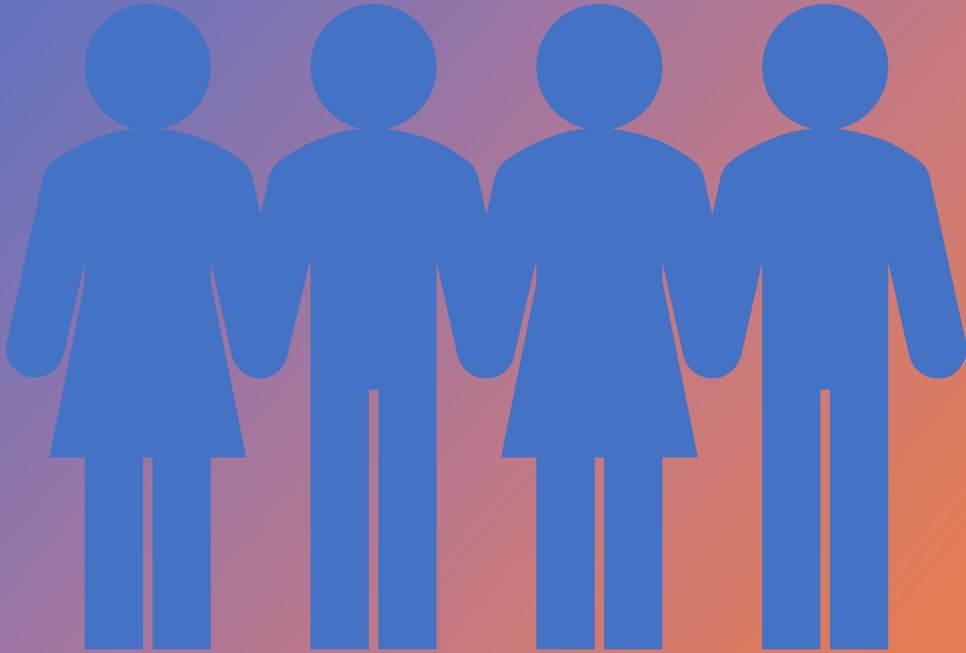




Oregon Council for Behavioral Health

A non-profit trade association

Our mission is to serve as the industry voice and information center for quality, equitable, and accessible community based mental health and substance use care in Oregon



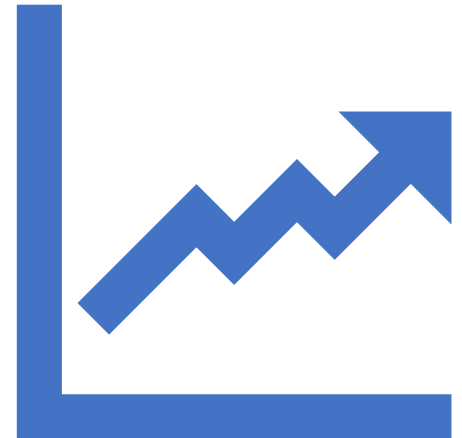
Member Organizations

ADAPT Polk Adolescent Day Treatment Center Addictions Recovery Center Reconnections Counseling Bend Recovery (ORTC) Recovery Works NW Bestcare Treatment Services Rimrock Trails Treatment Services Boys & Girls Aid Shangri La Bridges to Change Telecare Corp Bridgeway Recovery The Janus House Cascadia Health Transformations Wellness Center Cedar Hills Hospital Trillium Family Services Central City Concern Center for Family Development Volunteers of America Oregon Cielo Treatment Center Wallowa Valley Center for Wellness CODA Inc. Willamette Family ColumbiaCare Community Counseling Solutions 4th Dimension Recovery Center Crossroads Treatment Alano Club of Portland Emergence Addiction & Mental Health Services Cascade Peer Support & Self Help Center Fora Health Dawn's House Kairos NW Fletcher Group Lifeworks NW Genoa Telepsychiatry Lines for Life GOBHI Lutheran Community Services NW Ideal Option Milestones Family Recovery Jackson House Mind Solutions Juntos NW LLC Morrison Child and Family Services Mental Health Association of Portland Native American Rehabilitation Association (NARA) MHAAO New Directions NW MHACBO New Narrative Mindsights Northwest Catholic Counseling Center Neighborhood Health Clinics Northwest Treatment New Priorities NW Premier RTF Oregon Family Support Network On Track Oregon Recovers Options for Southern Oregon SriPonya Options Counseling & Family Services Tamarack Health Oregon Recovery Behavioral Health Taylor Made Retreat Phoenix Counseling Prism Health

Thank you.

Your work is beginning to make a difference for today and tomorrow.

- A few highlights
- BH rate increases allowed provider agencies to stay responsive to inflation. And make gains in reducing the pay gap of actual wages to local good enough competitive wages by 19% in 2023 compared to 2021. *OCBH workforce survey
- Regained pre-covid levels of programing and access! (youth services remain an outlier)
- Unfilled positions improved from a 2021 covid low of 30% to 50%, to a range of 18% to 27% in 2023. Similar to pre-covid unfilled position rates. *OCBH workforce survey
- A national first 110 funding has created a transparent funding home for SUD related services and capital investment that are outside of the scope of Medicaid and Commercial insurance investment, creating sustainability were there previously was none.
- Work force investment for student loan reimbursement, supervision supports and training have been critical to recruit and retain.
- Capital funds are beginning to create new and updated treatment facilities across Oregon.



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- **Data that provides some context to the crisis**

Oregon Health Authority & Oregon Alcohol and Drug Policy Commission (ADPC), researchers from the Oregon Health and Science University - Portland State University School of Public Health (OHSU-PSU SPH) conducted an inventory and gap analysis of service delivery resources available in Oregon to address substance use disorder prevention, harm reduction, treatment, and recovery.

Full report

- [OHSU - Oregon Gap Analysis and Inventory Report - 2023 update.pdf](#)
- **Key Findings**
 - There is a 49% gap in substance use disorder services needed by Oregonians.
 - Most substance use disorder service providers lack capacity to meet demand for services.
 - Statewide gaps in equity and access include insufficient provision of culturally relevant services to protected classes, language interpretation and translation services, and a workforce that does not represent the demographics of the state.
- **Recommendations**
 - Treat encounters in the emergency department, hospital, shelters and justice systems as opportunities for connection to community treatment and naloxone distribution.
 - Incentivize equitable distribution of linguistically and culturally relevant services.
 - Expand access to medications for opioid use disorder through provider training, telemedicine, mobile services, medication units, and reduced wait times and insurance pre-authorization.

Above is a partial list of the report summary, full text located on the following page.

<https://www.oregon.gov/adpc/Pages/gap-analysis.aspx>

*Please note coming soon; further SUD and MH residential reports late 2023/early 2024.

The backbone of Oregon's SUD system structure.

American Society of Addiction Medicine Continuum of care

<https://www.asam.org/asam-criteria/about-the-asam-criteria>

(Does not include crisis, respite/drop in/stabilization centers)

ASAM CONTINUUM OF CARE

▶ ADULT



- .5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low-Intensity Residential Services

- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically Monitored Intensive Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

▶ ADOLESCENT





What our members are telling us they need to address the fentanyl epidemic.

-
- Improve flexibility and capacity of the continuum across withdrawal management and all levels of residential services.
 - Increase and improve transitional phases on continuum; such as partial hospitalization (confusing title, this is an outpatient service) and intensive outpatient with recovery &/or stabilizing housing.
 - Dramatically increase access to methadone and all other opioid treatment medications across the entire ASAM continuum of care to address the extreme impacts of fentanyl.

All of the above could be improved with adjustments to both administrative and funding barriers

Leveraging our resources; There are solutions within these categories

- Crisis planning experience and methodologies
 - Researched approaches and structures for moving systemic services forward in a crisis and adjusted typical need.
- Administrative modernization and streamlining
 - Statutes, rules, oversight and contracts.
- Parity
 - Applied to both Medicaid and commercial oversight, opportunities and compliance.
- Reliable and sustainable funding opportunities
 - Alternative payment structures and whole person care focused on medical necessity.
 - Strategic assessment and application of funds utilized to support non-insurance covered services.





We can do it together

- OCBH and our members are here to help.
- Tours
- Information
- Specific examples
- Please never hesitate to ask our knowledge and experience is local and expert. With our members employing over 8,000 mental health and substance use professionals in 30 counties.
- Heather@ocbh.org

Oregon Continuum of population specific housing and treatment for persons experiencing significant mental health concerns

(did not include crisis, respite, or stabilization centers)

- Independent Living (outpatient and other supports as needed)

- Congregate living, Onsite support staff

- Adult Foster Home, fully staffed for care services

- Residential Treatment Home

- residential Treatment Facility

- Secure Residential Treatment Facility II

- Secure Residential Treatment Facility I

- Acute Care, Hospital level of care

- Oregon State Hospital