



Oregon Alcohol and Drug Policy Commission

To: ADPC Members

From: The ADPC Treatment Committee

Re: Committee Priorities for the 2026-2030 Comprehensive Plan

Background/Mission of the Treatment Committee

The ADPC Treatment Committee collaborates with ADPC staff and other partners to ensure that all Oregonians have access to high-quality, culturally responsive, and comprehensive substance use disorder (SUD) treatment. The Committee views treatment as one critical component in a broader recovery journey that may also include prevention, harm reduction, and ongoing peer/community support. Our mission is to transform Oregon's treatment landscape into one that:

- Ensures equitable access to timely, clinically appropriate levels of care.
- Integrates evidence-based and evidence-informed practices, including both medication and non-pharmacological interventions.
- Embeds cultural and linguistic responsiveness at every touchpoint.
- Seamlessly coordinates transitions across the continuum of services—from initial engagement through long-term recovery support.

Comprehensive Plan Priorities

To reduce substance use-related harms, close treatment gaps, and improve outcomes for individuals and families across Oregon, the Treatment Committee proposes focusing on the following priorities for 2026–2030. These priorities build upon the Committee's ongoing work, as well as the ADPC's goal of creating a truly comprehensive statewide system for substance use treatment and recovery.

1: Expand Equitable Access to Evidence-Based Treatment Options

We must prioritize a comprehensive range of interventions that meet the diverse needs of individuals with substance use disorders, starting with the broader availability of medications for opioid use disorder (MOUD) and other medications to treat substance use disorders — including newer and longer-acting MOUD delivery methods that can significantly improve outcomes. At the same time, non-pharmacological options, including but not limited to cognitive-behavioral therapy and contingency management, must be integrated to serve those

with stimulant and other substance use disorders. Crucially, care must be culturally and linguistically responsive, ensuring its effectiveness and affirming nature for rural and frontier communities, Tribal populations, and communities of color. By embedding these evidence-based treatments into accessible and inclusive service models, we move closer to a system where geographic or cultural barriers hinder no one's recovery.

2: Ensure Timely Access to the Appropriate Level of Care at All Entry Points

A “no wrong door” approach is essential to ensure that every individual seeking help receives a direct path to the type and intensity of care they need, no matter where they reach out to in the community. Standardized frameworks like the ASAM Criteria, coupled with comprehensive training and oversight, can match clients to the right level of services while maintaining fidelity and quality. Because a lack of infrastructure often hinders access in rural and underserved regions, investments in both outpatient and residential capacity must be prioritized to eliminate needless delays. Additionally, financial incentives and alternative payment models can encourage clinicians and agencies to provide evidence-based, person-centered treatment, rather than relying on a one-size-fits-all model that may not fully address individual needs.

3. Facilitate Improved Transitions Throughout the Treatment and Recovery Journey

Recovery is an ongoing process that requires coordinated support at every stage, necessitating strong warm hand-offs between different levels of clinical care and extending to recovery support services. A full continuum of care that includes assessment, stabilization, multiple levels of treatment, housing, peer-led support, and ongoing recovery management can help individuals avoid service gaps and maintain their recovery goals. Meeting people where they are means acknowledging that motivations and individual treatment goals may evolve from harm-reduction strategies to an abstinence-based approach or anywhere in between. By coordinating efforts across mental health, justice, child welfare, and social service systems, we can expand the “recovery capital” needed—such as peer support, housing, education, and employment—to help individuals maintain long-term well-being.

4. Drive Quality and Accountability Across All Components of the Treatment System

Accountability starts with transparent and consistent measures that track access, retention, outcomes, and other critical indicators so that systems and providers can continuously refine their approaches. These data-driven insights can highlight areas for funding and policy reform, ensuring that resources flow to the most effective practices and interventions. Workforce development is also key: robust training, supervision, and fair compensation help providers deliver evidence-based practices with fidelity, while peer specialists and culturally responsive models must be integrated and evaluated under regulatory standards. By weaving together comprehensive oversight, shared metrics, and a supportive workforce environment, we can build a treatment system that truly delivers high-quality, equitable care for all those on a recovery journey.

Outcomes Anticipated

By implementing these priorities, the ADPC Treatment Committee anticipates marked improvements in Oregon's overall treatment capacity and outcomes:

1. **Reduced Treatment Gaps and Waitlists:** Through aligned reimbursement, regulatory supports, and a more comprehensive continuum of care.
2. **Improved Retention and Engagement:** Seamless transitions and patient-centered care should help more people stay engaged, lowering relapse risk.
3. **Equitable Outcomes Across Demographics:** Targeted efforts to embed cultural, linguistic, and regional equity throughout the system will reduce longstanding disparities.
4. **Stronger Recovery Pathways:** With stable housing, peer support, and sustained follow-up, individuals will be better positioned to achieve long-term remission and recovery.
5. **Data-Driven Oversight:** Consistent measurement of access, quality, and outcomes will inform ongoing policy refinements to keep Oregon's treatment system on the cutting edge.