August 2023

Youth and Young Adult Substance Use Prevention, Treatment, and Recovery

Report

Oregon Health Authority

HEALTH SYSTEMS DIVISION

CONTRIBUTORS

Oregon Health Authority's substance use prevention, harm reduction, treatment, and recovery efforts are a collaborative effort across OHA's Public Health Division (PHD) and Health Systems Division (HSD), as well as community partners. We are grateful for the contributions of:

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Oregon's current situation

Adolescence and young adulthood are critical phases in human development, creating opportunities for future patterns, behaviors, and habits. Many adolescents engage in some sort of substance use during their high school years, and research shows that substance use during adolescence can be associated with negative life consequences such as academic underachievement and delinquency, as well as with undesirable health outcomes such as mental health concerns and teen pregnancy. In addition, substance use during adolescence has been linked to substance misuse during adulthood, and can foreshadow developing substance use disorders.

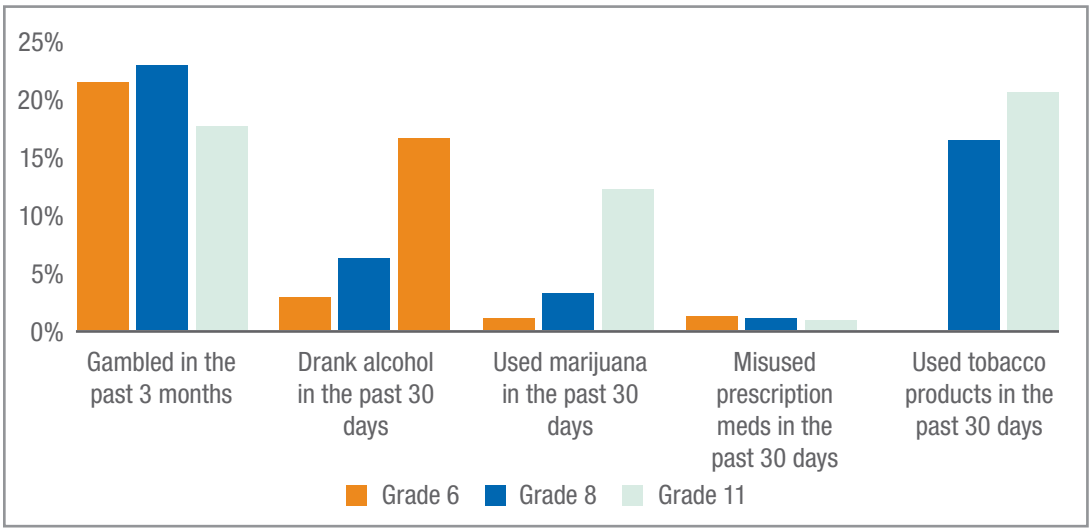
In recent years across the United States, overdose deaths for adolescents have increased dramatically. The Drug Enforcement Administration has warned that multiple factors are contributing to this rise, including commonly misused prescription medications and readily available counterfeit pills containing highly lethal substances (such as illicit fentanyl).

The COVID-19 pandemic created some unique challenges for youth and young adults, and studies of substance use in these groups have been inconsistent; some found increases in use (particularly in alcohol and marijuana use) where others saw a decrease in youth substance misuse. A 2023 meta-analysis by the Centers for Disease Control found that general trends over the past decade which showed decreases in high school student substance use continued during the pandemic years. However, the same report also found that 30% of high school students reported substance use within the past 30 days, and 35% of those students reported the use of multiple substances, such as use of prescription pain medications while drinking alcohol, which increases the likelihood of health risks and overdose.

The Oregon Student Health Survey is a collaborative effort between Oregon Health Authority (OHA) and the Oregon Department of Education to improve the health and well-being of all Oregon students. The Student Health Survey is a comprehensive, school-based, anonymous, and voluntary health survey of 6th, 8th and 11th graders conducted in even-numbered years. It is a key part of statewide efforts to help local schools and communities ensure that all Oregon youth are healthy and successful learners.

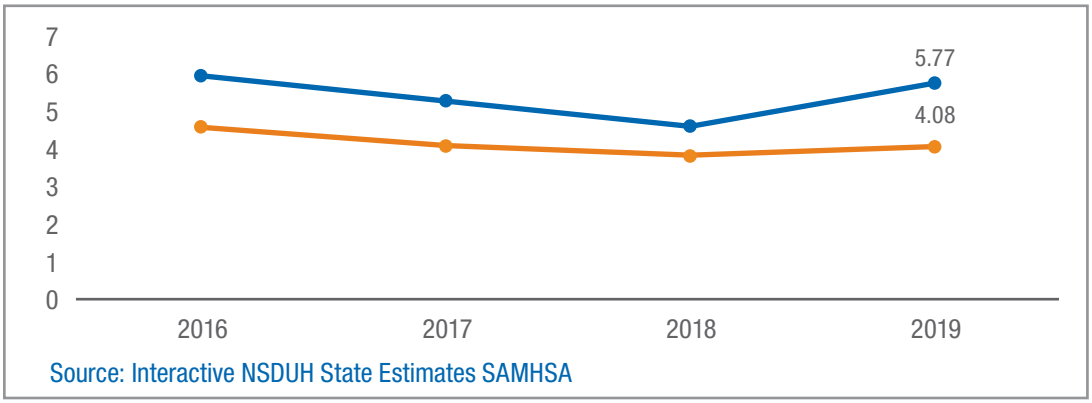
The 2022 Student Health Survey showed high rates of tobacco use in 8th and 11th grade students, above 15%, as well as high rate of alcohol use in 11th grade students. Problem gambling has grown as a concern for students across Oregon and will be discussed later in this report due to its connection to youth and young adult substance misuse, see figure 1.

Figure 1: 2022 Student Health Survey data



When compared to the United States more broadly, Oregon's substance use disorder rates for youth age 12 – 17 (5.77%) and young adults age 18 – 25 (17.49%) are higher than the national rates for the comparative age groups, see figure 2.

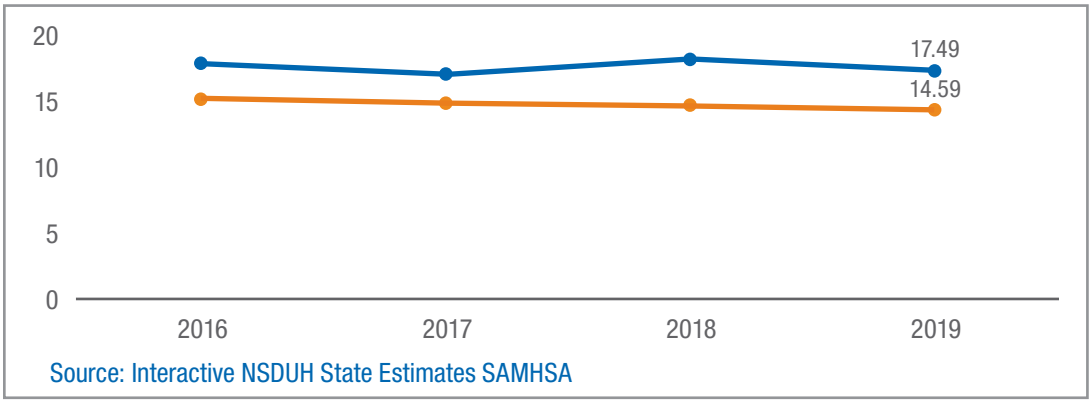
Figure 2: Percentage of youth (ages 12-17) with a documented substance use disorder in the past year, Oregon and national



Source: Interactive NSDUH State Estimates SAMHSA

In Oregon, rates of youth with a documented substance use disorder have remained above the national average and increased in 2019 (the most recent data available). Documented substance use disorders for young adults age 18 – 25 decreased slightly, but Oregon remains above the national average for this age group as well. See figure 3.

Figure 3: Percentage of youth (ages 18-25) with a documented substance use disorder in the past year, **Oregon** and **national**



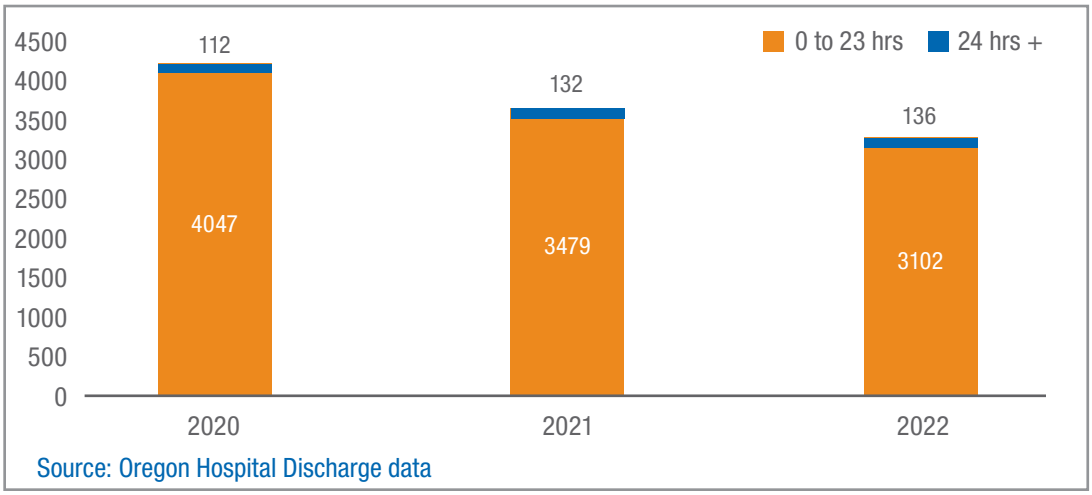
Source: Interactive NSDUH State Estimates SAMHSA

Emergency departments

In Oregon, because there are not enough behavioral health services for those needing support, the front door for treatment is frequently an emergency department. In 2022, 59% of emergency department visits for youth and young adults needing substance use treatment were paid through Oregon Health Plan (Medicaid).

Young people experiencing substance use-related emergencies may be treated and released, transferred to another part of the hospital, or they may be "boarded" within the emergency department. Boarding occurs when a person remains in the emergency department more than 24 hours, often because there is nowhere else for them to receive care, and they are not stable enough to leave the hospital. On a positive note, data on emergency department boarding shows that the number of young people between infancy and age 25 entering the emergency department for substance-related diagnoses has decreased over time, see figure 4.

Figure 4: Total ED discharge by fiscal year: Substance use, ages 0-25



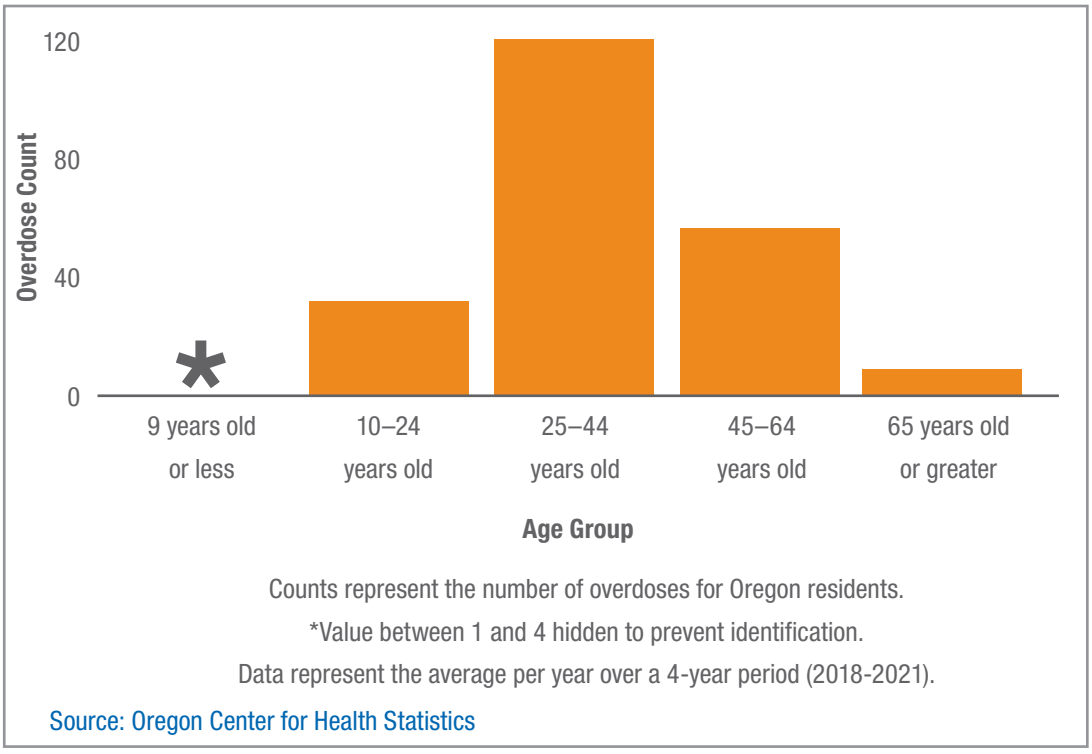
Source: Oregon Hospital Discharge data

Opioid and Fentanyl overdose Public Health crisis

The drivers and issues surrounding substance use in Oregon, including illicitly manufactured fentanyl, are multifactored and complex. Since the onset of the COVID-19 pandemic, available illicit drugs in Oregon have changed dramatically. Potent opioids which are 50-100 times stronger than heroin are now widely available in many areas of the state. This has exacerbated existing strain on the addiction treatment recovery and prevention system; for example, access to medication assisted treatment for opioid use disorder, which had already been lacking in many corners of Oregon, is further compromised by the demand. Other factors that complicate addressing the fentanyl crisis include workforce shortages and lack of treatment access for youth, from residential to withdrawal management to medication assisted treatment for young people.

Rising opioid overdose deaths are a public health crisis. According to the Centers for Disease Control and Prevention (CDC), from May 2020 - April 2021, deaths (in all age groups) due to accidental overdose surpassed 100,000 for the first time on record. Sixty-four percent of those deaths were attributed to synthetic opioids, which includes illicitly manufactured fentanyl. Illicitly manufactured fentanyl often comes in the form of pills that closely resemble prescription oxycodone or benzodiazepines such as Xanax. See figure 5.

Figure 5: Average Fatal Overdose Count (2018–2021)



Source: Oregon Center for Health Statistics

Preliminary data from the CDC indicates that unintentional and undetermined overdose deaths (across the lifespan) in Oregon have nearly tripled since 2019, increasing from 496 in 2019 to 1,257 in 2022. Fentanyl has surpassed methamphetamine as the most frequent drug involved in overdose deaths and is projected to account for nearly 90% of opioid overdose deaths in 2022. For youth ages 15-24 in Oregon, the rate of overdose related to synthetic opioids which include fentanyl, was 8.2% (of all synthetic opioid overdose deaths) in 2021.

In Oregon, overdoses have increased for youth ages 10-17 and young adults ages 18-24. For the young adult group, unintentional overdose deaths increased from about 40 in 2017 to nearly 75 in 2021, an increase of more than 75%. Initial 2022 data suggests these figures will have once again increased. See table 1.

Table 1: Unintentional/undetermined drug overdose deaths among youth and young adults aged 10 to 24 by year, Oregon, 2020–2022*

Year	Ages 10–17	Ages 18–24
2020	5	68
2021	14	76
2022*	14	66

*2022 Data are preliminary counts and subject to change later.
Source: CDC State Unintentional Drug Overdose Reporting

Problem gambling and gaming among youth

Disordered gambling and gaming in youth are often associated and overlap with substance use disorders, and gambling and gaming are more available than ever for youth and young adults through a variety of media platforms. Similar to substance use, studies show that the earlier a young person engages in risky gambling behaviors, the greater the likelihood is that these behaviors will become a concern in adulthood.

Around 13,000 adolescents between ages 10 and 17 in Oregon have problem gambling concerns or are at risk of developing these concerns. Results from the 2022 Student Health Survey show that young people's use of substances and gambling are highly correlated.

Youth gaming disorder is also becoming more prevalent. A recent study found that 8.5% of youth between ages 8 and 18 suffer from gaming disorder. Young adults ages 18–24 tend to experience the most harm from their gaming, although these patterns generally begin in adolescence.

The Problem Gambling Services System administered through OHA is working actively on initiatives around youth gambling and gaming in both treatment and prevention efforts. Problem gambling and gaming treatment is available to all Oregon residents at no cost, and services are offered to family members and other significant persons impacted by problem gambling and gaming.

Workforce

Broadly, behavioral health workers have been chronically underpaid due to the lack of parity between behavioral health rates and other types of physical health care. Wages for entry-level behavioral health staff have often been at or close to minimum wage, and those with higher degrees earn less than other fields.

Behavioral healthcare work is also often dangerous; psychiatric aides and technicians are 69x higher than the national rate to experience violence in the workplace, and residential treatment providers are among the highest professions in number of work-related injury days from work, above both police officers and fire fighters.

In addition, behavioral health work can be personally traumatic to those working within the field; secondary trauma and burnout are common, and many people leave the field due to emotional exhaustion. Combined with overwork and a lack of work-life balance, these characteristics lead to high turnover for workers within mental health settings across the US.

The COVID-19 pandemic had a significant impact on the behavioral health workforce across the state. For youth and young adult substance use programs, there continue to be systemwide impacts of staffing shortages. Programs report that recruitment of new staff has been very difficult for several years, and many are struggling to fill staff openings. In addition, programs have seen that the difficult nature of the work often leads to high staff turnover. Many programs have decreased the number of youth they can serve, have paused admissions, or even closed programs entirely.

OHA has engaged in a number of targeted efforts to increase recruitment and retention of all levels of behavioral health program staff and created a Workforce unit within Health Systems Division to address workforce shortages in behavioral health programs. HB 2949 (2021) provided over $80M for wage increases, and HB 4004 (2022) provided an additional $132M for workforce incentives and development. HB 5202 (2022) provided $3M in funds to temporarily increase residential rates, as well $42.5M to provide an overall 30% increase in behavioral health rates.

The Workforce team has driven implementation of several projects:

- Clinical Supervision- The aim with this incentive is to make acquiring clinical supervision easier for behavioral health professionals. Providing this incentive also hopes to address recruitment and retention within communities of color and indigenous communities.
- Loan Repayment- This incentive both seeks to help individual professionals with student debt incurred, as well as encourage practitioners to serve in areas with limited current staff available.
- Housing- A future incentive is currently in development to provide housing supports for behavioral health staff.
- Child Care- Child Care incentives will be made available to eligible behavioral health practitioners to help defray some of the costs of childcare.
- Pipeline Development- An exploration of existing barriers to bringing people into the field (e.g., required credentials), as well as factors contributing to professionals leaving the field (e.g., due to lack of upward mobility) is currently in development.

Community partnership

The Oregon Council of Behavioral Health (OCBH) has expressed concern about the state of youth substance use treatment and supports statewide. In a 2021 letter to OHA, the Council provided recommendations including a phased approach to modernize youth and family substance use disorder and co-occurring care in residential and non-residential acute care community environments, focusing on the American Society of Addictions Medicine (ASAM) for level 2 (intensive outpatient) through level 3.7 (medically monitored high-intensity) treatment. The Council's recommendations included:

- Agencies' readiness to provide or refer and support health equity for youth and their diverse families, including race, ethnicity, language, LGBTQ+ * and veterans
- Knowledge and awareness to clearly identify the specific American Society Addictions Medicine (ASAM) levels of care
- Services provided to support increased normative human development while addressing the needs for care and other supports
- Offering family (systems) centered services and supports
- Parenting-centered care which meets the needs of parents and guardians to support their child, youth, or young adult
- Readiness to identify and address intergenerational trauma within the system to ameliorate and address Adverse Childhood Experiences (ACEs)

* Lesbian, Gay, Bisexual, Trans, Queer and the many other ways that people may identify themselves other than cisgender and heterosexual.

- Readiness to identify and treat co-occurring mental health, substance use disorder, suicidal ideation, co-occurring intellectual and development disabilities (I/DD), and physical health needs

Youth and young adults served

Oregon Health Authority utilizes the Measures and Outcomes Tracking System (MOTS) as a reporting tool implemented for treatment providers. Agencies are required to submit data on clients in their care monthly, and within 30 days of a discharge from treatment.

MOTS data shows a total of 1,117 youth ages 9 –18 received substance use treatment from January 2022 through end of May 2023. Outpatient treatment shows an average length of treatment around 150 days. Residential care data shows more variability, with a range of 50 days to 270 days as average length of treatment. Please refer to pages 36 and 37 for race, ethnicity and gender data breakdowns for calendar year 2022.

Nationally, between 2016 and 2020, 4% of youth ages 12–17 who needed treatment for substance use at a specialty facility did not receive it. In Oregon, over 5% of youth ages 12–17 who needed treatment for substance use at a specialty facility didn't receive treatment.

OHA'S Current efforts to address youth substance use

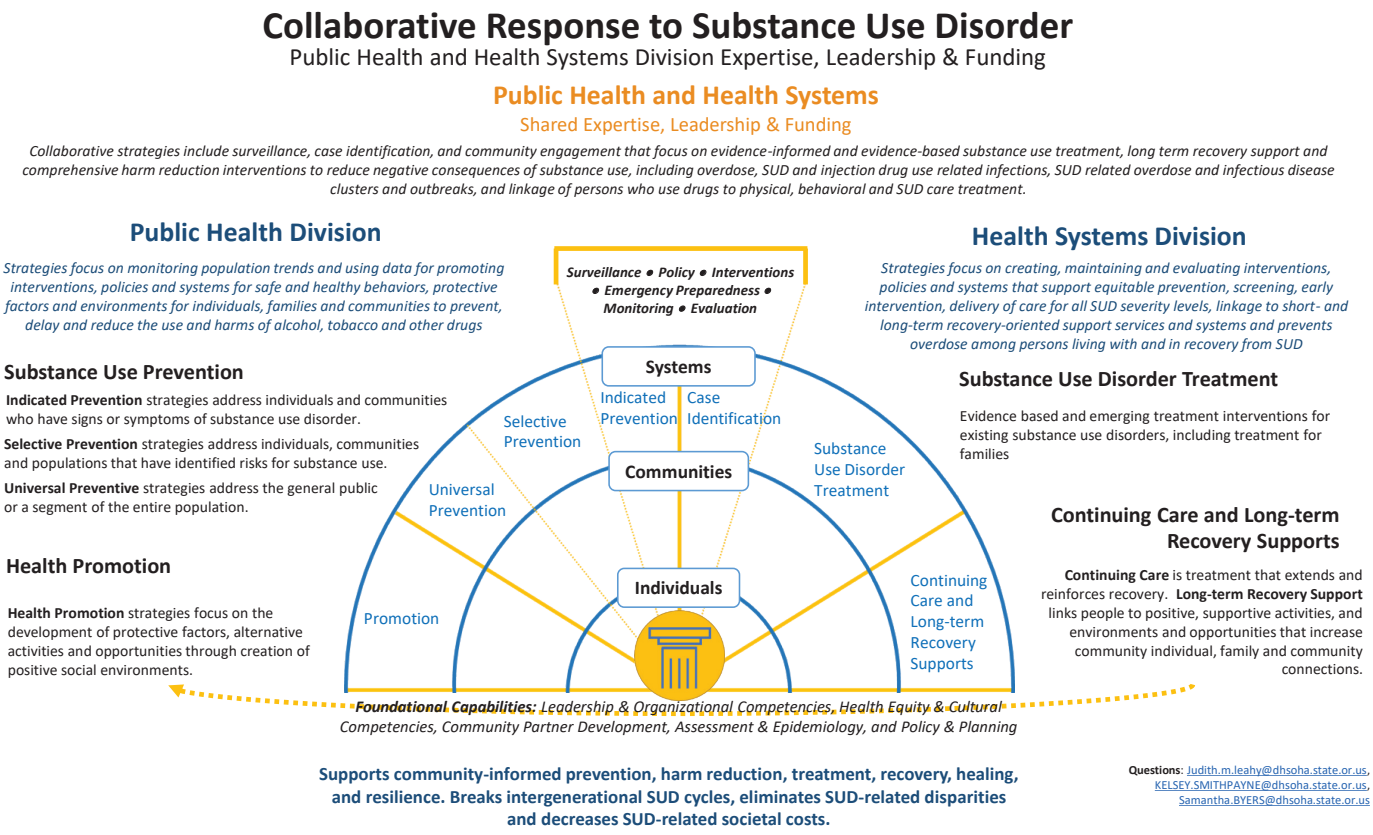
The Oregon Health Authority (OHA) is organized into seven divisions with efforts to address youth substance use and misuse shared primarily across the Public Health Division and Health Systems Division. The divisions collaborate to address promotion of healthy behaviors, prevention of substance use, harm reduction, treatment supports, and long-term care and recovery.

The Public Health division works with internal and external partners statewide to prevent and reduce youth substance use and overdose. These efforts advance primary prevention, population health strategies in the state health improvement plan (Healthier Together Oregon), and the Alcohol Drug Policy Commission's strategic plan.

It is the vision of the Health Systems division to promote a healthy Oregon that prevents mental health disorders, substance misuse, and gambling disorders through prevention, early intervention, and access to care.

Programmatic work for youth substance use to realize this vision is in the Child and Family Behavioral Health unit and the Addiction Treatment, Recovery and Prevention Services unit, and strategic plans to achieve this vision are aligned with efforts in Public Health and other related plans.

Efforts to address youth substance use and misuse are shared across the Public Health Division and Health Systems Division, and the divisions collaborate to address promotion and prevention of healthy behaviors, harm reduction, treatment supports, and long-term care and recovery.



Prevention and Harm reduction for youth and young adults

OHA has worked consistently through the Substance Abuse Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grant, Behavioral Health COVID-19 response, and other funding sources to support prevention of substance misuse and harm reduction for those using substances. Efforts have included an increase in access and distribution of naloxone* to people with overdose risk, coordination with the state's COVID-19 community engagement activities with substance use treatment programs, peer recovery support programs, harm reduction and syringe service programs. Other examples of State Opioid Response prevention work include:

- Partnership with the Oregon Department of Education (ODE) on health education: In 2021, OHA collaborated with ODE to survey health education

* Naloxone (Narcan) is an opioid antagonist that will temporarily reverse deadly respiratory depression experienced during an opioid overdose. It is available as intramuscular or subcutaneous injection and nasal spray. When administered quickly and effectively, naloxone can immediately restore breathing to a victim experiencing an opioid overdose. It is important to note that if naloxone is mistakenly given to someone not actually experiencing an opioid overdose, it will not harm them. There is no potential for addiction or other misuse of naloxone. With naloxone as part of an emergency protocol, school staff can quickly administer and prevent opioid overdose deaths.

teachers across the state to assess health education gaps, specifically around alcohol & other drugs, including opioids. Survey results supported professional development for health educators and the development of learning modules accessible via ODE's Oregon Open Learning Hub. This effort was funded from the State Opioid Response (SOR-2) grant. OHA staff participate in ODE's 2022-23 Health Education Content Advisory Panel and continue collaborating to refine the draft standards, support ODE and the upcoming Board of Education approval process and implement K-12 health education standards and performance indicators.

- Youth engagement: OHA's Public Health Division convenes a 20-member statewide Youth Advisory Council (YAC) to support public health efforts in schools and communities. The YAC has formed partnerships with youth-serving community-based organizations and include youth with diverse lived experiences and geographic and cultural identities. All youth identify as being from a population disproportionately impacted by COVID-19 and other health inequities. The YAC is partially funded by SOR-3 Grant and will strategize on upstream interventions and prevention methods in the 23–25 biennium.

OHA launched a Harm Reduction Clearinghouse to provide no-cost, needed supplies to community-based organizations and entities directly serving people who use drugs and people with overdose risk. The harm reduction supplies include naloxone and other supplies that prevent overdose, infections, or injuries. The Save Lives Oregon Harm Reduction Clearinghouse was allotted funding by the Oregon Opioid Settlement to expand to serve three different types of groups, including schools, and continues to support harm reduction supply access including access to naloxone. The Save Lives Harm Reduction Clearinghouse is currently in the process of expanding to schools, with an initial launch planned for Fall 2023. For youth under 18, the primary service provided is the provision of Naloxone unless there is parental consent.

Alcohol and Drug Prevention and Education Program (ADPEP)

OHA's Alcohol and Drug Prevention and Education Program (ADPEP) prioritizes evidence-based interventions and community based strategies to address shared risk and protective factors to help communities create social and physical environments that discourage excessive alcohol consumption and substance misuse, thereby reducing alcohol-related fatalities and preventing substance use disorders and related costs. Oregon's ADPEP directly funds Oregon's 36 counties to plan and implement community-driven solutions to address excessive alcohol

use and prevent substance misuse. In addition, OHA's Tribal Affairs team administers Tribal ADPEP funds and programs.

Community Based Organization Equity Funding Collaborative

Since April 2022, OHA's Community Based Organization (CBO) Equity Funding Collaborative has funded over 140 CBOs across Oregon to center health equity and community priorities by implementing community-driven, culturally, and linguistically responsive projects. Eight programs within OHA's Public Health Division collaborated to braid funding towards advancing OHA's strategic goal of eliminating health inequities by 2030.

- Of the seven CBO funded projects for overdose prevention, one CBO is specifically serving rural youth and two CBOs are serving culturally specific communities that are implementing youth initiatives.
- Twenty CBOs are implementing school-based prevention, resource navigation, and social-emotional well-being services. These organizations provide culturally responsive, youth-centered programming that address the instability, loss of engagement, and coping in the aftermath of the COVID-19 Pandemic.
- 97 CBOs, include 15 specifically focusing on youth, address the social determinants of tobacco use (with funding from the "Tobacco and E-Cigarette Tax Increase for Health Programs" (Ballot Measure 108). Increasing the price of tobacco is an evidence-based strategy shown to be highly effective in reducing consumption of tobacco products, particularly for young people. Recent 2022 data per capita sales of cigarette packs were down by nearly 14% over the previous year.

School Based Health Centers (SBHCs)

School Based Health Centers work with children, adolescents, and their families to provide primary care and linkage to other mental and behavioral health services – including screening and referral for substance use. SBHC's also sponsor youth engagement and youth participatory action research projects related to substance use.

Oregon School Based Health Centers minimum service requirements were developed in line with nationally recognized pediatric health care standards, including recommendations from the American Academy of Pediatrics Bright Futures. In this way, services provided at Oregon's School Based Health Centers are similar to those provided at any pediatric practice. The decision to offer

services beyond what is required by law or program certification standards is determined locally and based upon a community's specific values and needs. OHA's School Based Health Centers State Program Office does not require the usage or supply of opioid antagonists, nor do we formally track this information. The State Program Office supports School Based Health Centers' equitable distribution of opioid antagonists to youth within the bounds of local, state, and federal law alongside appropriate screening, prevention, and treatment efforts.

Substance Use Prevention Treatment Recovery Services (SUPTR) (formerly SAPT) Block Grant

SAMHSA awarded Oregon with supplemental funding from the COVID Substance Use Prevention Treatment Recovery Services block grant to support Oregon's substance use disorder services across the continuum of services across the lifespan. Youth and family recovery support is a needed investment to address the needs of those who were unable to participate fully in their recovery programs due to COVID-related rules and school or childcare closures. OHA has worked to rethink ways in which recovery services are designed and delivered. These SAPT funds are available through March 2024. Some examples of services these funds will support include:

- OHA will distribute up to $250,000 in grants to support the development of culturally specific curriculum(s) leading to certification of youth support specialists (Peer Support Specialists (PSS) or Peer Wellness Specialists (PWS)).
- Culturally specific peer-certification courses for families – OHA will distribute up to $250,000 in grants to support the development of culturally specific curriculum(s) leading to certification of family support specialists (PSS or PWS).
- $2 million will go toward direct substance use recovery services.

In January 2023, OHA awarded $140,000 to 16 local public health authorities to develop and implement local fentanyl awareness and education campaigns across Oregon. This funding was braided between SAPT American Rescue Plan Act (ARPA) funds ($60,000) and Centers for Disease Control and Prevention (CDC) Overdose Data to Action funds ($80,000). The project period for this work is January – August 2023, with many campaigns having launched in Spring 2023. Several local public health authorities partnered with surrounding counties to implement a regional approach. These localized fentanyl campaigns are reaching 26 of Oregon's 36 counties.

Local public health authorities have tailored their campaigns to reach priority populations within their communities, and the majority (80%) of efforts are focused on youth and young adults. Additional focus populations include

parents, Latino/a/x communities, Slavic communities, LGBTQ+ communities, rural communities, and first responders. Local public health authorities are reaching these populations through a variety of outlets, including social media ads, newspaper ads, websites, flyers, billboards, radio/TV ads, and brochures. Several local public health authorities have hosted community events to share their fentanyl awareness messages, and many have also partnered with schools, universities, and other community groups to expand their message reach.

Some examples of campaigns SAPT grant funding has fully and partially supported include:

- Benton County: https://www.co.benton.or.us/health/page/benton-county-launches-fentanyl-aware-campaign
- Lane County: https://fentanylaware.com/
- Douglas, Coos and Curry Counties: https://awarepreparedalive.com/

Substance-specific efforts

Tobacco

OHA's comprehensive Tobacco Prevention and Education Program (TPEP) implements community and state level, evidence-based interventions, surveillance and evaluation, communications, screening interventions, and state administration and management to prevent tobacco use and associated effects across the lifespan. OHA directly funds Oregon's 36 counties, geographic and culturally specific organizations, and six Regional Health Equity Coalitions (RHECs). Nationally and in Oregon, tobacco use among adults has dropped to an all-time historic low.

SB 587 (2021) created a Tobacco Retail Licensing System to increase retailer knowledge and compliance of federal and state laws regulating the sale of tobacco and vaping products. As of January 1, 2022, any business selling tobacco, nicotine, or vaping products in Oregon is required to get a from the Department of Revenue. In other states and internationally, these efforts have reduced youth access to tobacco products in communities. To enforce this new system, over 2,300 inspections have been completed since July 2022, and results found that in the first 6 months,1 in 4 tobacco retailers sold tobacco products illegally to young adult inspectors.

e-Cigarettes

Use of e-cigarettes mimics conventional cigarette smoking, and e-cigarettes also contain the same addictive ingredient, nicotine. Instead of smoke from burning tobacco, e-cigarette users inhale aerosol or vapor, consisting of nicotine, flavor additives, and other chemicals. When users inhale from the end of an

e-cigarette, a battery-operated device heats a liquid solution (e-liquid or e-juice) into an aerosol. Existing evidence about electronic cigarettes raises the concern that they may:

- have an adverse impact on user's health
- encourage youth smoking initiation through modeling and nicotine addiction
- perpetuate the use of nicotine and tobacco products among users who might otherwise quit
- counter the effectiveness of smoke-free policies

A 2015 report titled Vaporized: E-Cigarettes, Advertising, and Youth examined the rise of e-cigarette use among youth, and the entry of the major tobacco companies into the e-cigarette market.

Alcohol

In 2022, Oregon became the first state in the nation to initiate a statewide media campaign addressing excessive alcohol use called Rethink the Drink. Rethink the Drink is an initiative of OHA's Public Health Division. Its goal is to decrease excessive drinking and the harm it causes individuals, families, and communities throughout our state. Rethink the Drink aligns with the goals and strategies of Oregon's Alcohol and Drug Policy Commission (ADPC) and those of Healthier Together Oregon, the state's five-year planning tool for ensuring that all Oregonians have the opportunity to live a long, healthy life. HTO places special emphasis on groups who face significant barriers to good health that arise from social inequities. These groups include people of color, people with lower incomes, people who identify as LGBTQ+, people with disabilities, and people who live in rural areas of the state.

Opioids

Oregon's substance use disorder treatment strategies to address the opioid crisis are outlined in strategic plans for OHA, the ADPC, the Nine Federally Recognized Tribes, and Healthier Together Oregon. OHA also works closely with the Oregon Department of Education (ODE) to provide substance abuse prevention within school settings.

The common aims of these plans include comprehensive, coordinated statewide and tribal health systems that:

- Effectively address the substance use continuum through policies and investments in practices and strategies informed by data, that save lives now, advance prevention and promote health, address risk and protective factors, decrease harm related to substance use, and expand treatment and recovery services.

- Center equity in policies and investments and support healing, healthy, and thriving individuals, families, and communities.

OHA and ODE collaborated to create a Fentanyl and Opioid Response Toolkit for Schools to support educators, administrators, school nurses, students, and families in response to the public health crisis related to rising youth and adult opioid overdoses and deaths in Oregon. The toolkit provides information about how schools may create an emergency protocol to administer naloxone. The toolkit includes information on how to access, administer, and store this life-saving opioid overdose prevention medication, and has resources to support staff training, prevention education, and other resources essential to developing and implementing school emergency response procedures. OHA also provided presentations and education on the Toolkit for statewide school administrators, the Youth Summit in Jackson County, and to statewide Child Welfare workers.

OHA and ODE strongly encourage schools to adopt policies and practices for safe and effective management and prevention of opioid-related overdoses in schools. When drug-related emergencies occur in or around schools, proper response is critical to save lives. Naloxone administration is one part of a coordinated community prevention strategy to address the public health crisis of opioid-related overdoses.

OHA continues to assist statewide public and private schools obtain toolkits and training in an on-going campaign:

- Local Fentanyl Aware Media Campaigns: funding provided to support localized fentanyl media campaigns across 26 counties in Oregon
- Funding provided to 23 local public health agencies to improve local prevention and other drug overdose responses
- Funding provided to 22 Community Based Organizations (CBOs) to implement culturally specific overdose prevention projects with groups and communities experiencing high overdose burdens, such as people recently released from jails or prisons, rural communities, and Tribal nations.
- 2023 National Tribal Opioid Summit: funds provided to support scholarships for members of Oregon's Nine Federally Recognized Tribes to attend a national summit on the fentanyl crisis in Tribal communities
- Report on Opioids and the Ongoing Drug Overdose Crisis in Oregon

Suicide Prevention

Simply put, protective factors promote wellness even when life is difficult. Risk factors create barriers to the best possible health and quality of life outcomes. Risk and protective factors for substance use disorders are similar to risk and protective factors for suicide. By focusing on those shared risk and protective factors between

substance misuse and suicidal ideation, efforts are woven together and stretched further to create increased wellness for more young people.

Other suicide prevention resources supporting substance use prevention include:

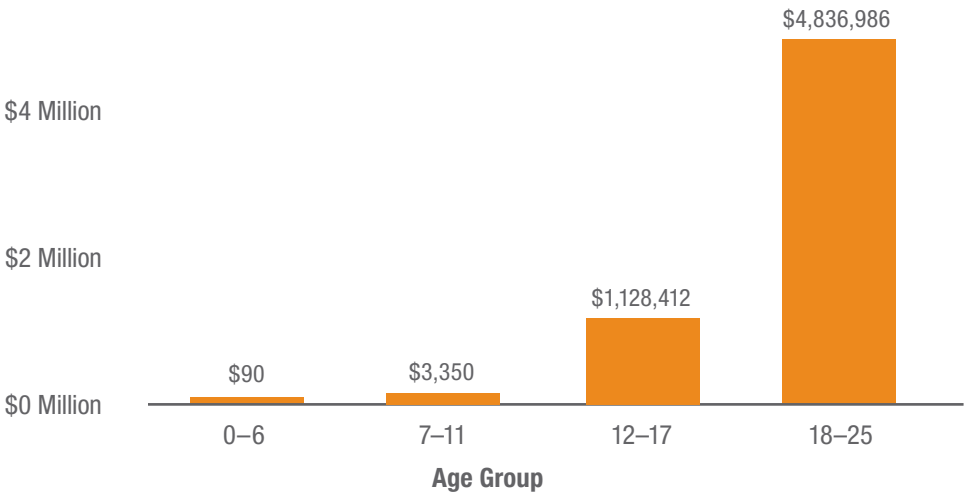
- Sources of Strength: a peer-led upstream prevention program rooted in hope, help, and strength focused on building protective factors for young people. Sources of Strength is available to middle, high, and post-secondary schools across Oregon. As of May 2023, there are at least 81 middle and high schools in 19 counties implementing Sources with an estimated student reach of at least 57,405.
- Sources of Strength Elementary: a K-6 classroom curriculum focused on hope, help, and strength. In school year 2022-2023, 130 Oregon elementary schools across 11 counties implemented this support, with a total student reach of 57,536.

Outpatient programs

Behavioral Health Outpatient programs provide services for persons in the community who are experiencing mental health disorders, substance use disorders, or problem gambling disorders. Outpatient clinics may provide one or all types of services and are by far the most common substance use treatment accessed by youth and young adults. During the state fiscal year 2022, 850 youth ages 12–17 and 2,859 young adults ages 18–25 were served in outpatient treatment programs in Oregon.

During 2022, Oregon spent over $1.1 million on Outpatient supports to address substance use disorders in youth aged 12–17, and over $4.8 million for young adults age 18–25, see figure 6.

Figure 6: SUD Outpatient estimated totals



Source: Generated from the Medicaid Management Information System (MMIS/Data Support/ Surveillance and Utilization Review System (DSSURS).

Recovery High Schools

Recovery High Schools are secondary schools designed specifically for students in recovery from substance use disorder or co-occurring disorders. Oregon currently has one recovery high school; Harmony Academy in Lake Oswego. More are planned subsequent to legislation passed in 2023. Although each school operates differently depending on available community resources and state standards, each recovery high school shares the following values:

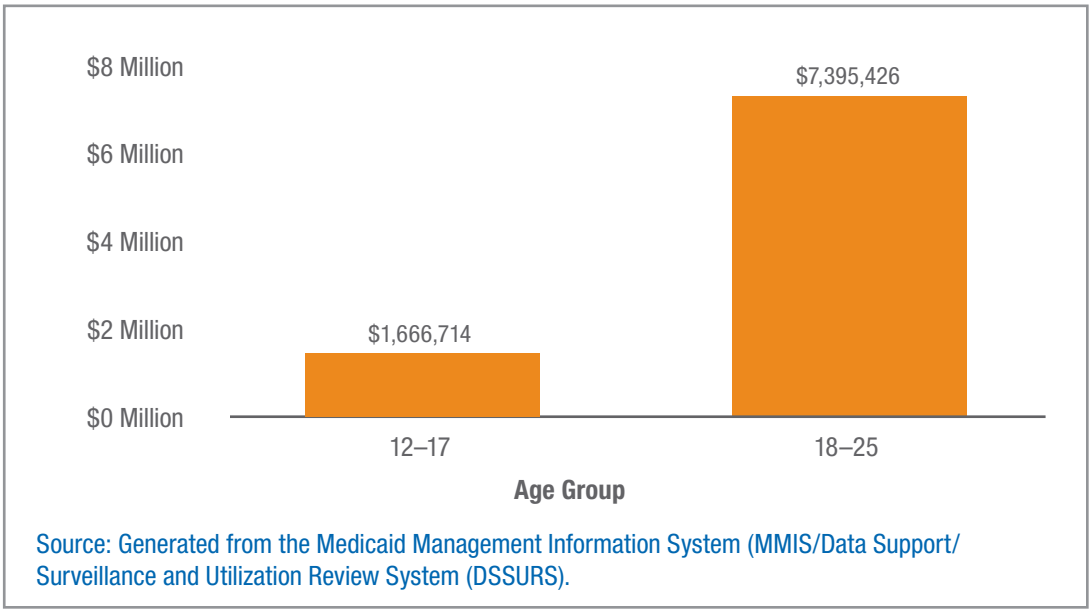
- The primary purpose of a recovery high school is to educate and support students in recovery from substance use or co-occurring disorders.
- The intent of a recovery high school is that all students enrolled be in recovery and working an abstinence-focused program of recovery from substance use or co-occurring disorders as determined and agreed upon by the student and the school.

Residential Facilities

Residential substance disorder treatment interventions include 24-hour supports for youth with complex needs. Supports in residential programs include individual and group treatment, education about substance use and the impact to the youth and their community, and alternatives to substance use.

There are four youth residential treatment facilities licensed to provide substance use disorder treatment in Oregon, including a total of 69 beds available statewide. These programs include ADAPT's Deer Creek Adolescent Treatment Center (Douglas County), Madrona Recovery (Washington County), the Native American

Figure 7: SUD Residential estimated totals



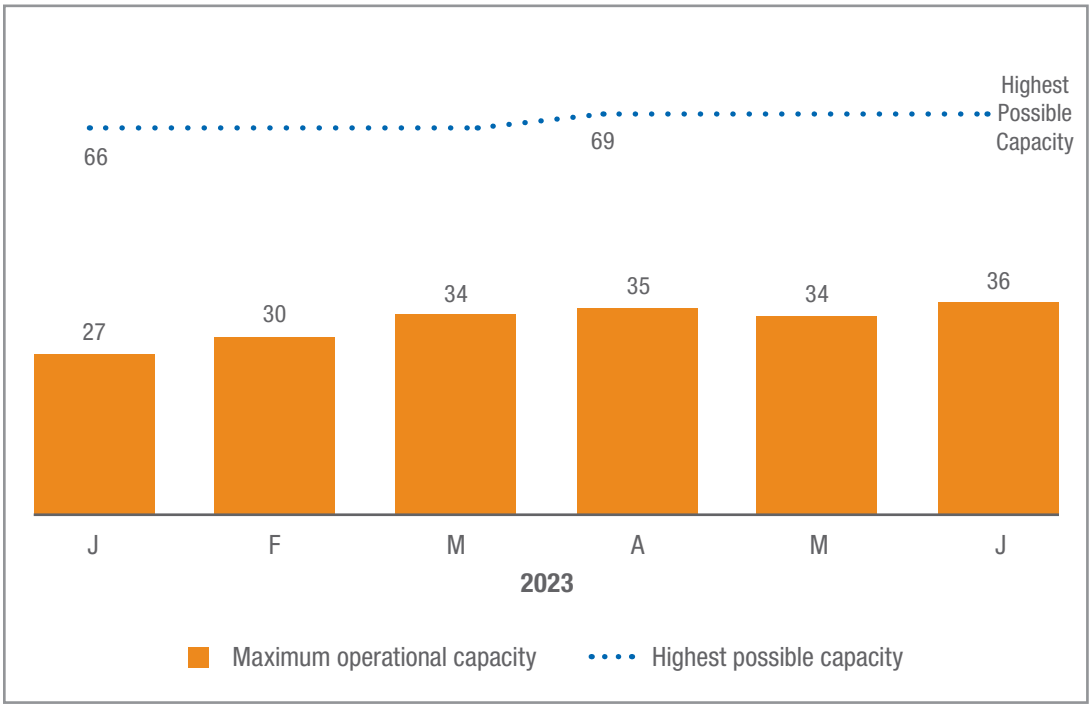
Source: Generated from the Medicaid Management Information System (MMIS/Data Support/ Surveillance and Utilization Review System (DSSURS).

Rehabilitation Association (NARA) youth residential treatment program (Multnomah County), and Rimrock Trails (Crook County).

During state fiscal year 2022, 96 young people in Oregon between the ages of 12 and 17 were served in residential substance use disorder treatment programs. In that same time period, 882 young adults ages 18-25 received residential treatment. Program costs exceeded $1.6 million for youth, and $7.3 million for young adults, see figure 7.

However, as discussed earlier in this report, workforce concerns have impacted these programs and programs have reduced the number of youth who can be treated, and some have closed entirely for periods of time. The following graph shows the functional capacity of Oregon's youth residential providers in 2023; far below the licensed capacity for the programs.

Figure 8: 2023 Substance Use Disorder residential system capacity: Maximum operational capacity compared to highest possible capacity



Detoxification and Medication-assisted Treatment

In June 2023, Oregon's first youth detoxification facility providing medically assisted treatment (MAT) opened in Springfield. Kaitlyn's House is operated by G Street Integrated Health and has a capacity of 10 beds. The program supports youth needing medical support for their addiction, helping to stabilize them medically with hospital connection as needed.

Certified Community Behavioral Health Clinics (CCBHC)

By federal criteria, CCBHCs are required to partner with schools, child welfare, and juvenile justice, and other programs and services for families with young children; including Infants & Toddlers; WIC; Home Visiting Programs; Early Head Start/Head Start and Infant and Early Childhood Mental Health Consultation programs; State licensed and nationally accredited child placing agencies for therapeutic foster care service.

Oregon hasn't yet maximized the potential of centering/utilizing CCBHCs to serve children and families, and several states have demonstrated innovative CCBHC practices and support from which Oregon can draw. Oregon CCBHCs do provide some standard and some innovative services in addition to federal criteria, including Parent Child Interaction Therapy (PCIT), Early Assessment and Support Alliance (EASA), care coordination with school-based health centers, drop-in centers for youth, specialization in trans youth care, Trans-Immigrant-Youth summit/conference, specialized infrastructure for children and gender-affirming care, play therapy, children's occupational therapy, gym centers for children, and after school services.

Current plan of the CCBHC program/policy team is to meet on a regular cadence with the Child and Family Behavioral Health unit to develop standards. The other current effort in the background is to continue advocating for FTE to support driving this program from a health analytics lens.

CCBHC clinics also work corroboratively with Oregon Department of Human Services (ODHS) Child Welfare Division. Collaboration efforts typically include providing services to youth in foster care, as well as to adults and families involved with ODHS. Clinics obtain a release of information to work with case workers on specific cases and coordinating services such as substance abuse treatment and drug testing. CCBHCs also coordinate with other entities parents may be required to engage to meet requirements for reunification. Many CCBHCs have programs for young adults, including treatment services for those experiencing substance use disorders.

Oregon Measure 110

In November 2020, Oregon voters passed by referendum Measure 110, or the Drug Addiction Treatment and Recovery Act. When they passed the ballot measure, the people of Oregon recognized:

- Drug addiction and overdoses are a serious problem in Oregon.
- Oregon needs to expand access to drug treatment.
- A health-based approach to addiction and overdose is more effective, humane, and cost-effective than criminal punishment.

- Making people criminals because they suffer from addiction is expensive, ruins lives and can make access to treatment and recovery more difficult.

Senate Bill 755 (2021) established Behavioral Health Resource Networks (BHRNs). A BHRN is an entity or group of entities working together to provide comprehensive, community-based services and supports to people with substance use disorders or harmful substance use. Each BHRN must provide trauma-informed, culturally specific, and linguistically responsive services.

- Each Oregon county has at least one BHRN.
- BHRN funding has also been set-aside for the Nine Federally Recognized Tribes in Oregon.
- Before using grant funds to cover the cost of services to individuals, BHRNs must bill the individual's insurance if available.

Measure 110 funded 36 youth-specific providers across Oregon. All BHRNs are required to provide screening, assessments, substance use treatment, harm reduction, housing, peer services and supported employment at no cost to all who need or want these services, including youth and young adults. All providers are required to submit a policy on how they plan to serve youth or refer youth out to appropriate services by August 2023. Behavioral Health Resource Network Partners reported providing substance use disorder treatment services to 91 youth age 12 to 17 between July 1, 2022 and September 31, 2022, and to 297 youth between October 1, 2022 and December 31, 2022.

As a result of Measure 110, the state of Oregon has seen an influx of community voice and advocacy for youth substance use disorder treatment and prevention. Youth services were added to Measure 110 Oregon Administrative Rules (OARs) to ensure inclusion and expansion of youth substance use services across the state. This requires each BHRN to provide youth services and multiple youth peer support programs have already received funding.

Alcohol and Drug Policy Commission

The Alcohol and Drug Policy Commission (ADPC) was created by the state legislature to be an independent state government agency focusing on substance use disorder prevention, treatment, and recovery services across Oregon.

The ADPC created a 2020-25 strategic plan outlining impact and specific goals for the substance use disorder system across the lifespan. The intended impact of the plan is to address four areas:

- Reduce substance use disorders and increase recovery
- Reduce alcohol, tobacco, and other drug-related deaths
- Reduce alcohol, tobacco, and other drug-related health disparities
- Reduce the economic burden of substance misuse in Oregon

The ADPC plan includes youth-specific goals and specific outcome measures related to decreasing alcohol use and binge drinking, marijuana use, and prescription drug misuse. To address reduction in substance-related deaths, the plan outlines goals to decrease cigarette and other tobacco use.

The plan also includes economic benchmarks related to substance use spending across Oregon, calling out the fact that "Substance misuse cost Oregon $1,580.05 per capita in 2017, with more spent per capita on regulating and ensuring compliance with laws governing the sale and distribution of substances ($56.50) than preventing or treating substance-related problems ($41.32)."

The Nine Federally Recognized Tribes of Oregon

OHA is committed to upholding the government-to-government relationship with the Nine Federally Recognized Tribes of Oregon and works collaboratively with the Native American Rehabilitation Association of the Northwest (NARA) who is the designated Urban Indian program and a Federally Qualified Health Center that provides culturally specific physical health, mental health, and substance abuse treatment. Services include both outpatient and residential substance abuse treatment for youth ages 12–17. The 2019–24 Oregon Tribal Behavioral Health Strategic Plan includes the vision, strategy, and tribal-based practices to address behavioral health needs in tribal communities.

The plan outlines the strategic pillars, outcomes, and actions steps to implement a continuum of fully funded, comprehensive, culturally responsive services grounded in tribal-based practices and intertribal collaboration at the administrative and clinical levels. This was developed in partnership with all Nine Federally Recognized Tribes of Oregon and NARA to address historic and ongoing health disparities in collaboration with OHA and the Coordinated Care Organizations (CCOs).

OHA's future efforts for Youth and Young Adult Substance Disorders

Youth substance use is an ongoing concern, and the needs of this group are distinctly different from the adult system. Research shows that many substance use disorders begin during adolescence or young adulthood, and it is imperative to address these concerns in order to avoid ongoing issues into adulthood. Prevention and treatment efforts with youth are an essential method of proactively addressing Oregon's substance abuse crisis. In addition to existing supports, there are multiple plans in place to address youth and young adult substance misuse in the upcoming years.

2023 Legislation related to substance use treatment and prevention

HB 2767 provides funding for three additional Recovery High Schools per biennium to create nine schools over the next three biennia.

Oregon has one Recovery High School fully functioning as a Charter school, and two Recovery High Schools that are in development stages, with one set to open later in 2023.

- Clackamas County - Harmony Academy Recovery High School in Lake Oswego in full operation
- Multnomah County - Rivercrest Recovery High School is set to open Fall 2023
- Lane County - Friends of Lane County Recovery Schools, a non-profit in Eugene, is in planning development stage.

HB 3610 establishes a Task Force on Alcohol Pricing and Addiction Services. The bill directs the task force to study issues related to alcohol addiction in Oregon. The bill directs the task force to submit findings to interim committees of Legislative Assembly related to health not later than September 15, 2024. Takes effect by October 1, 2023.

HB 2395 allows specified persons to distribute and administer short-acting opioid antagonists and distribute kits. Bill language defines "kit" and "short-acting opioid antagonist." This legislation allows pharmacists to prescribe kits. The bill allows a Public Health Officer or physician employed by Oregon Health Authority to issue a standing order to prescribe kits to specified persons and allows a person that obtained a kit to possess, store, deliver or distribute

kit and administer short-acting opioid antagonists such as naloxone. The bill provides that the person who obtained the kit is immune from criminal and civil liability when acting in good faith.

SB 238 directs Oregon Health Authority, the State Board of Education and the Alcohol and Drug Policy Commission to collaborate on developing curricula supplements related to dangers of certain drugs and to laws that provide immunity or other protections related to drug or alcohol use. This law goes into effect 01/01/2024.

Youth Prevention and Recovery Symposium

On September 8, 2023, OHA is sponsoring the first annual Youth and Young Adult Prevention and Recovery Symposium, in collaboration with the University of Oregon Department of Education Prevention Science. The Symposium will include presentations and training for substance use prevention specialists, treatment providers, peer mentors, education professionals. The Symposium came out of a year-long Youth Substance Use Collaborative made up of youth with lived experience, providers, and administrators, who requested a time to connect, learn, and address the unique needs of youth and young adults with substance use disorders.

Workforce

The Behavioral Health Workforce team within OHA continues to work to bring new providers into the behavioral health field and to retain those currently working in the field, particularly focusing on increasing culturally specific providers and a diverse workforce. Discussions have begun regarding the creation of a youth-specific credential for providers working with youth and families due to the increased complexity and demands of youth-focused work.

In addition, OHA received $3.1M in funding during the 2023 – 25 biennium to increase Oregon's youth workforce, specifically focused on expansion of child psychiatry and developmental pediatricians.

Co-occurring Disorder Treatment

Madrona Recovery is currently undergoing renovation as a youth substance use residential treatment facility which continues being licensed for this level of care, to becoming Oregon's first youth psychiatric treatment residential facility providing youth co-occurring disorder treatment in the fall of 2023. Madrona will be the largest substance use disorder co-occurring treatment facility with 18 bed capacity and will offer residential treatment for both mental health and substance use disorders.

Co-occurring disorder treatment is also being implemented at Rimrock Trails. Family therapy components are included in treatment, in addition to outpatient and inpatient treatment services for mental health and substance use needs. Additional organizations are considering expanding Integrated Co-occurring Disorders Services to youth following initial pilot periods. Approved Integrated Co-occurring Disorders programs are eligible for rate enhancements, free specialized training, and custom-tailored technical support.

Problem Gambling and Gaming

Over the last 3 years, publicly funded OHA contracted problem gambling providers have been allowed to provide and integrate gaming prevention and treatment into the problem gambling services they provide to their communities. Problem gambling prevention specialists have been integrating problematic gaming behaviors into their problem gambling activities and gambling clinicians have also been addressing and treating gaming disorder when the disorder presents itself among their clients with gambling disorder behaviors.

Currently, the Oregon Council on Problem Gambling's (OCPG) Research Center, through funding from OHA Problem Gambling Services (PGS), is initiating a survey through various Oregon publicly funded state universities gathering data from college students and athletes regarding attitudes and behaviors towards problem gambling and gaming. The results of the survey will drive age-specific planning and program development across the state.

The PGS team within OHA is working to develop a five-year strategic plan for 2024-29 which will incorporate problem gambling and gaming prevention and treatment for youth and young adults. The plan will include a pilot for young people with disordered gambling and gaming to be provided education and treatment within a youth and family-serving treatment provider, along with cultivation of more partnerships between the OHA PGS team and youth and family serving professionals through the offering of cross training, and professional and program development.

Upcoming funding opportunities

Peer Services

OHA is currently accepting applications for a $3 million investment in culturally and linguistically appropriate peer-delivered services for people with a substance use disorder. This funding is designed to support the full lifespan to bring additional peer services to support treatment and recovery.

Child and Family Behavioral Health RFGA

In the fall of 2023, the Child and Family Behavioral Health unit will be posting a request for grant applications (RFGA) for a one-time $2 million investment in the youth substance use prevention and treatment system. The RFGA has five allowable grant activities:

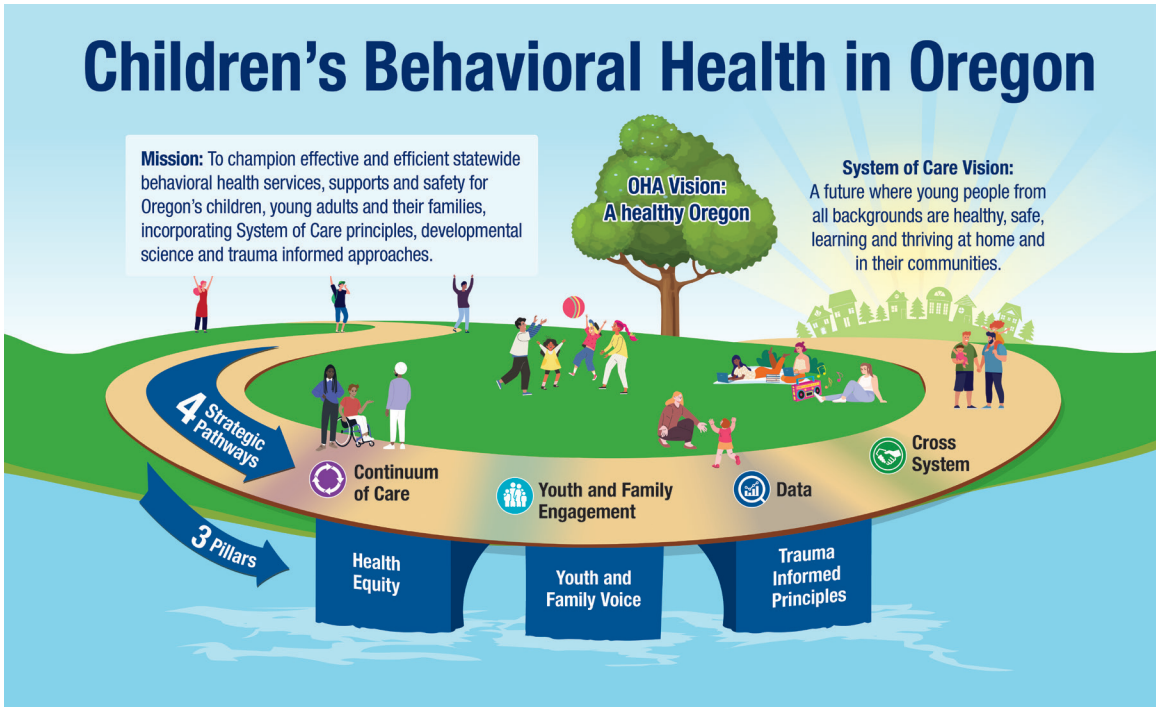
- **School Based Prevention activities** include substance use prevention events within the school setting, implementing either by a school district directly or through a partnership with local community organizations.
- **Peer Supports activities** include integration of Youth Support Services for youth struggling with substance use disorders, either proactively to prevent the need for treatment at a higher level of care, or within the youth's community as youth transition out of the residential treatment.
- **Family Involvement in Treatment activities** include expansion of meaningful family and youth involvement, parenting education and skill building in substance use treatment through evidence-based practices.
- **Culturally Specific Supports activities** include evidence-based and emerging best practices to support prevention and treatment for culturally specific services or work to expand culturally specific services by hiring and training a more diverse workforce for peer mentor services and clinical treatment.
- **Harm Reduction Services and Education activities** include community-based training and education on current risks due to Fentanyl and other emerging substances in Oregon, life-saving treatments, or safe storage and use.

Child and Family Behavioral Health Roadmap

The Child and Family Behavioral Health (CFBH) unit worked with the community to create a Roadmap for the work of the unit from 2020 – 2024. The work encompasses both substance use disorder and mental health concerns. The plan was developed with youth and family input and was also mapped onto areas across OHA and other partners in behavioral health efforts, including the ADPC strategic plan and the Tribal behavioral health plan. Critical to the Roadmap implementation on substance misuse are cross system collaboration with the System of Care Advisory Council, the Alliance to Prevent Suicide and other child serving agencies.

The graphic illustrates the vision of a future for the System of Care where young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities. The mission that will support this vision is that the unit will champion effective and efficient statewide behavioral health services,

supports and safety for Oregon's children, young adults, and their families, incorporating System of Care principles, developmental science, and trauma informed approaches.



There are 3 foundational pillars to the work: ensuring health equity, centering youth and family voice and trauma informed principles. To organize the journey there are 4 strategic pathways: the continuum of care, youth and family engagement, data driven decision making and cross system collaboration.

Specific strategies for youth substance misuse in the Roadmap include:

- Assess and expand co-occurring substance use disorder service continuum for youth and young adults.
- Research and develop payment models and rates that incorporate new models of care in co-occurring mental health and substance use disorder treatment models. HB 2086 (2021) directed OHA to reimburse for co-occurring disorders at an enhanced rate, provide one-time startup funding for programs and study reimbursement rates for this treatment. More information on this work and the final report can be found here.
- Support substance use disorder residential providers with innovative models of care, trauma informed practices and co-occurring work. Residential providers are engaged in discussions as a cohort, with a focus on current concerns, clinical direction, and best practices. CFBH is encouraging supports for youth with trauma histories, co-occurring disorders, and increasing family involvement in treatment.
- Address marketing that targets youth for substance use. CFBH is working in partnership with OHA's Public Health Division with the fentanyl education

campaign and developed the reporting tool for contractors to provide quarterly updates.

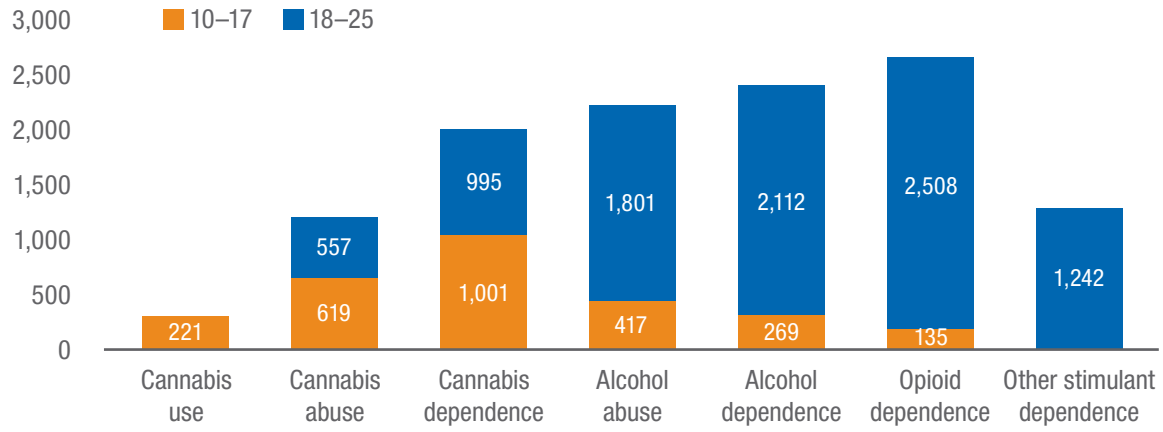
- Maintain a cross-community co-occurring substance use workgroup with a charter and workplan that includes diverse community voices, Oregon's Council of Behavioral Health, and the Alliance of Children's Providers. The workgroup accomplished drafting a workplan and charter. There is ongoing work together with the ADPC Prevention Subcommittee which is focusing on youth.

Additional data and resources

OHA is working to develop a robust data set to monitor and evaluate youth and young adult substance use and misuse, including key indicators and outcomes. The following graphs provide additional data related to these efforts, and we are working within OHA to develop the Behavioral Health Data Warehouse to further refine access to data-driven decision making.

Top six substance use disorder diagnoses by age group

Figure 9: Top 6 SUD diagnoses for each age group for 2022, with count of individuals

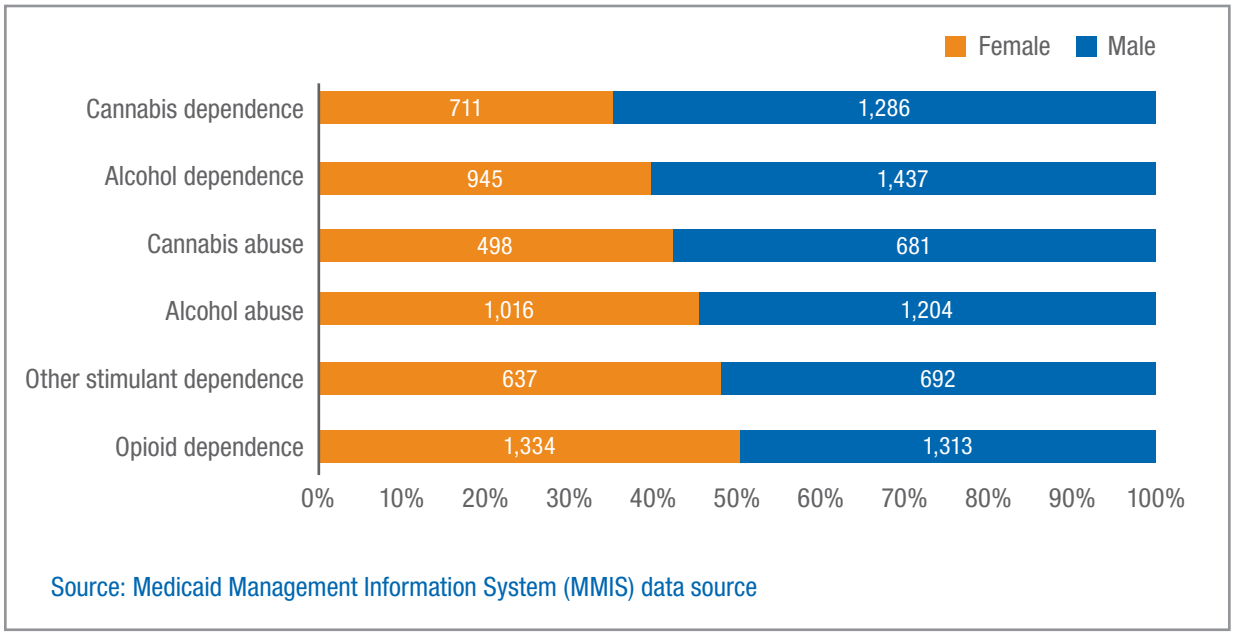


*Ages 0-9 are not included because of the low counts

Source: Generated from the Medicaid Management Information System (MMIS/Data Support/Surveillance and Utilization Review System (DSSURS).

Top six substance use disorder diagnoses by sex

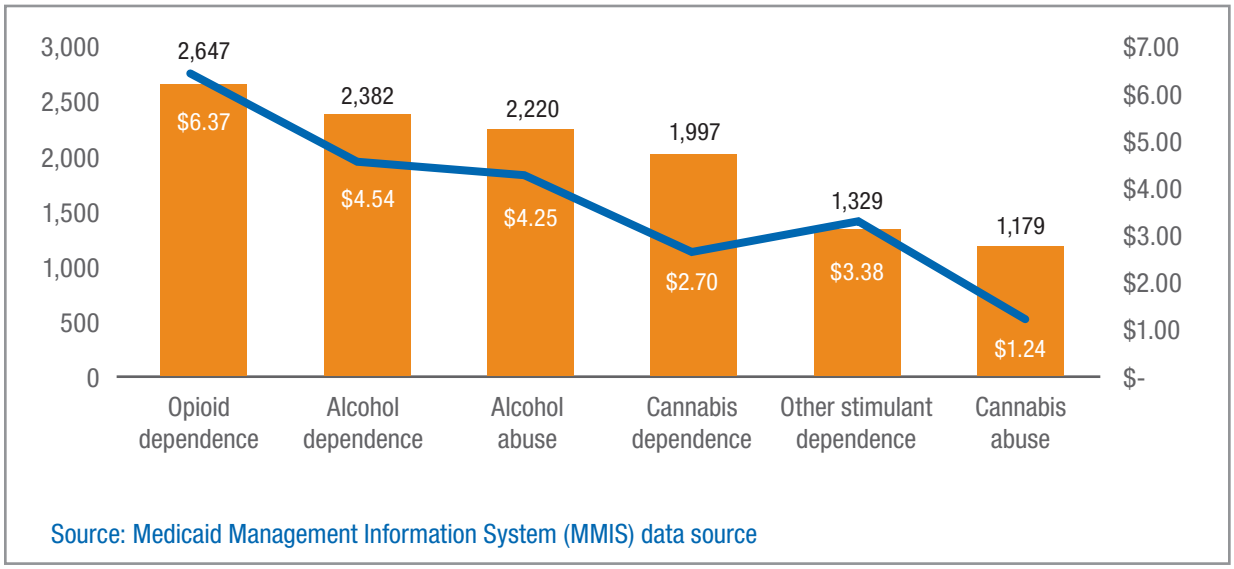
Figure 10: 6 SUD diagnoses by sex, ages 0–25



Source: Medicaid Management Information System (MMIS) data source

Treatment funding spent for substance use disorder diagnoses

Figure 11: Top 6 SUD diagnoses categories overall and corresponding costs in millions of dollars, ages 0–25



Source: Medicaid Management Information System (MMIS) data source

Number of youth or young adults treated (2022) by race and ethnicity

Table 2

Race	Ethnicity	Age 13–17	Age 18–25	Total
Alaska Native	Hispanic-Spec origin not specified	0	1	1
	Not of Hispanic origin	2	11	13
	Unknown	2	1	3
	Total	**3**	**13**	**16**
American Indian	Puerto Rican	1	0	1
	Mexican	9	12	20
	Other specific Hispanic	0	1	1
	Hispanic-Spec origin not specified	6	23	29
	Not of Hispanic origin	51	142	193
	Unknown	10	33	43
	Total	**74**	**204**	**277**
Black or African American	Mexican	1	2	3
	Other specific Hispanic	1	1	2
	Hispanic-Spec origin not specified	2	3	5
	Not of Hispanic origin	46	110	155
	Unknown	13	41	54
	Total	**60**	**155**	**214**
White	Puerto Rican	1	8	9
	Mexican	56	96	152
	Cuban	2	5	7
	Other specific Hispanic	8	19	27
	Hispanic-Spec origin not specified	65	115	180
	Not of Hispanic origin	602	1,895	2,496
	Unknown	51	219	270
	Total	**766**	**2,286**	**3,050**
Asian	Other specific Hispanic	1	1	2
	Hispanic-Spec origin not specified	2	2	4
	Not of Hispanic origin	5	37	42
	Unknown	0	9	9
	Total	**8**	**47**	**55**

Native Hawaiian or Other Pac Island	Mexican	0	1	1
	Hispanic-Spec origin not specified	1	3	4
	Not of Hispanic origin	7	33	40
	Unknown	1	7	8
	Total	**9**	**43**	**52**
Other single race	Puerto Rican	2	2	4
	Mexican	63	178	241
	Cuban	1	3	4
	Other specific Hispanic	6	25	31
	Hispanic-Spec origin not specified	61	212	272
	Not of Hispanic origin	12	60	72
	Unknown	55	195	250
	Total	**191**	**651**	**840**
Two or more unspecified races	Puerto Rican	0	1	1
	Mexican	9	20	29
	Other specific Hispanic	6	5	11
	Hispanic-Spec origin not specified	20	38	58
	Not of Hispanic origin	21	44	65
	Unknown	5	15	20
	Total	**60**	**123**	**183**
Total		**1,078**	**3,300**	**4,371**

Retrieved from OHA Health Systems Division, Measures and Outcomes Tracking System on August 8, 2023.

Number of youth or young adults treated (2022) by gender

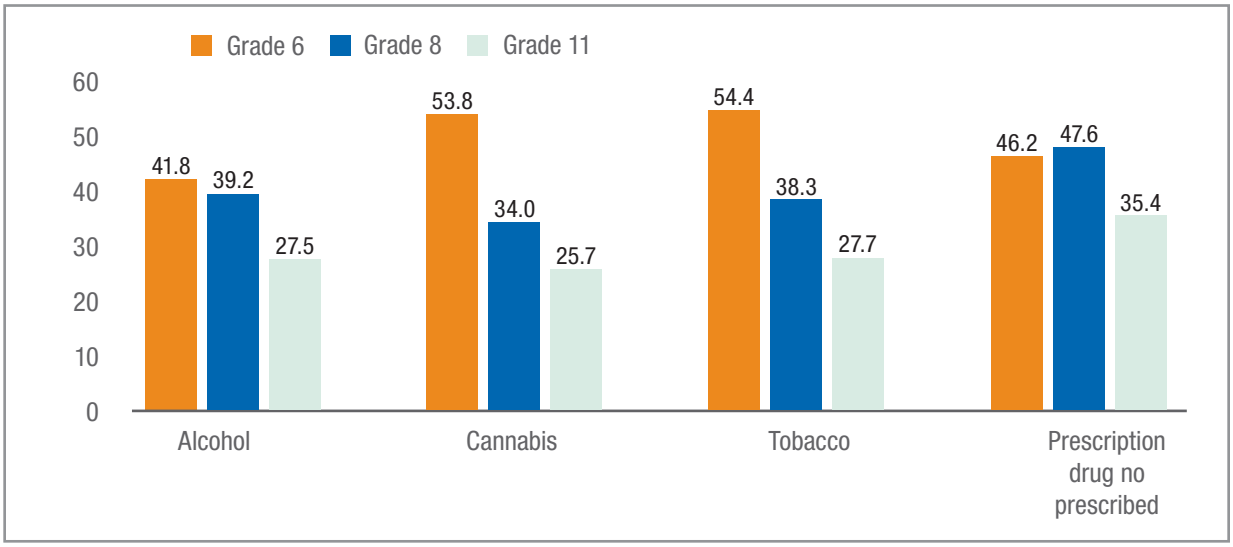
Table 3

Gender	Ages 13–17	Ages 18–25	Total
Female	419	1,275	1,691
Male	651	2,004	2,651
Other	11	27	38
Total	**1,078**	**3,300**	**4,371**

Retrieved from OHA Health Systems Division, Measures and Outcomes Tracking System on August 8, 2023.

Youth who gambled and utilized a substance

Figure 12: Gambled and Utilized a Substance, Oregon SHS 2022



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HEALTH SYSTEMS DIVISION

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