

**System of Care
Advisory
Council
&
Alcohol and
Drug Policy
Commission**

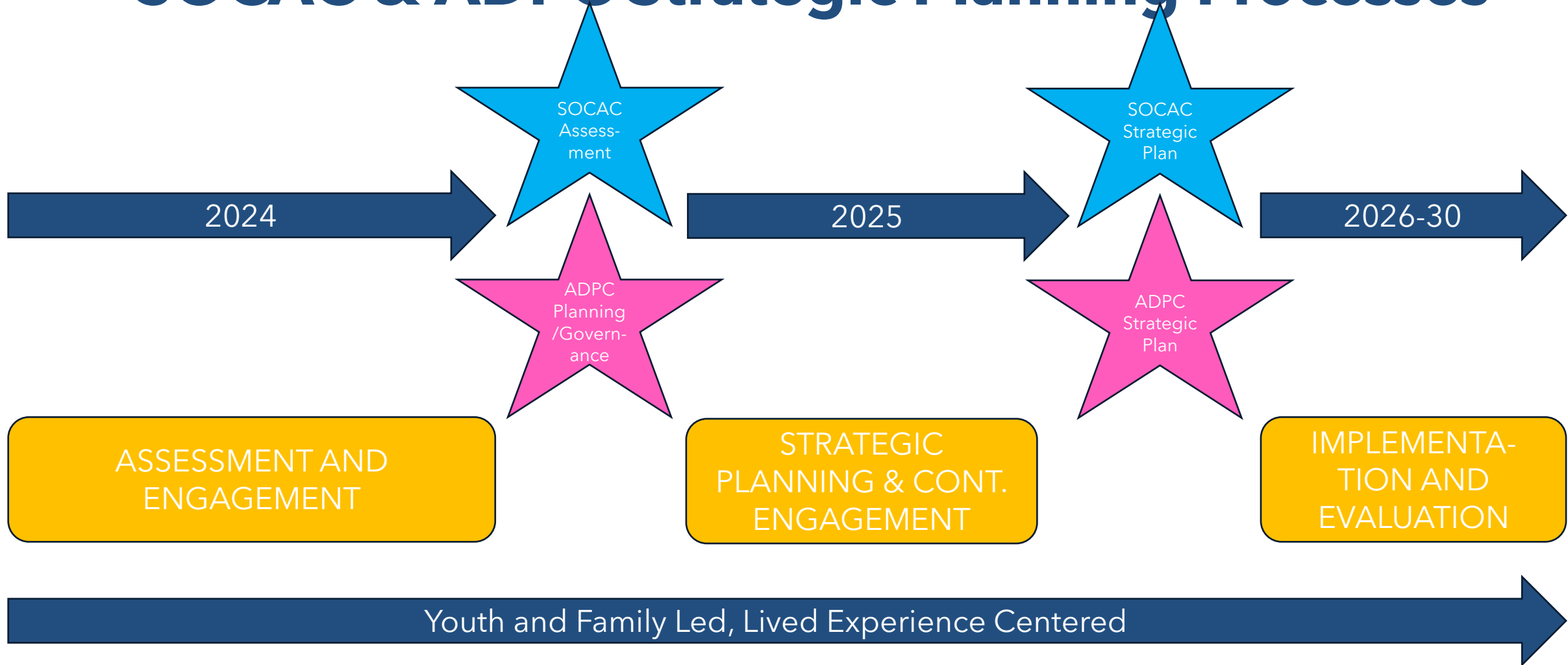
**Joint Interim Committee on
Addiction and Community
Safety Response**

September 24, 2024

SOCAC and ADPC Roles in Oregon

	ADPC	SOCAC
Statutory Role	Improve efficiency & effectiveness of substance use services, through a comprehensive addiction, prevention, treatment & recovery plan.	Improve the effectiveness and efficacy of state & local systems of care that provide services to youth by providing a centralized, impartial forum for statewide policy development and planning.
State Agencies	DOC, ODHS, OHA, ODE, CJC, OSP, DCBS, OHCS, YDO, HECC, Lottery, OLCC, ODVA, or any state agency that administers or funds alcohol or drug abuse prevention or treatment services.	ODHS-CW, ODHS-ODDS, OYA, OHA and ODE
Non-Agency Members	Public health and health care stakeholders (including providers and addiction medicine expert), county commissioner, Tribal representative, CCO and 2 legislators.	CCOs, community-based providers (including residential treatment), families and youth

SOCAC & ADPC Strategic Planning Processes



At a Glance - Values captured from partners

Stigma Reduction:
From the service level to broader multi-sector systems interactions.



Considers Transitions
(care type/ level, age, etc...)



Centered in
lived experience



Holistic Support:
Family
Whole Health



Evidence and Culturally Informed:
Qualitative and
Quantitative Data Driven
Decisions



Equity:
Co-created with
communities dispro.
impacted by
substance use
harms



SOCAC AND ADPC's Oregon Youth Addiction Alliance Will Create a Holistic Youth Strategic Plan



SOCAC Strategic Planning



SB 968 (2023) - Extended the strategic planning cycle for SOCAC to a 4 year strategic plan.




The next SOCAC Strategic Plan is due Jan 1, 2026. 2025 is dedicated to our system assessments and strategic planning process.



The next SOCAC Strategic Plan will include measurable outcomes, strategies and timelines for agencies and providers, with a focus on the lived experience of people who are using Oregon's children's system of care.

SOCAC - Oregon's Children's System

Oregon's system of local control, privatization of children's services and supports, and our siloed agency structure has led us to a reality where there is no one "Children's System."



What we have instead is a collection of services and supports which sometimes work well together, depending on the people who work within those structures.



We have an **excellent foundation for a high-functioning children's system.** We need to stabilize the base before adding new programs or services.

SOCAC - Current Challenges



Three areas to improve: regulatory environment, workforce, alignment of policies & structures



Blended or braided funding is not yet possible in Oregon



Each school district, CCO, county mental health provider, etc. has local control to determine how best to meet their mandates



Common assessment tools, consistent services, shared outcomes are rare to non-existent



Acuity across the system is higher than ever

SOCAC – Current Challenges

- Oregon has the highest number of Medicaid waivers of any state in the nation
 - Positive: creative solutions and regional relevancy
 - Challenge: chasing the next new thing often leaves older, more stable structures without the support they need to be sustainable
- Oregon spends as much as the highest-performing states on child-wellbeing, yet our outcomes are near the bottom
 - Don't have to increase spending, need to improve impact of investments

SOCAC - Current Opportunities

- Willingness to collaborate is high
- State-wide planning efforts are gaining momentum
- CCO 3.0, County Financial Assistance Agreements, other contracts are up for renewal, giving us a chance to clarify expectations and improve accountability in both directions
- Equity skillsets within 'system partners' continue to improve
- Oregon loves to be creative!
- We have an excellent foundation. It just needs stabilization.

SOCAC 2025 Legislative Strategies

Pause	On creating new services or supports for children/youth
Fund	<p>The community-based services which are the foundation of a high-functioning children's system: EPSDT, respite services, BRS for all, IIBHT, MRSS, ERDC, school-based services, services for dually diagnosed children and youth</p> <p>SOCAC staff to ensure the Council can achieve high-quality policy alignment and development support we were created to do</p>
Direct	Direct OHA to include capacity payments for youth residential treatment providers in the upcoming CCO contract
Work	Work with us in 2026 and beyond to implement the next SOCAC Strategic Plan

**ALCOHOL AND DRUG
POLICY COMMISSION
(ADPC)
HB 4002 PRELIMINARY
REPORT AND
RECOMMENDATIONS**

HB 4002, Section 11: ADPC Study of Barriers to Treatment

Youth-Specific Barriers and Best Practices	Barriers to Medications for Opioid Use Disorder (MOUD)
Access to OUD	Increased access to medications, including increasing the number of providers and emergency departments prescribing
Collaboration with SOCAC and participating state agencies	Needed changes to address obstacles encountered by behavioral health providers when seeking health insurance reimbursement for opioid use disorder medications

Preliminary Recommendations by September 30, 2024 & Strategic Plan by September 15, 2025

WHY MOUD



Reduces or eliminates withdrawal symptoms for those who have stopped opioid use.



Blocks or dulls the effects of opioids if use does occur, limiting positive feelings associated with use as well as physical effects of use that contribute to death.



Reduces or eliminates cravings to return to opioid use.



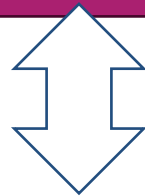
Associated with a *reduced* risk of death from overdose. MOUD treatment is also associated with a reduced and lower rates of HIV, HCV, cellulitis, HIV risk behavior, and criminal behaviors.



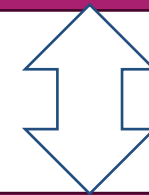
Increases retention of patients in treatment, which is an indicator of positive recovery outcomes.

Three Long-Term Recommendations for YOUTH SUD

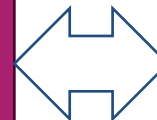
#1: SUPPORT ADPC AND SOCAC TO DEVELOP A 2026-30 STRATEGIC PLAN THAT PROVIDES FOR HOLISTIC, YOUTH AND FAMILY CENTERED TREATMENT AND RECOVERY



#2: DIRECT YOUTH SERVING AGENCIES TO IMPLEMENT PLAN, PRIORITIZE SETTINGS & EARLY INTERVENTION WHERE YOUTH ARE MOST LIKELY SEEN



#3: PROVIDE FUNDS FOR YOUTH/FAMILY, PROVIDER, & YOUTH PROFESSIONAL EDUCATION, TRAINING, TA



Interim Policy Strategies

Provide funds to study and support implementation of ADPC and SOCAC's development of "Treat Right", a policy that attempts to proliferate treatment services for youth with multiple diagnoses* through an enhanced funding stream.



A policy proposal from ADPC-SOCAC youth collaborative member



Serve youth and families regardless of insurance type/status.



Assess deficiencies in existing programs with similar aims**, expand youth focused services through existing programs



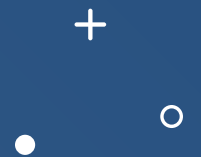
Apply the strategic plan/operations guidance to integration of rules

Preliminary Strategies

#1	Fund gaps analyses specifically for youth and adolescents related to intensive outpatient treatment, residential treatment, withdrawal management, and dual licensed providers.
#2	Fund the ADPC to inventory and assess feasibility of scaling up school-based substance use screening, intervention, and referral programs. This could also include inventory/feasibility study of intervention programs based in county corrections and child welfare.
#3	Direct health systems funding to support Oregon Department of Education's Recovery Schools (9 schools by 2027) with respect to health and recovery services costs.
#4	Create an endorsement for "Adolescent and Family" and "Co-Occurring" service provision for SUD certifications and fund scholarships/provider incentives to achieve these endorsements
#5	Fund education programs that support pathways for youth to engage in peer certification training as they graduate from Recovery Schools or transition out of carceral settings.
#6	Provide existing programs with additional resources for family and caregiver engagement.
#7	Fund development a multimedia public education and awareness campaign directed at youth and families about substance use disorder, community resources, and education opportunities.
#8	Fund development of a training and physician education campaign on medications for addiction treatment for all providers, and prioritize supports for youth facing providers, primary care, and emergency department MOUD initiation - including subsequent care linkages to either SUD specialty providers or primary care.

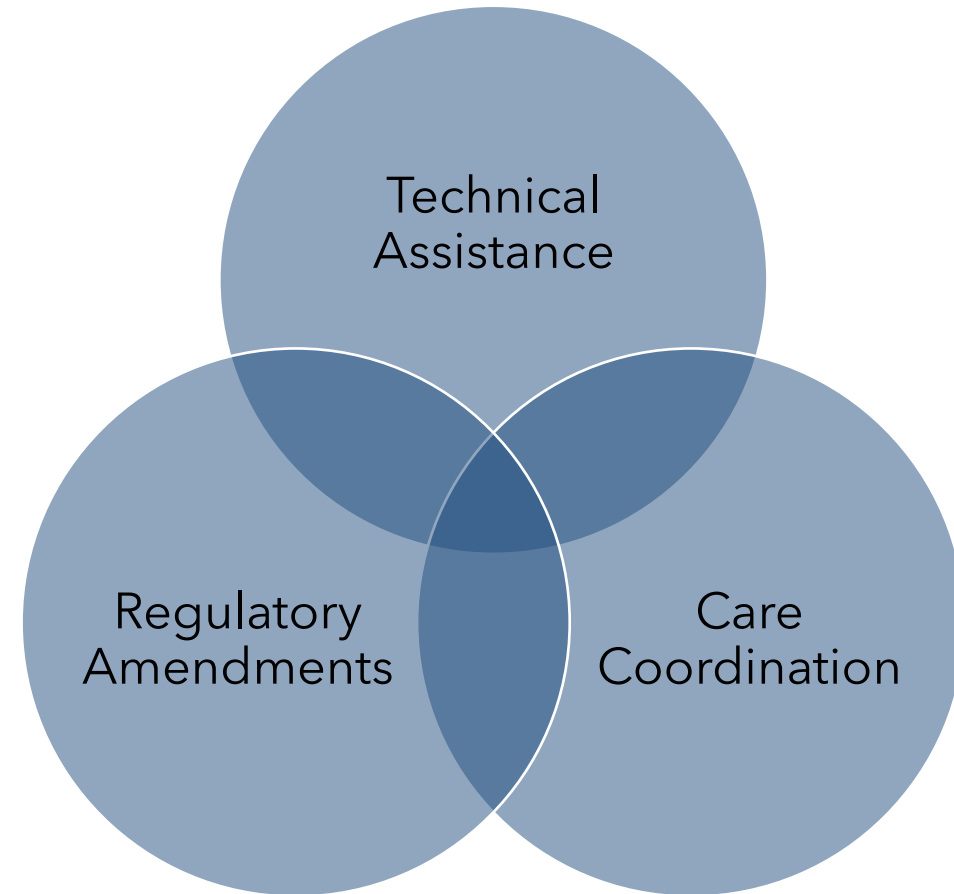
HB 4002 Preliminary Recommendations to Increase Access to Medication for Opioid Use Disorder:

Access to MOUD in the ED and follow-Up Care in the community



Improving access requires a Coordinated Effort...

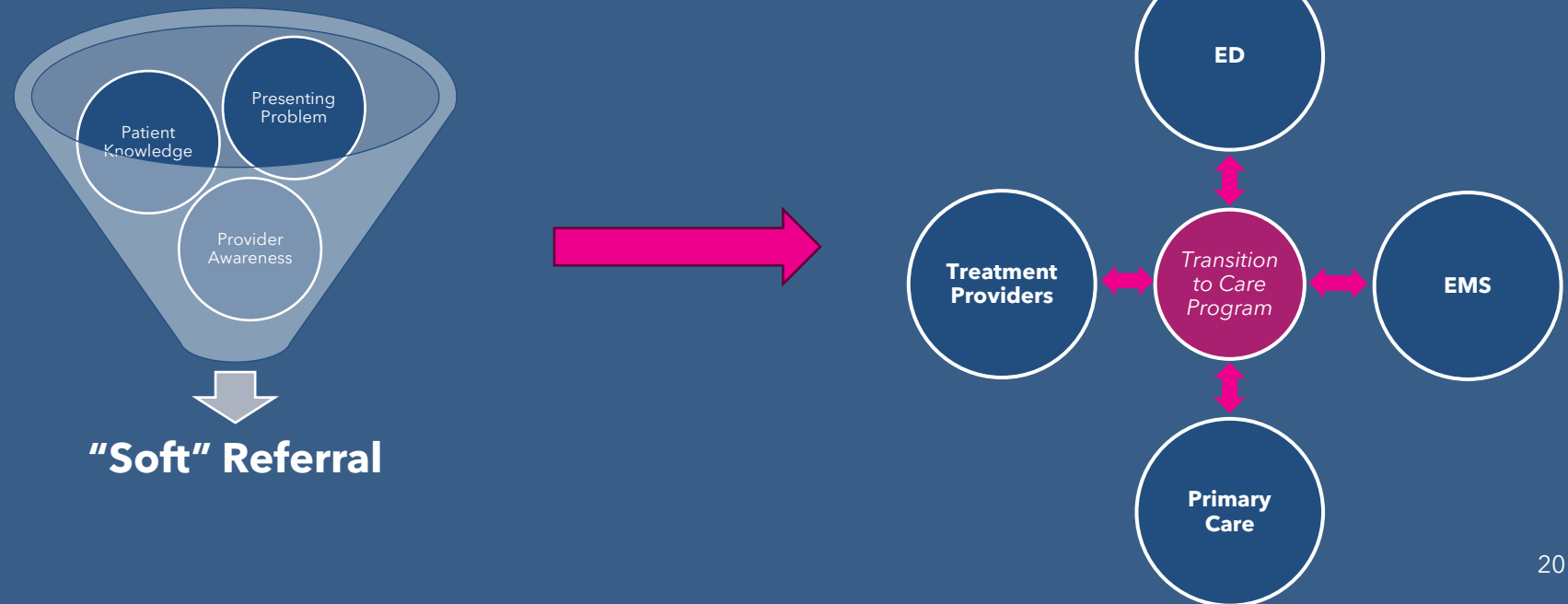
Program Components from Existing Models
Establishes care "network"
Centralizes Scheduling
Emphasizes MOUD in ED
Embeds Care Navigators
Community Facing Resource Guide/ information
Technical Assistance (Implementation)
Technical Assistance (general training)
Technical Assistance (Templated workflows/ policies/ etc...)
Technical Assistance (Provider Focused 24/7 Consultation)



PRELIMINARY RECOMMENDATION

Establish a state-wide program to promote linkages of care throughout the SUD continuum of care, providing a system that supports care navigation from various levels of care, such as connecting those treated by Emergency Medical Services or Emergency Departments to appropriate follow up services such as treatment or primary care providers.

Provide funding and policy guidance for a statewide "Transition to Care" program, as has been done in other states , prioritizing connections from EMS and ED providers to less urgent settings such as community-based treatment providers. This effort would at a minimum require that the ADPC and agency partners.



Contributing Factors to Success

Implementation Need	Implementation Support
Reduced Barriers for new Opioid Treatment Programs.	Repeal ORS 430.590 to support addition of new OTPs in line with federal regulations.
Increased adoption of evidenced based practices.	Amend IET metrics to support effect care transitions and engagement of TA to implement EBP.
Increased engagement of currently available technical assistance/ training.	Coordinated cross agency communication strategy to disseminate existing resources to all disciplines.
Increased awareness of the OHSU consult line and other on demand provider centric resources.	Central resource repository for all Oregon based providers and coordination with state agencies to encourage utilization and avoid redundancy.
Health Authority/ State Agency approved protocols for MOUD initiation in primary or emergency care settings.	Study current practices and define protocols for initiation of MOUD for primary and emergency care providers and distributing these to all potential prescribing providers.
Established cross-discipline care network and referral pathways.	Establish process of onboarding new providers and creation of implementation guide for participation in the Transition to Care Program.
Timely and relevant data sources for quality improvement and system monitoring.	Require timely reporting of relevant data such as MOUD initiations, successful care transitions, or barriers as described in the ASAM criteria. Embed within IET for potentially greater participation.
Dedicated referral/ transition support for Oregonians seeking or engaging with new care.	Identify/ direct the creation of a primary entity to manage the Transition to Care Program.



Thank You

Annaliese Dolph

annaliese.dolph@oha.oregon.gov

Anna Williams

anna.k.williams@oha.oregon.gov

