



Substance Use in Multnomah County

Data, Challenges and Opportunities

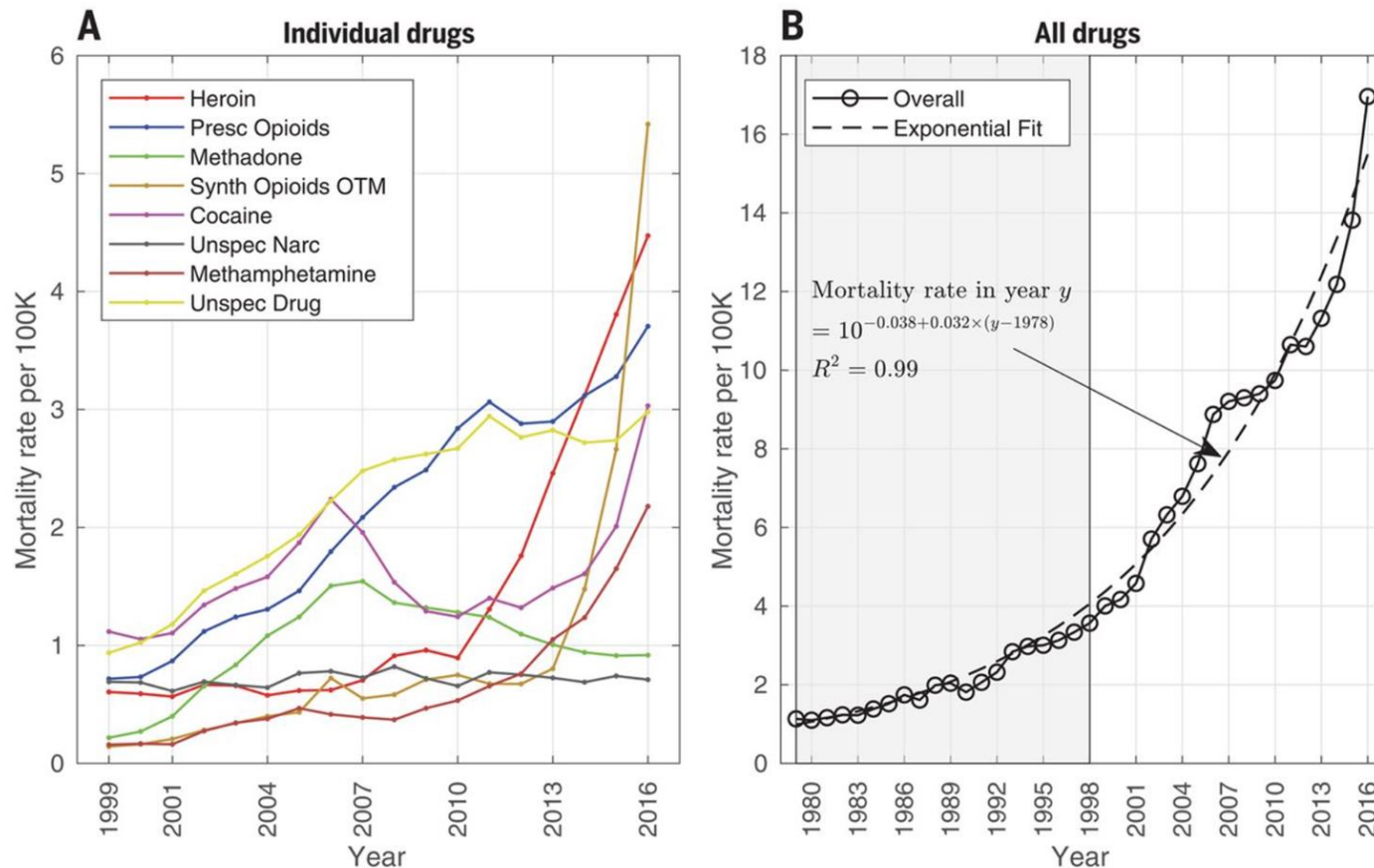
Julie Dodge, Interim Director
Behavioral Health
Morgan Godvin, LPSCC
Alison Noice, CODA
Jeston Black, Multnomah
County Government Relations

AGENDA //

- A look at the data: National & Local
- A look at the challenges
- A look at what's working
- A look at the opportunities



National Trends // Exponential Growth in Fatal Overdose Since 1979

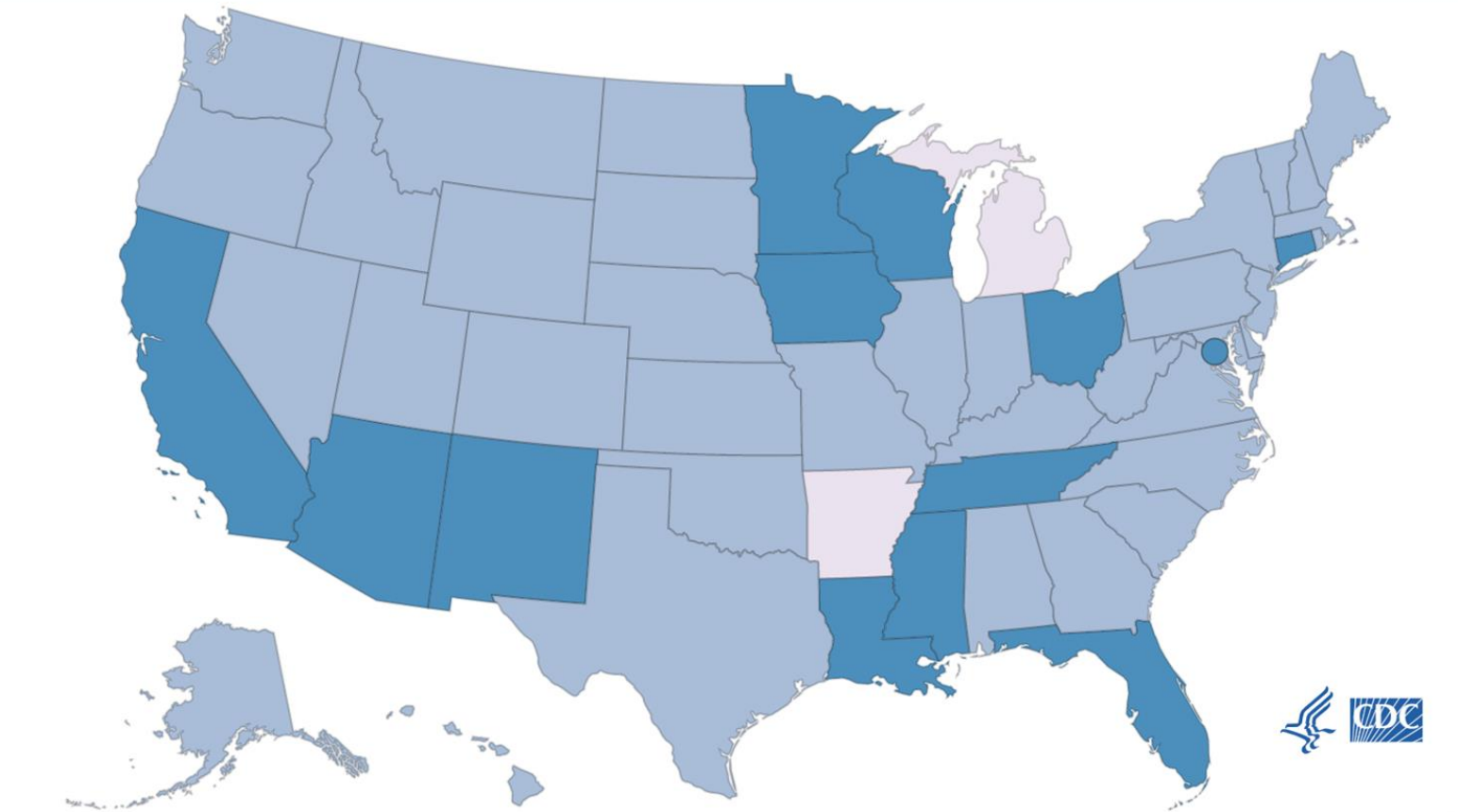


Jawal et. al. "Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016." Science. 2018.

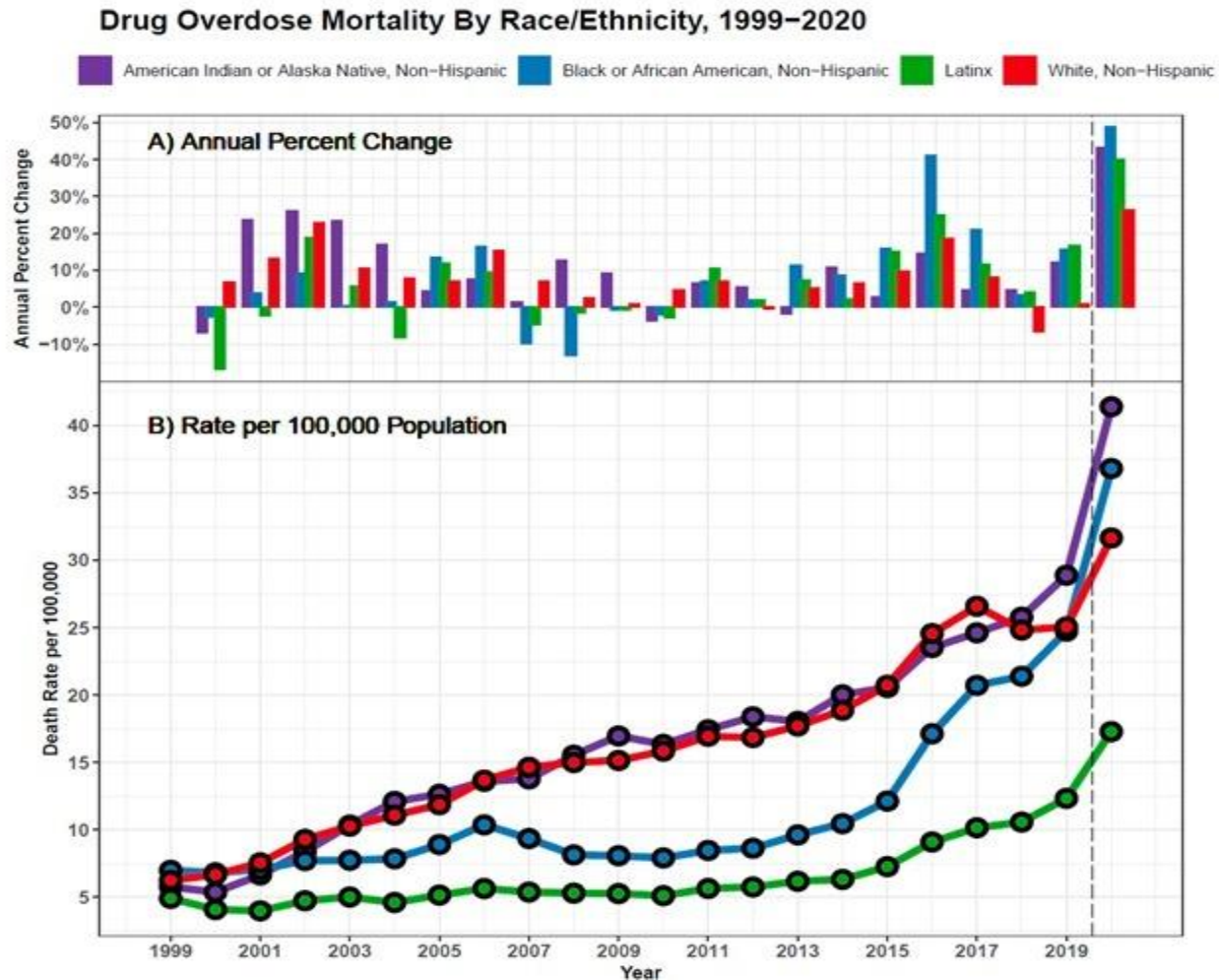


National Trends // Fentanyl Comes to the West (Data Lag)

Statistically significant drug overdose death rate increase from 2018 to 2019, US States



National Trends // Overdose Racial Disparities Grow

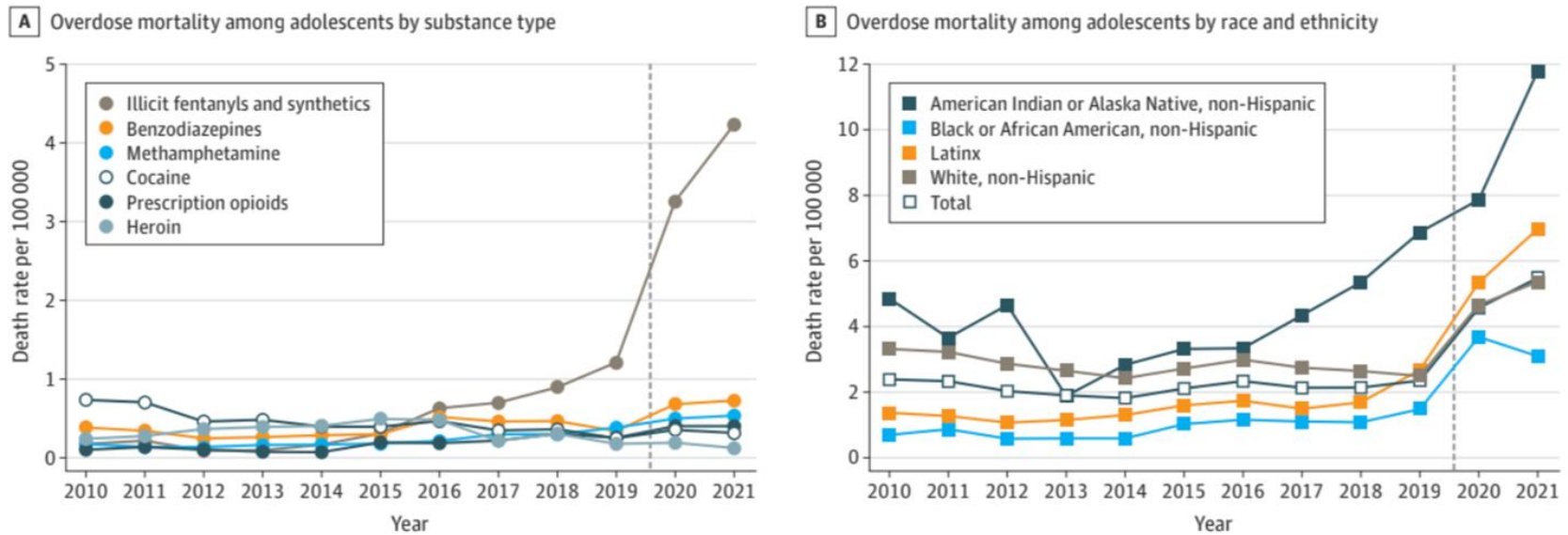


Joseph Friedman, MPH and Helena Hansen, PhD. “Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity Before and During the COVID-19 Pandemic. JAMA Psychiatry. March 2, 2022.



National Trends // Youth Overdose

Figure. Adolescent Overdose Deaths, 2010-2021

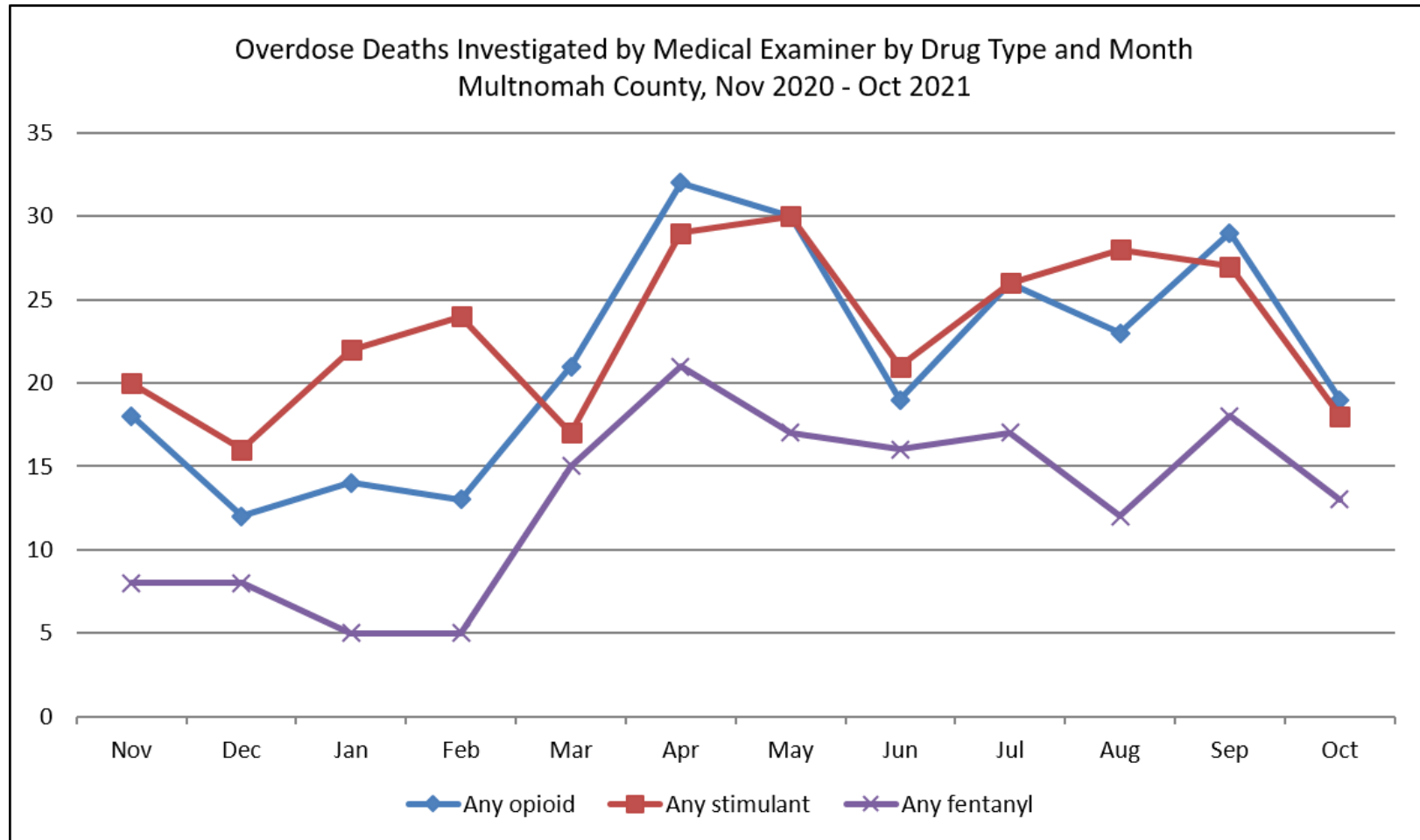


Drug overdose rates per 100 000 adolescents are shown by (A) substance involved and (B) race and ethnicity. The year 2021 refers to January to June 2021, and rates have been annualized. The vertical dashed lines delineate the pre-pandemic and pandemic periods of observed data.

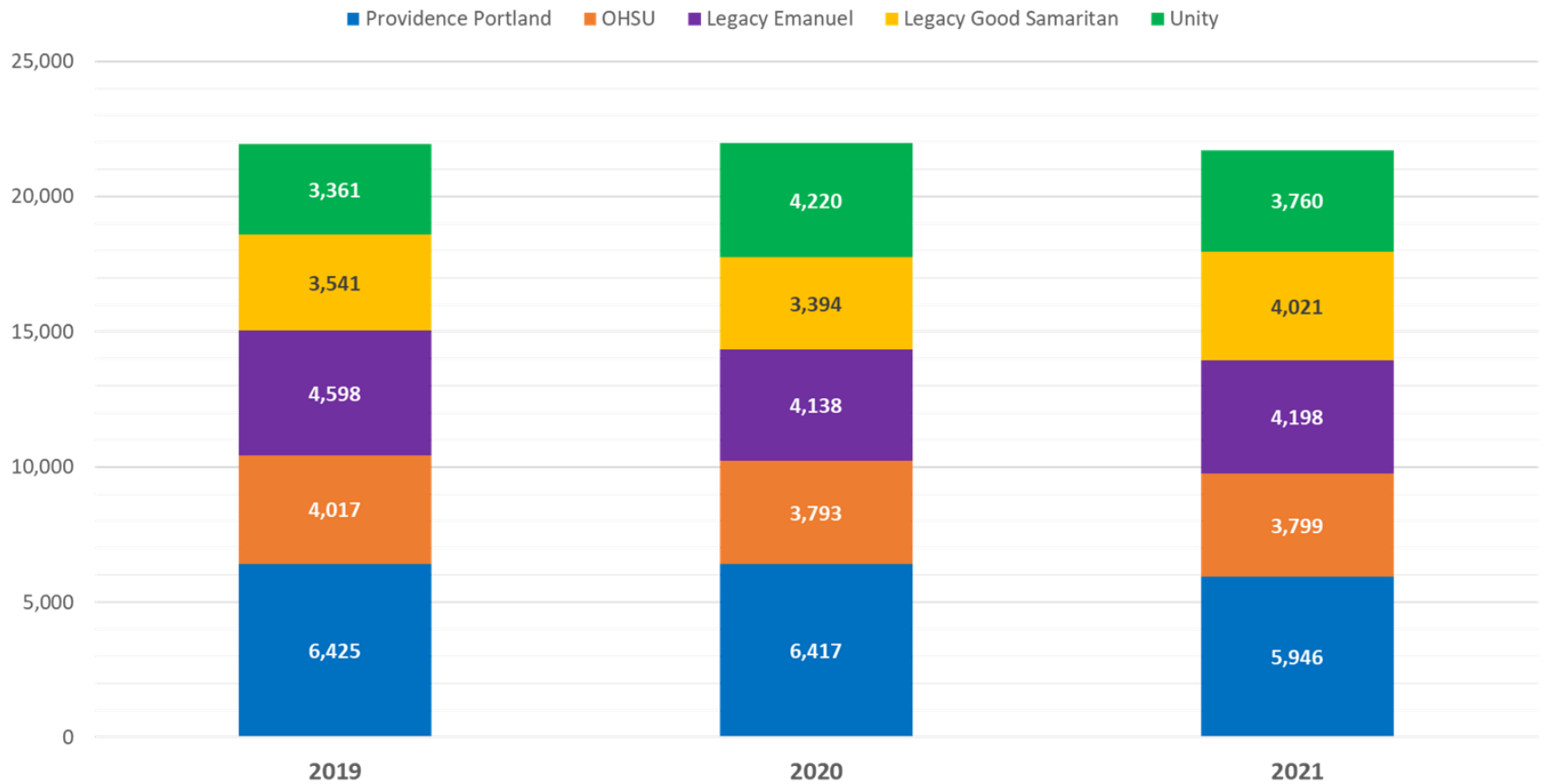
Joseph Friedman, Morgan Godvin, et. al. "Trends in Adolescent Overdose Death." JAMA. April 2022.



Local Data // Overdose



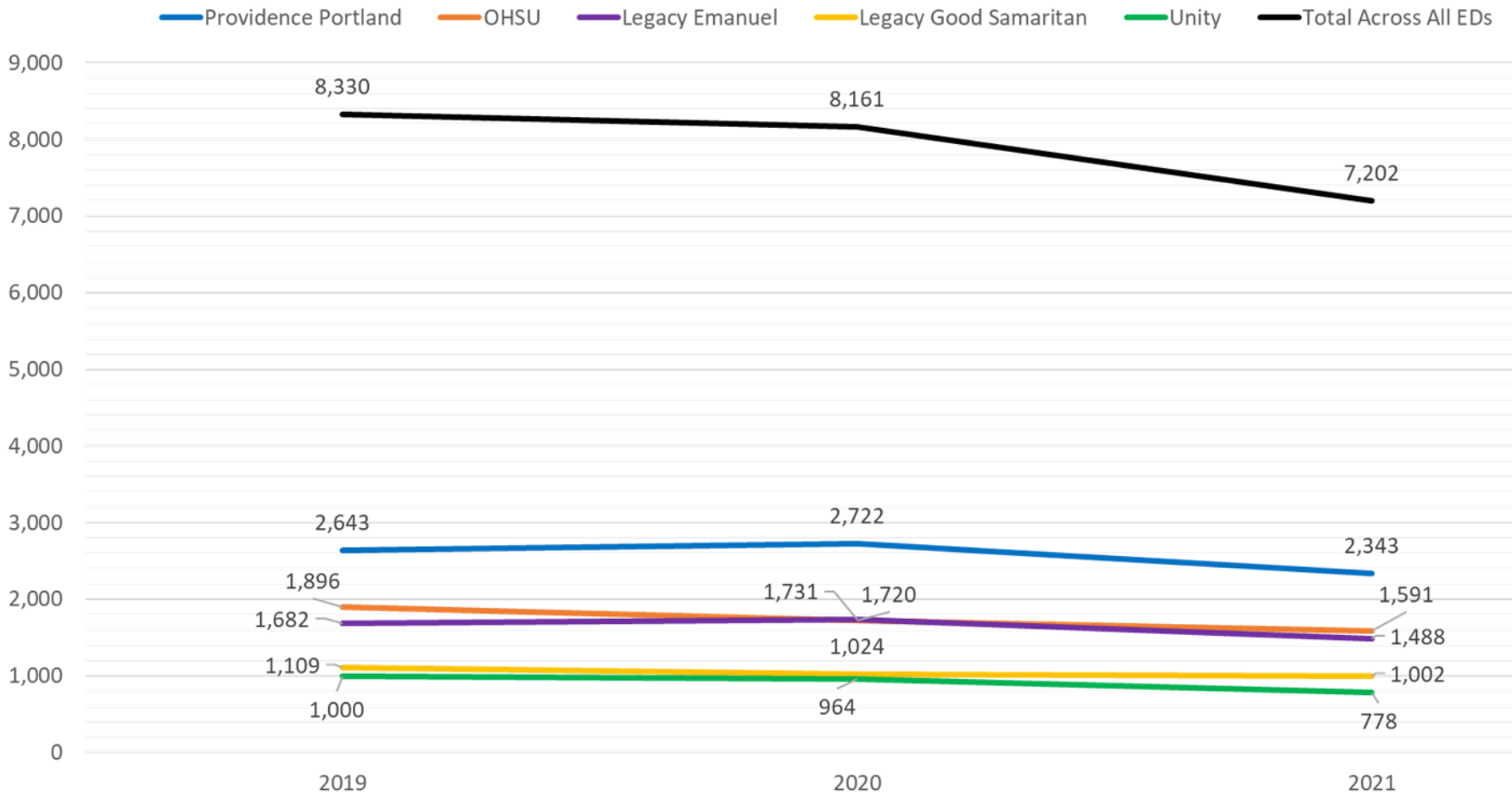
Local Data // SUD Related ED Visits (2019-2021)



Note: Unity and Legacy ED data only includes primary SUD admission, not secondary or tertiary. Results for Unity and Legacy ED would be higher if those were included. Prov and OHSU data includes primary, secondary and tertiary reason for admission.

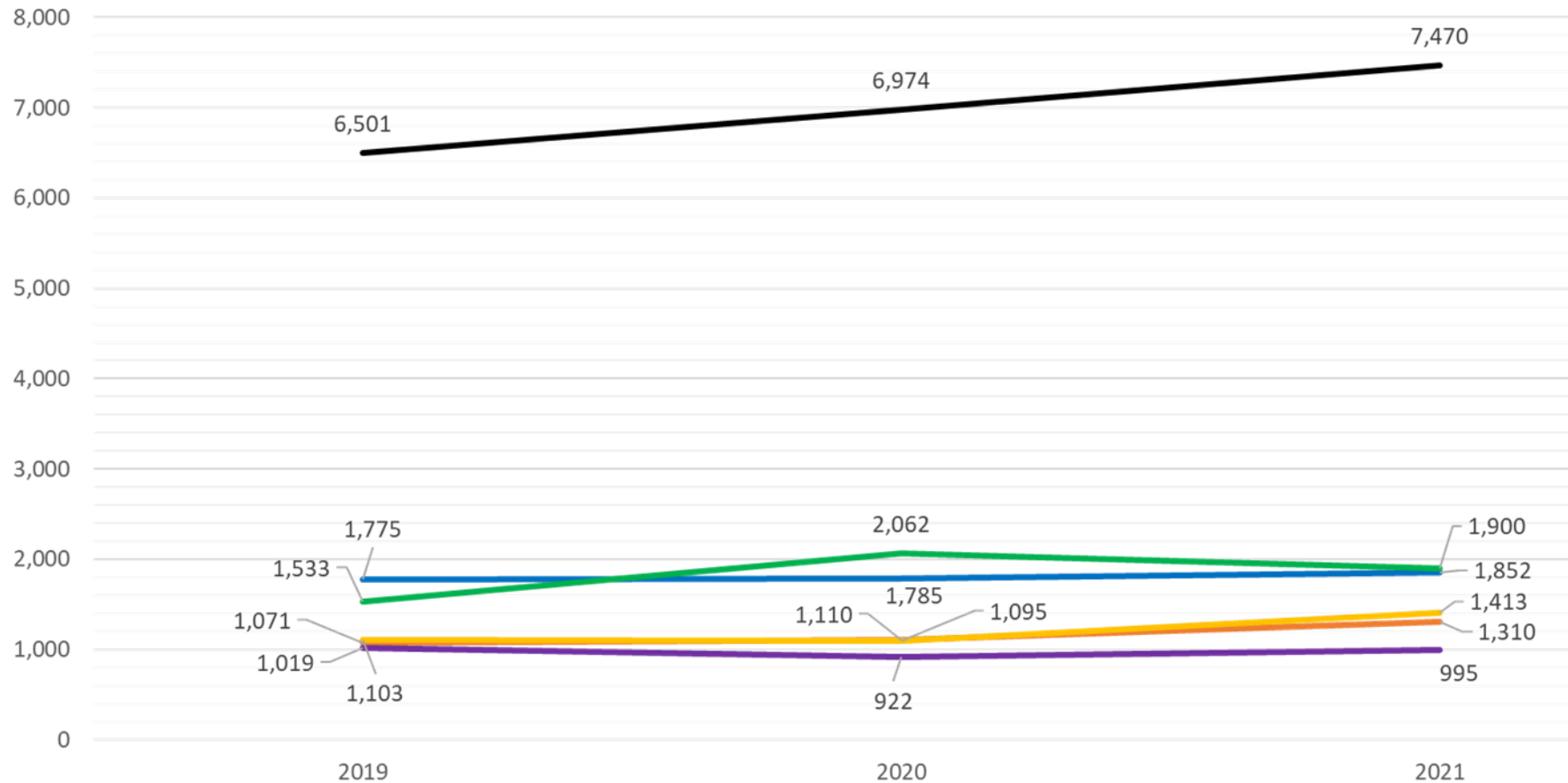


Local Data // Alcohol Related ED Visits (2019-2021)

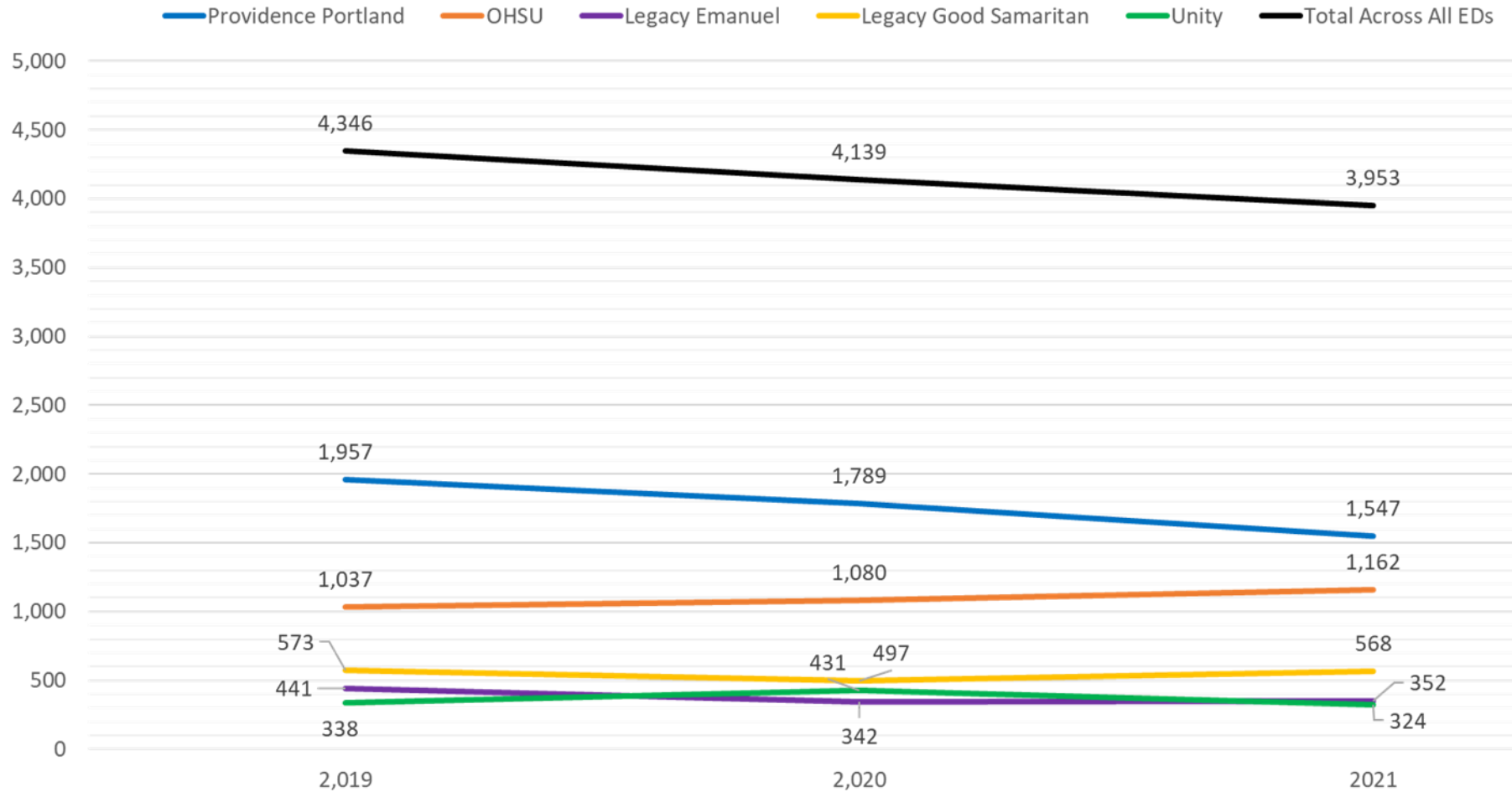


Local Data // Methamphetamine Related ED Visits (2019-2021)

— Providence Portland — OHSU — Legacy Emanuel — Legacy Good Samaritan — Unity — Total Across All EDs



Local Data // Opiate Related ED Visits (2019-2021)

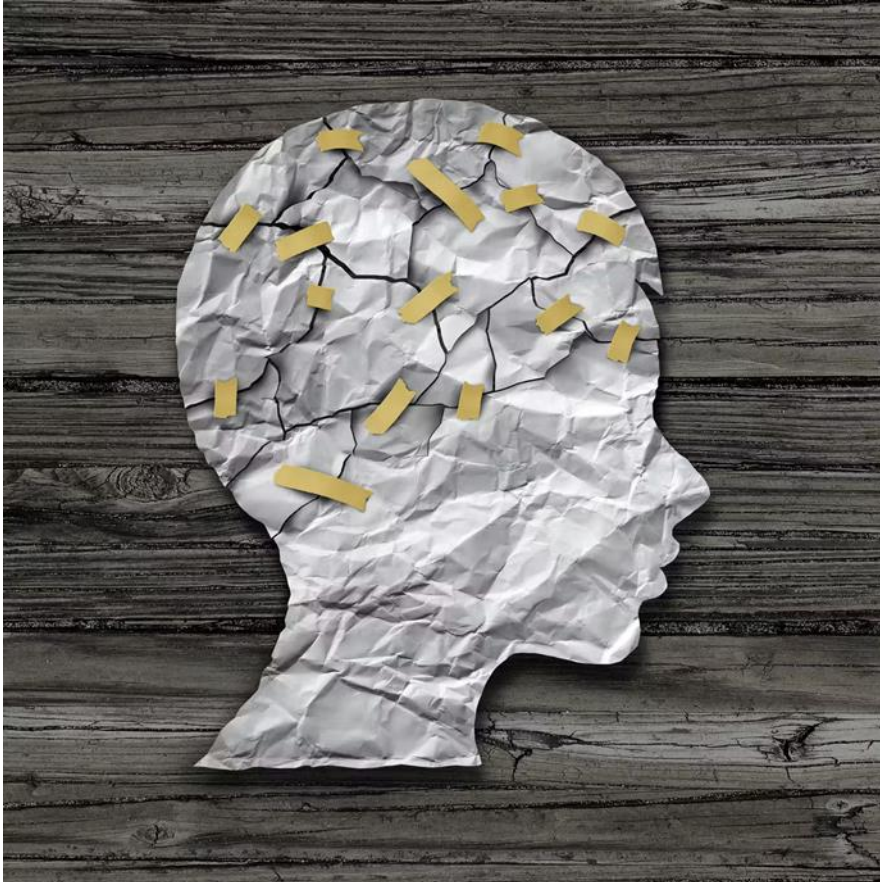


Current Challenges

- Historically Underfunded
- Changing Drug Chemistry
- Generalist Treatment Models
- Lack of Transitional Housing



Beyond the Data // Why people use



- Trauma
 - ACES
 - Historical Trauma
 - Racism
 - Poverty
- Genetics and Brain

2021 investments:

- BHRC: \$10M one-time capital funding
- Aid and Assist: \$21.5M statewide (we have received \$400k)
 - \$14 Million of funding currently being evaluated in RFP
- Regional Development and Innovation \$130M statewide
 - 1st RFP released Dec 2021 (Very Limited Scope)
- Behavioral Health Transformation: \$50M statewide (cancelled)
- 988 - Crisis Funding: \$10M statewide



2022 investments:

- \$100M statewide for behavioral health housing (one time)
- \$50M for provider rate increase (taken from BH Transformation)
- \$132M for provider incentives, hiring bonus and other.
 - Must be spent by 1/1/23



Funding // Potential New State Funding: 2021-2022

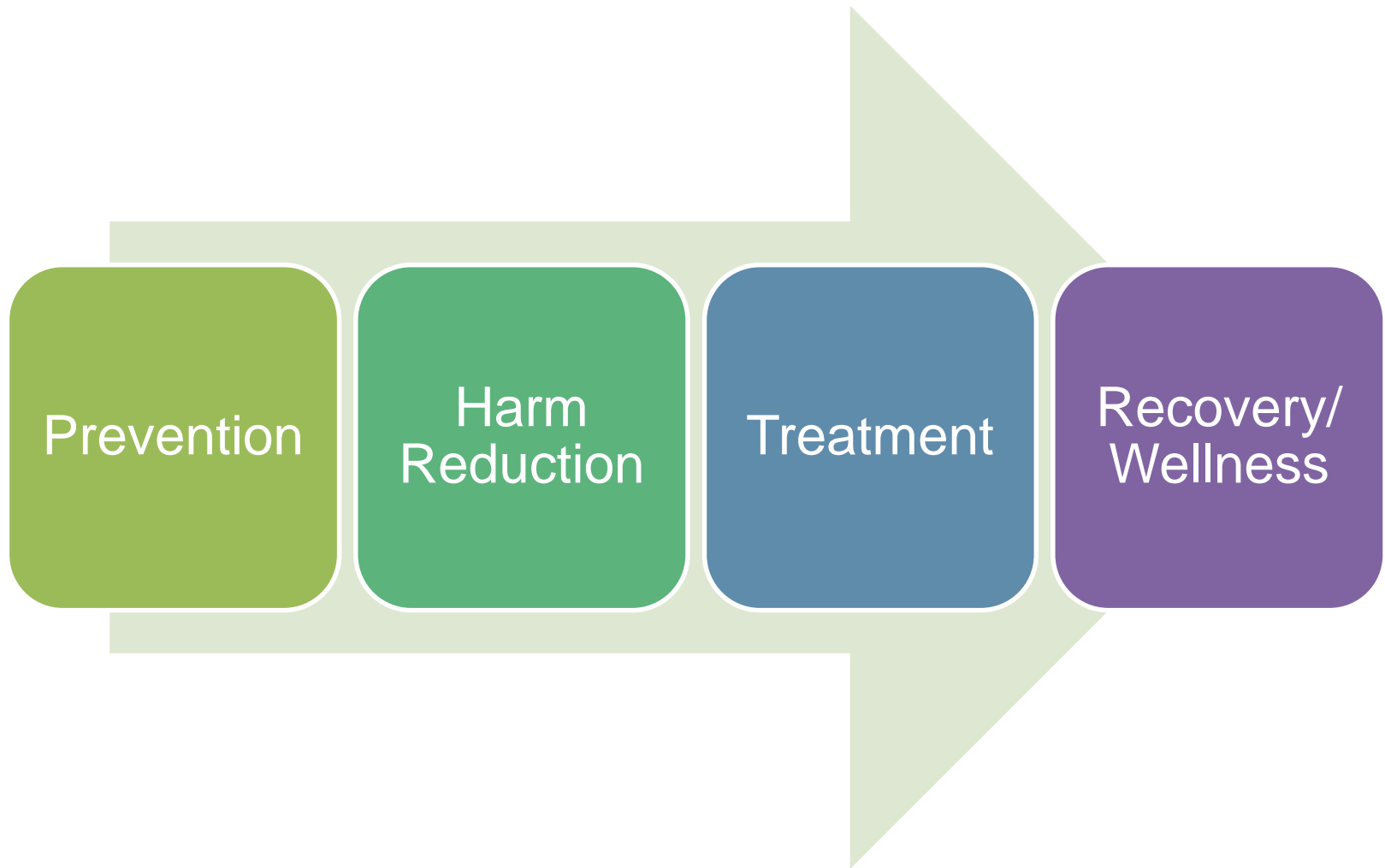
BM 110/SB755 (2021) established the Drug Treatment and Recovery Services Fund. The new law requires Behavioral Health Resource Networks (BHRNS) be established for each county to provide for free SUD services, peer support, harm reduction, housing & supported employment services.

- **\$265M for the current biennium**
 - Awards to be finalized between June-October, 2022
 - Grant terms to be 18 months beginning on rolling basis
 - \$58.8M set aside for Multnomah; \$20.5M for Washington; \$14.5M for Clackamas

- **Multnomah County's Health Department requested \$4.8M**
 - BHRC housing, harm reduction & peer support services: \$2.8M
 - MSR & transition planning with Corrections Health/Public Health: \$369k
 - Countywide SUD screening/call center & website marketing: \$355k
 - PATH intervention planning, case management, referral services: \$368k
 - Harm reduction (naloxone, fentanyl test strip kits etc.): \$115k
 - Leadership, Technical assistance and admin.: \$799k



Solutions // Invest in the full continuum





Begin Recovery. Build Community.



Our vision:

Communities where substance use and mental health conditions are recognized as public health issues that are preventable and treatable

A society in which people with histories of these conditions, others at risk for them, and those in recovery are valued and treated with dignity and respect

A world in which stigma, prejudices, discrimination, and other barriers to recovery are eliminated





Building health and recovery through compassionate, evidence-based care.

Founded more than 50 years ago

- Oregon's most comprehensive integrated substance use disorder treatment

14 programs at ten different sites

- Residential
- Outpatient
- DUII
- Drug Court
- Prenatal care
- Intensive outpatient
- Medication for substance use disorders

Data-driven approach

- Applying clinical findings to understand outcomes and improve services



*We can't address the current problems with the same
“solutions” that got us here.*

(credit: Larry Turner)

- Community Designed, Community Based
- Linguistically and Culturally Specific
- Contingency Management
- Medication Assisted Treatment
- Housing + Treatment
- Integrated Mental Health and Substance Use



*Relationships and
Collaboration*

One County.



Discussion

