**Strategic Plan Overview**

**Goals:**

1. Decrease the percentage of Oregonians with a substance use disorder (SUD)

* Prevent/reduce the number of Oregonians who develop a SUD
* Increase the percentage of Oregonians with a SUD who receive effective treatment
* Increase the percentage of Oregonians who are in recovery in recovery.

1. Decrease the rate at which Oregonians die from alcohol, tobacco, and other drugs (ATOD)
2. Decrease ATOD-related health disparities
3. Decrease the economic burden of substance misuse-related problems on Oregon’s state budget by increasing investment in prevention, treatment, and recovery

**Objectives:**

1. Implement a statewide system that ensures that substance misuse policies, practices, investments, and efforts are effective and result in healthy and thriving individuals and communities.
2. Increase the impact of substance misuse prevention strategies across the lifespan
3. Increase rapid access to effective SUD treatment across the lifespan
4. Increase access to effective SUD recovery supports across the lifespan

**State System (summary)**

**Intermediate Outcome 1.a:** Strengthen state system leadership and coordination across sectors

**Strategies *include but are not limited to the following*:**

* Convening state agenciesquarterly to review progress and adjust plan goals, objectives, outcomes, and implementation as needed (1.a.1)
* Requiring state agencies to report to ADPC on the process and outcome measures assigned to them in accordance with the time periods specified in the plan (1.a.7.)
* Requiring ADPC to prepare an annual report of progress toward all outcomes and benchmarks identified in the plan (1.a.7)

**Intermediate Outcome 1.b.:** Increase state system capacity to solve substance use problems and implement needed changes to system operations

**Strategies *include but are not limited to the following*:**

* Requiring state agencies to prepare a collective budget and strategic financing plan that quantifies the funding and other resources needed to develop/expand/ sustain services and infrastructure at the scope and reach needed to achieve plan outcomes (1.b.7. and appendix F)

**Intermediate Outcome 1.c.:** Increase the state system’s ability to use practices, processes, and programs that have strongest evidence of effectiveness for priority populations and problems

**Strategies *include but are not limited to the following*:**

* Strengthening processes and developing guidance to ensure those who receive system funding select and implement strategies and provide services that have the highest level of effectiveness and are situationally appropriate for the populations and problems being served (1.c.3.)
* Strengthening requirements for those who receive system funding to provide culturally tailored services to promote health equity among populations disproportionately impacted by substance use-related problems (1.c.7.)

**Prevention**

**Objective 2: Increase the impact of substance misuse prevention strategies across the lifespan**

**Intermediate Outcomes** 2.a: Decrease retail access to alcohol and marijuana to underaged persons

**Immediate Outcomes**:

* 2.a.1. Increase KSAs of beverage servers, retail alcohol clerks, and retail marijuana clerks to **refuse sales to underage persons**
* 2.a.2. Increase **perception of enforcement and consequence** for violating state laws prohibiting sales of alcohol and marijuana to underage persons

**Intermediate Outcome** 2.b: Decrease social access of alcohol and marijuana to underaged persons

**Immediate Outcomes:**

* **2.b.1. Develop/strengthen existing laws and policies** addressing underage alcohol and marijuana use and associated consequences
* 2.b.2. Increase **perception of enforcement and consequence** for violating state and local laws prohibiting providing alcohol and marijuana to underage persons

**Intermediate Outcome** 2.c: Decrease family norms permissive of ATODuse/misuse across the lifespan

**Immediate Outcomes:**

* TBD

**Intermediate Outcome** 2.d: Increase perception of harm of ATOD use/misuse across the lifespan

Increase **knowledge of the harm associated with ATOD misuse** across the lifespan, including drug and alcohol interactions

**Immediate Outcomes:**

* 2.d.1.Increase **knowledge of the harm associated with alcohol misuse** across the lifespan, including drug and alcohol interactions
* 2.d.2.Increase **knowledge of the harm associated with tobacco use** across the lifespan
* 2.d.3.Increase **knowledge of the harm associated with other drug use/misuse** across the lifespan

**Intermediate Outcome 2.e.:** Decrease over service of alcohol in restaurants and bars and retail sales of alcohol to alcohol-impaired adults ages 21+

**Immediate Outcomes:**

* 2.e.1. Increase knowledge, skills, and abilities of beverage servers and retail alcohol clerks to **refuse sales to persons who are intoxicated** or at risk of becoming intoxicated
* 2.e.2. Increase knowledge, skills, and abilities of beverage servers and retail alcohol clerks to **refuse sales to persons who are intoxicated** or at risk of becoming intoxicated
* 2.e.3. Increase **perception of enforcement and consequence** for bars, restaurants, and retail outlets that violate state laws prohibiting sales of alcohol to intoxicated persons

**Intermediate Outcome 2.f.:** Increase the use of state and local health-promoting policies and practices

**Immediate Outcomes:**

* 2.f.1. Increase the knowledge, skills, and abilities of communities to **develop/revise, implement, and enforce local health promoting policies**
* 2.f.2. Increase the knowledge, skills, and abilities of communities to support and advocate for the **development/revision, implementation, and enforcement of state health promoting policies**

**Intermediate Outcome 2.g.:** Strengthen the ability of the prevention workforce to prevent and reduce substance-related problems across the lifespan

**Immediate Outcomes:**

* 2.g.1. Increase ability to **recruit and develop a wide array of prevention workforce members**—including community members, volunteers, professionals, and laypersons who may not identify as being part of the prevention workforce.
* 2.g.2. Increase knowledge, skills, and abilities of prevention practitioners to use **needs assessment, planning, and evaluation** to guide their work and achieve, document, and sustain desired outcomes
* 2.g.3. Increase KSAs of prevention practitioners to use research to select **strategies that have the strongest documentation of effectiveness** and largest effect size for priority populations and substances
* 2.g.4. Increase community capacity to design, mobilize, implement, and evaluate **grass roots efforts to prevent substance misuse** and related health and social problems across the lifespan
* 2.g.5.Increase system ability to create a career path that leads to **increased retention of prevention providers and community organizers**

**Intermediate Outcome 2.h.:** Increase use of effective early intervention and harm reduction

**Immediate Outcomes:**

* 2.h.1. Increase **knowledge of types and quantities of early intervention and harm reduction services needed** to enhance prevention efforts across the state
* 2.h.2. Increase **knowledge of the types and levels of early intervention/harm reduction that currently exist** to support prevention across the state
* 2.h.3. Increase ability to maximize and **expand current effective early intervention/harm reduction capacities** for prevention while strategically targeting areas for new service development
* 2.h.4. Increase knowledge of the types of **intermediaries needed** to increase access to early intervention and harm reduction
* 2.h.5. Increase ability to identify persons at risk of health, social, or legal consequences from AOD use and **provide an appropriate intermediary[[1]](#footnote-1)** to facilitate early intervention, harm reduction, and referral to the appropriate level of needed services
* 2.h.6. Increase ability to **recruit and develop early intervention/harm reduction workforce** members—including those with lived life experience.
* 2.h.7. Increase ability to establish **reimbursement rates for early intervention/harm reduction** workforce members that leads to increased retention
* 2.h.8. Increase KSAs of partners, primary care providers, first responders, and intermediaries to use early and other **intervention/harm reduction modalities that have strong documentation of effectiveness**
* 2.h.9. Increase KSAs of workforce to use **culturally specific early intervention/harm reduction** techniques
* 2.h.10. Increase **knowledge of reimbursement and other barriers** to access to needed early intervention and harm reduction services
* 2.h.11. Increase ability to **adequately reimburse** needed early intervention and harm reduction services

**Intermediate Outcome 2.i.:** Increase access to alternative pain and stress management (APSM)

**Immediate Outcomes:**

2.i.1. Increase **knowledge of types and quantities of APSM needed** to enhance prevention efforts across the state in community and other settings

2.1.2. Increase **knowledge of the types and levels of APSM that currently exist** to support prevention across the state in all community and other settings[[2]](#footnote-2)

2.1.3. Increase ability to maximize and **expand current effective APSM capacities** for prevention while strategically targeting areas for new service development

2.1.4. Increase **knowledge of reimbursement and other barriers** to access to APSM services

2.i.5. Increase ability to **adequately reimburse** APSM services

**Treatment**

**Objective 3: Increase rapid access to effective SUD treatment across the lifespan**

**Intermediate Outcome 3.a.:** Increase access to all levels and types of needed treatment

**Immediate Outcomes:**

* 3.a.1. Increased knowledge of the priority **types, levels of care, and quantities of SUD treatment needed** across the state in community and other settings[[3]](#footnote-3)
* 3.a.2. Increased knowledge of the **types, levels of care, and quantities of SUD treatment that currently exist** in all community and other settings
* 3.a.3. Increased ability to **maximize and expand existing effective treatment capacities** while strategically targeting areas for new service development
* 3.a.4. Increased ability to identify persons at risk of—or experiencing—health, social, or legal consequences from AOD use and provide them with appropriate **intermediaries to facilitate access to needed treatment services**
* 3.a.5. Increased ability of intermediaries and practitioners[[4]](#footnote-4) to **connect clients to appropriate levels of treatment**
* 3.a.6. Increased ability to use distance technologies (e.g., ECHO) to increase **access to high-quality care in underserved areas** (basic and specialized)
* 3.a.7. Increased ability to conduct research and produce **innovative new treatment solutions** for SUDs for which there are limited effective treatment modalities

**Intermediate Outcome 3.b.:** Increase access to effective intervention and harm reduction

**Immediate Outcomes:**

* 3.b.1. Increase **knowledge of types and quantities of intervention and harm reduction needed** across the state in community and other settings
* 3.b.2. Increase **knowledge of the types and levels of intervention/harm reduction that currently exist** across the state in all community and other settings
* 3.b.3. Increase ability to maximize and **expand current effective intervention/harm reduction capacities** while strategically targeting areas for new service development

**Intermediate Outcome 3.c.:** Decrease barriers to treatment

**Immediate Outcomes:**

* 3.c.1. Increased public **awareness of SUD as a chronic public health issue** that requires medical attention and ongoing management
* 3.c.2. Increased **public knowledge of available treatment resources** and how to access them
* 3.c.3. Increased knowledge of the **types and quantities of basic need supports, and other resources required** to ensure those in need of treatment can access and remain in treatment
* 3.c.4. Increased ability to ensure all persons in need of treatment have **access to basic need supports and other resources** required to access and remain in treatment
* 3.c.5. Increased ability to **support parents experiencing addiction** by providing an assessment, parenting and family strengthening classes, and counseling

**Intermediate Outcome 3.d.:** Decrease barriers to intervention and harm reduction

**Immediate Outcomes:**

* 3.e.1. Increasedknowledge **of** the **types of intermediaries needed to increase access to, and retention in, treatment** (e.g., liaisons, peer mentors, case managers)
* 3.e.2. Increased ability to ensure persons needing treatment have **access to an appropriate intermediary** to facilitate access to all needed treatment services
* 3.e.3. Increased ability to **recruit, support, and retain treatment workforce members**—including those with lived life experience.
* 3.e.4. Increased ability to provide adequate **reimbursement rates for treatment workforce members**
* 3.e.5. Increased ability of primary care providers to use **treatment modalities with strong documentation of effectiveness** (including MAT) and are situationally appropriate
* 3.e.5. Increased ability of primary care providers to use **treatment modalities with strong documentation of effectiveness** (including MAT) and are situationally appropriate

**Intermediate Outcome 3.e.:** Strengthen the effectiveness of the treatment workforce

**Immediate Outcomes:**

* 3.e.1. Increasedknowledgeofthe **types of intermediaries[[5]](#footnote-5) needed to increase access to, and retention in, treatment** (e.g., liaisons, peer mentors, case managers)
* 3.e.2. Increased ability to ensure persons needing treatment have **access to an appropriate intermediary** to facilitate access to all needed treatment services
* 3.e.3. Increased ability to **recruit, support, and retain treatment workforce members**—including those with lived life experience.
* 3.e.4. Increased ability to provide adequate **reimbursement rates for treatment workforce members**
* 3.e.5. Increased ability of primary care providers to use **treatment modalities with strong documentation of effectiveness** (including MAT) and are situationally appropriate
* 3.e.6. Increased ability of primary care providers to use **treatment modalities with strong documentation of effectiveness** (including MAT) and are situationally appropriate

**Intermediate Outcome 3.f.:** Strengthen the effectiveness of the intervention and harm reduction workforce

**Immediate Outcomes:**

* 3.f.1. Increase ability to **recruit and develop intervention/harm reduction workforce** members—including those with lived life experience.
* 3.f.2. Increase ability to establish **reimbursement rates for intervention/harm reduction** workforce members that leads to increased retention
* 3.f.3. Increase KSAs of primary care providers, all potential first responders, and intermediaries to use **intervention/harm reduction modalities that have strong documentation of effectiveness**
* 3.f.4. Increase KSAs of workforce to use **culturally specific early intervention/harm reduction** techniques
* 3.f.5. Increase knowledge of the types of **intermediaries needed** to increase access to intervention and harm reduction
* 3.f.6. Increase ability to identify persons at risk of health, social, or legal consequences from AOD use and **provide an appropriate intermediary** to facilitate early intervention, harm reduction, and referral to the appropriate level of needed services

**Intermediate Outcome 3.g.:** Increase collection and use of data to evaluate treatment processes and outcomes

**Immediate Outcomes:**

* 3.g.1. Increase system **knowledge of consumer experiences** in accessing and using treatment services
* 3.g.2. Increase system **knowledge of consumer outcomes** from accessing treatment services

**Recovery**

**Long-term Outcome: Increase the percentage of Oregonians in recovery by 25% or more by 2025.**

**Objective 4: Increase access to effective SUD recovery supports across the lifespan**

**Intermediate Outcome 4.a.:** Increase access to all levels and types of needed recovery supports

**Immediate Outcomes:**

* 4.a.1. Increased **public awareness of SUD as a chronic public health issue** that requires medical attention and ongoing management
* 4.a.2. Increased **knowledge of the types, levels of care, and quantities of recovery support needed** across the state in community and other settings[[6]](#footnote-6)
* 4.a.3. Increased **knowledge of the types, levels of care, and quantities of recovery support that currently exist** across the state in all community and other settings
* 4.a.4. Increased **knowledge of the types of intermediaries[[7]](#footnote-7) needed** to increase access to, and retention in, recovery
* 4.a.5. Increased ability to ensure persons in recovery have **access to an appropriate intermediary** to facilitate access to all needed recovery services
* 4.a.6. Increased ability to **maximize and expand current effective recovery support capacities** while strategically targeting areas for new service development

**Intermediate Outcome 4.b.:** Increase access to effective intervention and harm reduction

**Immediate Outcomes:**

* 4.b.1. Increase **knowledge of types and quantities of intervention and harm reduction needed** across the state in community and other settings
* 4.b.2. Increase **knowledge of the types and levels of intervention/harm reduction that currently exist** across the state in all community and other settings[[8]](#footnote-8)
* 4.b.3. Increase ability to maximize and **expand current effective intervention/harm reduction capacities** while strategically targeting areas for new service development

**Intermediate Outcome 4.c.:** Decrease barriers to recovery support

**Immediate Outcomes:**

* 4.c.1. Increased ability to provide **adequate reimbursement for recovery support services**
* 4.c.2. Increased **knowledge of the types and quantities of basic needs and other supports required** to ensure those in recovery can remain in recovery
* 4.c.4. Increased ability to provide **parenting and family strengthening support** to parents in recovery

**Intermediate Outcome 4.d.:** Decrease barriers to intervention and harm reduction

**Immediate Outcomes:**

* 4.d.1. Increase **knowledge of reimbursement and other barriers** to access to needed intervention and harm reduction services
* 4.d.2. Increase ability to **adequately reimburse** needed intervention and harm reduction services

**Intermediate Outcome 4.e.:** Strengthen the recovery support workforce

**Immediate Outcomes:**

* 4.e.1. Increased ability to **recruit and develop recovery support workforce members**—including those with lived life experience.
* 4.e.2. Increased ability to **establish reimbursement rates and create a career path** for recovery support workforce members that leads to increased retention
* 4.e.3. Increased ability of primary care providers to provide **recovery supports with strong documentation of effectiveness** and are situationally appropriate
* 4.e.4. Increased ability of behavioral health and primary care providers to provide **culturally specific recovery supports**

**Intermediate Outcome 4.f.:** Strengthen the effectiveness of the intervention and harm reduction workforce

**Immediate outcomes:**

* 4.f.1. Increase ability to **recruit and develop intervention and harm reduction workforce** members—including those with lived life experience.
* 4.f.2. Increase ability to establish **reimbursement rates for intervention and harm reduction** workforce members that leads to increased retention
* 4.f.3. Increase KSAs of workforce to use **intervention and harm reduction modalities that have strong documentation of effectiveness**
* 4.f.4. Increase KSAs of workforce to use **culturally specific early intervention/harm reduction** techniques
* 4.f.5. Increase knowledge of the types of **intermediaries needed** to increase access to intervention and harm reduction
* 4.f.6. Increase ability to identify persons at risk of health, social, or legal consequences from AOD use and **provide an appropriate intermediary** to facilitate early intervention, harm reduction, and referral to the appropriate level of needed services

**Intermediate Outcome 4.g.:** Increase collection and use of data to evaluate recovery support processes and outcomes

**Immediate Outcomes:**

* 4.g.1. Increased **knowledge of consumer experiences** in accessing and using recovery support services
* 4.g.2. Increased **knowledge of consumer outcomes** from accessing recovery support services

1. The use of the term ‘intermediary’ includes, but is not limited to, peer mentors, case managers, liaisons, and student and employee assistance professionals. [↑](#footnote-ref-1)
2. Other includes, but is not limited to, schools (e.g., SAP), places of employment (e.g., EAP), higher education, congregate living facilities, medical and psychiatric facilities, and correctional facilities [↑](#footnote-ref-2)
3. Other includes, but is not limited to, college/university housing, other congregate living facilities, medical and psychiatric facilities, and correctional facilities [↑](#footnote-ref-3)
4. Practitioner includes, but is not limited to those employed in social services, behavioral health, medical/primary care, education, law enforcement, and corrections [↑](#footnote-ref-4)
5. The use of the term ‘intermediary’ includes, but is not limited to, peer mentors, case managers, liaisons, and student and employee assistance professionals. [↑](#footnote-ref-5)
6. Other includes, but is not limited to, college/university housing, other congregate living facilities, medical and psychiatric facilities, and correctional facilities [↑](#footnote-ref-6)
7. The use of the term ‘intermediary’ includes, but is not limited to, peer mentors, case managers, and liaisons. [↑](#footnote-ref-7)
8. Other includes, but is not limited to, schools (e.g., SAP), places of employment (e.g., EAP), higher education, congregate living facilities, medical and psychiatric facilities, and correctional facilities [↑](#footnote-ref-8)