Joint Interim Committee on Addiction and Community Safety Response

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Thank you Co-Chair Senator Lieber and Co-Chair Rep. Kropf
and members of the Committee

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Fentanyl has been a game changer over the last two years.

Economics 101: Fentanyl is cheap and plentiful, easy to produce and easy to smuggle.

Consequences:

1. **More people become severely dependent**
   a. Physical levels of dependency are higher than we have seen with heroin
   b. The cognitive dissonance between known danger and continued use higher than ever.
2. **High overdose rates**
   a. Potency of each blue pill can vary by a factor of 10
   b. Users are routinely reporting **15-20 experiences of overdose**, saved by naltrexone.
   c. Each overdose is an assault to the brain roughly comparable to a concussion. We run the risk of a large population of people with **chronic brain damage** due to repeated overdoses.
   d. **Unprecedented death rates**. BestCare has seen more client deaths this year than the previous 25 years put together. None of us are predicting that there will be any long-term Fentanyl addicts.

Impact on SUD Treatment: Nearly half of our admissions are using Fentanyl. This has required rapid changes in treatment protocols and strategies.

1. We had to ensure **rapid access to MAT**. We have had people had die while on wait lists, so we eliminated wait lists.
2. We needed to **integrate MAT services** throughout all BH services.
3. Our medical staff had to update their withdrawal management protocols have needed to be updated.
4. Have had to set up a **harm reduction** phase of treatment services.
5. Some of our **teams are emotionally reeling** from multiple deaths of long-term clients.

What is Working for BestCare in Central Oregon

1. Outreach and Engagement: Since the implementation of our M110 funded BHRN, our referrals and admissions have tripled.
2. Harm Reduction approaches: These strategies have kept people alive long enough that we can engage them in treatment services.
3. Rapid access to Medication Assisted Treatment
4. Addiction Medicine Clinics: SUD treatment with medical services that complement FQHCs with behavioral health services
5. Collaboration with FQHCs: We have a close collaboration with Mosaic Medical, our local FQHC.
6. Intensive outpatient counseling and peer mentor services
7. Integrated co-occurring services: The people we serve seem to have ever higher levels of serious mental illnesses
8. Recovery Supports: safe and sober housing, employment education, peer services
9. Improved reimbursement rates that support these services
10. Certified Community Behavioral Health Centers (CCBHC): We have a CCBHC in Jefferson County. The wrap around services located there are obviously more effective than our other services.
11. ECHO collaboration with OHSU: Helps our medical staff remain on top of a rapidly changing clinical environment.

Gaps in Services

1. Pre-authorizations and other utilization management strategies on critical MAT medications from CCOs and other insurers. Delays kill people. PacificSource Community Solutions has the model approach in Oregon. The other CCOs need to follow suit.
2. MAT and outreach services in County Jails and other corrections settings. Risk of overdose death in the first 72 hours of release is increased by a factor of 27.
3. Withdrawal Management (Detox) programs need to be expanded.
4. A better tie-in with Community Corrections. We have swung the pendulum too far. In 2000, the vast majority of referrals to SUD treatment in Oregon were from the Justice system. This was too skewed to one side of that equation. Now, a small minority of referrals are coming from the Justice system.
5. Need to increase services for pregnant women: universal home visiting and BH supports. See report from the Oregon Maternal Mortality and Morbidity Committee.
6. Youth services are at a state of near collapse in Oregon.
7. Administrative burden keeps increasing to ever more ridiculous levels.
8. Support services for clinical teams. Only comparable to the early AIDS epidemic.
9. Need to develop more qualified staff. Statewide problem, especially acute for counseling staff working in MAT programs.