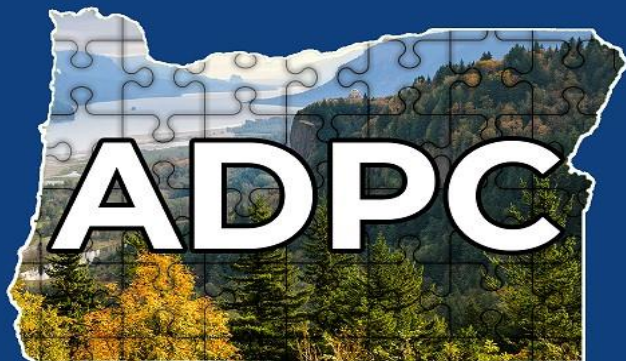


SOCAC

System of Care Advisory Council



Addressing Youth Substance Use in Oregon

Our Partnership



House Bill 4002:

- ▶ Charged the Alcohol and Drug Policy Commission (ADPC) to collaborate with the System of Care Advisory Council (SOCAC) in developing a statewide plan and recommendations for access to MOUD and youth substance use treatment and recovery by Fall 2025.

Council and Commission Enabling Statutes

- ▶ ORS 418.978: SOCAC responsible for comprehensive, long-range plan for a coordinated state system of care that serves youth.
- ▶ ORS 430.223: ADPC responsible for comprehensive addiction, prevention, treatment and recovery plan.

Comprehensive Planning Timeline

September-December 2024

ADPC Committee organization and prep
OYAA Formation
SOCAC Assessment

January - June 2025

ADPC and OYAA Community engagement (CBOs, Culturally Specific Providers, youth and families)

October-November 2025

ADPC Dashboard Development
SOCAC draft plan and validation of plan with public

ADPC and OYAA Committee strategy, action, and measurement development
SOCAC solution generation with community partners

January-May 2025

ADPC Regional Town Halls to review strategy development
SOCAC retreats to review recommendations and draft plan

July-September 2025

Terms of plans begin

January 2026

SOCAC and ADPC Collaboration

SOCAC Purpose and Values

- ▶ As directed by ORS 418.979, the purpose of the System of Care Advisory Council (SOCAC) is to improve the effectiveness and efficacy of state and local systems of care that provide services to children and youth, ages 0-25, and their families
- ▶ Values (proposed):
 - ▶ Youth and family centered
 - ▶ Equity advancing
 - ▶ Coordinated and community based
 - ▶ Sustainable Infrastructure



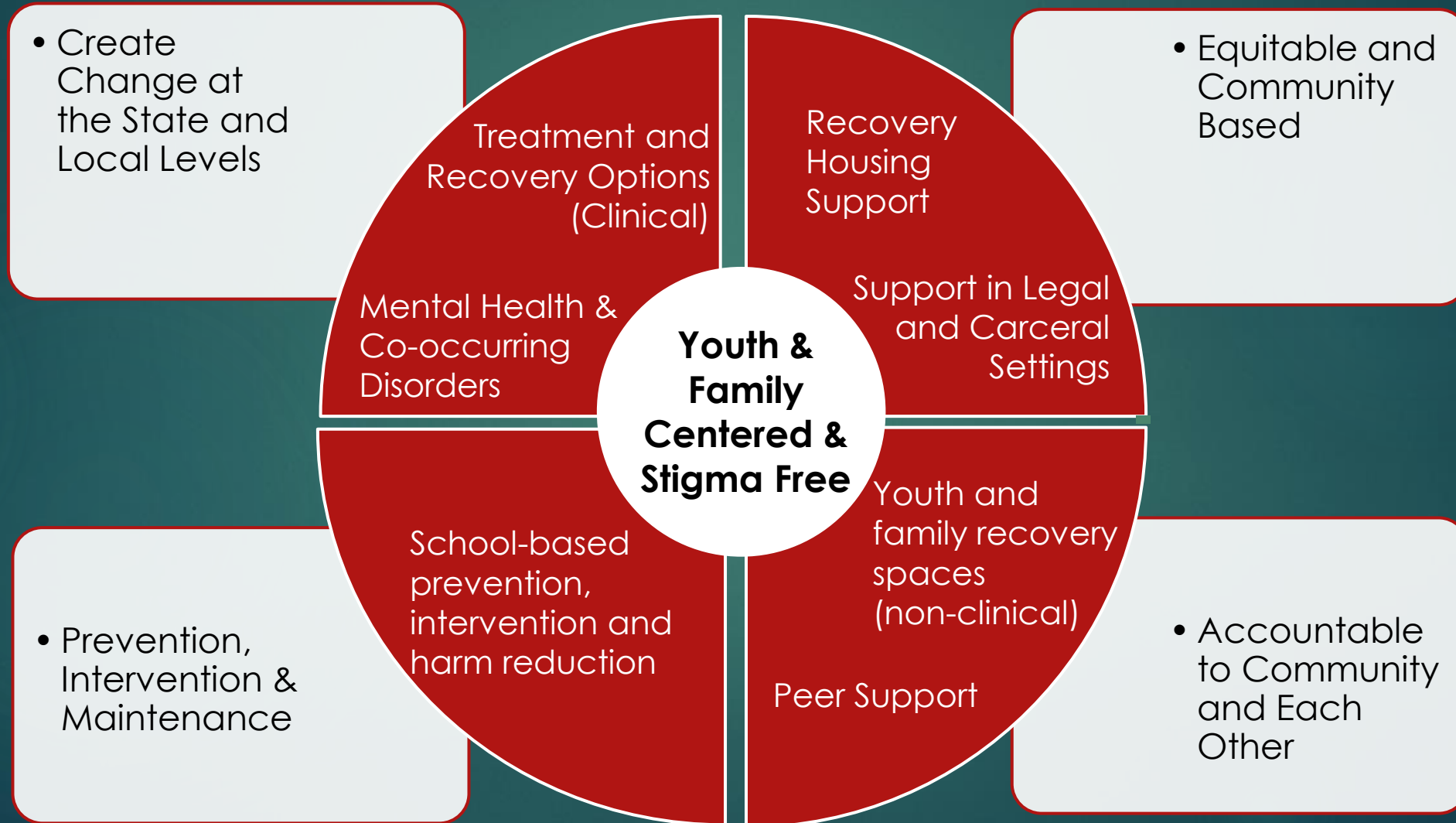
ADPC Purpose and Values

- ▶ The Alcohol and Drug Policy Commission is an independent state agency tasked with improving the effectiveness and efficiency of state and local Substance Use Disorder (SUD) prevention, treatment and recovery services for all Oregonians.
- ▶ Values:
 - ▶ Centered in lived experience
 - ▶ Equity advancing
 - ▶ Evidence and culturally informed
 - ▶ Stigma reduction
 - ▶ Considerate of transitions
 - ▶ Holistic support

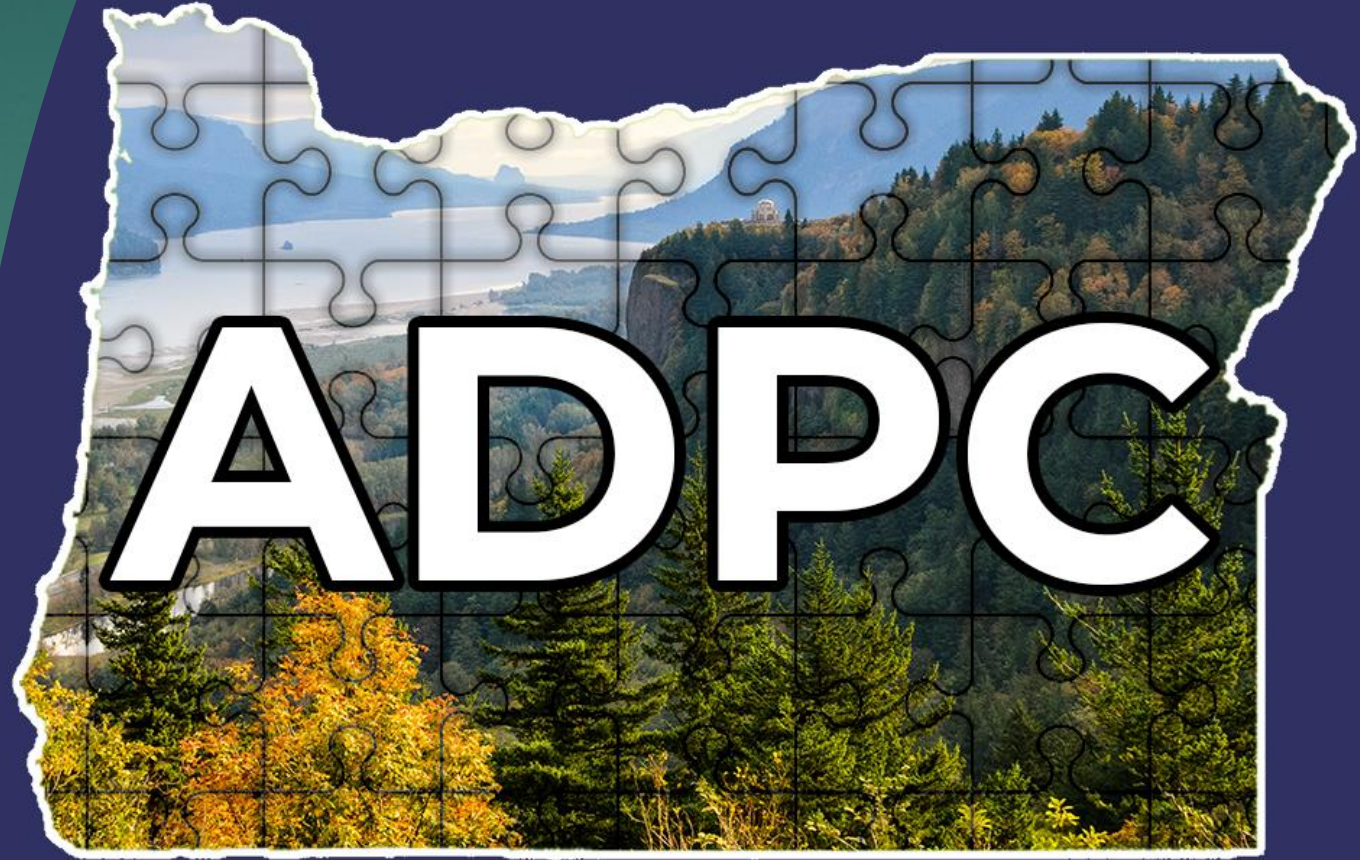



SOCAC VALUES + ADPC VALUES

OYAA VALUES/WORK STREAMS



**Background Information
on Youth Substance Use
in Oregon from
Research, Data and
Reports**





Defining youth substance use issues in Oregon in terms of Alcohol and Drug Policy Commission's aims:

1. Reduce **prevalence** of substance use disorder
2. Reduce substance use related **deaths**
3. Reduce substance use related **disparities and inequities**

Youth Substance Use in Terms of Prevalence

Youth With SUD (2021-22 NSDUH)	Oregon	US Average
Age 12-17	12.5% (~38,000 youth)	9%
Age 18-25	36% (~148,000 youth)	27%

Youth who are classified as needing substance use treatment who did not receive treatment (measure of unmet need, 21-22 NSDUH)	
Age 12-17	Sampling Issue: Unknown*
Age 18-25	83% (~135,000 youth)

*For people 12-17, previous analysis and research suggest this number is in line or higher than Age 18-25

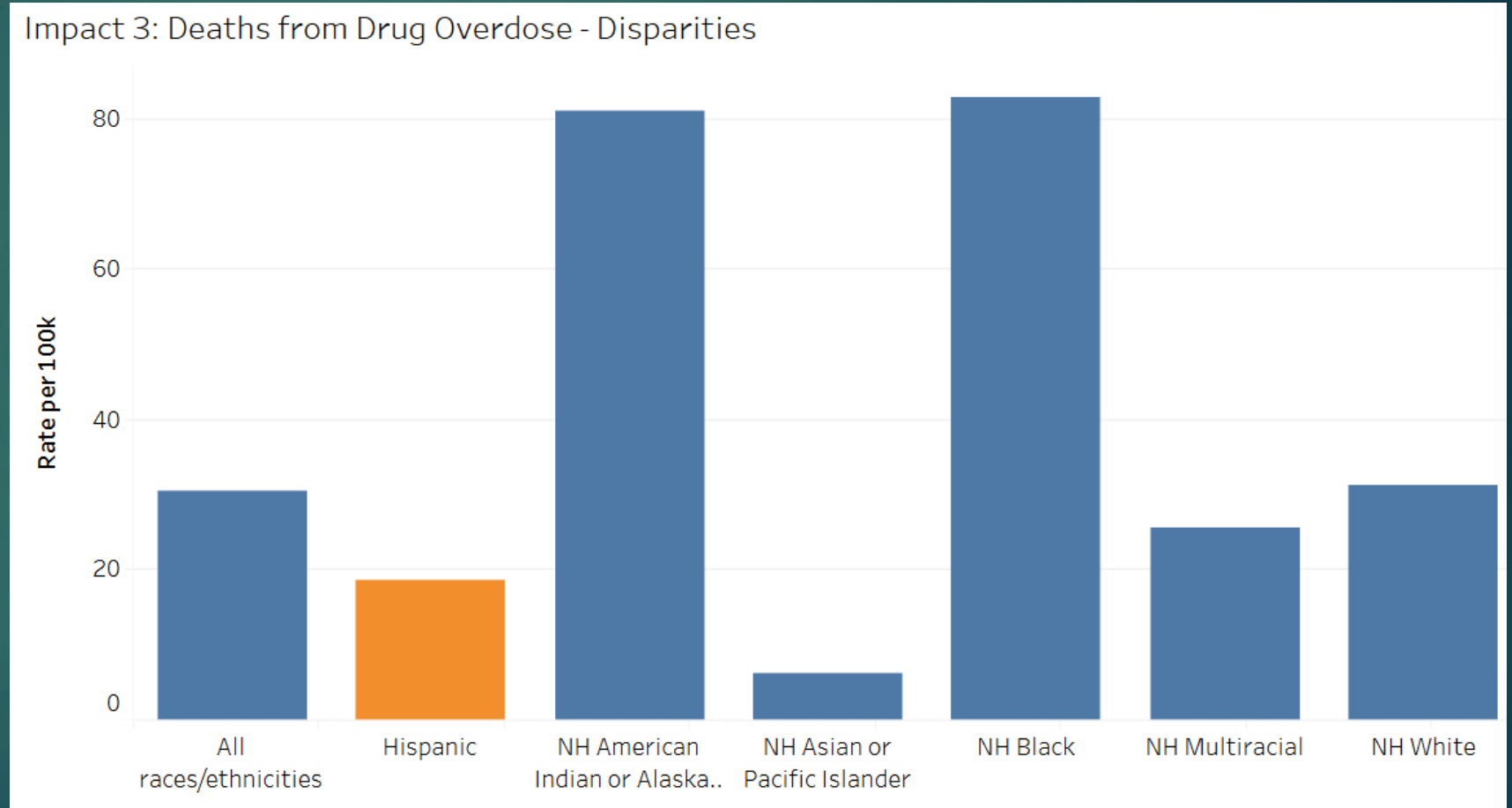
Youth Substance Use in Terms of Deaths

Youth who died of overdose per 100,000 people	2020	2021	2022	2023
Youth aged 15-24	14.4	17.6	15.3	19.3

Source: Center for Disease Control, SUDORS Dashboard: Fatal Drug Overdose Data, Oregon Profile <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

Youth Substance Use in Terms of Inequities

Some prevalence data but publicly available data on inequities in youth prevalence and service delivery is lacking



Source: 2022 SUDORS data, age 12 and up

What we know about the system

- Inadequate and siloed capacity in primary prevention both in the community and in schools.
- Oregon lacks statewide early intervention in environments where youth and families are most likely to be seen: schools, pediatric and primary care clinics, carceral settings, community-based settings, and emergency rooms.
- Treatment: the few adolescent focused outpatient and residential treatment providers that we have are serving hundreds of youth a year when we have tens of thousands in need of care (as seen in data).
- Recovery:
 - Very few known low-barrier Recovery /Drop-In centers specific to substance-use disorders for youth, young adults, and families.
 - Three recovery schools with funding streams below operational costs