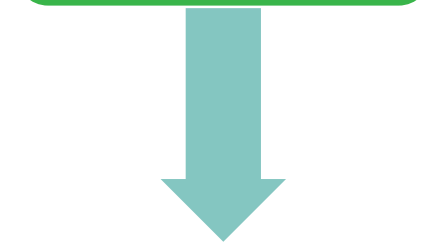

OREGON
RECOVERS
OR
Ending Oregon's Addiction Crisis

The Emergency

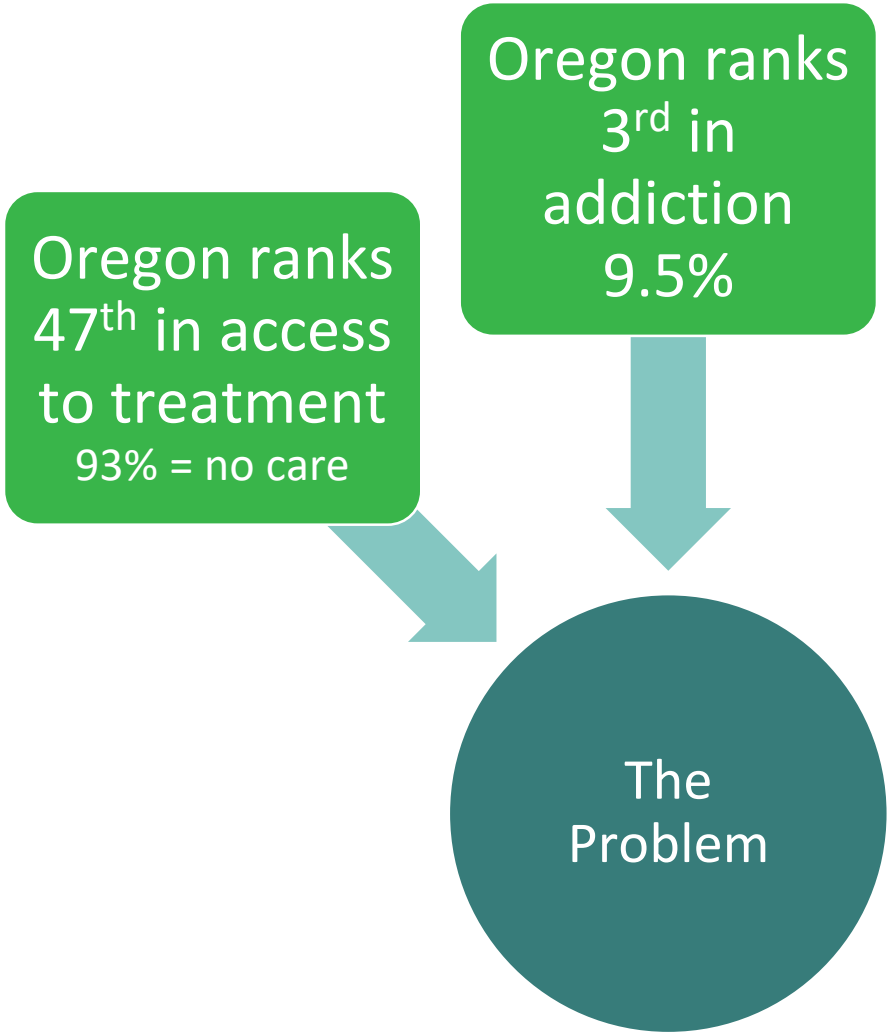
Oregon ranks 3rd in addiction 9.5%



The Problem

Source: Substance Abuse and Mental Health Services Administration's (SAMHSA) 2018 National Survey on Drug Use and Health.

The Emergency



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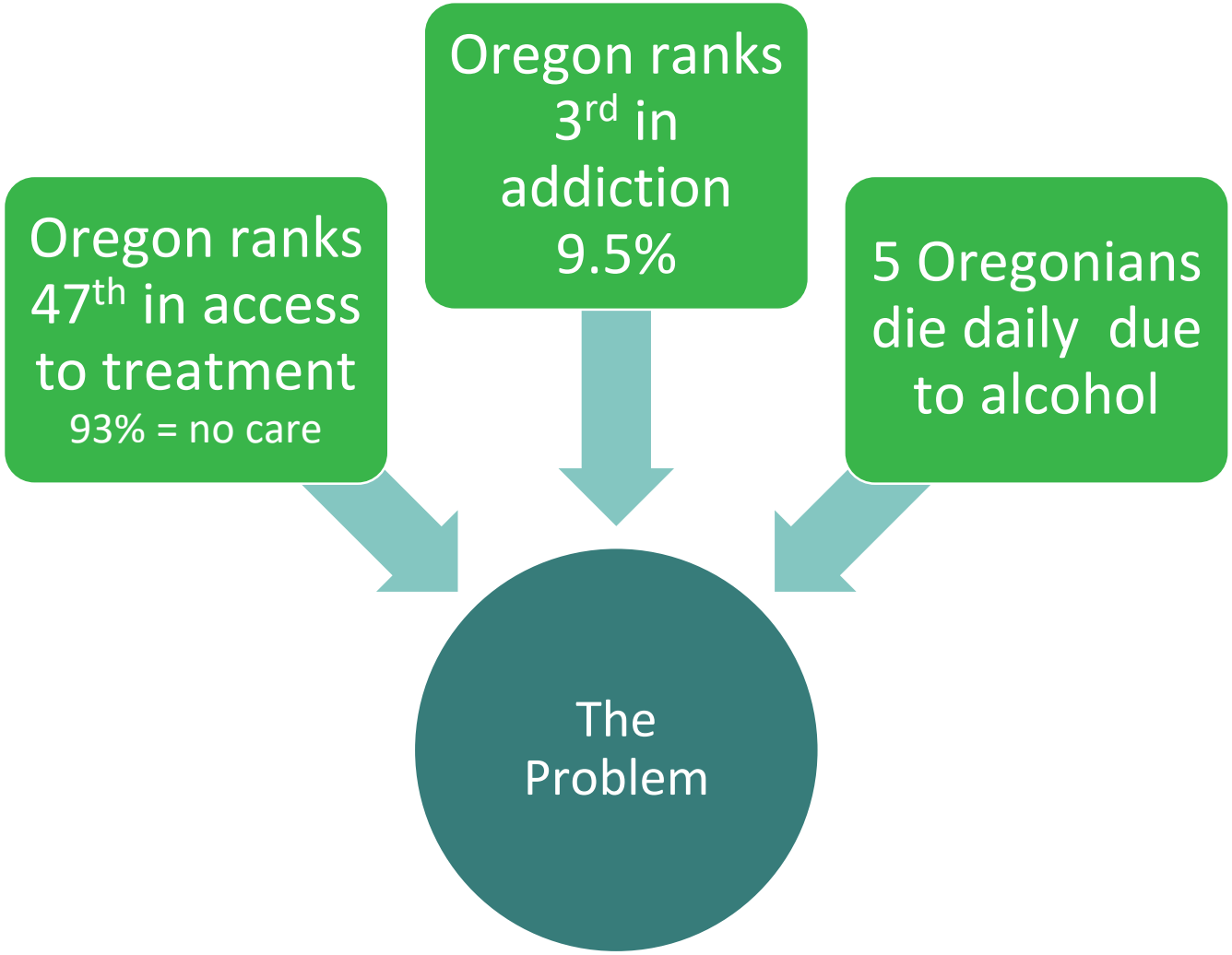
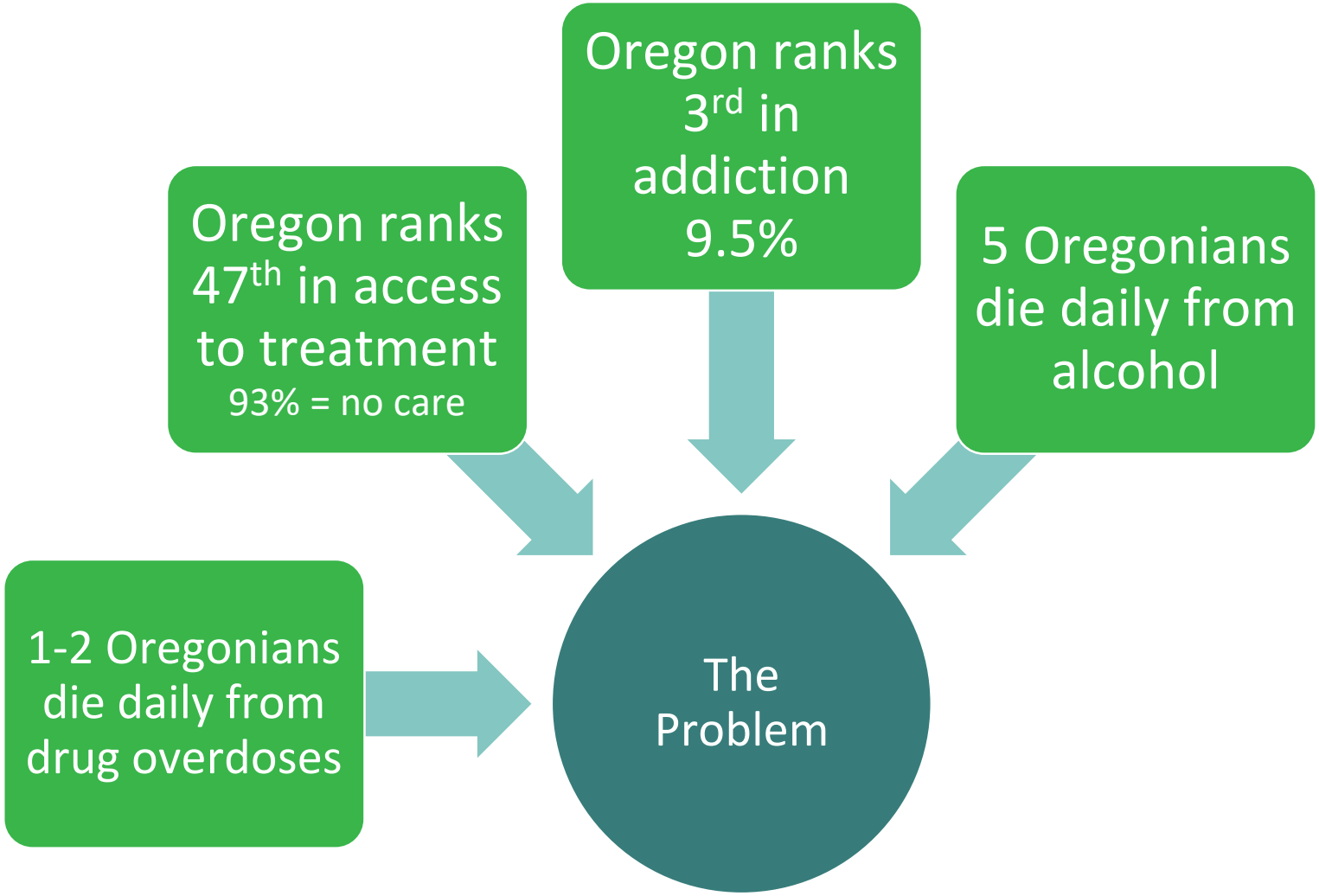


Source: 2016 Oregon Death Certificates.

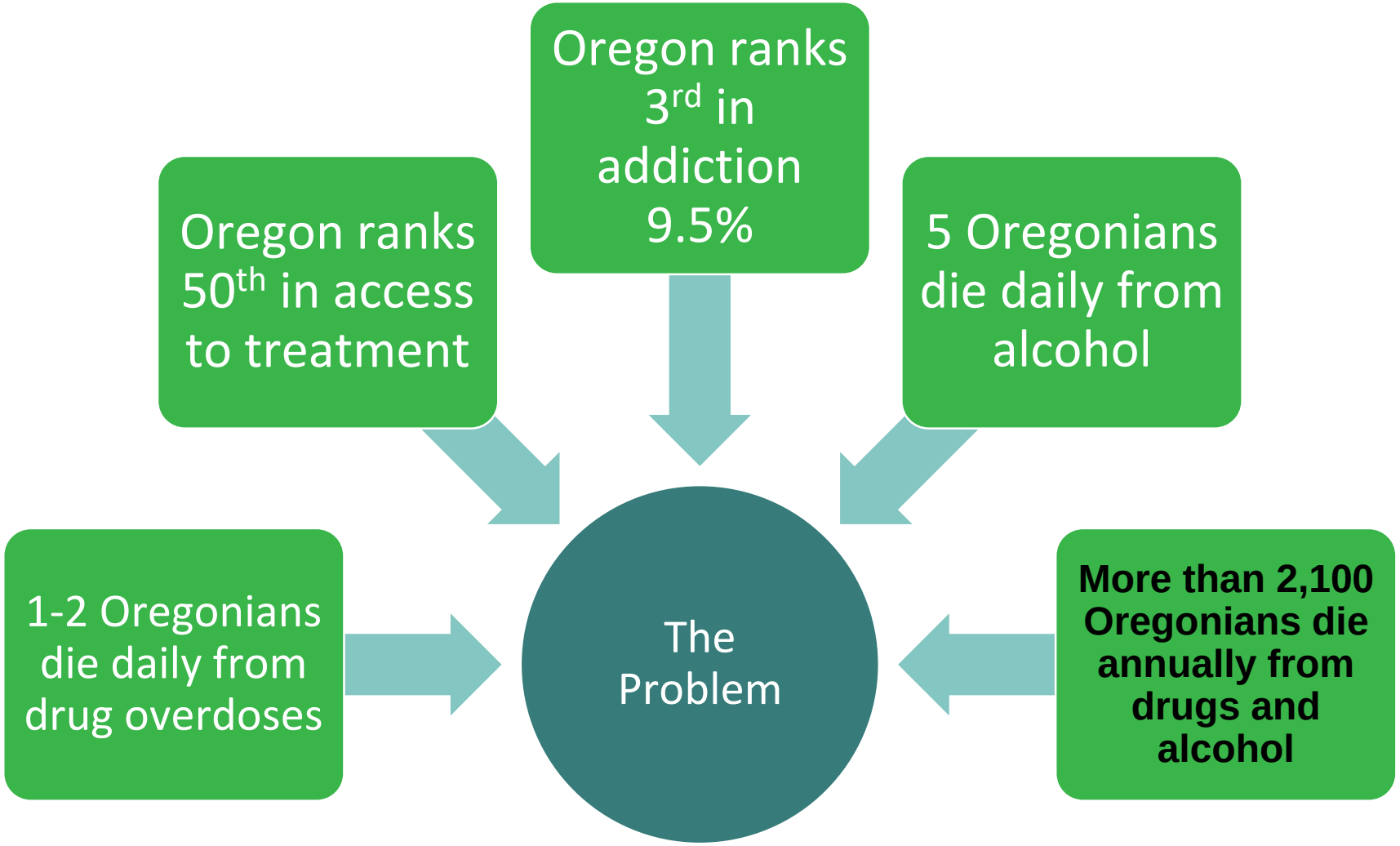
The Emergency



Source: National Center for Health Statistics, 2016. Supported by data from the Oregon Health Authority's Opioid Dashboard.

The Emergency

Source: Extrapolated from previous two data sets.



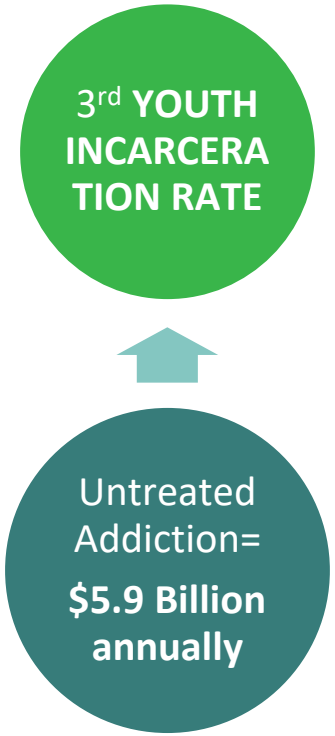
The Cost of The Addiction Crisis

Source: The Economic Costs of Alcohol and Drug Abuse in Oregon in 2006, ECONorthwest, 2008.

Untreated Addiction=

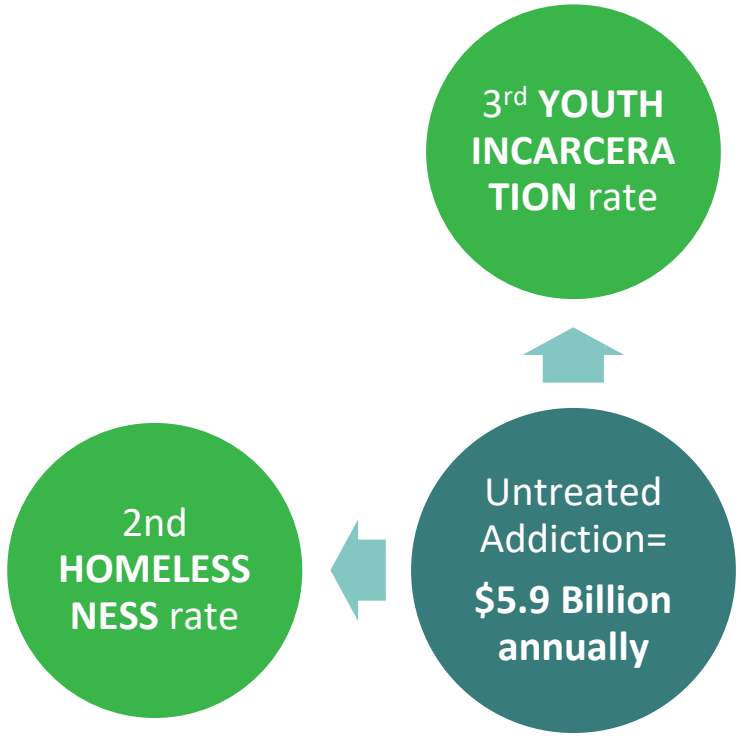
$5.9 Billion annually

The Cost of The Addiction Crisis



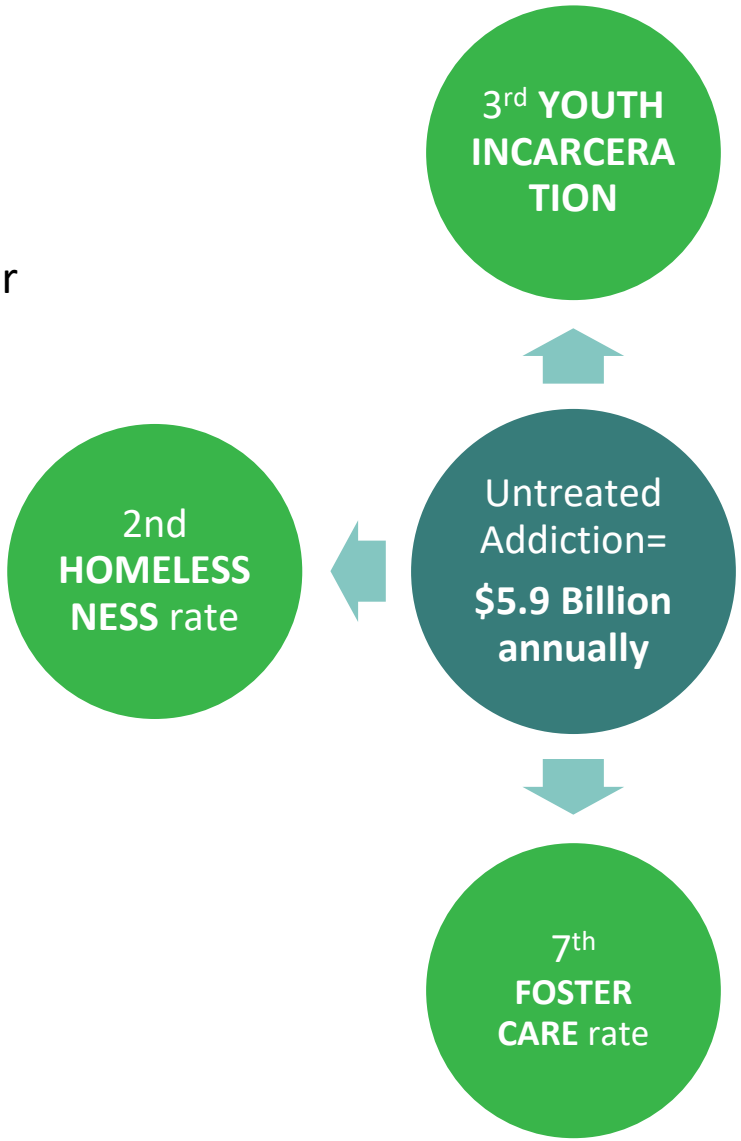
Source: 2015 U.S. Office of Juvenile Justice and Delinquency Prevention.

The Cost of The Addiction Crisis



Source: U.S. Interagency Council on Homelessness.

The Cost of The Addiction Crisis



Source: The 50 State Chartbook on Foster Care, Boston University.

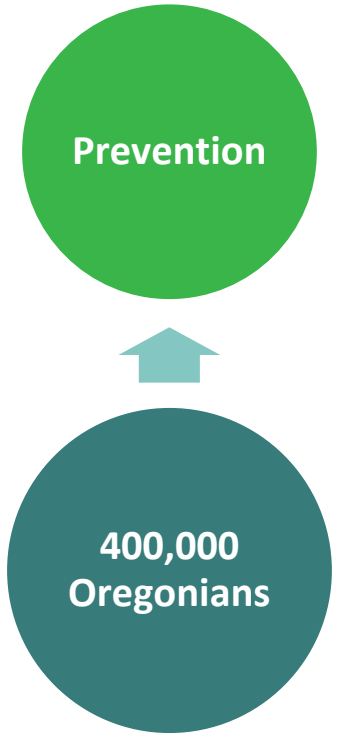
The Cost of The Addiction Crisis

Source: National Center for Education Statistics' 2015-16 Common Core Data.

What caused the Addiction Crisis?

- Current system is fractured & incomplete.
- No clear point of accountability or authority for drug and alcohol recovery policy in Oregon.
- No comprehensive, statewide strategic plan for addressing the addiction crisis.—**CHANGING!**
- Lack of political commitment to the problem = **lowest beer tax in the country.**

The Emergency Demands a Comprehensive Continuum of Care



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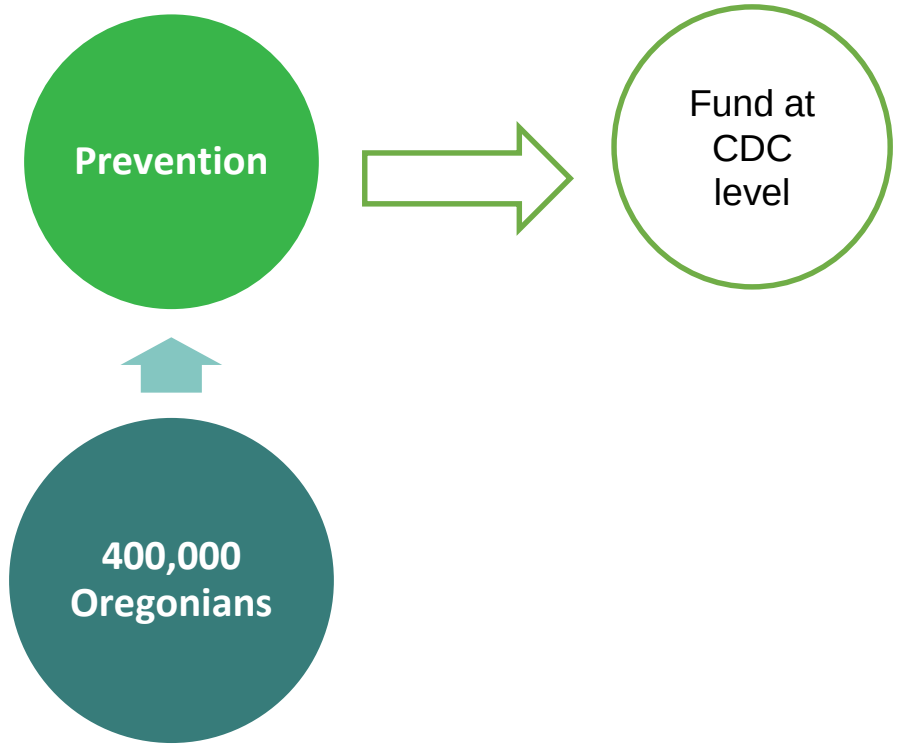

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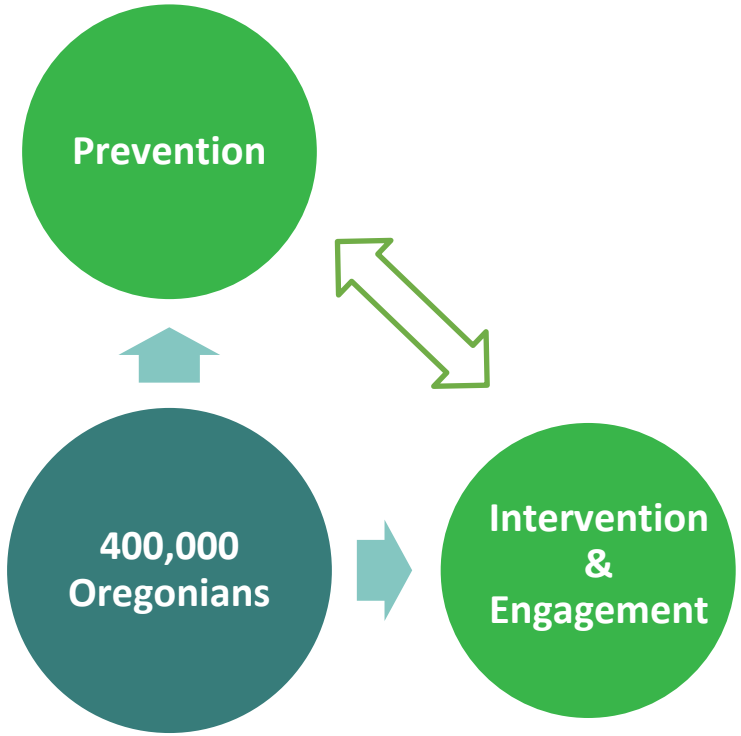

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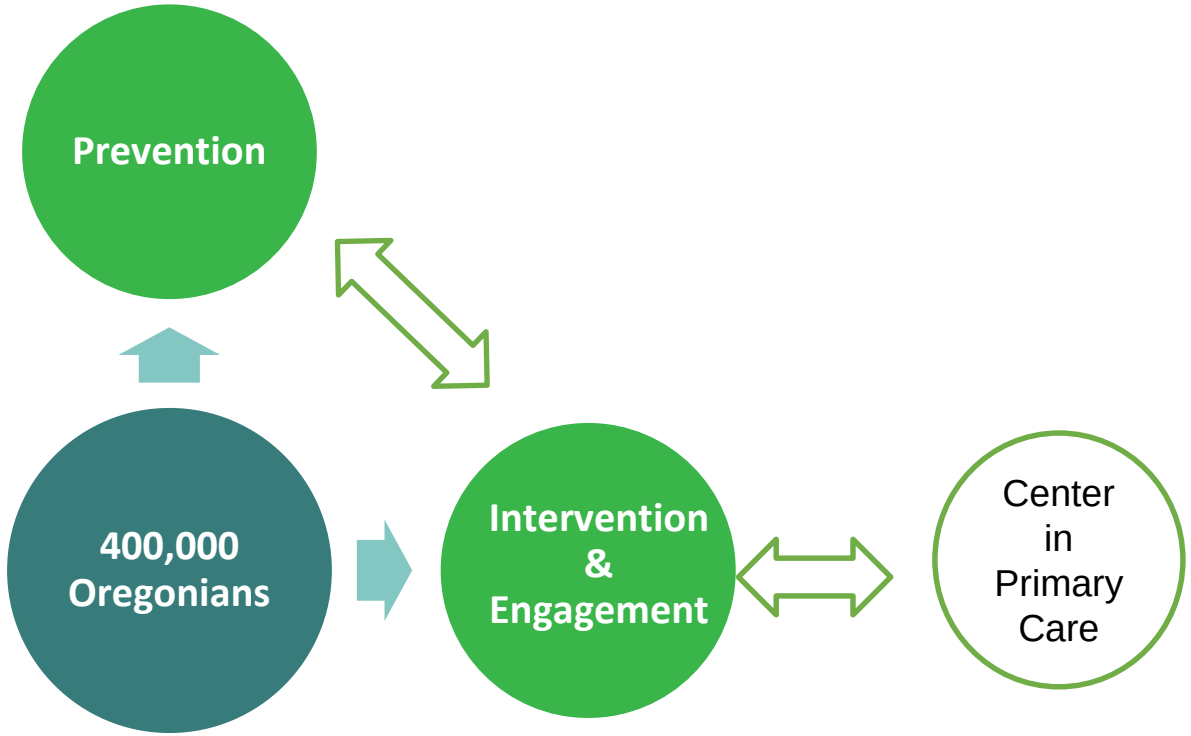

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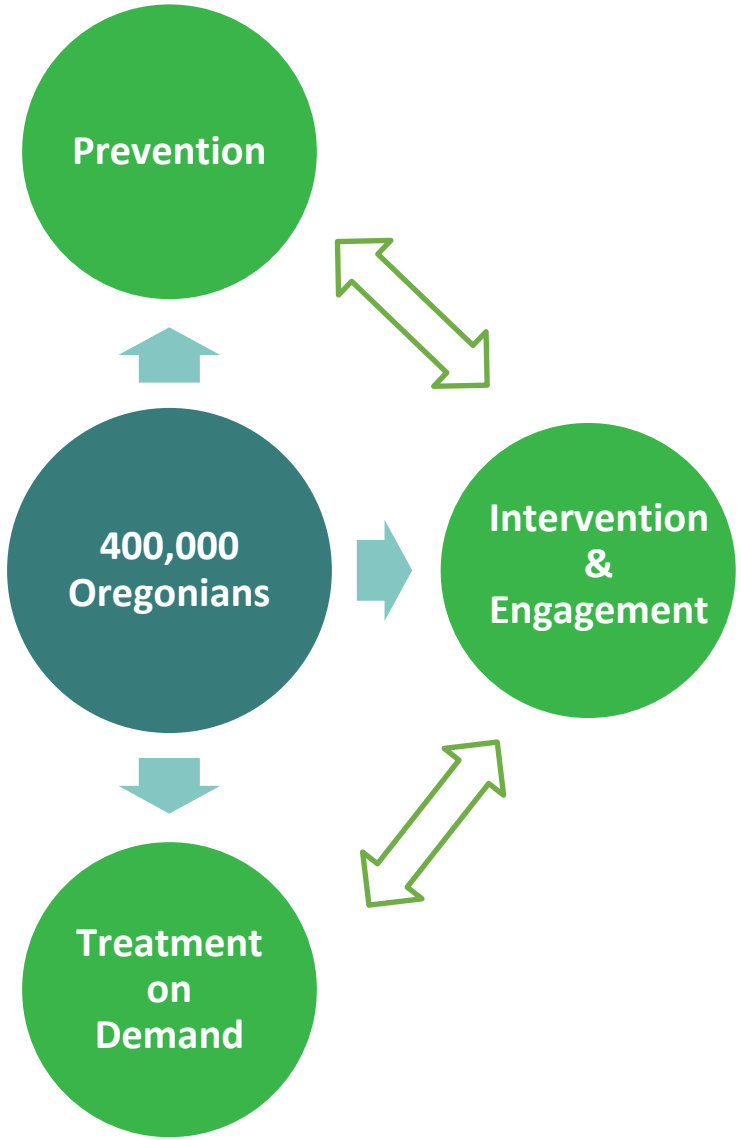

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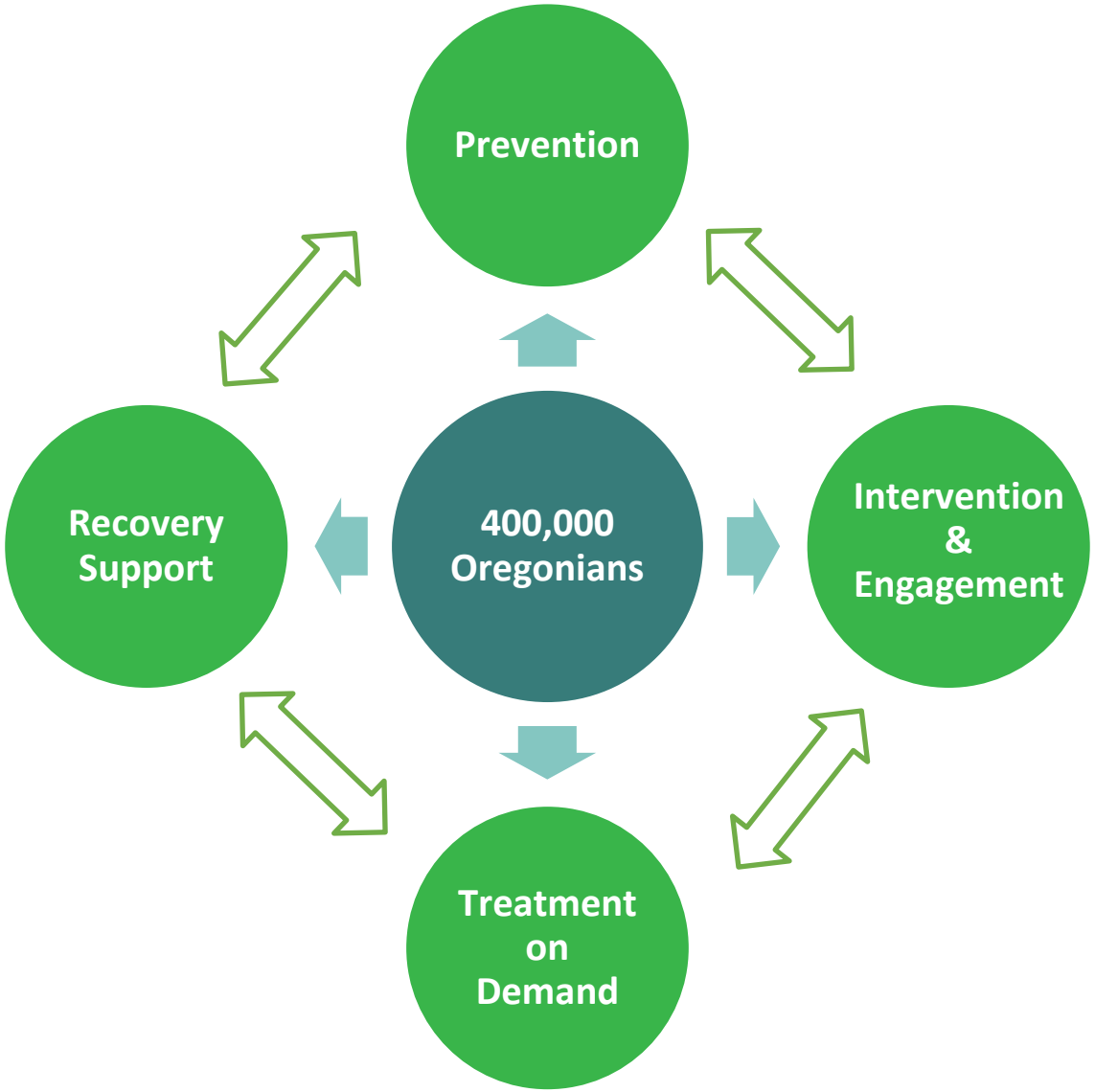
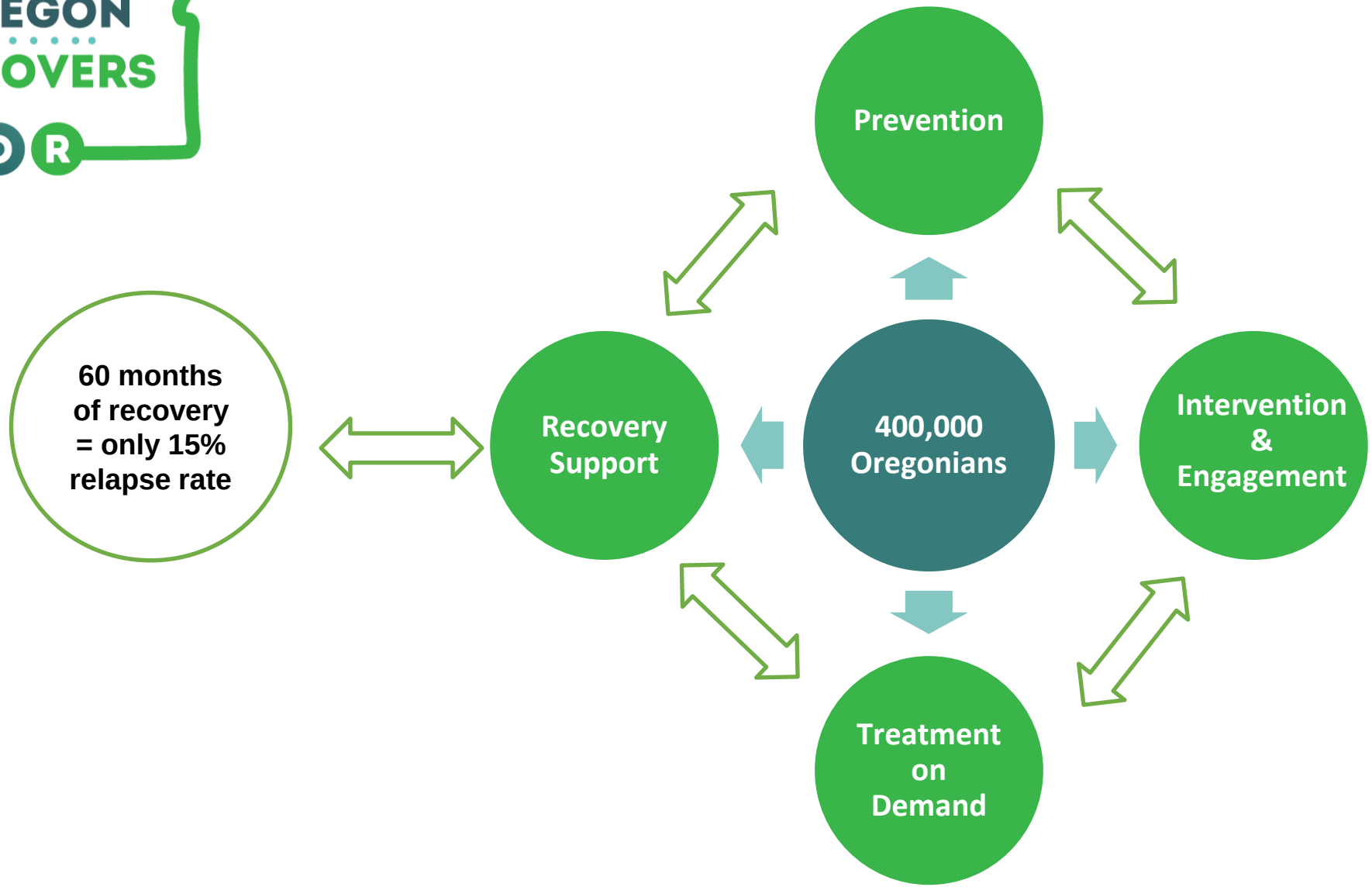


The Emergency Demands
A Comprehensive Continuum of Care



3 Easy Steps to End Oregon's Addiction Crisis

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1. **Fully Implement the new ADPC Plan.**

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1. Fully Implement the new ADPC Plan.

2. Raise the price of alcohol 20% to reduce underage drinking and binge drinking and create a dedicated line of revenue for addiction recovery.

3 Easy Steps to End Oregon's Addiction Crisis

1. Fully Implement the new ADPC Plan.

2. Raise the price of alcohol 20% to reduce underage drinking and binge drinking and create a dedicated line of revenue for addiction recovery.

3. Appoint a "Recovery Czar" to oversee implementation of ADPC plan.

Analysis of Oregon's Publicly Funded Substance Abuse Treatment System: Report and Findings for Senate Bill 1041

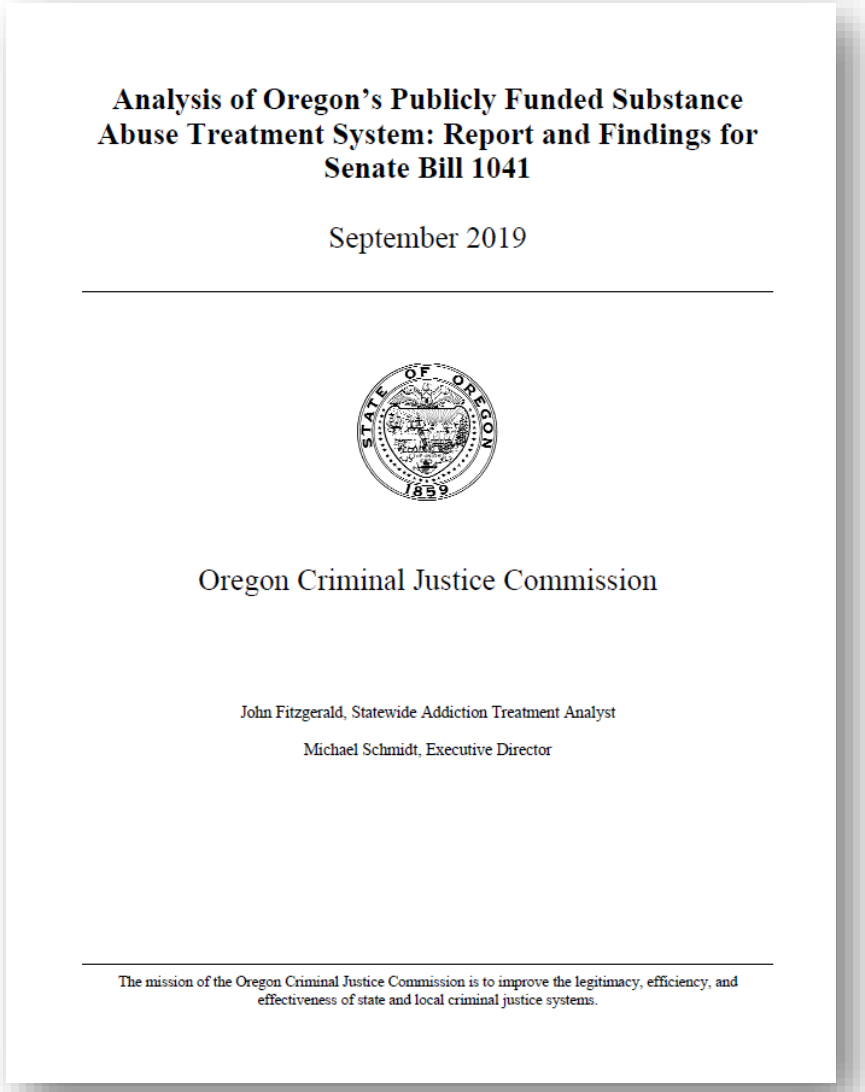
January 2020

Mike Schmidt
Executive Director
Oregon Criminal Justice Commission

Thank You to All Who Contributed

- Alcohol and Drug Policy Commission
- Association of Oregon Community Mental Health Programs
- Association of Oregon Counties
- Department of Consumer and Business Services
- Department of Corrections
- Department of Human Services
- Mental Health & Addiction Certification Board of Oregon
- OHSU/Portland State University, School of Public health
- OHSU's Center for Health Systems Effectiveness
- Oregon Council for Behavioral Health
- Oregon Health Authority
- Oregon Research Institute
- Oregon Youth Authority

Chapter 1: SB 1041 Study and Scope of Problem



Analysis of Oregon's Publicly Funded Substance Abuse Treatment System: Report and Findings for Senate Bill 1041

September 2019

Oregon Criminal Justice Commission

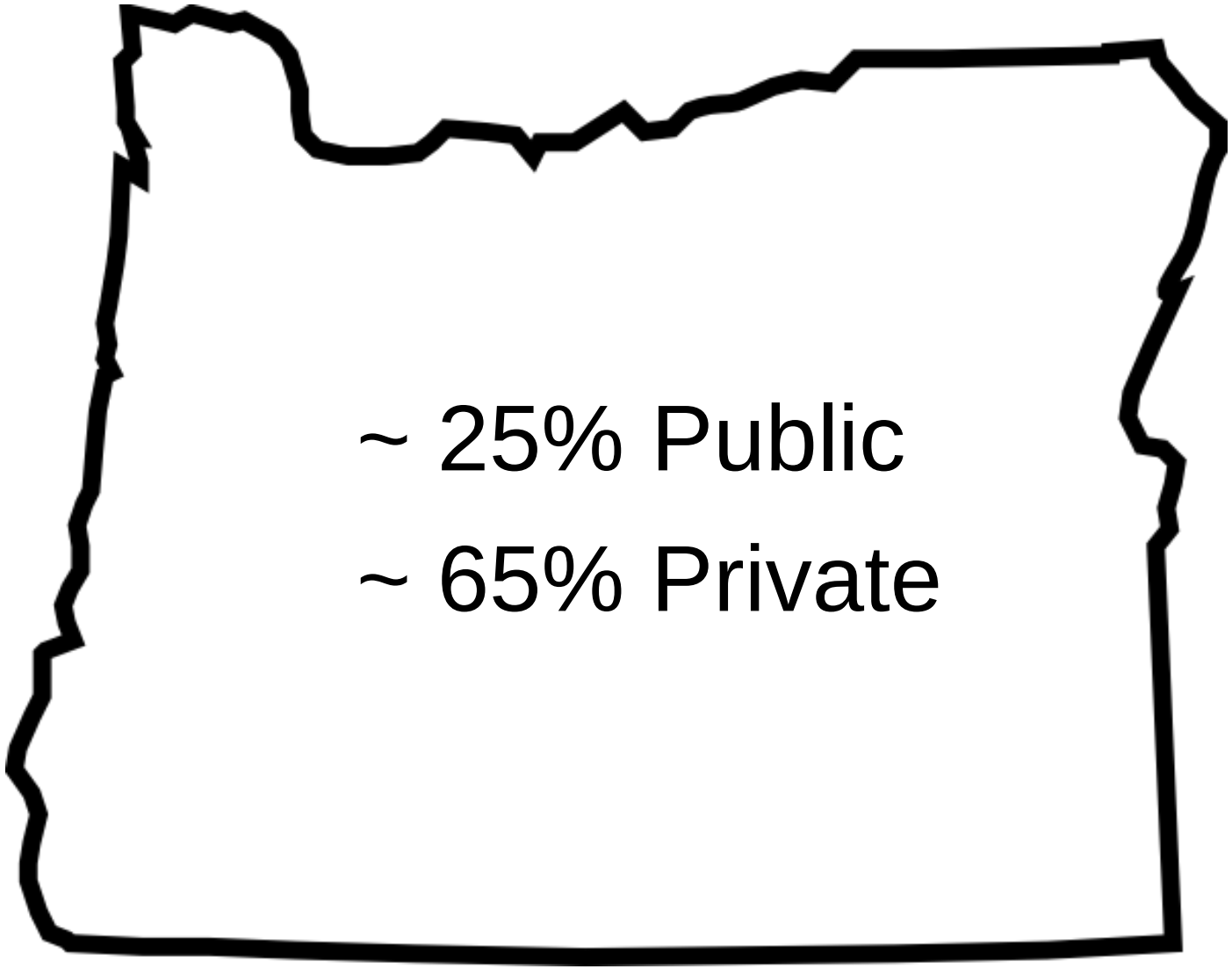
John Fitzgerald, Statewide Addiction Treatment Analyst

Michael Schmidt, Executive Director

The mission of the Oregon Criminal Justice Commission is to improve the legitimacy, efficiency, and effectiveness of state and local criminal justice systems.

- CJC shall study, track and account for all **public monies** appropriated for and expended on the provision of alcohol and drug treatment:
  - By state agencies and other public entities
  - By private entities through contracts with public entities
- Study **outcomes** of each type of treatment, and specifically, the effect of the outcomes on the criminal justice system.
- OHA, DHS, DOC and OYA shall assist CJC in conducting the study.

Chapter 1: SB 1041 Study and Scope of Problem



Chapter 1: SB 1041 Study and Scope of Problem

Table 1.1. Oregon's Annual Average Percentages, Number of Oregonians, and National Rankings of Drug Use and Disorders, Mental Illness, and Treatment Access

Category	Percent of Oregonians		Oregonians	Oregon's Rank Nationally	
	2010-2011	2016-2017	2016-2017	2010-2011	2016-2017
Marijuana Use	16%	26.5%	928,000	7	1
Pain Reliever Misuse	6.4%	5.4%	187,000	1	1
Methamphetamine Use	NA	1%	35,000	NA	2
Cocaine Use	2.1%	3%	104,000	7	4
Heroin Use	NA	0.4%	13,000	NA	21 (4-way tie)
Alcohol Use Disorder	7.7%	7.5%	261,000	13	4
Any Substance Use Disorder	9.8%	9.4%	329,000	10	4
Illicit Use Disorder	3.1%	3.3%	116,000	2	10
Pain Reliever Use Disorder	NA	0.7%	24,000	NA	18 (6-way tie)
Any Mental Illness	20.6%	23.6%	757,000	5	2
Serious Mental Illness	4.9%	5.4%	172,000	9 (2-way tie)	7 (2-way tie)
Needing But Not Receiving Treatment – Alcohol Use Disorders	7.4%	7.1%	250,000	12	3
Needing But Not Receiving Treatment – Substance Use Disorders (Alcohol + Illicit Drug)[10]	9.8%	8.9%	311,000	9	3
Needing But Not Receiving Treatment – Illicit Drug Use Disorders	2.8%	3%	105,000	2 (2-way tie)	10

Source: NSDUH[11]

Deaths

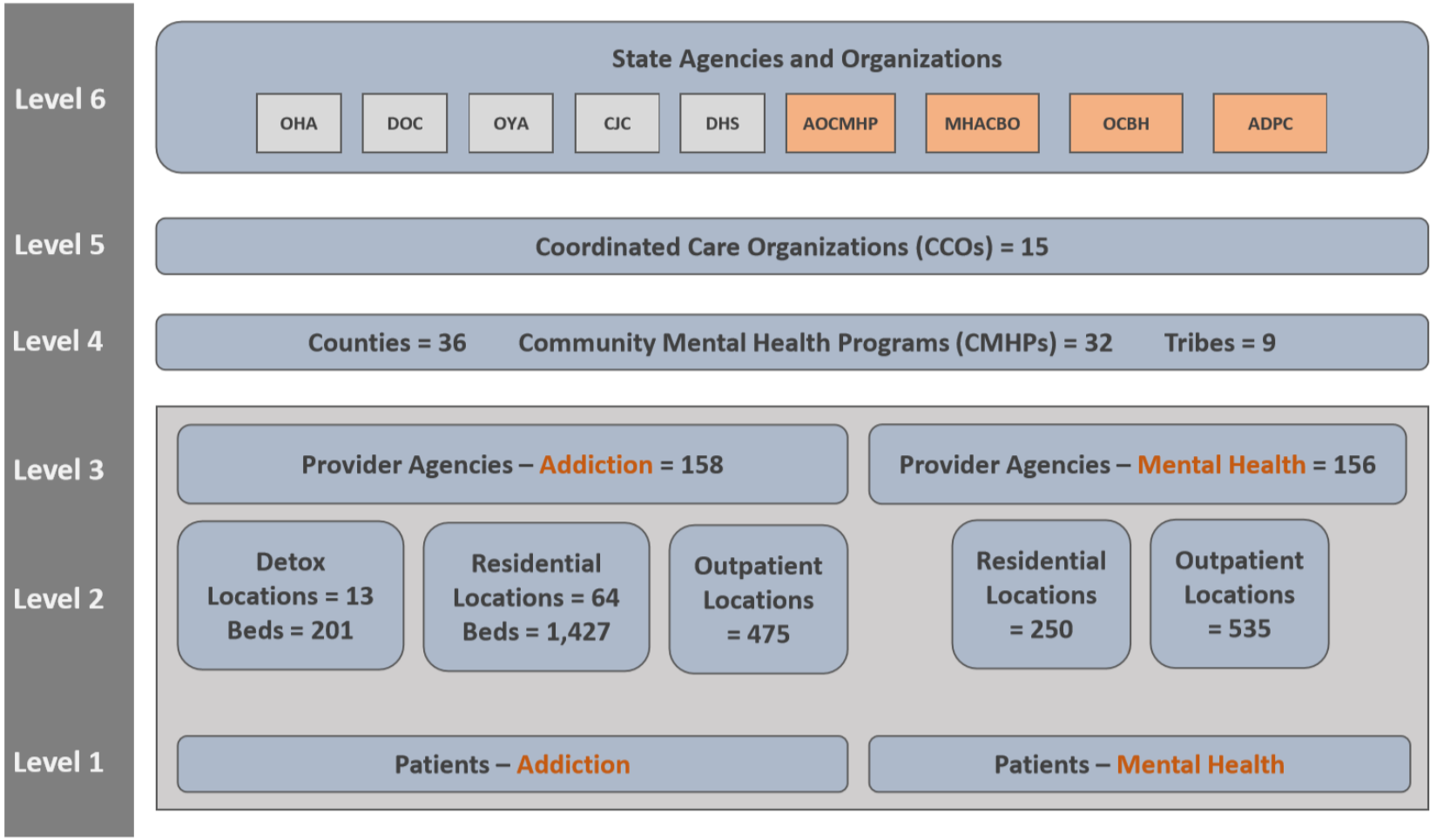
Tobacco = 7,500

Alcohol = 2,000

Opioids = 500+

Chapter 2: Understanding Oregon's Publicly Funded Addiction Treatment System

Figure 2.1. Multilevel Perspective of the Oregon Addiction Treatment System



Chapter 3: Public Expenditure on Substance Abuse Treatment

Table 3.1. Summary of Total Estimated 2017-19 Biennium Public Expenditure on Substance Abuse Treatment

Agency/Counties	Federal	State	County	Total	Percent of Total
OHA					
Medicaid (CCOs)	$246,917,748	$51,385,688		$298,303,436	63.3%
Non-Medicaid	$67,248,462	$50,546,753		$117,795,215	25.0%
Public Health	$10,022,643	$3,579,630		$13,602,273	2.9%
Total OHA				$429,700,924	91.1%
DOC					
In-Prison		$7,943,975		$7,943,975	1.7%
In-Community		$9,207,821		$9,207,821	2.0%
Total DOC				$17,151,796	3.6%
CJC					
Specialty Court		$7,090,962		$7,090,962	1.5%
Justice Reinvestment		$6,111,758		$6,111,758	1.3%
Total CJC				$13,202,720	2.8%
OYA					
In-Facility		$774,245		$774,245	0.2%
In-Community	$84	$217,604		$217,688	0.0%
Total OYA				$991,933	0.2%
Counties					
11 Counties*			$10,508,962	$10,508,962	
Total Counties				$10,508,962	2.2%
Total	$324,188,937	$136,858,520	$10,508,962	$471,556,419	100.0%

* 2015-2017 biennium.

Chapter 3: Public Expenditure on Substance Abuse Treatment

Table 3.1.1.1. Medicaid Medical Spending for Substance Use Disorder (SUD), 2010-2017

Year	Total Enrollees	Member Years	Annual Expenditures, Total	Annual Expenditures, Per Capita
2010	351,062	249,002	$33,446,569	$134
2011	394,893	310,426	$42,654,858	$137
2012	403,647	326,102	$49,194,230	$151
2013	399,417	326,711	$55,607,448	$170
2014	765,922	674,192	$105,068,285	$156
2015	899,925	747,166	$127,607,180	$171
2016	916,575	732,246	$145,008,410	$198
2017	858,190	666,352	$141,947,705	$213

Based on administrative claims data. Member years calculated as enrolled months/12.

Chapter 4: Substance Abuse Treatment Outcomes

Table 4.1.1. Count of Members with SUD Receiving Any Treatment Services[85]

	2010	2011	2012	2013	2014	2015	2016	2017
Total Medicaid enrollees	351,062	394,893	403,647	399,417	765,922	899,925	916,575	858,190
Enrollees with SUD	25,114	31,326	31,816	31,642	62,679	72,590	71,478	70,304
(% of total)	(7.2%)	(7.9%)	(7.9%)	(7.9%)	(8.2%)	(8.1%)	(7.8%)	(8.2%)
Specialty residential/detox	405	610	1,902	2,913	5,950	7,280	8,213	8,148
Specialty outpatient	5,582	7,833	7,875	9,440	17,881	20,521	20,613	19,254
Primary care	958	753	814	898	2,814	3,517	4,917	5,289
People receiving any treatment service	*6,553*	*8,864*	*9,901*	*12,063*	*23,957*	*28,031*	*29,537*	*28,214*

Chapter 4: Substance Abuse Treatment Outcomes

Table 4.1.2. Count of Members with Opioid Use Disorder (OUD) Receiving Pharmacotherapy[88]

	2010	2011	2012	2013	2014	2015	2016	2017
Total enrollees	351,062	394,893	403,647	399,417	765,922	899,925	916,575	858,190
Enrollees with OUD	5,696	7,382	7,799	8,289	15,592	19,456	20,891	21,688
(% of total)	(1.6%)	(1.9%)	(1.9%)	(2.1%)	(2.0%)	(2.2%)	(2.3%)	(2.5%)
Buprenorphine (mono)	48	123	204	300	604	705	776	1,207
Buprenorphine (w/Naloxone)	298	444	477	548	1,299	1,935	2,413	3,670
Methadone	2,518	3,050	3,137	3,136	4,791	5,337	5,565	5,799
Naltrexone (oral)	*	20	34	44	114	228	400	644
Naltrexone (extended-release)	*	*	71	148	515	874	1,213	1,353
People receiving any pharmacotherapy	*2,826*	*3,546*	*3,784*	*3,958*	*6,773*	*8,241*	*9,315*	*11,059*

* Indicates result suppressed due to small cell size, less than 10 cases.

Chapter 4: Substance Abuse Treatment Outcomes

Table 4.2.2. Average Length of Stay in Treatment by Levels of Care

	2015-2016		2016-2017		2017-2018	
Level of Care/Service	Average	Median	Average	Median	Average	Median
Detoxification						
Hospital Inpatient	6	5	5.8	4	5.8	5
Free-Standing Residential	4.6	4	4.7	4	4.3	4
Rehabilitation/Residential						
Hospital Inpatient	*	*	*	*	*	*
Short-term residential	21.5	19	20	17	24	17
Long-term (over 30 days)	39.9	29	36.5	27	37.8	27
Ambulatory (Outpatient)						
Outpatient	50.5	28	61.7	35	**	**
Intensive Outpatient	48.9	29	60.8	36	65.5	44
Detoxification	3.2	3	2	2	1	1
Opioid Agonist Therapy						
Opioid Agonist Therapy	171.5	152	166.3	151	192.4	134
OAT Outpatient	29.1	1	12	1	NA	NA

* Data not collected; ** OHA was unable to provide this data for technical reasons.

Chapter 5: Effect of Outcomes on the Criminal Justice System

Table 5.1.2. Offenders Who Received Treatment in Prison, Community, or Both, 2008-2011

	Count	Percent
In Prison	1,678	17%
In Community	1,996	21%
In Prison and Community	1,505	16%
Any Treatment (Total)	5,179	53%

Table 5.1.4. Offenders Who Received Treatment in Prison, Community, or Both, July 2015 – June 2017

	Count	Percent
In Prison	899	16%
In Community	991	18%
In Prison and Community	1,002	18%
Any Treatment (Total)	2,892	52%

Medium to High Risk Offenders increased from 52% to 59%

Chapter 6: Summary and Recommendations

- Fix or Replace MOTS
- Collaborate with Private Insurers and Providers
- Track the Biennium Public Expenditures and Outcome of Behavioral Health Treatment
- Optimize Treatment Outcomes
- Study the Effectiveness of Behavioral Health Treatment
- Utilize Emerging Digital Therapeutics

OCBH

OREGON COUNCIL FOR BEHAVIORAL HEALTH

OCBH is comprised of over 40 private and non-profit providers of Behavioral Health Services in the state of Oregon. Our members provide the full spectrum of best practice informed Substance use Disorder, Mental Health care, supported housing and social services from prevention early intervention through residential setting for our most vulnerable citizens. Our organization members are mission driven from their leadership, administration, care providers, through numerous volunteers. We exist to support the improved health of individuals, families and our local communities. Our statewide membership represents a combined annual budget of $500,000,000.00, employs over 8,000 citizens, are supported by hundreds of volunteers and donors, and most significantly serve tens of thousands of Oregonians annually on their journey to recovery, independence and health. Our services connect us to our partners in government, commercial markets and local business. Our Boards and leadership are a cross section from our communities including, local business leaders, attorneys, educators, veterans, researchers, fellow concerned citizens and persons with lived experience to name but a few.

Access to Behavioral Health treatment

The *other* three-legged stool

- Medical Necessity
- Funding
  - Infrastructure
  - Data collection
  - Workforce wages/benefits
  - Stability of services
- Workforce
  - Availability of providers to meet patient needs

Investment affects workforce

- Budgets for private and non-profit Health Care providers are prospective and fluctuate daily based on utilization and employee capacity.
- Budgets are not static or guaranteed.
- Behavioral Healthcare providers compete in the broader healthcare market for resources, employees, technology, investment, and infrastructure.
- Unfilled and churning positions

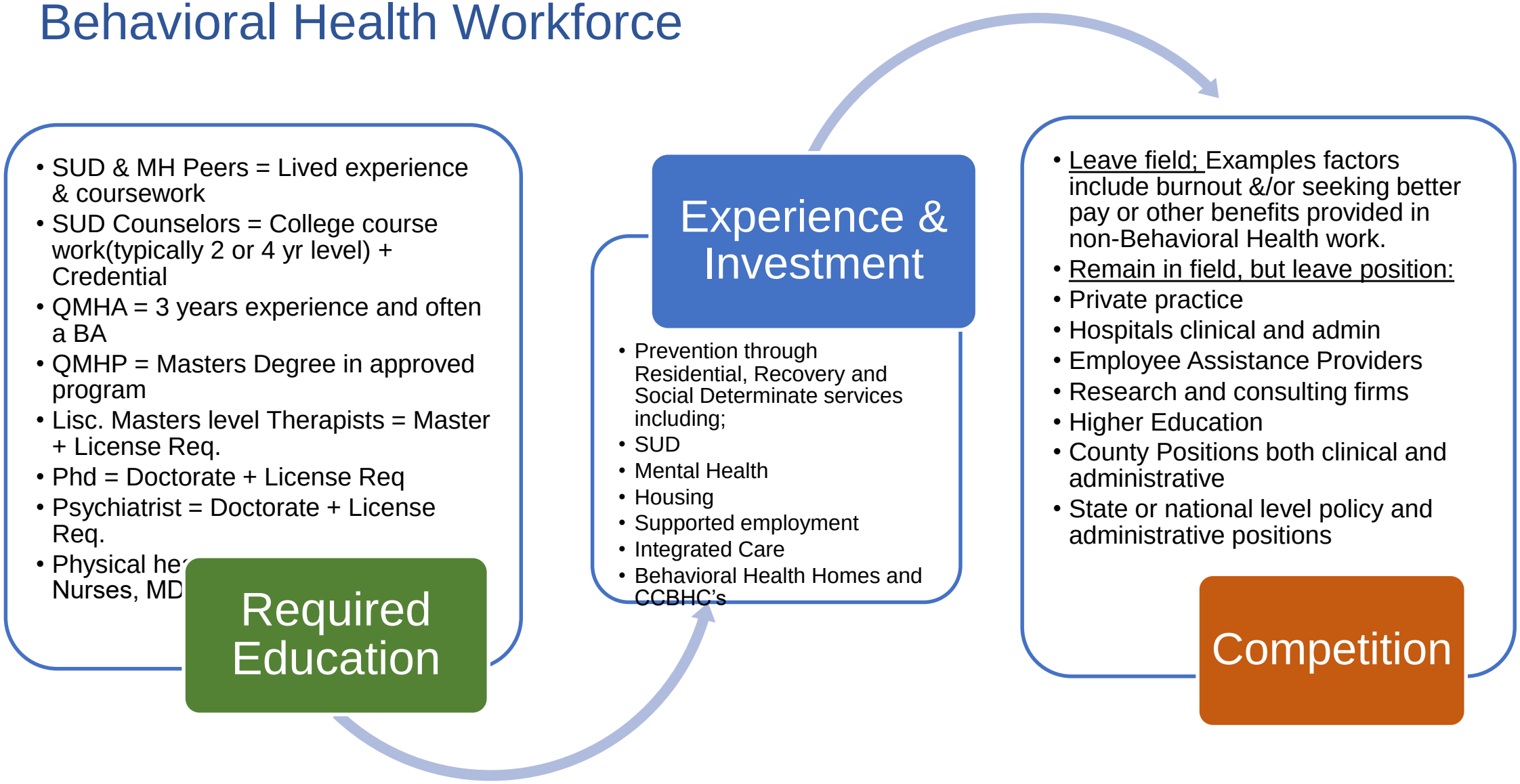
Medical necessity affects investment

Parity and Addiction Equity Act: the mechanism envisioned to support increased access both the federal and state levels.

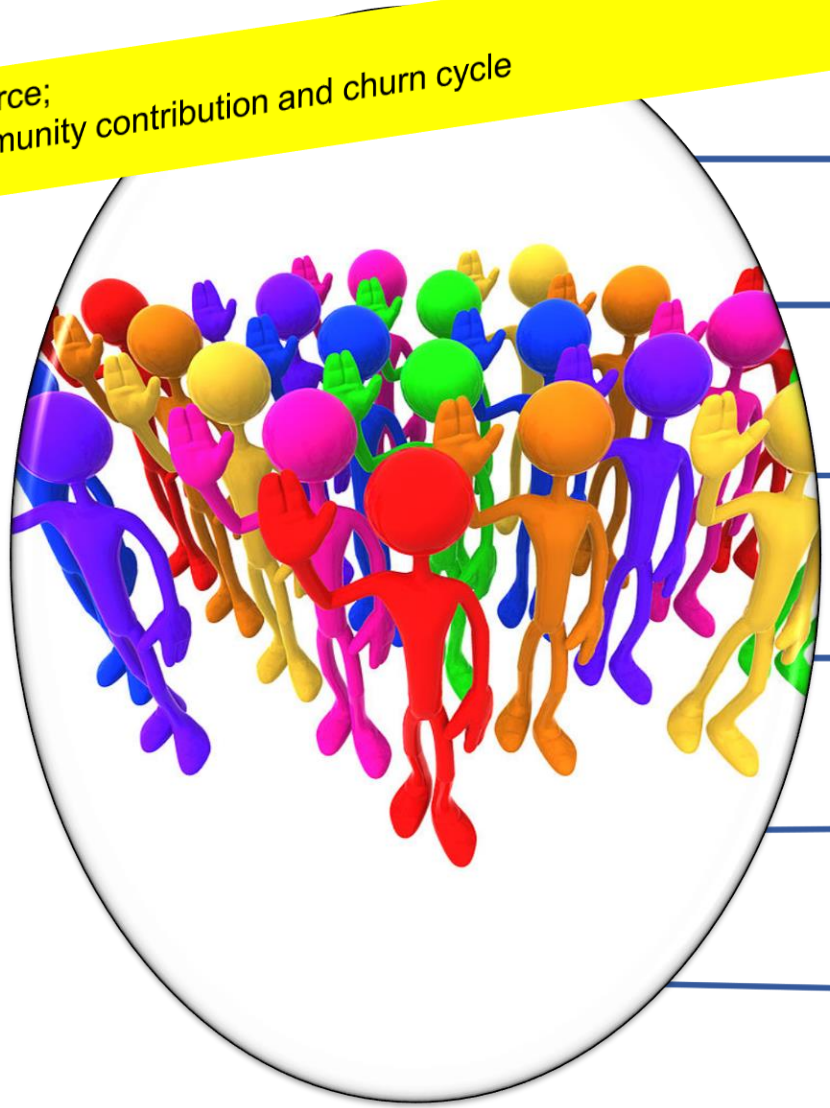
Current standards of parity focus on:

- Timeliness of payment
- Authorization process
- Quantitative limits
- Qualitative requirements

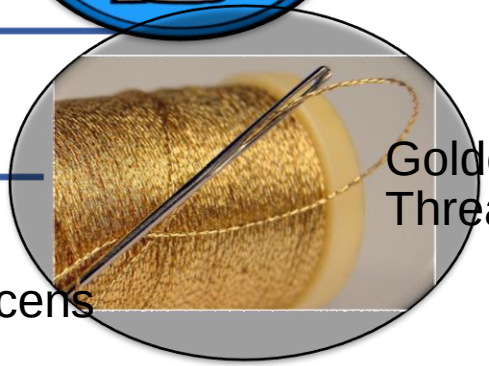
Behavioral Health Workforce



workforce;
a community contribution and churn cycle



Skills



Golden Thread

Licens
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Loan Forgivenes
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Educational Developme
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