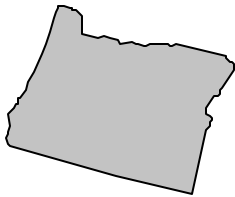


OREGON

State SSA Director

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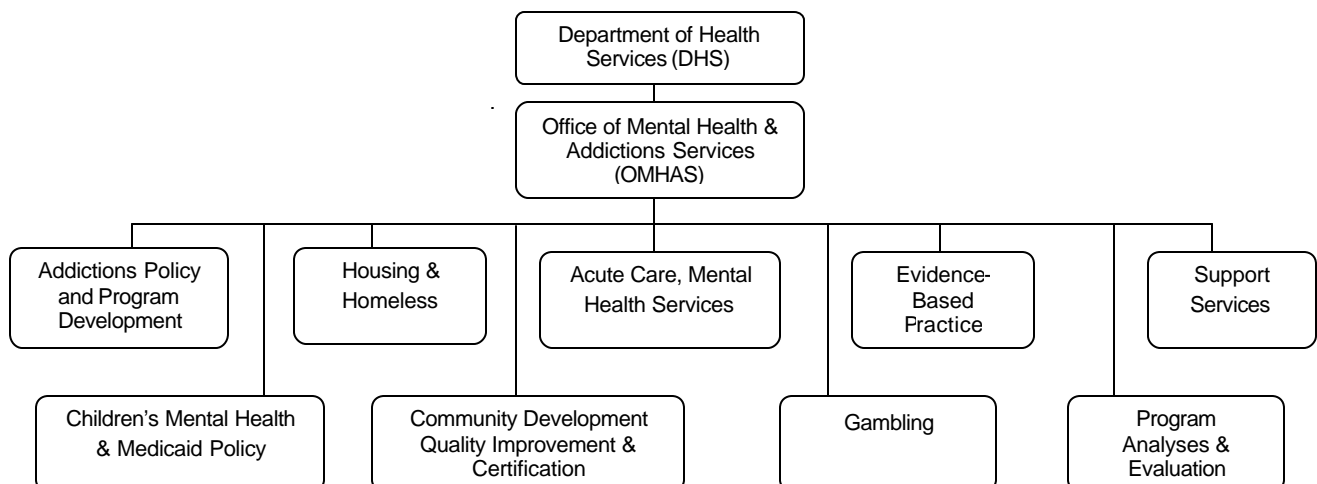
Structure and Function



Oregon's Single State Agency (SSA) for substance abuse is the Office of Mental Health and Addiction Services (OMHAS), located in the Department of Human Services (DHS) under the Health Services program area. OMHAS oversees the statewide substance abuse prevention and treatment systems with guidance and assistance from a variety of committees, commissions, and partnerships. The substate alcohol, tobacco, and other drug (ATOD) service delivery system consists of Oregon's 36 counties (each of which has a local alcohol and drug planning council), the 9 tribes, and statewide initiatives, among others.

OMHAS' mission is to assist Oregonians and their families to become independent, healthy, and safe by (1) promoting resilience and recovery through culturally competent, integrated, evidence-based treatments of addictions, pathological gambling, mental illness, and emotional disorders and (2) preventing and reducing the negative effects of alcohol, other drugs, gambling addiction, and mental health disorders. To accomplish the mission, OMHAS works with community partners to plan, deliver service, and enhance program quality.

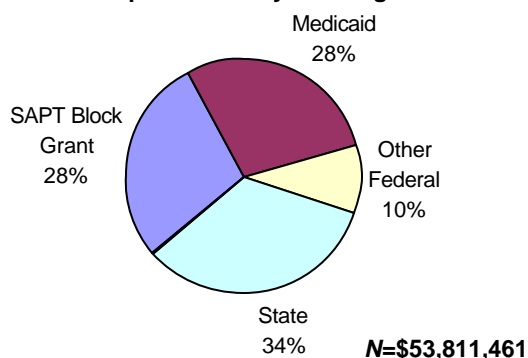
Single State Agency Structure



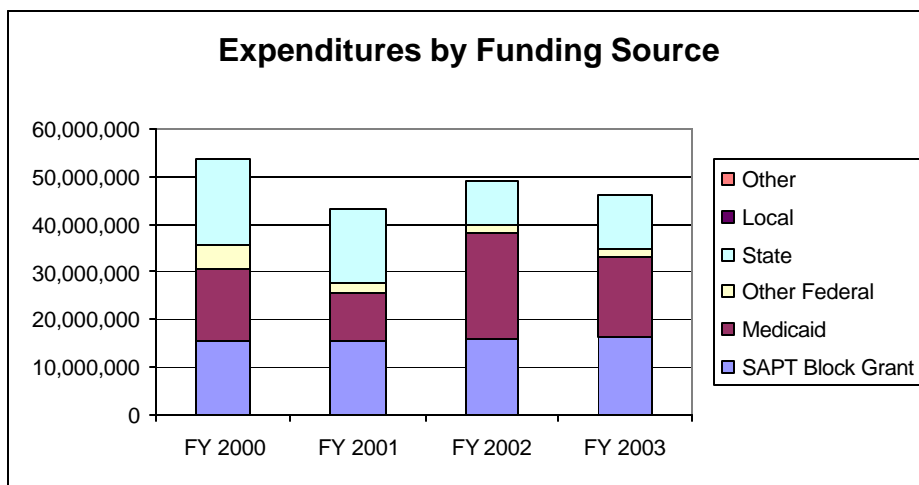
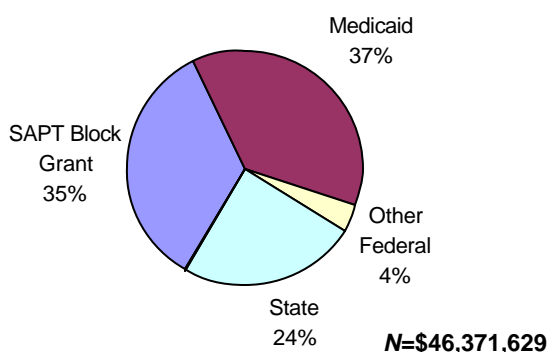
Single State Agency Funding Overview

Oregon's overall SSA funding for FYs 2000 to 2003 fluctuated during FYs 2000 through 2003 from a low of \$43.2 million in FY 2001 to a high of \$53.8 million in FY 2000. Both Medicaid and State funding varied considerably during that time period, while Block Grant funding remained relatively stable, and other Federal sources decreased.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

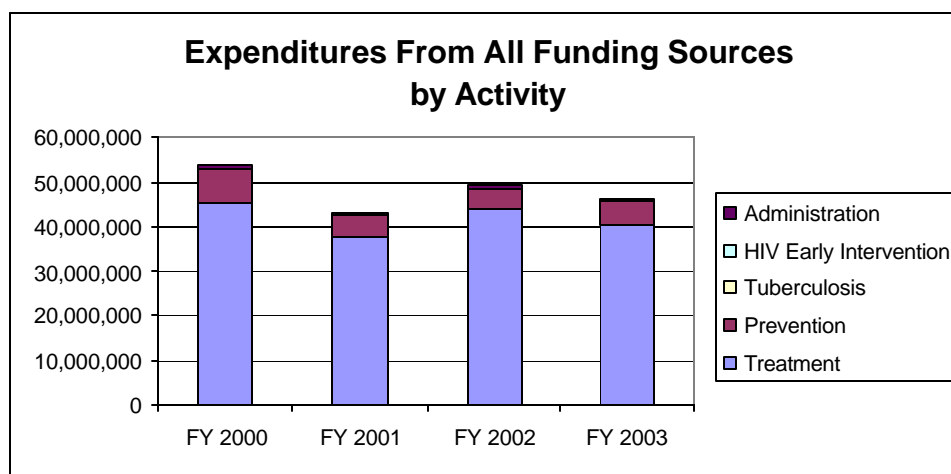
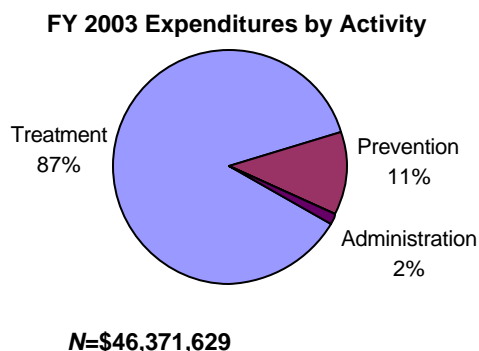
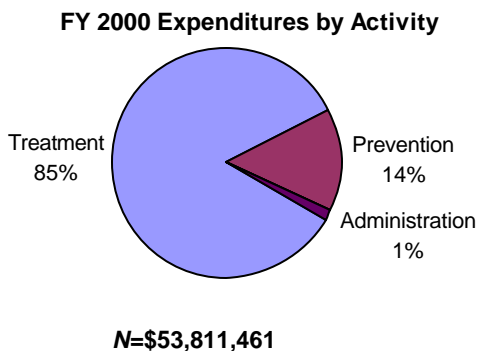
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	15,268,109	28	15,477,534	36	15,844,227	32	16,098,172	35
Medicaid	15,265,645	28	9,901,750	23	22,478,528	46	17,236,406	37
Other Federal	5,227,002	10	2,142,959	5	1,640,947	3	1,676,494	4
State	18,050,705	34	15,723,028	36	9,403,341	19	11,360,557	24
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	53,811,461	100	43,245,271	100	49,367,043	100	46,371,629	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

The distribution of SSA funds from FY 2000 to 2003 was fairly stable. Of the \$46.4 million expenditures in FY 2003, most went toward treatment and rehabilitation services (87 percent), followed by prevention activities (11 percent).



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	44,168,222	89	40,399,863	87
Alcohol Treatment	25,279,203	47	20,938,691	48				
Drug Treatment	20,100,999	37	16,865,331	39				
Prevention	7,667,854	14	4,667,372	11	4,406,610	9	5,166,858	11
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	763,405	1	773,877	2	792,211	2	804,908	2
Total*	53,811,461	100	43,245,271	100	49,367,043	100	46,371,629	100

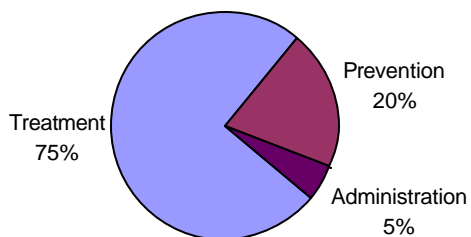
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for
 * Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

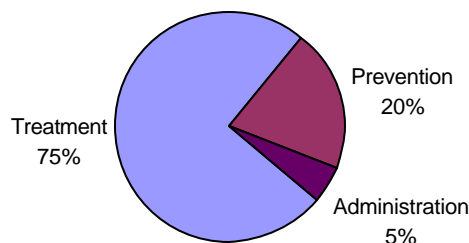
Block Grant expenditures increased steadily from FYs 2000 to 2003 (from \$15.3 to \$16.1 million). The allocation of funds for both treatment and prevention services remained stable during that time period, with 75 percent allocated to treatment and rehabilitation and 20 percent allocated to prevention. Administration activities and costs accounted for 5 percent of expenditures during this time period.

FY 2000 Block Grant Expenditures by Activity

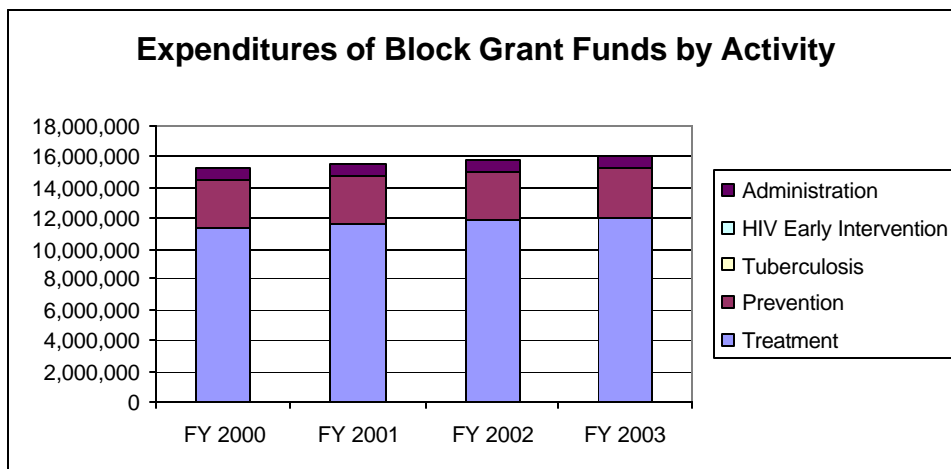


N=\$15,268,109

FY 2003 Block Grant Expenditures by Activity



N=\$16,098,172



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	11,883,171	75	12,073,630	75
Alcohol Treatment	5,828,353	38	6,169,000	40				
Drug Treatment	5,622,729	37	5,439,150	35				
Prevention	3,053,622	20	3,095,507	20	3,168,845	20	3,219,634	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	763,405	5	773,877	5	792,211	5	804,908	5
Total*	15,268,109	100	15,477,534	100	15,844,227	100	16,098,172	100

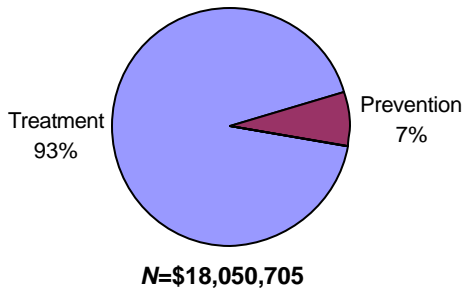
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

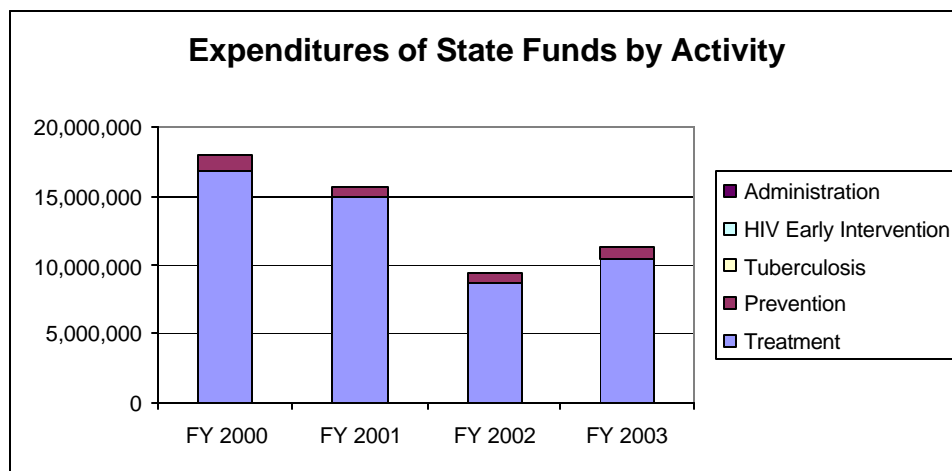
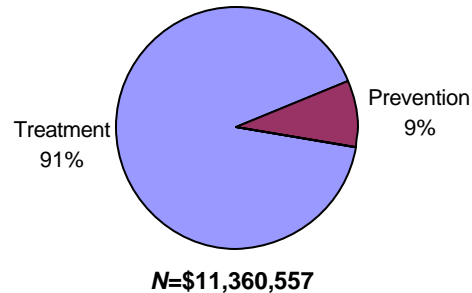
Expenditures of State Funds

Oregon's contribution toward SSA activities between FYs 2000 and 2003 varied substantially from a high of \$18.1 million in FY 2000 to a low of \$9.4 million in FY 2002. In FY 2003, State expenditures totaled \$11.4 million, with the vast majority of funds (91 percent) being directed toward treatment and rehabilitation services and 9 percent allocated for prevention activities.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	8,632,799	92	10,375,167	91
Alcohol Treatment	10,419,192	58	8,932,514	57				
Drug Treatment	6,343,935	35	6,048,740	38				
Prevention	1,287,578	7	741,774	5	770,542	8	985,390	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	18,050,705	100	15,723,028	100	9,403,341	100	11,360,557	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

OMHAS oversees the statewide substance abuse prevention system with guidance and assistance from a variety of committees, commissions, and partnerships. OMHAS contracts directly with 36 counties, 9 Tribes, and other entities, for community-based prevention services. The counties and Tribes either provide the prevention services and activities themselves or subcontract for services with community-based providers. In addition, OMHAS contracts with four direct contractors for specific prevention services that are not responsibilities of counties and Tribes. Examples include SYNAR compliance, statewide 24-hour Helpline, drug-free workplace prevention efforts, and Asian-specific prevention services. Finally, Oregon has more than 70 community coalitions that are active in the State to prevent substance abuse.

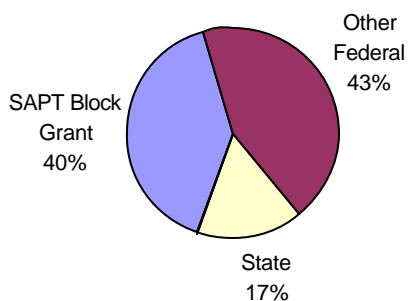
Oregon has adopted three frameworks as guidelines for implementing its prevention services: the Communities that Care framework, the Institute of Medicine framework, and the six primary prevention strategies funded by the SAPT Block Grant. Statewide strategies focus on reducing underage drinking, implementing community development strategies, and improving parenting skills.

Prevention Funding and Expenditures

Oregon's prevention expenditures fluctuated considerably between FYs 2000 and 2003. The SAPT Block Grant, as a prevention funding source, remained relatively stable in dollar value throughout that timeframe, accounting for \$3.2 million in spending. Other Federal funding and State sources were more volatile, and decreased substantially, both in dollar amount and in proportion of total funding.

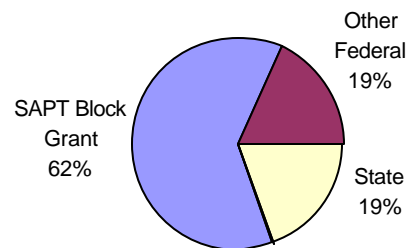
The SAPT Block Grant funding per capita on prevention services remained stable, from FYs 2000 to 2003, ranging from \$0.89 to \$0.90.

FY 2000 Prevention Expenditures by Funding Source

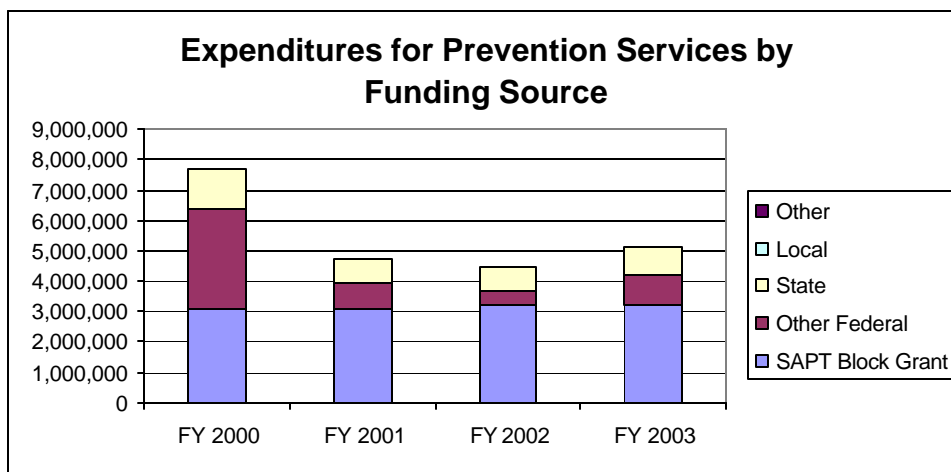


N=\$7,667,854

FY 2003 Prevention Expenditures by Funding Source



N=\$5,166,858



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	3,053,622	40	3,095,507	66	3,168,845	72	3,219,634	62
Other Federal	3,326,654	43	830,091	18	467,223	11	961,834	19
State	1,287,578	17	741,774	16	770,542	17	985,390	19
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,667,854	100	4,667,372	100	4,406,610	100	5,166,858	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

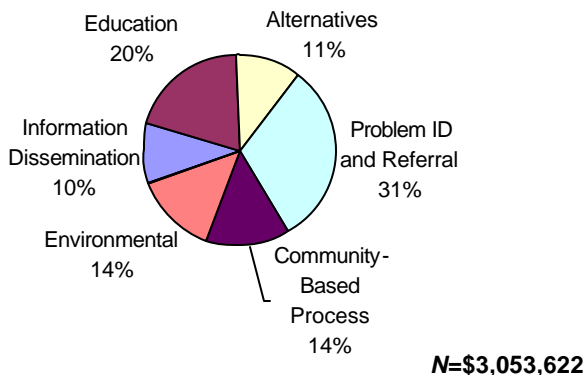
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Awareness materials are distributed statewide through the Oregon Partnership Resource Center. OMHAS partnered with Safeway stores to display messages on underage drinking in stores and on bags.
Education	Mentoring and peer-leader/helper programs increase parental skills and train peer helpers to help youth resist the use of drugs.
Alternatives	Activities are designed to provide youth with positive ways to spend their time.
Community-Based Processes	OMHAD increased the number of multidisciplinary community teams that include citizens from businesses, faith communities, and law enforcement as well as parents, teachers and youth.
Environmental	The partnership with the Oregon Liquor Control Commission educates and offers team training for communities about effective community prevention policies and practices.
Problem Identification and Referral	The statewide helpline provides referrals to local treatment and prevention services.

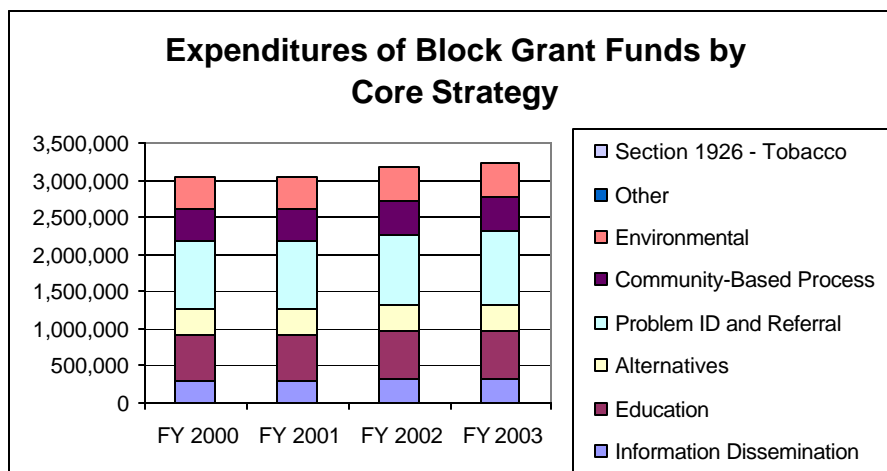
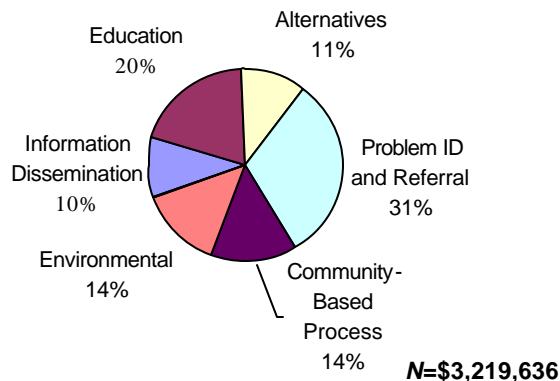
Expenditures of Block Grant Funds for Core Strategies

The distribution of Block Grant funding between FYs 2000 and 2003 remained proportionately level among the various core prevention strategy expenditures. Problem identification and referral have consistently accounted for the largest portion of the funds (31 percent), followed by education (20 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	305,362	10	305,363	10	316,885	10	321,964	10
Education	610,725	20	610,724	20	633,769	20	643,927	20
Alternatives	335,898	11	335,898	11	348,573	11	354,160	11
Problem ID and Referral	946,623	31	946,623	31	982,342	31	998,087	31
Community-Based Process	427,507	14	427,507	14	443,638	14	450,749	14
Environmental	427,507	14	427,507	14	443,638	14	450,749	14
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	3,053,622	100	3,053,622	100	3,168,845	100	3,219,636	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

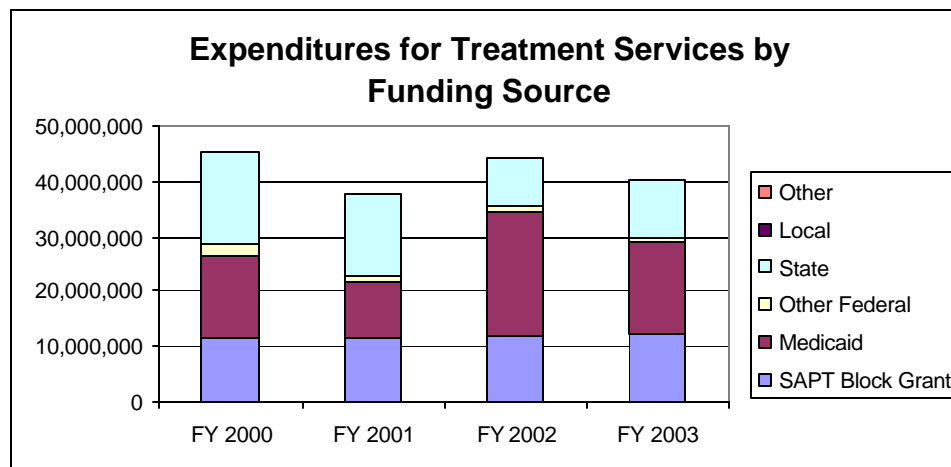
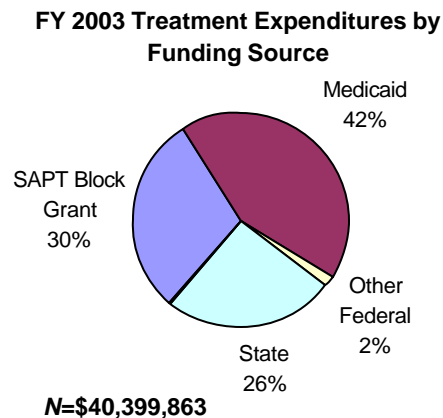
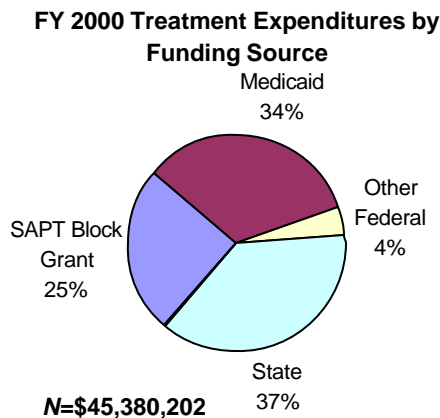
Treatment and Rehabilitation Services

OMHAS supports a continuum of substance abuse treatment services through county and tribal financial assistance agreements. Regional services are funded through a combination of direct contracts, county contracts, and local options. OMHAS, with funding from the Robert Wood Johnson Foundation, is also addressing barriers to consumers entering and transitioning between appropriate levels of care; realigning aspects of the State's clinical, administrative, and financial infrastructure to enable counties, providers, and consumers to customize treatment to community attributes and to prepare for Access to Recovery (ATR) vouchers; quantifying cost savings for Medicaid and other State human services achieved by investing in substance abuse treatment; and recommending attributes of more modernized and less fragmented information systems.

Treatment Funding and Expenditures

Between FYs 2000 and 2003 treatment expenditures in Oregon varied substantially, from a low of \$37.8 million in FY 2001 to a high of \$45.4 million in FY 2000, with expenditures at \$40.4 million in FY 2003. Medicaid, Block Grant, and State funding accounted for the majority of spending, comprising 42 percent, 30 percent, and 26 percent of expenditures respectively in FY 2003.

SAPT Block Grant funding per capita for treatment and rehabilitation services remained stable from FY 2000 through 2003, increasing from \$3.34 to \$3.39 during that time period.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	11,451,082	25	11,608,150	31	11,883,171	27	12,073,630	30
Medicaid	15,265,645	34	9,901,750	26	22,478,528	51	17,236,406	43
Other Federal	1,900,348	4	1,312,868	3	1,173,724	3	714,660	2
State	16,763,127	37	14,981,254	40	8,632,799	20	10,375,167	26
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	45,380,202	100	37,804,022	100	44,168,222	100	40,399,863	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Oregon's SAPT Block Grant application indicates that more than 15,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=15,052)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	2,654	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	0
Long-term residential	1,741	0	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	10,657	0	0
Intensive outpatient	0	0	0
Detoxification (outpatient)	0	0	0
Total	15,052	0	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate more than 50,000 admissions (where at least one substance is known), of which more than 16,000 were for alcohol only. Calculations (with imputation) from TEDS data show that nearly 22 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	16,402	19.1
Alcohol in combination with other drugs	33,981	22.6
Total	50,383	21.5

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 204,000 persons aged 12 and older (6.9 percent of Oregon's population) needed, but did not receive, treatment for alcohol use, and 85,000 persons (2.9 percent) needed, but did not receive, treatment for illicit drug use in Oregon.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.93	5.78	16.86	5.40
Needing but not receiving treatment for illicit drug use	2.88	5.07	9.17	1.53

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Under the guidance of the Governor's Council on Alcohol and Drug Abuse Programs (GCADAP), OMHAS initiates and facilitates State- and local-level planning for substance abuse prevention and treatment services. Planning begins with county profiles that identify specific needs for alcohol and drug prevention and treatment services and describes prevention and treatment strategies. The planning process involves meetings with various State agencies, local committees, councils, contractors, and advocates. The meetings develop strategies, set priorities, and establish criteria for delivering services.

OMHAS uses various data sources to develop the county profiles. Prevention and treatment needs are assessed from the Household Survey and the Oregon Healthy Teens School Survey data. OMHAS also uses social indicator data from the Client Processing and Monitoring System (CPMS) and the statewide Law Enforcement Data Set.

OMHAS facilitates the planning process, provides technical assistance, and develops reports to share with participants and GCADAP. Each county has a Local Alcohol and Drug Planning Council with members who reflect the community's geographic and social diversity. Local councils then develop specific plans and submit them to OMHAS for review and approval. The GCADAP reviews and approves final plans on behalf of the Governor.

Evaluation

OMHAS develops quarterly performance measures at county and provider levels. These indicators are designed to measure access to services and treatment outcomes relative to levels of need. Observations are shared quarterly with local committees and contractors. OMHAS provides technical assistance as needed.

OMHAS monitors prevention activities through three primary methods. First, each county and Tribe is required to provide OMHAS with a biennial prevention plan and track services through the use of the Minimum Data Set (MDS). Second, OMHAS requires each county and Tribe to complete an annual report on the services provided. Third, a site review is conducted with each county and Tribe every 2 years.

Training and Assistance

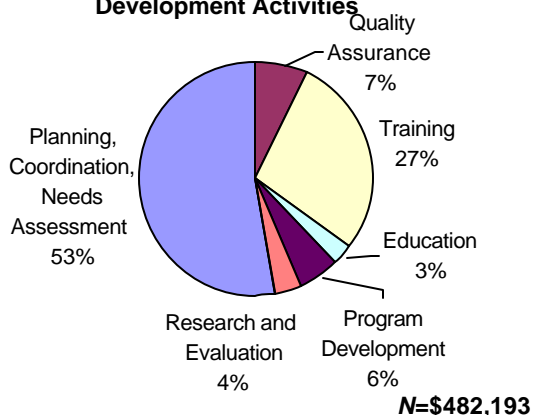
OMHAS provides quality training on evidence-based practices using Netlink and Train the Trainer models. Training efforts are partnerships with other organizations and include the following: ASAM PPC-2R Training of Trainers; clinical supervision courses; a conference on "Back to Basics," an institute on "Evidence-based Practice for the 21st Century," Matrix Model training; and training on "Best Practices in Treatment." Prevention training is integrated into all Oregon communities. OMHAS offers instruction on topics such as community mobilization, risk and protective factors, underage drinking, and cultural diversity and competence.

Integrated service courses are a substantial component of OMHAS training. For example, more than 380 substance abuse and child welfare professionals receive training annually on treatment and case management of families affected by methamphetamine, alcohol, and other drug use. This training curriculum was developed with support from OMHAS and is now carried out each year with financial support from the Department's child welfare section. OMHAS also collaborated with the Oregon Department of Education to provide the Annual Prevention of Violence Institute.

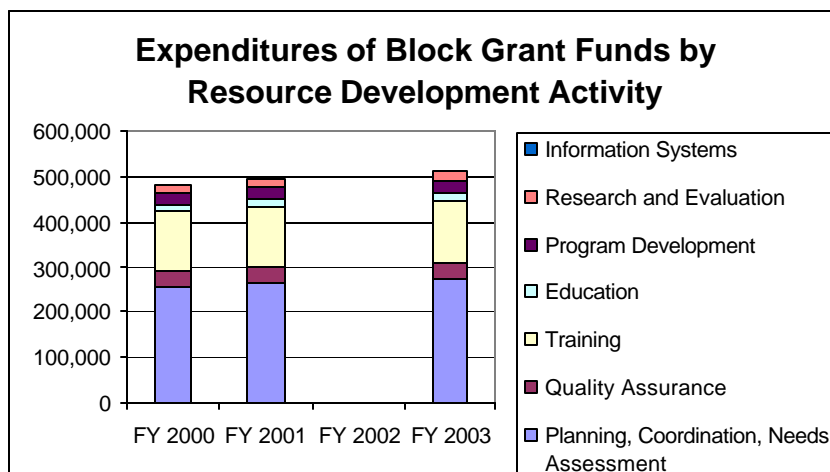
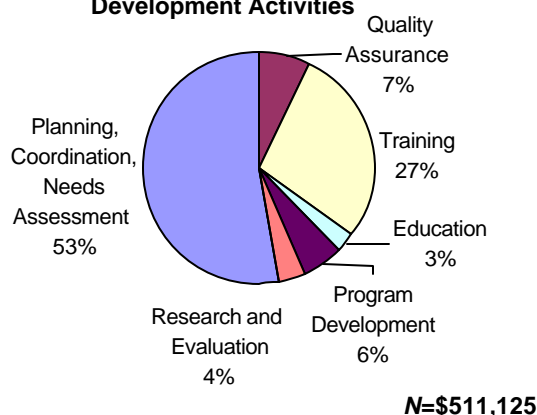
Expenditures of Block Grant Funds for Resource Development Activities

Oregon spent over \$500,000 on resource development activities in FY 2003. The bulk of that spending (53 percent) was for planning, coordination, and needs assessment activities, followed by training (27 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	255,379	53	262,817	53	N/R	-	270,702	53
Quality Assurance	34,984	7	36,003	7	N/R	-	37,083	7
Training	132,363	27	136,217	27	N/R	-	140,304	27
Education	13,990	3	14,398	3	N/R	-	14,830	3
Program Development	27,986	6	28,801	6	N/R	-	29,665	6
Research and Evaluation	17,491	4	18,001	4	N/R	-	18,541	4
Information Systems	0	0	0	0	N/R	-	0	0
Total*	482,193	100	496,237	100	N/R	-	511,125	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

N/R = Not reported

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$5.7 million in 39 discretionary grants to entities in Oregon during FY 2004. More than three-quarters of the grants were awarded to drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
AI / AN National Resource Center	1	1,047,050
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	2	584,712
Drug Free Communities	30	2,686,896
Drug Free Communities Mentoring	2	149,907
Prevention of Methamphetamine and Inhalant Use	1	349,857
SAMHSA Conference Grants	1	25,000
State Incentive Cooperative Agreements	1	750,000
Youth Transition into the Workplace	1	149,873
Total	39	5,743,295

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$5.7 million in discretionary funds to 15 entities in Oregon, representing a broad spectrum of diverse populations, services, and modalities. The largest dollar amounts went toward residential substance abuse treatment grants, followed by drug court grants (adult, juvenile, and family).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	644,457
Adult Juvenile and Family Drug Courts	2	726,720
Effective Adolescent Treatment	1	250,000
Homeless Addictions Treatment	1	376,109
Methamphetamine Populations	1	498,275
Pregnant/Post-Partum Women	1	500,000
Recovery Community Service	1	317,768
Recovery Community Support - Facilitating	1	350,000
State Data Infrastructure	1	100,000
Residential Substance Abuse Treatment	2	780,335
Strengthening Access and Retention	1	200,000
Targeted Capacity - HIV/AIDS	1	500,000
TCE Minority Populations	1	500,000
Total	15	5,743,664

SOURCE: www.samhsa.gov