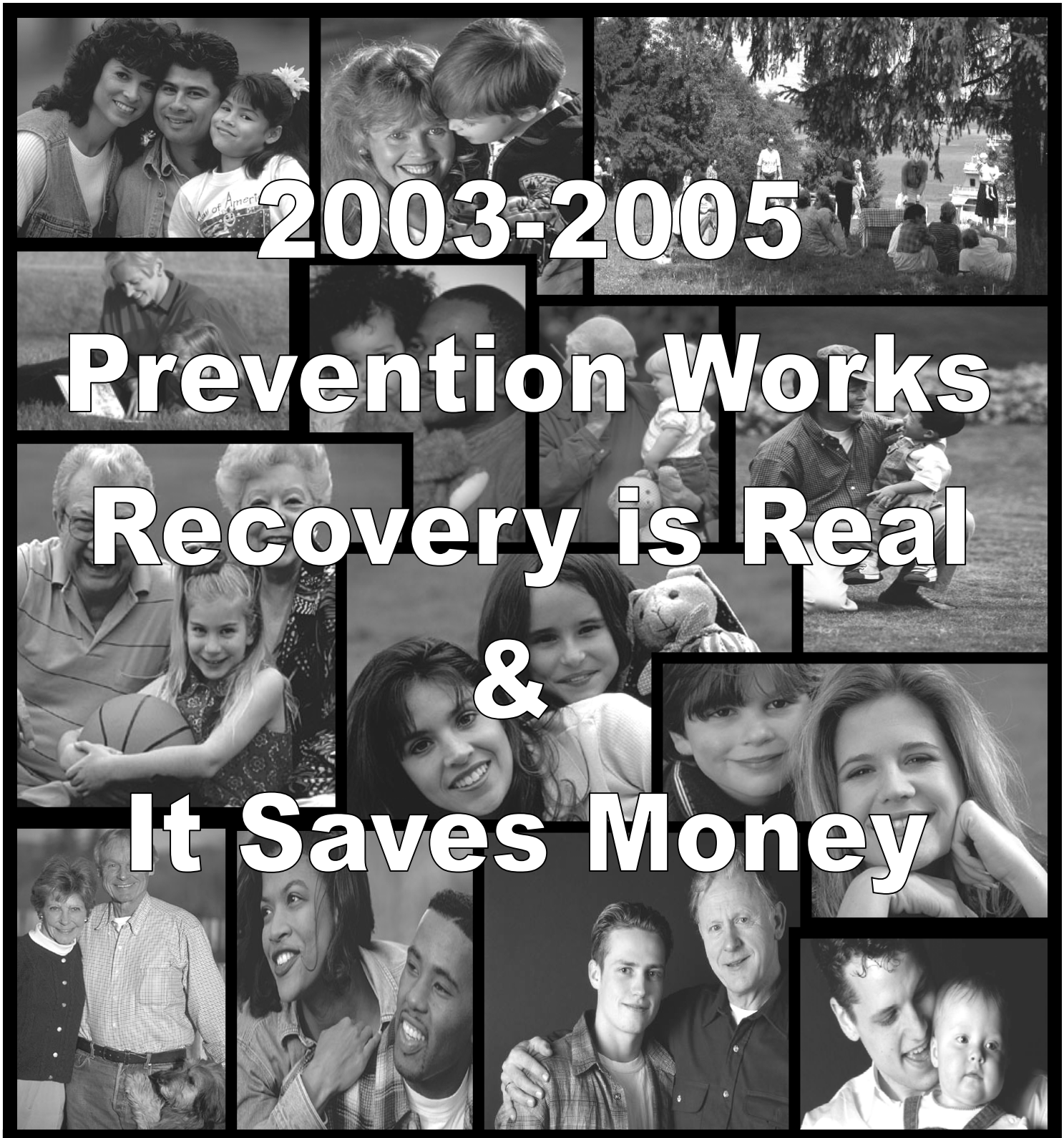


2003-2005

Prevention Works

Recovery is Real

&

It Saves Money

Prepared for
Governor Kulongoski and Members of the Oregon Legislative Assembly
By
The Governor's Council on Alcohol & Drug Abuse Programs

Table of Contents

Prevention Works; Recovery is Real & It Saves Money

"Each year, substance abuse and addiction contributes to the death of more than 120,000 Americans and cost taxpayers nearly $300 billion in preventable health care, law enforcement, crime, and other costs, according to the U.S. Department of Health and Human Services. For NIDA, the key word in this assessment is "preventable." The best approach to reducing the tremendous toll substance abuse exacts from individuals, families, and communities is to prevent the damage before it occurs."

-Nora Volkow, M.D.
Director, National Institute on Drug Abuse

Alcohol, tobacco and other drug (ATOD) prevention, chemical dependency treatment, and recovery support services are essential elements in Oregon's effort to prevent school dropout, move people from welfare to work, reunite or preserve families, reduce demand for emergency medical services, and positively impact juvenile delinquency and criminal recidivism. Societal costs associated with substance abuse are all encompassing including health care, premature mortality, worker compensation claims, reduced productivity, crime, suicide, domestic violence and child abuse. Many addicted individuals, such as heroin or cocaine addicts and particularly injection drug users, are at increased risk for HIV/AIDS as well as other infectious diseases like hepatitis, tuberculosis, and sexually transmitted infections. For these individuals and the community at large, drug addiction treatment is disease prevention. There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. The heaviest burden of substance abuse and addiction on public spending falls on the states and programs of localities supported by state revenues.

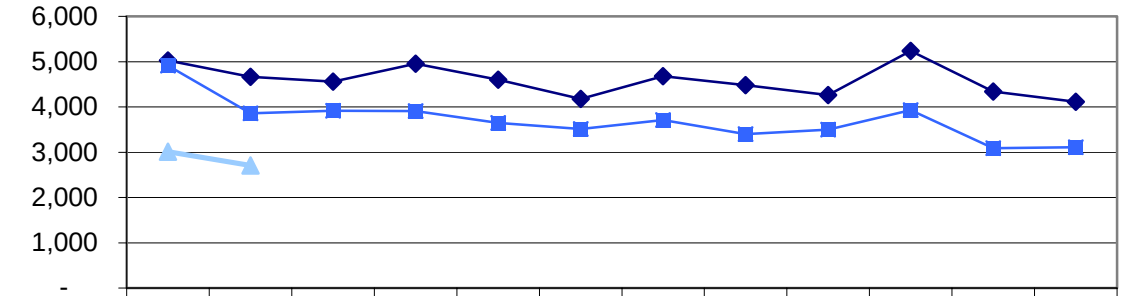
The Governor's Council on Alcohol and Drug Abuse Programs believes it is critical to recognize that addiction is a brain disease. Initial use of addictive substances is a choice, but research has revealed that once addiction has been triggered, it is beyond the conscious control of the individual.

It is time we made a serious commitment to Prevention. We know from scientific evidence that when we consistently employ multiple strategies, applied over time, we decrease substance abuse. We also know that when we delay onset or decrease

use, we decrease juvenile and adult crime, school drop out rates, workplace safety, manufacturing production losses, insurance rates, motor vehicle accidents, foster care costs, neonatal intensive care costs and domestic violence.

It is clear that supporting effective and strategic prevention efforts and accessible treatment is the most cost effective approach for Oregon to take to address the drug abuse problem. If Oregon wants to reduce crime, slow the rise in Medicaid spending, prevent infectious disease including hepatitis C, move more mothers and children from welfare to work and responsible and nurturing family life, we must shift from shoveling up the wreckage to preventing children and teens from abusing drugs, alcohol, and nicotine and treating individuals who become addicted.

All Treatment Enrollments by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2002	5,023	4,665	4,558	4,957	4,601	4,176	4,681	4,479	4,265	5,236	4,336	4,115
2003	4,913	3,859	3,915	3,907	3,646	3,514	3,711	3,401	3,495	3,932	3,089	3,111
2004	3,014	2,707										

According to the 1999 Oregon Household Survey, 15% of Oregonians abuse, or are dependent on alcohol and other drugs. Yet only 14% of Oregonians who needed treatment enrolled in a publicly supported program during that same time period. A month-to-month comparison of treatment admission data beginning March 2003 when chemical dependency benefits were removed from the OHP Standard package to December reveals there were 9,427 fewer treatment admissions than the previous year (02/03 OMHAS).

"It's a bitter irony that in spite of wide spread recognition that individuals with alcohol and drug problems cost the state millions of dollars each year in lost productivity, health care costs, jail and law enforcement costs, the state has drastically cut funding to programs to treat these problems. In Central Oregon alone, we now serve 62% fewer Oregon Health Plan clients than we did two years ago. And we've lost a women's intensive outpatient program that served 200 women per year. In Deschutes County, we now serve almost 20% fewer "safety net" clients in our outpatient treatment program than we did just a few years ago. The state must develop a firm policy of providing adequate funding to serve those with alcohol and drug problems and find a stable funding source to implement this policy. This is an emergency. We need to get our heads out of the sand!"

~Gary Smith, Deschutes County

What is the definition of addiction?

"Addiction is a primary, chronic, progressive and potentially fatal disease. Without intervention and treatment, the disease runs an inexorable course marked by crippling, mental, physical and spiritual functioning with a devastating impact on life-social, family, vocational, educational, moral, spiritual and legal.

It is not a mental disorder or a behavior problem. It should not be trivialized as a behavior problem arising from a personality disorder. Alcohol and drug dependency is cloaked in a pervasive stigma that frequently rejects the concept that it is a disease but rather a willful misconduct or the result of defective morals, flawed personalities or weak wills. The effect of the criminalization of drug use and the so called war on drugs has furthered the stigma."

(The Alcohol and Drug Problems Association of North America)

". . . Drugs don't care if the user is rich, poor, black or white
-they will ruin any life with impunity."

Reprinted from The Oregonian from "One man's fall" By Jason Quick.

Executive Summary

The Governor's Council on Alcohol and Drug Abuse Programs respectfully submits this plan outlining priorities for Oregon's prevention, treatment and recovery services continuum. The plan is organized into four focus areas:

Focus Area #1 – Reducing Stigma and Barriers to Services, Cultural Competency, and Eliminating Disparities
Focus Area #2 – Collaboration with Public/Private Partnerships Including Community and Faith-Based Approaches
Focus Area #3 – Data and Evidence-Based Outcomes: Financing Strategies and Cost-Effectiveness
Focus Area #4 – Workforce and Leadership Development

Oregon's alcohol, tobacco, and other drug prevention, treatment, and recovery service system plays a vital role in assisting Oregonians to be healthy, safe, and self-sufficient. During the past three years the system has faced unprecedented fiscal challenges. In spite of these challenges, Oregon's service providers continue to strive for better outcomes and innovative ways to provide access to recovery for Oregonians still struggling to overcome addiction.

The Council recommends that Oregon develop a "Strategic Prevention Framework" in order to identify common needs and risk factors, adopt assessment tools to measure and track results, and target prevention outcomes to be achieved. A data driven approach, adopted across service systems, should be developed in order to maximize future success in achieving positive outcomes.

The Council recommends that Oregon build a more recovery oriented service system in order to better serve individuals with substance use and/or co-occurring substance use and mental disorders within a culturally competent framework. This effort also involves realigning aspects of the state's clinical, administrative and financial infrastructure to enable select counties, providers and recovery advocates to customize the models to their communities' unique attributes and find ways to continue to serve individuals losing Oregon Health Plan benefits and to improve outcomes for individuals involved with multiple systems.

Oregon should work on developing methodology to quantify cost savings for Medicaid and other state human services that can be achieved by investing in substance abuse treatment and recommending attributes of more modernized and less fragmented information system(s) to achieve a platform capable of accommodating future information needs of the system.

The Council also urges Oregon's legislative leadership in a "Call to Action" to move on two important policy areas related to substance abuse prevention and treatment.

- Legislative leadership should support an increase in beer & wine tax and dedicate additional revenues to treatment and prevention. Nationally, Oregon ranks among the lowest in terms of its tax on alcohol.

- The Council urges legislative leadership and the Governor to enact legislation that establishes parity in health insurance coverage for addiction treatment with that of other chronic health conditions.

Oregon Governors Council on Alcohol and Drug Abuse Programs

Sharron Kelley, Acting Chairperson
Past County Commissioner, Multnomah County
Depoe Bay

The Honorable Phil Barnhart
Oregon State Representative
Eugene

Mark Branlund
Real-estate Broker/Consultant
Portland

Alan Levine, CADC I
Recovery Association Project
Milwaukie

Dr. Charles Martinez Jr.
Oregon Social Learning Center
Eugene

Rita Sullivan, Ph.D.
Executive Director, Ontrack, JCPAC Liaison
Medford

Norm Monroe
Forest Grove

Marvin Seppala, M.D.
Corporate Medical Director, Hazelden Foundation
Wilsonville

Stephanie Soares Pump, M.A.
Community Programs Consultant
North Bend

Ann Uhler
Past Executive Director of CODA
Portland

Carmen X. Urbina
Executive Director of Centro Latina Americano
Eugene

Acknowledgements

The Governors Council gratefully acknowledges the many individuals and organization representatives who participated in *"**Developing a Strategic Direction for the Future,**"* an event sponsored by the Council on October 24, 2003 for their creative and valuable contributions to this plan.[*]

The Council also appreciates the State Agency representatives and Oregon residents throughout the State who provided testimony during Council meetings and visits to local communities.

[*] See **Appendix 1** for a complete list of participants

Governor's Council Charge

The Council is charged with implementing legislative policy by:

- Describing the need for prevention and treatment services and strategies, and the method by which state and federal resources shall be prioritized;
- Setting forth principles guiding the purchase of services and strategies from local community providers;
- Identifying outcomes and a method for monitoring those outcomes;
- Outlining a process for providing training and technical assistance to local providers, including special populations;
- Identifying how prevention and treatment link to other services and supports for children and families;
- Assessing the economic and social impact of alcohol and drug abuse on Oregon and reporting the findings and recommendations to the Governor by January 1st of each even-numbered year;
- Reviewing and making recommendations to the Governor on the goals, financing, priorities and a state plan for prevention, intervention and treatment of alcohol and drug abuse problems, which encompasses all appropriate state agencies by January 1st of each even-numbered year;
- Reviewing alcohol and drug abuse programs and making recommendations to the Governor on the effectiveness and priorities for improvements of all such prevention and treatment programs for alcohol and drug problems engaged in or financed through state agencies by January 1st of each even-numbered year;
- Ensuring that each state agency or other entity responsible for a component of the local coordinated comprehensive plan shall ensure that a biennial evaluation of the plan component is conducted according to a consistent framework;
- Working to ensure broad-based citizen involvement in the planning and execution of the alcohol and drug prevention and treatment plans at both the state and local level;

- The Council is also directed by statute to:

- Assess the economic and social impact of alcohol and drug abuse on the State of Oregon and report the findings and recommendations to the Governor by January 1 of each even-numbered year.

- Review and make recommendations to the Governor on the goals, financing, priorities and a state plan for prevention, intervention and treatment of alcohol and drug abuse problems, which encompasses all appropriate state agencies, by January 1 of each even-numbered year.

- Review alcohol and drug abuse programs and make recommendations to the Governor on the effectiveness and priorities for improvements of all such prevention and treatment programs for alcohol and drug problems engaged in or financed through state agencies by January 1 of each even-numbered year.

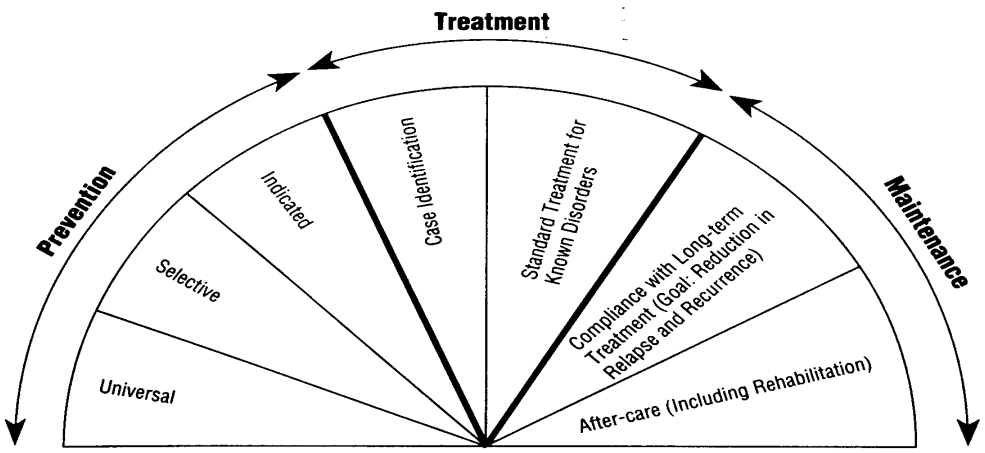
The Good News: We have effective ways to fight substance abuse and addiction.

We have *prevention*, which offers hope for society's future.

We have *treatment*, which offers new life to those who are addicted.

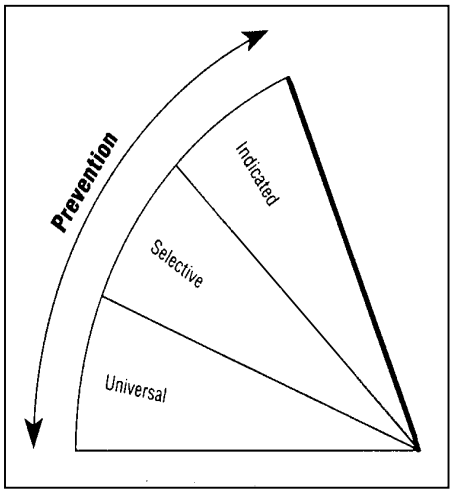
And, we have *maintenance*, which helps recovering addicts sustain their new lives.

The Institute of Medicine Spectrum of Intervention



PREVENTION

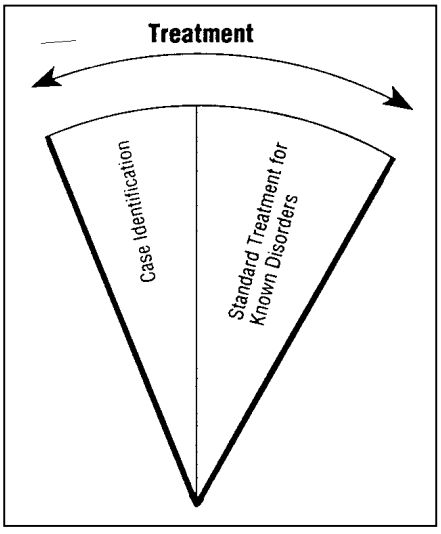
Prevention interventions are directed at "persons not motivated by current suffering." These include:



- Universal Prevention = Interventions aimed at people who are *not* identified to be at special risk of developing AOD dependency.
- Selective Prevention = Interventions aimed at people who are at *above average risk* of developing AOD dependency.
- Indicated Prevention = Interventions aimed at people who show *minimal but detectable* signs, or symptoms foreshadowing AOD dependency, but who do not meet the diagnostic criteria at the present time.

TREATMENT

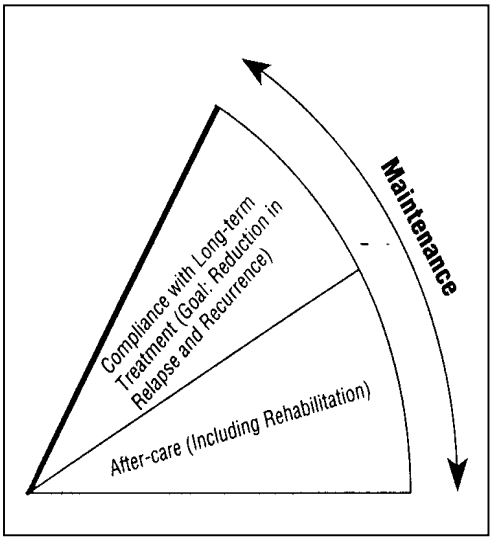
Treatment interventions are directed at people who meet the American Psychiatric Association's criteria for AOD dependency. Treatment interventions are categorized as:



- Case Identification = Interventions aimed at people who voluntarily seek, or are referred or mandated to receive AOD assessments by outside influences such as the courts, the medical system, employers and other government entities.
- Standard Treatment = Interventions aimed at people who have received formal AOD assessments, and have been found to be in need of treatment. Standard treatment encompasses a range of services and supports appropriate to the individual's needs. These may include individual and group counseling, residential care, methadone maintenance, self-help groups, and more.

MAINTENANCE

Maintenance interventions are aimed at people who have been actively engaged in AOD treatment for a period of time. The goal of these interventions is to reduce relapse or recurrence of AOD disorders. Maintenance interventions are categorized as:



- Compliance with long-term treatment = Interventions aimed at people who are actively engaged in treatment. Services may include methadone, follow-up monitoring, individual and group counseling, self-help groups and *wraparound* supports (described in the maintenance planning section).
- Aftercare services = Services are aimed at people who have completed long-term treatment. Services usually include self-help groups.
- Peer-to-Peer Recovery Support Services = Use of paid peer helpers (people in recovery hired to serve as guides to others seeking recovery) also known as "recovery mentors," "recovery coaches," and "recovery support specialists."

Area of Focus #1: Recovery, Reducing Stigma and Barriers to Services, Cultural Competency, and Eliminating Disparities

"The institutions which once provided stability, especially in small communities, are being dismantled. Why are we surprised at dysfunctional families, schools, and communities? Not only are services lost, classrooms too large, law enforcement down sized, etc., the economic domino effect is disastrous."

Linda Steward Kalen
Myrtle Point Minister &
Together Coalition Member

RECOMMENDATIONS:

EXPAND LEADERSHIP CAPACITY WITHIN THE RECOVERING COMMUNITIES.

Recommended Actions:

- Provide training and leadership development opportunities for recovery advocates building on the current models initiated by the Recovery Association Project (RAP) in Multnomah County and the Mid-Willamette Valley region.

- Involve recovery advocates in the design, delivery, and evaluation of services as well as shaping public attitudes and public policies regarding financing and delivery of services.

- The continuum of services should seek to empower clients and "normalize" or otherwise respect a person's experiences with addictive disorders.

> *"I believe in a world in which all men, women and children, regardless of ethnic, racial, socio-economic backgrounds and class differences, who have been affected, directly or indirectly, by alcoholism and addiction, can sustain expectations of security and success in their attempts to recover from dependency. A place where people in recovery from chemical dependency are welcomed into their communities and who are recognized as a true resource for the prevention of substance abuse related disorders and conditions such as criminality, homelessness and mental illness."*
>
> **Alan Levine, CADC I**
> **Recovery Association Project**
> **Milwaukie**

OREGON'S TREATMENT SERVICE DELIVERY SYSTEM SHOULD BE REDESIGNED IN LIGHT OF NEW RECOVERY MANAGEMENT MODELS WITHIN A LARGER FRAMEWORK OF CULTURAL COMPETENCE.

Recommended Actions:

- Culturally competent models of treatment and recovery management should be promoted throughout Oregon's publicly supported treatment and recovery infrastructure.

- A visible, strategic, cultural competency plan should be developed and implemented by the Office of Mental Health and Addiction Services that increases outreach to communities of color, promotes culturally competent

chemical dependency treatment services, and provides incentives to providers who reach out to communities of color.

- All state agencies governed by the Council should include communities of color in designing, delivering, evaluating services, and shaping public policy and regarding financing and delivery of services.

American Indians experienced massive losses of lives, land, and culture from European contact and colonization resulting in a long legacy of chronic trauma and unresolved grief across generations. This phenomenon, …contributes to the current social pathology of high rates of suicide, homicide, domestic violence, child abuse, alcoholism and other social problems, among American Indians

-Brave Heart and DeBruyn, 1998

BUILD SUSTAINABLE PARTNERSHIPS WITH COMMUNITY AND FAITH-BASED ORGANIZATIONS TO ENHANCE THE CONTINUUM OF CARE AND SUPPORT PEOPLE IN RECOVERY.

Recommended Actions:

- Finance services that support individuals with addictive disorders as they transition between levels of care in the treatment service continuum and from traditional treatment to recovery support services.

- Extend the locus of service delivery from the professional environment to the natural environment for the client and his/her family. Create the physical, psychological and social space within which recovery can flourish in local communities.

ADOPT PEER-BASED AND RECOVERY FOCUSED SERVICE CONCEPTS THAT EXPAND THE CURRENT DEFINITION OF THE EXISTING SERVICE CONTINUUM.

Recommended Actions:

- Emphasize the delivery of case management services currently financed with Substance Abuse Prevention and Treatment (SAPT) block grant and state general funds through county financial assistance agreements by the Office of Mental Health and Addiction Services. Include case management services in the chemical dependency benefit package under Medicaid managed care.

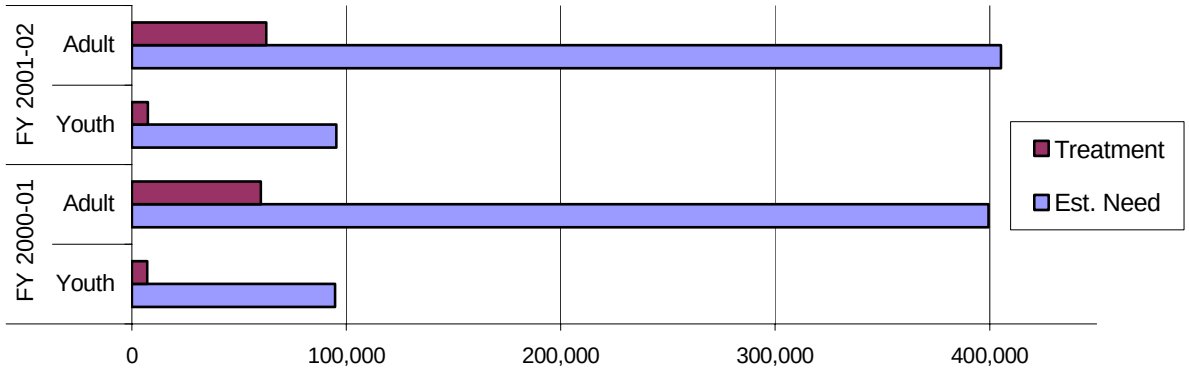
- Explore benefit design strategies (Medicaid, SAPT block grant, state general fund, and other mechanisms) to sustain the delivery of community based, culturally specific, recovery support services such as recovery mentoring, recovery coaching, recovery skill building, spiritual support, and cultural activities that promote recovery.

ALL STATE AGENCIES WHO SUPPORT SUBSTANCE ABUSE PREVENTION, TREATMENT, AND RECOVERY SERVICES MUST WORK TOGETHER TO REDUCE STIGMA ASSOCIATED WITH CHEMICAL DEPENDENCY AND RELATED BEHAVIORAL HEALTH DISORDERS.

Recommended Actions:

- Disseminate information and conduct targeted awareness and training activities for employers, employees, medical community, and education / vocational services to promote the fact that substance abuse is preventable and addiction is a treatable chronic disease.

Estimated Need for Alcohol and Other Drug Treatment Services in Oregon



	FY 2000-01		FY 2001-02	
	Youth	Adult	Youth	Adult
Treatment	7,220	60,078	7,517	62,645
Est. Need	94,887	399,421	95,487	405,251

The chart above illustrates the number of Oregonians estimated as needing treatment services compared to the number of Oregonians who actually received services for Fiscal Years 2000-01 and 2001-02. The Office of Mental Health and Addiction Services uses data from the National Household Survey on Drug Abuse (NHSDA) to estimate the treatment need in Oregon. The NHSDA is the primary source of statistical information on the use of illegal drugs by the U.S. population. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsor the survey. In Oregon, the Substance Abuse Prevention and Treatment (SAPT) block grant administered be SAMHSA is the largest contributor toward the treatment and prevention system.

Focus Area #2: Collaboration with Public/Private Partnerships Including Community and Faith-Based Approaches

"We cannot live for ourselves alone. Our lives are connected by a thousand invisible threads, and along these sympathetic fibers, our actions run as causes and return to us as results."

~Herman Melville

OREGON'S LEGISLATIVE LEADERSHIP SHOULD INCREASE THE EXCISE TAX ON ALCOHOL. THE DISTRIBUTION AND USE ALL ALCOHOL TAX REVENUES AT THE STATE, COUNTY AND CITY LEVELS SHOULD BE MONITORED ANNUALLY AND A MECHANISM FOR ACCOUNTABILITY IN SPENDING THESE REVENUES ON SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES SHOULD BE DEVELOPED AT THE STATE LEVEL.

Recommended Actions:

- Develop materials for public to raise awareness of the societal costs associated with alcohol abuse and dependence.

- The Governor's Council will work with members of legislative leadership to ensure that all alcohol tax revenues are dedicated to substance abuse prevention and treatment services and accounted for at the state level.

"The available research is unequivocal that people who make it through their teenage years without using drugs are much less likely to start using later in life."

Office of National Drug Control Policy, National Drug Control Strategy 2004

The chart on the following page illustrates the number of youth estimated to need prevention services in Oregon:

ESTIMATED NEED FOR PREVENTION SERVICES FOR OREGON'S YOUTH

	Universal Prevention		Selective Prevention		Indicated Prevention	
Oregon	100%	859,208	50.0%	429,604	16.9%	144,884
Baker	100%	3,908	43.2%	1,688	18.2%	711
Benton	100%	18,482	17.9%	3,305	11.7%	2,159
Clackamas	100%	88,106	29.5%	25,956	14.6%	12,838
Clatsop	100%	8,423	60.6%	5,108	18.5%	1,555
Columbia	100%	11,718	33.7%	3,951	16.7%	1,953
Coos	100%	13,777	70.2%	9,670	21.1%	2,913
Crook	100%	5,009	51.6%	2,585	11.5%	575
Curry	100%	3,975	64.1%	2,548	20.4%	810
Deschutes	100%	29,568	46.8%	13,838	11.4%	3,379
Douglas	100%	23,856	62.2%	14,838	19.9%	4,745
Gilliam	100%	428	38.6%	165	17.6%	75
Grant	100%	1,911	28.8%	550	26.1%	499
Harney	100%	1,934	38.2%	739	10.3%	200
Hood River	100%	5,743	50.8%	2,918	17.4%	999
Jackson	100%	44,462	47.6%	21,164	14.8%	6,590
Jefferson	100%	5,717	87.3%	4,991	15.6%	893
Josephine	100%	17,384	63.3%	11,004	16.3%	2,827
Klamath	100%	16,476	79.7%	13,131	5.6%	921
Lake	100%	1,770	40.1%	710	15.2%	270
Lane	100%	75,625	48.4%	36,602	18.7%	14,142
Lincoln	100%	9,373	56.8%	5,324	18.4%	1,723
Linn	100%	26,773	55.2%	14,779	23.0%	6,154
Malheur	100%	8,927	46.4%	4,142	15.2%	1,353
Marion	100%	79,359	57.1%	45,314	17.5%	13,890
Morrow	100%	3,275	62.2%	2,037	15.9%	521
Multnomah	100%	153,089	61.4%	93,997	14.5%	22,235
Polk	100%	16,079	40.9%	6,576	18.7%	3,000
Sherman	100%	476	44.0%	209	14.3%	68
Tillamook	100%	5,345	48.4%	2,587	9.1%	486
Umatilla	100%	19,434	41.3%	8,026	14.2%	2,753
Union	100%	6,165	46.4%	2,860	15.9%	979
Wallowa	100%	1,619	28.8%	466	35.7%	578
Wasco	100%	5,976	73.6%	4,399	18.0%	1,074
Washington	100%	121,299	42.1%	51,067	19.9%	24,193
Wheeler	100%	313	42.5%	133	16.7%	52
Yamhill	100%	23,435	43.2%	10,124	20.9%	4,905

BUILD UPON THE WORK THAT HAS BEEN DONE THROUGH PARTNERS FOR CHILDREN AND FAMILIES (SB 555) BY DEVELOPING A STRATEGIC PREVENTION FRAMEWORK IN ORDER TO IDENTIFY COMMON NEEDS AND RISK FACTORS, ADOPT ASSESSMENT TOOLS TO MEASURE AND TRACK RESULTS, AND TARGET OUTCOMES TO BE ACHIEVED.

Recommended Actions:

- Develop a data driven, epidemiological approach, adopted across service systems to maximize future success in achieving positive outcomes

- Implement effective prevention strategies and programs within a broader system of services to increase the likelihood of successful, sustained prevention activities

- The Council will work to increase stable funding for prevention services over the next four years.

INCREASE AND ENCOURAGE PARENTAL INVOLVEMENT IN ALCOHOL AND DRUG PREVENTION AND EDUCATION ACTIVITIES

Recommended Actions:

- Require parent education across disciplines as a result of coordinated planning. Form inter-agency partnerships (Department of Human Services, Education, etc.) to share information, funding, and training for parents.

- Facilitate access for Department of Human Services clients to evidence-based prevention programs. Focus programs on regional and cultural community needs.

"Coming together is a beginning.
Keeping together is progress.
Working together is success.

~Henry Ford

Focus Area #3: Data and Evidence-Based Outcomes: Financing Strategies and Cost-Effectiveness

"The bad news is that most Americans don't yet understand how well drug treatment works. We all want a healthier society and safer streets, and now we have the scientific research showing us how to get there"

-David Lewis, M.D., 1998 Project Director for Physician Leadership on National Drug Policy (PLNDP)

DEVELOP TRAINING AND SUPERVISION SYSTEMS THAT SUPPORT EVIDENCE-BASED PRACTICE AND MAXIMIZE OUTCOMES

Recommended Actions:

- Collaborate with community providers, recovery advocates, researchers, and other experts to define evidence-based clinical practices. Develop a centralized database of practices that have been reviewed to aid in dissemination.

- Develop an overall strategy linked with department objectives to provide targeted technical assistance to service providers in implementation and measurement of fidelity to evidence-based practices.

- Develop mechanisms within communities to identify promising practices that may be community and/or culturally specific and provide technical assistance to support program efficacy evaluation of such programs.

> *"Only by utilizing a scientifically-based and evidence-driven approach will we be able to mount a more effective drug policy"*
>
> -Richard J. Bonnie, J.D., University of Virginia law professor

DEVELOP PAYMENT SYSTEMS THAT ENCOURAGE INTEGRATED AND/OR COORDINATED CARE FOR THOSE WITH CO-OCCURING DISORDERS

Recommended Actions:

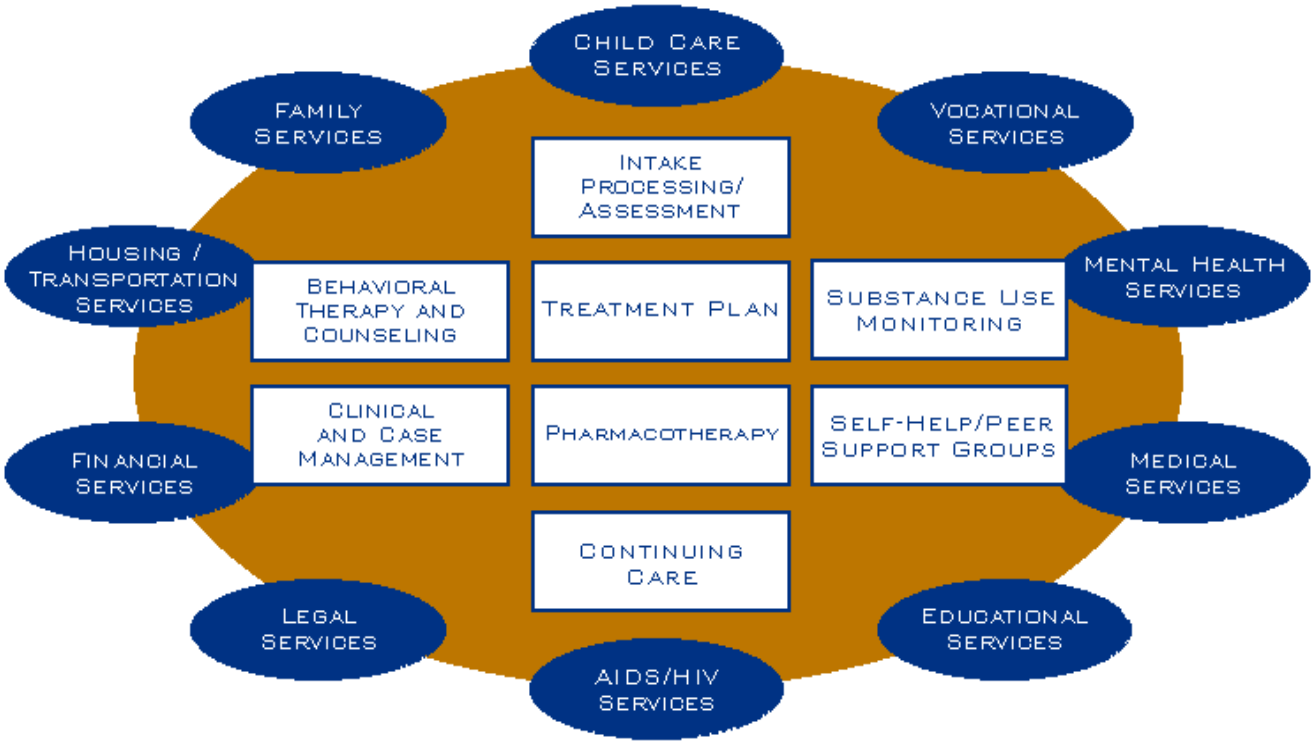
- Modify the current reimbursement systems to support integrated treatment for individuals with co-occurring substance use and mental disorders. Align alcohol and drug and mental health systems of documentation and payment through refinements in Oregon administrative rules.

IMPROVE INFORMATION AND PERFORMANCE MEASUREMENT SYSTEMS TO TRACK OUTCOMES AND COST OFFSETS ATTRIBUTABLE TO ALCOHOL AND OTHER DRUG PREVENTION AND TREATMENT SERVICES

- Research best practices in Management Information System development, data collection, program development, quality assurance and business process improvement to improve cost efficiency and consistency in service delivery.

- Oregon should develop methodology to quantify cost savings for Medicaid and other state human services that can be achieved by investing in substance abuse treatment.

Components of Comprehensive Drug Abuse Treatment
(National Institute of Drug Abuse, 1999)



According to the National Institute of Drug Abuse (NIDA), the best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

COORDINATE SERVICES WITH DEPARTMENT OF CORRECTIONS AND OREGON YOUTH AUTHORITY AND LOCAL JUSTICE SYSTEMS TO INCREASE TREATMENT AVAILABILITY IN THE COMMUNITY AND WITHIN CORRECTIONAL FACILITIES AS WELL AS FOLLOW UP TREATMENT AND RECOVERY SUPPORT SERVICES POST INCARCERATION

Recommended Actions:

- The Department of Corrections should establish a dedicated allocation for distribution of SB 1145 / Community Corrections Act funds for substance abuse treatment through criteria / guidelines in the local community corrections planning process.

- Expansion of jail or prison-based treatment should not be implemented without considering the need for post-prison / incarceration follow-up treatment and continuity of care needs for addicted offenders. The Department of Corrections and Oregon Youth Authority should consistently conduct meaningful discharge and recovery planning with addicted inmates who are being released into the community.

- The Office of Mental Health and Addiction Services, Oregon Youth Authority, and the Department of Corrections should develop a collaborative Request for Proposal process including standardized criteria and language.

- Contract standards and clinical guidelines should be developed in collaboration between the agencies and should be focused on the delivery of evidence-based practices that directly impact substance abuse and other criminogenic needs of offenders.

- In light of the drug – crime connection, every effort should be made by local law enforcement, courts, local corrections, and treatment systems to divert non-violent offenders employing effective models such as drug courts and mental health courts.

- Minorities are over-represented in the juvenile and adult justice systems. Alternative programs and opportunities for diversion to treatment should be afforded to drug and property offenders where substance abuse and / or addiction have played a role.

Focus Area #4: Workforce and Leadership Development

Jeanette may be older than the average Mt. Hood Community College graduate, but there will be little else to distinguish her from her classmates when she receives her diploma Thursday, June 8th. Only those who know her well will be aware of her four-year journey from hopelessly addicted drug addict living on the streets of downtown Portland to honor student and drug and mental health counselor.

Reprinted from The Outlook from "Woman overcomes drugs to obtain Mt. Hood degree" by Rob Oster

OREGON'S CHEMICAL DEPENDENCY PREVENTION AND TREATMENT WORKFORCE MUST BE PREPARED FOR THE PRACTICAL GROUND LEVEL WORK INCLUDING FAMILIARITY WITH EVIDENCE-BASED PREVENTION AND TREATMENT PRACTICES. EDUCATIONAL AND TRAINING PROGRAMS, INCLUDING PROGRAMS OFFERED THROUGH OREGON'S HIGHER EDUCATION SYSTEM, SHOULD BE ALIGNED WITH EXPECTED JOB ROLES AND DUTIES FOR PRACTITIONERS ENTERING THE WORKFORCE.

Recommended Actions:

- Work with Association of Oregon Community Mental Health Programs (AOCMHP), the Alcohol and Drug Abuse Program Directors Association of Oregon (ADAPDAO), Northwest Frontier Addiction Technology Center, and Western Center for Applied Prevention Technologies to develop a management/leadership academy.

- The Office of Mental Health and Addiction Services, in partnership with other state and federal stakeholders, should conduct a system workforce analysis including pay scales, compensation packages, job satisfaction, retention, and development to identify trends in the job market.

CALL TO LEGISLATIVE ACTION

The Council urges Oregon's legislative leadership and the Governor to focus on two important legislative efforts concerning substance abuse and addiction policy during the 2005 Legislative Session:

- Legislative leadership should support an increase in beer & wine tax and dedicate additional revenues to treatment and prevention. Nationally, Oregon ranks among the lowest in terms of taxes on alcohol. Evidence suggests that increasing the tax on alcohol has an impact on lowering the rates of underage drinking. Oregon's substance abuse prevention and treatment resources have been severely reduced over the past two biennia and the system is in a state of uncertainty, verging on crisis. An increase in the beer and wine tax to support vitally needed prevention and treatment services represents a sound public policy and wise investment to the Council.

- Employed people of the state of Oregon who are unable to access adequate health insurance to cover the costs of addiction treatment in the private sector are relying on publicly funded services. Therefore, a cost shifting is taking place and our public dollars are supporting costs that private health insurance companies are avoiding. The Council urges legislative leadership and the Governor to enact legislation that establishes parity in health insurance coverage for addiction treatment as well as mental health treatment with that of other chronic health conditions.

Appendices

Appendix 1

The Council would like to thank following prevention, treatment, and recovery professionals and advocates for their contribution of ideas, recommendations, and enthusiasm during the October 24, 2003, Summit titled: *"Developing a Strategic Direction for the Future."*

Jan Amling, Credit Counseling Services
Mitch Anderson Benton County Mental Health
Darlene Angulo Recovery Association Project
Ca Baskerville Lane Co Health & Human Services
Mary Beth Beal, Marion County BH Services
Denise Bean Aces Counseling/ADAPAO
Terry Bell Curry Co HHS
Rick Berman Columbia Community Mental Health
Jim Bondurant Hood River DOC
Bill Bouska, OMHAS
Jim Bradshaw, OMHAS
Mark D Branlund, Governor's Council Member
Rod Branyan, Washington County HHS
Dana Brooks, Grant County CCF
Kim Brown, OMHAS
Laura Burney-Nissen, Director, Reclaiming Futures
Jeffery Callison, CHD Inc.
Charlie Carnes, Umatilla County Mental Health
Amber Chytka, Polk County Mental Health
Barbara Cimaglio, Community Prevention Programs
Shawn Clark, OMHAS TRC
Rod Clarke, KADA
Brenda Comini, OCCF
Scott Cooper, Crook County Court
Donna Cotter, Partners For Recovery Project
Jim Crew, Discovery Counseling
Heather Crow-Martinez, Bestcare Tx Services
Judy Cushing, Oregon Partnership
Jill Dale, Columbia Community Mental Health
Jessie Davis, Confederated Tribes Of Siletz Indians
Kaleen Deatherage, Oregon Partnership
Dwight Dill, Center For Human Development Alcohol & Drug Services
Susan Dillon, LADPC
Julie Dodge, Tualitin Valley Centers
Rene Du Bois, Region 9 DHS Manager
Mike Durgan, Governor's Council Member
Darcy Edwards, DOC Counseling & Treatment
Kelly Fitzpatrick, Recovery Association Project
Robert Furlow, Douglas County HHS
Lewis Gallant, Executive Director, NASADAD
Steve Gallon, Northwest Frontier Addiction Technology Transfer Center
Fred Garcia, Division Of Alcohol & Substance Abuse
Gwen Grams, OMHAS

Denise Grothaus, CSAP Prevention Application Management Coordinator
Frank Hanna-Williams, Tillamook Family Counseling, Inc.
Timothy Hartnett, CODA
Wendy Hausotter, NFATTC
Geoff Heatherington, Polk County HS Dept.
Charlotte Herkshan, Confederated Tribes Of Warm Springs
Tony Howell, Linn County Alcohol And Drug Treatment
Marilane Jorgenson, Josephine County MH
Sharron Kelley, Governor's Council Member
Barbara J Kiely, Lake County Mental Health
Danette Killinger, Linn County Alcohol And Drug Treatment
Karen Kramer, Lutheran Community Services/Crook County Mental Health
Mark Kubin, CHD
Lalori Lager, Reconnections
Howard Lamley, Lincoln County HHS
Mike Lawlis,
Alan Levine, Recovery Association Project
Stephen Loaiza, NAMI Oregon
Ann Lynn, Klamath Mental Health Center
Chris Marchand, Josephine CMHP
Nancy Martin, Office Of Addiction Services
Chris Mason, Addictions Recovery Center
Gregory R Smith, Polk Co Mental Health
Stephanie Soares Pump, Governor's Council
Mary Stern, Yamhill Co Commissioner
Joe Stone, Behavioral Health Programs-Confederated Tribes of Grand Ronde
Rita Sullivan, Ontrack Inc
Trudy Townsend, Wasco County CCF
Rick Treleaven, Bestcare Treatment Services
Nancy Tyler, Crook County Mental Health Program
Ann S Uhler, Governor’s Council Member
Keith Urban, Yamhill Co CD Program
Dale Walker, OHSU Dept Of Psychiatry
Derald Walker, Multnomah Co, OMHAS
Louise Wedge, Recovery Association Project
Karen Wheeler, OMHAS
Dave White, Curry Co HHS
Janet Wicklund, Confederated Tribes/ Siletz Tribal A & D Program
Scott Willard, Lincoln Co HHS
Carol Wire, Washington Co HHS
Kerryann Woomer, Grant County CHD
Bob Wright, EOAF
Michael Wright, ADAPT
Hillary Wylie, WFTS
Maija Yasui, Hood River Co Prevention
Don Ziegler, Serenity Lane

Appendix 2

Ethnic Minority Provider Panel

Patty Katz, Asian Pacific American Community Support and Services Association; Jackie Mercer, NARA / Oregon Indian Council on Addictions; Johnetta Burkett & Bernard Inge, Center for Community Mental Health, Project for Community Recovery

Comments made by Jackie Mercer, Oregon Indian Council on Addiction (OICA): OICA very thankful to the Governor's Council for the letters they wrote to OHP advocating for the tribes. The Indian Council has concerns regarding Senate Bill 267. There are many unanswered questions, and the Indian Council feels that the state should be responsible for helping counties/tribes implement SB267. They would really like the Council to come to another OICA meeting and hear the issues from the nine tribes.

Comments made by Johnetta Burkette and Bernard Inge, Center for Community Mental Health, Project for Community Recovery (PCR): PCR primarily serves African American clients. PCR doesn't feel that the traditional intake method works for everyone, specifically the African American population they serve. PCR is more successful assisting clients in accessing treatment and engaging them through an "open door" policy rather than through the telephone scheduling process. PCR's goal is to strengthen relationships. The treatment industry is still trying to legitimize that culturally specific treatment works.

Comments made by Patty Katz, Asian Pacific American Community Support and Services Association (APACSSA): APACSSA is a very diverse organization serving Asian communities throughout the Portland metro region. Prevention services are provided that promote healthy lifestyle choices for all age groups. The type of outreach services must be effective in engaging the Asian communities and they are different from Western approaches.

Appendix 3

On March 16, 2004, the Council met with the following representatives from various state agencies under the legislative jurisdiction of the Governor's Council on Alcohol and Drug Abuse Programs to gather input and recommendation for this plan: Ed Mouery, State Police, Chris Barber, Office of Medical Assistance Programs, Jerry Fuger, Department of Employment, Mickey Serice, DHS, Children, Adults, and Families, Donna Middleton, Commission on Children and Families, Troy Costales & Gretchen McKenzie, Department of Transportation, Transportation Safety Division, Janet Bubl, Oregon Department of Education, Donalda Dodson, DHS, Office of Family Health, Debbie Rios, Oregon Youth Authority, Scott Taylor, Department of Corrections, Gary Weeks, Director, DHS and Teresa Kaiser, Oregon Liquor Control Commission. The state agency directors made the following suggestions and recommendations.

- Strengthen areas of cooperation as it relates to bridging the gap between physical and behavioral health issues. (Chris Barber/OMAP)

- Put more of an emphasis/focus on fetal alcohol syndrome and awareness. (Donalda Dodson/DHS Public Health)

- More training opportunities for employees on how to recognize drug abuse behaviors. (Jerry Fuger/Employment Division)

- Stronger focus on monitoring advertising regulations. Increase OLCC enforcement efforts to reduce underage drinking. Increase the beer and wine tax to support prevention and treatment activities. (Teresa Kaiser/OLCC)

- Re-evaluate the overall effectiveness of the entry to treatment process. Offer diversion opportunities to drug offenders as well as meaningful sanctions. Increase the proportion of funding for treatment vs. incarceration and sanctions. (Scott Taylor/ODOC)

- Target services to higher risk offenders and provide a full continuum of evidence-based services. (Debbie Rios, OYA)

- Assess the overall well being of Oregon families and strengthen local coalitions and community partnerships. (Donna Middleton/OCCF)

- Increase the number of drug enforcement officers. (Ed Mouery/State Police)