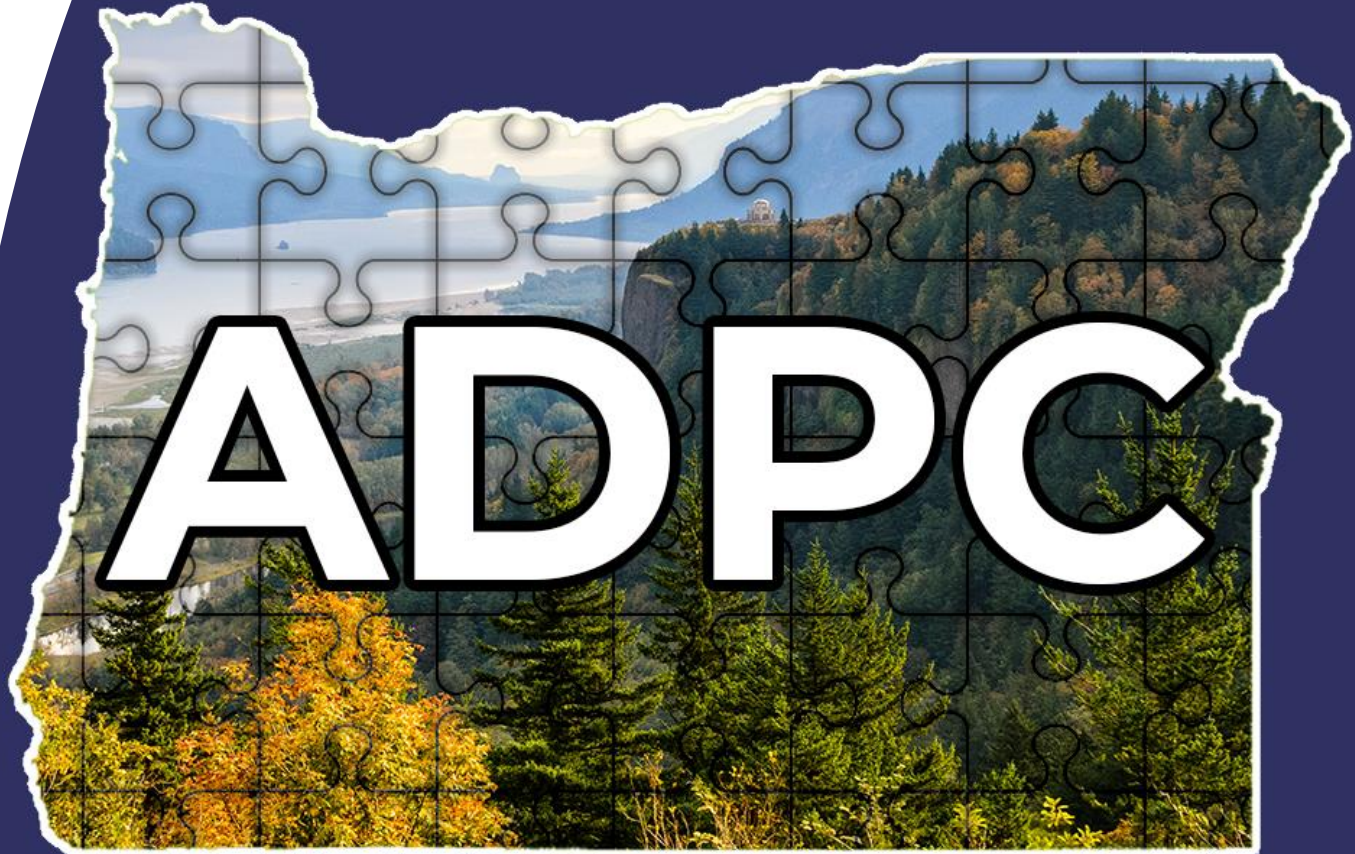


**Oregon
SUD System Assessments
and Analyses 2020-25**



Catalog of 2020-25 SUD Assessments

- [Oregon Substance Use Disorder Services Inventory and Gap Analysis](#). (September 2022; updated February 2024) – [Link to ADPC Summary](#)
- [Oregon inventory of services for co-occurring substance use and mental health disorders](#), 2022. (12/23/2023) – [Link to ADPC Summary](#)
- [Oregon Health Authority Behavioral Health Residential+ Facility Study June 2024 Final Report](#). Public Consulting Group LLC (June 2024). – [Link to ADPC Summary](#)
- [Oregon Health Authority \(OHA\) Substance Use Disorder Financial Analysis](#). Public Consulting Group (April 2024). – [Link to ADPC Summary](#)
- [Workforce Reports and Links](#).

2022 Substance Use Disorder Services Inventory and Gap Analysis

- **Inventory** of SUD services by county and estimated region-based need for specific prevention, treatment and recovery services.
- **Estimated gaps** for facilities, outpatient clinics, recovery housing, recovery community centers, workforce for certain categories of treatment professionals and some specific types of programs. Overall estimate is 49% gap.
- **Survey** of SUD service providers relating to Medications for Opioid Use Disorder, regional capacity, barriers to access, culturally specific services. Most organizations did not offer specific services to LGBTQIA+2S clients, clients with mental or physical disabilities, or veterans. More than half of organizations lack capacity to meet demand and are inadequately funded or staffed.
- The full analysis is available at [Oregon Substance Use Disorder Services Inventory and Gap Analysis](#) and the summary presentation to the ADPC is available [here](#).

2022 SUD Services Inventory and Gap Analysis - Recommendations

1. No wrong door approach through increased flexibility
2. Use encounters in ED, hospital, shelters & justice system as opportunity to connect to treatment & distribute naloxone.
3. Expand transportation & technology to access services
4. Incentivize & monitor linguistically and culturally specific services + services designed to meet the needs of protected classes.
5. Expand LGBTQIA2S+ specific services, particularly for youth.
6. Address workforce gaps.
7. Assess prevention services & invest in prevention supports for youth & families.
8. Address known risk factors for hospitalization.
9. Expand publicly funded recovery support services in a variety of settings.
10. Expand access to all MOUD.
11. Invest in syringe service & other harm reduction programs, including drug checking.
12. Support affordable housing, education & employment to reduce risk of SUD.

2022 SUD Services Inventory and Gap Analysis - Caveats

- Point in time assessment, pre-dated the selection of M110 Behavioral Health Resource Network grantees in counties and tribes.
- Needs assessment using data from NSDUH and OHP billing data was used with the calculating for an Adequate System Tool (CAST) to generate estimates of risk of hospitalization for alcohol or drug use by county and service capacity need. NSDUH prevalence estimates do not distinguish between mild and severe use disorders and do not include unhoused and incarcerated populations, or those housed in hospitals or nursing homes.
- The survey does not include a complete representation of all substance use disorder services and is not generalizable to all prevention, treatment and recovery services offered within Oregon.
- Does not include youth-specific services.

Inventory of Adult Co-occurring Substance Use and Mental Health Disorder Services (2022)

- 69% of substance use treatment clients in Oregon have a co-occurring mental health disorder; and 37% of mental health treatment clients have a diagnosed substance use disorder.
- Inventory based on self report information from programs.
- More mental health programs indicated they treat Co-occurring disorders (COD) (81%) than SU programs (42% outpatient; 33% residential).
- Sara Rainer, Elizabeth Needham Waddell; Oregon Health & Science University-Portland State University School of Public Health (Prepared for the Oregon Health Authority). [Oregon inventory of services for co-occurring substance use and mental health disorders, 2022.](#) (12/23/2023).

COD Inventory – Recommendations

1. Prioritize support for SUD programs to serve clients with COD.
2. Increase dually-credentialed workforce in SUD settings.
3. Ensure medications for AUD & OUD are available in both SUD and MH settings.
4. Expand access to overdose reversal drugs + workforce education about harm reduction.
5. Qualitative research centering those with COD & those not in treatment, including individuals experiencing homelessness, individuals involved in criminal justice system and utilizers of EDs and the state hospital.
6. Analysis of insurance claims data to identify disparities in concurrent treatment for COD by race, ethnicity, gender & geography.

COD Inventory - Caveats

- Relies solely on self-reported information from MH or SUD licensed providers.
- Does not specifically address other co-occurring populations.
- Does not identify specific administrative or funding barriers, nor does the study identify a standard or goal for the state with respect to co-occurring disorder services.
- Does not include youth specific services.

OHA Behavioral Health Residential+ Facility Study

- Assessment of existing capacity and estimate of need by region for licensed adult behavioral health facilities, including Residential SUD facilities; clinically managed withdrawal management facilities and medically monitored withdrawal management facilities.
- Proposes a five year plan to address the need by building capacity in every region year by year.
- Need estimates by trauma region. There are seven trauma system areas in Oregon.
- [Oregon Health Authority Behavioral Health Residential+ Facility Study June 2024 Final Report. Public Consulting Group LLC \(June 2024\).](#)

OHA Behavioral Health Residential+ Facility Study – SUD Need*

Facility Type	Current Capacity	Pending Capacity	Total projected capacity for Q3 2025	Addnl Capacity Needed	Total Future Bed Capacity	% Increase
SUD Residential Facility	1,374	44	1,418	2,357	3,775	166.22%
Withdrawal Management Facility (Clinical & Medical)	301	16	317	571	888	180.13%

*Estimates derived from the Substance Abuse and Mental Health Services Administration's Calculating for an Adequate System Tool (CAST), as reported in the 2022 Oregon Substance Use Disorder Services Inventory and Gap Analysis. vi 6. Withdrawal Management is projected to need an additional 571 beds based on the same Substance Abuse and Mental Health Services Administration's Calculating for an Adequate System Tool (CAST) model, as reported in the 2022 Oregon Substance Use Disorder Services Inventory and Gap Analysis.

OHA Behavioral Health Residential+ Facility Study – Need by Region

Facility Type	Current Capacity	Pending Capacity	Total Projected '25 Q3	Addnl Capacity Needed	Total Future Bed Capacity	% Increase
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Portland/N Coast

SUD Residential Facility	639	44	683	1,110	1,793	162.52%
Withdrawal Management Facility	139	16	155	269	424	173.55%

Mid-Willamette Valley/N Central Coast

SUD Residential Facility	100	0	100	424	524	424.00%
Withdrawal Management Facility	43	0	43	103	146	239.53%

OHA Behavioral Health Residential+ Facility Study – Need by Region

Facility Type	Current Capacity	Pending Capacity	Total Projected '25 Q3	Addnl Capacity Needed	Total Future Bed Capacity	% Increase
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S Willamette Valley/S Central Coast

SUD Residential Facility	202	0	292	321	523	158.91%
Withdrawal Management Facility	55	0	55	78	133	141.82%

Southern Oregon/ S Coast

SUD Residential Facility	116	0	116	185	301	159.48%
Withdrawal Management Facility	12	0	12	45	57	375%

OHA Behavioral Health Residential+ Facility Study – Need by Region

Facility Type	Current Capacity	Pending Capacity	Total Projected '25 Q3	Addnl Capacity Needed	Total Future Bed Capacity	% Increase
Columbia Gorge						
SUD Residential Facility	0	0	0	30	30	*
Withdrawal Management Facility	0	0	0	7	7	*
Central Oregon						
SUD Residential Facility	127	0	127	190	317	149.61%
Withdrawal Management Facility	36	0	36	46	82	127.78%

OHA Behavioral Health Residential+ Facility Study – Need by Region

Facility Type	Current Capacity	Pending Capacity	Total Projected '25 Q3	Addnl Capacity Needed	Total Future Bed Capacity	% Increase
Eastern Oregon						
SUD Residential Facility	190	0	190	96	286	50.53%
Withdrawal Management Facility	16	0	16	23	39	143.75%

Bed count maps are on Pages 45-47; projects in development are on pages 51-53 of the [report](#).

OHA Behavioral Health Residential+ Facility Study – Estimated Funding Need

Facility Type	Projected Capacity Need	Average capital cost per bed	Total Projected Capital Investment
SUD Residential Facility	2,357	\$249,952	\$589,136,864
Withdrawal Management Facility	571	\$275,580	\$157,356,180
TOTAL	2,928		\$746,493,044

OHA Behavioral Health Residential+ Facility Study – Recommendations

1. Incrementally add capacity across regions and by bed type.
2. Utilize a Hub and Spoke care model, similar to [WA HCA Opioid Treatment Network Hub and Spoke projects](#).
3. Ensure sufficient workforce capacity to support the addition of new beds or facilities.
4. Increase availability, access, and funding for other behavioral health or substance abuse services that support individuals to remain in the community.
5. Increase availability and access to supportive and transitional housing options

OHA Behavioral Health Residential+ Facility Study - Caveats

- SUD facility estimates based on OHSU Gaps Analysis CAST estimate.
- Does not target investments by need or overall geographic access year over year.
- Outpatient treatment programs, supportive & recovery housing and facilities licensed by non-OHA agencies were not included.
- Does not address the needs of youth.

OHA Substance Use Disorder State Agency Financial Analysis

- Directed by HB 5006 (2021) Budget Note to OHA to analyze the adequacy of behavioral health structures in the state, including conducting an analysis of behavioral health costs and financing. The goal at the time was to better understand current funding for the SUD continuum to consider where potential additional revenue related to an alcohol tax increase should be allocated.
- Final analysis includes a financial inventory of public spending on SUD services and supports, cost estimates to address unmet need across the care continuum, and a review of revenue options to address unmet SUD needs.
- Focus for ADPC plan development will be on the financial inventory in order to develop recommendations for ongoing analysis to ensure the efficiency and effectiveness of state resources.
- [Oregon Health Authority \(OHA\) Substance Use Disorder Financial Analysis](#). Public Consulting Group (April 2024).

SUD Financial Analysis – Spending Categories

- \$1 billion of publicly funded SUD services and supports during the 2021-23 biennium. This includes one-time federal funds. **56%** federal; **26%** Other (M110, Lottery, etc.); **18%** General Fund.
- The spending data was collected from state agencies with additional context from county partners including LPHAs and CMHPs, as well as some CCOs.
- Spending on state staff and infrastructure is **not** included.

	Primary Prevention	Harm Reduction	Treatment	Peer Delivered Services	Recovery Supports	Drug Courts	Other*	Can not Determine
% of total spending	5.95%	3.06%	63.74%	9.82%	9.23%	.46%	.37%	7.37%
Agencies spending	OHA BHD & PHD; CJC; ODHS	OHA BHD; CJC; ODHS	OHA BHD & Medicaid; CJC; ODHS; DOC; OYA.	OHA BHD & Medicaid; CJC; ODHS.	OHA BHD & Medicaid; CJC; ODHS.	OJD.	OHA; CJC; ODHS.	

SUD Financial Analysis – Spending by Agency

Agency	Spending by Service Category	Total SUD Spending
OHA Medicaid	Treatment - \$470,272,996	\$562 million
	Other Medicaid Capitated Payments - \$70,417,387	
	Peer Delivered Services - \$21,029,504	
	Recovery Supports - \$402,511	
OHA Behavioral Health Division	Treatment - \$132,591,375	\$322 mil
	Recovery Supports - \$79,540,766	
	Peer Delivered Services - \$73,362,267	
	Harm Reduction - \$29,875,449	
	Other - \$2,931,665	
	Primary Prevention - \$2,058,987	
	Undetermined - \$1,875,680	

SUD Financial Analysis – Spending by Agency Cont'd

Agency	Spending by Service Category	Total SUD Spending
OHA Public Health Division	Primary Prevention - \$55,729,126	\$56 mil
CJC	Treatment - \$13,519,267	\$18 mil
	Recovery Supports - \$2,370,160	
	Peer Delivered Services - \$1,770,459	
	Other - \$218,790	
	Primary Prevention - \$144,000	
	Harm Reduction - \$56,000	

SUD Financial Analysis – Spending by Agency Cont'd

Agency	Spending by Service Category	Total SUD Spending
ODHS	Recovery Supports - \$8,167,423	\$10 mil
	Treatment - \$642,367	
	Other - \$474,921	
	Primary Prevention - \$453,001	
	Peer Delivered Services - \$194,182	
	Harm Reduction - \$77,369	
DOC	Treatment - \$7,046,682	\$7 mil
OJD	Drug Courts - \$4,505,237	\$5 mil
OYA	Treatment - \$1,040,080	\$1 mil

SUD Financial Analysis – Prevention

- Uniform definitions for categories of spending across continuum of care may not have been used. Follow-up will be conducted with agencies related to primary prevention spending to explore how each agency defines. OHA PHD reporting includes a breakdown of funding by program.
- Spending on state staff and state infrastructure are not included. This is important to note for Prevention:
 - Examples of state staff who provide SUD programs and services directly include OHA's Public Health Division and the Oregon Liquor and Cannabis Commission (OLCC), who employ staff that are directly engaged in primary prevention work. This includes the Public Health Division's "Rethink the Drink" campaign to reduce harms from alcohol consumption, and the OLCC Public Safety Division's work to prevent sales of alcohol and cannabis products to minors.
 - Oregon Department of Education (ODE) does not have data detailed enough to provide insights on the financial inventory portion of this project. School-level spending on SUD programs and activities was not included in the financial inventory. However, the report does include an ODE proposal to expand school-based primary prevention programming in the gaps analysis portion of the report.

SUD Financial Analysis – Harm Reduction

- Uniform definitions for categories of spending across continuum of care may not have been used. Follow-up will be conducted with agencies related to harm reduction spending to explore how each agency defines.
- Of the M110 BHRN spending reported at the time of the financial analysis, 9.6% (\$9 mil) went to Harm Reduction Intervention. Total spending across state agencies was \$30 mil.
- It is unclear how harm reduction was defined for current spending, but fentanyl test strip distribution, naloxone distribution and syringe service programs were included for purposes of the gaps analysis.

SUD Financial Analysis – Recovery

- Uniform definitions for categories of spending across continuum of care may not have been used. Follow-up will be conducted with agencies related to recovery spending to explore how each agency defines and tracks treatment services. It should also be noted that Peer Delivered Services are a separate spending category.
- Of the M110 BHRN spending reported at the time of the financial analysis, over 60% of the funding went to “Peer Support and Mentoring” and “Housing Services.”
- Of all Recovery Supports spending (\$90 mil), the majority is spent on Housing (\$73 mil). The category also include \$8.7 mil for supported employment, and an additional \$8.4 mil in an undetermined category.

SUD Financial Analysis – Treatment

- Uniform definitions for categories of spending across continuum of care may not have been used. Follow-up will be conducted with agencies related to treatment spending to explore how each agency defines and tracks treatment services.
- The majority of Medicaid SUD funding, \$513 mil of \$562 mil, is paid to Oregon's coordinated care organizations (CCOs) in the form of capitated (per member, per month) payments, and \$49 mil is directly paid to providers according to the state's Medicaid fee-for-service rate schedule. SUD spending data is not available for Certified Community Behavioral Health Clinics.
- Medicaid/CHIP expenditures are primarily funded with federal dollars, with 84% (\$472M) coming from federal match, and 16% (\$90M) coming from state general funds.
- Analysis of encounter data from the Medicaid Management Information System—which tracks services rendered for Medicaid members—shows that most funds go to SUD treatment – with the most spending to outpatient treatment, followed by residential treatment, withdrawal management, Medication Assisted Treatment, Problem Gambling and smoking cessation, in descending order.

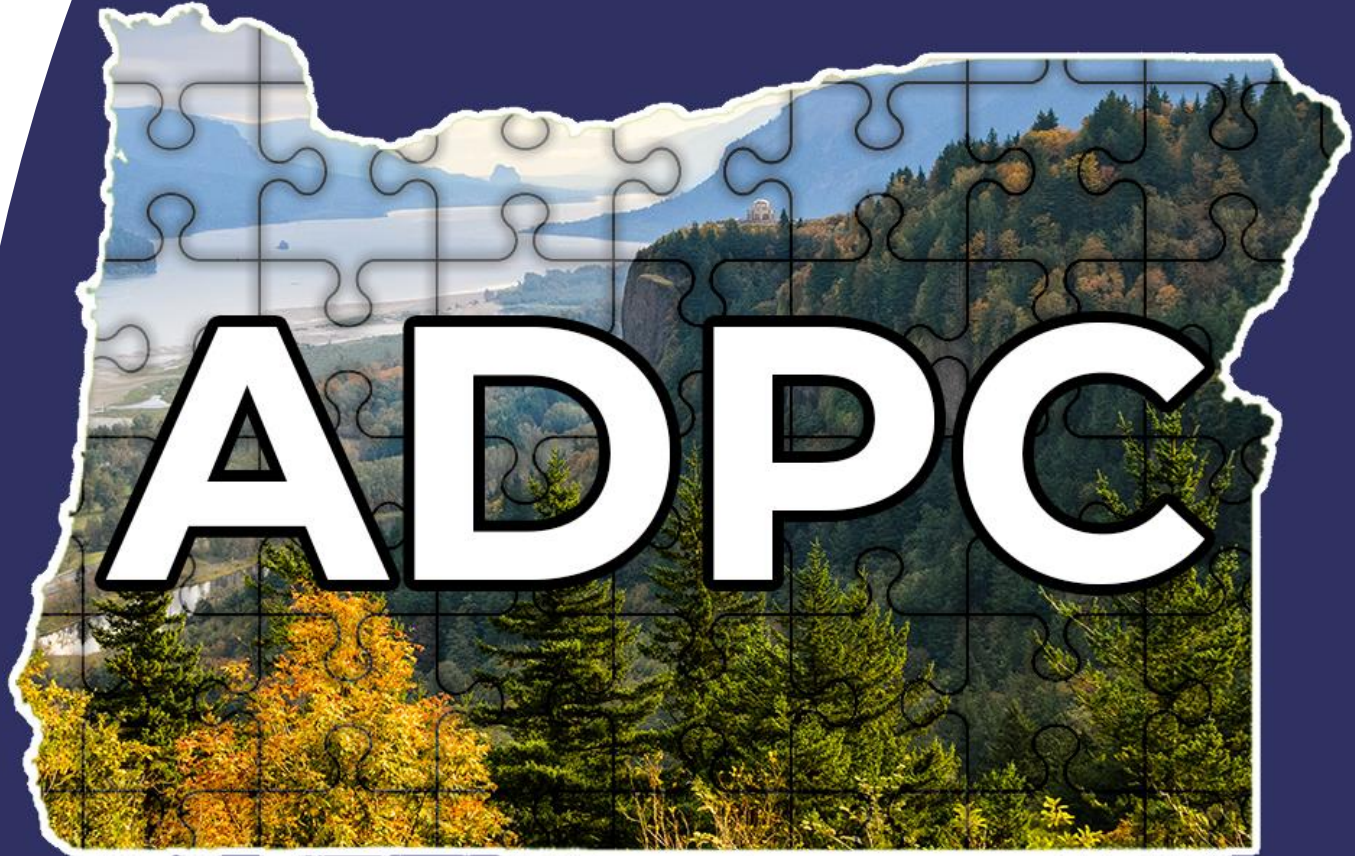
SUD Financial Analysis – Youth

- The analysis does not separate spending on youth services. Spending on state staff and state infrastructure are not included. This is particularly important to note for OYAA as there is no spending data for the school system.
- However, OYA spending of \$1 mil on Treatment does include three budgeted positions, services and supplies for residential facilities providing substance use services to youth in the care of OYA.
- ODHS data included costs for addiction services, other medical services, and the Strengthening, Preserving, and Reunifying Families (SPRF) Program. Addiction services include statewide front end and pre-treatment services that assist caseworkers in identifying parental substance use that impacts child safety and facilitates referrals for full diagnostic assessments, SUD treatment, and ongoing support for the completion of those services. The program provides liaison services with all local treatment providers, facilitating client support through treatment and timely communication on client progress.

Workforce Reports

- [Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature](#). Center for Health System Effectiveness, Zhu J, Howington D, Hallett E, et. al. (February 1, 2022).
- [Investing In Culturally And Linguistically Responsive Behavioral Health Care In Oregon](#), Prepared by Research Justice Institute at the Coalition of Communities of Color (2021).
- [Oregon Health Authority \(OHA\) Substance Use Disorder Financial Analysis](#). Public Consulting Group (April 2024). Summarized above but also includes a summary of funding for SUD workforce investments in the 2021-23 biennium.
- [Oregon's Licensed Health Care Workforce Supply, 2024](#). Biannual Report from the [OHA Health Care Workforce Reporting Program](#).
- [2024 Areas of Unmet Health Care Needs](#). Oregon Office of Rural Health, OHSU(September 2024).
- [Future Ready Oregon](#), Workforce development program enacted in 2022 and primarily administered by the Higher Education Coordinating Commission. [Year Two Annual Report](#) for 2023 also available.

**Oregon
Alcohol and Drug Policy
Commission Statutes**



Alcohol and Drug Policy Commission Purpose and Membership

Alcohol and Drug Policy Commission

There is created the Alcohol and Drug Policy Commission, which is charged with improving the **effectiveness** and **efficiency** of **state** and **local** alcohol and drug abuse prevention and treatment services.

ORS 430.221 (2)

Alcohol and Drug Policy Commissioners

Up to 17 Members Appointed by the Governor

- Subject to Senate Confirmation
- At least 75% must be representatives of public health and healthcare stakeholder groups
- Up to 25% criminal justice stakeholder groups

ORS 430.221 (3)

Alcohol and Drug Policy Commissioners (Nonvoting)

- One Senator and One Representative
- Circuit Court Judge
- OHA Behavioral Health Director
- CCO Representative

Alcohol and Drug Policy Commission

Director

- Appointed by the Governor.
- Responsible for the dissemination and implementation of the Alcohol and Drug Policy Commission's policies and the performance of the commission's duties, functions and powers.
- Has all powers necessary to effectively and expeditiously carry out the duties, functions and powers of the commission.
- Shall enter into agreements with OHA, DOJ, ODHS, and other state and local agencies for the sharing of information as necessary to carry out the duties of the commission.

Alcohol and Drug Policy Commission Duties

Comprehensive Addiction, Prevention, Treatment and Recovery Plan

The Alcohol and Drug Policy Commission **shall** develop a comprehensive addiction, prevention, treatment and recovery plan for the state and make recommendations related to state, local and tribal alcohol and drug abuse prevention and treatment programs.

Plan Requirements

- Capacity, type and utilization of programs;
- Methods to assess the effectiveness and performance of programs;
- The best use of existing programs;
- Budget policy priorities for state agencies;
- Standards for licensing programs;
- Minimum standards for contracting for, providing and coordinating alcohol and drug abuse prevention and treatment services; and
- The most effective and efficient use of state agency resources to support programs.

Ongoing Review and Reporting

ORS 430.223 (4) The commission shall review and update the plan *no later than July 1 of each even-numbered year* and shall produce and publish a report on the metrics and other indicators of progress in achieving the goals of the plan.

The Role of Participating State Agencies

Participating State Agency Duties to the Commission

ORS 430.223 (3) All participating state agencies shall:

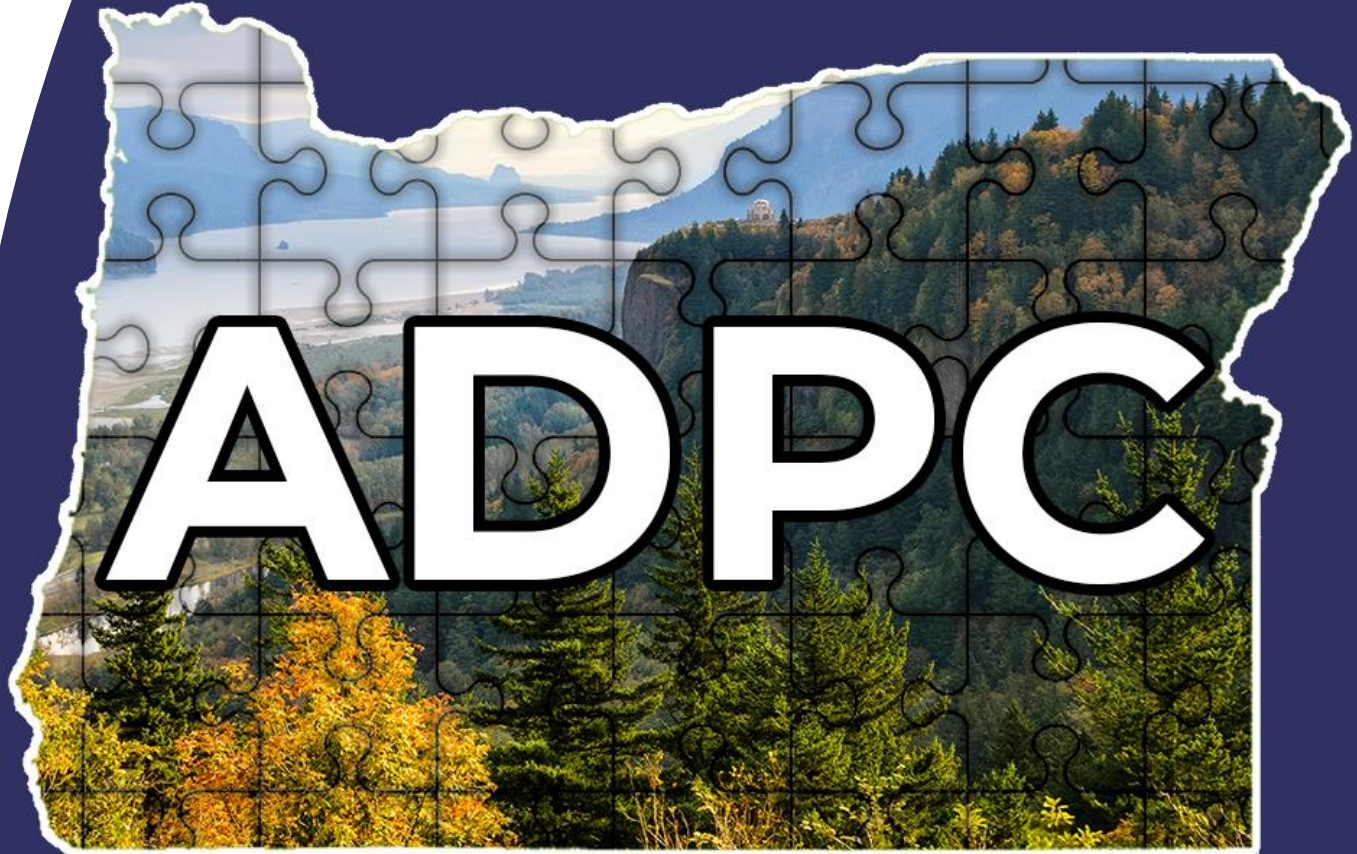
- (a) Meet with the commission on a quarterly basis to review and report on each agency's progress on implementing the plan; and
- (b) Report to the commission, in the manner prescribed by the commission, each agency's process and outcome measures established under the plan.

ORS 430.223 (6) All participating state agencies and local agencies shall assist the commission in developing the comprehensive addiction, prevention, treatment and recovery plan.

Participating State Agencies

- Department of Corrections
- Oregon Department of Human Services
- Oregon Health Authority
- Department of Education
- Oregon Criminal Justice Commission
- Oregon State Police
- Oregon Youth Authority
- Department of Consumer and Business Services
- Housing and Community Services Department
- Youth Development Division
- Higher Education Coordinating Commission
- Oregon State Lottery Commission
- Oregon Liquor and Cannabis Commission
- Department of Veterans' Affairs
- Or any state agency that administers or funds alcohol or drug abuse prevention or treatment services

Proposed 2025 Bill: Oregon Alcohol and Drug Policy Commission Statutory Amendments



2025 Draft Legislation (LC 438)

1. Updates substance use language related to Commission scope
2. Updates Commission purpose
3. Broadens Commission membership
4. Adds rulemaking notice to the Commission
5. Clarifies contract and grantmaking authority

ADPC Scope

Current Statute	Proposed
Alcohol or drug abuse prevention or treatment services	Substance use prevention, substance use disorder treatment or recovery support services

ADPC Purpose

Current Statute	Proposed
Improving the effectiveness and efficiency of state and local alcohol and drug abuse prevention and treatment services	Improving <u>access to</u> evidence-based, evidence-informed and culturally informed substance use prevention, substance use disorder treatment and recovery support services <u>by</u> establishing state policies and holding participating state agencies accountable for carrying out those policies.

Contract and Grantmaking Authority

Current Statute	Proposed
• The director has all powers necessary to effectively and expeditiously carry out the duties, functions and powers of the commission. • Subject to available funding, the commission may contract with a public or private entity to provide staff support.	The director has all powers necessary to effectively and expeditiously carry out the duties, functions and powers of the commission, including the authority to: (a) Enter into contracts; (b) Apply for and receive gifts and grants from any public or private source; and (c) Award grants from funds appropriated by the Legislative Assembly to the commission or from funds otherwise available from any other source.

ADPC Members

Current Statute	Proposed
• At least 75% public health & health care • Up to 25% criminal justice • OHA BH Director only state agency rep	• One criminal justice rep + one attorney • CMHP • Health insurer • Juvenile dept • School administrator • City • Up to 3 state agency reps

Current Statute	Proposed
• Up to 17 voting members appointed by the Governor (No minimum, no required seats, no limit on the # appointed for each position) • At least 75% public health & health care (with county and tribal included as optional) • Up to 25% criminal justice • OHA BH Director only state agency rep	• Up to 20 voting members appointed by the Governor (No minimum but designated seats) • Tribal & county rep required + one less than half of members health care providers with SUD expertise + certified prevention specialist • One criminal justice rep + one attorney • Up to 3 state agency reps nonvoting, appointed by Governor
At least 75% must be representatives of the following public health and healthcare stakeholder groups: 1. County commissioners, managers & administrators; 2. Indian tribes; 3. Providers of addiction prevention & recovery services (Outpatient; Inpatient Director; Culturally competent provider; Certified Prevention Specialist; CADIC; CRM) 4. Alcohol or drug treatment researchers or epidemiologists;** 5. Health insurance industry or hospitals; 6. Consumers of addiction recovery services who are in recovery & family members of consumers;* 7. Addiction medicine experts;** 8. Housing Providers for people in recovery; 9. Social service providers. NOTE: A representative of each (or any) category is NOT required.	Designated Commissioner positions for: 1. One county commissioner, manager or administrator; 2. One representative of a federally recognized Indian tribes; 3. 9 health care providers with SUD expertise collectively in: outpatient, inpatient, emergency response, recovery or supportive housing and peer support settings; 4. One certified prevention specialist; 5. One health insurance representative; 6. One CCO representative (currently required as a nonvoting member); 7. One Community Mental Health Program representative; 8. One school administrator; and 9. One city representative. *Proposed language directs representation from every region of the state and from individuals with lived experience with substance use disorder and their family members. **Both categories overlap with other categories and were also determined to be essential components of ADPC Committees that focus across continuum of care.
Up to 25% from the following stakeholder groups (i.e., 0-4 members): 1. District attorneys; 2. County sheriffs; 3. Chiefs of police; 4. Criminal defense attorneys; 5. County community corrections agencies.	3 Members: 1. One representative of the criminal justice system, including a county sheriff, chief of police or community corrections director; 2. One attorney who is a district attorney, criminal defense attorney or assistant attorney general; and 3. One county juvenile department director.

Participating State Agency Duties

- Adds to duty to meet with the commission on a quarterly basis: or as requested by the commission
- Adds notice of rulemaking: Provide notice to the commission at least 45 days before adopting any rule relating to substance use prevention, substance use disorder treatment or recovery support services.

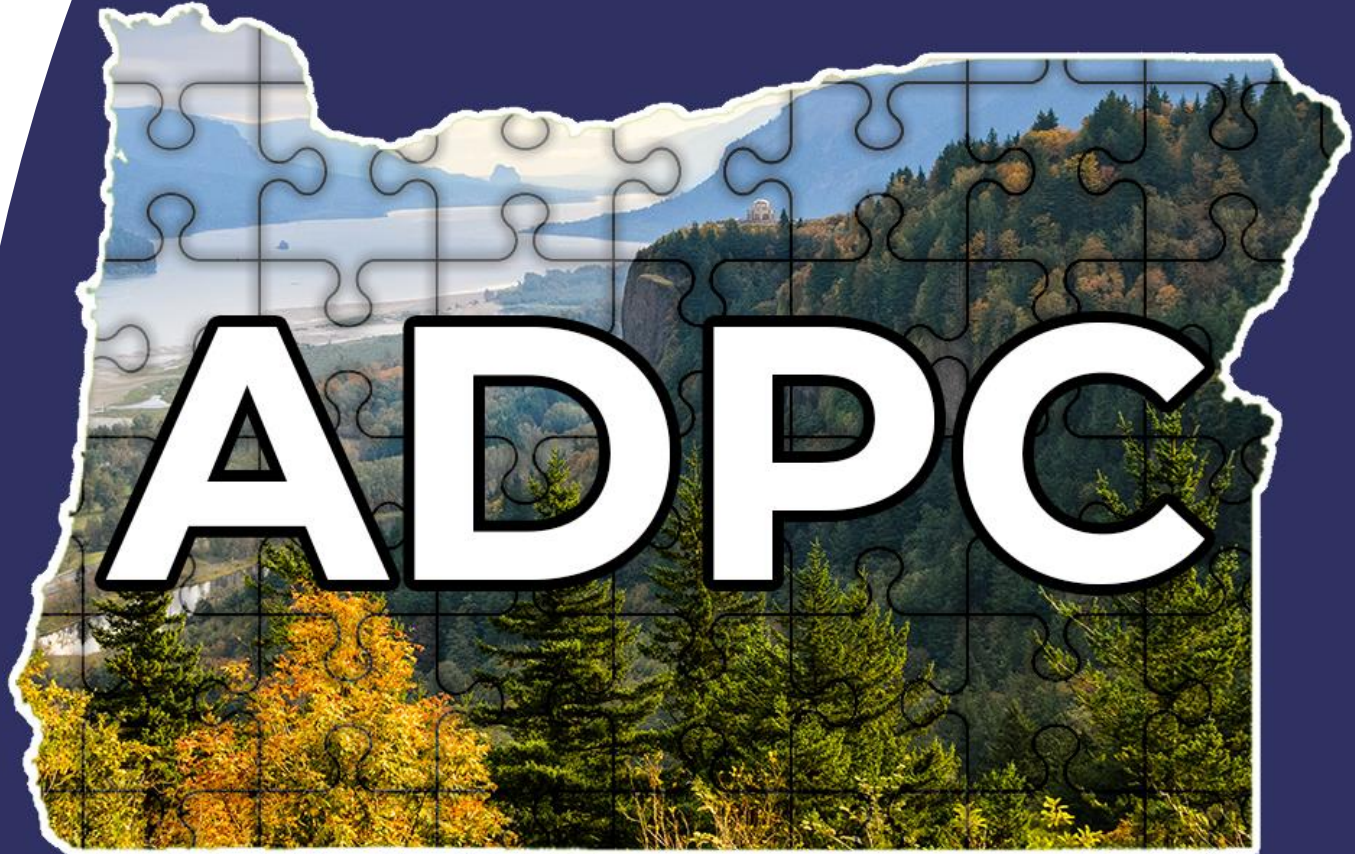


Thank you!

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**Oregon
Alcohol and Drug Policy
Commission 2020-25
Strategic Plan**



ADPC 2020-25 Strategic Plan:

4 Outcomes
4 Strategic Goals

OUTCOMES

- Decreased prevalence of substance use disorders
- Decrease of Oregonians who die from substance use-related causes
- Reduce health disparities
- Reduce economic burden of substance use in Oregon

STRATEGIC GOALS

- Statewide system
- Prevention
- Access to Treatment
- Recovery Supports

2020-25 Strategic Plan Implementation

The ADPC Strategic Plan Progress [webpage](#) includes:

- The [2020-25 Strategic Plan](#)
- The [Measurement Dashboard](#) (Public health data used to track progress)
- The [Strategy & Activity Tracker](#) (Smartsheet tracking implementation status across state agencies)
- [July 2024 Progress Report](#) (Required report to legislature every two years)

2020-2025 Strategic Plan for Oregon

Impact 1

Reduce SUD Prevalence
Increase Recovery

Measures

- SUD prevalence
- 'Access' to treatment
- Perceived Recovery
- Youth
 - 30-day alcohol use
 - 30-day binge drink
 - 30-day marijuana use
 - 30-day prescription use
- Binge drinking
- Heavy drinking
- Suspensions
- Illegal drugs – 30 day
- Meth – Past year

Impact 2

Reduce number of deaths
associated with AOD

Measures

- Chronic alcoholic liver disease
- Alcohol-related deaths
- Unintentional drug overdoses
- Intentional drug overdoses
- Tobacco-related deaths
- Youth
 - 30-day smoking
 - 30-day vaping/e-cig
- Heavy drinking, age 45+
- Binge drinking, age 45+
- Adult
 - 30-day smoking
 - 30-day vaping, e-cig

Impact 3

Reduce health disparities

Measures

- Alcohol-related causes
 - Native American, AI/AN
 - Black
 - White
 - Native Hawaiian, Pac Isl
 - Asian
 - Hispanic
- Overdoses
 - Categories like those above
- Metrics by education level
- Foster care placement due to parental drug use

Impact 4

Reduce economic burden
of substance use

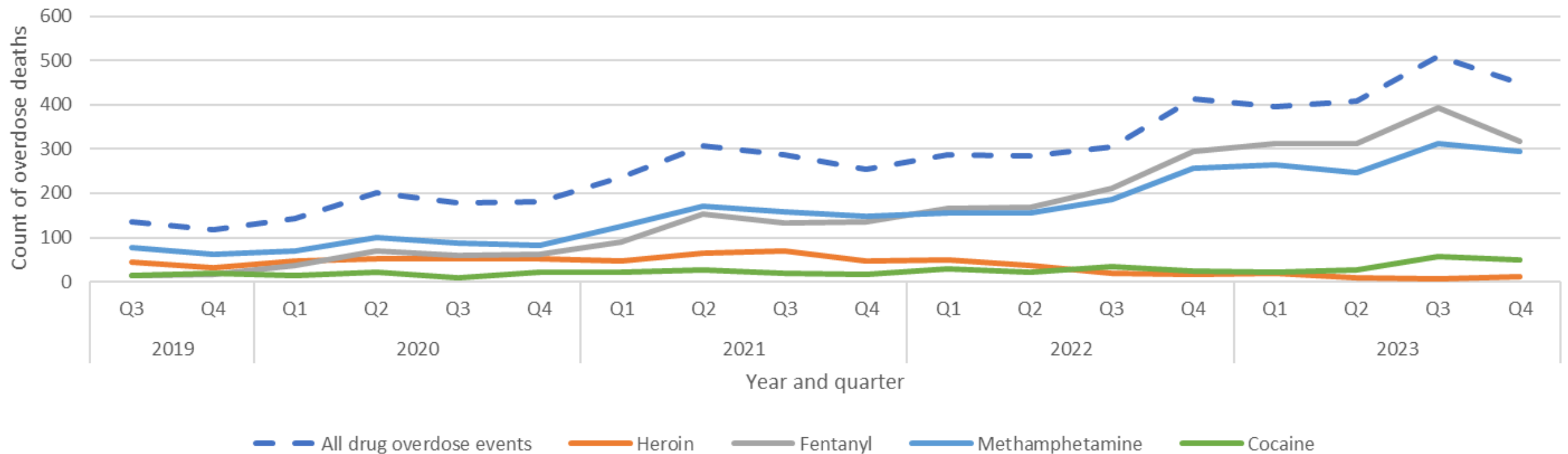
Measures

- One time study by JBS International, Inc., Columbia University
- Estimated amount of state funds spent on burden of substance use-related social and health problems: **18.5%**
- Proportion of funding spent to prevent substance misuse, promote health, and treat and support recovery from SUDs: **\$.01 per dollar**

SUD Prevalence Has Not Decreased

- The Plan included 17 measures, including SUD prevalence, treatment access, recovery, youth substance use measures, alcohol use for population 18 and over, drug use.
- **Over 20% of Oregonians** have a substance use disorder – 21.9% of Oregonians ages 12+, based on data from 2021-22.
- **79.1%** of those needing treatment did not receive it.
- Due to methodology changes, we can no longer measure how this compares to previous years, but additional data indicates that this number has not decreased over time.

Drug overdose deaths continue to increase

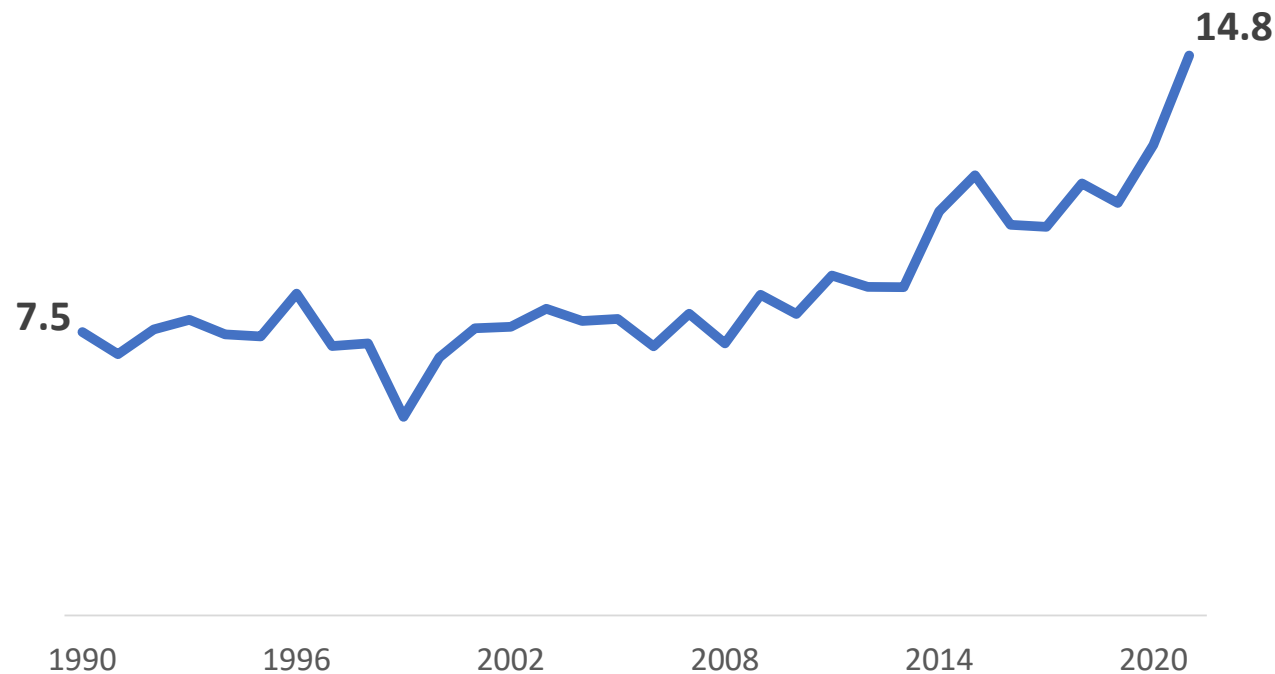


Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2023, provisional

Deaths from Alcohol

Alcoholic liver disease death rate, Oregon, 1990-2021

Age-adjusted rate per 100,000 population



Source: Oregon Death Certificates

Total alcoholic liver disease deaths in 2021 were **almost 800**.

Total alcohol-induced deaths in 2021 were **more than 1,200**.

Total alcohol-related deaths in 2020 were **around 2,500**.

Disparities & Inequitable Outcomes Continue

Black or African American Oregonians are more than **twice as likely** to die from an overdose than all race and ethnicities. American Indian and Alaska Natives are almost **three times** as likely.

Goal #1:

Implement a statewide SYSTEM that ensures that substance misuse policies, practices, investments, and efforts are effective and result in healthy and thriving individuals and communities

The objectives and strategies identified for Goal One included increased collaboration among state agencies as well as behavioral health workforce goals to increase capacity across the substance use continuum of care.

- ✓ Participating state agencies began convening quarterly in 2024.
- ✓ Investments in behavioral health workforce capacity through OHA and HECC.
- ✓ OYA and DOC training of Certified Recovery Mentors.

Goal #2: Increase the impact of substance misuse PREVENTION strategies across the lifespan

Primary prevention strategies target the prevention of the occurrence of substance use disorder.

- ✓ Decrease retail and social access to alcohol, tobacco, and marijuana to underage persons through regulation and oversight.
- ✓ Decreasing family and community norms permissive to ATOD use/misuse and increasing perception and understanding of harm through campaigns like Rethink the Drink.
- ✓ Prioritized primary prevention for opioid settlement funding.

Goal #3: Increase rapid access to effective SUD TREATMENT across the lifespan

Steps have been taken to address need for rapid access to effective SUD treatment. However, the ADPC has not yet examined the collective impacts of new policies, programs, and funding in order to fully assess progress to this goal.

- ✓ Measure 110, redirected funding to local communities for substance use services through [Behavioral Health Resource Networks \(BHRNs\)](#).
- ✓ [Oregon's SUD 1115 Demonstration](#) effective April 8, 2021 – March 31, 2026.
- ✓ in 2020, OHA launched [Save Lives Oregon](#), a Harm Reduction Clearinghouse and initiative to provide more life-saving supplies such as naloxone to organizations and tribal communities on the front lines of harm reduction. In 2023, the Save Lives Oregon initiative expanded to offer a broader range of partners state-funded harm reduction supplies and now provides access to state-funded naloxone and other supplies to additional partners such as special districts, schools, colleges and school-based health centers.
- ✓ In 2023, Oregon Department of Corrections expanded access to SUD treatment beyond minimum custody facilities and greatly increased access to MOUD treatment.
- ✓ During the 2024 legislative session, over \$85 million dollars was allocated for capital investments in substance use disorder residential, withdrawal management and crisis stabilization centers.
- ✓ Prioritized opioid settlement funding to expand Opioid Treatment Programs across the state.

Goal #4: Increase access to RECOVERY supports across the lifespan

Recovery Supports, in particular peer support services, are recognized as an essential component of the continuum of care.

- ✓ M110 BHRN programs and OHA PRIME+ Peer program increased access to peer support services.
- ✓ 2023 legislation and funding for Recovery High Schools.
- ✓ Expanded Recovery Housing through M110 BHRNs and one-time legislative and opioid settlement funds.
- ✓ Prioritized opioid settlement funding to establish Recovery Community Centers in counties without existing centers.