

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)*

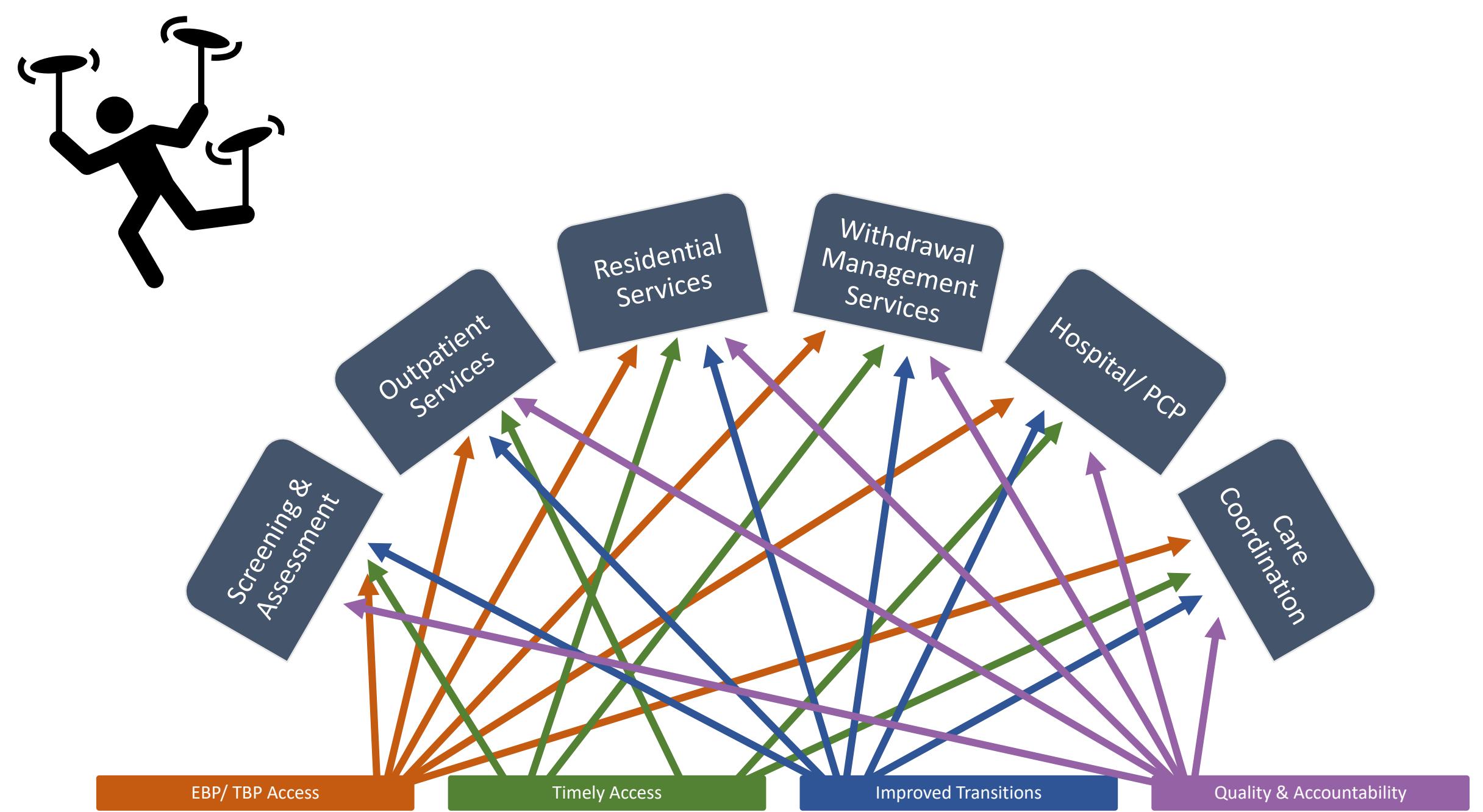
Oct- Dec (Q4) 2026

- 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)*





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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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



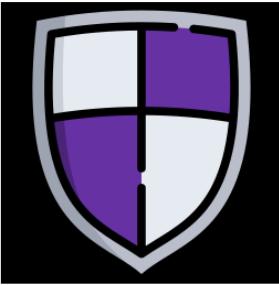
Risk Reduction
Equitable, stigma-free access to lifesaving and health-promoting services

- 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