
Overview of Substance Use Disorder Treatment and Services System in Oregon

Joint Committee on Addiction and Community Safety Response
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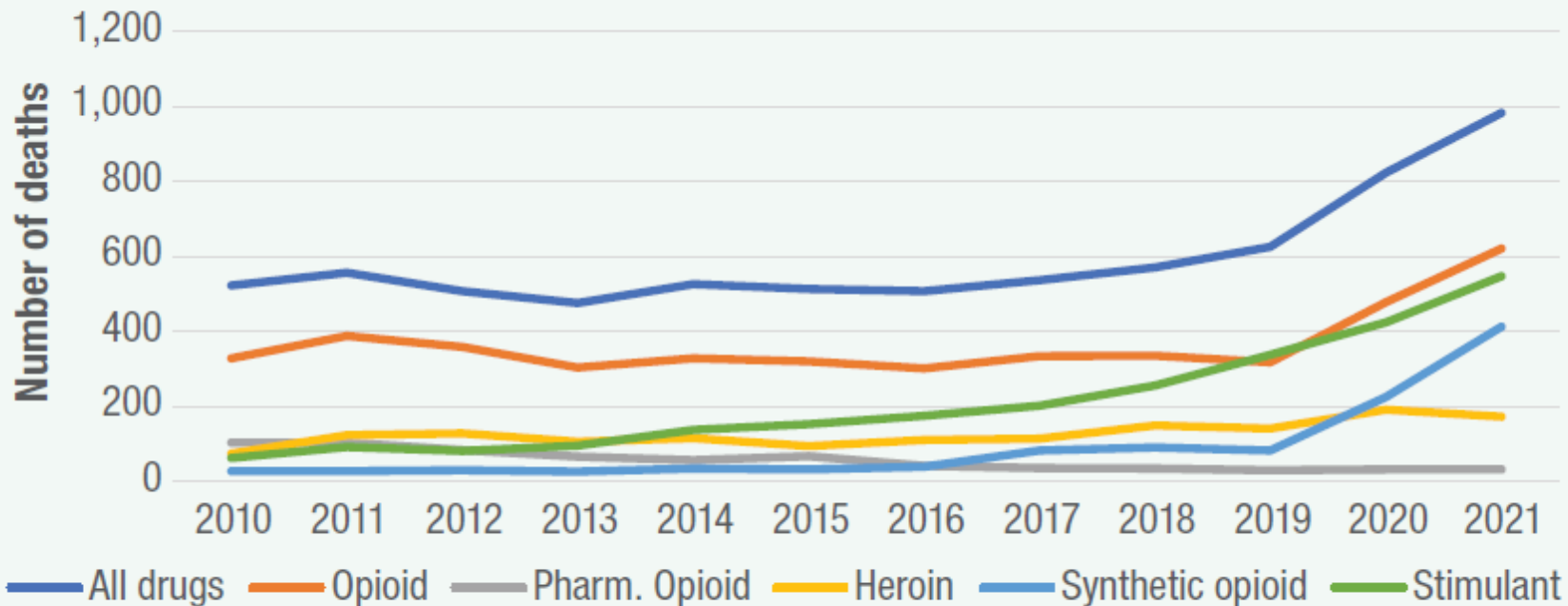


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Drug Overdose Deaths in Oregon

Figure 1: Drug overdose deaths, Oregon 2010–2021

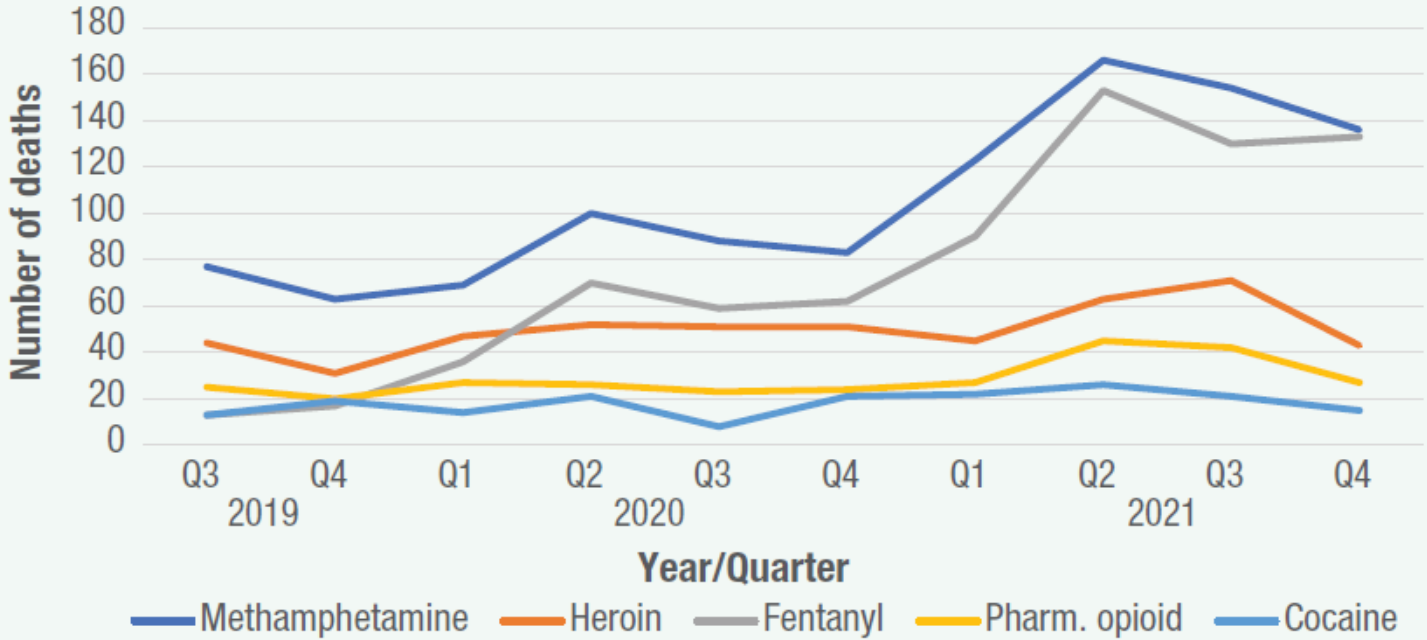


Note: Opioid includes deaths classified as pharmaceutical, heroin, and synthetic opioid. See endnotes for additional information on overdose death classifications based on the ICD-10 system.

Source: Oregon Vital Records (Deaths) – Center for Health Statistics – OHA

Drug Overdose Deaths in Oregon

Figure 2: Unintentional and undetermined overdose deaths by drug involved and quarter, Oregon, July 2019–December 2021

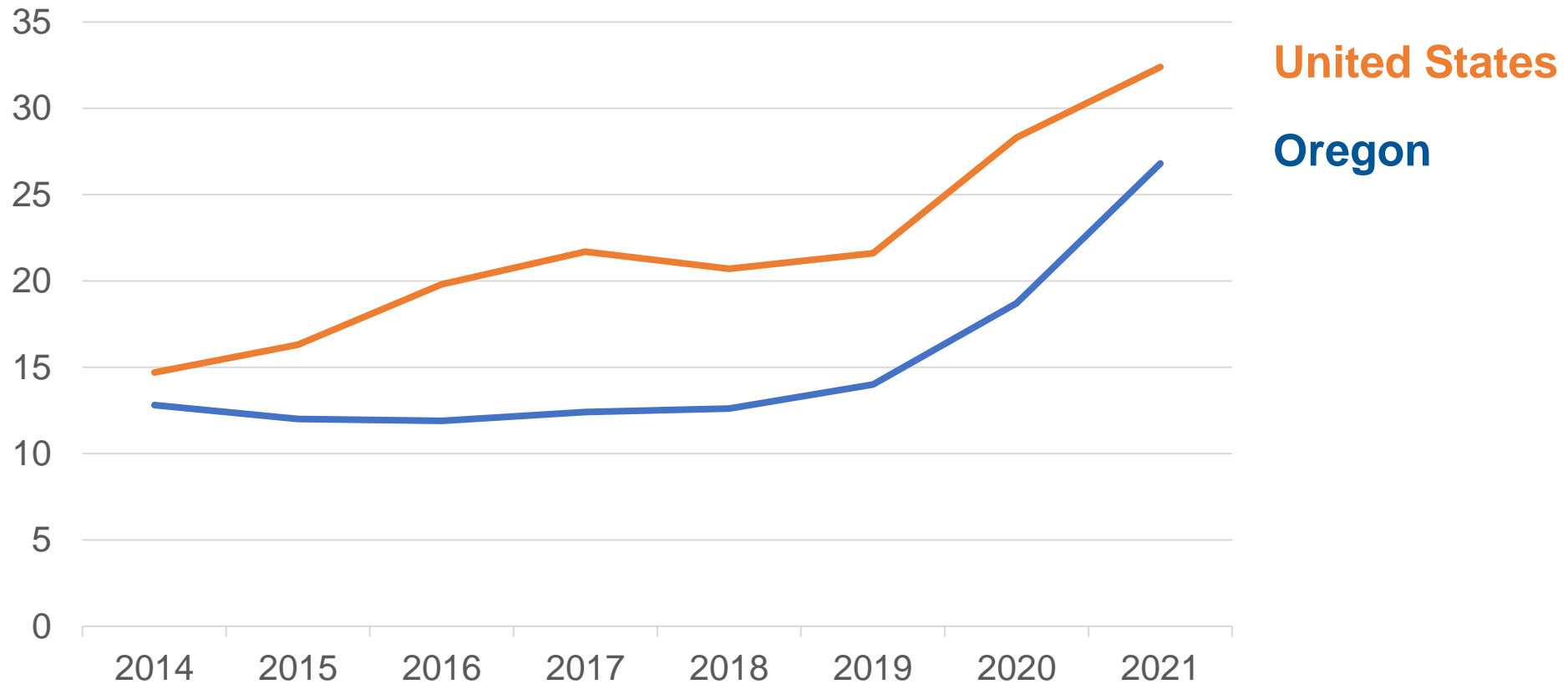


Note: When two or more drugs are attributed to a death, the death count is duplicated under different drugs. Pharmacological opioid definitions differ between SUDORS and death certificate data and should not be directly compared. See endnotes for additional information.

Source: SUDORS (2021 data are provisional and subject to change)

Comparison of Oregon and United States

Drug Overdose Deaths by Year, All Drugs, per 100,000 Population



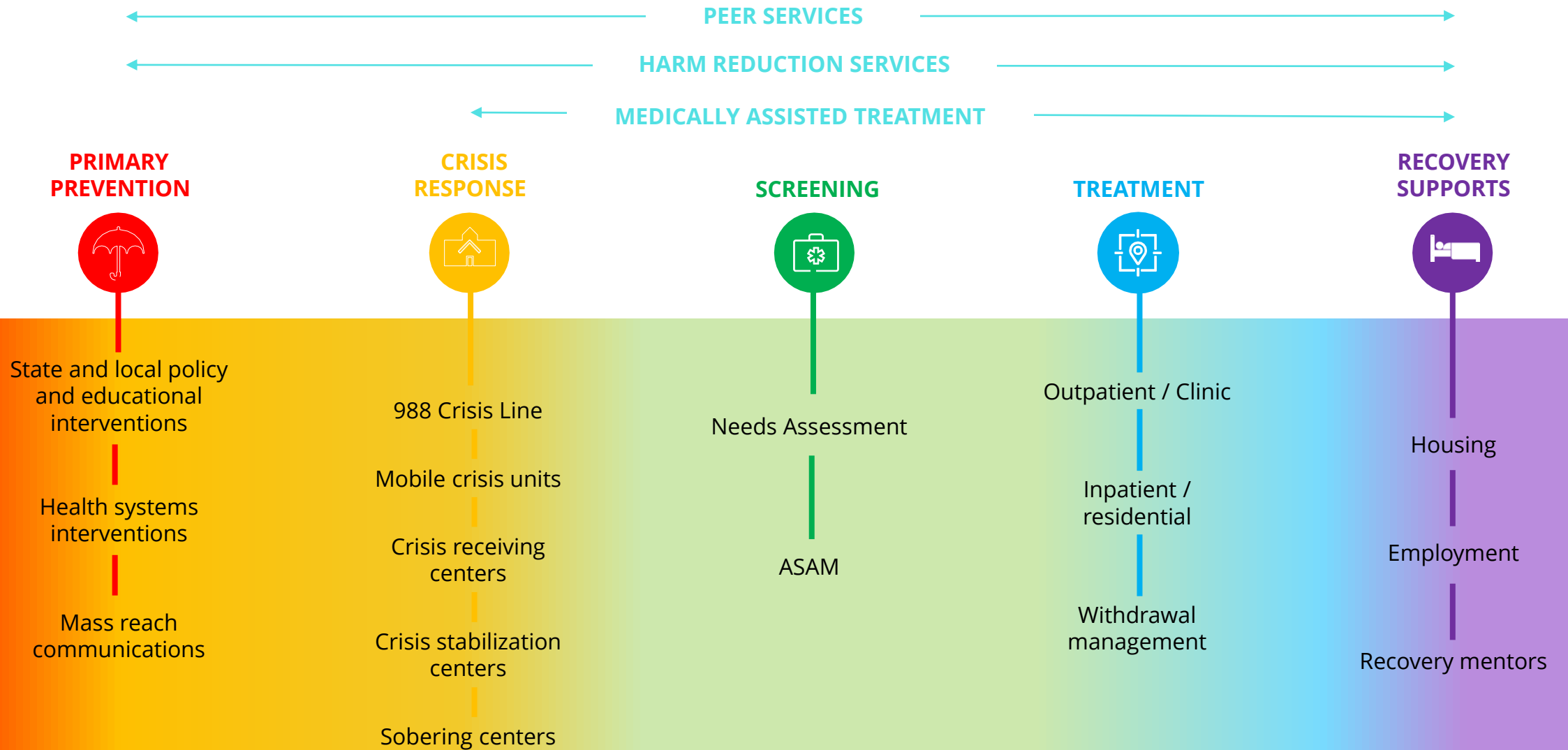
Source: CDC, https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

Basic Terms

- Behavioral health
- Substance use disorder (SUD)
- Treatment services
- Supportive services
- Social determinants of health

SUBSTANCE USE DISORDER

CONTINUUM OF CARE

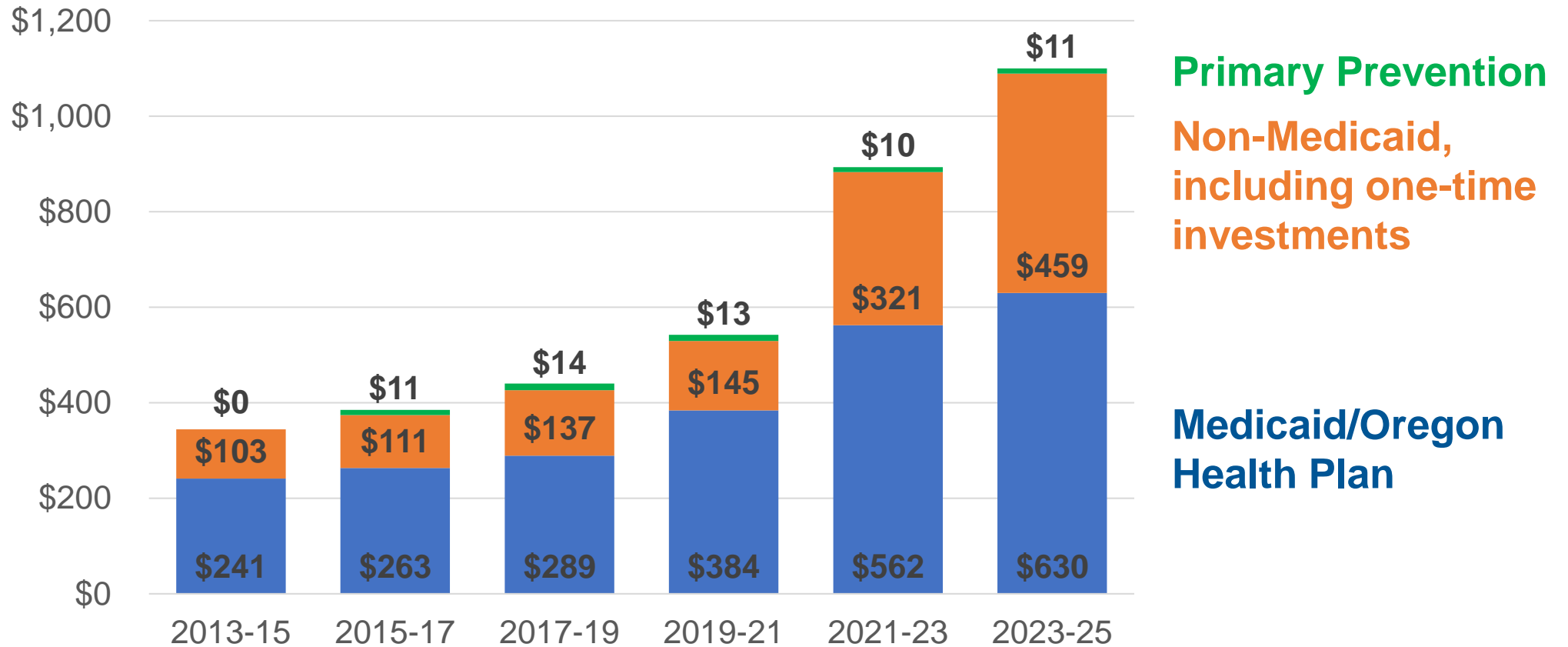


Organizations Involved in the SUD System

- Oregon Health Authority (OHA)
- Health insurers/coverage
 - Commercial, private, employer-based
 - Medicaid/Oregon Health Plan (OHP)
- Providers
 - Private/commercial health care and treatment providers
 - Community Mental Health Programs (CMHPs, via county government)
 - Certified Community Behavioral Health Clinics (CCBHCs)
 - Federally Qualified Health Centers (FQHCs)
 - Community Based Organizations (CBOs)
 - Measure 110 Behavioral Health Resource Network (BHRNs) grantees

SUD System Spending via OHA

Spending per Biennium in Millions



Major Funding Sources in the SUD System

- Payments to providers by health insurance/coverage
 - Commercial, private, employer-based
 - Medicaid/Oregon Health Plan (OHP)
- State funds
 - General fund: CMHPs, CCBHCs, state portion of Medicaid, primary prevention
 - Marijuana taxes: Measure 110 grants
- County funds – CMHPs, CCBHCs
- Federal funds – federal portion of Medicaid, FQHCs, block grants, state opioid response grants
- Telecom tax: 988 call center, mobile crisis, crisis stabilization services

Behavioral Health Residential+ Facility Study

- Comprehensive behavioral health study to examine bed capacity to serve adults, which will
 - Identify capacity in Oregon State Hospital, inpatient, mental health residential, SUD residential, and withdrawal management facilities
 - Estimate start-up costs for building additional facilities
 - Address issues that impact both access and quality of facilities, including workforce challenges, barriers to admission or discharge, and health inequities
- Includes broad external engagement
- Designed to result in a five-year strategic plan to expand capacity and improve outcomes

SUD Financial Analysis

- An analysis of public SUD spending and investments, per a budget note in HB 5006 (2021 regular session), to include:
 - An inventory of public spending across the continuum of care
 - An estimate of the cost to address unmet need
 - A set of recommendations on how the state could leverage new or existing revenue sources to address the costs for unmet need

Barriers to Creating an Ideal Continuum of Care

- Long term underfunding and limited capacity
- Defining and quantifying the need
- Workforce challenges: pay, diversity, pipeline, licensure, administrative burden
- Need for coordination across providers and services
- Need for culturally & linguistically responsive services
- Rates for providers
- Recovery from the impacts of the pandemic
- Stigma

Future Vision

A behavioral health continuum of care that is responsive and effective in meeting the unique and complex needs of all Oregonians, regardless of race, ethnicity, gender, sexual orientation, religion, or region.

This will require:

- Responding to the illicit substance epidemic
- Expanding and enhancing SUD access, services and supports to meet regional need
- Ensuring that state investments deliver coordinated programs and benefits for Oregonians

Thank you

The logo for the Oregon Health Authority is centered within a light blue, curved banner at the bottom of the slide. The word "Oregon" is written in a smaller, orange, serif font above the word "Health", which is in a larger, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font.

Oregon
Health
Authority
