
Addictions and Mental Health Division (AMH) AMH Addictions March 14 – 16, 2011

AMH Addictions Overview

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ADDICTIONS AND MENTAL HEALTH DIVISION

Addiction Services

- Addiction is a chronic, relapsing brain disease that can be treated
- Untreated addictions cost Oregon \$5.9 billion annually - addiction services are cost-effective and result in cost offsets in other publicly funded systems
- Addiction services are well-grounded in research, and Oregon is a national leader in implementing evidence-based clinical and administrative practices
- There is a large gap between the estimated need for addiction services and the capacity to serve those who need these services. Oregon meets only 18 percent of the need for treatment among adults with substance use disorders

Number in need vs. number served

Age/Category	In need of public service	People served in public system	Percent of need met
Addictions			
17 and under	27,592	5,663	21%
Over 17	273,895	48,445	18%
Mental Health			
17 & under	106,124	33,243	31%
Over 17	156,962	72,207	46%
Problem Gambling			
All	77,486	1,756	2%

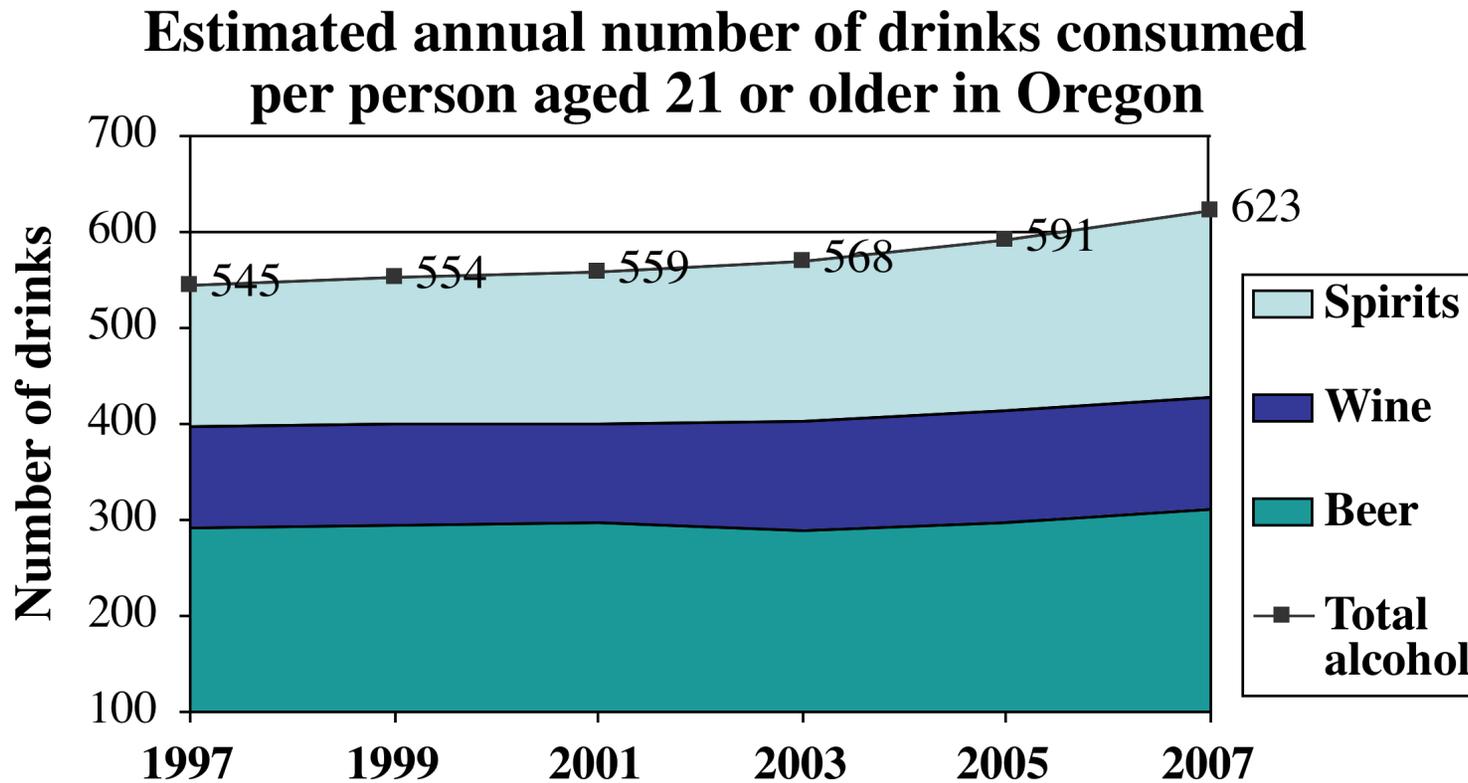
Oregon population profile: Annual impact of alcohol use

Each year, alcohol consumption leads to:

- 1,400 alcohol-related deaths
- 243,000 persons with alcohol abuse or dependence disorders*
- 5,100 violent crimes due to alcohol use by the perpetrator or victim
- 41,000 offenses related to driving under the influence and liquor law violations

*Some of these individuals also have drug abuse or dependence disorders.

Oregonians are drinking more:



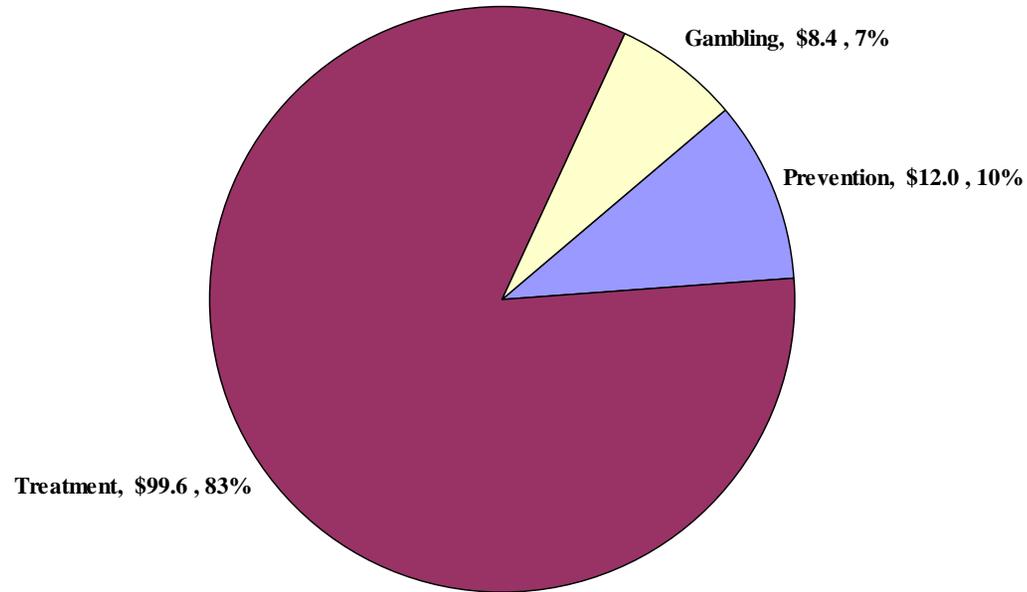
Oregon population profile: Annual impact of drug use

- Each year, drug use is responsible for about
 - 570 deaths
 - 107,000 persons with drug abuse or dependence disorders*
 - 39,000 property crimes
 - More than 24,000 drug law offenses
- Prescription drug misuse, particularly related to opioid pain medications, is a growing concern among addiction treatment providers and stakeholders in Oregon
- Since 1999, the rate of unintentional drug poisoning deaths has more than doubled (4.5 to 9.3 deaths per 100,000)
- The rate of non-medical use of pain relievers in Oregon is higher than the national average

*Some of these individuals also have alcohol use disorders

**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
Addictions Programs
by Program
\$120.0 Total Funds**

(dollars in millions)

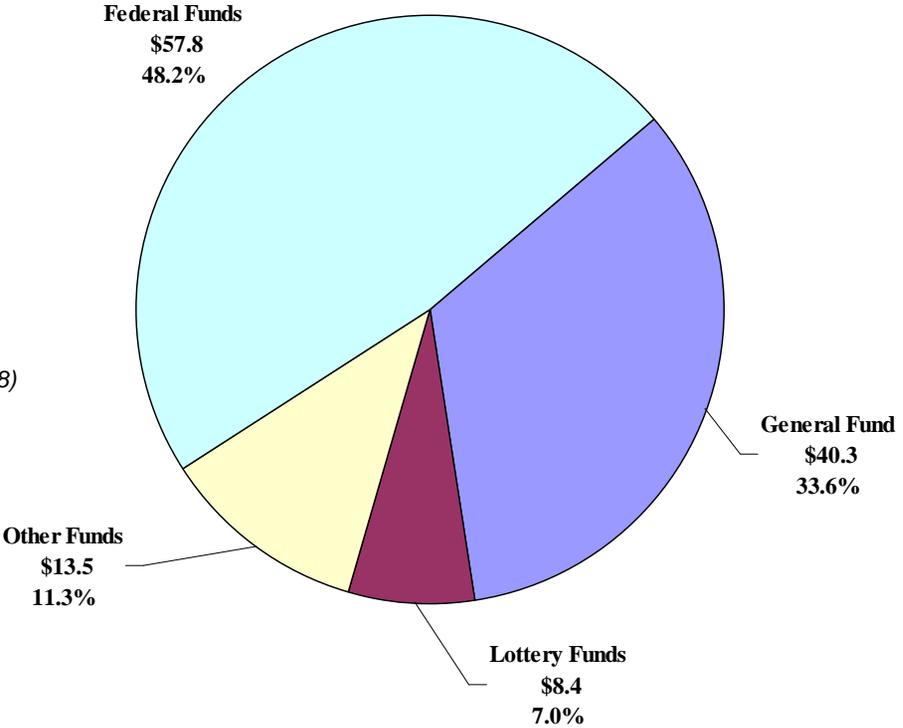


**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
Addictions Programs
by Fund Type
\$120.0 Total Funds**

(dollars in millions)

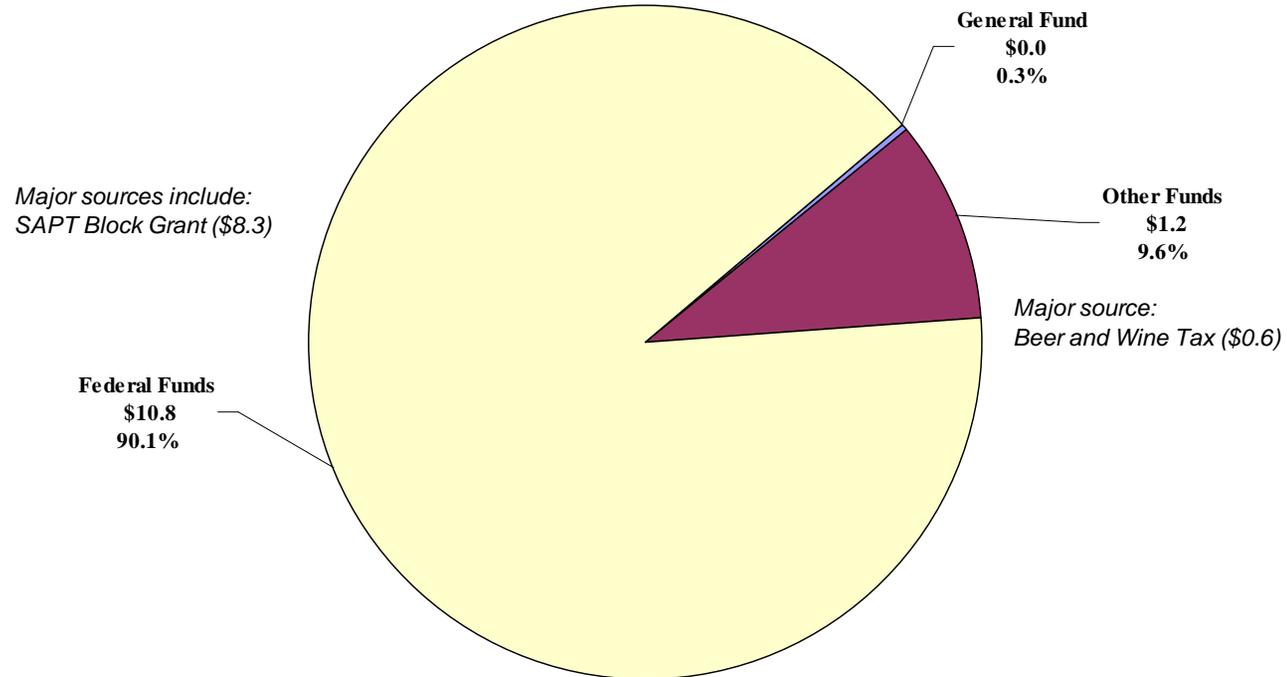
Major sources include:
Medicaid (\$14.8)
SAPT Block Grant (\$38.7)

Major source:
Beer and Wine Tax (\$9.8)



2011-13 Governor's Balanced Budget Prevention Programs by Fund Type \$12.0 Total Funds

(dollars in millions)



Prevention: risk and protective factors

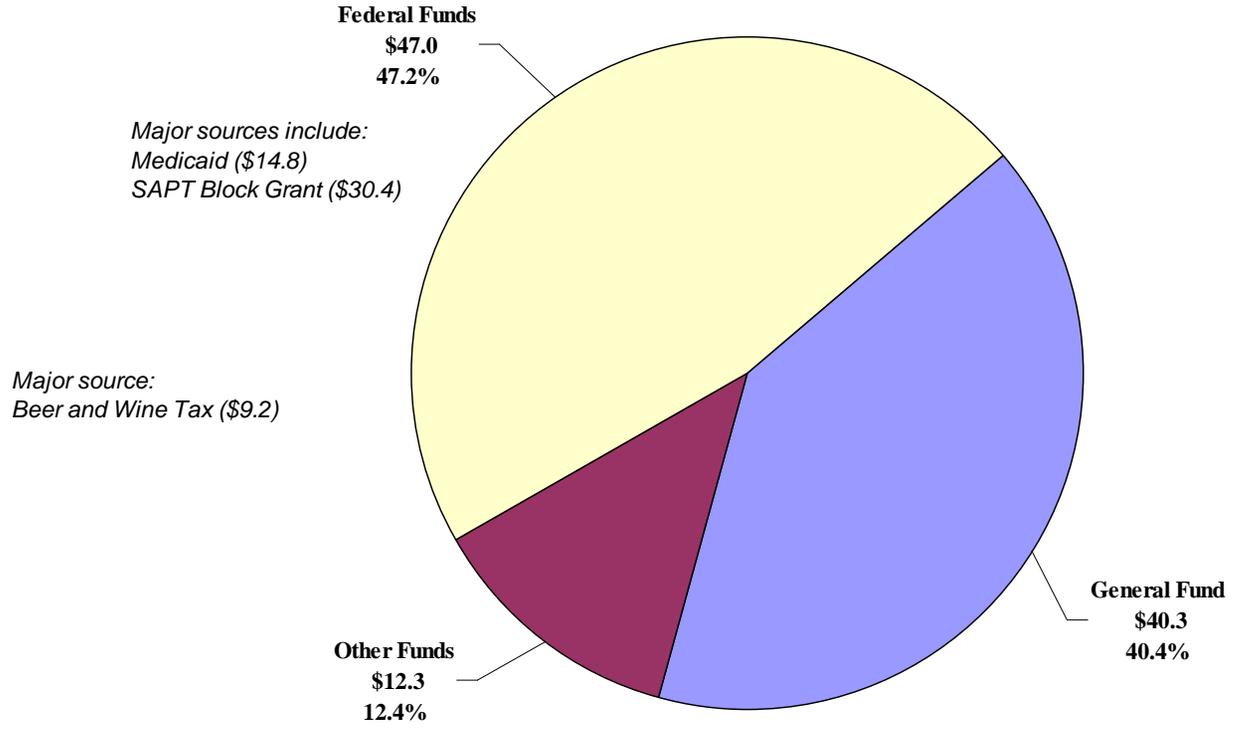
Examples of risk and protective factors		
Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Poor Social Skills	Individual	Positive Relationships
Lack of Parenting Supervision	Family	Parental Monitoring and Support
Substance Abuse	Peer	Academic Competence
Drug Availability	School/Community	Anti-Drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

Prevention Investments

- Substance abuse and gambling prevention services are designed to reduce risk factors and increase protective factors, promoting healthy choices by Oregonians who are exposed to drugs, alcohol and gambling
- Federal Substance Abuse Prevention and Treatment (SAPT) block grant funds most substance abuse prevention activities statewide
- Strategic Prevention Framework – State Incentive Grant (SPF-SIG)
 - Oregon’s priority for SPF SIG funds is to reduce alcohol abuse and dependence for Oregonians 18-25 years old while reducing the associated causal behaviors
 - *Binge drinking – five or more drinks on any one occasion.*
 - *Heavy drinking – exceeding two drinks per day (males) or one per day (females)*
 - *Underage drinking – any use of alcohol by anyone under the age of 21.*

**2011-13 Governor's Balanced Budget
Treatment Programs
by Fund Type
\$96.6 Total Funds**

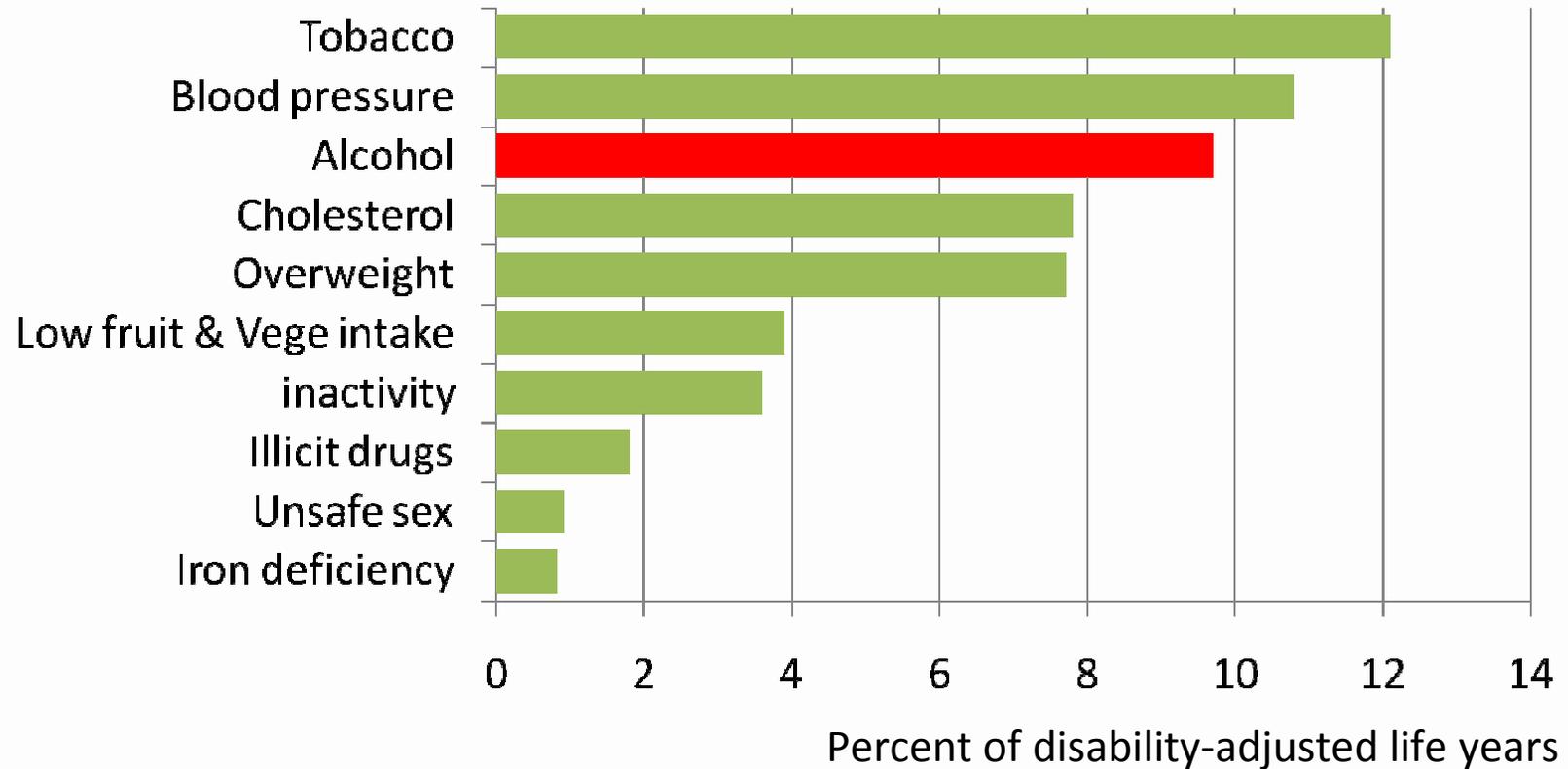
(dollars in millions)



Addiction Services

- Services consist of
 - Outpatient and Intensive Outpatient Treatment
 - Medication-Assisted Treatment
 - Residential
 - Detoxification services
 - Recovery supports such as peer mentoring, transportation and housing
- An array of options is needed to help individuals recover from their addictions
 - Education and treatment are available for people convicted of driving under the influence of intoxicants (DUII)
- Services are provided through
 - Community mental health programs (CMHPs)
 - Tribes
 - Nonprofit organizations (over 300)
 - Fully capitated health plans (FCHPs-OHP)

Ten leading risk factors for disease in developed countries



World Health Report, 2002

Key system strategies: Integration

- Addiction fits the U.S. Center for Disease Control and Prevention definition of a chronic disorder
 - Prolonged, lasting more than 3 months
 - Does not resolve spontaneously
 - Rarely cured completely
- 47% of the individuals interviewed as part of the AMH long-term outcome study reported having a chronic medical condition
- Addiction complicates chronic illnesses and other conditions and is often strongly correlated with difficulty in treating another disease or illness
- Substance use disorder care should be integrated into the broader healthcare system
- **Addiction treatment is not a burden on the health care system. It is a solution that will help make health reform affordable**

Cost benefits to integration: Addiction treatment reduces health care costs

- An analysis of a sample of Oregon Health Plan enrollees who accessed addiction services showed an average drop of **\$3,603/person** in physical health care billed costs one year after entry in addiction outpatient services compared to the previous year billed costs. In monetary terms, this projects to over **\$2.5 million** just for 703 person sample alone.
- A 2000 California study of outpatient addiction participants found that
 - Total medical costs declined by 26 percent
 - Inpatient health care costs declined 35 percent
 - Emergency room costs declined 39 percent
- A 2006 review of the medical expenses of Washington Medicaid clients who received treatment noted these savings:
 - \$170 per month for individuals accessing inpatient treatment
 - \$215 per month for individuals accessing outpatient treatment
 - \$230 per month for individuals accessing methadone treatment

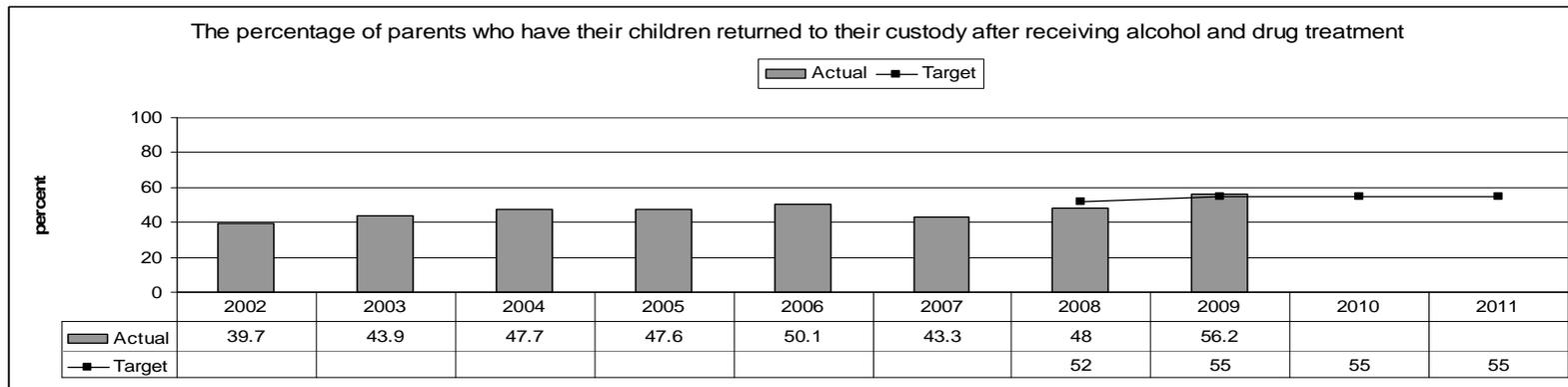
Key system strategies:

Recovery-oriented system of care

- An array of services and supports is needed: not just one type of service or one episode of care
- Goal is to ensure Oregon has a **Recovery-Oriented System of Care (ROSC)** to meet the needs of individuals at risk or already experiencing problems related to addiction
- Practice standards endorsed by the National Quality Forum for the treatment of substance use conditions including:
 - Screening, brief intervention and referral to treatment (SBIRT)
 - Promoting engagement in treatment
 - Using evidence-based psychosocial treatments
 - Use of pharmacotherapies for withdrawal management as well as opioid alcohol, and nicotine dependence
 - Continuing care management and ongoing monitoring

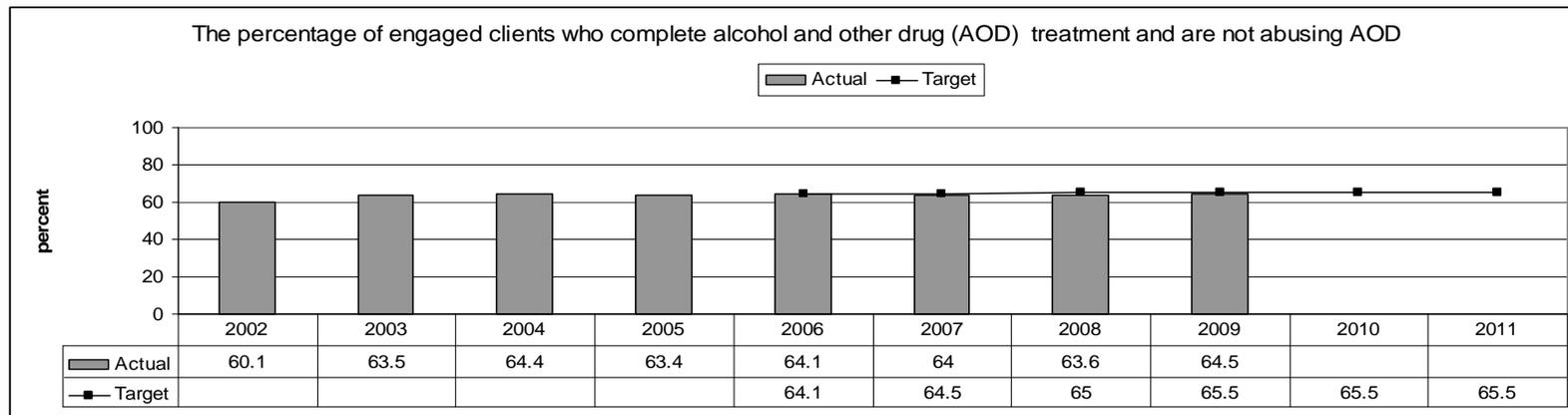
Successful example: Intensive Treatment and Recovery Services (ITRS)

- Funded by the 2007 Legislature to serve families affected by addiction
- Aims to keep families together or reunite families with children in foster care by providing outpatient and residential treatment, care management, and clean and sober housing
- **1,803** children have been reunited with parents who accessed services since the initiative began, providing a cost-offset to foster care of **\$1.7 million** every month
- Exceeded Key Performance Measure (KPM) target in 2009



Strategy: Improving treatment quality and efficiency (NIATx)

- NIATx (formerly Network for the Improvement of Addiction Treatment) promotes systems change and innovation with a focus on four aims:
 - **Reducing waiting time** between first request for service and first treatment session.
 - **Reducing no-shows** by reducing the number of individuals who do not keep an appointment.
 - **Increasing admissions** to treatment
 - **Increasing continuation** from first through the fourth treatment session



Investments:

Federal grant funding for recovery-oriented services (\$13 million – 4 years)

- Oregon Access to Recovery Grant
 - Four year, \$3.3 million annual competitive grant
 - Supported by the Substance Abuse and Mental Health Services Administration (SAMHSA, Center for Substance Abuse Treatment (CSAT))
 - Focused on three populations:
 - People leaving prison and jails who have addiction histories
 - Military veterans
 - Parents involved or at risk of being involved in the child welfare system
 - Piloted in five counties (Multnomah, Lane, Umatilla, Douglas, Jackson)
 - Emphasizes participant choice of recovery support and clinical service providers. Extensive service linkages with faith-based and community-based organizations
 - Will serve between 1,319 and 1,517 clients in the first year of the four-year project

Alcohol and Drug Long-Term Follow-Up Study: Six-Month Interview Findings

AMH contracted with Northwest Professional Consortium (NPC)

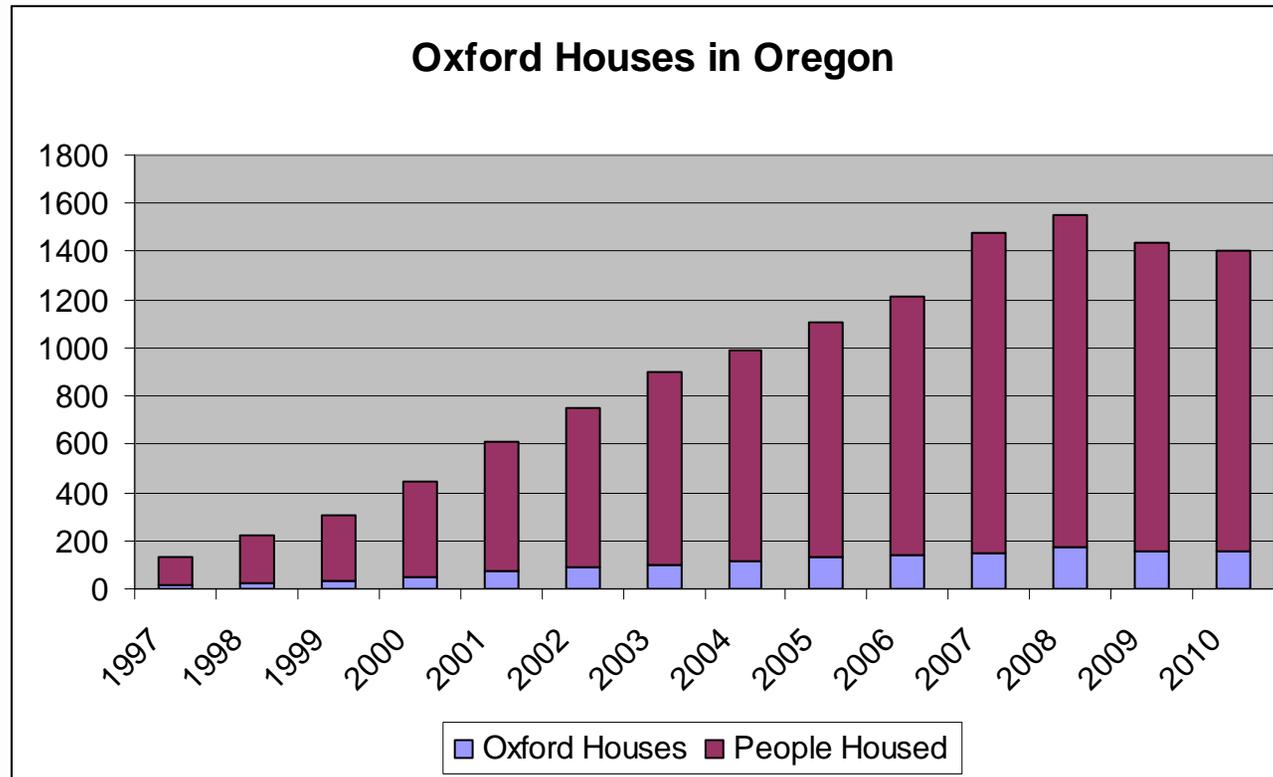
Research last year to measure treatment outcomes over time and across a range of categories. The results are impressive:

- Arrests and reported drug and alcohol use have dropped sharply
 - 89% of study participants reported abstinence from drug use
 - 76% of study participants reported abstinence from alcohol use
- Positive indicators in employment and mental health had increased for most participants.
 - Median income increased by 25%
- There was a 78% decrease in the proportion of participants arrested in the 30 days prior to the data collection interviews.
- Participants showed significant improvements in mental health with a 60% decrease in reported suicidal thoughts and 45% decrease in reported depression.

Housing for individuals in recovery

- A safe, affordable, alcohol- and drug-free (ADF) place to live is essential to recovery from addictions disorders
- The state has undertaken the following initiatives to address housing for people with addiction disorders:
 - ADF housing development
 - ADF housing assistance services
 - Oregon Recovery Homes and Oxford House support

Recovery Homes



Oregon's economic downturn has had a negative impact on the growth of Oxford Houses.

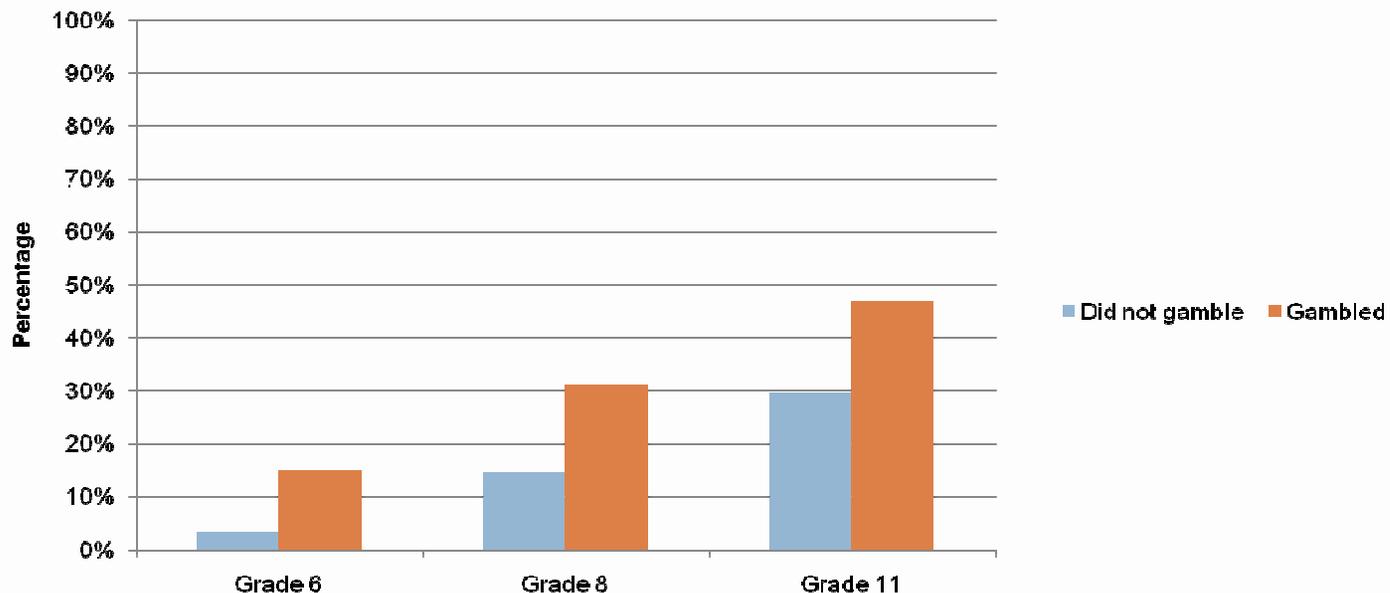
Problem gambling: Services

- Problem gambling prevention and treatment services:
 - Prevent people from becoming addicted to gambling and assist people who are addicted in recovering from addictive and pathological gambling
 - Include evidence-based prevention strategies that decrease the probability of problem gambling for all ages
 - Funded through a statutory one percent set-aside of state Lottery revenue
- Treatment services include:
 - Outpatient individual and group therapies
 - Intensive therapies
 - Statewide access to residential treatment
- During 2009:
 - 1,970 people made use of the Problem Gambling Helpline – more than 96% of these contacts result in a referral to treatment
 - 1,756 people received problem gambling treatment services

Youth gambling and alcohol use

Student Wellness Survey (2010)

Used alcohol in the past month



Oregon youth who gamble are much more likely to engage in other risky behaviors.

Gambling services population profile

- 54.1 percent female - Women begin gambling later in life and gambling becomes problematic more quickly
- Average debt: \$30,000 (over 100 individuals reported debt over \$100,000 and one individual reported debt over 1 million dollars)
- More than 10 percent reported suicide attempt in the past six months
- High rates of co-occurring disorders, including alcohol and drug use, trauma history, anxiety and depression
- Physical health problems

Problem gambling: Outcomes

- A gambling program evaluation found that six months post treatment:
 - Fifty percent of successful program completers reported they no longer gambled
 - 85.1 percent reported they are now paying all of their bills on time
 - 25.3 percent of problem gamblers entering treatment reported committing illegal acts to obtain gambling money; six months after gamblers left treatment that was reduced to 9.5 percent.
 - Problem gamblers experience higher rates of suicide than those with other disorders – approximately 50.3 percent people accessing problem gambling treatment in Oregon reported suicidal ideation and as many as 8 percent have attempted suicide; suicidal ideation was reduced to 24.9 percent after problem gambling treatment