

Areas of Alignment Between Oregon’s Substance Use Strategic Plan and Ballot Measure 110

<i>Subject Areas Showing Alignment/Non-Alignment*</i>	<i>Strategic Plan</i>	<i>Measure 110</i>
Overarching Goals		
a. Respond to substance use/misuse using a health care approach	Vision, Mission, Values statements; Ultimate Impacts; Goals	Whereas Clauses and Findings
b. Better access to treatment services	Goal 3	Whereas Clauses and Findings
c. Better access to recovery supports	Goal 4	Whereas Clauses and Findings
d. Shift state spending from spending on criminal justice to more direct spending on treatment and recovery services	Ultimate Impact 4 (Strategic Plan has a broader vision of what “economic burden” spending is and includes prevention in direct spending)	Whereas Clauses
e. Reduce substance use disorders	Ultimate Impact 1, Goal 2	
Expanding Treatment and Recovery Services (ARCs)		
a. Acute Care Services	Goal 3—increase access to all levels of treatment, intervention, and harm reduction; decrease barriers to treatment; and increase data to evaluate treatment services	Section 2—creates and funds Addiction Recovery Centers (ARCs) to immediately triage the acute needs of people who use drugs and conduct a health assessment
	a. Implement an online system that provides real-time information on available prevention, treatment, and recovery services	
	b. Require hospitals to have a certified SUD specialist available at all times	
	c. Increase funding for treatment services that are in highest demand and where they are most needed immediately	
	d. Require individuals seen in urgent care for opioid use disorders be discharged with	

	naloxone kits and referrals for assessment/treatment	
	e. Partner with post-secondary institutions to develop assessment and treatment services that meet the needs of student populations	
	f. Increase use of mobile, outreach-focused treatment services that engage homeless populations	ARCs shall assess the need for, and provide, mobile or virtual outreach services to reach clients who are unable to access the Center
	g. Increase funding for immediate access to needed treatment services for parent/guardian who has child in protective custody; increase number of residential programs where parent/guardian can enter with their children	
	h. Increase our knowledge of consumer experiences and outcomes with treatment services and then increase funding to those services that are effective	
b. Connection to Support Services	Goal 3 and 4—increase access to supports that help ensure people can sustain and maintain treatment and recovery	Section 2—if person desires it, case manager creates plan addressing other needs
	a. Ensure an array of supports (housing, employment, childcare, transportation)	Case manager can create plan that addresses co-existing health problems, housing, employment, childcare and other services
	b. Create an inventory of the basic need supports required for a person to sustain treatment and maintain recovery	
	c. Expand use of distance technology to provide all types of care (substance use services and support services)	ARCs will assess the need for, and provide, virtual outreach services
	d. Provide parents/guardians with parenting and family strengthening classes	

	e. Provide family counseling and other whole family supports for seniors, people with disabilities, parents, and others who desire supports for family	
c. Provide Peer Supports	Goal 4—increase access to all levels of recovery supports, decrease barriers to recovery supports, and increase data collection to evaluate recovery support services	Section 2—ARCs offer peer counseling and provide peer outreach services
	a. Complete an inventory of recovery services that currently exist	
	b. Fund peer supports in school, community and other settings and support recovery models for youth (ie: recovery high schools)	
	c. Require treatment providers to provide a warm hand-off to recovery support resources	
	d. Increase access to long-term recovery supports (ie: beyond the point of treatment plan completion)	Peer counseling and support offered from triage and assessment through implementation of individual plan
	e. Increase our knowledge of consumer experiences and outcomes of recovery services	
d. Offer culturally and linguistically appropriate services	Mission Statement, Goal 1, Goal 2, Goal 3— Strengthen ability of workforce to implement culturally tailored and linguistically appropriate prevention, treatment, and recovery services for historically underserved communities such as seniors, people with disabilities, LGBTQ+, persons of color, tribal nations, and rural Oregonians	Section 2—ARCs will provide evidence-informed, trauma-informed, culturally responsive, patient-centered, non-judgmental, and centered on principles of harm reduction
	a. Use data collected through needs assessment to identify gaps in services for historically underserved populations	
	b. Invest in identified gaps for prevention, treatment, and recovery support services	

<p>Increasing Community Access to Care</p>		<p>Section 2—Grants can also go to existing agencies or organizations to increase access to one or more of the following:</p>
<p>a. Organizations that can be funded</p>	<p>Goal 3 (Objective 3.b)—decrease barriers to treatment by increasing public awareness of SUDs as a chronic public health issue, increasing public knowledge of treatment resources and how to access them, incorporate technology in treatment (and other service) delivery, increase whole family supports, and reduce Medicaid gap coverage for persons exiting correctional facilities</p>	<p>a. Low barrier substance use disorder treatment that is evidence-informed, trauma-informed, culturally responsive, patient-centered, and non-judgmental</p>
	<p>Goal 4 (Objective 4.b)—decrease barriers to recovery by increasing public awareness of SUDs as a chronic public health issue, increasing public knowledge of recovery supports and how to access them, increasing access to basic need supports, increasing long-term recovery supports, and investing in support for parents/guardians in recovery</p>	<p>Peer support and recovery services</p>
	<p>Goal 3 (Objective 3.b) and Goal 4 (Objective 4.b)—ensure persons in treatment and recovery have an array of services, including housing</p>	<p>Transitional, supportive, and permanent housing for persons with substance use disorder</p>
	<p>Goal 1 (Objective 1.b)—increase ability of primary care providers, first responders, and intermediaries to use intervention/harm reduction strategies; and increase the use of culturally specific harm intervention/harm reduction strategies</p>	<p>Harm reduction interventions including, but not limited to, overdose prevention education, access to naloxone hydrochloride and sterile syringes, and stimulant-specific drug education and outreach</p>

b. Funding priorities	Goal 1 – Goal 4—Funding is prioritized based on what services are most needed, serving underserved populations/communities, and keeping families together	Grants are prioritized to community-based nonprofit organizations within each coordinated care organization service area
c. Payment/reimbursement for services	Goal 3 and Goal 4—increase access and coverage for all needed types of treatment and recovery support services	Services are free of charge; providers can seek and obtain reimbursement from insurance
d. Other Essential Community Services	Goal 2—increase use of effective prevention strategies across the lifespan and in multiple settings; increase collection of data to evaluate prevention outcomes	
Oversight and Accountability Council		
Membership	ORS 430.221 outlines who sits on the ADPC; membership is similar to Oversight and Accountability council	Section 3—outlines who will sit on the Oversight and Accountability Council
Funding		
a. Marijuana Revenues	Goal 1 – Goal 4—nothing specific on marijuana revenues, but rather Strategic Plan identifies priorities where Oregon should focus spending either by redirecting current revenues (which includes marijuana revenues) or identifying new sources	Section 10—Oregon will transfer quarterly to the Drug Treatment and Recovery Services Fund all moneys in the Oregon Marijuana Account in excess of \$11,250,000
b. Savings	Ultimate Impact 4—savings from reduced spending on the problems associated with substance use will be re-directed to prevention, treatment and recovery support services	Section 6 and 7—savings from sentence reductions will be transferred to new account that funds ARCs and community access organizations
Workforce	Goal 1 (Objective 1.b.3)—increase recruitment, development, retention of highly effective workforce	

	a. identify core competencies and specialized knowledge, skills, and abilities needed by each sector of the workforce	
	b. provide assistance for workforce to select and implement culturally tailored and linguistically appropriate services	
	c. establish adequate reimbursement needed to increase workforce retention	
	d. increase the number of behavioral health staff working in underserved communities	
	e. expand financial and non-monetary assistance, such as training stipends, tuition assistance, and loan forgiveness to increase recruitment and retention	
	f. make education and training opportunities easier to complete through such means as online training or virtual supervision	
	g. develop career ladders and opportunities	

*Non-Alignment can mean the Strategic Plan and M110 state something different about the same concept, but it can also mean that there is a concept contained in one that is simply not present in the other.