

**STATE OF OREGON  
OREGON RESOURCES FOR RECOVERY  
ACTION PLAN IMPLEMENTATION STRATEGY**

On March 1, 2004, Oregon's steering committee met with Patrick Lanahan, J.D., national program director for The Robert Wood Johnson Foundation's Resources for Recovery: State Practices That Expand Treatment Opportunities. Karen Wheeler, Oregon's state team leader, facilitated the meeting. OMHAS Deputy Administrator, Madeline Olson highlighted how tumultuous times, while very challenging, often pose unique opportunities to shape a system for the future. Oregon's vision and the Foundation's objectives are consistent. The group was charged with refining Oregon's state action plan and quickly specifying implementation steps. The group focused first on reaffirming their commitments in the context of the Foundation's goals and the state's current environment. Next the group explored the challenges and opportunity posed by likely fiscal and policy scenarios over the next several years. Finally, participants articulated values by which to assess the current system's configuration and performance and to establish parameters for the project's next steps. Following the group meeting, the program director and state team leader, used the discussion to refine elements of Oregon's state action plan and specify implementation steps. This document contains a proposal for moving forward. The plan is to proceed to implementation in April following the proposals acceptance by the steering committee, OMHAS executive management, and the Governor's Council on Alcohol and Drug Abuse Programs.

**KEY ELEMENTS OF THE REFINED ACTION PLAN:**

Primary elements of the strategy include:

- 1) Addressing barriers to consumers' entry to and transition between appropriate levels of care using a model that incorporates enhanced pathways for accessing services, encourages development of more highly integrated and flexible model for delivering recovery oriented services rooted in evidence-based and emerging best practices, using financial models designed to support these improvements;
- 2) Realigning aspects of the state's clinical, administrative and financial infrastructure to enable select counties, providers and consumers to customize the models to their communities' unique attributes and to prepare for the use of federal Access to Recovery vouchers;
- 3) Finding ways to continue to serve individuals losing their Oregon Health Plan benefits and to improve outcomes for individuals involved with multiple systems;
- 4) Quantifying cost savings for Medicaid and other state human services that can be achieved by investing in substance abuse treatment; and
- 5) Recommending attributes of more modernized and less fragmented information system(s) to achieve a platform capable of accommodating future information needs of the system.

Oregon's approach to all of these elements will be governed by an overarching and disciplined focus on providing opportunities and incentives for recovering individuals and peer-based organizations to play key roles in facilitating access to services, the

design and delivery of transition and ongoing support services, and meaningful participation as partners in system management.

### **OPERATIONALIZING THE STRATEGY:**

The revised strategy associated with Oregon's Resources for Recovery is grounded in the evolving solution-focused, recovery management paradigm.

Component #1: Intensify pre-treatment recovery support services and strengthen the engagement process. Enhance motivation for change, remove environmental obstacles to recovery and determine whether professional treatment services are needed to initiate and sustain recovery (White, W., 2004). Elements of this component include:

- Build access / care coordination function into the existing service delivery model. The location of this function is less important than the existence of this function. This function could be located at the DHS Service Delivery Area, the Community Mental Health Program, the courts / drug courts, the Recovery Advocacy program, or other community-based service organization.
- Pursue financing strategies to support this function: ATR vouchers, Medicaid Targeted Case Management, SAPT block grant, state general funds, Local Beer and Wine Tax revenues.
- Develop information / media that is culturally, graphically, and linguistically tailored to serve as outreach tool for individuals struggling with addictive disorders

Component #2: Intensify in-treatment recovery support services to enhance treatment retention and effects (by keeping treatment recovery focused).

- Strengthen the relationship between treatment, recovery support services, community support, faith-based services, cultural support services, and drug-free housing.
- Develop "recovery road map" as tool for clients and treatment programs for implementing recovery focused transition / continuing care plan
- Include recovery support services in treatment plans and recovery plans.
- Change language (OARs, contract) to promote a recovery focused system of care

Component #3: Enhance and expand post-treatment recovery support services.

- Expose treatment system to concepts of recovery management (Behavioral Health Recovery Management – Mike Boyle, RAP, others?)
- Clearly define recovery management / recovery support services and begin developing regulatory structure to support financing recovery support services
- Prepare recovery support service providers for accessing vouchers should Oregon be successful in securing a SAMHSA Access to Recovery grant by conducting outreach activities and inviting them to participate as stakeholders
- Potential financing for this function includes ATR vouchers, Medicaid Targeted Case Management, SAPT / GF, Local Beer and Wine Tax revenues

Component #4: Identify an approach to aligning management and financing mechanisms to better support a recovery focused continuum of care.

- Report and recommendations to be developed by the linkage subcommittee.

Component #5: Design methodology for cost-offset analysis quantifying cost savings for Medicaid and other state human services that can be achieved by investing in substance abuse treatment

- Participate in Cost-Offset Cohort TA Series.
- Document methodology.