OREGON RECOVERS

A project of the Alano Club of Portland

STRATEGIC PLAN FRAMEWORK RECOMMENDATIONS

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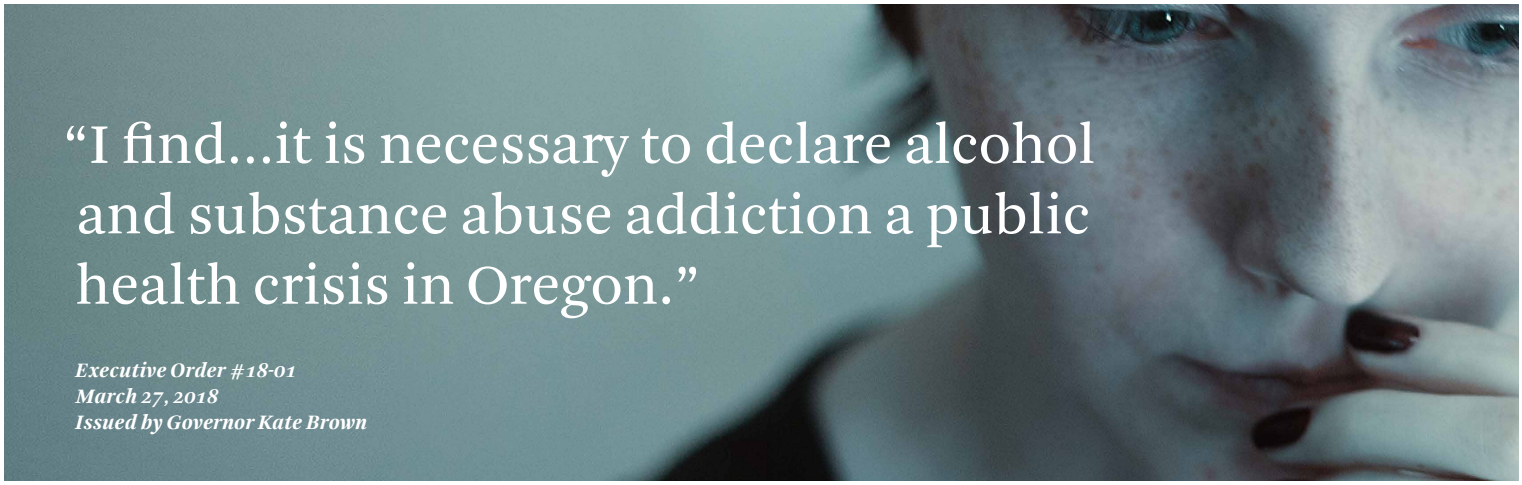
For the Oregon Alcohol & Drug Policy Commission (ADPC)



STRATEGIC PLAN FRAMEWORK RECOMMENDATIONS

The mission of Oregon Recovers is to transform Oregon's current fractured and incomplete addiction recovery system into a recovery-based, continuum of care which treats addiction as a chronic disease requiring a lifetime of attention.

The purpose of this document is to provide the Commissioners of the Alcohol & Drug Policy Commission (ADPC) with a clear set of recommendations for the content of a framework for developing a comprehensive addiction recovery strategic plan. The Commission is statutorily required to produce a framework by September 15, 2018 and which will form the content of a request for proposal to be issued no later than November 1, 2018.

The following recommendations were developed by the Oregon Recovers Policy Committee which is comprised of 20 policy experts and practitioners from across the state as well as Oregon Recovers staff. They were developed through a process that included nine work sessions, the last of which included the ADPC staff.

Oregon Recovers recommendations are rooted in the belief that the strategic plan framework should be a series of objectives and outcomes. Specifically, Oregon Recovers believes the primary objective of the strategic plan should be to reduce Oregon's significant addiction rate and increase the number of Oregonians in recovery. In order to achieve those two parallel objectives, we've identified a series of prevention, intervention, treatment and recovery support outcomes which, if achieved, will accomplish these two primary objectives.

Recognizing that the framework will serve as the core content of an RFP (to be issued by November 1st) to select a consulting firm to develop the plan, Oregon Recovers believes strongly that no specific strategies or tactics should be pre-determined for inclusion in a strategic plan. Instead, the plan should provide a fresh focus on developing the strategies and tactics needed to accomplish the objectives and outcomes called for in the framework.

Likewise, Oregon Recovers strongly believes that the strategic plan should not be limited by the existing availability of resources. Instead, the planning process should identify the investments needed to deliver the outcomes determined by the strategic plan framework.

Oregon Recovers greatly values the collaboration it has developed with the ADPC and appreciates in advance the willingness of each Commissioner to consider these recommendations. All of the members of the Oregon Recovers Policy Committee are highly invested in the success of the ADPC planning process and look forward to continuing to provide input and guidance in the months to come.

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RECOMMENDED STRATEGIC PLAN OBJECTIVES

The two primary objectives of the ADPC addiction recovery strategic plan should be to:

1. **Reduce Oregon's addiction/SUD rate from 9.55%[1] to 6.82%[2] in five (5) years. This would prevent addiction and/or promote recovery in approximately 75,000 people.**
2. **Increase the current Oregon recovery rate (yet to be determined) by 25% in five years.[3]**

RECOMMENDED GUIDING PRINCIPLES

The development and implementation of the strategic plan should be guided by the following principles:

1. The plan must focus on building a recovery-oriented continuum of care that includes public, private and faith-based institutions.
2. All strategies and policies must include evidence based, empirically informed, measurable and/or culturally validated outcomes.
3. The plan must assume sufficient resources and focus on meeting the need rather than trying to meet the existing level of resources.
4. All strategies and policies should be informed by the developmental stages of human life and a commitment to diversity & equity—especially for those most marginalized identity groups.
5. All phases of the planning process must include the solicitation and engagement of a broad set of stakeholders including, but not limited to, those in the treatment and recovery community as well as those with lived experiences.

RECOMMENDED OUTCOMES

In order to achieve both objectives, the RFP issued by the ADPC should require the chosen consulting firm to develop a stakeholder driven addiction recovery strategic plan that identifies policies and strategies that, if accomplished, will produce the following collective outcomes. Each outcome is prefaced with a priority designation of P1, P2 or P3 with P1 indicating an immediate priority and P3 a longer-term priority.

PREVENTION OUTCOMES

- P1 The State of Oregon, on an annual basis must determine and publicize a list of communities that fall into a high, medium and low risk for developing the disease of addiction to serve as a basis for all state and local prevention programs.
- P1 100% of public and private providers must screen pregnant women for depression as well as alcohol and drug addiction.
- P1 100% of parents and children should be given Adverse Childhood Experiences (ACE) screenings and given adequate services based on their scores.
- P3 100% of kindergarten aged students must meet self-regulation benchmarks (utilizing programs such as the Good Behavior Game).
- P1 100% of Oregon children from birth to age 5 have opportunities to participate in high quality early childhood services (Early head start, head start).
- P2 100% of middle school and grade school students in public, private and home schools must receive prevention education utilizing culturally relevant, equity and empirically informed curriculum that is proven to reduce early drug and alcohol experimentation.
- P3 The state of Oregon must communicate annually to all parents regarding the dangers of providing drugs and alcohol to minors.
- P2 The State of Oregon shall conduct a state funded survey to establish county-level epidemiological evidence, inclusive of institutionalized groups (i.e., incarcerated population), to inform prevention campaigns in accordance with the identified universal, targeted, or indicated levels of risk.
- P1 The OLCC must demonstrate and publicize a measurable reduction in the sale of marijuana and alcohol to minors on an annual basis.
- P1 The OLCC must demonstrate and publicize a measurable reduction in the exposure of marijuana and alcohol advertising to minors on an annual basis.
- P2 Every county must report current disparities around the capacity for prevention on an annual basis detailing each counties' goals, tactics and progress measurements that includes ethnicity, race, gender, age and zip code.
- P1 Each county must have biannual selective and indicated prevention strategies for specific high and medium risk populations.
- P2 Every child/teacher/parent in an Oregon school should have access to a certified alcohol and drug preventionist on a developmentally appropriate and annual basis.
- P1 Every public and private college and university in the state of Oregon must operate and implement an evidence-based prevention campaign.
- P1 The State of Oregon must launch an annual universal public education campaign at the statewide and local level that addresses substance use behavior targeted at different developmental stages that consider the lifespan of an individual.
- P2 All addictive substances sold in Oregon must include a clearly printed warning of the possibility of addiction including beer/wine/spirits and cannabis.
- P2 The certification process for Oregon teachers must require a minimum of 6 hours of prevention training.
- P1 All licensed healthcare and behavioral healthcare practitioners must have a minimum of 6 hours of prevention and education training.
- P2 100% of children of caregivers suffering from addiction will be provided access to services and therapy to decrease intergenerational addiction.

1 2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia), Substance Abuse & Mental Health Services Administration (SAMHSA)
2 This would move Oregon from having the 3rd highest addiction/SUD rate in the nation to the 10th lowest.
3 Oregon currently has no measurement for recovery. It is the strong belief of Oregon Recovers that Oregon should move immediately to implement a biennial survey of Oregon residents that, utilizing the methodology designed by Dr. John Kelly at the Recovery Resource Institute at Harvard, establishes a baseline of measurement of people in recovery. Utilizing that baseline number, the ADPC plan should focus on increasing the recovery number by 25% in five years

INTERVENTION/ENGAGEMENT OUTCOMES

- P1 100% of patients admitted to an Oregon ER and Urgent Care for alcohol or drug related issues are screened for addiction using a validated tool, have the results addressed and discussed by a treating clinician and appropriate treatment facilitated.
- P1 Primary care providers are required to administer a validated screening tool to each of their patients on an annual basis.
- P1 All insurance providers (public and private) are required to reimburse providers for cost of administering screening.
- P1 Every licensed healthcare and behavioral healthcare practitioner must have a minimum of 6 hours of prevention and education training.
- P1 Every primary care provider, healthcare provider and licensed behavioral healthcare practitioner is required to participate in 6 hours of addiction intervention training during each individual's board certification cycle (6 years).
- P1 Every hospital must have a certified addiction specialist available 24 hours each day, seven days a week.
- P1 All school counseling staff at the middle school, high school and university level in Oregon (public and private) must have one addiction specialist trained in administering a validated screening mechanism and an additional specialist for every 1000 students.
- P1 Every middle school, high school and university in Oregon (public and private) must have capacity to provide on-site treatment designed to interrupt early onset of the disease of addiction.
- P1 Every District Attorney office must have a fully funded pre-charge/ booking diversion program.
- P2 All Oregon law enforcement officers should receive training on substance use disorder and addiction on a biannual basis.
- P1 All individuals involved in the criminal justice system must be provided access to MAT and medication support.
- P1 All publicly funded institutions should have access to and staff properly trained in administering naloxone.
- P1 Every incarceration facility (prison or jail) must have resources and capacity to provide on-site treatment (including but not limited to MAT) to inmates upon arrival and for full duration of stay.
- P1 Every incarcerated person in Oregon suffering from the disease of addiction must be assigned a peer mentor 90-days prior to release and authorities must follow a protocol for transition planning in coordination with said peer.
- P1 Every jail shall assess inmates with a validated screening tool and refer to appropriate level of care.
- P1 Every parent suffering from addiction whose child is placed in protective services must have immediate access to the appropriate level of addiction treatment.
- P1 The parental rights of individuals suffering from addiction must be protected and guaranteed.

TREATMENT OUTCOMES

- P1 The State of Oregon must establish and annually revise a metric for the baseline number of detox, residential and outpatient spaces required to insure same day-access to treatment for adults and adolescents.
- P1 100% of Oregonians, especially adolescents, must have same-day access to assessment, a basic medical evaluation, and a variety of treatment options including detox, residential and/or outpatient treatment.
- P1 Same day access must be defined to include cultural, linguistic, developmentally specific and family options.
- P1 The State of Oregon shall create and maintain a statewide addiction resource navigation system that provides accurate, up to date certified treatment information and referrals for patients and providers which includes immediate access to a certified peer mentor.
- P2 The statewide addiction resource navigation system referenced above must include client/consumer feedback and ratings.
- P1 Every detox facility must facilitate immediate access to the medically appropriate next level of care.
- P1 Every hospital must admit patients for withdrawal management when it's medically necessary.
- P1 The State of Oregon shall incentivize all payers to utilize and publicize the existing NCQA initiation, engagement and retention metrics.
- P1 All treatment patients should be engaged in recommended level of care as determined by ASAM, hence each treatment must be a minimum of 90 days prior to release to self-care. All patients should have continuous engagement and the supports necessary to remain engaged for a minimum of 90 days.
- P1 All patients must transfer to the next appropriate level of care with at least one in-person service within seven days of release.
- P1 All certified inpatient and outpatient treatment centers must provide proof of ongoing equity analysis work within their agencies.
- P1 All certified inpatient and outpatient treatment centers must provide access to MAT.
- P1 The State of Oregon must ensure that there is sufficient access to all MAT for all forms of addiction (including Buprenorphine) for all Oregonians including pregnant and currently incarcerated Oregonians.
- P2 All certified addiction treatment providers must have a formalized collaboration with at least one recovery support facility.
- P1 All MAT providers in the state of Oregon must facilitate access to Buprenorphine as well as comprehensive addiction services.
- P1 The State of Oregon must require sufficient funding for all treatment providers to achieve wage and benefit parity with other healthcare sectors.
- P2 All Oregonians with co-occurring addiction and psychiatric illness will have coordinated mental healthcare during the course of addiction treatment.
- P1 All certified treatment providers must make contact with patients' primary care providers, if they have one, prior to discharge with patients' informed consent. If patients do not have a primary care provider, the treatment provider must inform patients of the benefits and process of receiving primary care.
- P1 All certified alcohol and drug counselors (CADC) and peer mentors (CRM) must receive explicit training on equity principles, intersectionality and barriers/roads to recovery for marginalized populations.

RECOVERY SUPPORT OUTCOMES

- P1 The State of Oregon will identify a methodology to establish the current recovery rate in Oregon and then track the net increase/decrease biannually through a health survey that includes a random sample of 1.5%+ of the population.
- P1 Every county with a population of 75,000 or more must have at least one fully funded addiction recovery center that include culturally specific recovery services and multiple pathways to recovery (i.e. 12-step, SMART, Refuge Recovery, yoga and mindfulness, exercise programs, etc.).
- P2 Every county must have on-demand peer mentoring available for self-referrals.
- P1 100% of patients discharged from treatment (both inpatient and outpatient) must receive a telephonic check-up within one week of discharge, weekly and then again at 60 days, 90 days, 6 months, one year, 18 months and two years after discharge.
- P2 100% of primary care, emergency, OBGYN, and urgent care providers receive Addiction Recovery Continuing Medical Education courses and peer mentor referral training.
- P3 Every District Attorney and county court in the state of Oregon must implement a recovery barrier reduction program that creates incentives for petty crime and fine forgiveness, reductions in the classification of crimes related to addiction, and record expungement based on recovery milestones.
- P3 Every county court must implement a court fee and child support deferment program for qualifying candidates in recovery.
- P2 Judges, prosecuting attorneys and the criminal defense bar must undertake six hours of addiction and recovery CLEs.
- P1 100% of Oregonians suffering from addiction or in early recovery will have access to safe and affordable housing including those with past criminal history.
- P1 The State of Oregon will create an online recovery housing hub where a person in recovery or a health professional can easily identify certified sober housing units available by County.
- P3 Every recovery housing facility in the state of Oregon must comply with a certification process that ensures a safe and supportive living environment.
- P3 Every county must provide access to certified family-supportive recovery housing units to meet the needs of the recovery community.
- P3 Each recovery center will have sufficient funding in order to provide safe childcare for families in recovery.
- P1 The State of Oregon shall develop a centralized recovery resource platform to be utilized by peer mentors, healthcare providers, recovery centers and patients/people in recovery.
- P3 All publicly funded institutions of higher education will provide recovery support services that are rooted in national best practices.
- P3 The State of Oregon will provide access to higher education and financial aid that is linked to milestones in recovery.
- P3 All addiction recovery center staff, who work directly with individuals in recovery shall be Certified Recovery Mentors and participate in a state-approved continuing best-practices training in conjunction with a credentialing body.
- P1 100% of patients in addiction treatment services are assigned a Certified Recovery Mentor prior to discharge, with access or referral to culturally specific peer mentoring.
- P2 100% of parents suffering from addiction will receive an assessment and subsequent professional parenting classes and family counseling when appropriate as part of the continuum of care.
- P2 The State of Oregon will promote hiring/rehiring and workplace recovery support for people in recovery.
- P2 Public transportation assistance will be provided, as needed, for people in first 12 months of recovery.

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