

OREGON

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems. The SSA in Oregon is Oregon's Division of Addictions and Mental Health (AMH) within the Department of Human Services.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Oregon's FY 2009 SAPT Block Grant allocation is \$16,861,926 representing nearly 30 percent of the State's total alcohol and drug budget.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. For example, AMH reported the following outcomes for adult clients completing treatment comparing admission to discharge in CY 2007:

- Substance use decreased by 60 percent.
- 77.8 percent of clients were employed.
- 93.3 percent of clients reported no criminal justice activity.

AMH reported the following treatment outcomes for youth clients completing treatment comparing admission to discharge in CY 2007:

- Substance use decreased by 56 percent.
- 86 percent of clients reported no criminal justice activity.
- Approximately 30 percent of clients reported improved academic performance.

Family Treatment

In Calendar Year 2008, AMH supported women-specific treatment services in 64 outpatient treatment facilities in the State. The women-specific outpatient treatment programs must address family issues including domestic violence, child care and parenting. AMH also funds women-specific residential treatment services, which includes capacity for dependents to accompany their parents to treatment.

Data on prevention services

During SFY 2007/2008, 189,650 persons received prevention services funded all or in part by the SAPT Block Grant 20 percent prevention set-aside which equals roughly 47 percent of the prevention budget. In 2007-2009, AMH began implementing the Strengthening Families Program (SFP), an evidence-based family prevention strategy for parents of 10-14 year olds. The program helps families address risk factors related to early alcohol, drug and tobacco use. Twenty-five counties and two tribes delivered SFP to more than 752 families to date. AMH invested about \$1.5 million in the program. An estimated \$2.4 million in cost offsets are projected in return to Oregon mostly due to reductions in juvenile delinquency and crime.

Oregon Quick Facts

Treatment Admissions

- 62,773 patients admitted during FY 2007/2008.

➤ **Primary substance of abuse at admission:**

Alcohol:	50%
Methamphetamine:	18%
Marijuana:	14%
Heroin:	10%
Cocaine:	2.4%
Opiates:	2.4%

➤ **Ethnicity:**

White:	77.9%
Hispanic:	10.8%
Native American:	4.8%
African American:	3.8%
Asian:	1.1%
Hawaiian:	0.5%
Other:	1.1%

➤ **Age:**

17 and under:	11%
Over 17:	89%

Treatment Gap

Only 25 percent of Oregonians receive the treatment services they need. Approximately, 262,281 Oregonians needed but did not receive substance abuse treatment services in FY 2007/2008.

Average Wait Time

The average wait time to access publicly-funded residential treatment is two to four months.

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability: Oregon's Department of Human Services, Addictions and Mental Health Division (AMH) ensures prevention and treatment services are efficient and that providers are held accountable through several management tools.

Process and Performance Measures: AMH generates "Treatment Improvement Reports" for each of the 34 Community Mental Health Program contractors based on the data submitted to the State providing them with quarterly and annual performance summaries on those measures specified in contracts. The information is collected through the AMH client data system. The following performance measures are captured and reported: treatment access, engagement, retention, completion and reduced use. Other contracts include special conditions that require additional reporting requirements specific to those contracts.

Quality Assurance and Oversight: To ensure quality services, AMH utilizes technical assistance, quality assurance, on-site licensing reviews, contract compliance audits, quarterly utilization reviews and data accountability tools. AMH conducts regulatory site reviews for all publicly-funded treatment programs. At a minimum, outpatient programs are inspected every three years and residential programs every two years.

Use of Evidence-based Practices: In 2003, the Oregon Legislature passed and began to implement legislation, in Oregon Statute, ORS 182.515-525, requiring four State agencies, including AMH, to demonstrate that program resources support evidence-based practices (EBP) in progressively increasing amounts. By 2011, 75 percent of the AMH program budget for services related to high risk populations mentioned in the law must support EBP. Currently, 54 percent of AMH treatment funds support EBP. Because of the implementation of EBP in 2003, Oregon's treatment services have demonstrated increased effectiveness. Specifically, since 2003, adults with criminal justice referrals for addictions services were 7.9 times less likely to be arrested during treatment compared to those not completing treatment. In addition, completion rates are in the range of 60 to 70 percent.

A Solid Economic Investment: According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the county regain their lives and families.

The report, "The Economic Costs of Alcohol and Drug Abuse in Oregon in 2006," notes that the economic costs of substance abuse are extremely high. Specifically, in 2006, the total direct economic costs from substance abuse in Oregon totaled approximately \$5.93 billion. Of these costs, \$813 million was in healthcare costs related to alcohol and drug abuse programs and other associated medical consequences of abuse; \$4.15 billion was in lost earnings as result of lost productivity by both substance use and by victims of crimes committed by substance use; and \$967 million in other costs such as criminal justice, expenditures on alcohol and drug enforcement laws, and social welfare programs, among other costs. The report found that alcohol abuse alone cost Oregon approximately \$3.244 billion in 2006, while drug abuse cost Oregon approximately \$2.686 billion in 2006.

While substance abuse is very costly, providing substance abuse treatment services is extremely cost-effective. NIDA found that for every dollar invested in drug treatment, there is a \$4 to \$7 return due to reductions in crime, child abuse, neglect and medical costs.



Richard Harris, Assistant Director for Addictions and Mental Health
Oregon Department of Human Services
Phone: (503) 945-9708* Email: Richard.Harris@state.or.us

Contact information: Robert Morrison, Interim Executive Director, at (202) 293-0090 x 106 or rmorrison@nasadad.org or
Barbara Durkin, Public Policy Associate, at (202) 293-0090 x 111 or bdurkin@nasadad.org.