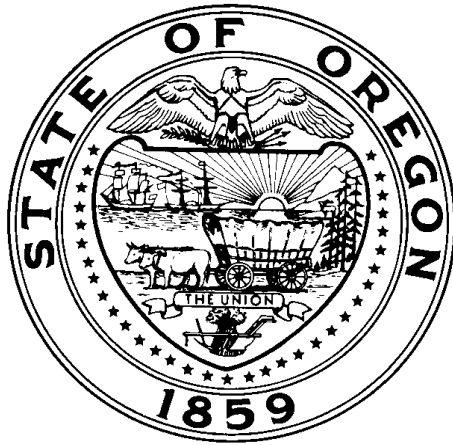


GOVERNOR'S COUNCIL ON
ALCOHOL & DRUG ABUSE PROGRAMS



January 2006
2003-2005 Update on Recommendations Report

For additional copies or information regarding this report, or if you need this report
in alternate format, please call C.J. Reid at (503) 945-9813

Preface

The Governor's Council on Alcohol & Drug Abuse Programs is responsible for advising the Governor on alcohol and other drug abuse prevention and treatment services. This includes Oregon's policy, funding priorities, services and outcomes. The Council is also charged with assessing the economic and social impact of alcohol and drug abuse on the State of Oregon. The Council reports its findings and makes recommendations to the Governor every biennium.

The 2003-2005 Plan, prepared for Governor Kulongoski and members of the Oregon Legislative Assembly, outlined four focus areas and a wide variety of recommended actions. Following is a summary of the Council's assessment of accomplishments and delineation of the challenges that remain.

Focus Area #1

Recovery, 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.

Focus Area #1

Recovery, reducing stigma and barriers to services, cultural competency and eliminating disparities.

The Council recommends:

1) Expand leadership capacity within the recovering communities.

- Dual Diagnosis Anonymous peer support groups are currently under expansion statewide through a contract supported by OMHAS. This contract has provided for twelve Dual Diagnosis chapters throughout four of the Willamette Valley counties. There is strong leadership in this effort through DDA secretaries who meet regularly to strategize expansion plans.

2) Oregon's treatment service delivery system should be redesigned to reflect new recovery management models within a larger framework of cultural competence.

- The Department of Human Services (DHS) is in the process of implementing a cultural competency plan consistent with the requirements of Title VI of the Civil Rights Act of 1964 and the legislative intent included in Senate Bill 555.

3) Build sustainable partnerships with community and faith-based organizations to enhance the continuum of care and support people in recovery.

- Housing for individuals in recovery has been increased throughout Oregon. This includes Oxford Houses, Oregon Recovery Houses, group homes, and apartment complexes that serve several counties and tribes. Oregon now has more Oxford Houses per capita than any other state in the nation.

4) Adopt peer-based and recovery focused service concepts that expand the current definition of the existing service continuum.

- The Office of Mental Health and Addiction Services (OMHAS) has promoted the importance of recovery support services as part of the

addiction service system. In October of 2004, OMHAS facilitated several presentations by a national expert on recovery-focused services and effective, peer-to-peer support for the treatment provider community. Increased peer-to-peer support services are in development in a variety of communities to help individuals maintain recovery goals following treatment and/or incarceration in local or state institutions.

5) 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.

- Efforts to support recovery of substance abuse have been extensive. Highlights include: (1) a forum held at the State Capitol in September 2004 celebrating and promoting recovery, and (2) participation in the 2004 and 2005 “Hands Across the Bridge” recovery celebration events, sponsored by the Recovery Association Project.
- In partnership with OMHAS, the Governor’s Council on Alcohol and Drug Abuse Programs is currently planning a spring forum to discuss strategies to reduce stigma.

Focus Area #2

Collaboration with public/private partnerships, including community and faith-based approaches.

The Council recommends:

1) 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.

- Funded by the Center for Substance Abuse Prevention (CSAP), OMHAS is preparing to convene an epidemiological workgroup. The workgroup will identify and analyze indicator data related to alcohol and other drug prevention and system planning. Program and research staff members will implement a strategic prevention framework and monitor national outcome measures for prevention, substance abuse and mental health services.

2) Increase and encourage parental involvement in alcohol and drug prevention and education activities.

- The Council collaborated with partners to increase public awareness of the societal costs associated with underage drinking and substance abuse. The Council met with legislators and members of the public to educate them about the current addiction services funding. The importance of equitable funding and the maintenance of effort requirement for the federal Substance Abuse Prevention and Treatment (SAPT) block grant were emphasized. Presentations were made during the 2005 Legislative Session and during Council meetings and other events throughout the biennium.

3) 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.

- An analysis was conducted of beer and wine tax revenue allocation to the Department of Administrative Services and the Oregon Liquor Control

Commission. Each county's beer and wine tax revenues were compared with their expenditures. The projected county tax revenue is in line with actual expenditures for each county.

Focus Area #3

Data and evidence-based outcomes: financing strategies and cost-effectiveness.

The Council recommends:

1) Develop training and supervision systems that support evidence-based practice and maximize outcomes.

- The 2003 Legislature passed SB 267 that requires increasing amounts of state funds be spent on Evidence-based Practices (EBP). The state departments and commissions affected by this bill include the Department of Corrections, the Oregon Commission on Children and Families, the Oregon Youth Authority and the Department of Human Services. These state agencies have worked in collaboration with stakeholders to define and identify evidence-based practices. Additionally, training-of-the-trainer opportunities have been conducted to disseminate evidence-based practices to practitioners in the field. Training has included criminal justice, co-occurring disorders and cannabis youth practices.
- OMHAS is working with stakeholders to restructure the mental health and substance abuse delivery systems for adults and youth. The plan includes work to streamline and consolidate administrative rules governing mental health and alcohol and drug abuse prevention and treatment service systems. The goal is to reduce duplication and ambiguities.

2) Develop payment systems that encourage integrated and/or coordinated care for those with co-occurring disorders.

- The development of reimbursement strategies to support integrated mental health and addiction services continues to be a priority. OMHAS will promote financing solutions that have been successfully implemented at the local level, and distribute information to providers throughout Oregon.

3) Improve information and performance measurement systems to track outcomes and cost offsets attributable to alcohol and other drug prevention and treatment services.

- OMHAS launched a major initiative to develop a Web-based information system to replace the Client Process Monitoring System.

4) Coordinate services between the Department of Corrections and Oregon Youth Authority with local justice systems to increase treatment availability and recovery support services in the community.

- HB 2485 and SB 907 passed during the 2005 Legislative Session. This bill includes recommendations from the Governor's Task Force on Methamphetamine. The package contains provisions related to child endangerment, drug manufacturing, and allocates monies to enhance drug treatment courts.
- The 2005 Legislature appropriated \$900,000 for follow-up treatment and housing for inmates being released from state institutions who have completed addiction treatment.

Status of Recommendations 2003-2005 Biennial Report

Focus Area #4
Workforce and leadership development.

The Council recommends:

1) 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.

- Businesses have been trained to implement drug-free workplace programs and policies. Workdrugfree, a statewide contractor focusing on workplace prevention, provided current information about methamphetamine abuse in the workplace. The information provides guidance related to employing and supervising individuals with medical marijuana cards in Oregon.
- In August 2005, the Council participated in a multi-disciplinary behavioral health workforce development forum with OMHAS. The development of behavioral health workforce competencies and curriculum will be based on the work of this group.
- Behavioral health workforce development is a collaborative effort with higher education, providers, stakeholders and consumers. Goals for 2005 include: (1) providing advocacy for colleges to provide addiction studies programs, (2) assessing and responding to trends in treatment workforce, (3) supporting the EBP movement, and (4) improving counselor education.

Status of Recommendations 2003-2005 Biennial Report

Challenges

- Two bills were introduced during the 2005 Legislative Session to impose a malt beverage tax allocating the revenues for prevention and treatment services. Neither of the bills passed. The current level of malt beverage taxes designated to fund alcohol and drug treatment is at the same level as 1977.
- Disparities between treatment need and treatment access continue to be evident, especially since the population covered by Oregon Health Plan Standard has been reduced significantly to about 24,000. Often, persons needing treatment may only access services when they become involved with the juvenile or criminal justice system, or the child welfare system.
- Although funds were allocated to expand drug treatment courts in the state of Oregon, no new funds were allocated to expand treatment access for clients not involved with the criminal justice system. In addition, the funding package provided by the Legislature does not provide funds for all drug courts that are losing their federal grants in the coming biennium.
- The behavioral health workforce skills development outweigh the identified complexities of the service system. It is necessary to establish competency requirements for practitioners, but difficult to impose new requirements on the current workforce with no new resources.

Status of Recommendations 2003-2005 Biennial Report

Next Steps

- Several challenges will be carried forward into the next plan of the Governor's Council on Alcohol & Drug Abuse Programs. These include: (1) restoration of funding, (2) stabilizing fiscal resources for prevention and treatment services, (3) workforce development issues, (4) implementation of the cultural competency plan, and (5) reducing the stigma associated with addiction and addiction recovery. Progress to date and next steps will be reflected in the new plan.

- The Council is in the process of developing the next plan to prioritize alcohol and drug prevention, treatment and recovery. The steps include:
 - 1) Gathering information during the Council's visits to county and tribal communities.
 - 2) Facilitating a meeting with the directors of state agencies to discuss policy issues across their departments.
 - 3) Hosting a forum to discuss the stigma of addictions.
 - 4) Convening a legislative work session to be held this winter to explore potential public policy issues.

Public policy is a primary focus of the Council. The Council is committed to working collaboratively with the Office of Mental Health and Addiction Services, the Association of Oregon County Mental Health Programs, the Oregon Prevention Education and Recovery Association and other allied organizations in establishing a legislative platform for the 2007 Legislative Session.