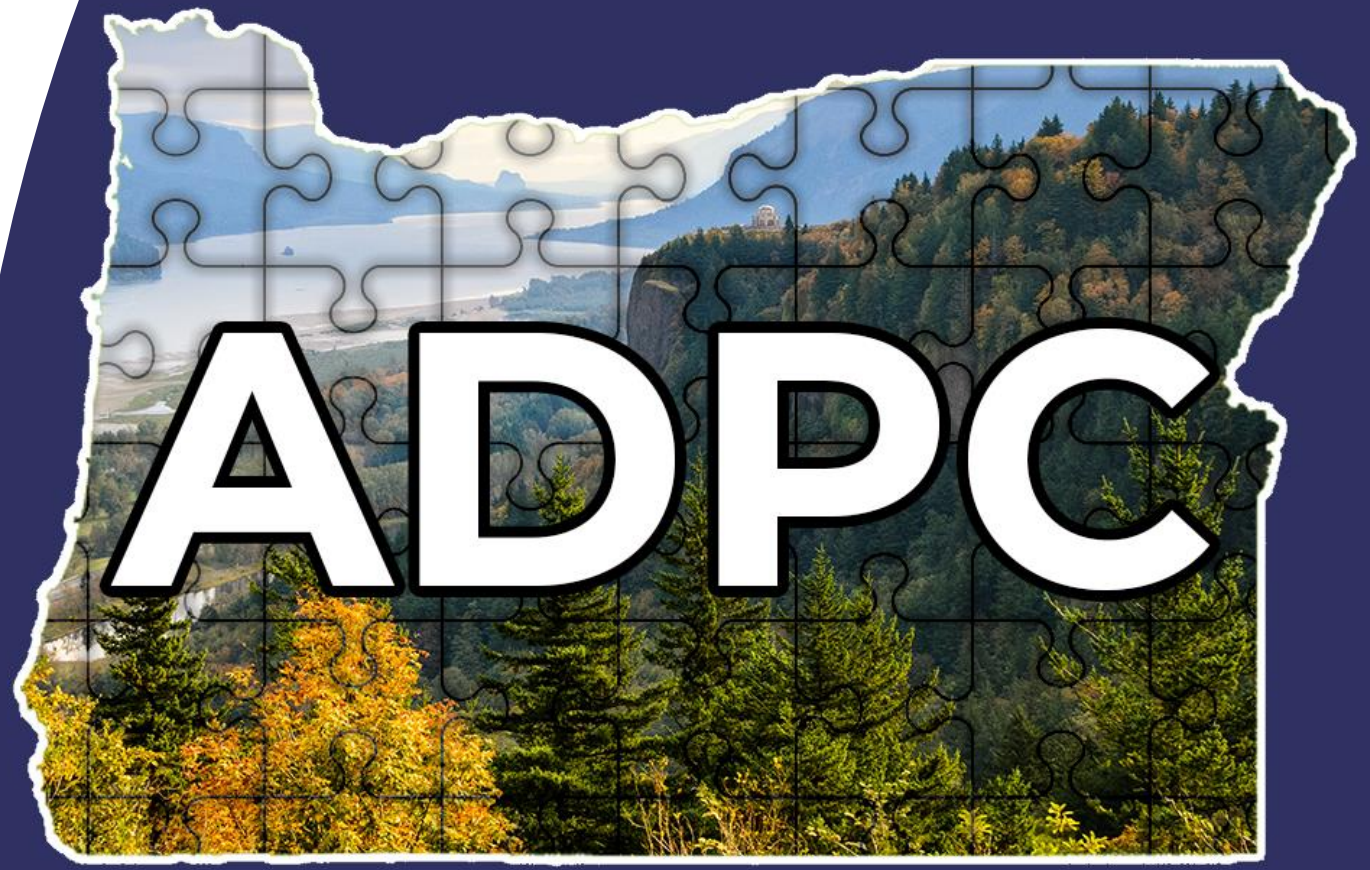
Background Information for the ADPC Treatment Committee




Considers Transitions
Centers Lived Experiences
Equity
Evidence and Culturally Informed
Holistic Support
Stigma Reduction
Reduces
Deaths
Disparities
Substance Use &
Use Disorders
Monitors & Evaluates Progress
Actionable & Measurable Strategies
Community Driven
Evidence Supported
State Comprehensive Plan

Timeline

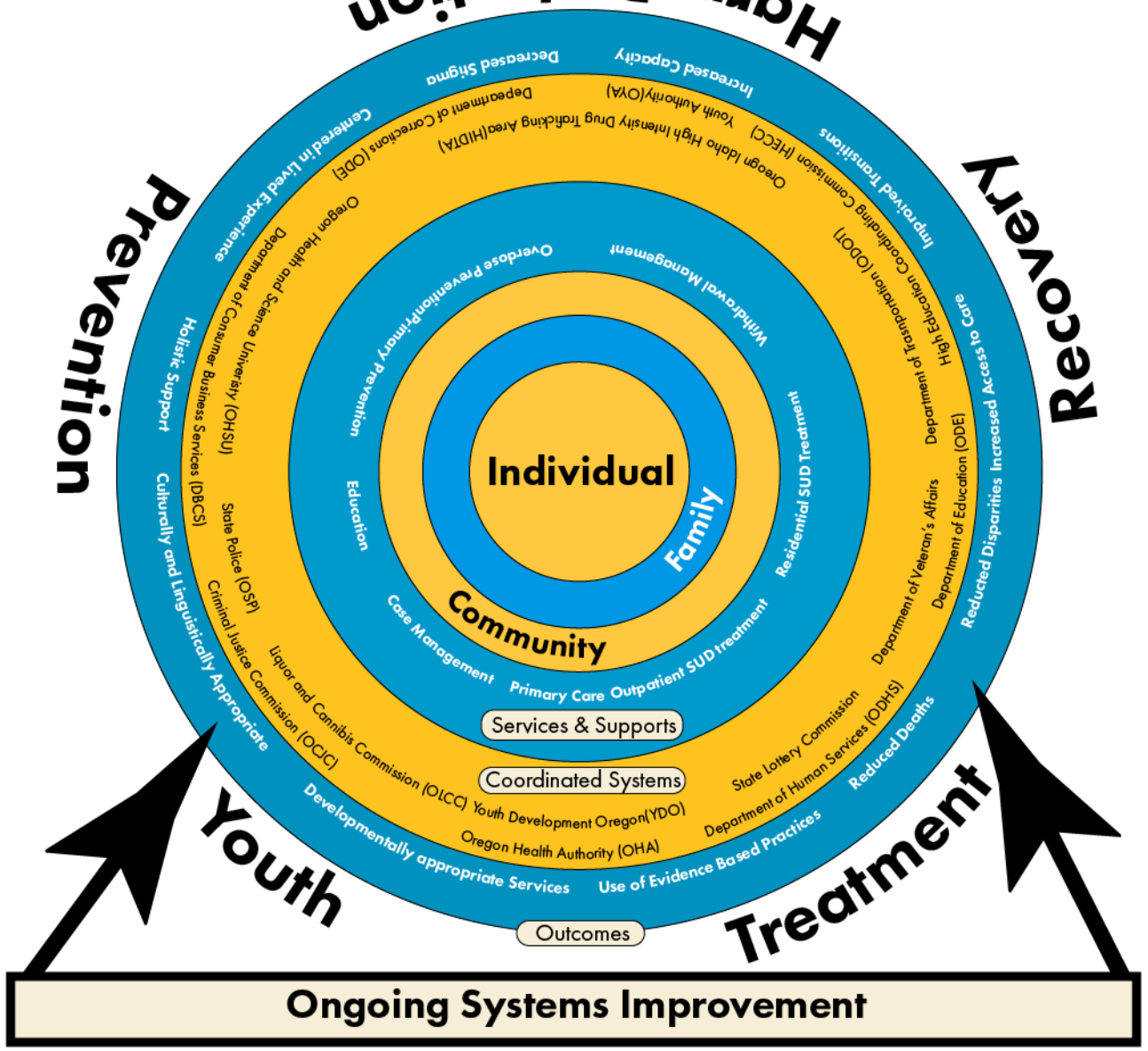

September-December 2024
Committee organization and prep
January-May 2025
Committee strategy, action, and measurement development
June-September 2025
Community engagement
October-November 2025
Dashboard development
December 2025
Plan released
Legislative Days
September 24-26, 2024
Legislature in session (long session)
January 13, 2025
Legislative days/HB 4002 Final Report Due
September 2025
Legislative days
November 2025
Term of plan begin
January 2026

Our Aims

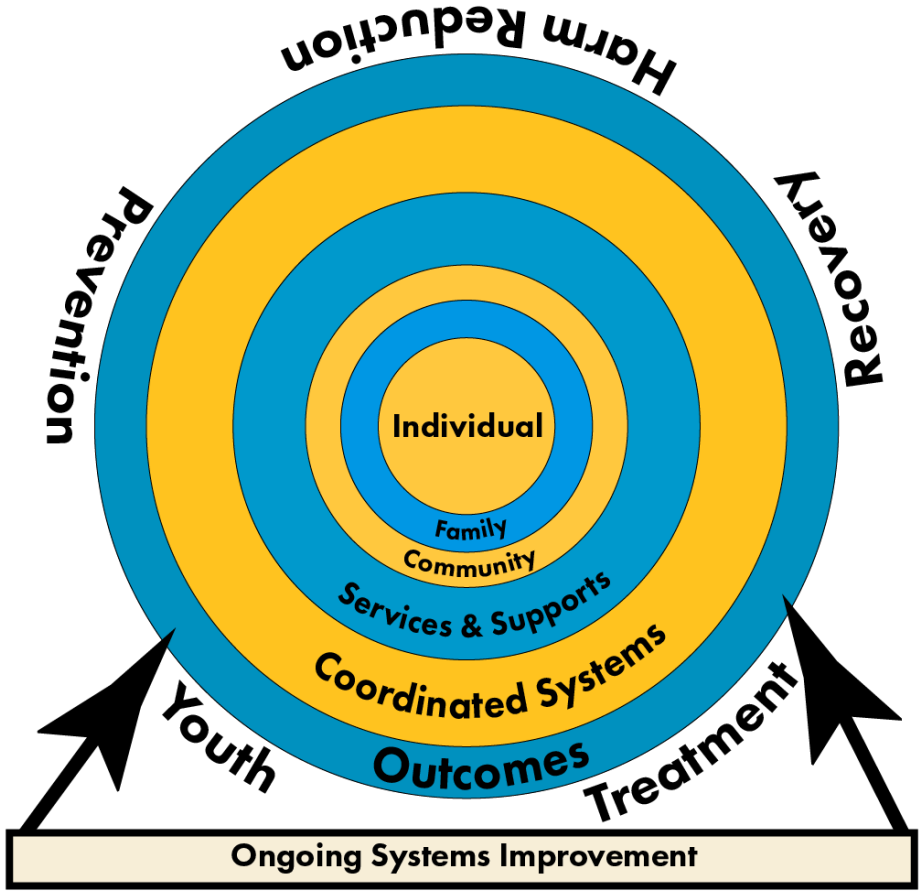
- Reduce prevalence of substance use disorders
- Reduce substance use related deaths
- Reduce substance use related disparities and inequities

A Recovery Oriented System of Care

-is Consumer and Family-Driven
-is Timely and Responsive
-is Person-Centered
-is Effective, Equitable, and Efficient
-is Safe and Trustworthy
-maximizes use of Natural Supports and Settings



Recovery Oriented System Mapping



It is essential to understand that the Treatment community alone is not solely seeking to address the aims of the ADPC. This will require a **coordinated effort across the continuum and the systems that support** it to ensure that our care system seeks to benefit the **individual who needs it most** and is able to engage in a **process of ongoing improvement**.

While this can initially be a daunting task– ROSC implementation can have impactful outcomes such as **decreases in costs to the care system while serving more individuals at lower levels of care**. The true task comes in learning how at a systems/ agency level we can support the direct care through integrating ROSC values in our planning.

In your resource packets you will find a link to the Connecticut ROSC Standards Handbook and accompanying appendix that include checklists that frame the process as "you will be offering [practice/ policy consistent with ROSC] when…" to help guide your way.


ACHIEVES WHAT?
REDUCES
• Substance Use
• Substance Use Disorders
• SUD related Deaths
• SUD Disparities
EVIDENCE BASE
SUPPORTS
• What shows this will be effective?
• What supports the implementation and sustainment of these strategies?
• Where else has this been done before?
COMMUNITY INPUT
ENGAGEMENT
• Is this what the community wants and needs?
• Who do we need to engage with?
• How do we best engage with them?
STRATEGY
PLAN
• How do we go about this?
• Are we leveraging existing information, programs, funding, etc... to accomplish this?
• Are we suggesting something new entirely?
MEASURES
DATA
• Can progress be measured?
• Can it be continuously monitored?
• How we will evaluate the success of these strategies?
• How will we report these outcomes?
Cross-Cutting Values
Reduces Stigma | Equity | Centers Lived Experience | Holistic Support | Evidence & Culturally Informed | Considers Transitions

Plan Requirements

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

ORS 430.223

Agreeing on a direction:

Do we all agree that the care system we strive to actualize is one described by the ASAM criteria?

Can we all agree that every where people need care for their substance use disorder(s) they should have access to this care?

Considerations

- Each ASAM Level of Care (LOC) describes a combination of services & supports, in addition to the staffing requirements that support these guidelines.
- Access to the appropriate (defined as least restrictive but safest) level of service within a reasonable amount of time are paramount.
- The ASAM criteria describes LOCs of *care without concern for these services and supports being provided by one entity/ org*.

- *How can the consumer experience better reflect that described by the criteria through **coordinated systems level strategies**?*
- *What elements of this ideal care system already exist but need support to be **less siloed and more accessible/ understandable**?*
- *Where are opportunities for **stigma reduction at a systems level** that may **support increased engagement/ interest** with these services?*
- *How do we **increase knowledge** and **trust of services** for those who might otherwise <u>not</u> receive information or may avoid the care system?*

Where do we go from here?

- How do we define “quality” treatment?
- What components of care should be available to every individual seeking support for their substance use disorder, no matter their reason for seeking care or the setting by which they find access to this support?
- How do we improve access to care so that it is available when and where people need it?
- Overall, where are the needed efficiencies or improvements at the systems level related to access, funding, and progress measurement?

Prevalence, Disparities, and Deaths

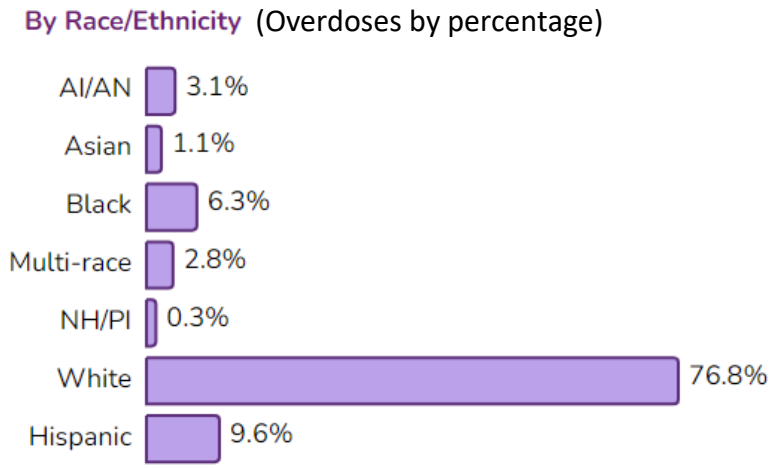
- If individuals reaching the treatment system experience SUDs, how do we measure an impact on prevalence?
  - **Consider:** How can we support reducing the severity of SUDs and increasing treatment access?
- What will impact these figures through the improvement of the treatment continuum?
- How do we measure progress? (*It is worth noting that Oregon is one of only a few states who does not report outcomes data via TEDS*)

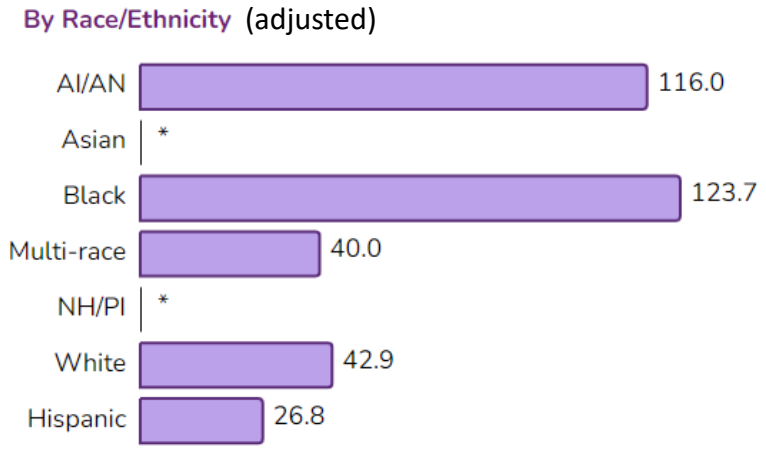
Data

The CDC estimates that **in 2023, 1,761 Oregonians died of an overdose** (a rate of 41.5 per 100k), with *80.7% of these deaths involving at least one opioid and 69.6% involving at least one stimulant.*

Of these deaths:

- *7.1% of individuals had an active treatment episode*
- *36.5% of individuals had evidence of a Mental Health diagnosis*
- *12.3% of individuals had a prior overdose*
- *6.9% of individuals were in an institutional setting within one month prior to their death*





Prevalence vs Need

NSDUH data estimates that only ***178k*** *of the* ***762k*** Oregonians experiencing SUDs (18+) received treatment services in 2021 and 2022.

Many changes have occurred since "Oregon Substance Use Disorder Services Inventory and Gap Analysis" was completed which may have impacted availability (potentially both positively and negatively) . However, the provider survey information sheds some light on the discrepancy between the need and availability of services, with ***over half of providers indicating they lack capacity*** **to meet demands for services.** This report also provides some level of detail surrounding provider organization perspective of their available services ranging from specialty services to staff credential composition.

It is important to note that many responses indicate the existence of services without the ability to meet demand either due to challenges at a systems level or due to more local challenges, which aligns well with the APDC of "putting the pieces together."

Resources & Data Availability

You will find a collection of reports, primary & secondary sources for data, information about specific practices, technical assistance providers for various settings & systems, and other information requested throughout previous committee meetings.

When possible, each of these resources includes a brief description, relevance to the work of the committee, and specific areas of interest (e.g., page number) to assist in your efforts to identify potential strategies and rationale for these recommendations. You may find:

- Budgetary information
- Care System Landscape Analysis
- Historical ADPC documents/ efforts
- General System/ Practice/ Service information
- State/ Federal Technical Assistance Resources
- Funding Resources
- And more!

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Gap Analysis Recommendations:*

- Foster a “no wrong door” approach to treatment by allowing increased flexibility in payment structures, care settings, and credentialling.
- Treat encounters in emergency departments, hospitals, shelters, and justice systems as opportunities for connection to treatment and naloxone distributions.
- Increase access to SUD services via expanded transportation and technology.
- Incentivize and monitor the distribution of linguistically and culturally relevant services and services designed to meet the needs of protected classes.
- Expand access to LGBTQIA2S+ services
- Expand access to all medications for OUD as well as access points such as telemedicine and mobile units that may serve rural areas or those who are houseless or experience housing instability

*The Gap Analysis contains 12 recommendations, 6 of which are provided here due to their apparent relation to Treatment services and ROSC principles. NOTE: M110 funding or changes at a federal level may have already had positive impacts on these areas.

Service Gaps

- Where are the gaps in the continuum?
- Who is most impacted by these gaps?
- Where at the systems level is coordination required to improve these gaps?
- Where are our opportunities to address these gaps?
- How do we measure progress?

Services

- Knowing that current efforts to impact workforce shortages may need years to improve (i.e. Years of schooling and practice do not occur over night), **what strategies will support the care continuum of tomorrow while improving the care system of today?**
- What is the bare minimum of quality care? *How will it be measured and observed over time?*
- How feasible are best practices under the current system? What improvements are needed at a systems level?

Current Strategic Plan (Treatment)

- Increase access to all levels and types of SUD treatment
- Decrease barriers to treatment
- Improve collection and use of data to evaluate treatment access, processes, and outcomes.

Center for Health Care Strategies:

10 State Financing Principles for Promoting Substance Use Services

1.Use Medicaid funds strategically to expand and sustain access to evidence-based substance use prevention, treatment, and recovery support services.
2.Direct flexible federal funds — to the fullest extent allowable — toward boosting infrastructure, prevention, harm reduction, and recovery support services.
3.Conduct an inclusive decision-making process for allocating opioid settlement funds and prioritize funds for investments in services and infrastructure needs not covered by Medicaid and other existing state/federal funding streams.
4.Incentivize and sustain "no wrong door" approaches to substance use care, treatment, and support services.
5.Ensure patients are placed in the most appropriate level of care, including non-residential, community-based substance use treatment and recovery support services.
6.Address substance use treatment disparities for historically marginalized groups and communities.
7.Advance equitable access and outcomes for substance use care, treatment, and recovery support services among populations with multiple system involvement.
8.Use data to drive effective, equitable care and outcomes.
9.Require specialty substance use treatment providers to offer evidence-based treatments, particularly MOUD.
10.Bolster the substance use prevention, treatment, and recovery support service network for children and youth.

	Goal 3: Increase rapid access to effective SUD treatment across the lifespan				
	OBJECTIVE 3.a. Increase access to all levels and types of SUD treatment, intervention, and harm reduction for those in need of treatment				
	3.a.1 Increase knowledge of the priority types, levels of care, and access of quantities of SUD treatment needed across the state in community and other settings52	3.a.1.1 Implement a process (e .g ., CAST or equivalent) for estimating projected numbers, locations, and characteristics of persons annually needing treatment and associated intervention and harm reduction across the state—by type and level—in community and other settings	OHA	Complete	Access
	3.a.2 Increase knowledge of the types, levels of care, access to SUD treatment that currently exist in all community and other settings, as well as payor success in improving network adequacy	3.a.2.1 Create a system to collect wait times that does not penalize providers and payors but incentivizes success	OHA	In Progress	Access
		3.a.2.2 Implement a system to track screening and or referred individuals (waitlist potentials) that provides, but is not limited to, the following information: screening outcomes, number of screenings leading to assessment and referral, number of individuals assessed for levels of care, and engagement between levels of care	OHA	In Progress	Access
		3.a.2.3 Implement system(s) to monitor access to and to identify need for statewide priorities, including but not limited to: alcohol treatment services, [illegible]-focused treatment, underserved	OHA	No Information Provided	Access

In brief, 2020-2025 strategic plan sought complete a series of objectives to increase the public knowledge of services, understand system capacity, improve consistency across systems (screening/ assessment), improve care transitions, expand population specific services, and incentivize care innovations.

View Strategies and Activities

Measuring Progress

- Benchmark Goals for each Impact Outcome
  - Example: the rate at which Oregonians die from chronic alcoholic liver disease, drug overdoses, other alcohol-related causes and tobacco-related causes.
- Objectives for each Goal with identified Outcomes, Strategies and Activities and Assigned Roles to Participating State Agencies
  - Example: Increase access by increasing knowledge of the priority types, levels of care, and access of quantities of SUD treatment needed across the state in the community and other settings.

Thank you!

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