Alcohol and Drug Policy Commission

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September 14, 2018

To: Interim Senate Committee on Health Care
Interim House Committee on Health Care

The Alcohol and Drug Policy Commission has as its purpose, to improve the effectiveness and efficiency of state and local alcohol and drug abuse prevention and treatment services for all Oregonians. Pursuant to HB 4137 (2017), the Alcohol and Drug Policy Commission respectfully submits its Preliminary Recommendations Scope and Framework of the Comprehensive Addiction, Prevention, Treatment, and Recovery Plan.

Please direct questions and any additional requests for information to the Executive Director of the Commission.

Thank you,

Reginald C. Richardson, Sr.

Dr. Reginald C. Richardson
Executive Director

cc: Tina Edlund
Judge Eric Bloch

Alcohol and Drug Policy Commission

Preliminary Recommendations
Scope and Framework of the Comprehensive Addiction, Prevention, Treatment and Recovery Plan

For questions or comments please contact:
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Executive Summary

The purpose of the Alcohol and Drug Policy Commission (ADPC) is to improve the effectiveness and efficiency of state and local substance use disorder prevention and treatment services for all Oregonians. This framework is the commission's initial deliverable which will be used to structure the statewide strategic plan.

The main elements of the framework include guiding principles and the following eight (8) overarching strategies:

1. With a focus on substance use disorders (SUDs), convene state, local, public, private and community systems leaders to create, track, fund and report on strategies for systems integration, innovation, and policy development
2. Reduce Oregon's substance use disorder rate from 9.55% to 6.82% in five years.
3. Increase the current Oregon recovery rate by 25% in five years.
4. Reduce morbidity and mortality related to substance use disorder.

5. Assess data strengths and gaps related to substance use disorder and recovery, identify current baseline data and establish realistic five-year targets for improvement.
6. Identify and address barriers to systems integration
7. Identify, assess, strengthen and scale effective current prevention, treatment and recovery support programs
8. Consider strategies that enable state and local organizations and jurisdictions to align, fund, implement, scale, institutionalize, and evaluate best and promising strategies.

Specific policies and tactics were considered because of their contribution to the overarching goals. They are organized into the following five (5) elements of a comprehensive framework:

- Prevention
- Intervention and Engagement
- Treatment
- Recovery Support and Management
- Standards for licensing service providers

The framework also identifies evaluation standards and broad budget priorities.

Introduction

The Alcohol and Drug Policy Commission (ADPC) has as its purpose, to improve the effectiveness and efficiency of state and local alcohol and drug abuse prevention and treatment services for all Oregonians.

State law requires the Alcohol & Drug Policy Commission to do the following:

1. By September 15, 2018, develop preliminary recommendations for the scope and framework of the comprehensive addiction, prevention, treatment and recovery plan;
2. By November 1, 2018, must develop the scope and framework for the request for proposal;
3. By December 31, 2018, report to the legislature on the status recommendations for the scope and framework of the plan and the request for proposal;
4. By July 1, 2020, create the State's strategic plan includes, but is not limited to, recommendations regarding:
   (a) Capacity, type and utilization of programs;
   (b) Methods to assess the effectiveness and performance of programs;
   (c) The best use of existing programs;
   (d) Budget policy priorities for participating state agencies;
   (e) Standards for licensing programs;
   (f) Minimum standards for contracting for, providing and coordinating alcohol and drug abuse prevention and treatment services among programs that use federal, private or state funds administered by the state; and
   (g) The most effective and efficient use of participating state agency resources to support programs (ORS 430.242 (2)(a-g).

I. Overarching Goals for the Strategic Plan

The framework will serve as the guide for a process to select a consulting firm to develop the plan. Specific strategies and tactics are not pre-determined for inclusion in the strategic plan. Instead, the plan should focus on developing the strategies and tactics needed to accomplish the elements called for in the framework, including identifying the investments needed to deliver the outcomes determined by the strategic plan framework. The objective of the strategic plan should be to reduce Oregon's significant substance use disorder rate by preventing new substance abuse disorders and increasing the number of Oregonians in recovery.

A. Guiding Principles

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

1. The plan must focus on building a prevention and recovery-oriented continuum of care that includes public, private and faith-based institutions and accounts for geographic differences in community needs and system capacity.
2. Promotion, prevention, treatment, and recovery support strategies, policies and services should be empirically informed evidence-based or emerging/promising practices that include measurable and/or culturally validated outcomes.
3. The strategic plan must include strategies to develop sufficient resources to meet the need rather than meeting the existing level of resources.
4. All strategies and policies should be informed by the developmental stages of human life and a commitment to diversity & equity, especially for those most marginalized identity groups (including but not limited to communities of color, immigrants, refugees, veterans, LGBTQ communities, seniors, and people with disabilities)
5. All phases of the planning process must build on existing local planning structures and include the solicitation and engagement of a broad set of stakeholders including, but not limited to, those in the treatment and recovery community as well as those with lived experiences.
6. Prevention, treatment and recovery support services need to be coordinated, and where appropriate, integrated across relevant departments (including, but not limited to, health, human services, education, employment, housing, and criminal justice) at the both state and local levels, including braided funding.

B. Overarching Strategies:

The ADPC strategic plan should:

1. Focus on substance use disorders (SUDs) with authority and resources to convene state, local, public, private and community systems leaders to create, track, fund and report on strategies for systems integration, innovation, and policy development
2. Reduce Oregon's substance use disorder rate from 9.55% to 6.82% in five (5) years. This would prevent substance use disorder and/or promote recovery in approximately 75,000 people.
3. Increase the current Oregon recovery rate by 25% in five (5) years.
4. Reduce morbidity and mortality related to substance use disorder (including, but not limited to, motor vehicle crash, non-fatal overdose, infections from injecting, etc.)
5. Assess data strengths and gaps related to substance use disorder and recovery, identify current baseline data (if such does not exist) and establish realistic 5-year targets for improvement for cross-systems metrics:
    a. Substance use disorder
    b. Oregon recovery rate
    c. Overdose deaths
    d. Children in foster care due to parental substance use
    e. Injury related to substance misuse (e.g. non-fatal overdose, motor vehicle crash, infections from injecting),
    f. Hospitalization related to substance misuse
    g. Drug-related crime, drug-related recidivism
6. Identify and address barriers to systems integration
7. Identify, assess, strengthen and scale effective current prevention, treatment and recovery support programs
8. Numerous health care, service delivery, governmental and advocacy organizations and institutions have developed action plans to address substance use disorder in Oregon. The ADPC Strategic Plan should thoroughly consider, and where appropriate, include strategies developed through a stakeholder-driven promotion, prevention, treatment and recovery engagement process that would enable state and local organizations and jurisdictions to align, fund, implement, scale, institutionalize, and evaluate best and promising strategies, tactics, and processes, including but not limited to those listed below.

II. Scope of the Framework

A. Prevention

Prevention science has reached a point at which all Oregon communities can ensure that each young person reaches adulthood with the skills, interests, and health habits needed to lead a productive life in caring relationships with others. In 2009 the Institute of Medicine[1] identified numerous tested and effective programs, policies, and practices for the prenatal period through adolescence to prevent development of the most common and costly problems of youth, including academic failure, delinquency, depression, pregnancy, and alcohol and drug use.

A comprehensive and effective system would have six facets: 1) an effective system of family supports; 2) effective positive behavioral supports in all early learning settings and schools; 3) a set of tested and effective prevention policies; 4) ongoing public education about prevention; 5) a system for monitoring the wellbeing of children and adolescents; and 6) workforce development, training and continuing education focused on substance use disorder prevention.

Environmental strategies include changes in community policies, procedures, and practices; changes in the physical design of the environment; and reducing marketing, access and availability of alcohol, tobacco, and other drugs, such as:

1. National Research Council, Institute of Medicine. 2009. *Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities.* Committee on Prevention of Mental Disorders & Substance Abuse among Children, Youth, and Young Adults: Research Advances & Promising Interventions. Washington, DC: National Academy of Science.

1. Adopt and enforce policies proven to reduce alcohol and drug use and contribute to successful treatment and recovery outcomes, which have been identified by the Promise Neighborhoods Research Consortium[2].
2. Increasing the supply of affordable housing, in support of child and family stability and resilience, as well as in support of treatment access and recovery.
3. Develop a senior-focused strategy that addresses poverty, affordable housing, isolation, and health-promoting environments to limit risk factors that lead to SUDs, including non-pharmaceutical pain management, including physical therapy, cannabidiol (CBD), and complementary and alternative therapies.
4. Adopt dram shop liability laws to hold retail outlets (e.g., bars and restaurants) and beverage servers responsible for damages due to intoxicated patrons is associated with decreases in alcohol-related crashes and fatalities.
5. Adopt community-level environmental interventions include strategies such as implementing restaurant/bar server training
6. Adopt stricter blood alcohol content laws for adults
7. Implement ignition interlocks for individuals convicted of alcohol-impaired driving
8. Increase sobriety checkpoints
9. Increase the state wine and beer tax

The following prevention strategies should also be considered:

1. The State of Oregon, on an annual basis must determine and publicize a list of communities that fall into a high, medium and low risk for developing substance use disorder to serve as a basis for all state and local prevention programs.
2. Public and private providers should screen pregnant women for depression as well as substance use disorder.
3. Parents and children should be given Adverse Childhood Experiences (ACE) screenings and given adequate services based on their scores.
4. Oregon children from birth to age 5 should have opportunities to participate in high quality early childhood services (Early Head Start, Head Start).
5. Middle school and grade schools coordinate services and funding across relevant systems to assure prevention education utilizing culturally relevant, equity and empirically informed curriculum that is proven to reduce early drug and alcohol experimentation.
6. Focus school-based prevention efforts on broader mental wellness promotion initiatives that improve attendance and graduation while also lowering substance us, including the Good Behavior Game-type programs, school-based mental wellness promotion efforts, including Positive Behavioral Supports and the kind of strategies geared toward improving help-seeking skills, as with YouthLine.
7. The state of Oregon should communicate annually to parents regarding the dangers of providing drugs and alcohol to minors.
8. The State of Oregon shall conduct a state funded survey to establish county-level epidemiological evidence, inclusive of institutionalized groups (i.e., incarcerated

[2] http://promiseneighborhoods.org/policies.1.html

populations), to inform prevention campaigns in accordance with the identified universal, targeted, or indicated levels of risk.

9. The Oregon Liquor Control Commission must demonstrate and publicize a measurable reduction in the sale of marijuana and alcohol to minors on an annual basis.
10. The Oregon Liquor Control Commission must demonstrate and publicize a measurable reduction in the exposure of marijuana and alcohol advertising to minors on an annual basis.
11. Counties must report current disparities around the capacity for prevention on an annual basis detailing each counties' goals, tactics and progress measurements that includes ethnicity, race, gender, age and zip code.
12. Counties must have biannual selective and indicated prevention strategies for specific high and medium risk populations.
13. Child/teacher/parent in an Oregon school should have access to a certified alcohol and drug prevention specialist on a developmentally appropriate and annual basis.
14. Public and private college and university in the state of Oregon must operate and implement an evidence-based prevention campaign.
15. The State of Oregon must launch an annual universal public education campaign at the statewide and local level that addresses substance use behavior targeted at different developmental stages that consider the lifespan of an individual.
16. Addictive substances sold in Oregon must include a clearly printed warning of the possibility of substance use disorder including beer/wine/spirits and cannabis.
17. The certification process for Oregon teachers must require a minimum of 6 hours of prevention training.
18. Licensed healthcare and behavioral health practitioners must have a minimum of 6 hours of prevention and education training.
19. Children of caregivers with substance use disorders will be provided access to services and therapy to decrease intergenerational substance use disorder.
20. Middle and high school students have easy access to behavioral, social, mental health services in schools

B. Intervention/Engagement

The prevalence of addiction in Oregon necessitates improved screening processes for the disease not only in health care settings but also in the educational, criminal justice and child welfare systems. Also, given that addiction can be a disease characterized by ambivalence about change, it is imperative that health providers be ready with up to date techniques to engage individuals with the disease and help them move toward making a choice for treatment. Considering Oregon's recent decision to de-felonilze possession of all controlled substances, and in so doing, restrict the criminal justice system from compelling individuals arrested for substance related crimes to participate in treatment, new intervention avenues and pathways must be established and developed in physical health and primary care and other settings.

1. Patients admitted to an Oregon emergency departments and urgent care for alcohol or drug related issues are screened for substance use disorder using a validated tool, have the results addressed and discussed by a treating clinician and appropriate treatment is facilitated.

2. Primary care providers are required to administer a validated screening tool to each of their patients on an annual basis.
3. Licensed healthcare and behavioral healthcare practitioner must have a minimum of 6 hours of prevention and education training.
4. Primary care provider, healthcare provider and licensed behavioral healthcare practitioner is required to participate in 6 hours of substance use disorder intervention training during their board certification cycle (6 years).
5. Hospitals must have a certified substance use disorder specialist available 24 hour each day, seven days a week.
6. School counseling staff at the middle school, high school and university level in Oregon (public and private) must have one substance use disorder specialist trained in administering a validated screening mechanism and an additional specialist for every 1000 students.
7. Middle school, high school and university in Oregon (public and private) must have capacity to provide on-site treatment designed to interrupt early onset of the disease of substance use disorder.
8. District Attorney offices must have a fully funded pre-charge/ booking diversion program.
9. Oregon law enforcement officers should receive training on substance use disorder on a biannual basis.
10. Individuals involved in the criminal justice system must be provided access to Medication-Assisted Treatment (MAT) and medication support.
11. Publicly funded institutions should have access to and staff properly trained in administering naloxone.
12. Incarceration facilities (prisons or jails) must have resources and capacity to provide on-site treatment (including but not limited to MAT) to inmates upon arrival and for full duration of stay.
13. Incarcerated persons in Oregon with a substance use disorder must be assigned a peer mentor 90-days prior to release and authorities must follow a protocol for transition planning in coordination with said peer.
14. Jails shall assess inmates with a validated screening tool and refer to appropriate level of care.
15. Parents with a substance use disorder whose child is placed in protective services must have immediate access to the appropriate level of substance use disorder treatment.
16. The parental rights of individuals with a substance use disorder must be protected and guaranteed.

C. Treatment

Treatment services are designed to engage individuals and their families in the discontinuation of the misuse of alcohol and other drugs, to return the previous level of biopsychosocial functioning, to address the root causes of substance use disorder, and to move into a system of recovery and support. Effective treatment must be consistent with culturally and linguistically appropriate service (CLAS) standards adopted by Substance Abuse

and Mental Health Services Administration (SAMHSA) within the US Department of Health and Human Services[3].

1. Crisis intervention services which help connect people to substance use disorder services should be part of our effort to intervene early in SUDs.
2. Homeless, in shelters and on the street, require a bio-psycho-social model that is mobile and outreach-focused, with providers engaging individuals without requiring them to come to a clinic.
3. Increase harm reduction strategies, such as naloxone availability, needle exchange, community-based wound care, etc. to protect public health and encourage early intervention and engagement.
4. Need a strategic shift toward primary care as an essential component in the network of substance use disorder treatment (and prevention). The health care model is very promising – health care is an economic driver where we are demanding excellence. Expanding access to substance use disorder treatment in primary care settings is essential.
5. Early intervention pathways need t expand, as it is difficult to move out of the cycle prior to a deeper level of criminal involvement. High-risk clients need incentives to go through treatment and recovery. For alcohol, DUII is a pathway into treatment: licensure is the carrot to incentivize people to go through the program. Currently, a similar incentive related to misdemeanor charges for drug-related crimes does not exist.
6. Address barriers to information sharing between systems providing treatment services for justice/corrections-involved individuals so that health care related treatment can be coordinated with corrections-oriented treatment plans.
7. The State of Oregon must establish and annually revise a metric for the baseline number of detox, residential and outpatient spaces required to insure same day-access to treatment for adults and adolescents.
8. Oregonians, especially including adolescents, must have same-day access to assessment, a basic medical evaluation, and a variety of treatment options including detox, residential and/or outpatient treatment.
9. Same day access must be defined to include cultural, linguistic, developmentally specific and family options.
10. The State of Oregon shall create and maintain a statewide substance use disorder resource navigation system that provides accurate, up to date certified treatment information and referrals for patients and providers which includes immediate access to a certified peer mentor.
11. The statewide substance use disorder resource navigation system referenced above must include client/consumer feedback and ratings.
12. Hospitals must admit patients for withdrawal management when it's medically necessary.

[3] https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf

13. The State of Oregon shall incentivize all payers to utilize and publicize the existing National Committee for Quality Assurance initiation, engagement and retention metrics.
14. Treatment patients should be engaged in recommended level of care as determined by American Society of Addiction Medicine, hence each treatment must be a minimum of 90 days prior to release to self-care. Patients should have continuous engagement and the supports necessary to remain engaged for a minimum of 90 days.
15. Patients must transfer to the next appropriate level of care with at least one in-person service within seven days of release.
16. State of Oregon must ensure that there is sufficient access to all MAT for all forms of substance use disorder (including Buprenorphine) for Oregonians including pregnant and currently incarcerated Oregonians. Methadone, Buprenorphine and Vivitrol must be more affordable and widely used.
17. State of Oregon must require wage and benefit parity with other healthcare sectors.
18. Ensure improved enforcement of parity in insurance payment/coverage for substance use disorder treatment.
19. Oregonians with co-occurring substance use disorder and psychiatric illness will have coordinated mental healthcare during the course of substance use disorder treatment. Mental health therapists are very hesitant, if not resistant, to assess and treat for mental illness if someone hasn't been clean/sober for 30 days. This requires systems change to remove barriers for people with SUDs to access the mental health system.

D. Recovery Support/Management

Recovery research has transformed our understanding of what constitutes effective systems of care. In the last decade, emerging research has suggested that systems focused on acute and episodic care need to transition to comprehensive recovery-oriented systems with a focus on continuity of service delivery and long-term engagement. Recovery-oriented systems of care, comprised of community- based resources (e.g. medical care, social services, prevention and harm reduction services, recovery support services, and community members themselves) and the service linkages between them, can support individuals in a life-long recovery process. While many of these resources already exist in Oregon, identifying and filling gaps in localities across the state will allow for each individual with a substance use disorder (SUD) to have the best possible chance of lifelong recovery.

1. The State of Oregon will identify a methodology to establish the current recovery rate in Oregon and then track the net increase/decrease biannually through a health survey that includes a random sample of 1.5%+ of the population.
2. Counties with a population of 75,000 or more must have at least one fully funded substance use disorder recovery center that include culturally specific recovery services and multiple pathways to recovery (i.e. 12-step, Self-Management and Recovery Training, Refuge Recovery, yoga and mindfulness, exercise programs, etc.).
3. Counties must have on-demand peer mentoring available for self-referrals.

4. Patients discharged from treatment (both inpatient and outpatient) must receive a telephonic check-up within one week of discharge, weekly and then again at 60 days, 90 days, 6 months, one year, 18 months and two years after discharge.
5. Primary care, emergency, OB-GYN, and urgent care providers receive addiction recovery continuing medical education courses and peer mentor referral training.
6. District Attorneys and county courts in the state of Oregon must implement a recovery barrier reduction program that creates incentives for petty crime and fine forgiveness, reductions in the classification of crimes related to substance use disorder, and record expungement based on recovery milestones.
7. County courts must implement a court fee and child support deferment program for qualifying candidates in recovery.
8. Judges, prosecuting attorneys and the criminal defense bar must undertake six hours of substance use disorder and recovery continuing legal education course credits.
9. Oregonians with a substance use disorder or in early recovery will have access to safe and affordable housing including those with past criminal history.
10. The State of Oregon will create an online recovery housing hub where a person in recovery or a health professional can easily identify certified sober housing units available by County.
11. Counties must provide access to certified family-supportive recovery housing units to meet the needs of the recovery community.
12. Recovery center will have sufficient funding in order to provide safe childcare for families in recovery.
13. The State of Oregon shall develop a centralized recovery resource platform to be utilized by peer mentors, healthcare providers, recovery centers and patients/people in recovery.
14. Publicly funded institutions of higher education will provide recovery support services that are rooted in national best practices.
15. The State of Oregon will provide access to higher education and financial aid that is linked to milestones in recovery.
16. Patients in substance use disorder treatment services are assigned a Certified Recovery Mentor prior to discharge, with access or referral to culturally specific peer mentoring.
17. Parents with a substance use disorder will receive an assessment and subsequent professional parenting classes and family counseling when appropriate as part of the continuum of care.
18. The State of Oregon will promote hiring/rehiring of and workplace recovery support for people in recovery.
19. Public transportation assistance will be provided, as needed, for people in first 12 months of recovery.

III. Standards for Licensing Service Providers

Oregonians deserve high quality treatment and recovery services. Programs must adhere to specific guidelines, ensuring the safety of the program and the treatment methods.

1. Certified inpatient and outpatient treatment centers must provide proof of ongoing equity analysis work within their agencies.
2. Certified inpatient and outpatient treatment centers must provide access to MAT.
3. MAT providers in the state of Oregon must facilitate access to Buprenorphine as well as comprehensive substance use disorder services.
4. Recovery housing facilities in the state of Oregon must comply with a certification process that ensures a safe and supportive living environment.
5. Substance use disorder community recovery center staff, who work directly with individuals in recovery shall be Certified Recovery Mentors and participate in a state-approved continuing best-practices training in conjunction with a credentialing body.
6. Certified treatment providers must contact patients' primary care providers, if they have one, prior to discharge with patients' informed consent. If patients do not have a primary care provider, the treatment provider must inform, assist in establishing patients of the benefits and process of receiving primary care.
7. Certified alcohol and drug counselors (CADC) and peer mentors (CRM) must receive explicit training on equity principles, intersectionality and barriers/roads to recovery for marginalized populations.
8. Detox facilities must facilitate immediate access to the medically appropriate next level of care.
9. Certified substance use disorder treatment providers must have a formalized collaboration with at least one recovery support facility.

IV. Budget Priorities

1. Quantify the costs of a basic and fully-funded prevention, treatment and recovery-support system, and identify strategies for appropriate funding
2. Engage funders/purchasers of treatment to tie funding for prevention, treatment and recovery support to standards of care and systems integration
3. Identify funding for and align local alcohol and drug planning councils (LADPCs) – across the state – to assure diverse community engagement and implementation of locally-tailored strategies that support statewide prevention through recovery support strategies.

V. Standards for Contracting with State of Oregon to Develop the Strategic Plan

1. The ADPC will maintain oversight of the development of the strategic plan. The Contractor developing the Strategic Plan will maintain regular and on-going communication with ADPC staff and council members, as appropriate, to assure contractual compliance and alignment with the intent of the ADPC and enabling legislation.

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