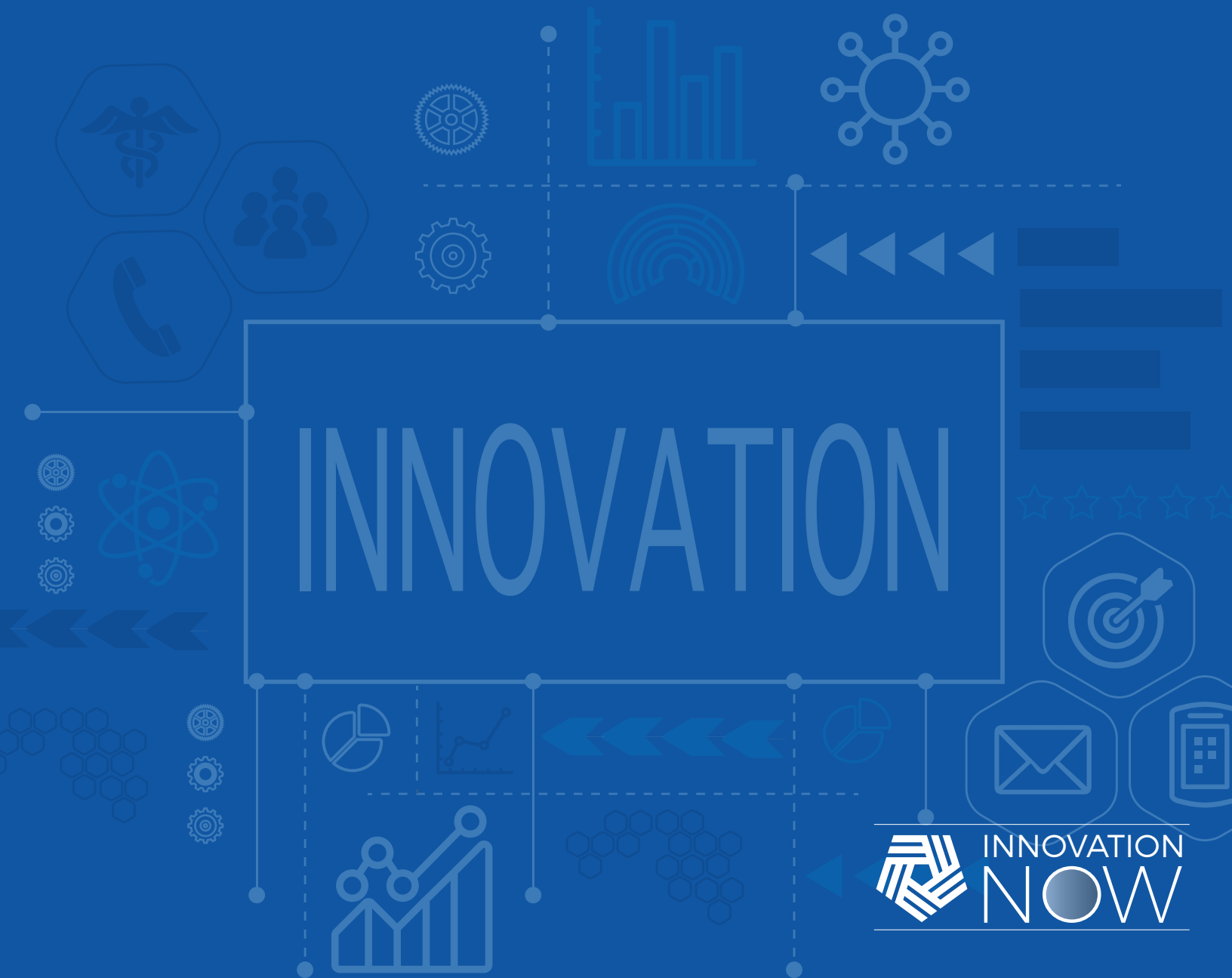
ADDICTION POLICY FORUM REPORT | SEPTEMBER 2019

OREGON
INNOVATIONS TO ADDRESS ADDICTION

Nine Innovative Solutions that are Transforming the Prevention and Treatment of Addiction



INNOVATION NOW

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Innovation Now reimagines how we can address addiction as a nation. A project of Addiction Policy Forum, the initiative showcases innovative programs and interventions from across the nation that are actively transforming the field of addiction from every sector.

Many thanks to our partners for their support.

- Pharmaceutical Research and Manufacturers of America
- Faces and Voices of Recovery (FAVOR)
- The National District Attorneys Association (NDAA)
- The National Association for Children of Addiction (NACoA)
- Young People in Recovery (YPR)
- The Police, Treatment, and Community Collaborative

By engaging entrepreneurs, leaders, healthcare providers, and experts across sectors across the country, the Innovation Now initiative aims to increase transformative ideas to prevent and treat substance use disorders.

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INNOVATION

Dear Reader,

Oregon is famous for its scenic beauty, from volcanic peaks to towering timber, its high-tech creativity in Silicon Forest, and its quirky urban scene. Independence and innovation are reflected in the state motto, "She Flies With Her Own Wings." Oregon is known for leading the way in addressing important issues. Yet it also faces the same challenge confronting the rest of the country.

It's home to serious addiction issues.

But there's a reason for hope. Because folks in the Beaver State are summoning its innovative spirit and devising new ways to help people seeking to overcome addiction. Innovators across Oregon are tackling it with fresh ideas and a can-do attitude. And that's producing inspiring results.

The Innovation Now initiative recognizes innovators and leaders across the multiple sectors needed at the table to address addiction--prevention, treatment, recovery, child welfare, criminal justice, law enforcement and health care leaders who are creating solutions and driving change. As the founder of Addiction Policy Forum, it's my pleasure to work with patients, families, community members, and state and local leaders who are passionate about solving addiction. As a person whose family has been devastated by this disease, I share the Addiction Policy Forum's vision to eliminate addiction as a major health problem.

It's an honor to recognize these innovators in Oregon who are leading the way. In the following pages, you'll learn about their outstanding work that's improving our response to addiction and saving lives.

Jessica Hulsey Nickel

Founder
Addiction Policy Forum

COMMUNITY LIVING ABOVE
WEST LINN, OR

Sometimes all it takes is a person with a passion to make a real difference. Julie Edwards had a family member who struggled with a substance use disorder. Julie searched high and low but had a hard time finding help for her family. With limited resources, she decided to create them herself and founded the West Linn Community Task Force in 2010.

Then in 2015, with unanimous community consensus, she was told to enlist Pam Pearce to take over the organization. Pam accepted, and knowing that the concerns were bigger than just her city, she, her board, and students renamed the organization Community Living Above.

Pam used her passion to exponentially grow the organization. You see, Pam has been in recovery for 24 years. That's right, 24! This is something to celebrate, however, sometimes people keep their recovery a secret. Pam doesn't believe in being anonymous, "As a person in long-term recovery, I have always shared my story. I have been in recovery since I was young and have never been anonymous. This is my reality and I don't find shame or stigma in it." She hopes her story will encourage others to do the same and to seek help - the earlier the better.

Having a substance use disorder (SUD) is a problem that no one wants, yet so many struggle with every day, and almost every family has a story. The goal of the organization is to prevent SUD's and bring awareness and education to youth and families. "Prevention is the cure to substance use disorders in a perfect world. But until we get there, prevention also needs to be letting people know where to go for help when they need it and typically that looks like a crisis," says Pam. Most recently Pam brought the documentary, Generation Found, to her

INNOVATIONS TO PREVENT SUBSTANCE USE DISORDER

Effective prevention contributes to significant societal cost-savings and dramatically reduces the prevalence of both substance use and mental illness. The best way to prevent the development of substance use disorders is to delay the age of drug and alcohol use initiation while the adolescent brain is still developing. It is also critical to intervene early when a person is misusing substances so that risky use does not progress into an addiction.

Evidence-based prevention programs prevent or delay the onset of substance use as well as other behavioral health problems. Prevention should also address individual and environmental factors that contribute to use disorders.

Prevention is the cure to substance use disorders in a perfect world. But until we get there, prevention also needs to be letting people know where to go for help when they need it and typically that looks like a crisis.

– Pam Pearce

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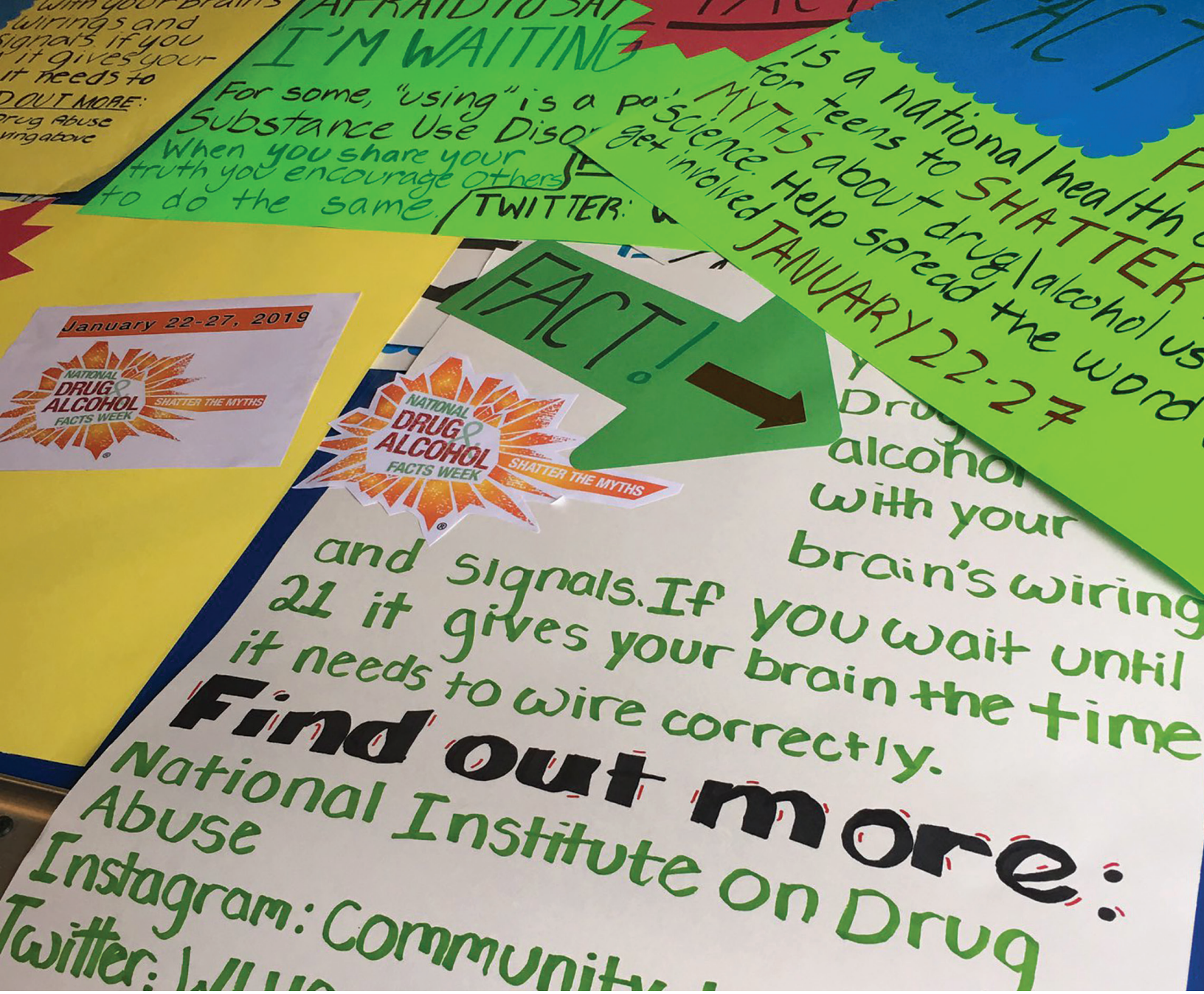


community and she and a team of others started the process of bringing the first recovery high school and alternative peer groups to Oregon. The alternative peer group, Family Inspired Recovery, opened in May, and Harmony Academy will open this September.

Community Living Above also works with the local school district to support teens in bringing awareness to substance use disorders and mental health concerns and providing prevention education and ways to support themselves and peers. "The support from our community, board members, and the youth is humbling. Because most people have a story, finding a safe environment to share those stories is what ultimately brings hope and healing," says Pam.

Each month, the organization hosts a lunch at West Linn High School. The lunch acts as a safe space to share thoughts and ideas about SUD prevention and ways to share information with friends, family, and the community. Sometimes they have a speaker, many times they go around the room and share what's on their minds, or things they are experiencing in their community. "Every month I wonder if anyone will show up, then 50-75 kids walk through the door," says Pam. The organization has grown from roughly 40 kids to over 200. Community Living Above creates an environment where students and families can talk about substance use disorders and begin healing. By creating a conversation with youth, they hope to destigmatize the disease and give youth the tools to understand why having the information and understanding the realities will be their best defense. Research indicates that as much as 50% of a person's genetics determine being predisposed to having an SUD and the other 50% is our environment. It's important that the youth know this so they can protect themselves in the half they can control.

Pam concludes with encouraging words she often shares with students, youth, and families: "It's going to be okay. The first step of saying out loud what we think makes us different – and seems to be the hardest. Perfection does not exist and in simple terms, imperfection is what makes us human. Embrace who you are, be vulnerable – it is there that we find our strength." Pam and Community Living Above know, believe, and live this.

NUMBERS:

- In 2010, the West Linn Community Task Force was founded and changed to Community Living Above in 2015 to address addiction in every community.
- 200 students participate in Community Living Above's Teen Advisory Board.

SUMMARY:

- Community Living Above is a prevention organization that supports youth and families in the prevention of SUD/Mental Health concerns.
- The organization's goal is to create an environment where people feel safe and empowered to share their stories and experiences in the hope that it will help others.
- The organization assists families in finding the resources they may need, reducing shame by sharing stories and bringing hope by paying-it-forward.

Max's Mission

Saving Lives in Southern Oregon through Opioid Outreach

MAX'S MISSION
ASHLAND, OR

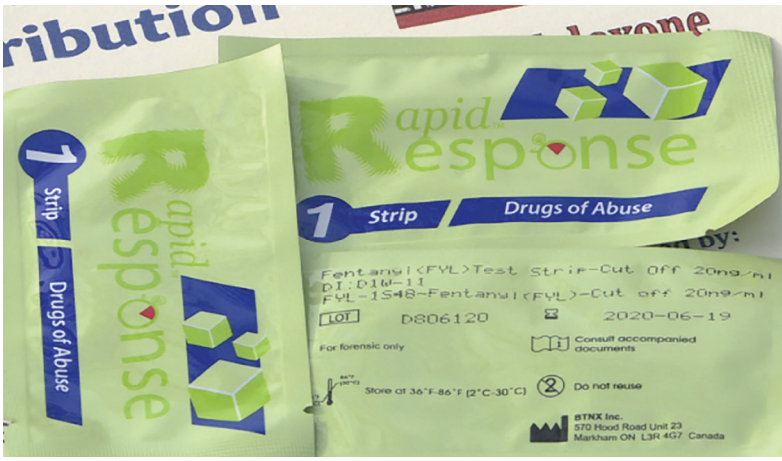
The small community of Ashland in Oregon's Rogue Valley was rocked by addiction six years ago. Andrew, Colin, Jordan and Max were local young men who shared a sad link. All four died of an overdose within six months of each other.

Julia Pinsky's son Max was one of them. He was 25. Max hadn't been using heroin for long, but Julia says it was a "rapid downhill escalation, a speed train." In fact, his parents weren't even aware Max was home the day he died until they found him unresponsive.

Like some who experience such a deep loss, Julia didn't want to talk to anyone. But she spent a lot of time online doing research. She kept coming across references to naloxone again and again and couldn't help wondering, "If many of us had naloxone, maybe it would have been different?"

But Julia couldn't find anyone in her area who knew about it, much less had any. And that frustrated her. "Naloxone wasn't easy to get in our community," she says. "If you were at a clinic, there was a very slight chance that naloxone was available. It was really a long shot though, and no one had any to spare."

Three years after Max died, Julia connected with Dr. Tim Shames, Jackson County Director/Health Officer, who invited her to a naloxone workgroup meeting. Mainly health care professionals attended, along with pharmacists, doctors, nurses and a few people in recovery. I wanted to make a difference to help prevent other families locally to feel the same loss my husband and I had experienced." With not much funding and a bit of know how David and



Julia Pinsky launched a Go Fund me to create a nonprofit dedicated to overdose education and FREE naloxone distribution in Southern Oregon.

There are many ways to help with addiction, but Julia kept coming back to the importance of saving a life. "You can't go to treatment if you're dead," she notes. Max's Mission was officially founded soon after in November 2016.

Max's Mission gives out naloxone and educates the public about its benefits. "Before we started, no one even knew how to pronounce the word naloxone," she says.

Laws changed allowing for easier access to naloxone, but the cost makes it inaccessible to many people. Yet the group knew the need for it was huge. So they started holding more meetings and providing more training. Through grants, recovery organizations, partnerships with treatment centers and clinics, and donations, they're able to keep giving out naloxone. In the first eight months of 2019, the group trained over 600 people and distributed 815 free doses of naloxone and 175 fentanyl test strips.

Despite its success, it's still difficult for the general public to get naloxone. While it is more readily available in metro areas such as Portland, Max's Mission frequently gets calls from all over the state from people wanting it.

"We still get pushback because people don't grasp just how important it is to save a life," Julia says in conclusion. "As parents, we want to spare others this terrible loss. As long as there's a demand, Max's Mission will go on."

NUMBERS:

- Started in November 2016.
- In the first eight months of 2019, the group trained over 600 people.
    - Distributed 815 free doses of naloxone.
    - Gave away 175 fentanyl test strips.

SUMMARY:

- Julia Pinsky and her husband David founded Max's Mission in 2016 in honor of her son Max, who died of a heroin overdose.
- Max's Mission is a non-profit organization that provides free naloxone distribution and education throughout Southern Oregon.
- The training and naloxone are available to all on a monthly basis and to community organizations, law enforcement, volunteer emergency services and any other groups on request.

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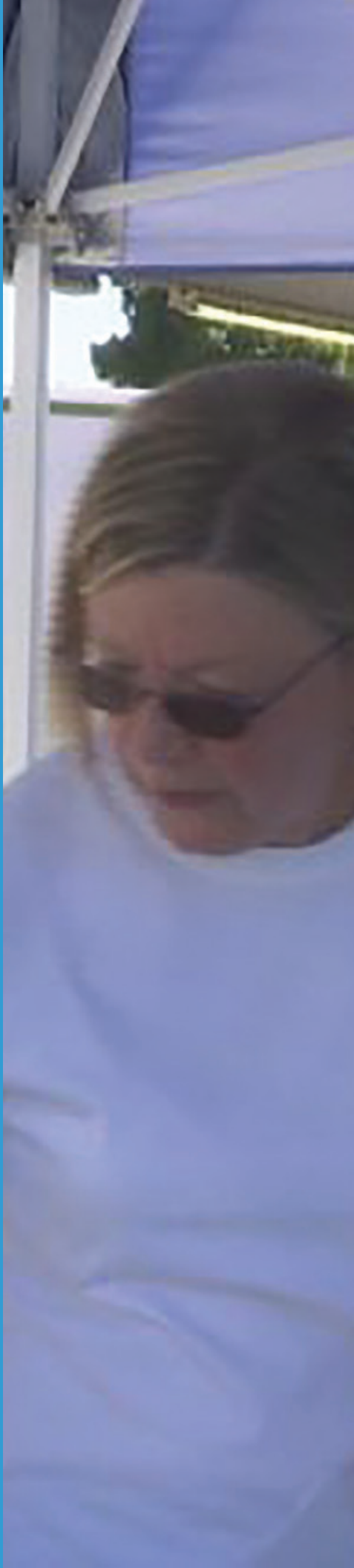
As parents, we want to spare others this terrible loss. As long as there's a demand, Max's Mission will go on.

– Julia Pinsky



IMPACT (IMPROVING ADDICTION CARE TEAM) PORTLAND, OR

Consider this. A patient comes to the hospital time and time again. She has a substance use disorder and is seeking care for complications related to her SUD. In a cycle, she continues her drug use, her health continues to decline and she continues to come back to the hospital. Eventually, she dies in the ICU, without getting connected to addiction treatment.

That loss made a profound impact on Dr. Honora Englander. She previously worked on a program to provide supportive care and transitional services to those who were uninsured or underinsured. She also discovered there was a blind spot in addressing addiction needs.

Dr. Englander conducted a survey of hospitalized adults with substance use disorders, and found that 58 percent of people with high risk alcohol use and 67 percent of people with high risk drug use wanted to cut back or quit. Her research identified barriers, including long wait times for community treatment, lack of resources for medically complex patients, and low patient trust in providers. She mapped findings from the needs assessment to components of an intervention.

And so the Improving Addiction Care Team (IMPACT) was created in July 2015. Dr. Englander is its director. She's now board certified in addiction medicine. Through the program, doctors can refer hospitalized patients to receive care from IMPACT. The team consists of a group of doctors, social workers, nurse practitioners, physician's assistants, and certified recovery mentors who meet every day. They identify and assess patients who're suffering from addiction-related diseases and health problems and offer assistance with harm reduction and treatment.

INNOVATIONS IN HEALTHCARE

It is crucial for people to have access to a system of care that has adequate capacity to provide all levels of treatment and address all levels of severity for substance use disorders.

In 2016, according to the National Survey on Drug Use and Health, 330,000 Oregon residents had a substance use disorder. Of those, 321,000 did not receive treatment from a specialty substance use disorder treatment provider.* Delays in treatment access can mean an increased risk for death and other harms associated with substance misuse.

Substance use disorders (SUDs) remain one of the only illnesses that is treated outside of general health care systems. Because of this, there is very little, if any, communication between specialty SUD treatment providers and primary care doctors. This affects the overall quality of care and health outcomes of the patient.

Evidence-based SUD treatment integrated into healthcare systems helps to close the gap between the number of people who need treatment for an SUD and the number of people who actually receive it.

* Substance Abuse and Mental Health Services Administration, 2016 National Survey on Drug Use and Health, Tables 22 and 25, available at https://www.samhsa.gov/ data/sites/default/files/NSDUHsaeTotal2016/NSDUHsaeTotals2016.pdf.

People don't come to the hospital looking for substance use treatment. But the fear of death can be a wakeup call. It creates a golden moment of opportunity where we can intervene and help people on a different path.

– Dr. Honora Englander

"This increases engagement and trust, and helps them to navigate a complex system," Dr. Englander explains.

IMPACT includes 1) An inpatient consult service, with the goal of giving patients a safe place to share their stories, improving patient engagement and trust while expanding inpatient treatment options. 2) Inreach liaisons, which are, which are partnerships with community providers to create rapid access pathways to treatment and create a smooth transition for those MAT. 3) Medically-enhanced residential treatment program that integrated IV antibiotics in residential care. This was eventually discontinued.

The program has served more than 1,400 patients in the past four years.

Project IMPACT has led to the creation of other hospital-based services. For instance, there is now a hospital-based Project ECHO. There is also a bridge clinic that will soon open to further address the needs of those with an SUD.

"People don't come to the hospital looking for substance use treatment," Dr. Englander explains. "But the fear of death can be a wakeup call. It creates a golden moment of opportunity where we can intervene and help people on a different path." MAT, rapid care, and helping patients navigate complex systems the program's key features.

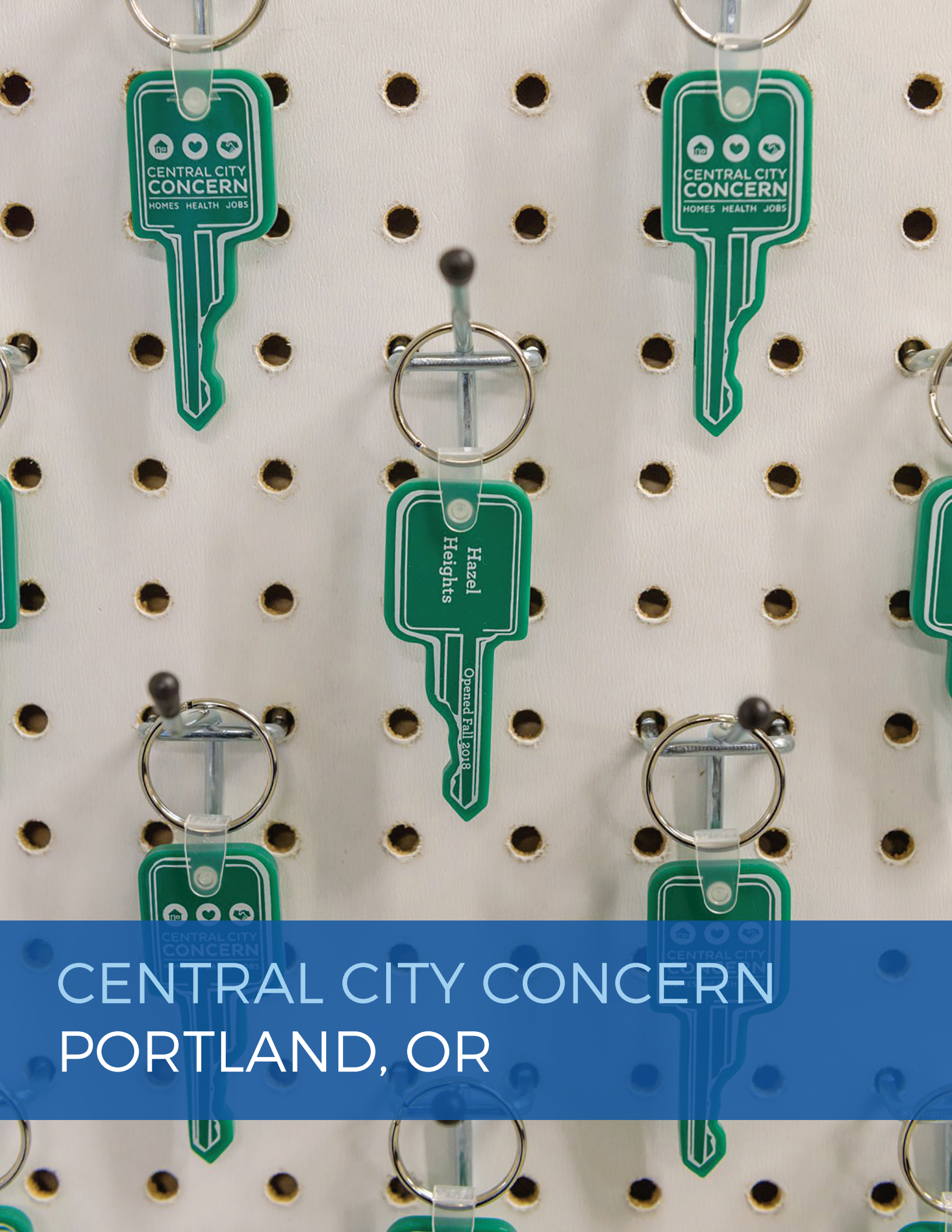
IMPACT is also changing the culture within the hospital. "Before IMPACT, physicians felt that hospitalization did not address addiction, leading to untreated withdrawal, patients leaving against medical advice, chaotic care, and the staff experiencing moral distress," Dr. Englander says. "Since IMPACT, physicians now feel the approach to addiction is completely reframed as a treatable chronic disease, improving patient engagement and humanizing care."

NUMBERS:

- Program launched in July 2015.
- Initial needs assessment found 58-67% participants who reported active substance use were interested in quitting or cutting back.
- Has since served over 1,400 people.
- IMPACT increases post-hospital substance use treatment engagement from baseline 17% to 39% in IMPACT patients compared to 23% in similar matched controls who did not receive IMPACT.

SUMMARY:

- Located within Oregon Health and Science University.
- Team consists of doctors, social workers, treatment liaisons, nurse practitioner, physician's assistant, and certified recovery mentors who meet every day.
- They identify and assess patients who are suffering from addiction-related diseases and health problems and offer assistance with harm reduction and treatment.
- This approach increases engagement and trust and helps patients navigate a complex system.



CENTRAL CITY CONCERN
PORTLAND, OR

Back in the 1970s, Portland's Old Town-Chinatown neighborhood was a place people dismissed as "Skid Row." Unemployed men drifting about aimlessly from one low-cost room to another, often struggling to deal with their alcohol-use issues. In 1979, the City of Portland and Multnomah County received a grant to jointly address the problem. Central City Concern (CCC) was soon born. Today, its main goal is providing housing, integrated health care and employment services to prevent homelessness. Since 60 to 80 percent of the people it serves have substance use disorder (SUD) issues, it's also engaged in fighting addiction.

"Substance use disorder services are the foundational aspect of a nexus of the physical and behavioral health that direct the mission of the organization," says Andrew Mendenhall, Central City Concern's Chief Medical Officer. "Integrating housing and SUD services is the backbone of the 'secret sauce' of what we do."

Being a federally qualified health center that serves more than 13,000 people every year, CCC offers services to those living in poverty. Some 2,100 housing units are made available and primary health care is provided to more than 8,000 patients annually. In 2018, 3,220 received SUD treatment, with 3,334 accessing the short-term sobering center.

When it comes to addiction services, a variety of special features are available. "We act as a hub for 20 to 25 partners across the tri-county area," says Susan Wickstrom, director of communications and marketing. She notes culturally specific programs are available for African-American and Latinx patients. Additionally, Old Town Recovery Center serves people with severe mental illness. The Letty Owings Center provides help to pregnant women and their children. There's also the Hooper Detoxification Stabilization Center, CCC Recovery Center, Recovery Peer Mentor Program, and a Sobering Station that serves more than 3,000 people a year.

Central City Concern has recently started using medication-supported recovery (MSR). "We embrace the narrative of recovery, and MSR is the gold standard for opioid care," Dr. Mendenhall explains. In 2018, about half of CCC's 1,200 patients with opioid use disorders chose buprenorphine MSR. Another 500-600 primary care patients receive care in the community. That has produced a 400 percent decline in ER visits by those on MSR, lowering the cost of treating them by $200 a month per patient. "The most efficient model provides patients with a chronic disease management model," Dr. Mendenhall points out. "Some may struggle, but they aren't immediately shown the door. We're striving for progress, not perfection."

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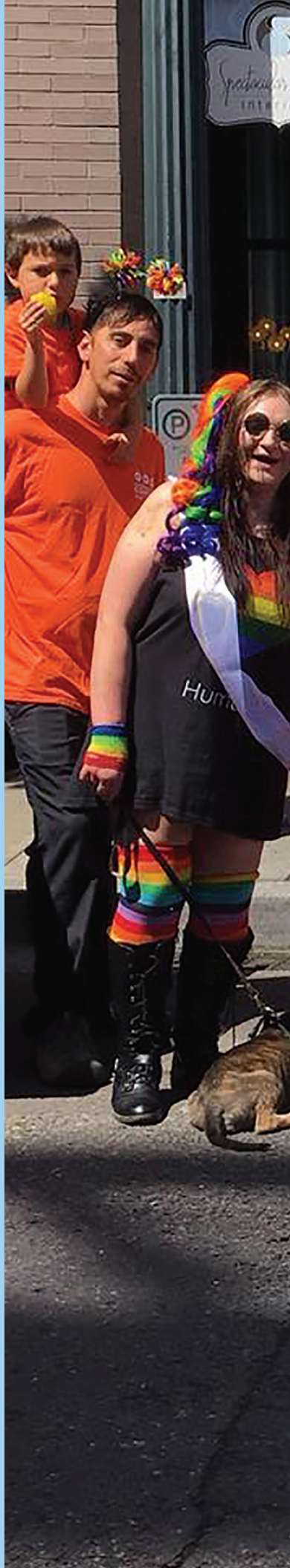
– Andrew Mendenhall



40 YEARS
CENTRAL CITY CONCERN
HOPE + HEALING
4 decades of service to our diverse community

That approach is producing positive results. Wickstrom points to Lisa Greenfield as one of many success stories. She arrived at CCC with mental health issues and addicted to heroin. Lisa received housing, recovery treatment, mental health services, and primary health care. She overcame addiction and became a peer educator. Now she works for Central City Concern. "For the first time in a very long time, I felt safe and supported," Lisa says. Most touching, Lisa has reunited with her family. "They gave me a ring for my one-year clean date," she says proudly. "It has all my siblings' names and birthstones on it."

There are countless other stories similar to Lisa's. And as long as people in the Portland area need help, Central City Concern will continue providing it.

NUMBERS:

- Created in 1979.
- Serves over 13,000 people annually.
- 60-80 percent of clients have a substance use disorder.

SUMMARY:

- Central City Concern's three main goals are providing housing, integrated health care and employment services to end homelessness.
- The organization provides services for many different needs and populations including:
    - The Imani Center (for African-American patients)
    - Puentes (for Latinx patients)
    - Old Town Recovery Center serving people with severe mental illness
    - The Letty Owings Center, a residential SUD treatment facility for pregnant women and their children
    - Hooper Detoxification Stabilization Center
    - CCC Recovery Center for outpatient SUD treatment
    - Recovery Peer Mentor Program
    - CCC-Hooper Inebriate Emergency Response Service (CHIERS)
    - Recuperative Care Program for people leaving the hospital with nowhere to go

PROJECT NURTURE
PORTLAND, OR

For a long time, women in Oregon who were both pregnant and fighting addiction were caught in a Catch-22. Addiction providers didn't want to work with pregnant women because of potential complications. And maternity care providers didn't want to work with women suffering from addiction because of lack of understanding and expertise in that area.

What were they to do?

The answer arrived in 2014 when Project Nurture was launched. It's a care model that integrates substance use treatment and maternity care.

"The program was created because there was a gap in the system," says Maggie Bennington-Davis, the group's CEO and Chief Medical Director. "For many women who are addicted, often the first time we saw them was at the hospital at the time of delivery. They avoided doctors and received no prenatal care. That led to complicated deliveries, premature babies and high-level care."

Now Project Nurture provides a positive alternative. Its goals include engaging and building trust; improving health and reducing costs; breaking intergenerational cycles of trauma; and building the workforce.

Each of the project's three sites is based on a partnership model. They all have a support group available to women at every stage of their pregnancy. Each site is different by design. Legacy/Lifeworks is based in a midwifery clinic with peers while Lifeworks provides addiction treatment. Providence Milwaukie is an

PROJECTNURTURE

OBGYN-based program. Providence Behavioral Health staff provide substance use treatment and mental health support. MAT with buprenorphine is available on-site. Deliveries occur at Providence Portland. And CODA/OHSU has OHSU Family Medicine providing maternity and pediatric care. Deliveries are made at OHSU. MAT with methadone is provided on-site. Doula care is provided for up to one year after birth.

The program has a robust outreach strategy and women come to it in different ways. There are referrals including from the Department of Human Services. "Oregon is a small town in many ways," Bennington-Davis points out. "We work with them in keeping infants and moms together. They help us identify people as well. And we use a lot of peer to peer support, along with outreach in communities."

The program is available regardless of substance, though Bennington-Davis says it tends to do better with opioid use disorder, and offers non-judgmental, low barrier access to care. "Even if a woman doesn't want recovery, that's ok. All women are welcome even if they don't continue with treatment after the birth of their child."

Oregon is a small town in many ways. We work with them in keeping infants and moms together. They help us identify people as well. And we use a lot of peer to peer support, along with outreach in communities.

– Maggie Bennington-Davis

PROJECTNURTURE

So far, care has been provided to more than 300 women. The program has reduced odds of preterm birth by 170 percent. And 93 percent of women who complete the program successfully parent their babies through the first year. Additionally, infants had 50 percent reduced odds of needing a higher level of care at birth.

One woman who participated in Project Nurture sums it up this way. "I don't feel like I'm coming to a therapy session. I do feel like I'm coming to a group. I'm uniting with other people like I'm part of something."

NUMBERS:

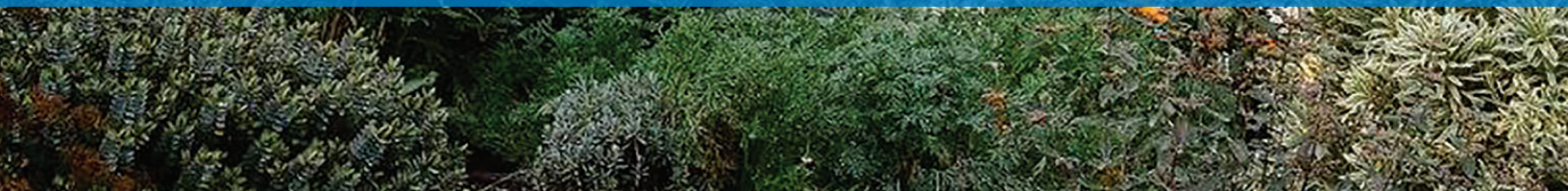
- Launched in 2014.
- Cared for more than 300 women.
- Reduced odds of preterm birth by 170%.
- 93% of women who complete the program parent their babies through the first year.
- Infants had 50% reduced odds of needing a higher level of care.

SUMMARY:

- Project Nurture is a care model that integrates substance use treatment maternity care.
- Participation is strictly voluntary and open to any pregnant woman, regardless of whether she wants to seek treatment for herself.
- The Project Nurture model is offered at three sites. All sites are a little different but have a support group available to women at every stage of their pregnancy.

THE ALANO CLUB OF PORTLAND

PORTLAND, OR



Where do people in the Portland area go for comprehensive, evidence-based recovery support services? For over 60 years, that place has been the Alano Club of Portland. With over 10,000 visitors each month, the Alano Club is the largest non-clinical recovery center in the country.

The Alano Club is open 365 days a year with the mission of providing a welcoming, compassionate and accessible recovery support environment for individuals and families recovering from substance use and mental health disorders. "Recovery your way is the guiding ethos at Alano," says Brent Canode, Alano's executive director. Brent has served as executive director of the Alano Club of Portland for the past decade, growing the organization into the largest non-clinical recovery center in the United States. The Club utilizes the latest evidence-based programming under their Recovery Toolkit Series (RTS) brand, which spans everything from Certified Recovery Mentors, yoga and meditation classes, Mindfulness-Based Stress Reduction & Relapse Prevention training, to health and wellness seminars, exercise-based recovery groups, advocacy projects and large-scale social events.=They recently opened up The Recovery Gym, a stand-alone center that combines recovery support with CrossFit, strength and endurance training.

One of Alano's key resources is the Recovery Toolkit Series (RTS). The RTS offers alternative recovery support and includes non-clinical, community-oriented seminars, classes, and workshops covering topics such as brain chemistry, addiction, relationships, recovery advocacy, and relapse prevention. The program is led by professionals in the community and allows those struggling with a substance use disorder to determine their own pathway. "The Recovery Toolkit Series fills a significant void in the continuum of recovery support services currently available in the United States. For the majority of people in addiction recovery who don't align themselves with the 12-Step model, finding affordable, community-based supports can be next to impossible," says Brent.

INNOVATIVE APPROACHES TO RECOVERY SUPPORT

A community that is recovery ready provides the entire continuum of support for people in or seeking recovery and their families. A community focused on recovery also promotes prevention by having a variety of substance-free community events and activities to promote health and well-being for all ages. Twenty-three million Americans are in recovery from a substance use disorder today.

I was beyond down-and-out when I stumbled — literally — through the Club's doors. Life at home for me was hell almost from the word go. The Club was really the first healthy home and family I ever knew. It's where I truly "grew up" and learned how to live a healthy life free from alcohol and drugs. No matter what happens today, I know that with the Club and the people I've met there by my side I can weather whatever comes my way in recovery!"

– Long-term Alano club member

RECOVERY CROSSFIT

Brent has been Alano's executive director since 2006. He describes himself as "first and foremost, a person in recovery" and understands the unique resources that those in recovery need. With a history in legislative politics and public policy, Brent has brought the Alano Club to the advocacy forefront. Two years ago they created a statewide advocacy network called Oregon Recovers and moved key bills in the Oregon Legislature. And they recently launched The Recovery Gym, the first CrossFit oriented gym exclusively for people in recovery. Alano was also the Fiscal Sponsor (Brent was a Co-Founder) of Harmony Academy, Oregon's first recovery high school that opened this year. Alano has also expunged over 550 low-level felony drug convictions as a result of their Oregon Recovery Expungement Clinic which they launched in 2019.

With so many visitors each year, it's not hard to discover the Alano's impact. One long-term Alano member says "I was beyond down-and-out when I stumbled — literally — through the Club's doors. Life at home for me was hell almost from the word go. The Club was really the first healthy home and family I ever knew. It's where I truly "grew up" and learned how to live a healthy life free from alcohol and drugs. No matter what happens today, I know that with the Club and the people I've met there by my side I can weather whatever comes my way in recovery!" These are sentiments shared by thousands more in the Portland area.

NUMBERS:

- Opened in 1947
- Over 10,000 visitors each month
- Hosts over 125 weekly recovery support meetings
- Serves more than 1,000 clients each month through Recovery Toolkit Series and The Recovery Gym

SUMMARY:

- The Alano Club is Oregon's largest and oldest recovery support center in the nation.
- The Alano Club provides over 100 weekly recovery support meetings, recovery seminars and workshops on a variety of topics, yoga and meditation classes, sobriety-based social events, arts-based supports, information and referral services for treatment resources, a recovery gym and a Recovery Toolkit Series.
- The Alano Club is open 365 days a year and services are offered free of charge.

CLACKAMAS COUNTY TRANSITION CENTER

OREGON CITY, OR

It was just sitting there, a big vacant structure across the street from the Clackamas County Jail. For many years it had housed a local sheriff's office precinct. Then on a cold day in February 2016, it began a new mission as the home of the Clackamas County Transition Center.

"Back in 2014, Oregon wanted to fund community-based corrections programs so the state wouldn't have to build or open a new prison," explains Eric Anderson, the Center's supervisor. "So, the Justice Reinvestment Initiative was launched through the Department of Corrections with the goal of lowering the prison population."

The Center works with the Clackamas County corrections community and local organizations to serve the needs of those who are just released from jail. Its goal is to lower recidivism and stop the revolving door for low-level offenders. Its employment specialists help them become job-ready by preparing applications and resumes, and in identifying second chance employers.

Two certified drug and alcohol counselors provide assessments to inmates while they're still in jail. That helps them transition to a treatment plan when they come out. "Before, we were working behind the curve and looking for treatment options once they got out. Now a plan is in place when they do," Anderson says.

Probation officers help inmates with the transition. Peer support mentors from a group called Bridges to Change (who have frontline experience themselves, having been in custody or having battled addiction issues) also aid with recovery support and transition because, as Anderson points out, "They know where to go and what to do next."

INNOVATIONS IN CRIMINAL JUSTICE RESPONSES TO ADDICTION

First responders, law enforcement and criminal justice personnel are increasingly at the center of the addiction issue—from being first at the scene of an overdose to responding to the lack of resources and limited treatment options for individuals with substance use disorders who are in our jails and criminal justice systems.

About 63 percent of people in jail, 58 percent of people in state prison, and 45 percent of people in federal prison have substance use disorders, compared to just 5 percent of the U.S. adult population.* Data indicates that law enforcement and probation see an increasing number of individuals struggling with addiction. Criminal justice systems equipped with training, services and early detection tools create opportunities to stop the progression of the disease.

* Jennifer Bronson, Jessica Stroop, Stephanie Zimmer & Marcus Berzofsky, Drug Use, Dependence, And Abuse Among State Prisoners And Jail Inmates, 2007-2009, Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice (2017), http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5966.

Release from jail is a very vulnerable, very dangerous time for many people. They may be taken directly to treatment, or supportive housing. The goal is to meet people where they are and get them into the next step in their recovery.

– Eric Anderson

RIFF
COUNTY

CLACKAMAS
CO. JAIL

Naloxone is available for those who want it. The Center partners with the county health department and has given out hundreds of doses.

"Release from jail is a very vulnerable, very dangerous time for many people," Anderson says. "They may be taken directly to treatment, or supportive housing. The goal is to meet people where they are and get them into the next step in their recovery."

Sometimes, that next step involves the use of medication-assisted treatment while still in jail or maintenance in the community.

From January to mid-June 2019, 1,865 people have been served. Of them, 231 were referred to drug and alcohol treatment. Naloxone was distributed to 79. And 120 were hired through the Center's employment program.

After being released from jail, it's just 150 feet from one life to another. The short walk across the parking lot to the Transition Center is a big step for people seeking to regain control of their lives. They enter a building that was once empty and abandoned but has now found a new purpose. It's a place where more and more people are finding new purpose in their lives, too.

NUMBERS:

- Opened in February 2016.
- From January to mid-June 2019, 1,865 people were served.
    - 231 were referred to drug and alcohol treatment.
    - Naloxone was distributed to 79.
    - 120 were hired through the Center's employment program.

SUMMARY:

- The Clackamas County Transition Center offers services to those leaving jail or prison and to those at risk of returning.
- The Center is located across the parking lot from the Clackamas County jail.
- Services include employment and housing assistance, peer mentors, cognitive therapy, mental health and substance use disorder assessments, on-site health care, GED courses and parenting classes.

GOLDILOCKS PROGRAM
BEND, OR

One is too hot. One is too cold. And one is just right.

The storybook character who blatantly commits the crime of breaking and entering into a cabin belonging to bears might seem an unlikely muse for a lawyer focused on criminal justice. But the Goldilocks principle helped guide District Attorney John Hummel as he developed a three-tiered initiative that identifies the "just right" intervention for each individual based on their crime.

When Hummel became D.A. for Deschutes County in 2015, he decided to focus on the community's biggest crime problems. He invited more than 25 local leaders to serve on an advisory group called DeschutesSafe. Over the following year, they identified five crimes that demanded immediate attention: theft, sexual assaults, drugs, assaults, and DUII (driving under the influence of intoxicants). As they dove deep into the data to see what was driving those crimes, they were surprised to discover many had correlations with drug use.

For instance, people arrested for theft were also often arrested for drug possession at some point. So they took it a step further, pulling information from different agencies and conducting a community survey. Drugs came back as a chief concern among Deschutes residents. It also found the community was open to alternatives to incarceration.

The goal is to get as many individuals as possible into the first of three tiers -- the "just right" option.

The tiers are:

Tier 1: Clean Slate. Diversion for people facing a possession of a controlled

substance charge. It's prosecutor initiated and law enforcement implemented with the goals of minimizing justice system responses to possession offense charges and identifying via assessment people with serious substance issues. This encourages them to access services and resources to address their addiction. It's split into two levels.

In Level I, low-risk offenders are given the opportunity to acknowledge and correct their mistake. Although they're not required to see a doctor, 25-30 percent do. They must also stay out of trouble for 12 months.

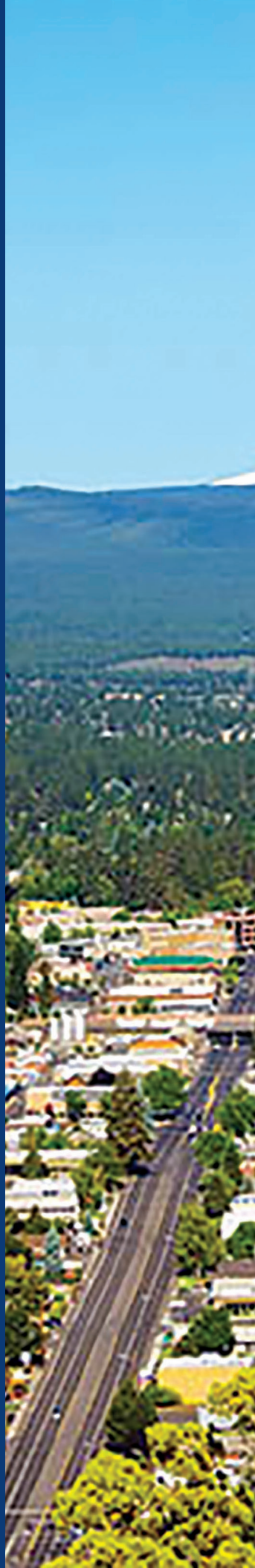
In Level II, participants are required to meet with a primary care doctor and engage in treatment, if recommended. If they're compliant for 12 months, their case isn't charged.

Tier 2: Boost. This is traditional prosecution for those not successful in clean slate or those eligible for the program.

Tier 3: Deter. This is enhanced prosecution for the small number of people who've made a career of drug distribution and manufacturing.

There are a lot of unintended consequences that come with an arrest record. Many participants are under age 35. We don't want a bad decision to negatively impact them for the rest of their life. Some people need treatment and are ready for it. Others just made a bad decision.

– Kathleen Meehan Coop



Back to Tier 1, the diversion tier of Clean Slate starts at the initial contact with law enforcement. Officers inform people suspected of possessing a controlled substance about Clean Slate and refer them to the orientation meeting that occurs every Friday. The meeting is held off-site at a local non-profit's facility. It's a safe environment because trust can be an issue.

At the orientation meeting, a representative from the Deschutes County DA 's Office explains the Clean Slate program. Those who participate sign a release of information agreement; they meet with a public defender; and their need for substance abuse treatment is assessed by a certified counselor. Based on the results, participants are placed in Clean Slate Level I or Level II. The counselor also administers tests to better understand participants' personal histories and needs.

Appointments are made for all Level II participants with a primary care provider. They're required to attend it and comply with their treatment plan, which is developed by the doctor. Twelve months after the initial appointment, the doctor completes a final compliance assessment. If the participant has been compliant and hasn't been arrested again, the case is dismissed. If the case was charged, the record is expunged.

So, why is the Goldilocks Program so important? "There are a lot of unintended consequences that come with an arrest record, explains Kathleen Meehan Coop, management analyst for DeschutesSafe. "Many participants are under age 35. We don't want a bad decision to negatively impact them for the rest of their life. Some people need treatment and are ready for it. Others just made a bad decision."

The program is currently under evaluation. "It's a fairly low-cost program that we hope will have big impacts on the community," Meehan Coop says.

NUMBERS:

- Launched in November 2017.
- 210 attended Clean Slate orientation.
- 39% participation rate.
- 84% Level I haven't recidivated.
- 40% of Level II haven't recidivated.
- Eliminated the need for 448 court appearances.

SUMMARY:

- The Goldilocks program is a three-tiered program that targets the intervention that is "just right" for each participant.
- Clean Slate, the first, provides diversion for low-level offenders willing to engage in the program.
- Boost, the second, provides prosecution to those who don't.
- Deter, the third, offers enhanced prosecution for those charged with more serious drug crimes.
- The program is a partnership with the county's five law enforcement agencies (Deschutes County Sheriff, Bend Police Department, Redmond Police Department, Sunriver Police Department, and Black Butte Ranch Police Department), the two federally qualified health centers (Mosaic Medical and La Pine Community Health Center), and the public defender's office (Crabtree and Rahmsdorff Defense).

OR-HOPE (OREGON HIV/ HEPATITIS OPIOID PREVENTION AND ENGAGEMENT)

PORTLAND, OR

Like many states, Oregon is a patchwork quilt of big cities, small towns, and wide rural expanses. And like many other states, its rural regions haven't been spared from the opioid crisis.

"This is a complex issue with complex roots that requires complex solutions," says OR – HOPE (Oregon HIV/Hepatitis Opioid Prevention and Engagement) principal investigator Todd Korthuis.

Oregon is one of eight states to receive funding through a national rural opioids initiative. The group has identified the state's highest need rural counties, whose overdose and HIV rates equal and exceed rates in Portland, the biggest metropolitan area.

Oregon is a large state with a large rural population. "Many of the counties look a lot like Appalachia," Korthuis says. "Screening, treatment, and harm reduction services for opioid use disorder and HCV/HIV are scarcer than in urban areas. With the largest state-level increase in opioid-associated inpatient stays in the nation, and a substantial and diverse rural population, Oregon offers an optimal setting for implementing and testing new community response models for detecting and linking care for HCV and substance use disorder."

OR-HOPE is a research study conducted through a partnership between Oregon Health & Science University, the Oregon Health Authority, Comagine, and HIV Alliance. The study's aims include developing community programs to increase HCV/HIV testing and linkage to treatment; developing and evaluating rural community response plans that include peer care coordinators that link people to harm reduction and treatment services; and a peer-facilitated telemedicine hepatitis C treatment intervention.

During the study's preliminary phase, researchers assessed communities by creating an action team

OREGON HEALTH & SCIENCE UNIVERSITY

OHSU

SOLUTIONS TO ADDRESS INFECTIOUS DISEASES IN SUD POPULATIONS

People who engage in drug use or high-risk behaviors associated with drug use put themselves at risk for contracting or transmitting infections such as hepatitis or HIV/AIDS.

Syringe exchange programs and other public health strategies to address infectious diseases among individuals with substance use disorders play a key role in the prevention and treatment of these diseases.

Programs can connect the population of IV drug users with healthcare, provide HIV screening and treatment, and provide an opportunity engage individuals in substance use disorder treatment.

This is a complex issue with complex roots that requires complex solutions.

– Todd Korthuis

made up of representatives from law enforcement, primary care providers, people using drugs, people in recovery, and faith-based representatives. They devised priorities and community action plans about how to best engage people.

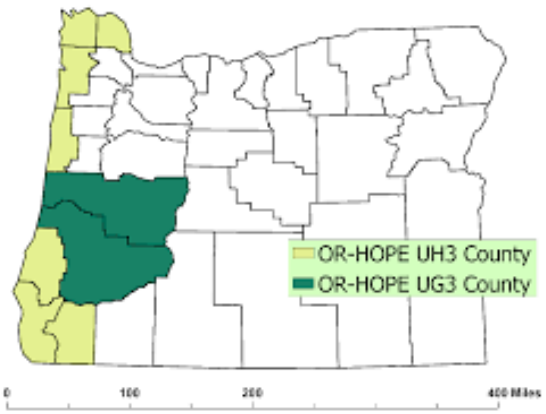
Provider-level intervention includes rural buprenorphine waiver trainings and OHSU's robust Project ECHO tele-mentoring network.

The next phase involved a just-completed syringe exchange pilot program that uses a special referral technique. One person using drugs refers three friends. The chains go deep into the community and begin to reach people who were previously completely out of the treatment community. Peers hand out harm-reduction "gift bags" containing needle exchanges, naloxone kits, rapid HIV and syphilis testing. "Most importantly, they reach people where they are, build relationships, and soon they're able to ask about engaging in treatment."

So far, 18 percent have done so. "That sounds low until you think about where they are. Many of these people hadn't ever considered treatment before." Korthuis explains. "Sixty percent of the sample has been homeless in the last six months.

Now that the pilot phase is complete, they're working with the Oregon Health Authority to expand the project so peers will be involved in telehealth-delivered hepatitis C treatment.

"I'm excited to help rural communities," Korthuis says in conclusion. "I grew up in a town like this, not far from here. It was only an hour from Portland but in a different planetary system. Industries and factories shut down and drugs took their place. It's exciting to be part of the change that's happening here."



NUMBERS:

- 1 of 8 states to receive funding through a national rural opioids initiative.
- 18% of people reached have engaged in treatment.
- Of them, 60% had been homeless in the past 6 months.

SUMMARY:

- The long-term goal of the OR-HOPE initiative is to create a sustainable rural community model to address opioid use disorder, HCV, and HIV.
- This will be done by:
    - Developing community programs to increase HCV/HIV testing and linkage to treatment.
    - Developing and evaluating rural community response plans that include peer care coordinators and telehealth support for providers.
    - Refining and expanding the interventions to other high-needs Oregon counties.

INNOVATIO

DRIVING CHANGE

Imagine a world where these promising innovations are accelerated, scaled up, and accessible to the communities most in need. How many more lives could we save if we took the best, brightest and most innovative ideas to scale nationwide? Together we can solve this by shining a light on high-impact innovative solutions and helping to make sure they're adopted across the country.

ADDICTION POLICY FORUM

INNOVATION NOW

INNOVATION NOW PROJECT TEAM

Kimberly Clapp

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ADDICTION
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