

Oregon Youth Addiction Alliance

Subcommittee Meeting Agenda

September 10, 2025 4-6pm

Meeting link:

<https://zoom.us/j/92479393540?pwd=yd4R7Sm6JjMW0P22hRaazB8NOoUFED.1>

Join by phone: (+1) 346-248-7799

Meeting ID: 924 7939 3540

Passcode: 291376

Note: The Alliance may choose to take agenda items out of order, pull, defer, or shorten presentation time of agenda item(s) to accommodate unscheduled business needs. Anyone wishing to be present for an item should arrive when the meeting begins to avoid missing an item of interest.

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to: Corina Vasquez at corina.vasquez@oha.oregon.gov.

#	Item	Time
1	Welcome and Icebreaker	4:00 - 4:15
2	Breakout Groups: Writing the Plan <ul style="list-style-type: none">• Focus on the How “What Happens” and Who “Key People to Make it Happen”• Groups:<ul style="list-style-type: none">◦ Clinical Treatment◦ Workforce	4:15 - 4:50
3	Break	4:50 - 4:55
4	Breakout Groups: Group Swap & Review <ul style="list-style-type: none">• Legal and Carceral• Education	4:55 - 5:20
5	Breakout Groups: Group Swap & Review <ul style="list-style-type: none">• Home	5:20 - 5:45

	<ul style="list-style-type: none"> Non-Clinical 	
6	Conflict of Interest Disclosure Prep	5:45 - 5:50
7	Public Comment	5:50 - 5:55
8	Reflection and Closing	5:55 - 6:00

Friday 8/29/25 Regular Meeting Notes

Members Present: Annette Majekodunmi, Araceli Granados, Ashlie Kangas, Erica Fuller, Giovanni Dillanes, Kaleb Gambia, Kamryn Berk, Kati Jokinen, Kayla Lara-Ryall, Madison Dunn, Martin Lockett.

Key Takeaways

- Prioritized implementation of peer-delivered services, including training and certification pathways, within 1-2 years
- Agreed to pilot pro-social activities in rural communities first, with both in-person and online options
- Developed a phased approach for statewide rollout of recovery groups and drop-in centers, starting with needs assessments
- Emphasized importance of age-appropriate programming (14-17 and 18-25) and sustainability of initiatives beyond 10+ years

Next Steps

- Finalize details of peer training and certification pathways
- Develop criteria for selecting pilot communities, especially in rural areas
- Create implementation timeline for statewide rollout of initiatives
- Design sustainability plans to ensure 10+ year impact of programs
- Prepare to present detailed implementation plan at next meeting (September 10th)

Summary By Topics

Non-Clinical Recovery Spaces [MURAL NOTES](#)

- Big idea: Pilot community-based peer-led recovery organizations using existing spaces and new drop-in sites
- Services to include: Recovery/life skills groups, peer mentoring, training/certification, resource navigation, pro-social activities
- Implementation timeline:
 - Year 1-2: Conduct needs assessments, start in regions lacking services

2. Year 2-4: Develop statewide guidance on core principles/content
3. Year 5+: Full statewide implementation with regional customization

Peer-Delivered Services

- Prioritized for implementation within first 1-2 years
- Process:
 1. Train peers (not yet certified)
 2. Provide supervision and mentoring
 3. Begin service delivery
 4. Develop individualized certification pathways
- Hire advisor to guide professional development and certification process

Drop-In Services and Centers

- Follow similar phased implementation as recovery groups
- Consider age separation: 14-17 and 18-25 groups
- Ensure accessibility in rural/frontier communities
- Combine physical spaces with online community options

Pro-Social Activities

- Pilot first in rural communities with limited existing services
- Include mix of in-person events and online community engagement
- Allow peers to develop activities after onboarding in communities
- Expand to all spaces statewide in years 2-4

Training and Resource Hub

- Identified as an early, achievable goal (Year 1)
- Combine digital and in-person options to reduce travel needs
- Centralize existing resources for easy access

Chronological Summary

Welcome, Icebreaker, and Agenda Overview @ 0:00 - Jummy and Kamryn welcomed participants, reviewed the meeting agenda, and led an icebreaker where voting members shared skills they would like to master. Topics ranged from learning French, mastering math, and improving public speaking to learning to do backflips and becoming a skilled cook.

Breakout Groups and Writing the Strategic Plan @ 5:00 - The group split into two breakout groups - non-clinical recovery spaces and home settings - to work on writing details for the strategic plan. The non-clinical group focused on fleshing out their big idea around piloting peer-led recovery organizations using community spaces and drop-in sites.

Defining the Non-Clinical Recovery Space @ 22:24 - The non-clinical group discussed key details for their big idea, including:

- Utilizing existing community spaces (e.g. libraries, parks/rec centers) as well as creating new drop-in sites
- Offering recovery and life skills groups, peer mentoring and training, resource navigation, and pro-social activities
- Providing supervision and support for peer mentors, and pathways for certification and employment

- Tailoring services to regional needs based on a statewide assessment and readiness process

Prioritizing Goals and Timelines @ 57:04 - The group worked to prioritize their goals, identifying short-term (1-2 years), mid-term (2-4 years), and long-term (5+ years) objectives.

Key priorities included:

- Piloting recovery services in regions without existing offerings, starting with training and supervision for peer mentors
- Expanding peer-delivered services and certification pathways across the state over time
- Developing a statewide training and resource hub, both digital and in-person
- Launching pro-social activities and events, starting with a pilot in rural/frontier communities

Envisioning Long-Term Impact @ 1:41:45 - Looking ahead 5+ years, the group articulated their hopes for the long-term impact of the non-clinical recovery spaces, including:

- Youth and families feeling a sense of belonging, connection, and support in their recovery journey
- Accessible resources and services that meet people where they are, both physically and in their recovery process
- Sustainable, long-lasting recovery spaces that provide opportunities for healing, learning, and community