110

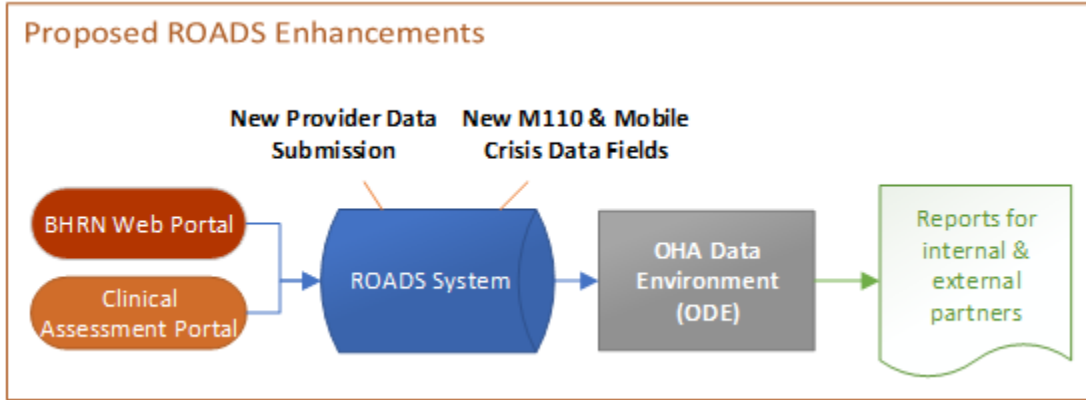
ROADS will come online in December 2024 with a service identifier flag that providers can use to indicate when a client-level service is M110 funded. This flag will be used to better understand what providers are initially reporting and inform future data collection and training efforts.

## Future State: Person-Centered Data

### ROADS Enhancements for Measure 110

Beginning in Spring 2025 and continuing into 2026, ROADS will rollout enhancements to improve the reporting for M110. Key outcomes for this effort include:

- New data submission options for non-EHR providers to reduce administrative burden.
- New data segment added to collect M110 outcomes.
- New electronic BH assessment upload functionality introduced for providers.
- Data connection to OHA Data Environment expanded to meet the new M110 reporting needs.

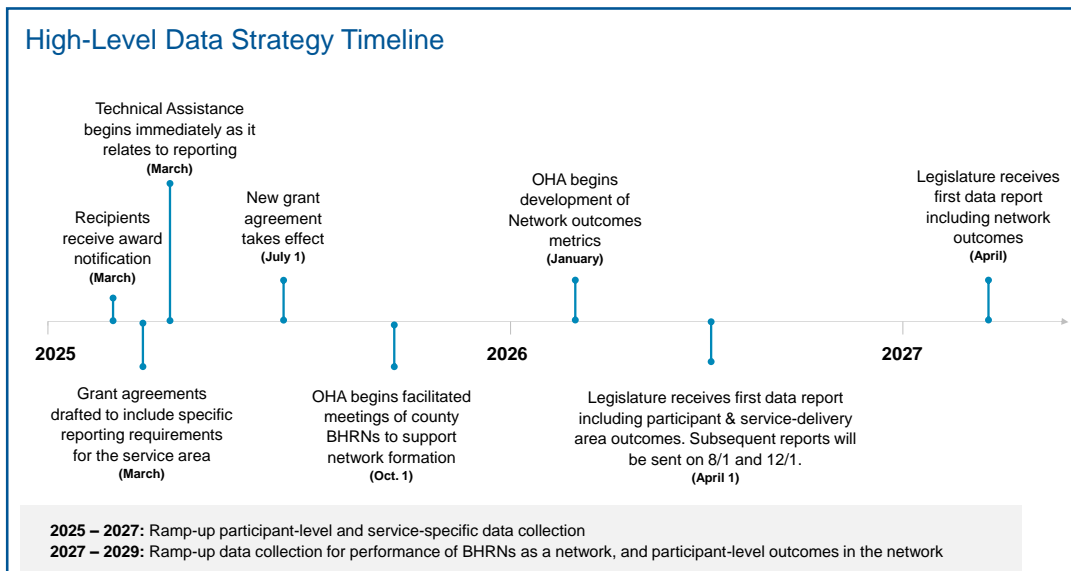


## Conclusion

The maturing of M110, with enhanced data collection tools and a focused development of the BHRN model, creates a path forward to demonstrate the impact of M110 at the program and client-specific levels. This Strategic Data Plan sets forth the model by which the impact of M110 on the statewide SUD system, the impact of specific service areas, and a person’s progress towards recovery can be measured.

The Strategic Data Plan also establishes a reporting structure that allows for transparency of data that may be reviewed at the provider, BHRN, and OAC level to understand successes and center continual improvement in the ongoing work.

As we develop and implement this strategic data plan, OHA will continue to collect aggregated quantitative and qualitative measures of evaluation, even while working with community and other system partners to recommend ways to provide a more holistic picture of M110’s effectiveness for communities throughout Oregon.



# APPENDIX

## Appendix A: Current M110 Data Measures Collected Quarterly from BHRN Providers<sup>2</sup>

Measure	Partner Service Area(s)	Data Type	Level
Number of clients served	All	Quantitative/Counts	Partner
Number of new clients	All	Quantitative/Counts	Partner
Number of encounters	All	Quantitative/Counts	Partner
Number of clients denied services	All	Quantitative/Counts	Partner
Client races/ethnicities	All	Quantitative/Counts	Partner
Client ages	All	Quantitative/Counts	Partner
Client gender identities	All	Quantitative/Counts	Partner
Harm reduction services provided	Harm Reduction	Multiple select	Partner
Naloxone doses distributed	Harm Reduction	Quantitative/Counts	Partner
Syringes distributed	Harm Reduction	Quantitative/Counts	Partner
Wound care materials distributed	Harm Reduction	Quantitative/Counts	Partner
Safer sex materials distributed	Harm Reduction	Quantitative/Counts	Partner
Educational materials distributed	Harm Reduction	Quantitative/Counts	Partner
Housing Types	Housing	Multiple select	Partner
Outreach frequency	All	Single Select	Partner
Outreach services	All	Multiple select	Partner
Outreach services other	All	Multiple select	Partner
Outreach location	All	Multiple select	Partner
Outreach locations other	All	Multiple select	Partner
Outreach populations	All	Multiple select	Partner
Outreach populations other	All	Multiple select	Partner
What successes have your organization experienced with relation to your M110 funded services?	All	Qualitative/Narrative	Partner
What challenges have your organization experienced with relation to your M110 funded services?	All	Qualitative/Narrative	Partner
How has your organization used M110 funding to expand service capacity and reduce access barriers?	All	Qualitative/Narrative	Partner
If you reported that any individuals were denied services from your organization, please explain why they were denied.	All	Qualitative/Narrative	Partner
Do you collect feedback from your clients? If so, what collection process or method is used? How is the information in the feedback used to improve your services?	All	Qualitative/Narrative	Partner

<sup>2</sup> Following the implementation of ROADS, M110 will evaluate if these measures can be captured at the client-level.

## Appendix B: Additional Proposed Reporting Measures to Begin July 1, 2025<sup>3</sup>

Measure	Service Area	Data Type	Level
Average client wait time or length of waitlist	SUD Treatment and Housing	Quantitative	Partner
Number of clients connected to employment	Supported Employment	Quantitative/Counts	Client
Number of client goals met (by type)	All	Quantitative/Counts	Client
Number of clients without insurance served	All	Quantitative	Partner
Types of language services provided	All	Multiple select	Partner
Number of families stabilized/reunified through housing	Housing	Quantitative	Partner
Number of clients newly housed (each quarter)	Housing	Quantitative	Client
Number of clients who remained housed (each quarter)	Housing	Quantitative	Client
Length of housing stay	Housing	Quantitative	Client
Reasons for end of treatment services	SUD Treatment	Quantitative	Client
Average change in Quality of Life measure before and after services	All	Quantitative	Client
Number of wraparound services provided	All	Quantitative	Partner
Number of wraparound materials distributed (by type)	All	Quantitative	Partner
Number of people (staff/clients) receiving training in SUD service provision	All	Quantitative	Partner
Amount of FTE funded through M110	All	Quantitative	Partner
OD reversals reported to Partner	Harm Reduction	Quantitative	Partner
Number of outside referrals received	All	Quantitative	Partner/ Client
Number of outside referrals made	All	Quantitative	Partner/ Client
Number of touchpoints per client	SUD Treatment, Peer Support	Quantitative	Client
Time spent with client during encounter/touchpoint	SUD Treatment	Quantitative	Client
Number of clients connected to OHP/Primary Care	All	Quantitative	Client
Client success stories	All	Qualitative	Partner
Stories of how M110 is impacting the surrounding community	All	Qualitative	Partner

<sup>3</sup> Additionally, the M110 program is proposing the addition of 3 new client flags to the ROADS system for: 1. Receiving a M110 service, 2. Receiving wraparound services, and 3. A history of receiving harm reduction services.



## Appendix C: Data Plan Key Dates

Goal	Subgoal	Date
<b>Goal 1: Convening Culturally Specific Community Advocates, Providers, and BHRNs</b>	Hold focus groups and send survey regarding BHRN data reporting and outcomes	May 2024 (Completed)
	Extract themes and indicators of BHRN outcomes from provider focus group and survey feedback.	June 2024 (Completed)
	Determine feasible indicators for outcomes data collection in ROADS and the relevant unit of collection (aggregate v. client level).	July – September 2024 (Work ongoing)
	Conduct a cost/benefit analysis for the implementation of indicators	July – September 2024 (Work ongoing)
	The Behavioral Health Director and ROADS team approve final list of indicators from the Provider Engagement sessions. ROADS team confirms timeline for indicator implementation.	September – November 2024
	Support and training: Create timeline to provide ongoing technical assistance to ensure successful dissemination and use of the system(s) beginning at the start of the new grant agreements (2025)	Winter 2024
	Intentional ongoing collaboration with the BHRNs regarding data collection and outcomes.	February 2026
<b>Goal 2: Reporting Requirements</b>	Incorporate final list of approved data indicators into final grant agreement	July 2025
	Schedule and perform technical assistance to BHRN providers on data collection requirements	July 2025
<b>Goal 3: System Impacts</b>	OHA will continue requiring robust requirements for financial reporting to better track investments that expand the behavioral health workforce and physical infrastructure.	June 2029 (ongoing current/future grant cycle)
	Detailed budgets and spending plans will be required upfront for future grantees, to enable OHA to better capture fiscal impact of M110 on SUD continuum of care.	July 2025
	Begin exploratory analysis of client tracking through ROADS and other systems using the Oregon Data Environment (ODE).	November 2025
	Incorporate findings from cross-system client matching in ODE into M110 reporting.	April 2025
	OHA will work with a broader behavioral health system by creating a cross-system workgroup within each county that brings together BHRN partners, Community Mental Health Programs, Certified Community Behavioral Health Clinics, and CCOs to review data from M110 and	July 2025

	incorporate it into the overall county or regional level behavioral health reporting. The aim will be to demonstrate a cohesive system that maximizes investments and demonstrates improved behavioral health outcomes.	
<b>Goal 4: Identify Gaps in Data Availability and Reporting</b>	Provide quarterly updates to the data dashboard and M110 website	June 2029 (ongoing current/future grant cycle)
	OHA will provide a follow-up reports as necessary to prepare for the 2025 session including any adjustment to ROADS or other data systems based on feedback.	July 2025

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