

Today's Agenda

Welcome Back!

- Roll Call
- Director's updates

Committee By-laws

- Co-Chair & Attendance

Priority Setting

- Workflow
- Workgroups

Next Steps

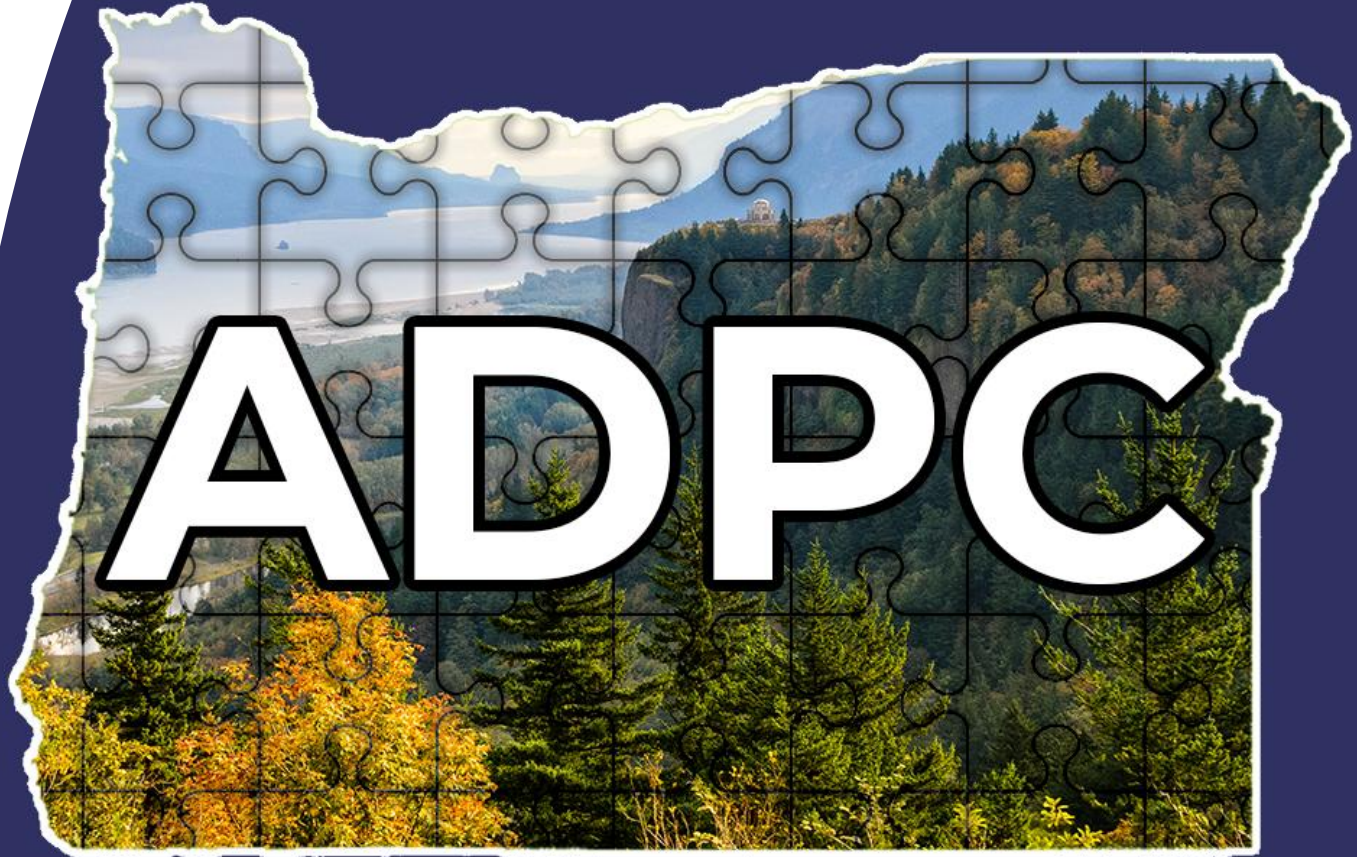
- Next meeting: March 11th
 - CFAA Program Spotlight

Oregon Alcohol and Drug Policy Commission

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

Treatment Committee!

February 2026



Bylaw Updates

In January, the full commission adopted new bylaws outlining requirements of active participation, reasons for removal, and language supporting co-chair nomination and purpose.

Sample Language for consideration:

“The Treatment Committee may choose to elect a non-Commissioner Co-lead from amongst the voting Committee membership.”

Year 1

Actions & Activities

Jan-March (Q1) 2026

- Inventory: MSUD Access
- Inventory: ASAM Rulesets
- Inventory: Waitlist Rules
- Inventory: Required Audits
- Partner Activity:** Specialty Court Screening Process Change (OJD)

July- Sept (Q3) 2026

- Survey: Waitlist Management Practices (WM)
- Best Practice Committee: Identify EBP TA priorities
- Inventory: Quality & Incentive Metrics
- Review Progress**

MONITORING: FUNDING CHANGES, AGENCY PARTNER EFFORTS, EMERGING NEEDS

April- June (Q2) 2026

- Goal: Review CCO Parity Report
- Goal: Review APAC Analysis
- Landscape Assessment: EBP/ TBP Availability
- Form Workgroups Best Practice, MSUD
- Inventory: Discharge Standards
- Partner Activity:** FCAA Benefit Pilot (OHA)

Oct- Dec (Q4) 2026

- Best Practice Workgroup Recommendations to Federal TA Centers for 2027 work plan
- Partner Activity:** ROADS Full Implementation Goal (OHA)
- Review Measures & Metrics: Measuring Progress (Discharge/ Transitions)
- Partner Activity:** SB 822 Implementation Goal (DCBS)

EBP/ TBP
Access

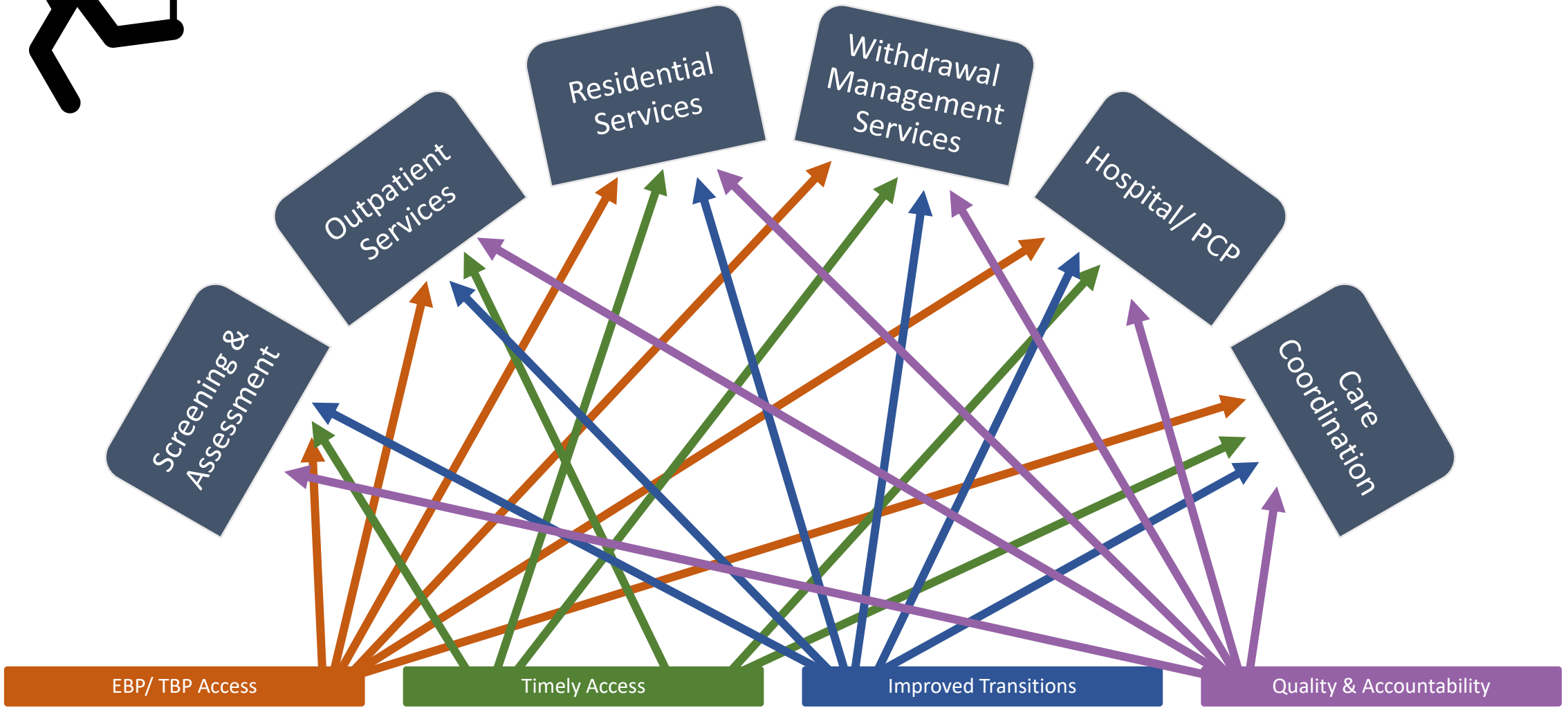
Timely
Access

Improved
Transitions

Quality &
Accountability



Juggling the Continuum



“Short” Term Goals

EBP/ TBP Access	Timely Access	Improved Transitions	Quality & Accountability
Number/percent of providers offering MSUD; baseline audit of CCO consistency	Common access framework developed and adopted, regulatory strategy to embed framework developed	Referral protocols and processes established; baseline warm handoff adherence	Draft shared metric set; stakeholder feedback collected
Number of justice/court settings supporting access to MSUD via partnerships with MSUD providers; Expanded EMS MSUD pilot reach	Treatment provider survey implemented to assess current wait times for entry into care, with an eye to disparities by population, geography and level of care sought/provided	Rate of programs with standardized discharge planning; alignment to person-centered goals	Number of providers receiving TA/funding; reporting participation baseline
Assessment of current levels and gaps around EBP/ TBP utilization across providers complete, TA services available are catalogued with understanding around current utilization	Baseline mapping of current withdrawal management/stabilization sites and hours as well as transportation service options	Baseline metrics established; pilot regional tracking efforts	Inventory of existing audits; pilot streamlined models
Baseline assessment of CCO policy differences; Value Based Payment pilot considered	Identify opportunities to improve referral pathways and efficiency through local ADPC and other collaborative strategies, and/or regional/statewide systems that can create better coordination and referrals between providers	Targeted outreach programs initiated; wraparound supports mapped	Insight reports shared with providers; use of data in QI efforts begins
Issue brief published on recommended suite of assessment tools for utilization in treatment settings			
Culturally specific and place based services are reliably available to those seeking them, with providers able to financially support and sustain services			

Discussion

- How do we prioritize:
 - Agency partners?
 - Committee Staff presentations?
 - Workplan goals?
 - Point of Care?
 - Emerging needs?
- Previous areas of challenge:
 - Behavioral and Physical health providers use similar frame works but have different workflows, payor challenges, services, limits, and allowances.
 - Oregon is a big state, services may be distant, but infrastructure doesn't happen over night.
- Some of us know *a lot about a little*, some of us know *a little about a lot*, and some of us know *a lot about a lot*. **ALL of us care a lot about a lot.**
- From the by-laws: “Develop an Annual Treatment Action plan to advance ADPC Comprehensive Plan goals and strategies.”



Thank you!

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<https://www.oregon.gov/adpc>

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:

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

Overarching Theme

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

"Big Three" Outcomes

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

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