



# OREGON SPEAKS:

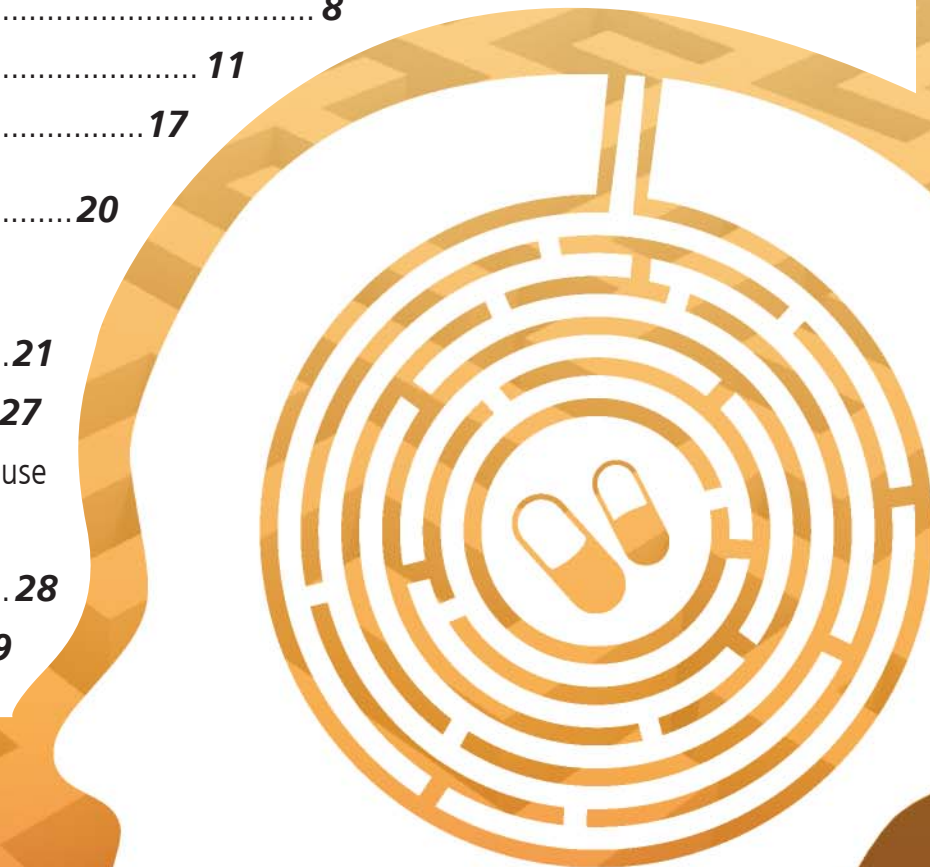
## Community Addiction Services Investment Strategy



2008

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# EXECUTIVE SUMMARY

This report reflects the voices of more than 150 Oregonians from communities across the state who shared their top priorities related to addiction prevention, treatment and recovery services. This effort represents the most comprehensive look ever taken at Oregon's needs in addiction services. These priorities, supported by data from the State Epidemiological Outcomes Workgroup (SEOW) report, demonstrate that the need for addictions prevention, treatment and recovery services in Oregon exceeds the resources and service availability made possible by current funding.

## The cost of addiction

Addiction is a brain disease with widespread physical, social and financial consequences that affect every community in Oregon. **Untreated substance abuse costs Oregon \$5.93 billion each year.** This represents approximately 4 percent of Oregon's gross state product in 2006, or \$1,600 per person (ECONorthwest, 2008). Costs include:

**\$813 million** for health care,

**\$4.15 billion** in lost earnings, and

**\$967 million** in other costs such as law enforcement, criminal justice and social welfare expenditures.

As many as 258,045 Oregonians suffer from substance abuse or dependence problems, yet only 60,000 people access publicly funded treatment annually (NSDUH, 2006).

Insufficient capacity for prevention, treatment and recovery services contributes to a strained public health system, increased incarcerations in jails and correctional facilities, more children placed in foster care, limited availability of workers who are ready for employment, elevated high school drop out rates, and more incidents of teen pregnancy. These costly and painful consequences are preventable.

## Community goals

Oregon's communities want more investment in prevention, treatment and recovery services. The top areas of need identified are:

- Underage drinking,
- Adolescent treatment,
- Increased access to treatment,
- Prevention collaboration with the Oregon Department of Education,
- Programs to address the affect of substance abuse on the workplace,
- Workforce development, and
- Recovery supports such as housing and wraparound services.



## Good news!

The good news is that addiction is preventable and treatable, and recovery is a reality for thousands of Oregonians. Oregon should strategically invest in community prevention, treatment and recovery services to give communities the tools needed to prevent and significantly reduce underage alcohol use, reduce substance abuse, effectively treat addiction, and help people achieve long-term recovery.

The following chart summarizes recommendations for new investments in prevention, treatment and recovery services.



### Oregon community addiction services Funding recommendation summary per biennium – new investments

Service areas	Current Funding	New Investments Needed			Totals
	2007 – 09 Budget	2009 – 11 Biennium	2011 – 13 Biennium	2013 – 15 Biennium	
<b>Prevention:</b> Evidence-based comprehensive, multi-strategy investments covering environmental, family and school-based approaches, and strategies that emphasize health and wellness.	<b>\$14.1</b>	<b>11.1</b>	<b>5.4</b>	<b>5.4</b>	<b>36</b>
<b>Treatment:</b> Evidence-based outpatient, detoxification services, culturally specific treatment expansion, and system stabilization through targeted rate increases.	<b>\$98.6</b>	<b>45</b>	<b>30.1</b>	<b>26.2</b>	<b>199</b>
<b>Recovery:</b> New investments for recovery support services to help more Oregonians successfully transition into a recovery lifestyle and maintain long-term recovery.	<b>\$2</b>	<b>6.4</b>	<b>4.4</b>	<b>3.3</b>	<b>16.1</b>
<b>Total:</b>	<b>\$114.7</b>	<b>62.5</b>	<b>39.9</b>	<b>14.9</b>	<b>252</b>

## RECOMMENDATIONS FOR POLICY INVESTMENTS IN ADDICTION SERVICES

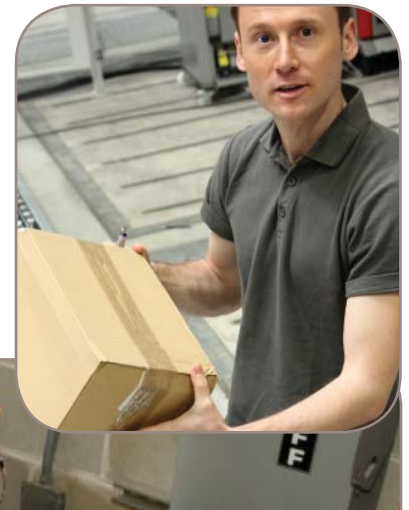
More than 150 legislators, stakeholders, youth, business leaders, family members, people in recovery and community service providers convened in Pendleton, Bend, Coos Bay, Roseburg and Portland in fall 2007 to take a comprehensive look at Oregon's needs for addiction services. In addition, four special focus groups, including youth and business leaders, provided insights for this report. The Oregon Department of Human Services Addictions and Mental Health Division, Governor's Council on Alcohol and Drug Abuse, Association of Oregon Community Mental Health Programs and the Oregon Prevention, Education and Recovery Association co-sponsored the events.

Youth in Oregon have an overwhelming sense of urgency about the need for their peers to access effective prevention and treatment services. These young people have common concerns about the limited prevention efforts in their schools. Their statements reflect the following perspectives about prevention services:

- Prevention services and programs do not start early enough.
- Prevention efforts are not consistently applied across school districts throughout Oregon.
- There is a great need to increase exposure to prevention programs and strategies for all Oregon youth and families.
- Prevention efforts need to be a much higher priority for teachers, parents, counselors and school administrators.



Investing in prevention and addiction services is critical to Oregon's economic performance. Business leaders experience difficulty hiring and retaining drug-free workers. It is costly to test job applicants and absorb high turnover costs when employees test positive for drugs. In 2006 employers in Oregon lost an estimated \$4.15 billion due to lost productivity (ECONorthwest, 2008).



***"Out-of-state business recruitment efforts are hindered. We've heard people say, get back to me when you've solved your drug problem in Oregon."***  
*(Roseburg business leader)*

Business leaders providing input into this plan support the Drug-Free Workplace Initiative of the Oregon Business Plan, emphasizing employer readiness to take prevention and treatment efforts seriously. The goal of the Oregon Business Plan initiative is to certify 75 percent of Oregon's businesses as Drug-Free Workplaces by the end of 2008.

Strategies suggested to fund addiction services included:

- Raise taxes on beer and wine and use 100 percent of the funds to support prevention, treatment and recovery services.
- Use a dedicated portion of the hotel tax, Department of Motor Vehicles fees, county gasoline tax, lottery funds and pharmaceutical company tax.
- Dedicate a portion of distilled spirits revenues to addiction services.
- Use economic development funds from the Oregon Lottery for treatment to create healthy workers and a stronger economy.
- Dedicate a portion of future drug settlement funds garnered by the state from prescription drug companies or tobacco companies for addiction treatment.
- Redirect a percentage of corrections funds to addiction services, supporting the data that increasing addiction treatment will reduce crime and incarceration.

- Rededicate the Intoxicated Driver Program Fund (IDPF) to be consistent with the statutory purpose, providing treatment services for indigent DUII clients.
- Restructure Oregon's entire tax system so that human services are not entirely reliant on income taxes.

Recommendations by forum participants, youth and business leaders addressed three areas for policy and investment strategy. These are:



- Services: Prevention, treatment and recovery.
- Systems collaboration: Addiction has an impact on every publicly funded system in Oregon. Many families and individuals who suffer from addiction access multiple services in their communities. It can be difficult for people to understand and coordinate these services. Strong communities are dependent on the ability of these systems to coordinate their efforts and maximize their resources to serve everyone.

To be fully effective, systems must rely on the resources and collaboration of their partners. For instance, prevention efforts are not successful unless implemented in multiple child-serving systems such as schools, youth clubs, early intervention programs and faith based organizations.



***"How do we use safe and drug free schools funding? We should work with school districts to make the best use of this valuable federal funding allocation."***  
*(Southern Oregon participant)*







for prevention, treatment and recovery services supporting implementation and fidelity for the various initiatives.

Community feedback suggests the current addiction workforce needs to gain training in using evidence-based practices and wraparound services. Cultural competency in service delivery also is a concern. Many providers report that training and development projects are no longer available to their employees and that it has become difficult for them to retain certification.

Treatment services must be coordinated among juvenile, criminal justice and child welfare partners.

- Workforce development: Supporting a highly competent workforce to implement addiction services is a high priority in the next three biennia and beyond. Workforce development initiatives must be closely aligned with policy strategies and program development efforts to support implementation of evidence-based practices. For this reason and for purposes of this report, workforce development investments are blended into the investment strategies

The following analysis of prevention, treatment and recovery provides details about gaps, barriers and goals for improvement and/or implementation. Recommendations for systems collaboration and workforce development are included in each section.



## Prevention

*Prevention is about change — change in the environment, change in behavior, change in thinking and change in attitude. Universal prevention is change that occurs at the population level rather than at the individual level. It targets whole populations or whole communities. Selective prevention targets specific populations (e.g., all eighth graders or all girls). Indicated prevention targets specific at-risk populations (Institute of Medicine, 2007).*

According to the 2007 Oregon Healthy Teens (OHT) Survey:

- 39 percent of eighth graders reported using alcohol or an illicit drug in the previous 30 days.
- Half of all 11th graders reported the same. Of those youth, 25 percent attempted suicide.
- Approximately 25 percent of motor vehicle fatalities for persons under 21 involve alcohol.

Oregonians are concerned about these and other indicators, yet family resources, school prevention programs and community support services have not kept pace with the needs of the growing population. In some cases, they have been eliminated.

### ***“12 is not the new 21” (National underage drinking prevention campaign)***

Oregon counties and tribes play a critical role developing local prevention systems to address substance abuse in communities through local policies, law enforcement, culture and norms. Effective prevention systems enhance protective factors and reverse or reduce risk factors. The Risk and Protective Factor Framework model prescribes a community-wide assessment process leading to identified, specific factors that may put young people at risk or keep them protected from

becoming involved in alcohol, tobacco and other drug (ATOD) use. The assessment includes such indicators as juvenile arrests, types and rates of ATOD use, school achievement, and parental involvement. Protective indicators include mentors and coaches working with youth, church group involvement, family activities, and after-school programs.

Prevention methods work best when there are multiple strategies, across multiple sectors, applied consistently over time. The Substance Abuse Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) promotes six effective prevention strategies. (See Appendix C for a description of these strategies.)



Funding for community prevention efforts, such as community coalitions, remains inadequate. Approximately 35 community prevention coalitions operate in Oregon with a combination of federal, state and local resources. Some Oregon counties do not have community prevention coalitions and some coalitions have lost funding in recent years. Counties have been operating with insufficient capacity to facilitate and oversee the development of new community prevention coalitions. A more effective system will require collaboration and expansion of programs.





One new legislative initiative, Strengthening Families Program 10-14 (SFP 10-14), was funded in the 2007 session. SFP 10-14 is an evidence-based prevention program designed for children ages 10-14 and their parents.

Oregonians can expect to see cost benefits by investing in prevention. Cost benefits associated with prevention services result from two outcomes — preventing substance use and delaying onset of use. For example, the following cost benefits for each dollar invested are documented in the research of several widely implemented programs in Oregon. The benefits are estimated in the areas of crime, education, substance abuse, child abuse and neglect, teen pregnancy, and public assistance.

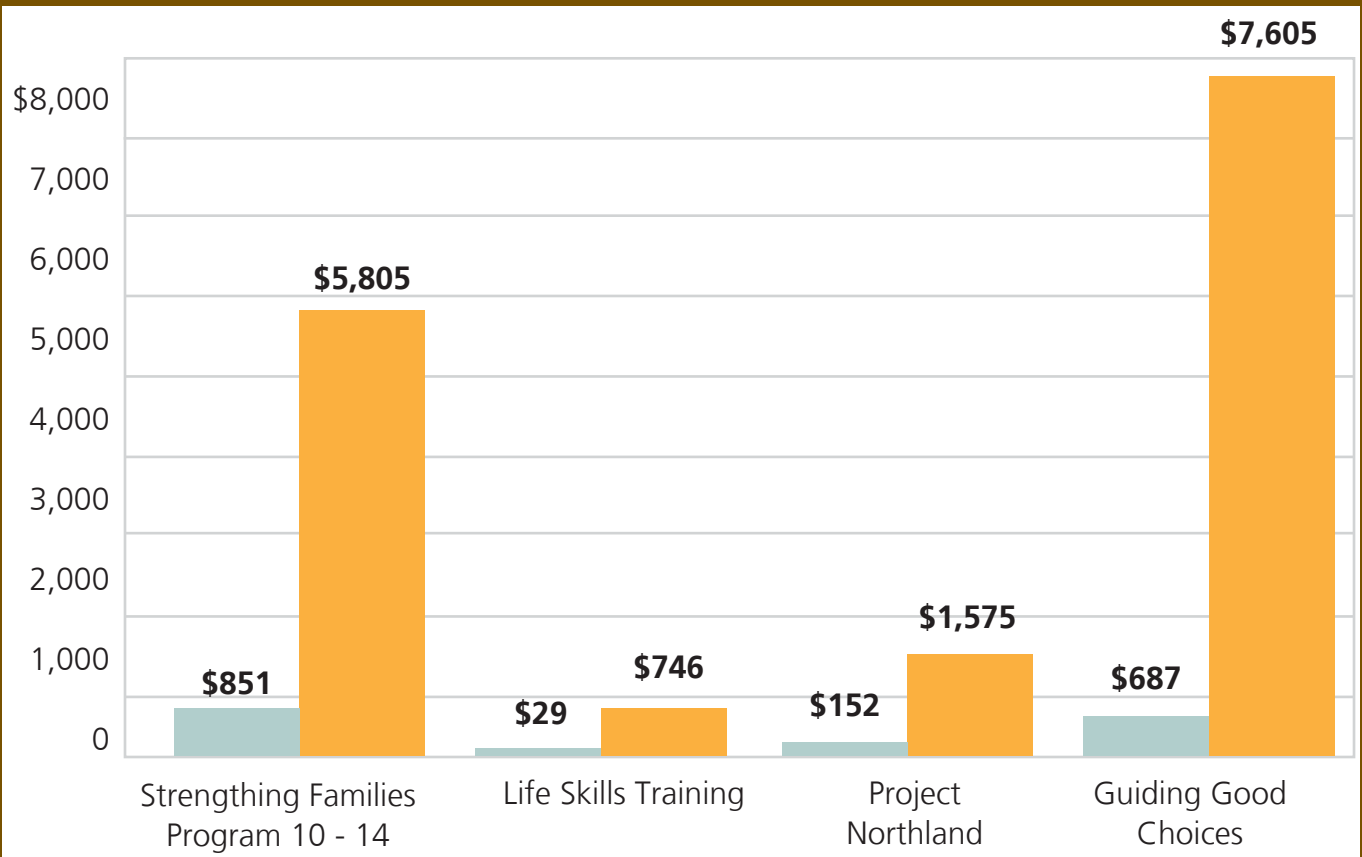
Effective prevention services are associated with the following outcomes:

- Reduced underage drinking rates;
- Lowered risk of alcohol and drug-related traffic accidents, associated injuries and deaths;
- Reduced youth violence, suicide and risky sexual behavior;
- Improved school performance;
- Increased rate of high-school graduation; and
- Decreased involvement in the juvenile justice system.

### Prevention programs

■ Dollars per youth to implement    ■ Dollars per youth saved

Costs and benefits (2003)



## Recommendations for:

### 2009 – 2011

Make comprehensive prevention investments in environmental policy, family, school, community and peer-based approaches.


- Strategies:
  - » Prevent tobacco sales to minors (merchant compliance education and enforcement): **\$500,000**
  - » Conduct epidemiological and outcomes data analysis: **\$450,000**
  - » Conduct a statewide underage drinking prevention public education campaign: **\$1 million**
  - » Statewide implementation of evidence-based strategies (ORS 182.525): **\$5 million**
  - » Expand local community prevention coalitions (40): **\$2 million**
  - » Implement local underage drinking prevention strategies (enforcement, party dispersal, minor decoy operations, local action teams): **\$810,000**
  - » Expand drug-free workplace prevention programs: **\$400,000**
  - » Measure program/practice fidelity (ORS 182.525), promote workforce development and implement competency standards: **\$1 million**
- Cost: **\$11.1 million**

### 2011 – 2013

- Implement two additional evidence-based prevention practices/strategies that incorporate fidelity measurement, program evaluation and workforce development (ORS 182.525): **\$4 million**
- Expand local community prevention coalitions by another 20: **\$1 million**
- Provide a 2.5 percent cost of living adjustment for all new investments.
  - » Biennial COLA: **\$404,000**
- Cost: **\$5.4 million**

### 2013 – 2015

- Implement two additional evidence-based prevention practices/strategies that incorporate fidelity measurement, program evaluation and workforce development (ORS 182.525): **\$4 million**
- Expand local community prevention coalitions by another 20: **\$1 million**
- Provide a 2.5 percent cost of living adjustment for all new investments. Biennial COLA: **\$414,000**
- Cost: **\$5.4 million**



**"Parents are clueless. They don't even know what we're doing most of the time."**  
(North Bend High School Senior)

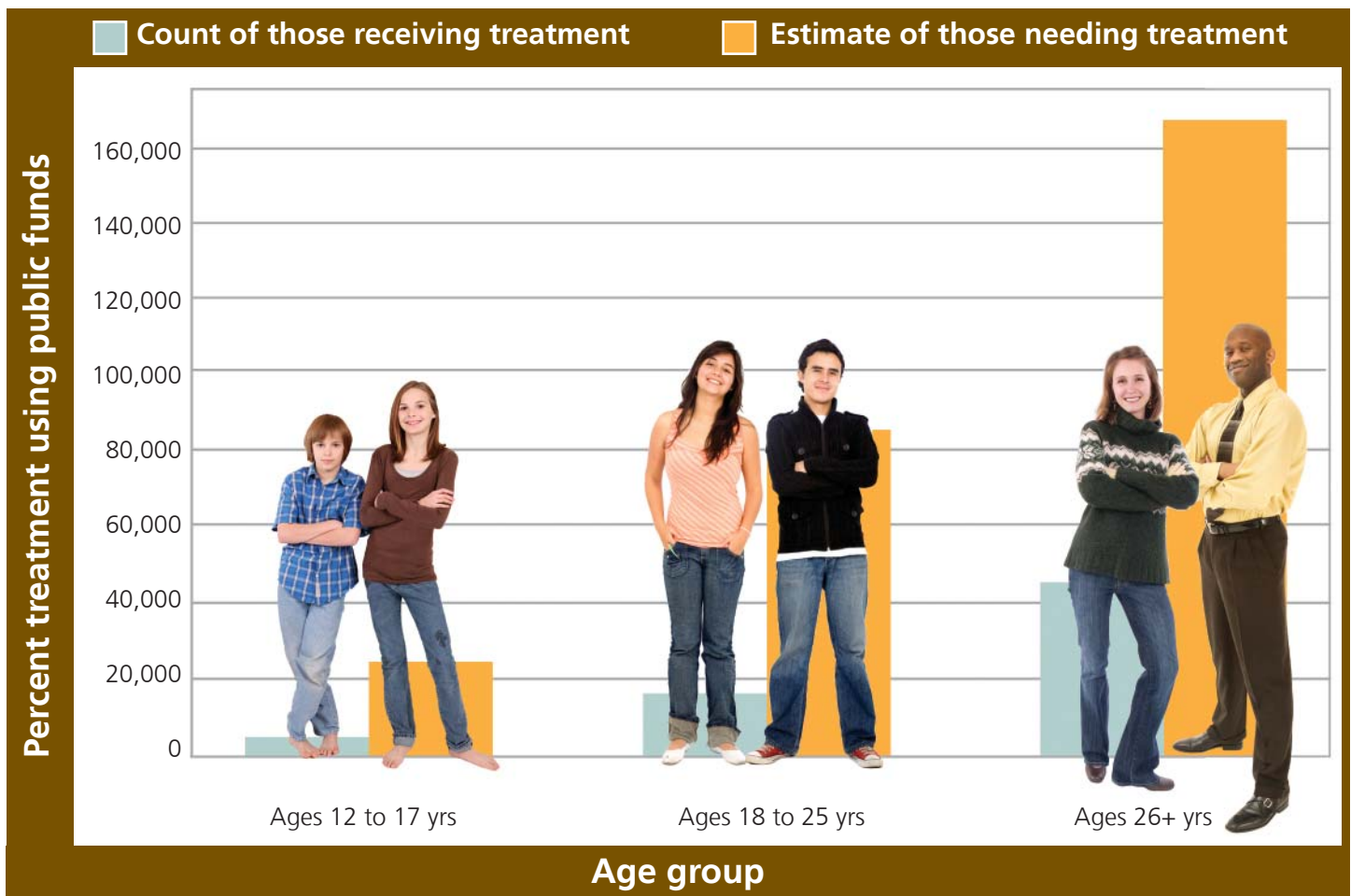


## Treatment

In 2007 approximately 258,045 Oregonians, or one in every eight, needed some level of intervention due to substance abuse and/or dependence. Only 64,532 (25 percent) received publicly supported treatment. An additional 193,513 were untreated or received private treatment and were not reflected in the state treatment data system. The graph below illustrates the number of Oregonians who needed treatment versus the number who actually received treatment between July 1, 2006, and June 30, 2007, for three age categories — 12 — 17, 18 — 25, and 26 and older.

The following statements summarize access to treatment in Oregon for individuals with a substance abuse or dependence diagnosis:

- 17.33 percent of individuals age 12 — 17 accessed treatment;
- 17.92 percent of individuals age 18 — 25 accessed treatment; and
- 30.29 percent of individuals age 26 and above accessed treatment.



***"In the long run, we pay a lot more money for people who don't get treatment than for those who do."***

*(Pendleton participant)*





## Addiction is a developmental disease of adolescence

The age of onset typically occurs between 12 and 18. With this in mind, services for adolescents and young adults should be accessible, developmentally appropriate, and structured to support the needs of individuals as they transition into adulthood. Several populations require specific mention and attention as Oregon moves forward with investments in addiction services.

### Children and adolescents

Most adolescents with substance and addiction issues do not access any type of service until they have entered the juvenile justice system. Roughly 50 percent of youth accessing residential treatment have co-occurring mental health diagnoses. A large portion have other issues such as family instability, school and academic performance problems, and medical needs. Rates paid for these services have not kept pace with the cost of doing business and are too low to support the complexity of needs for many youth accessing these programs. **Only 71 publicly funded adolescent residential treatment placements exist in Oregon.**

### Young adults

The 18 — 25 age group represents the highest rate of substance abuse prevalence in Oregon.

The documented rate in this age group is nearly double that of other populations, yet this group faces more barriers to accessing treatment. Young adults seldom have insurance, have limited transportation, frequently have jobs without health benefits and have younger children who require care. Considerable improvements in access and capacity will be required to serve this population. The young adult group (ages 18-25) represents Oregon's college population, early career workers and job seekers. From an economic perspective, addressing unmet treatment needs in this group offers a great return on investment to Oregonians.

### Parents of young children

Forty-seven percent of parents whose children were in foster care due to parental substance abuse did not receive treatment in 2005. Equally alarming is the difficulty parents experience obtaining treatment when working toward regaining custody of their children. Because of reductions in publicly funded alcohol and drug treatment, fewer of these parents receive the treatment they need to overcome their addiction and reunite with their children.



### **Additional treatment barriers**

The lack of timely access to treatment results in avoidable costs to health care, child welfare, corrections, juvenile justice, education and other essential services in our communities. People experience detoxification in jails, never receiving the treatment and recovery services that will help them remain substance free. Many Oregonians experience some or all of these barriers, and never access treatment.

Barriers to treatment access include:

- Limited treatment capacity. Most rural communities in Oregon are not equipped to sustain local residential treatment services including detoxification services.
- Lack of support services such as transportation and child care.
- Insufficient capacity for care coordination and case management to help individuals and families navigate the system.

Treatment leads to improved clinical and societal outcomes:

- Approximately 37,000 of the adults served during FY 2006 were gainfully employed at the end of their addiction treatment service. Of these, 6,179 reported increased income, resulting in approximately \$47.7 million in increased annual income for those clients.
- During 2005, 3,711 clients entered addiction treatment as a condition for the return of their children from DHS custody. Of these, 1,822 clients (49 percent) met that condition. Assuming the clients met the other conditions for the return of their children, approximately \$2.7 million in **monthly** foster care costs to Oregon were avoided.
- Oregon avoided at least \$17 million in criminal justice costs based on the reduction of crime associated with individuals who accessed addiction treatment during 2006. This cost avoidance applies only to the time these individuals were actively engaged in

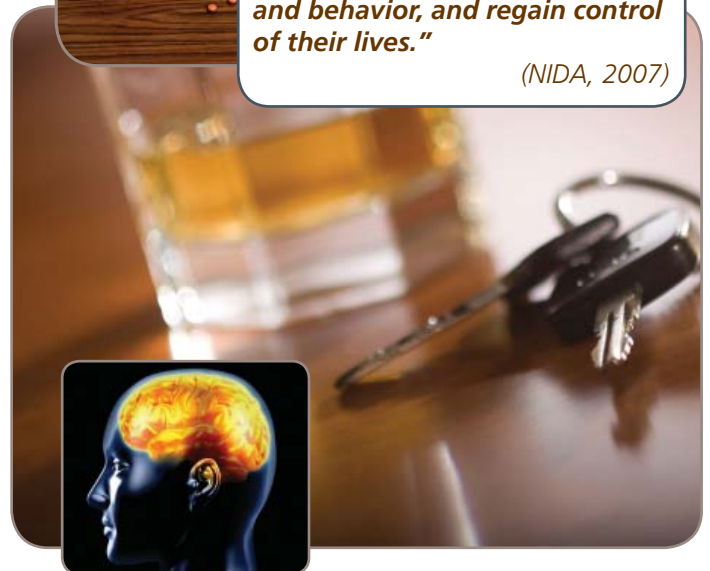
treatment, so the cost avoidance is likely much larger based on changed behaviors that extended beyond treatment.

Investments for treatment address additional outpatient, residential and detoxification capacity, and include services for individuals with co-occurring substance use and mental health disorders. Targeted investments include services for special populations such as drug court participants, offenders on felony supervision, uninsured workers, returning veterans and minority populations.



***"Treatment enables people to counteract addiction's powerful disruptive effects on the brain and behavior, and regain control of their lives."***

*(NIDA, 2007)*



## Recommendations for:

**2009 – 2011**

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### **Residential services**

- Increase residential placements for Oregonians who are deaf and hearing impaired. This initiative will serve an additional 40 clients per biennium.  
Cost: **\$511,000**
- Increase adolescent residential treatment rates by 53 percent.  
Cost: **\$1.76 million**
  - » Includes rate increase for all 71 residential placements.
  - » achieves a full rate increase of 53 percent during the 2009 – 2011 biennium.
- Increase adult residential treatment rates by 25 percent.  
Cost: **\$4.76 million**
  - » This phases in a rate increase beginning 2009 and ending 2015.
- Build capacity for medically monitored detoxification services.  
Cost: **\$3 million**
  - » This includes phasing in medically monitored detoxification services over three biennia with completion in 2015.
  - » Equals 3,358 treatment episodes during the biennium.

### **Outpatient services**

- Implement one family focused evidence-based practice (ORS 182.525) for youth with substance use disorders and youth with co-occurring substance use and mental health disorders.  
Cost: **\$11 million**
  - » Serves an additional 750 youth with co-occurring substance use and mental health disorders during the biennium.
  - » Serves an additional 2,666 youth with substance use disorders.
  - » Includes workforce development, evaluation component and fidelity measurement/monitoring.
- Implement one evidence-based practice (ORS 182.525) for adults with co-occurring substance use and mental health disorders.  
Cost: **\$2 million**
  - » Serves an additional 400 clients during the biennium.
  - » This initiative phases in beginning 2009 with completion in 2015.
- Increase funding for alcohol and drug outpatient treatment focused on underserved populations.  
Cost: **\$7 million**
  - » Includes increased treatment capacity for 5,500 African American, Hispanic, Native American, Asian/Pacific Islander, Russian, and other ethnic populations throughout Oregon.
- Enhance outpatient treatment capacity for substance-involved workers (Oregon Business Plan initiative) and returning Oregon military personnel.  
Cost: **\$4 million**
  - » This strategy relates to the Oregon Business Plan initiative to increase access to treatment and intervention services for Oregon workers who have alcohol and drug problems, but no insurance.





- » This strategy relates to a partnership effort between AMH and the Oregon Military Department to increase access to appropriate alcohol and drug services for returning Oregon military personnel.
- » Serves an additional 2,000 people during the biennium.

- Community-based forensic addiction services.

Cost: **\$11 million**

- » Serves an additional 3,333 substance-involved offenders during the biennium.
- » Targets evidence-based addiction services to those who are medium to high risk to re-offend and are on felony probation or are drug treatment court referrals.
- » This initiative phases in beginning 2009 with completion in 2015.

**Cost for combined treatment initiatives:**  
**\$45 million**

- Expand capacity for services to an additional 2,666 youth with substance use disorders (Phase 2).

Cost: **\$10 million**

- » Serves an additional 3,066 clients during the biennium.

- Community-based forensic addiction services (Phase 2).

Cost: **\$11 million**

- » Serves an additional 3,333 substance-involved offenders during the biennium.
- » Targets evidence-based addiction services to those who are medium to high risk to re-offend and who are on felony supervision or are drug treatment court referrals.

- Provide a 2.5 percent cost of living adjustment for all new investments.

Cost: **\$1,844,000**

**Cost for combined treatment initiatives:**  
**\$30.1 million**

## 2011 – 2013

### Residential services

- Increase adult residential treatment rates by 23 percent (Phase 2).

Cost: **\$4.76 million**

- Build additional capacity for medically monitored detoxification services (Phase 2).

Cost: **\$3 million**

- » Provides an additional 3,358 treatment episodes during the biennium.

### Outpatient services

- Enhance capacity for evidence-based practice treatment for adults with co-occurring substance use and mental health disorders (Phase 2).



**Residential services**

- Increase adult residential treatment rates by 20 percent (Phase 3).

Cost: **\$4.76 million**

- Build additional capacity for medically monitored detoxification services (Phase 3).

Cost: **\$3 million**

- » Provides an additional 3,358 treatment episodes during the biennium.

**Outpatient services**

- Expand capacity for services to an additional 2,666 youth with substance use disorders (Phase 3).

Cost: **\$3 million**

- Enhance capacity for evidence-based practice treatment for adults with co-occurring substance use and mental health disorders (Phase 3).

Cost: **\$2 million**

- » Serves an additional 400 clients during the biennium.

- Community-based forensic addiction services (Phase 3).

Cost: **\$11 million**

- » Serves an additional 3,333 substance-involved offenders during the biennium.
- » Targets evidence-based addiction services for those who are medium to high risk to re-offend and are on felony supervision or are drug treatment court referrals.

- Provide a 2.5 percent cost of living adjustment for all new investments.

Cost: **\$2,484,000**

**Cost for combined treatment initiatives:  
\$26.2 million**

***“Treatment has to be specific to the individual. Canned treatment doesn’t work.”***

*(Bend participant)*



## Recovery

*Addiction interferes with many aspects of a person's life. Recovery is both a healing and rebuilding process, beginning the day a person becomes clean and sober.*

Addiction is a chronic condition requiring extended, life-long management just like other chronic diseases such as diabetes, hypertension and asthma. People in addiction recovery who are committed to abstinence experience overwhelming pressures and physical cues to keep using. Recovery support is essential to many people in their efforts to remain clean and sober. The addiction field continues to develop new models for recovery services to provide support for individuals during or following specialty treatment. These new and emerging services provide needed support for individuals with incredible challenges, allowing them to engage in the recovery community of their choice.

The brain continues to think about acquiring drugs and alcohol after a person stops using, interfering with daily life for the addicted person. Prior to treatment, an addicted person spends most of his/her energy seeking and taking drugs or alcohol. After receiving treatment, it is painful and debilitating to face the realities of the damage left in the wake of that life. People frequently are unemployed and/or homeless. Many have lost valuable relationship ties that provided support prior to becoming involved with substances.

### **Healing and rebuilding**

Investing in recovery support services will help people maintain recovery goals and sustain the gains made during treatment. Recovery support services include peer-delivered services, recovery mentors, recovery coaches, and recovery case management and other services such as housing support and transportation. One strategy for centralizing the delivery of these supports is through "recovery centers." Oregon has several examples of this model including the Recovery Association Project (RAP) and Miracles Club in Portland. States such as Connecticut and Vermont support recovery centers to help individuals and families live a recovering lifestyle.

Jobs and housing are areas in which people in early recovery often need assistance. Even taking care of daily tasks such as obtaining food and clothing can be a challenge. Assisting people in these areas will enable them to change the course of their lives and make positive contributions to their communities.

Family, culture and community all play key roles in recovery. Families need resources to understand addiction and to manage the feelings and changes they are experiencing because of their loved one's use. Culturally responsive recovery services must be present in every community and must include services for families as well as the individual. Services such as drug-free housing, child care, assistance with food and clothing, transportation, and recovery drop-in centers will be readily available in a community that understands and embraces recovery.

### **System of care**

Building a recovery-oriented system of care in Oregon will produce the following outcomes:

- More people will achieve and sustain long-term recovery from addictive diseases.
- People will connect to a healing cultural community and disconnect from alcohol and drug using cultures.
- Fewer crimes will be committed.
- The rate of children taken into foster care due to parental addiction will decline.
- The addictions workforce will be larger and more effective.
- Families will break the cycle of addiction.
- Those in recovery will have shelter and employment opportunities.
- People will be healthy.



***"When I left treatment, I felt totally lost and alone. I had no idea how to face all of the changes I had to make without using. I needed help from someone who had been where I was and could help me get organized to find a house and a job."***

*(Portland participant)*



## Recommendations for:

**2009 – 2011**

### ***Peer-delivered recovery support services***

- Establish peer mentoring for child welfare parents in recovery.

Cost: **\$3 million**

» Serves 3,750 parents and families per biennium.

- Establish five addiction recovery centers throughout Oregon.

Cost: **\$2.7 million**

» Supports establishment of five community-based centers including the following regions / populations:

- African American recovery center in northeast Portland
- Portland metro area recovery / training center for statewide implementation and support for recovery center network provided through the Recovery Association Project (RAP)
- Mid-Willamette Valley center with culturally specific services for Hispanic and Russian communities
- Southern Oregon centers
- Centers will be based within existing or new non-profit organizations

- Expand Dual Diagnosis Anonymous services and coordination.

Cost: **\$200,000**

» Includes one FTE coordinator contracted through a private, non-profit organization, and services and supplies for training, technical assistance and statewide travel.

» Expansion will allow DDA to serve all 36 counties with an estimated 200 additional contacts per week.

- Expand Oregon Recovery Homes / recovery housing.

Cost: **\$500,000**

» Includes 3 FTE housing development coordinators contracted through Recovery Association Project (RAP), a private, non-profit organization providing housing development and coordination to expand drug-free housing options for people in addiction recovery.

***Cost for combined recovery support services initiatives: \$6.4 million***



**Help  
is  
Hope**

***"I am learning skills to live a happy, healthy life with my daughter."***

*(Adrienne)*

## 2011 – 2013

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- Establish two new recovery centers.  
Cost: **\$1.1 million**
  - » Includes centers for central and eastern Oregon.
- Expand peer mentoring for addiction recovery clients transitioning from outpatient and residential treatment programs.  
Cost: **\$1 million**
  - » Provides peer-delivered recovery support services for an additional 1,250 people.
- Provide rental assistance for people in early recovery.  
Cost: **\$2 million**
- Provide a 2.5 percent cost of living adjustment for all new investments.  
Cost: **\$262,500**

**Cost for combined recovery support services initiatives: \$4.4 million**

## 2013 – 2015

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- Expand peer mentoring for addiction recovery clients transitioning from outpatient and residential treatment programs.  
Cost: **\$1 million**
  - » Provides peer-delivered recovery support services for an additional 1,250 people.
- Provide rental assistance for people in early recovery.  
Cost: **\$2 million**
- Provide a 2.5 percent cost of living adjustment for all new investments.  
Cost: **\$345,000**

**Cost for combined recovery support services initiatives: \$3.3 million**



## CONCLUSION

### *What we do next is up to all of us*

Addiction destroys families, harms children, taxes businesses and strains public services in every Oregon community. Ignoring the devastating impact this disease has on our communities and failing to adequately invest in preventing the harmful consequences of substance abuse is costly in both economic and human terms.

Crime, child abuse, school dropouts, unintended pregnancies, domestic violence and health complications are only a fraction of the results. Oregon's communities cannot afford the burden of these consequences. Oregon's families contribute positively to their communities when they have hope. The proposed community addiction services strategies will generate considerable savings to allied services and to Oregon as a whole.

***"Persons in recovery returning to the workforce contribute taxes to the system. Funding prevention, treatment and recovery would lead to unprecedented returns on investment from both the offset of related costs and new taxpayers entering the workforce."***

*(The Governor's Council on Alcohol and Drug Abuse Programs, 2006)*

Oregon has spoken. The recommendations in this plan are for a prevention, treatment and recovery system that will provide community-based accessible services. They reflect thoughtful input from the people of Oregon and offer practical and feasible solutions given Oregon's economic environment. Positive outcomes derived from this investment will save lives and improve Oregon's economy by preserving families, providing healthy and safe environments for children, reducing crime, and saving taxpayer dollars.



## ❖ Participants ❖

### Steering committee:

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Addictions Policy and Program Development  
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R–Roseburg

**Representative Gene Whisnant**  
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County Commissioner, Union County

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North Bend High School Student

**Matt**  
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**Taylor**  
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**Jaycee**  
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**Timothy**  
Portland Area High School

**Kattie**  
Aloha High School

**Dillon**  
Franklin High School

**Kylie**  
Grant High School

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Pacific Power

**Peggy Guido**

Crader Enterprises

**Tim Hennessey**

Swanson Group

**Louise Jones**

Alcan Cable

**Brigid Kennaday**

C&D Lumber

**Jon McAmis**

Roseburg Forest Products

## **Portland/metro business leader forum**

**Dan Harmon**

Hoffman Construction

**Leslie Youngbar**

Northwest Natural Gas

**Wanda Pilakowski**

Kaiser Permanente

**Leigh Ann McCarthy**

Willamette Falls Occupational Health

**Anthony Miller**

Barrett Business Services, Inc.

**Kim Guard**

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*Regional priorities*

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**Forum 1: Eastern Oregon**

- A. Strengthen the ability of communities to respond to needs.
- B. Saturate K-12 schools with prevention strategies.
- C. Coordinate services for families with overlapping issues.

**Forum 2: Central Oregon**

- A. Reduce youth alcohol consumption.
- B. Involve parents and provide parental skills training.
- C. Dramatically increase treatment service capacity.

**Forum 3: Western Oregon**

- A. Collaborate with schools and counties on use of prevention funds.
- B. Develop recovery mentorship services.
- C. Increase treatment capacity and flexibility.

**Forum 4: Southern Oregon**

- A. Coordinate prevention efforts (school, child welfare, Commission on Children and Families, Head Start, etc.).
- B. Reduce barriers to accessing services.
- C. Increase availability of recovery housing.

**Forum 5: Northern Valley**

- A. Individualize prevention efforts.
- B. Develop wraparound services in prevention, treatment and recovery.
- C. Create funding to increase capacity, especially 18-25 population.
- D. Expand peer-delivered services.

### ❖ *Center for Substance Abuse Prevention (CSAP) strategies* ❖

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) promotes six effective prevention strategies:

Alternatives: Alcohol, tobacco and other drug-free community events; after-school programs; and mentoring.

Environmental: Media awareness and social marketing campaigns; public and workplace policies; drug-free workplace programs; and initiatives aimed at changing community norms, standards and beliefs.

Information dissemination: Media campaigns designed to inform; information and educational materials; public speaking on topics designed to inform and educate.

Problem identification and referral: Crisis and other types of help lines; employee and student assistance programs.

Education: Parent education and parenting programs; peer education initiatives; youth groups; and youth interest groups.

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Upon request this publication can be furnished in an alternate format for individuals with disabilities by contacting: Diane Duncan, Telephone: 503-945-5763, FAX 503-378-8467. Available formats are: large print, Braille, audio tape recording, electronic format and oral presentation.



# **A collaborative project involving**

Oregon Department of Human Services

Association of Oregon Community Mental Health Programs

Governor's Council on Alcohol and Drug Abuse Programs

Oregon Prevention, Education and Recovery Association

