

STEP TWO

This step should identify the unmet service needs and critical gaps in the state's current behavioral health system as well as the data sources used to identify the needs and gaps of the required populations relevant to each block grant within the state's behavioral health system. Especially for those required populations described in this document and other populations identified by the state as a priority. This step should also address how the state plans to meet the unmet service needs and gaps.

In 2012, Oregon and United States entered into a four year agreement, under which Oregon would track and provide data about its services, access gaps, and develop a performance outcome measure matrix. After extensive negotiations, Oregon is now ready to move forward with the performance and tracking plan for adults with Serious Persistent Mental Illness (SPMI). The plan will address OHA's efforts in the next three years. OHA has hired an independent consultant, Pam Hyde, to assess OHA's performance under the Plan.

In the Plan, OHA commits to several performance outcome measures and to further data gathering and study of certain issues. Oregon also commits to quality and performance improvement measures, and to data reporting. These measures cover a broad array of subjects, including:

- Assertive Community Treatment Services
- Crisis Services
- Supported Housing
- Peer delivered Services
- Oregon State Hospital Discharge and linkage to services
- Acute Psychiatric Care Discharge and Linkage to Service
- Emergency Department Services
- Supported Employment Services
- Secure Residential Treatment Facility Discharge
- Criminal Justice Diversion
- Quality and Performance Improvement
- Data Reporting

Oregonians who struggle with mental health challenges and substance use disorders face barriers everyday getting the services and support they need. Fragmentation in the health care system has created artificial silos between physical, oral and behavioral health care, making it harder for individuals to get their needs met and for care providers to work together. In the summer of 2016, Oregon Health Authority (OHA) convened the BHC to develop a set of recommendations to chart a new course for behavioral health in Oregon. The BHC was comprised of nearly 50 members from throughout the state that represent every part of the behavioral health system. The BHC

worked for over six months to develop a set of recommendations that will transform Oregon's behavioral health system.

The recommendations from the BHC create a blueprint for the 21st century behavioral health system. These recommendations will move the entire state behavioral health system to a coordinated care model that will integrate behavioral health with physical and oral health and will provide a coordinated system so patients have a team of care and are not left out in the cold to find help on their own.

The BHC recommends the state to focus on 5 priority areas, and implement and track improvement:

Governance and Finance

Standards of Care and Competencies

Workforce Development and Retention

Information Exchange and Coordination of Care

Data and Measurement

Public Health Modernization

Passed by the legislature in House Bill 3100, a plan and model was developed, to modernize Oregon's public health system to meet the basic needs and protections for the health of all Oregonians. A public health modernization assessment was coordinated by the State Public Health Division, Public Health Advisory Board (PHAB) and local public health authorities to assess current system needs for modernization and resources needed. A roadmap with priorities was developed for implementation over the next three years.

Modernization builds upon a foundation for expanding efforts related to policies, systems and environmental change for substance abuse prevention strategies that supports all Oregonians.

<http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Pages/index.aspx>

Alcohol and Other Drug Prevention Outreach, Engagement and Collaboration

In 2015, the Oregon Health Authority (OHA) reorganized and transitioned alcohol and drug primary prevention responsibilities to the Public Health Division (PHD). While this was a significant change, it was also an opportunity to leverage additional resources,

grow a robust statewide comprehensive program and strengthen coordinated leadership at the state and locally for alcohol and other drug prevention in Oregon.

OHA conducted a statewide prevention outreach and engagement process to gather input to understand key considerations for alcohol and other drug prevention efforts among stakeholders. Three workgroups were formed to address prioritized areas of opportunity identified in a statewide engagement process. The workgroups brought together state agencies, tribes, counties and community-based agencies to:

1. Crosswalk the Language and Frameworks of Public Health and Prevention:
2. Align and clearly communicate state-wide strategies, goals and priorities
3. Collaborate with Prevention Partners to Imagine How Future Prevention Happens in Oregon

Subsequently, A Concepts and Connections document was finalized which is a visual crosswalk of frameworks and concepts used and applied in practice. Increased understanding of language and frameworks will continue to inform and facilitate productive conversations as we strive to best address alcohol and other drug prevention.

Workgroup 2 agreed upon a common agenda language for substance use/misuse prevention, which states: "Together, we are committed to preventing substance use, misuse, disorder, addiction and their related harms. We do this by reducing risk factors and promoting protective factors in support of physical, behavioral, societal, cultural and spiritual health." Broader goals related to substance use and misuse, related negative health and social harms and promotion of resilience in individuals and communities were also identified. See the report: Framework for Collaboration: Recommendations to Promote a Collective Impact Approach to Alcohol and other Drug Prevention in Oregon.

The efforts of Workgroup 3 are a culmination of the extensive participatory process to imagine a sustainable prevention network that supports stronger, healthier families and communities across Oregon. The common vision and proposed activities for the future is a recommended process for continuous improvement rather than a binding strategic plan.

OHA PHD will use and share these resources to foster understanding of the concepts and language used to prevent harmful alcohol and other drug use, offering a common agenda and framework for collaboration to reach outcomes together and

facilitate interagency collaboration along the continuum of care among communities and statewide system.

Data sources for primary prevention

The Oregon Health Authority maintains and monitors several population-based data sources to identify primary prevention needs.

- **Adult surveys**

The Behavioral Risk Factor Surveillance System (BRFSS) and the National Survey on Drug Use and Health (NSDUH) are primary data sources used to monitor risk behaviors, mental health and substance use disorders, and disease prevalence for Oregon adults.

- **Youth surveys**

Over the past decade, OHA has conducted two separate youth surveys – the Oregon Healthy Teens Survey (OHT) in odd years and the Student Wellness Survey (SWS) in even years. To improve data quality, reduce the burden on schools and students, and meet the data needs of local communities, OHA will launch a single integrated Student Health Survey (SHS) in the Fall of 2020. Over the course of 2018-19, OHA engaged youth, educators, local public health authorities, and other government agencies through listening sessions, interviews, community presentations, and surveys. Through this feedback, partners have helped shape important content and process decisions. This engagement process has also prompted opportunities to hear from new partners and continue an open dialogue with stakeholders to ensure that data needs are met, and has set the stage for ongoing cross-sector collaborative work that is central to primary prevention.

- **Oregon Student Health Survey (SHS)**

The SHS will be a census-based survey of Oregon 6th, 8th and 11th-graders. All public schools with students in these grades will be invited to participate. The survey will cover a wide range of topics that include school climate, positive youth development, mental health, physical health, substance use, problem gambling, violence and other risky behaviors among Oregon youth. Data and reports from the survey will be provided to all participating schools and school districts, and state and county data reports will be posted publicly.

Because of changes in survey methodology and timing of administration, data from the SHS will not be directly comparable to the prior Student Wellness

Survey or the Oregon Healthy Teens survey. Changes in outcome measures that are affected by the shift in data collection during the grant period will be noted in progress reports. Ultimately, the SHS will improve data reliability and accuracy. Quality data is essential for schools, state and local agencies, and local communities to best inform decisions about funding, programs, and other interventions to advance robust primary prevention efforts.

- **The Oregon Student Wellness Survey (SWS)**

The SWS was last conducted in 2018. The survey was a census-based survey conducted in every even year in schools statewide and administered to 6th, 8th and 11th graders.

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONIC/DISEASE/DATAREPORTS/Pages/student-wellness.aspx>

- **Oregon Healthy Teens (OHT) Survey**

The OHT was last conducted in 2019. The survey was conducted every odd year in a sample of schools statewide and administered to 8th and 11th graders.

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/index.aspx>

State Epidemiological Outcomes Workgroup (SEOW)

OHA-PHD Health Promotion and Chronic Disease Prevention Section's Surveillance and Evaluation Team (SET) is made up of data analysts, evaluation specialists and epidemiologists. This team serves as the foundation of Oregon's SEOW. The SEOW coordinates with a network of data analysts and researchers from OHA Health Systems Division, OHA Health Policy & Analytics Division and external organizations to guide planning for the implementation of prevention best practices and to inform strategic planning. The SEOW also enlists support from contractors to support specialized data collection and evaluation work.

One of the seven Oregon State Health Improvement Plan (SHIP) priorities is substance misuse, specifically with alcohol and opioids. The SEOW ensures that the priorities of the SABG primary prevention funds align with the overall priorities of the PHD, the Public Health Advisory Board (PHAB), and other state-level decision-makers, including the Governor's office. The SEOW monitors the substance abuse priority in the SHIP and allocation of SABG primary prevention funds. The SEOW will also inform the PHAB regarding progress and needs related to the substance abuse priority. This arrangement provides the SEOW with the ability to inform the highest-level leadership entities for health in Oregon.

The SEOW promotes high quality data and robust surveillance systems that are needed to best inform primary prevention efforts. The SEOW leads and contributes to many data quality improvement efforts, such as development of the new Student Health Survey and investigation of alternative methods to collect data from vulnerable and hard-to-reach populations in Oregon.

Opioid State targeted Response

The Oregon Health Authority recently was awarded the Opioid State Targeted Response grant. This grant comes with a funding of 6.5 million and is potentially going to be renewed for a second year at the same funding level. Using this grant, in conjunction with two other SAMHSA and CDC grants, Oregon will be able to focus considerable prevention, treatment, and recovery efforts towards the opioid epidemic in the state. Oregon is near the top in the nation in rates of non-medical usage of prescription opioids, and lack of access to Medication Assisted Treatment, especially in rural and frontier areas of the state. While multilevel projects and initiatives are being driven forward at the state and local level with a sense of urgency and collaboration, there are still significant gaps in community engagement, public education, and infrastructure and workforce.

Despite the high rate of opioid misuse in the State of Oregon, it ranks in the bottom third of the states for access to Buprenorphine (Jones et al, 2015). According to the Oregon Decision Support Surveillance and Utilization Review System (DSSURS), the overall buprenorphine penetration rate in Oregon in 2015 was 6.5%, while OTP penetration rates are at 59.3%, among Medicaid population. Of the total number of Polydrug users, 80.2% are opioid users, in OHP. The Oregon Health Authority estimates that the rate of nonmedical use is twice as high when measuring only persons ages 18-25, at 15%.¹ A 2012 survey of Portland-area Syringe Exchange Program (SEP) patients discovered that 45% of patients, the majority of whom inject heroin, were first addicted to prescription opioids. One marker of use is treatment data. From 2004 to 2013, there was a 58% increase in Oregon treatment admissions where heroin was the client's primary drug of choice (from 4,069 to 6,432), and a 162% increase for prescription opioids (from 1,090 to 2,861). Another marker of use for heroin is the increase in demand for syringe exchange services, where they exist. In the past 5 years, the Portland area syringe exchange service has increased by 56%.

Among all opioid users, 22.4% are in Medication Assisted Treatment (MAT). Results from the 2013-2014 National Survey on Drug Use Health (NSDUH) tie Oregon for 6th place among all US states in non-medical use of prescription pain relievers, down from 1st and 2nd among all states in previous NSDUH surveys. In regards to buprenorphine,

¹ *Multnomah County's Epidemiological Data on Alcohol, Drugs, and Mental Health 2000 to 2012 (2013)*. Oregon Health Authority, Office of Health Analytics and Addictions and Mental Health Division, State Epidemiological Outcomes Workgroup.

there remains a significant gap between need and availability. This is likely due to low availability of our DATA-waived physicians across the state. In addition, there is also a significant gap in the number of DATA-waived physicians in the state and those who are actively prescribing FDA approved medication for MAT, according to the Oregon Prescription Drug Monitoring Program. Between January and March 2016, only 30% of DATA waived physicians prescribed buprenorphine. This is a ripe opportunity for projects such as the PDO Coordinators established through the CDC PfS grant, and Project ECHO, which a partnership between Oregon Health Authority and Oregon Health & Science University to promote competence, train in prescribing guidelines, and encourage confidence in prescribing drugs for MAT and caring for individuals with SUD.

Prevalence of Serious Mental Illness

For adults, OHA uses prevalence rates from SAMHSA's National Survey on Drug Use and Health and apply these prevalence rates to population estimates by the Portland State University Population Research Center. Pursuant to section 1912(c) of the Public Health Services Act, adults with serious mental illness are defined as:

- Age 18 and over;
- Currently have, or at any time during the past year had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-4 or their ICD-9-CM equivalent; and
- That results in functional impairment, which substantially interferes with or limits one or more major life activities.

The definition is used in determining prevalence, need and access. The current estimate of adults (age 18 and older) with a serious mental illness living in Oregon is 156,962. Approximately 46 percent of those adults are served in the public mental health system.

Prevalence of Youth and Adults with DSM-4 Disorder of Substance Abuse or Dependence

Substance use disorders remain a serious problem in Oregon. Opioid overdose deaths has also increased in the last five years, as has been explained earlier in this application.