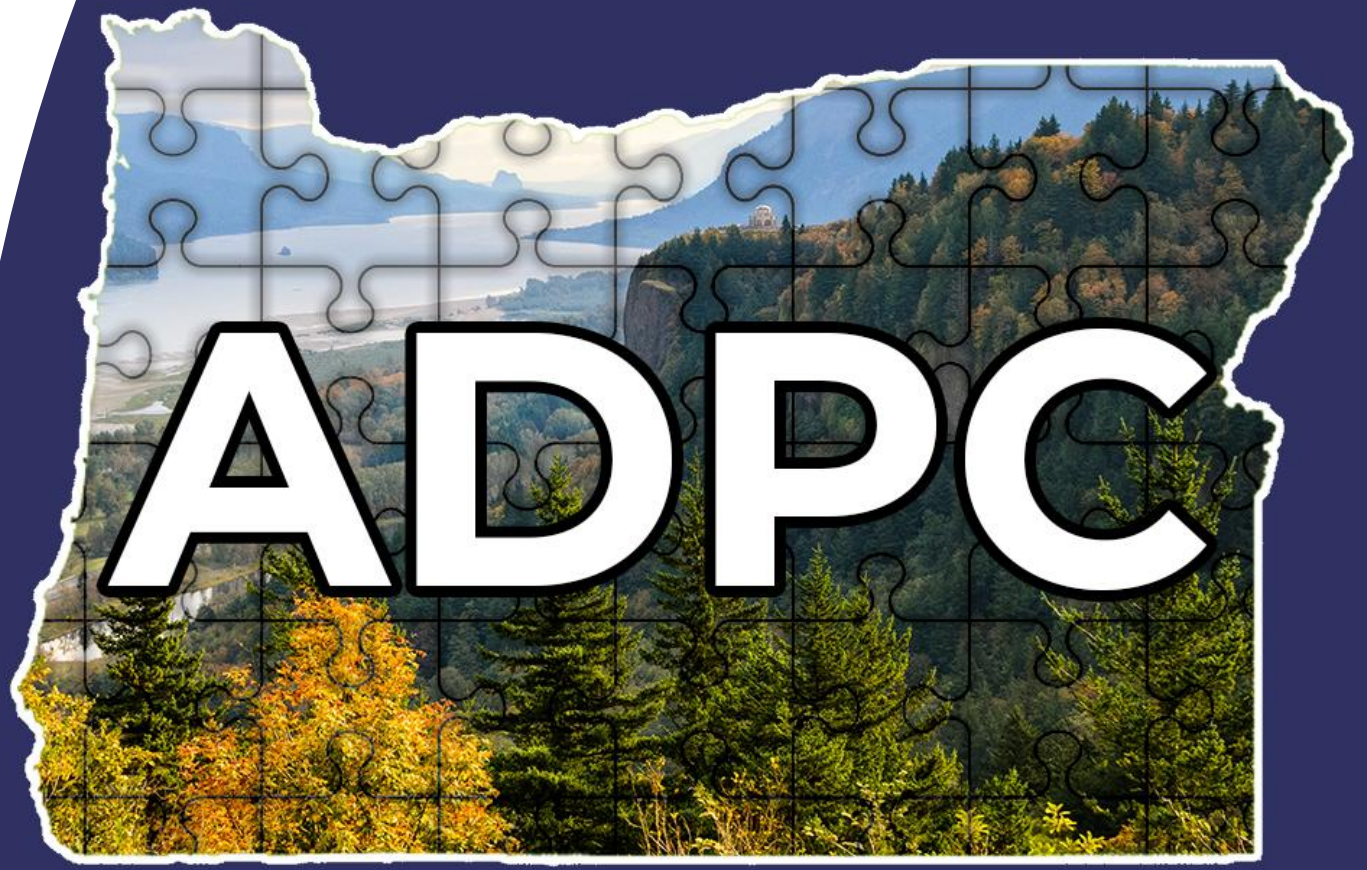
2023-25 Substance Use Disorder State Spending Financial Analysis - Treatment

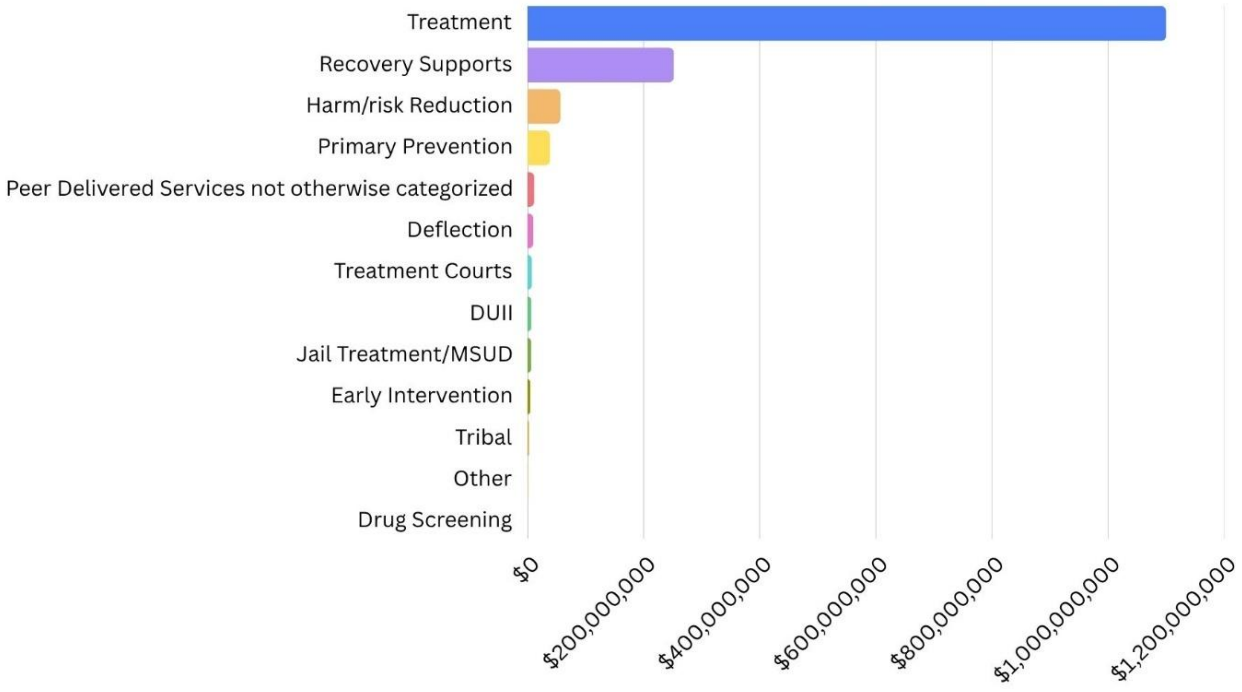
Oregon
Alcohol and Drug Policy Commission
November 2026

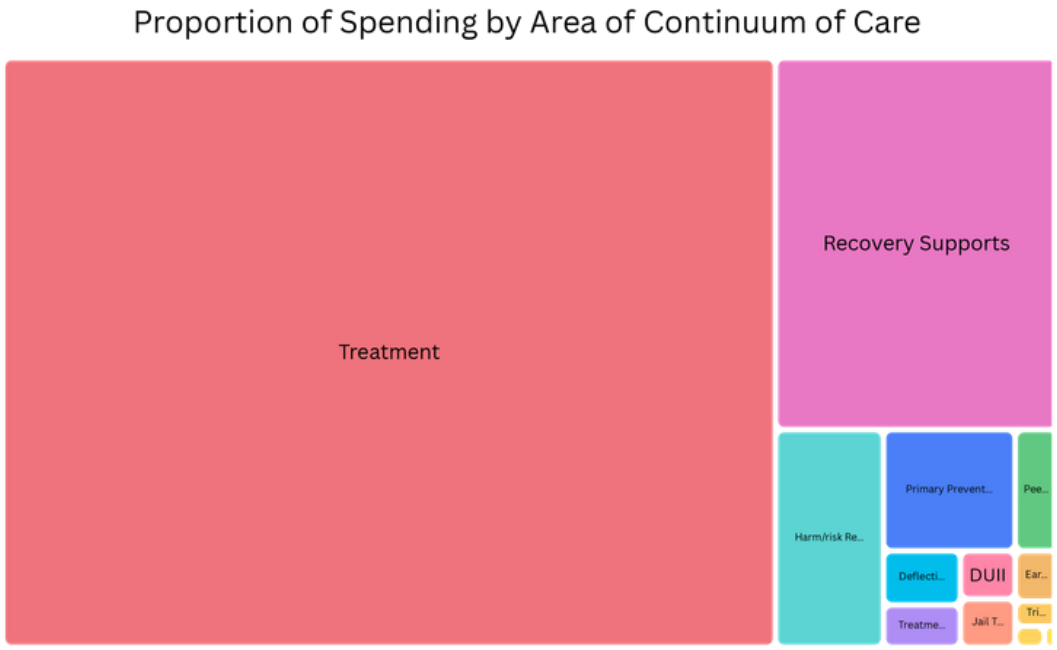


AGENDA

Welcome and Roll Call
Review Today's Objectives & Director's Update
SUD Treatment State Spending
Department of Corrections & Oregon Youth Authority Treatment Services
Public Comment & Closing

Spending across the Continuum of Care





Overview

Background and Context:

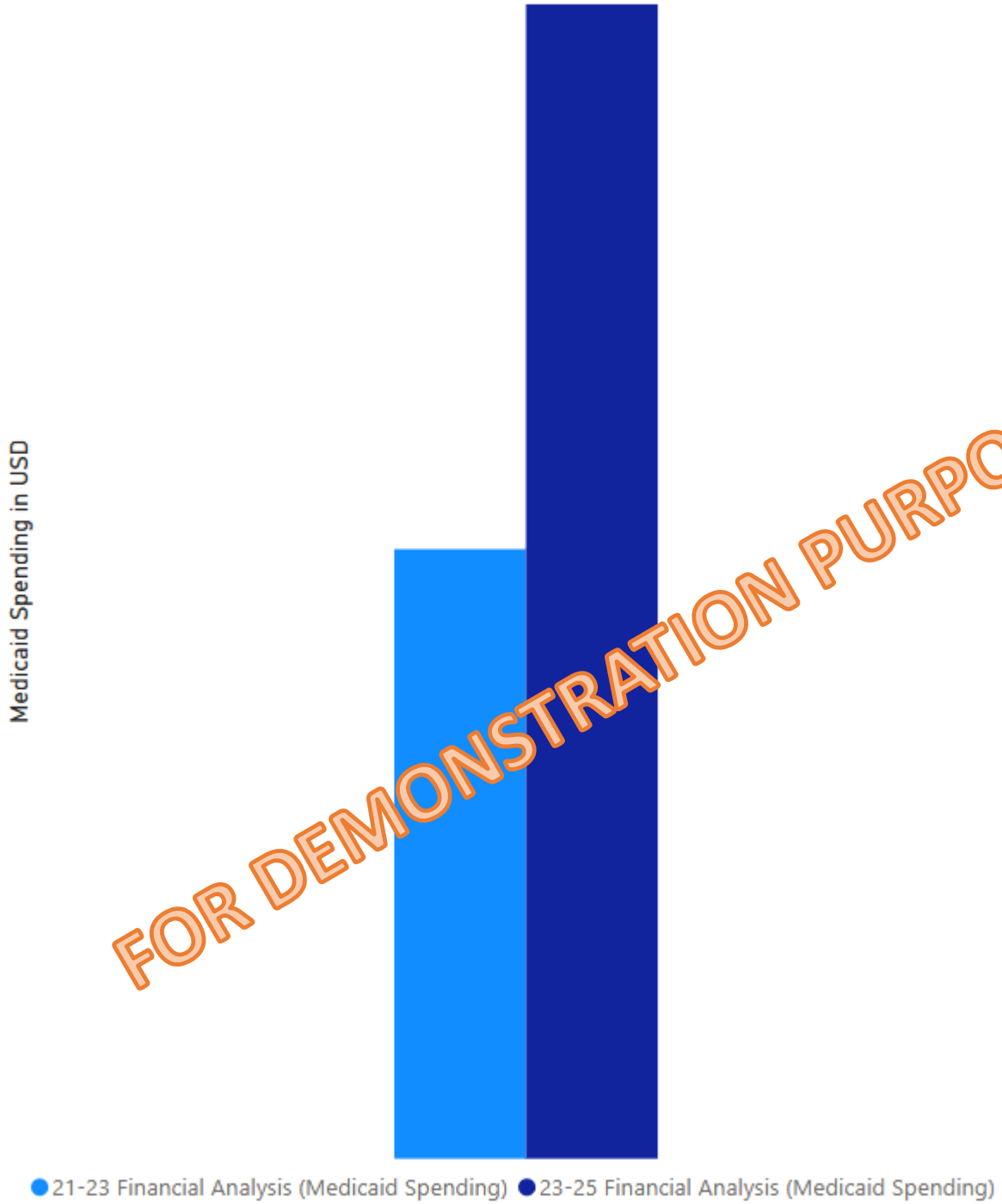
- Financial Analysis: Medicaid
- All Payors All Claims: 2016-2024+

Opportunities for the ADPC

Comparison: Medicaid Totals 2021-2023 & 2023-2025

Without modification, the comparative Medicaid spending would look like this…

This would not be an accurate comparison of spending as the methodology for claims analysis changed significantly since the previous external analysis.



FOR DEMONSTRATION PURPOSES ONLY

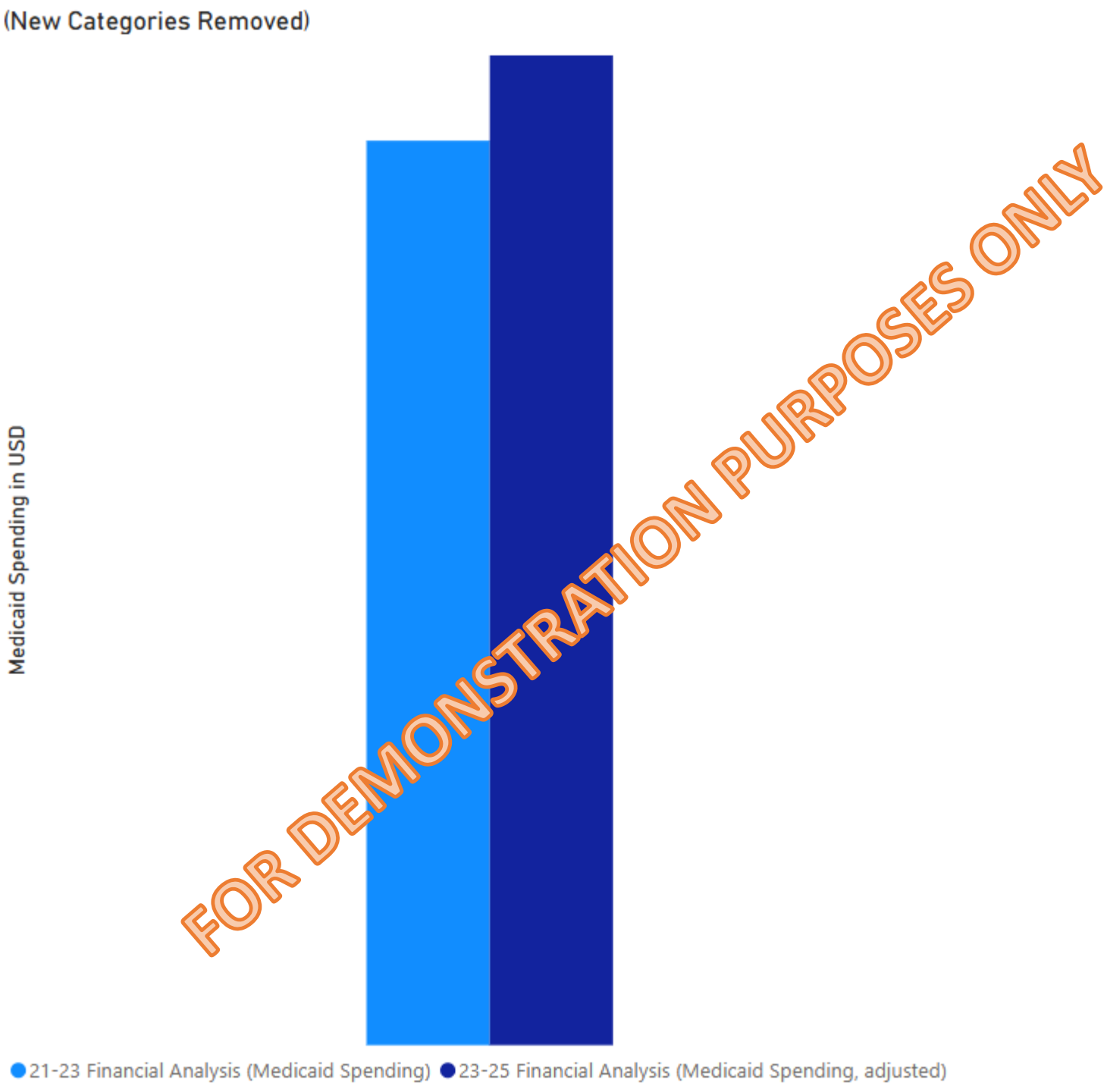
In an alternative timeline…

Spending if the following settings are removed:

- SUD Emergency Department
- SUD Outpatient Hospital
- Pharmacy claims
- Peer Services (Treatment setting)

This is also not accurate as the remaining care settings/ types were also changed.

This is being provided for explanation purposes only.



What changed in the background:

New Categories:

- Withdrawal Management delineated
- Opioid Treatment Programs (OTP)
- Pharmacy Claims (MSUD)
- Outpatient Hospital
- Emergency Department

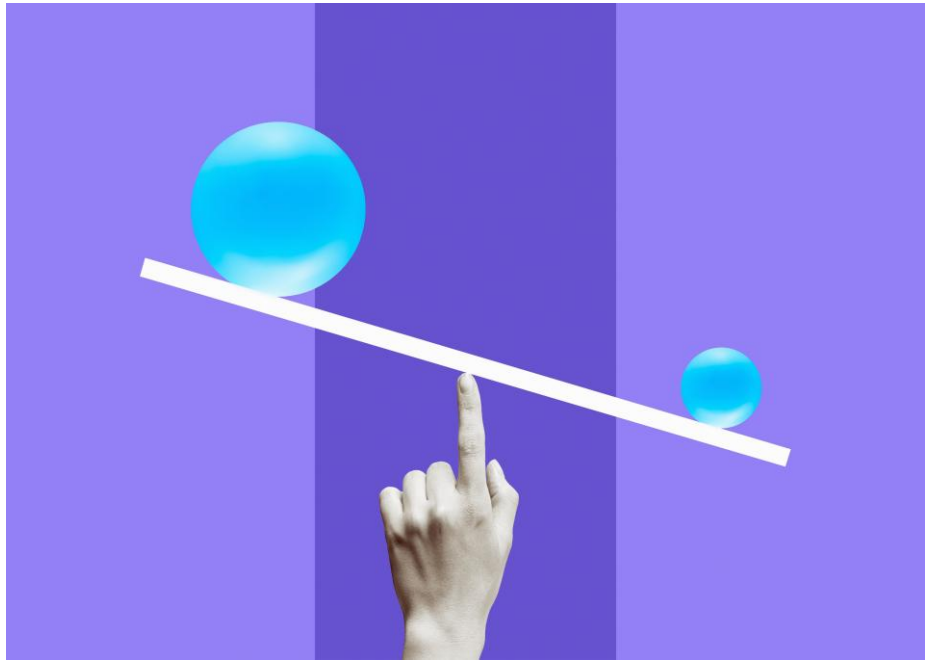
New Level of Detail:

- Expanded list of service codes
- Spending by age groups
- Spending by race/ethnicity
- Spending by sex
- Spending by service type by location of person receiving service
- Spending by setting*
- Clearer delineation of setting by service

*Previous analysis provided some detail by setting but not specific to Medicaid spending

Comparisons that cannot be made

- Changes in age related disparities*
- Changes in race/ethnic related disparities*
- Changes related to total number served*
- Changes related to access by location*
- Changes in Medication for Substance Use Disorder(MSUD) spending/ access**
- Changes related to SUD related hospital visits**



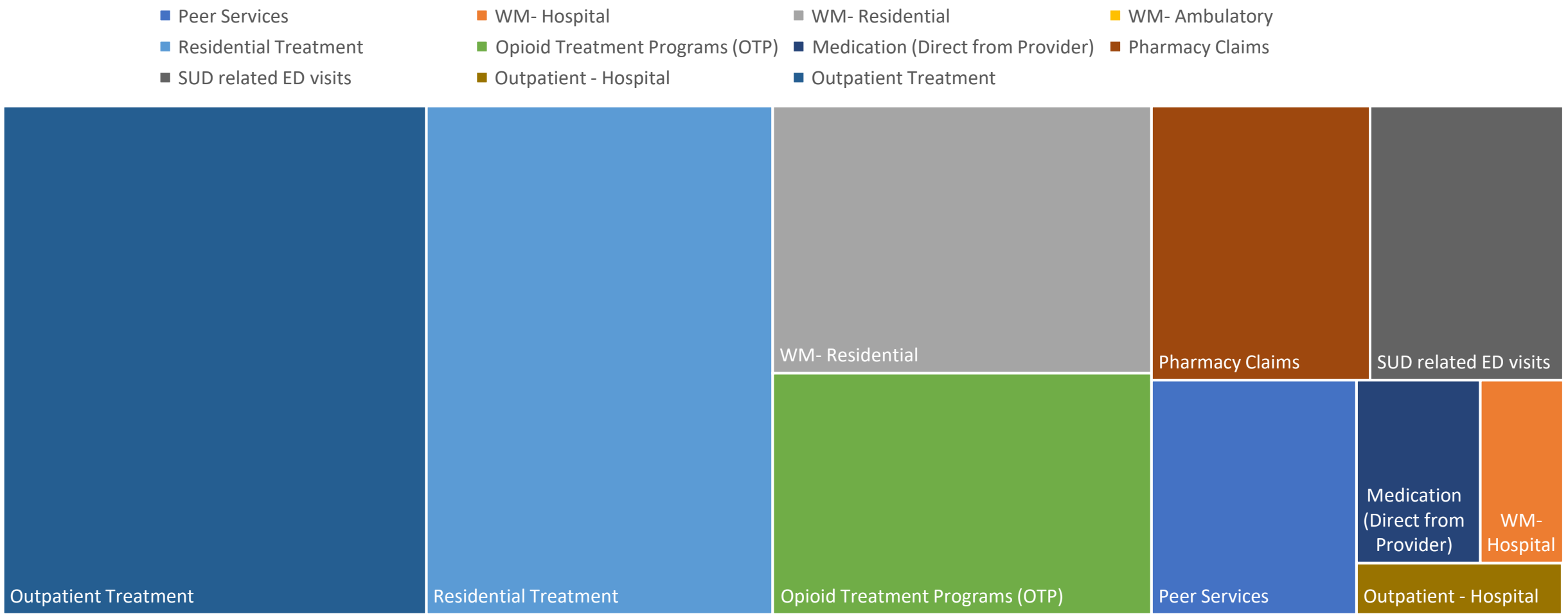
*Direct impact on ability to monitor the ADPC “big 3”

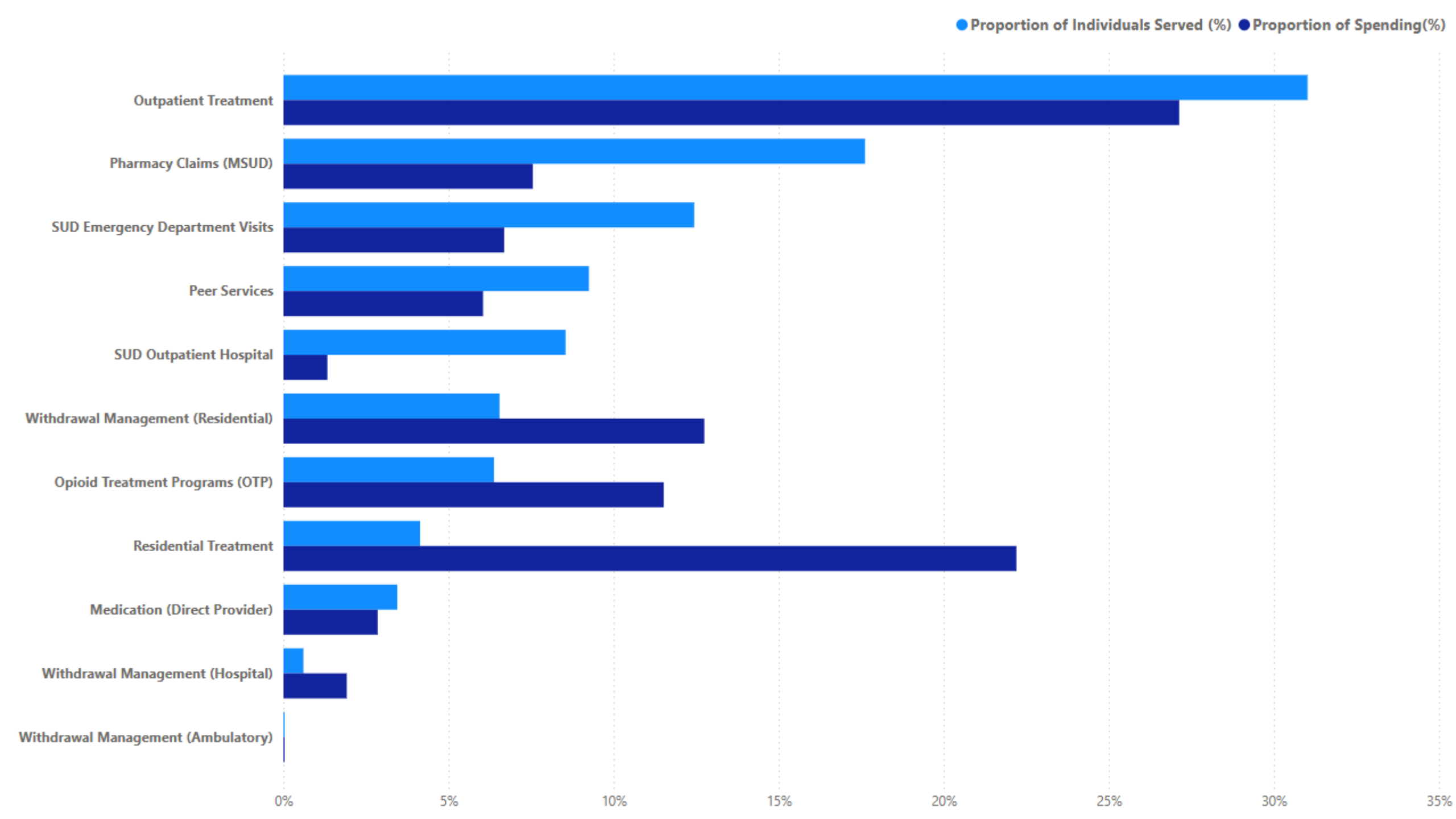
** Research indicates change relative to overdose rate

In addition to the information about individuals who received care, claims data used to build the report included:

Code type	Contains	Does not Contain
Procedure Codes- *Depending on the setting may be a day rate, Hospital Claim type, group rate, or specific service code*	• Description of service type • Substance related service group (type of presenting problem, additional complication, and care provided) for hospital settings.	*Contents of Service (e.g. what was said during session)*
Place of Service Codes- *Indicates what type of setting the service occurred*	• Type of facility (pharmacy, office, emergency room, etc…)	*Address of setting, proximity to individual's home*
Modifier Codes- *Indicates type of program care occurred, which payment rate is applied, and other information about the service*	• Facility License (e.g. SUD Residential) • Program rate (ICOD/ CLS)	*$ difference for rate adjustment, Co-occurring diagnosis, Population focus of CLS*
Diagnosis Codes- *Describes primary (or other) diagnosis related to the claim*	• ICD-10 Codes (2 severity levels for SUD)	*Age of first use, DSM Diagnosis (3 severity levels), Route of Use*
National Drug Codes (NDC)- *Standardized billing code associated with medications*	• AUD & OUD medications • Name and strength of medication	*Total daily amount prescribed, Reason prescribed*

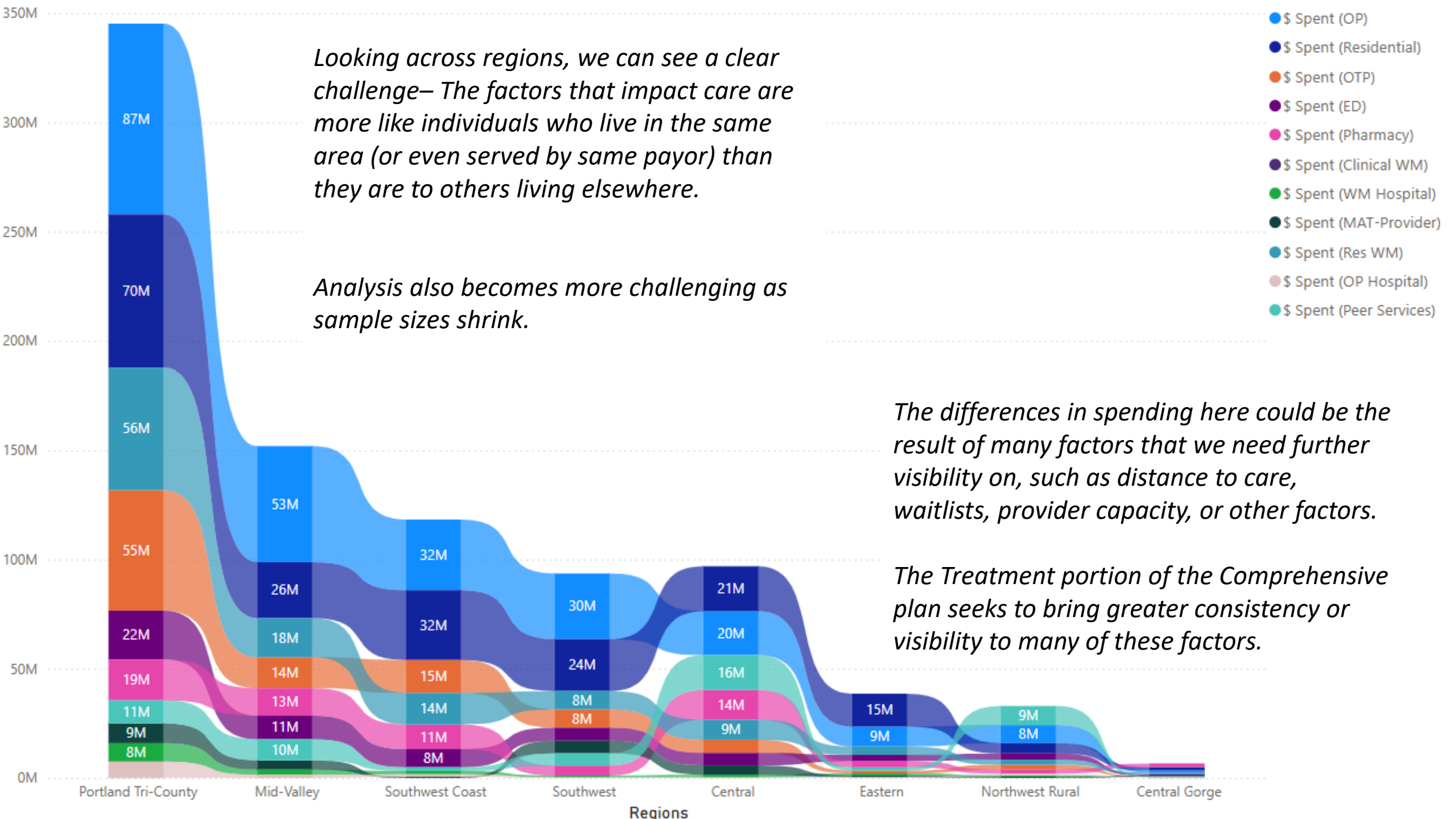
Proportional Spending by Service/ Setting




Proportion of Individuals Served (%)
Proportion of Spending(%)
Outpatient Treatment
Pharmacy Claims (MSUD)
SUD Emergency Department Visits
Peer Services
SUD Outpatient Hospital
Withdrawal Management (Residential)
Opioid Treatment Programs (OTP)
Residential Treatment
Medication (Direct Provider)
Withdrawal Management (Hospital)
Withdrawal Management (Ambulatory)
0%
5%
10%
15%
20%
25%
30%
35%

Challenges

- This two-year period is just a point in time snapshot
- Changes that result in spending or outcome changes may have occurred prior to this spending cycle.
  - Ex. Did the 30% rate increase that occurred years ago result in higher access today? Did changes to the drug supply 24 months ago lead to increase in WM or hospital spending today?
- Oregon is unique, this means the measurements and targets made by one state, won't apply here.
- Our theme is "access."
  - We can see that impact in terms of # of people receiving care, but if 100 people receive partial care that results in poor outcomes, is that more valuable than 50 receiving care with long lasting outcomes?



Looking across regions, we can see a clear challenge– The factors that impact care are more like individuals who live in the same area (or even served by same payor) than they are to others living elsewhere.

Analysis also becomes more challenging as sample sizes shrink.

The differences in spending here could be the result of many factors that we need further visibility on, such as distance to care, waitlists, provider capacity, or other factors.

The Treatment portion of the Comprehensive plan seeks to bring greater consistency or visibility to many of these factors.

Strategy	Spending Change (Hypothesis)
Increase access to MSUD	**Increase:** Pharmacy, OTP, Other Medication **Decrease:** ED, WM (due to repeat events)
Expand 24/7 WM Statewide	**Increase:** WM Spending **Delayed Decrease:** ED and Residential
Expand Care Coordination	**Increase:** Case Management reimbursements; care coordination reimbursement **Bi-directional:** Per member costs
Prioritize High-need Groups	**Increase:** Per person spending (population specific) **Decrease:** High intensity care settings (population specific)
Adopt common framework for wait times and LOC access	**Decrease:** Over time, reduction in spending in intensive/ urgent care levels
Sustain and Grow Culturally specific, place-based care	**Change** in Medicaid spending **Increase** in non-federal spending

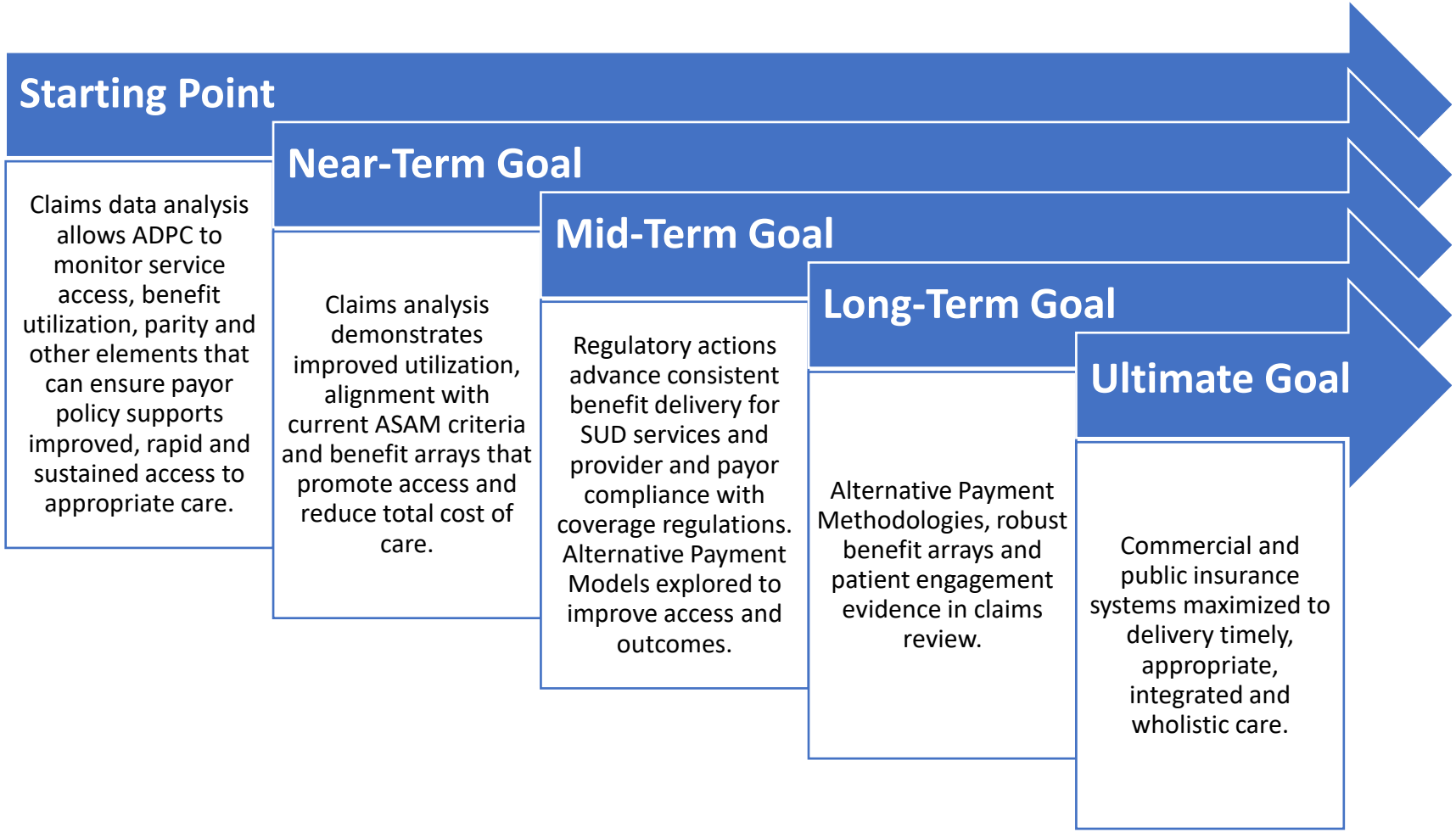
Understanding APAC

- Includes insurance claims for commercial, Medicaid, Medicare, and other benefit entities (some exceptions)
- Includes information about payor, providers, information about the individual served and the service encounter itself
- Only individuals who seek care and have a medical claim are represented
- There is a lag time of ~2 years for the data to be validated and analyzed (2024 data was added in 2026)
- Maintain visibility of rural/ frontier communities requires region bundling

Linking to the Comprehensive Plan

"Build and maintain data infrastructure to support decision-making"

- Analyze and report on SUD-related All Payor All Claims data annually.

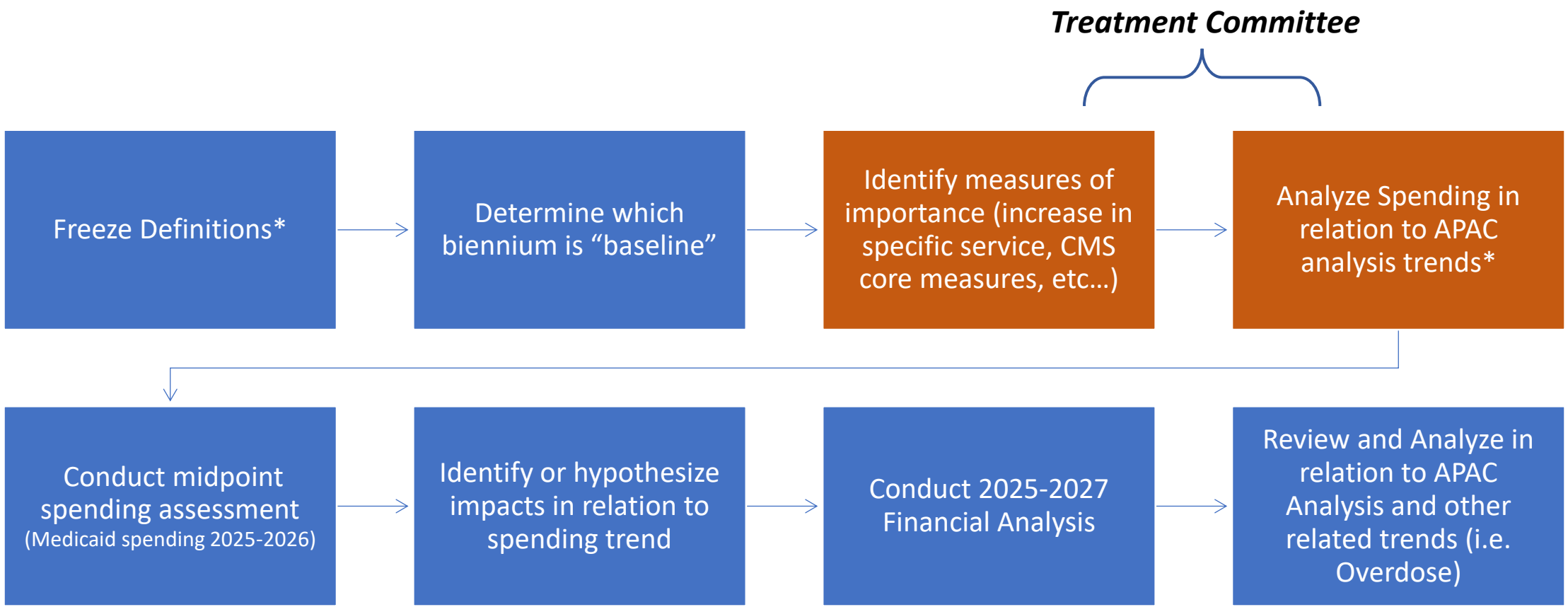


Where we are going with APAC

Iterative design to with a goal of creating new analysis to visualize and/or monitor topics such as:

Travel time	"How far do Oregonians travel to receive care?"(leveraging patient location with location of provider, presence of medical transport codes, etc…)
Continuity of care-	*"What are the combination of factors that impact care retention/ continuity the most?"* (Prevalence of encounter type for those with different retention/ visible continuity of care of single care time or across care times)
Cascade of Care	*"What does an average experience with the SUD treatment system look like?"*
Specific populations of focus	Specific populations with smaller population sized (ex. Youth) may require more specific analysis to increase understanding of the care system

A path forward



Thank you!

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https://www.oregon.gov/adpc

OREGON DEPARTMENT OF CORRECTIONS

TREATMENT SERVICES CONTINUUM OF CARE

NOVEMBER 9, 2026

SUBSTANCE USE DISORDER TREATMENT NEED

- Screenings completed at Intake currently project that approximately 65% of adults in custody (AICs) entering the Oregon Department of Corrections (ODOC) custody have a need for addiction treatment services
  - More than 50% with significant need

- At the current population size and program capacity, ODOC is serving approximately 11% of AICs with addiction treatment need.
  - Capacity has more than doubled since 2024

WHO WE SERVE



- Service availability:

8 addiction treatment programs are available in 6 ODOC facilities

- Capacity:

1,000 adults in custody

- Addiction Treatment Service types:
  - Alternative Incarceration Program Treatment
  - Pre-release A&D Treatment
  - Co-Occurring Disorders Treatment
  - Chronic disease Substance Use Disorder Treatment

TREATMENT SERVICE TYPES: PRE-RELEASE

- PRE-RELEASE TREATMENT:
  - Alternative Incarceration Program (AIP) and A&D Treatment

    CCCM, CRCI, OSCI, PRCF
    - Last 6-8 months of sentence
    - Intensive program lasting a minimum of 180 days duration, services 5 days/week
    - Requires structured daily activities and treatment engagement
    - May include a sentence reduction for completion of program

- PRE-RELEASE TREATMENT:
  - Co-Occurring Disorders Treatment

    CRCI
    - Last 9-12 months of sentence
    - Intensive residential mental health special housing unit, services 5 days/week
    - Wraparound services provided by QMHP and CADC clinicians with on-unit Recovery Mentoring

TREATMENT SERVICE TYPES: CHRONIC SUBSTANCE USE DISORDER

Chronic disease approach to substance use disorder (SUD) treatment programs opened in 2022 with expansion to additional sites in 2024.

Voluntary outpatient treatment services available at any point in sentence.

Locations include:

Coffee Creek Correctional Facility (CCCF)

Oregon State Penitentiary (OSP)

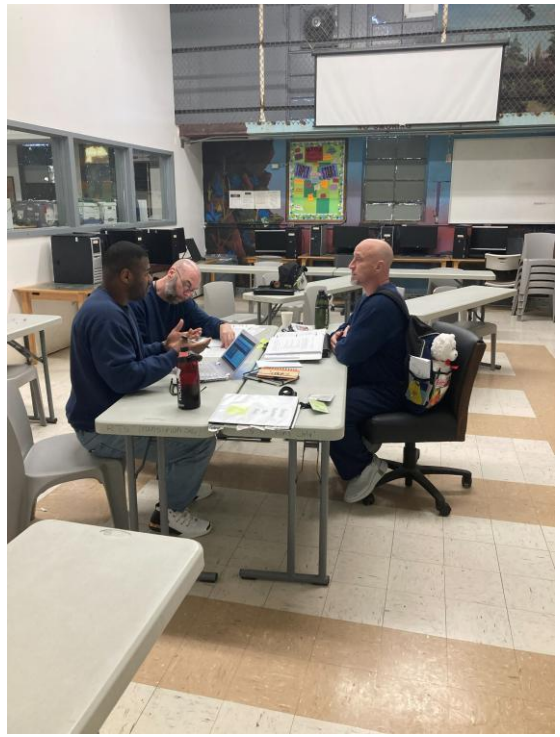
Snake River Correctional Institution (SRCI)



CHRONIC SUD TREATMENT: OVERVIEW

Person-centered treatment approach with:

- Duration determined by ongoing clinical need
- Flexibility to wrap around other programming or employment
- Harm reduction strategies
- Individualized and group counseling
- Recovery mentoring
- Long-term recovery management



SUBSTANCE USE DISORDER TREATMENT PROGRAMS

Chronic disease SUD Treatment Programs: *Referral process varies by institution and may include BHS, Correctional Counselor, and/or AIC self-referral*

Program	Duration	Location	# of slots	Type
LOTUS SUD	Varies	CCCF/CCCM	Appx. 150	GP
T.R.U.E.	Varies	OSP	Appx. 225	GP
Keys to Freedom	Varies	SRCI	Appx. 300	GP

RECOVERY MENTORING



Most of the SUD treatment programs across ODOC utilize adult in custody (AIC) Peer Recovery Mentors (PRMs). These AICs are hired through a rigorous recruitment process and receive robust training and supervision.

Training includes:

- Completion of a 40-hour, OHA-certified course
- Regular individual and group clinical supervision
- Hands-on skills practice, including co-facilitation opportunities

RECOVERY MENTORING

Peer Recovery Mentoring creates a pathway to employment in the community.



- Mentors certified with MHACBO while working for SUD treatment programs in ODOC can transition into the community with an active certification for employment.
- SUD treatment programs help to identify employment pathways for mentors prior to release.
- Recovery mentor positions are in high demand across Oregon and offer employment stability for individuals transitioning from custody.

TREATMENT SERVICES CONTINUUM: BARRIERS AND NEEDS

- Barrier – Shortage of treatment space at CCCF and OSP limits capacity of number of individuals who can be served and number of groups offered.

- Barrier – Lack of available treatment programming at more ODOC facilities limiting the percentage of patients who can access treatment.

Need – Additional funding to expand chronic SUD treatment services to additional ODOC facilities, including Two Rivers Correctional Institution, Deer Ridge Correctional Institution, and Eastern Oregon Correctional Institution

MEDICATIONS FOR OPIOID USE DISORDER: OVERVIEW

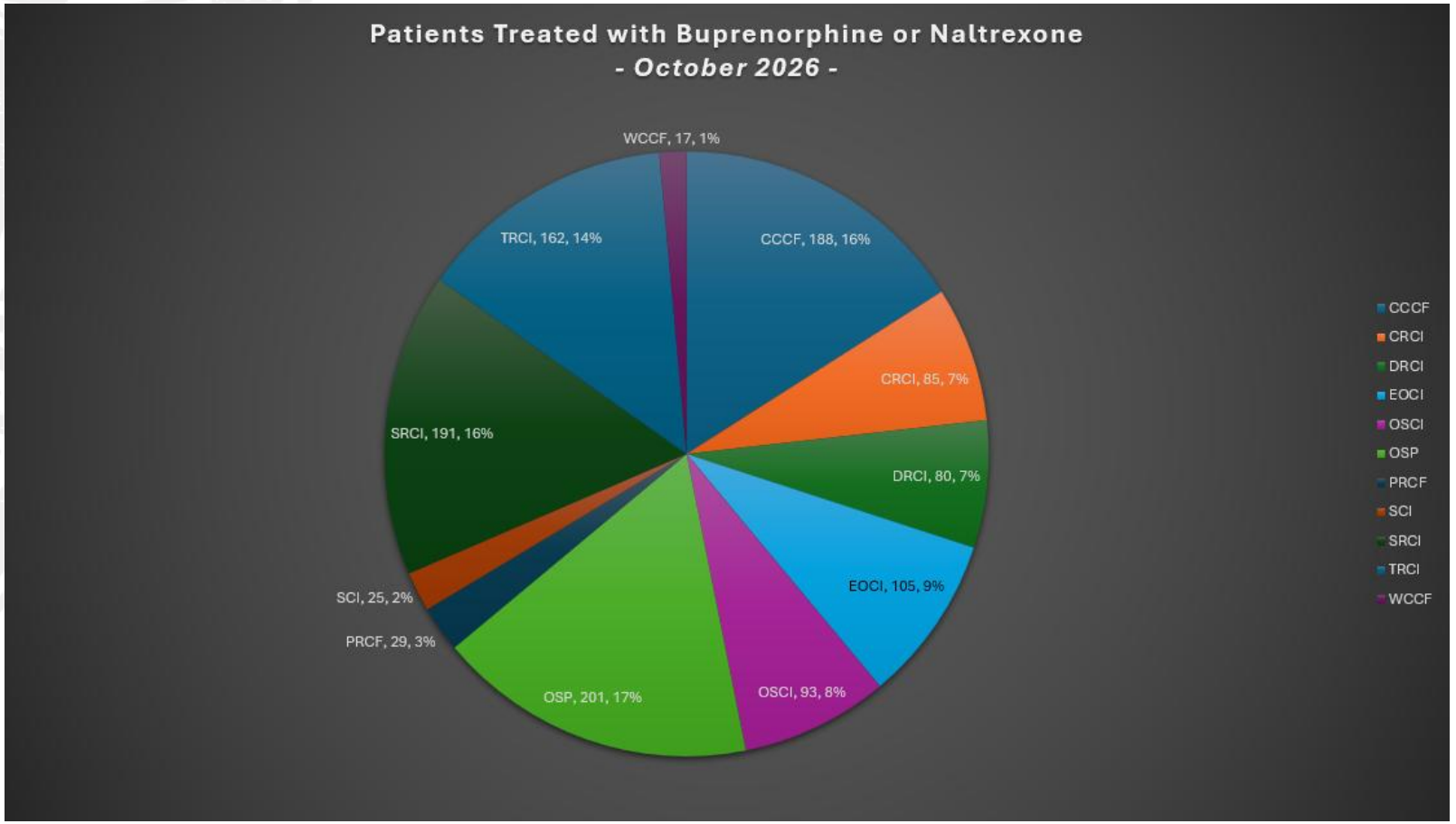
- Medications for Opioid Use Disorder (MOUD) treatment launched across ODOC in October 2021, with significant expansion in 2024.

- MOUD medications currently include Naltrexone and Buprenorphine.

- Available as continuation for patients coming into custody on MOUD and new inductions for patients meeting criteria.

CURRENT MOUD TREATMENT

Data pulled for October 2026 finds 9.8% of all ODOC patients were receiving MOUD.

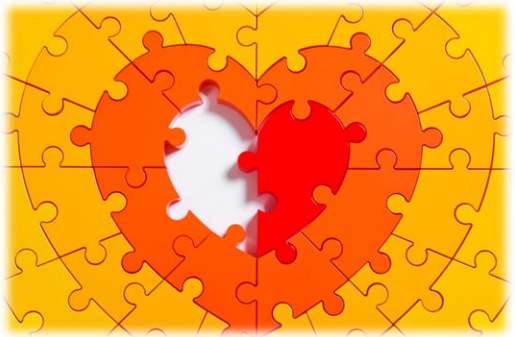


OHA PARTNERSHIP: HART PROGRAM

ODOC partners with the OHA Health Advocates for Reentry and Treatment (HART) program to support continuity of care for patients receiving MOUD when they release from custody.

Justice-Involved Navigators with the HART Program:

- Set up appointments for MOUD continuing care after release
- Help connect with a primary care provider after release
- Provide additional information about other health resources
- Check back in with released patients in 3-month and 6-month intervals after release



CUSTODY TO COUNSELING PIPELINE (C2CP)

Partnership with Lines for Life to provide education and training toward the achievement of a Certified Alcohol and Drug Counselor credential prior to release.

- MHACBO-recognized two-year program with independent course study and classroom clinical training
- Piloted at OSP, starting in 2025
- Expanding to CCCF and SRCI in 2027

OREGON HEALTH AUTHORITY PROBLEM GAMBLING PARTNERSHIP

Since 2018, DOC has partnered with the Oregon Health Authority's (OHA) Problem Gambling Services Division (PGS) to provide education to our treatment program staff and treatment services at multiple facilities for AICs impacted by problem gambling.



Problem Gambling treatment is currently available at the following facilities:

- CCCF, CRCI, and OSCI
- In 2027, services will expand to include SRCI



Substance Use Disorder treatment programs in ODOC help to create a contagion of hope through the development of recovery communities behind institution walls.

QUESTIONS

Oregon Department of Corrections

Presenters:

Matthew Keller

SUD Treatment Services Programs Manager

Matthew.E.Keller@doc.Oregon.gov

Meredith Olson-Goldsby

Assistant Administrator of SUD Treatment Services

Meredith.i.Olson-Goldsby@doc.Oregon.gov

OREGON YOUTH AUTHORITY PRESENTATION

TREATMENT IN CARCERAL SETTINGS

Mike Hill, Statewide Substance Use Treatment Coordinator, CADC III



AGENDA



Treatment approaches inside OYA facilities

Staff and Assessments

Different treatment and services offered

MOUDs

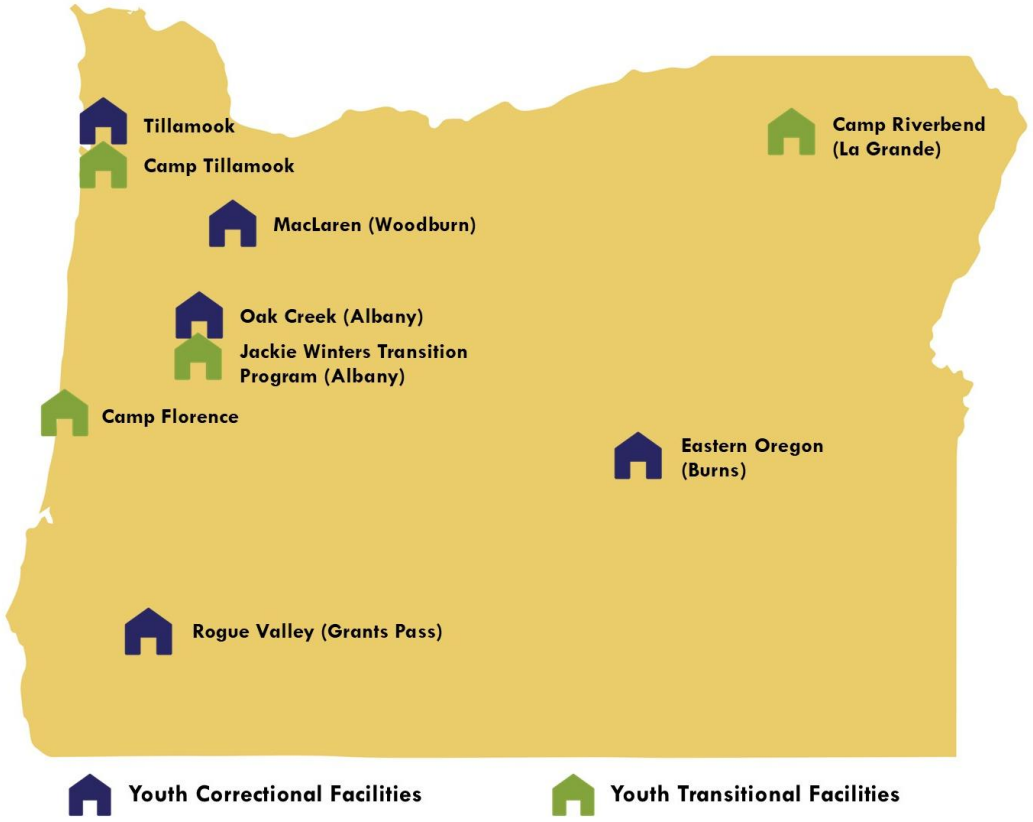
How OYA views the work with youth using substances



TREATMENT APPROACHES IN OYA

STAFF

OYA Close-Custody Facilities



- All our Correctional Facilities, and two Transitional Programs, are Certified Outpatient Treatment Facilities through OHA
- Oregon Youth Authority has 30 staff, either CADC-Rs, or Certified CADCs, providing services to youth all over the state
- These staff conduct assessments, provide treatment, receive clinical supervision, and conduct UA testing
- We also have peer supports (CRMs) that work alongside CADC staff, and who also meet with clients

ASSESSMENTS

- Each youth who enters a correctional facility will have a comprehensive Substance Use Assessment.
- This includes a DSM-5-TR Diagnosis, a Biopsychosocial history, and an ASAM Level of Care
- As of 11/1/26, OYA is using ASAM Version 4 in all Assessments.
  - We use the Adolescents and Transition-Aged Youth Version (meant for ages 12-25)



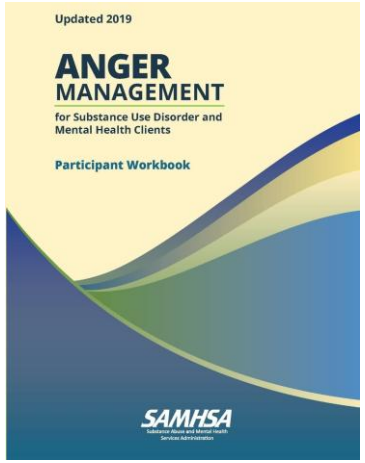
TREATMENT: A NEW DIRECTION

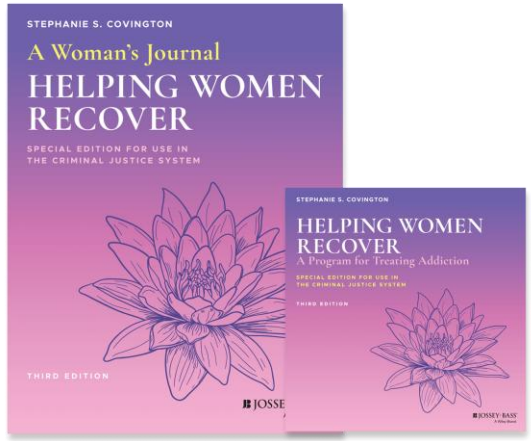


A cognitive behavioral therapy set of modules, that approach the thinking before, during, and after substance use. These include:

- Introduction to Treatment
- Criminal and Addictive Thinking
- Alcohol and Other Drug Education
- Socialization
- Co-Occurring Disorders
- Relapse Prevention
- Preparing for Release

ADDITIONAL SERVICES





We also offer some additional services based on individual need, and these include:

- Anger Management of Substance Use
- The Matrix: Relapse Prevention
- Wellbriety/White Bison
- AA or NA support groups
- Peer Services
- Helping Women Recover

MEDICATIONS FOR OPIOID USE DISORDER

(MOUDS)



MOUD PILOT PROJECT: OYA AND OHSU-HRBR PARTNERSHIP

Since fall 2025, OYA has partnered with OHSU's HRBR Clinic to establish a pilot program for youth access to medications for opioid use disorder (MOUD)

- Pilot started with Oak Creek Youth Correctional Facility (YCF)
- Rogue Valley YCF is expected to be added as additional pilot site soon

As part of the pilot project, HRBR and OYA have established various protocols and a consent process that support the coordination of care for youth while in OYA close custody and upon release.

Vision: expand access to MOUD across all OYA close custody facilities in partnership with HRBR





GENERAL OYA-HRBR PILOT PROCESS



- OYA identifies youth with opioid use disorder (OUD) during the intake screening and assessment process
- OYA submits referral to OHSU HRBR
- HRBR assess youth and serves as ongoing buprenorphine tele-prescriber while youth in OYA close custody
- Registered nurses (RNs) administer buprenorphine according to OYA protocol
- HRBR continues to prescribe post-release from OYA close custody as needed until handoff to community prescriber

HOW DO I WORK WITH A YOUNG PERSON ENGAGED IN SUBSTANCE USE? PAST OR PRESENT

Communicate

Create an environment with open communication

Non-judgmental

Approach the topic without judgement. Our population is already dealing with large amounts of stigma.

Clear boundaries, not barriers

Outline clear expectations for use, including how to remove it from a living environment



HOW DO I WORK WITH A YOUNG PERSON ENGAGED IN SUBSTANCE USE? PAST OR PRESENT

Look for changes in behavior

Notable changes can be relapse warning signs

Have discussions with JPPO

Team approaches are best

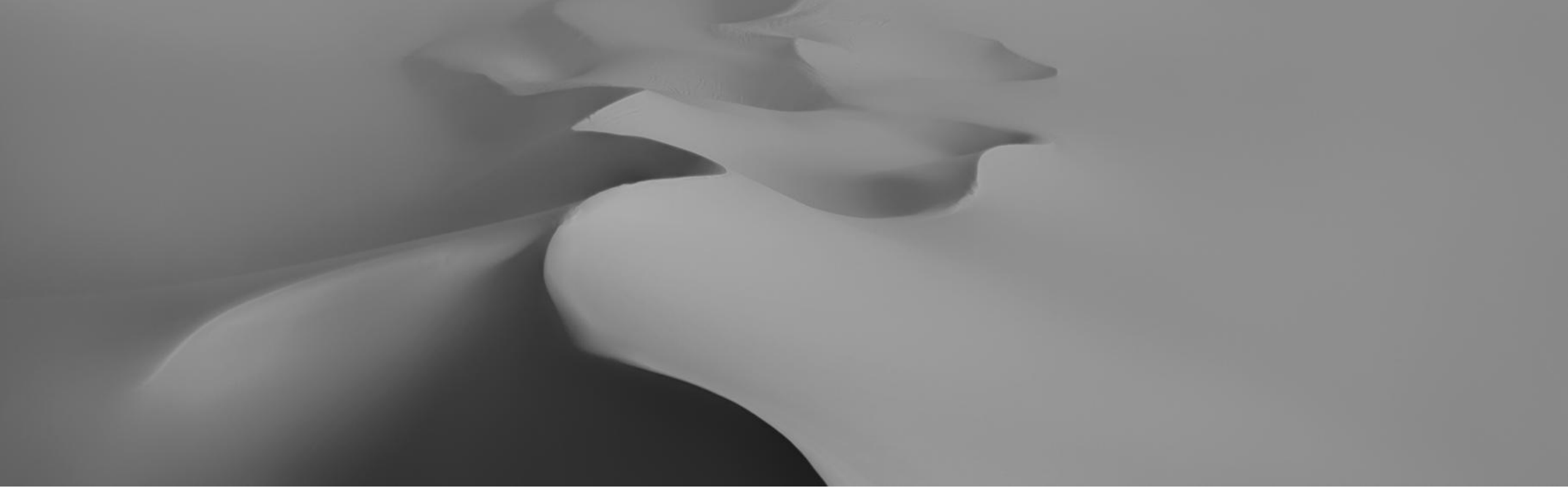
Life saving equipment

Have Narcan available



QUESTIONS?





THANK YOU

Mike Hill, CADC III

Michael.hill@oya.Oregon.gov

503-510-2077