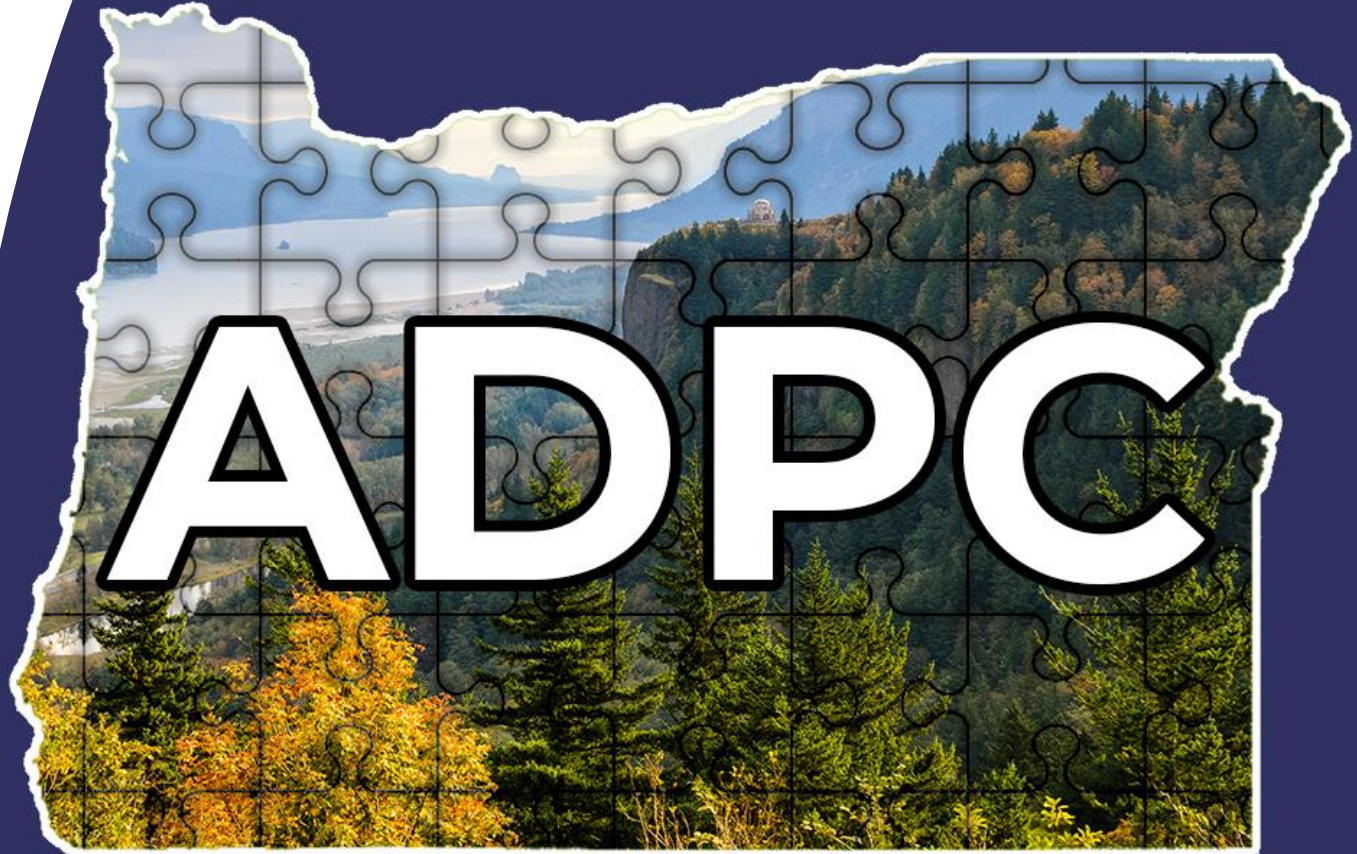


**Oregon  
Alcohol and Drug Policy  
Commission**

*Opening doors: Achieving  
access, belonging, and  
connection across Oregon*

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**Regional Roadshow**



## Today's Objectives

Overview of the ADPC

Comprehensive Plan Process

Comprehensive Plan Priorities

Community Discussion

# What is the Alcohol & Drug Policy Commission (ADPC)?

*Charged with improving access to evidence-based, evidence-informed and culturally informed substance use prevention, substance use disorder treatment and recovery support services by establishing state policies and holding participating state agencies\* accountable for carrying out those policies. ORS 430.221*

\*Participating state agencies include: Department of Corrections, the Department of Human Services, the Oregon Health Authority, the Department of Education, the Oregon Criminal Justice Commission, the Oregon State Police, the Oregon Youth Authority, the Department of Consumer and Business Services, the Housing and Community Services Department, the Youth Development Division, the Higher Education Coordinating Commission, the Oregon State Lottery Commission, the Oregon Liquor and Cannabis Commission, the Department of Veterans' Affairs or any state agency that administers or funds substance use prevention, substance use disorder treatment or recovery support services.

# What is the Alcohol & Drug Policy Commission (ADPC)?

*The Alcohol and Drug Policy Commission **shall** develop a comprehensive substance use prevention, substance use disorder treatment and recovery support services plan for this state.*

ORS 430.223

# 2026-2030 Comprehensive Plan Process and Priorities

# Plan Recommendations

- Methods to assess the effectiveness and performance of programs;
- The best use of existing programs;
- Budget policy priorities for state agencies;
- Youth substance use prevention and youth substance use disorder treatment and recovery strategies to reduce substance use disorders among individuals who are up to 26 years of age and their families.

ORS 430.223



# Plan Development Steps

## Committee/Commission Work

- Youth/OYAA
- Harm Reduction
- Treatment
- Recovery
- Prevention

## Community Engagement

## Financial Overview

## Inter-agency/Commission engagement

# Comprehensive Plan Timeline

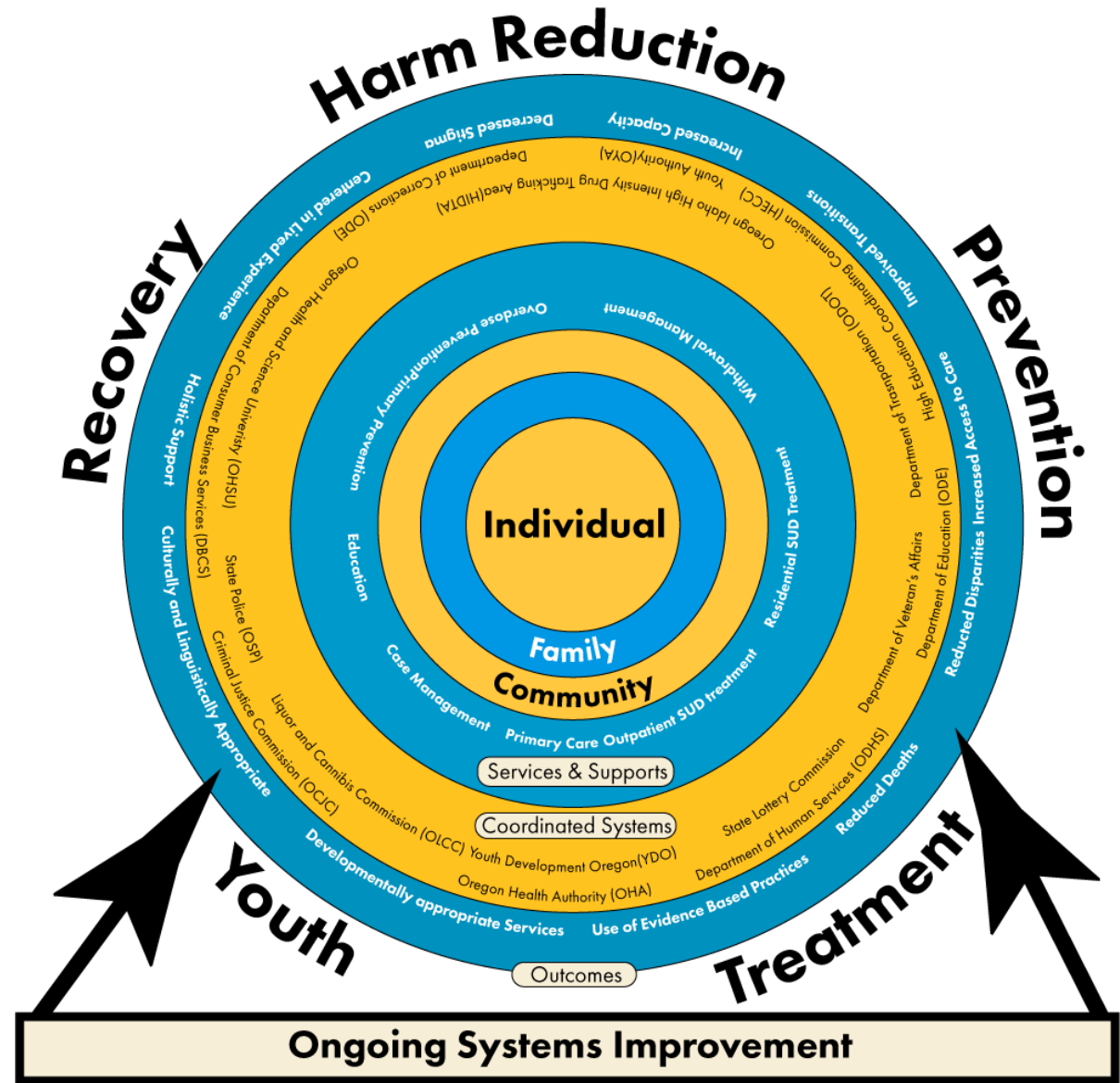






# A Recovery Oriented System of Care

- is Consumer and Family-Driven
- is Timely and Responsive
- is Person-Centered
- is Effective, Equitable, and Efficient
- is Safe and Trustworthy
- maximizes use of Natural Supports and Settings



## ACHIEVES WHAT?

### REDUCES

- Substance Use
- Substance Use Disorders
- SUD related Deaths
- SUD Disparities

## EVIDENCE BASE

### SUPPORTS

- What shows this will be effective?
- What supports the implementation and sustainment of these strategies?
- Where else has this been done before?

## COMMUNITY INPUT

### ENGAGEMENT

- Is this what the community wants and needs?
- Who do we need to engage with?
- How do we best engage with them?

## STRATEGY

### PLAN

- How do we go about this?
- Are we leveraging existing information, programs, funding, etc... to accomplish this?
- Are we suggesting something new entirely?

## MEASURES

### DATA

- Can progress be measured?
- Can it be continuously monitored?
- How we will evaluate the success of these strategies?
- How will we report these outcomes?

Cross-Cutting  
Values

Reduces Stigma | Equity | Centers Lived Experience | Holistic Support | Evidence & Culturally Informed | Considers Transitions

# 2026-2030 ADPC Overarching Priorities:

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*Opening doors: Achieving access, belonging, and connection across Oregon*

## Overarching Theme

- Increase **access** across the continuum of care

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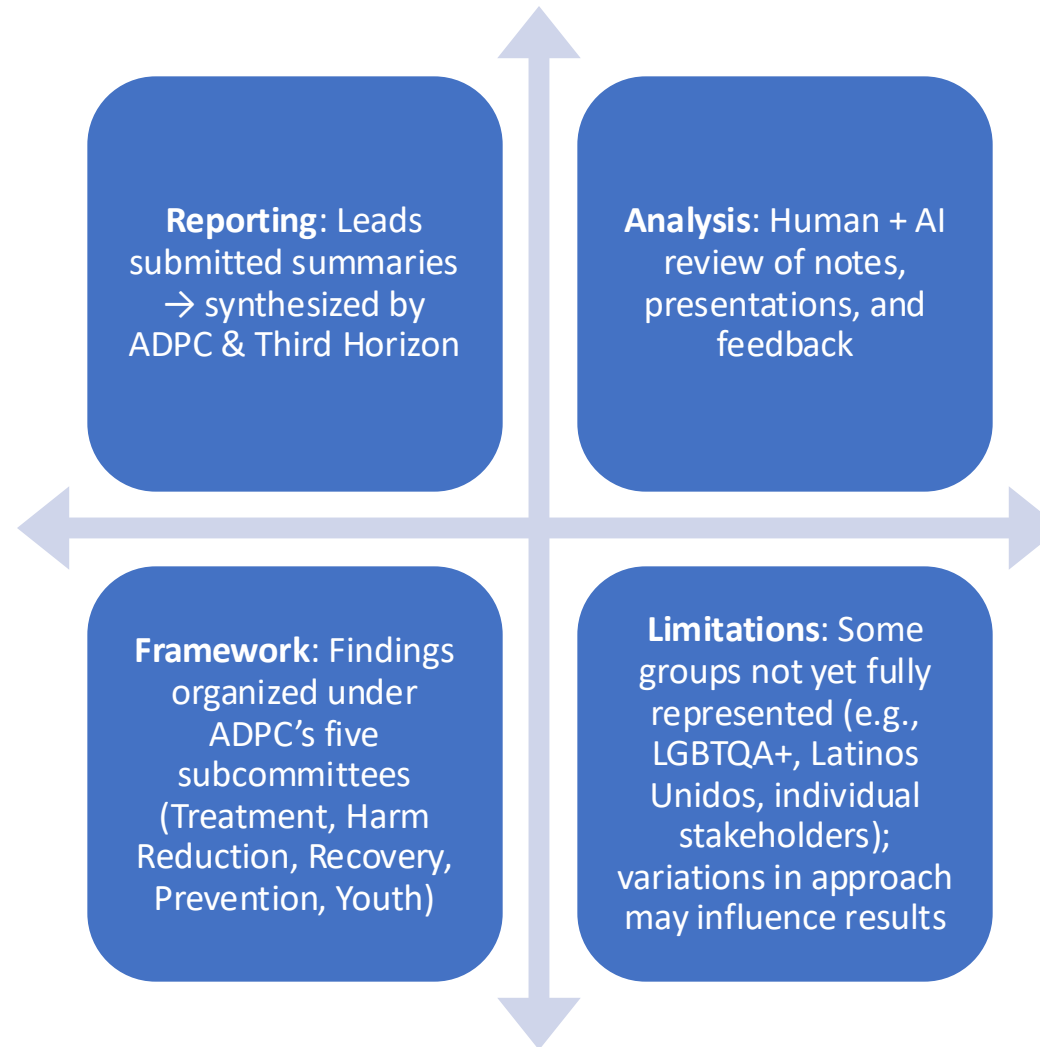
## "Big Three" Outcomes

- Reduce prevalence of substance use disorders
- Reduce substance use-related deaths
- Reduce substance use-related disparities and inequities

# Community Engagement

- **Process:** Engagement events Jan–June, structured and led by trusted community partners
  - **Engagement audiences:** community members with lived experience, youth, adults in custody (AICs), peer recovery workers, local & county officials, behavioral health providers, Tribal Nations, and Latinx communities
  - **Geographic reach:**
    - *Frontier & rural counties* (Eastern and Southern Oregon)
    - *Urban centers* (Portland Metro, Willamette Valley)
    - *Coastal communities* (Clatsop, Coos, Curry)
    - *Correctional settings* (OSP, ORCI, CRCI, OYA facilities)
  - **Diverse perspectives:** ensured inclusion across age groups, cultural backgrounds, and system involvement

# Community Engagement





# Stakeholder Engagement Feedback: Infrastructure

**Inequitable Access:** Communities struggle with inadequate access to care, siloed services and lack of coordination. Culturally responsive programs and services are inconsistently available.

**Siloed Financing:** Despite available funding, current fiscal investments do not take into account unique elements of different types of funds to ensure maximum leverage and strategic investment.

**Data Gaps:** Prevalence, consequence and outcomes data related to substance use is siloed across state agencies and communities. Federal changes to data collection further complicates reliability and availability of data for informed decision-making

# Infrastructure Strategy

## Activities

- Leverage statutory authority to make data informed fiscal policy recommendations for state agencies.
- Foster future pathways to stable and sustainable funding for the Continuum of Care.
- Maintain staffed Commission to implement plan.
- Improve culturally specific responsiveness in financing, procurement and service delivery.
- Improve Data Infrastructure to support data-informed decision-making.

## Intended Impact

- **Near-term:** Understanding of current funding allocations achieved, with steps for improved leverage.
- **Mid-term:** Fiscal strategy reflects high alignment with the Comprehensive Plan, ADPC and state agencies aligned on fiscal and programmatic strategy inclusive of culturally specific engagement, investments and programs.
- **Long-term:** Oregon has a sustainable and comprehensive system of care for substance use disorders.
- **Global:** Oregon sees meaningful progress in reduced harms cause by substance use.

## Current Baseline

- Statutes governing ADPC have recently been revised.
- 2024 Fiscal analysis demonstrates where current investments are.
- Comprehensive plan priorities call for ongoing work to align funds to strategy.

## ADPC Committees

- Oregon Youth Addiction Alliance (OYAA)
- Harm Reduction
- Treatment
- Prevention
- Recovery

# High-Level Priorities



## Youth

*Comprehensive supports centered in youth and families*

- Therapeutic support in justice system
- Peer-led recovery spaces
- Treatment and recovery at school
- In home support for substance use and mental health



## Risk Reduction

*Equitable, stigma-free access to lifesaving and health-promoting services*

- Naloxone Access
- Drug Checking Services
- Comprehensive Injury Prevention Services
- Cross-Sector Education



## Treatment

*Closing gaps, enhancing quality, increasing consistency, supporting recovery*

- Expanded Treatment Options
- Timely Access to Appropriate Care
- Improved Transitions Across the Continuum
- Data-Driven Quality Improvement



## Prevention

*Upstream, equity-driven primary prevention efforts across the lifespan*

- Primary Prevention Infrastructure
- Prevention Center of Excellence
- School and College Prevention
- Community-Based Programs



## Recovery

*A resilient, recovery-oriented system of care accessible to all*

- Recovery Community Centers and Spaces
- Recovery Housing
- Peer Recovery Support Services
- Recovery Friendly Workplaces

# Stakeholder Engagement Feedback: Youth

**Disconnection:** Youth feel alienated by adult-centric systems that rely on punitive responses.

**What Works:** Voluntary, peer-led, culturally affirming programs in safe, trusted spaces.

**Schools' Role:** Schools must be more trauma-informed and recovery-friendly.

**Expand youth-centered programs and spaces:** Fund youth leadership roles, expand drop-in wellness centers (especially in rural areas), and ensure youth shape prevention and recovery efforts.

# OYAA Strategy

## Activities

- Develop statewide Prevention Toolkit and launch school-based treatment programs with culturally responsive providers, peer supports, and telehealth.
- Establish recovery schools and youth-specific peer-led recovery spaces with statewide standards.
- Build diversion models with juvenile departments to reduce detention and expand recovery supports in OYA (CADCs, updated curricula, MAT protocols, recovery tablets).
- Pilot in-home treatment programs and expand youth-friendly clinical pathways with centralized resources and care coordination.

## Intended Impact

- **Near-term:** Prevention toolkit released, readiness assessments, diversion criteria set, in-home pilots launched.
- **Mid-term:** Recovery schools and peer spaces launched, diversion programs operating, expanded OYA and clinical supports.
- **Long-term:** Statewide recovery schools and centers, equitable diversion systems, embedded curricula and protocols in OYA, centralized clinical resources.
- **Global:** Equitable youth recovery access, reduced recidivism, stronger family supports, and sustained youth leadership in recovery systems.

## Current Baseline

- Schools under-resourced for prevention and recovery
- Limited recovery infrastructure and peer-led spaces
- Inconsistent diversion and OYA supports; in-home services emerging



# Community Engagement Feedback: Risk Reduction

**Inconsistent Access:** County-by-county disparities; political resistance and Naloxone costs limit availability.

**Cultural Gaps:** Few Spanish-language or culturally specific outreach programs.

**Persistent Stigma:** Evidence based practices misunderstood; community education needed.

**Peer Workforce:** Peers are trusted messengers but underfunded and overextended.

**Expand capacity:** Build a cohesive, inclusive statewide risk mitigation and injury prevention strategy with peer-led outreach and culturally grounded services.

# Risk Reduction Strategy

## Activities

- Expand use of Oregon's bulk purchasing system (MMCAP) to lower Naloxone costs and increase supply access.
- Define best practices to mitigate risks and reduce injuries caused by substance use and provide cross-sector education.
- Assess nature and risk of current drug supply.
- Reduce harms related to alcohol and cannabis.

## Intended Impact

- **Near-term:** Baseline mapping, outreach expansion, state hemp regulations.
- **Mid-term:** Culturally specific outreach, consistent county-level strategies, efficient naloxone purchasing.
- **Long-term:** Cohesive, inclusive statewide framework.
- **Global:** Reduced overdose deaths; universal evidence-based practices.

## Current Baseline

- Uneven access across counties; high costs for Naloxone and limited outreach.
- Few Spanish-language or culturally grounded programs.
- No comprehensive statewide data on drug supply.

# Community Engagement Feedback: Treatment

**Limited Access:** Proximity to withdrawal management and residential beds in rural communities and shortages of culturally responsive and co-occurring residential programs more broadly.

**Barriers:** Rigid and inconsistent referral processes, insurance/Medicaid challenges delay care.

**Carceral Settings:** Waitlists and one-size-fits-all programs; voluntary trauma-informed models work best.

**Youth Needs:** Mandatory programs feel punitive; youth want peer-led, age-appropriate treatment.

**New culturally responsive and flexible infrastructure needed:** Expand local, culturally responsive treatment options and streamline entry into care.

# Treatment Strategy

## Activities

- Expand access to MSUD in carceral settings, specialty courts, and via EMS/Buprenorphine pilot scaling.
- Launch education campaigns and technical assistance for providers on evidence-based practices (EBPs).
- Standardize assessment tools and referral processes across providers.
- Expand 24/7 withdrawal management services statewide.

## Intended Impact

- **Near-term:** Baseline mapping, adoption of common frameworks.
- **Mid-term:** Expanded provider capacity, better referral follow-through.
- **Long-term:** Decreased care wait times, seamless transitions, equitable statewide access.
- **Global:** Reduced overdose, stronger retention, systemwide accountability.

## Current Baseline

- Limited provider MSUD capacity, especially in carceral/court settings.
- Fragmented referrals; inconsistent assessments.
- Significant gaps in withdrawal services and continuity of care.

# Stakeholder Engagement Feedback: Prevention

**Underfunded:** Current prevention efforts rely too heavily on schools and miss families and communities.

**Data Limitations:** Lack of county-level data impedes targeted investments.

**Youth Voice:** Youth want trauma-informed, peer-led programming that starts earlier.

**Build Capacity:** Fund prevention coordinators in every county and expand culturally grounded strategies (e.g., storytelling, community mentors). Expand prevention beyond school settings. Engage intergenerational, culturally specific organizations and programs.

# Prevention Strategy

## Activities

- Ensure robust implementation of HB 3321 and HB 4121 to enhance regulatory framework
- Launch a Center of Excellence (CoE) to provide TA, evaluation, and system-wide support.
- Expand access in K-12 and on college campuses.
- Expand culturally-grounded, community-based intergenerational prevention strategies

## Intended Impact

- **Near-term:** Prevention landscape analysis; baseline needs of a CoE established.
- **Mid-term:** Alignment and expansion of school and community programs.
- **Long-term:** Sustainable, intergenerational prevention across communities.
- **Global:** Reduced substance misuse initiation; stronger protective factors.

## Current Baseline

- Overreliance on schools for prevention and lack of resources.
- Few trauma-informed, peer-led programs outside schools.
- No common definition or understanding of primary prevention.



# Stakeholder Engagement Feedback: Recovery

**Housing Shortages:** Recovery housing is scarce and often overly restrictive for people with complex needs.

**Peer Services:** Peers play a vital role but lack adequate funding, pathways for training, and career advancement opportunities.

**Carceral Barriers:** Institutional stigma and limited program access undermine recovery alongside punitive relapse policies.

**The long-term journey needs integrated, inclusive supports:** Create regional recovery hubs that integrate housing, jobs, and peer support and strengthen reentry transitions.

# Recovery Strategy

## Activities

- Sustain and expand Recovery Community Centers (RCCs) and recovery spaces, including in youth and carceral settings.
- Establish regulatory framework and educational strategies to decrease stigma in recovery housing.
- Develop and release standard guidance for Peer Recovery Support Services (PRSS) delivery across systems and settings.
- Establish a Recovery Friendly Workplace Program.

## Intended Impact

- **Near-term:** Define recovery services and regulatory frameworks, guidance document on model PRSS practice, sustain capacity.
- **Mid-term:** Increased RCC and recovery space coverage and housing access; stronger peer workforce capacity.
- **Long-term:** At least one RCC and/or recovery space in every county, integrated with housing, jobs, and peer supports.
- **Global:** Inclusive, community-rooted recovery with reduced SUD and stronger outcomes.

## Current Baseline

- Recovery housing access is inconsistent and lacks sustainable funding.
- Standards of PRSS delivery are not always clearly communicated to organizations who may engage peers. Issues include role, scope, and utilization.
- At least 11 RCCs operate (depending on definition); limited statewide reach.

# Roundtable Discussion



How does the comprehensive plan support your local priorities?

What would it look like in your community to make progress toward an SUD continuum of care that encompasses prevention, treatment and recovery, reduces harm and addressed the needs of youth?

How can the state, in particular ADPC and the participating state agencies, collaborate with counties to achieve our shared goals and where should we start?



# Thank you!

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