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IMPACT 1: Reduce Substance Use Disorders	Baseline	Update	Benchmarks		Source	Reporting Period
	2016-17	2017-18	2022	2024		
Decrease the percentage of Oregonians with a SUD to from 9.4% to **6.8% or less** by 2025[8]	9.4%	9.5%	8.5%	8.5%	NSDUH	Annually

The measures below will be targeted and tracked to monitor progress toward reducing SUDs.

Impact 1 Dashboard						
RECOVERY Outcomes - All Ages	**Baseline**	**Update**	**Benchmarks**		**Source**	**Reporting Period**
	2017	**2017-18**	**2022**	**2024**		
Increase the percentage of Oregonians ages 12+ in recovery from SUD from 9.1 in 2017 to 11.4% **or more** by 2025[9]	9.1%	Contacted SAMSHA	9.9%	10.6%		
TREATMENT Outcomes - All Ages	**Baseline**	**Update**	**Benchmarks**		**Source**	**Reporting Period**
	2016-17	**2017-2018**	**2022**	**2024**		
Increase the percentage of Oregonians who receive needed SUD treatment from 5.0% to 10% **or more** by 2025[10]	5.0%	6.1%	7%	9%	NSDUH	Annually
PREVENTION Outcomes - Youth	**Baseline**	**Update**	**Benchmarks**		**Source**	**Reporting Period**
	2019		**2022**	**2024**		
Decrease past 30-day alcohol use[11] • 8th graders from 11.3 % to **10.2% or less** by 2025	11.3%	TBA 21	10.9%	10.5%	OHT	Every other year
• 11th graders from 24.3% to **21.8% or less** by 2025	24.3%	TBA 21	23.5%	26.8%	OHT	Every other year
Decrease past 30-day binge drinking[12] • 8th graders from 4.7% to **4.2%** or less by 2025	4.7%	TBA 21	4.5%	4.4%	OHT	Every other year
• 11th graders from 12.8% to **11.5%** or less by 2025	12.8%	TBA 21	12.3%	11.8%	OHT	Every other year
Decrease past 30-day marijuana use[13] • 8th graders from 7.8% to **7.0%** or less by 2025	7.8%	TBA 21	7.5%	7.2%	OHT	Every other year
• 11th graders from 20.4% to **18.4%** or less by 2025	20.4%	TBA 21	19.8%	19.0%	OHT	Every other year
Decrease past 30-day prescription drug misuse[14] • 8th graders from 5.9% to **5.3%** or less by 2025	5.9%	TBA 21	5.7%	5.5%	OHT	Every other year
• 11th graders from 4.8% to **4.3%** or less by 2025	4.8%	TBA 21	4.6%	4.4%	OHT	Every other
	2017-18	**2018-19**	**2022**	**2024**	**Source**	**Reporting Period**
Decrease AOD-related suspensions/expulsions for K-12 students from 1.2% in 2017-2018 to **1.0% of students** by 2025[15]	9.50%	16.7%	N/A	1.1%	ODE	Annually
PREVENTION Outcomes - Ages 18+	**Baseline**	**Update**	**Benchmarks**		**Source**	**Reporting Period**
	2018	**2019**	**2022**	**2024**		
Decrease past 30-day heavy drinking from 8.7% in 2018 from **7.8%** or less in 2024[16]	8.7%	01/2021	7.2%	N/A	BRFSS	Annually
Decrease past 30-day binge drinking from 17.4% in 2018 to 15.7% or less in 2024[17]	17.4 %	01/2021	16 .6%	N/A	BRFSS	Annually
	2016-17	**2017-18**	**2022**	**2024**	**Source**	**Reporting Period**
Decrease past 30-day use of illegal drugs from **4.7% to**	4.7%	4.3%	4 .6%	4 .4%	NSDUH	Annually

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4.2 or less in 2025[18]						
Decrease past year methamphetamine use from 1.1% to **.99%** or less in 2025[19]	1.1%	1.1%	N/A	1 .0%	NSDUH	Annually

References
8 U.S. HHS, SAMHSA. (2017). NSDUH collects data annually but uses a weighted sample which is averaged over two years, so the period for this measure will be 2025-2026. The goal of 6.8% represents moving from among the last in the nation to the mid-point
9 U.S. HHS, SAMHSA. (2017).
10 U.S. HHS, SAMHSA. (2017).
11 Oregon Health Authority (OHA). (2019). *Oregon Healthy Teen Survey*. https://www. oregon.gov/oha/PH/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx
12 OHA. (2019)
13 OHA. (2019)
14 OHA. (2019)
15 Oregon Department of Education. (2019). *School discipline, bullying, restraint and seclusion. 2017-2018 Discipline data media.* https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/School-Discipline,-Bullying,-Restraint-and-Seclusion.aspx
16 OHA. (n.d.-1). *Adult Behavioral Risk Survey (Behavioral Risk Factor Surveillance System [BRFSS])*. https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/ADULTBEHAVIORRISK/Pages/brfsdata.aspx
17 OHA. (n.d.-1)
18 U.S. HHS, SAMHSA. (2017).
19 U.S. HHS, SAMHSA. (2017).

Data Sources		
Abbreviation	Full Name of Source	Frequency of Reporting
NSDUH	National Survey on Drug Use and Health	Annually
OHTS	Oregon Healthy Teen Survey	Every other year
ODE	Oregon Department of Education: Discipline Data	Annually
BRFSS	Adult Behavioral Risk Factor Surveillance System	Annually

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OBJECTIVE 1.a: Increase the degree to which state agency leadership is working together to coordinate efforts and maximize all resources

Intermediate Outcome: Increase system assessment ratings for leadership from an average score of 1 (on a scale of 1 to 10) from 2019 to an average score of 5 or higher by 2023[40]

OBJECTIVE 1.b.: Increase system capacity to solve substance use problems and implement needed changes to operations

Intermediate Outcome: Increase system assessment ratings for accountability from an average score of 1 on a scale of 1 to 10 from 2019 to an average score of 5 or higher by 2025

Note: Baselines for many strategies in this section don't currently exist but could be constructed as part of strategic implementation to help Oregon better monitor progress toward meeting this objective, particularly with regard to workforce development. Additional measures could include, but would not be limited to, the following:

- Percentage increase in workforce numbers by types of worker and population served
- Number of certified alcohol and drug counselors (CADCs) and peer support specialists embedded in medical, academic, clinical, and legal systems
- Percentage increase in reimbursement rates by category
- Percentage increase in numbers of workforce reached by TTA

OBJECTIVE 1.c.: Increase the system's ability to use the most effective practices, processes, and programs for priority populations and problems

Intermediate Outcome: Increase system assessment ratings for use of effective processes from an average score of 1 (on a scale of 1 to 10) from 2019 to an average score of 5 or higher by 2023[41]

OBJECTIVE 1.d.: Increase the system's ability to reduce health disparities and to promote health equity among all vulnerable and at-risk populations

Intermediate Outcome: Increase system assessment ratings for health equity from an average score of 1 (on a scale of 1 to 10) from 2019 to an average score of 5 or higher by 2023

OBJECTIVE 1.e.: Increase the system's ability to be accountable

Intermediate Outcome: Increase system assessment ratings for accountability from an average score of 1 (on a scale of 1 to 10) from 2019 to an average score of 5 or higher by 2023[43]

OBJECTIVE 1.f .: Increase the system's ability to be sustainable

Intermediate Outcome: Increase system assessment ratings for accountability from an average score of 1 on a scale of 1 to 10 from 2019 to an average score of 5 or higher by 2023

IMPACT 2: Reduce ATOD-related Deaths	Baseline	Update	Benchmarks	
			2022	2024
Decrease the rate at which Oregonians die from ATOD misuse			See below	

Impact 2 Dashboard						
Outcomes - All Ages[24]	**Baseline**	**Update**	**Benchmarks**		**Source**	**Reporting Period**
	2017	**2018**	**2022**	**2024**		
Decrease the rate at which Oregonians die from chronic alcoholic liver disease from 10.3 per 100,000 in 2017 to **10.1 or less per 100,000** by 2025	10.3	11.4	N/A	10.2	OHA	Annually
Decrease the rate at which Oregonians die from other alcohol-related causes from 39.8 per 100,000 in 2017 to **36.0 or less per 100,000** or less by 2025	39.8	40.6	38 .8	37 .5	OHA	Annually
Decrease the rate at which Oregonians die from drug overdoses (total) from 12.1 per 100,000 in 2017 to **10.8 or less per 100,000** or less by 2025	13.0	13.6	11.7	11.1	OHA	Annually
Decrease the rate at which Oregonians die from drug overdoses (unintentional) from 10.0 per 100,000 in 2017 to **9.0 or less per 100,000** or less by 2025	10.3	10.9	9 .7	9 .3	OHA	Annually
Decrease the rate at which Oregonians die from drug overdoses (suicides) from 2.1 per 100,000 for 2017 to 1.8 **or less per 100,000** or less by 2025	2.2	2.3	2 .0	1 .9	OHA	Annually
Decrease the rate at which Oregonians die of tobacco-related causes from 148.3 in 2017-2018 to **138.3 or less per 100,000** in 2025	148.3	142.7	145 .3	141 .3	OHA	Annually
Outcomes – Youth[25]	**Baseline**	**Update**	**Benchmarks**		**Source**	**Reporting Year**
	2019		**2022**	**2024**		
Decrease past 30-day cigarette smoking • 8th graders from 2.6% to **2.3% or less** by 2025 • 11th graders from 4.9% to **4.4% or less** by 2025	2.6%	2021	2.5%	2.4%	OHT	Every other year
	4.9%	2021	4.8%	4.6%	OHT	Every other year
Decrease past 30-day use of any tobacco products (including vaping products): • 8th graders from 10.5% to **9.5% or less** by 2025 • 11th graders from 21.4% to **19.3% or less** by 2025	10.5%	2021	10.2%	9.9%	OHT	Every other year
	21.4%	2021	20.6%	20.0%	OHT	Every other year
Outcomes – Adults[26]	**Baseline**	**Update**	**Benchmarks**		**Source**	**Reporting Period**
	2018	**2019**	**2022**	**2024**		
Decrease past 30-day heavy drinking by Oregon adults ages 45+ from 7.8% in 2018 to **7.2% or less** by 2024	7.8%	2021	7.6%	7.2%	OHA	Annually
Decrease reported rates of past 30-day binge drinking by Oregon adults ages 45+ from **9.9% in 2018** to **9.2% or less** by 2024	9.9%	2021	9.7%	9.2%	OHA	Annually
Decrease past 30-day cigarette smoking among adults ages 18+ from 16.3% in 2018 to **15.3% or less** by 2024	16.3%	2021	15.9%	15.3%	OHA	Annually
Decrease past 30-day e-cigarette use by adults ages 18+ from 6.0% in 2018 to **5.7% or less** by 2024	6.0%	2021	5.9%	5.7%	OHA	Annually

OBJECTIVE 2.a.: Decrease retail and social access to alcohol, tobacco, and marijuana to underaged persons

Intermediate Outcomes – Youth	Baseline	Update	Benchmarks		Source	Reporting Frequency
	2019	2021	2023	2025		
• Decrease the retail violation rate (RVR) of alcohol sales to minors from **18%** in 2019 to **10%** or less by 2023[44]	18.0%	TBA	10.0% or less	10.0% or less	OHT	Every other year
• Decrease the RVR of retail marijuana sales to minors from **18%** in 2019 to **10%** or less by 2023[45]	18.0%	TBA	10% or less	10% or less	OHT	Every other year
• Decrease the retail violation rate of tobacco sales to minors from **16.0%** in 2019 to **10.0%** or less by 2023[46]	16.0%	TBA	10% or less	10% or less	OHT	Every other year
• Decrease the percentage of students who report it would be sort of or very easy to get beer, wine, or hard liquor − 8th grade: from **44.1%** in 2019 to **41.5%** by 2023	44.1%	TBA	41.5%	41.5%	OHT	Every other year
• Decrease the percentage of students who report it would be sort of or very easy to get beer, wine, or hard liquor −11th grade: from **63.7%** in 2019 to **59.9%** by 2023	63.7%	TBA	59.9%	59.9%	OHT	Every other year
• Decrease the percentage of students who report it would be sort of or very easy to get marijuana − 8th grade: from **30.0%** in 2019 to **28.2%** by 2023	30.0%	TBA	28.2%	28.2%	OHT	Every other year
• Decrease the percentage of students who report it would be sort of or very easy to get marijuana − 11th grade: from **58.5%** in 2019 to **55.0%** by 2023	58.5%	TBA	55.0%	55.0%	OHT	Every other year
• Decrease the percentage of students who report it would be sort of or very easy to get e-cigarettes − 8th grade: from **30.6%** in 2019 to **28.8%** by 2023	30.6%	TBA	28.8%	28.8%	OHT	Every other year
• Decrease the percentage of students who report it would be sort of or very easy to get e-cigarettes − 11th grade: from **56.0%** in 2019 to **52.6%** by 2023	56.0%	TBA	52.6%	52.6%	OHT	Every other year

OBJECTIVE 2.b.: Decrease over service of alcohol in restaurants and bars and retail sales of alcohol to alcohol-impaired adults ages 21+

Intermediate Outcomes: Note: Data are not currently available to establish a direct baseline for over service of alcohol and retail sales of alcohol to impaired adults. As data infrastructure is developed (e.g., use of "point of source" data), and the strategies below are implemented, measures should be developed to help Oregon better monitor progress toward meeting this objective. In the interim, state DUI data, including Behavioral Risk Factor Surveillance System data on drinking and driving, could be used as proxy measures (although these would include social, as well as retail, access).

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OBJECTIVE 2.c.: Decrease family and community norms permissive of ATOD use/misuse across the lifespan[47]

Intermediate Outcomes – Youth	Baseline	Update	Benchmarks		Source	Frequency of Reporting
	2019	2021	2023	2025		
• Increase the percentage of students who report perceiving great risk from taking one or two drinks of an alcoholic beverage nearly every day[48] − 8th grade: from **19.1%** in 2019 to **20.3%** in 2023	19.1%	TBA	20.3%	20.3%	OHT	Every other year
• Increase the percentage of students who report perceiving great risk from taking one or two drinks of an alcoholic beverage nearly every day[48] − 11th grade: from **21.5%** in 2019 to **22.9%** in 2023	21.5%	TBA	22.9%	22.9%	OHT	Every other year
• Increase the percentage of students who report perceiving great risk of smoking marijuana at least once or twice a week[49] − 8th grade: from **30.5%** in 2019 to **32.4%** in 2023	30.5%	TBA	32.4%	32.4%	OHT	Every other year
• Increase the percentage of students who report perceiving great risk of smoking marijuana at least once or twice a week[49] − 11th grade: from **22.0%** in 2017 to **23.4%** in 2023	22.%	TBA	23.4%	23.4%	OHT	Every other year
• Increase the percentage of student who report perceiving great risk of using e-cigarettes or vaping every day − 8th graders: from **68.1%** in 2019 to **72.4%** to 2023	68.1%	TBA	72.4%	72.4%	OHT	Every other year
• Increase the percentage of student who report perceiving great risk of using e-cigarettes or vaping every day − 11th graders: from **67.9%** in 2017 to **72.2%** in 2023	67.9%	TBA	72.2%	72.2%	OHT	Every other year
Note: Data are not currently available to establish a direct baseline for perception of harm regarding ATOD use among adults . As data infrastructure is strengthened and developed, and the strategies below are implemented, measures should be developed (e.g., expanding existing or creating new adult surveys) to help Oregon better monitor progress toward meeting this objective among adult populations (including perceptions regarding mixing alcohol and prescription and other drugs).						

OBJECTIVE 2.d: Increase perception of harm of ATOD use/misuse across the lifespan

OBJECTIVE 2.e.: Increase use of effective prevention across the lifespan

Intermediate Outcomes: Note: The data collected in 2.e.1. -2. e.3. will provide information that can be used to establish a baseline and to monitor progress toward this objective.

OBJECTIVE 2.f.: Increase access to APSM therapies

Intermediate Outcomes: Note: The data collected in 2.f.1. -2. f.2. will provide information that can be used to establish a baseline and to monitor progress toward this objective.

OBJECTIVE 2.G.: Increase collection and use of data to evaluate prevention outcomes

Intermediate Outcomes: Note: Oregon does not currently have a statewide system for collecting and using evaluation data to analyze prevention outcomes. As evaluation capacity is developed and resourced, measures should be developed to help Oregon monitor progress toward meeting this objective and the strategies below.

IMPACT 3: Reduce ATOD-Related Disparities	Baseline	Update	Benchmarks	
			2022	2024
Decrease ATOD-related health disparities due to age, race/ethnicity, gender, discrimination, stigma, and inequitable access to basic resources, education, and economic opportunities.			See below	

The measures below will be targeted and tracked to monitor progress toward reducing ATOD-related health disparities.

Health Outcomes	Baseline	Update	Benchmarks		Source	Frequency of Reporting
	2014-17	2015-18	2022	2024		
Decrease the rate at which Native Americans in Oregon die from alcohol-related causes from 85.5 per 100,00 in 2014-2017 to **78.5 per 100,000 or less** by 2025-2028[29]	85.5	87.9	83.5	81.5	OHA	Annually
Decrease the rate at which Native Americans in Oregon die from tobacco-related causes from 200.6 per 1000,000 in 2014-2017 to 185.0 **per 100,000 or less by** 2025-2028	200.6	184.4	195.6	190.6	OHA	Annually
	2018	**2019**	**2022**	**2024**		
Increase the percentage of Oregonians ages 18+ with less than a high school education who report having good or excellent health from 63.0% in 2018 to **69.0% or more** by 2024[30]	63.0%	01/21	65%	69.%	OHA	Annually
Increase the percentage of Oregonians ages 18+, with less than a high school degree who report having any form of health insurance from 76% in 2018 to **81.0% or more** by 2024[31]	76%	01/21	78%	81%	OHA	Annually

Social Outcomes	Baseline	Update	Update	Benchmarks		Source	Frequency of Reporting
	2017	2018	2019	2022	2024		
Decrease the number of new placements of Oregon children in foster care due in part or whole to parental drug misuse from 52.0% in 2018 (error 2017) or 2018 is 46.7% in 2018 to **46.8%** or less by 2025[32]	52.0%	46.7%	49.7%	50.8%	48.3%	ORRAI	Annually
Decrease the number of new placements of Oregon children in foster care due in part or whole to parental alcohol misuse from 13.2% in 2018 (error 2017) or 11.8% in 2018 to **11.9%** or less by 2025[33]	13.2%	11.8%	11.6%	12.9%	12.3%	ORRAI	Annually

28 OHA. (n.d.-2); OHA. (n.d.-1). In 2018, 84% of Oregonians ages 18+, with a high school degree or more, reported having good or excellent health.
29 OHA. (n.d.-2);
30 OHA. (n.d.-1). In 2018, 92% of Oregonians with a high school degree or more reported having any form of health insurance.
31 Oregon Department of Human Services (DHS), Office of Reporting, Research, Analytics and Implementation (ORRAI). (May 2019). *2018 Child Welfare Data Book*. https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf
32 Oregon DHS, ORRAI. (May 2019).
33 Oregon DHS, ORRAI. (May 2019).

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OBJECTIVE 3.a.: Increase access to all levels and types of SUD treatment, intervention, and harm reduction for those in need of treatment

Intermediate Outcomes: Although data do not exist for those covered by commercial- or private-pay-funded services, the following measures could be used at the public payor level to monitor progress toward this objective for those receiving publicly funded services (although obtaining non-Medicaid data will require first repairing or replacing Measures and Outcomes Tracking System):

- Decrease wait time for treatment/numbers of persons on waitlist (including by type of need and level of care)
- Increase access to community-based treatment alternatives to decrease AOD-related prosecution/incarceration
- Increase treatment retention rates at 3, 6, and 9 months

Changes over time from the baselines are established through 3.a.1.-3.a.3. below.

OBJECTIVE 3.b .: Decrease barriers to treatment

Intermediate Outcomes: Note: Data are not currently available to establish a direct baseline for reducing barriers to treatment or for monitoring changes in public awareness of SUD or knowledge of resources. As data infrastructure is strengthened and developed, and the strategies below are implemented, measures should be developed (e.g., expanding existing or creating new adult surveys or other data collection processes) to help Oregon better monitor progress toward meeting this objective.

OBJECTIVE 3. c. Improve collection and use of data to evaluate treatment access, processes, and outcomes

Intermediate Outcomes: Note: Oregon does not currently have a statewide system for collecting and using evaluation data to analyze treatment outcomes. As evaluation capacity is developed, measures should be developed to help Oregon monitor progress toward meeting this objective and the strategies below.

IMPACT 4: Reduce the economic burden of substance misuse in Oregon	Baseline	Update	Benchmarks	
	2017		2022	2024
Reduce the estimated amount of state funds spent to pay for the burden of substance misuse-related social and health problems to public programs from **15.8%** of the entire state budget in 2017 to **14.6%** or less by 2025.	15.8%		15.5%	15.1%

The measures below will be targeted and tracked to monitor progress toward improving the investment of state funding to prevent, treat, and help people recover from substance misuse and SUDs.

Impact 4 Dashboard						
Economic Outcomes	Baseline	Update	Benchmarks		Source	Frequency
	2017		2022	2024		
Justice: Decrease the estimated amount of **substance misuse/SUD burden spending from 87.01% to 80.0%**[36] **or less** of all state justice program spending by 2025	87.0%	CJC is trying to determine if these indicators will be tracked in the future.	85.0%	82.5%	CJC	TBD
Child and Family Assistance: Decrease the estimated amount of **substance misuse/SUD burden spending** from **87.2%** to **74.2% or less** of all state child and family assistance program spending by 2025	80.7%	TBD	78.2%	75.7%	CJC	TBD
Mental Health: Decrease the estimated amount of **substance misuse/SUD burden spending from 66.72%** to **61.4% or less** of all state mental health program spending by 2025	66.7%	TBD	65.2%	63.5%	CJC	TBD
Health Insurance: Decrease the estimated amount of **substance misuse/SUD burden spending from 34.52%** to **31.7% or less** all state health insurance program spending by 2025[37]	34.5%	TBD	33.6%	32.7%	CJC	TBD
Public Safety: Decrease the estimated amount of **substance misuse/SUD burden spending** to from 29.23% to **26.9% or less** of all state public safety program spending by 2025	29.3%	TBD	28.5%	27.7%	CJC	TBD
Education: Decrease the estimated amount of **substance misuse/SUD burden spending from 17.69%** to **16.3% or less** of all education program spending by 2025	17.7%	TBD	17.3%	16.9%	CJC	TBD
Overall Investment of State Funds: Increase the proportion of funding spent to prevent substance misuse, promote health and positive social outcome, and treat and support recovery from SUDs from less than **1¢** of every dollar spent on substance use in 2017 to **10¢ or more** of every dollar spent on substance use by 2025.	**1¢**	TBD		**10¢ or more**	**CJC**	**TBD**

31 This figure represents state funds estimated to have been spent on adult corrections, juvenile justice, and the judiciary due to substance misuse and SUDs.

32 This is the estimate of spending that can be traced to the use of ATOD. While there are some conditions completely attributable to ATOD (e.g., cirrhosis of the liver, lung cancer, drug overdoses), there are others where research has determined a certain percentage of cases would not exist if not for substance use (e.g., heart conditions, diabetes, chronic obstructive pulmonary disease, psychotic episodes). In addition, a certain percentage of accidents (e.g., motor vehicle, work related injuries, falls) and the injuries they cause are attributed to substance use. Actual treatment for alcohol and drugs, IF paid by the state-revenue-funded public insurance, would fold into this, but the vast majority is from health issues created as a "byproduct" of someone's substance use. These conditions comprise the majority share of the health insurance PAR (population attributable risk).

OBJECTIVE 4.a.: Increase access to all levels and types of needed and effective recovery supports, as well as intervention and harm reduction for those in recovery

Intermediate Outcomes: Note: Oregon currently has very little data on recovery supports that could be used to develop a baseline for access to recovery supports. While the data collected in 4.a.1.-4.a.3. will provide information that can be used to establish a baseline and monitor progress toward this objective, data infrastructure development should include processes for monitoring changes in access to recovery supports. Examples of measures could include the following:

- Increase in the number of recovery supports provided by treatment centers
- Increase in the number of recovery support services and programs for vulnerable and underserved populations
- Increase in the number of collegiate recovery centers
- Decrease in wait times for return to treatment for stabilization when needed
- Increase in the number of culturally specific sober social spaces
- Increase in the percentage of those in recovery who can access basic needs and resources (e.g., housing, transportation, childcare)

OBJECTIVE 4.b. : Decrease barriers to recovery support

Intermediate Outcomes: Note: Data are not currently available to establish a direct baseline for reducing barriers to recovery supports or for monitoring changes in public awareness of SUDs or knowledge of resources. As data infrastructure is strengthened and developed, and the strategies below are implemented, measures should be developed (e.g., expanding existing or creating new adult surveys or other data collection processes) to help Oregon better monitor progress toward meeting this objective.

OBJECTIVE 4.c.: Increase collection and use of data to evaluate recovery support processes and outcomes

Intermediate Outcomes: Note: Oregon does not currently have a statewide system for collecting and using evaluation data to analyze recovery outcomes. As evaluation capacity is developed, measures should be developed to help Oregon monitor progress toward meeting this objective and the strategies below.