Oregon
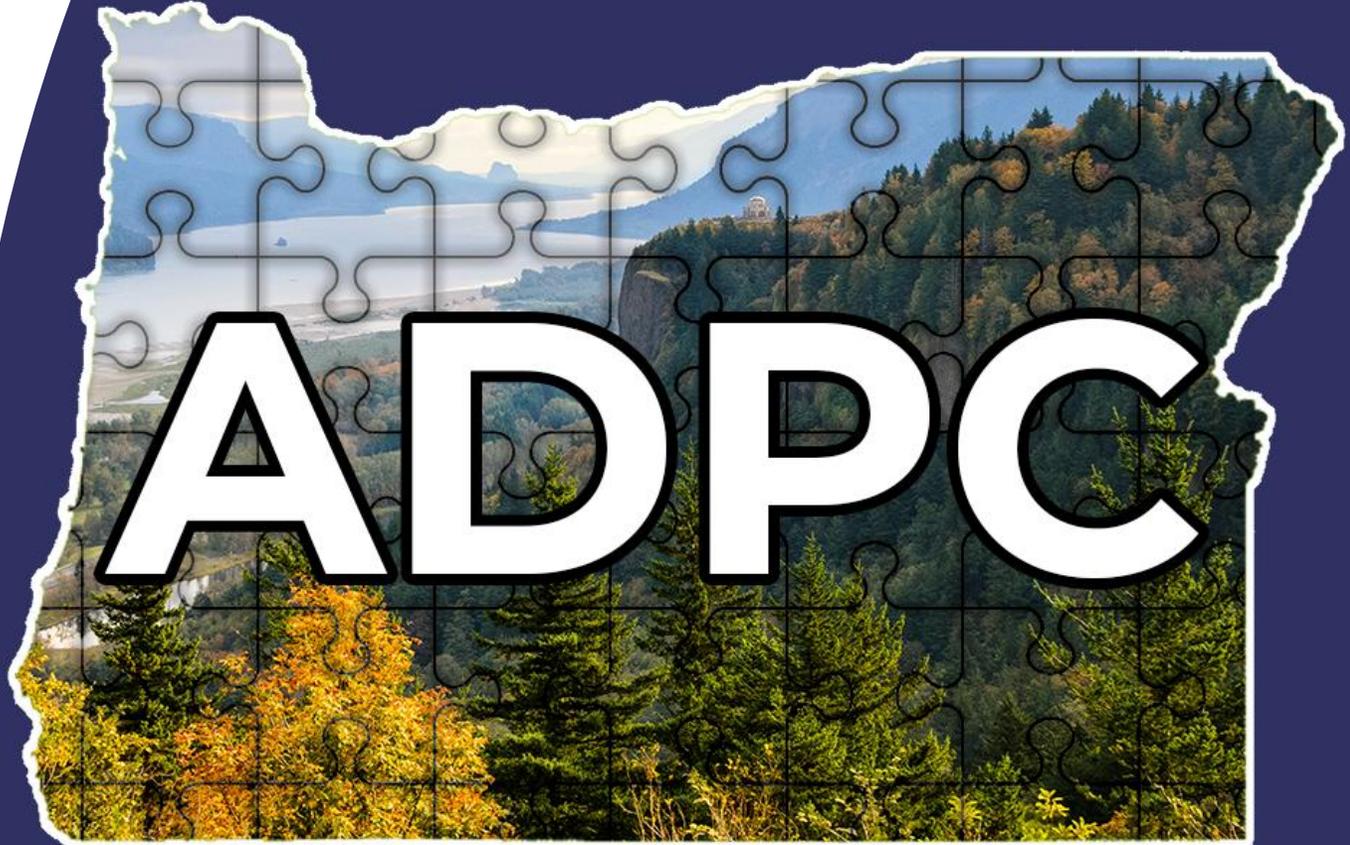# Alcohol and Drug Policy Commission

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

Treatment Committee

March 2026

Today's Agenda

Welcome & Roll Call

Director's updates

Agency Partner Presentation: FCAA Benefit

Committee Member Nomination (Action Item)

Priority Setting: Withdrawal Management

Public Comment
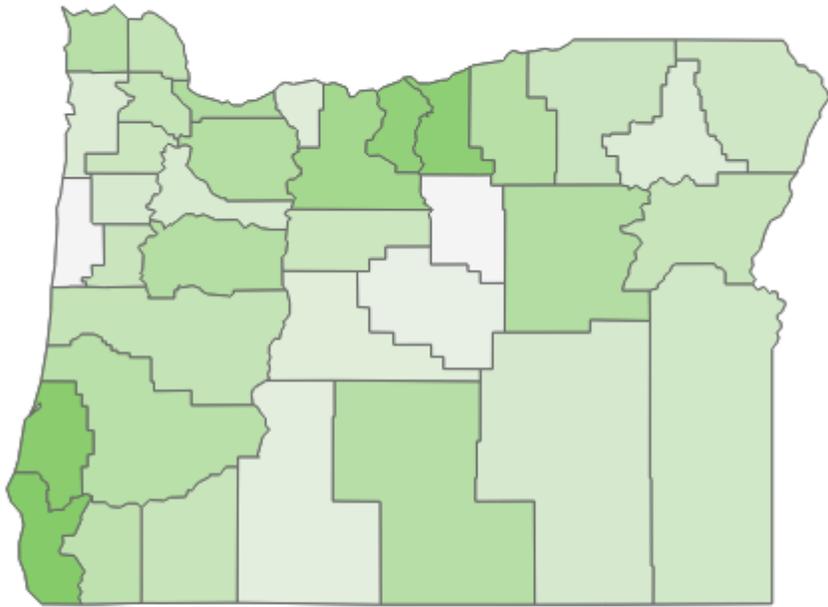
Committee Nomination

Beth Williams is an Assistant Professor with the Department of Medicine a Division of Internal Medicine and Geriatrics at OHSU. She is currently an Adult Nurse Practitioner, Women's Health Nurse Practitioner, and a Certified Addictions Registered Nurse Advance Practitioner. She has a history in primary care, veterans care and currently supports the community via the IMPACT Inpatient Addiction Consult Team and via the HRBR clinic.

Beth provides training and technical assistance to emergency departments seeking to expand MOUD (including those in rural/ coastal areas) as well as deflection programs, providing coaching and group training on addiction.
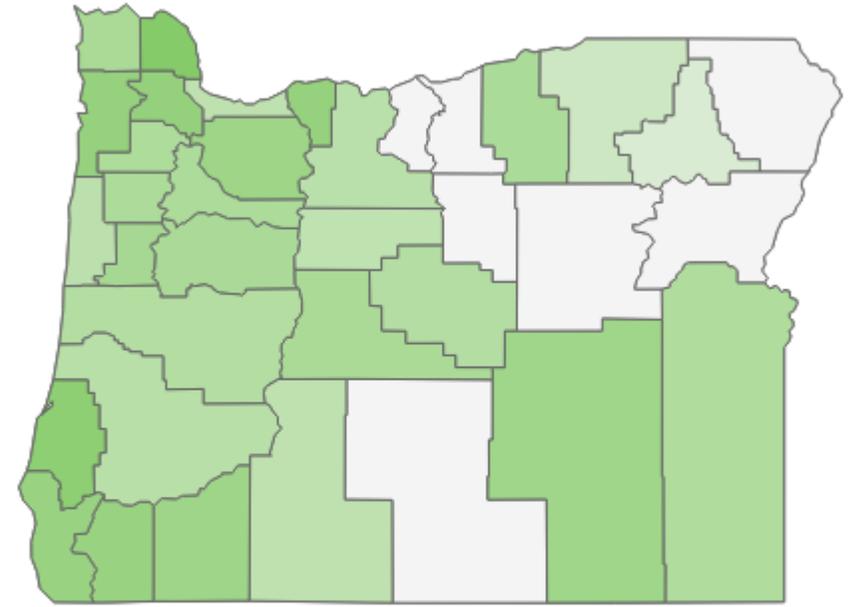
DISCLAIMERS

- APAC data has a lag time, our current dataset includes 2016-2013 and future analyses will also only be available historically.
- APAC data only includes individuals who engaged in a service in that period, if people received no care in which an insurance claim resulted, they are not in this data.
- In some cases, numbers may be too low to share without breaching health privacy.*
- This is an evolving process. We are likely to realize limits to this dataset, necessary changes to improve our use of it, and realize different utilities for how we may leverage this moving ahead.
- **Today's presentation is very high level intentionally as a point of entry for our work was visible at this level, but more intentional exploration is needed.**
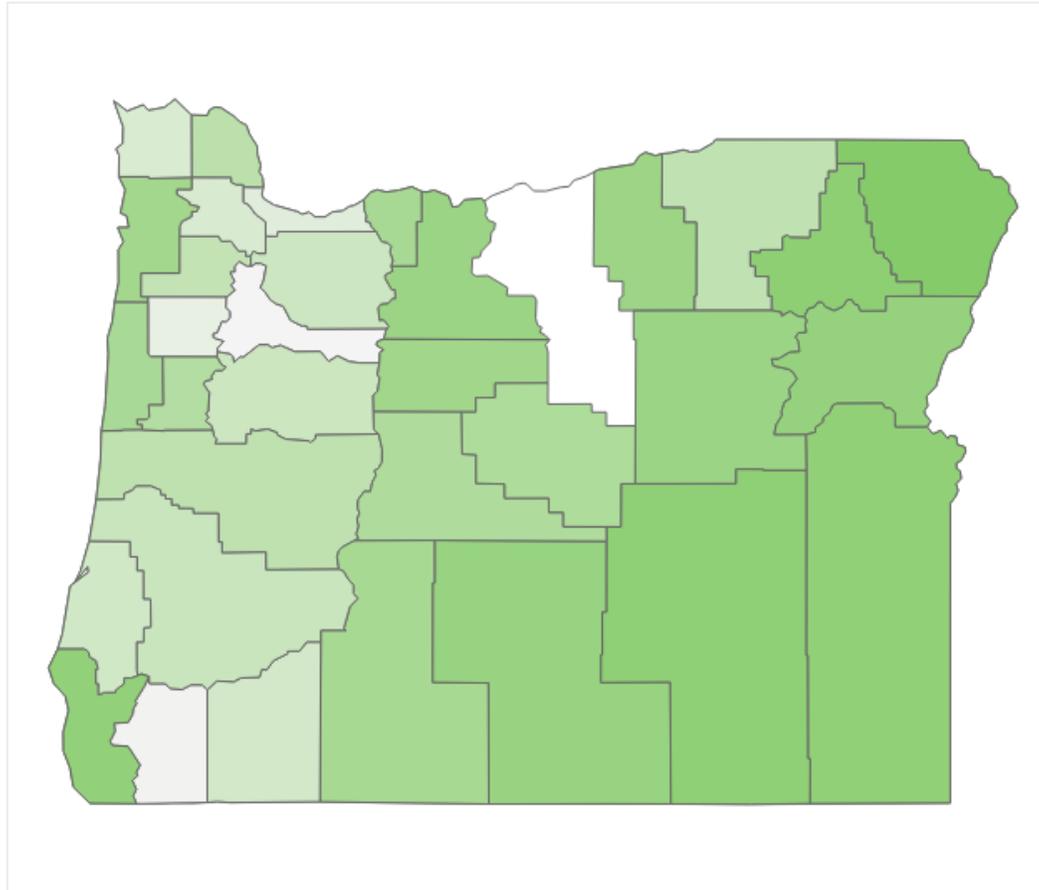
Treatment Gaps (2023)

All Substances: 57.21%

Alcohol: 59.5%

Cannabis: 45.30%

Opioid: 53.88%

Stimulant: 49.01%

47.63 ▮▮▮▮▮▮▮▮ 72.22

A Tale of Two Treatment Settings

Outpatient

49.95   73.88

Withdrawal Management
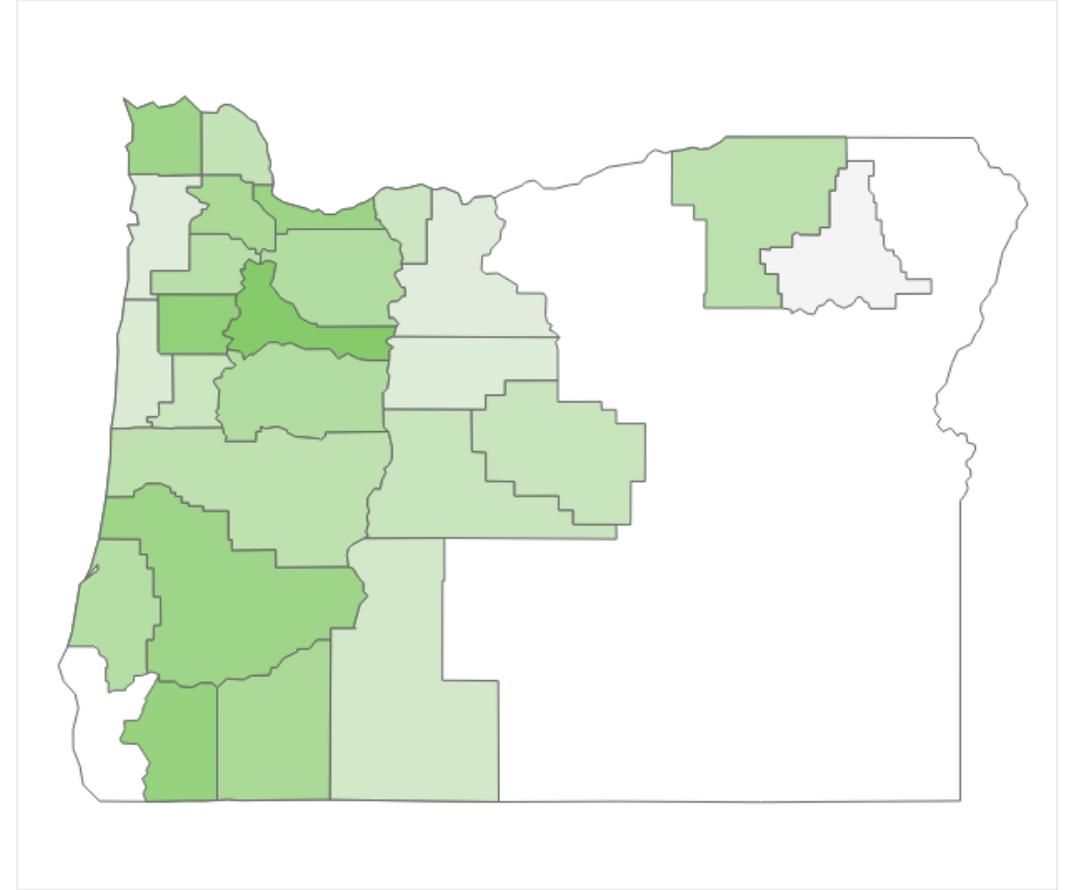
88.410   97.132
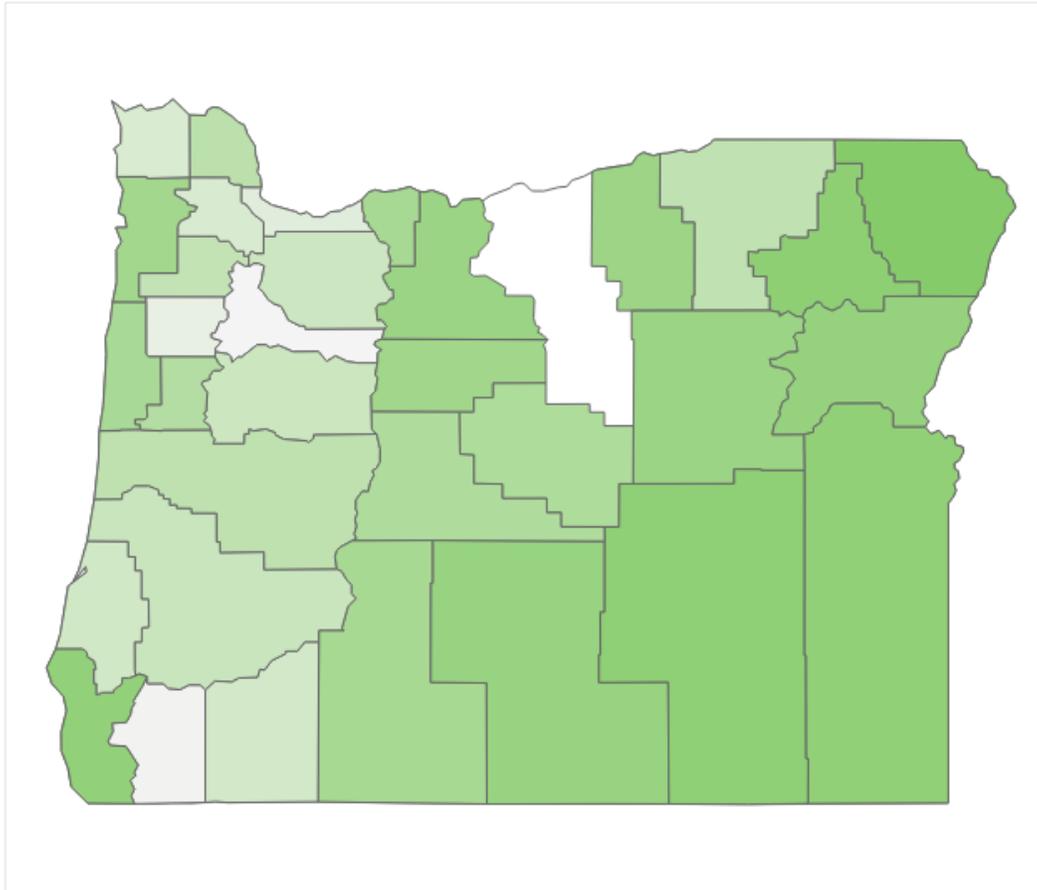
MOUD Access

50.0 ▬▬▬▬▬▬▬▬ 100.0

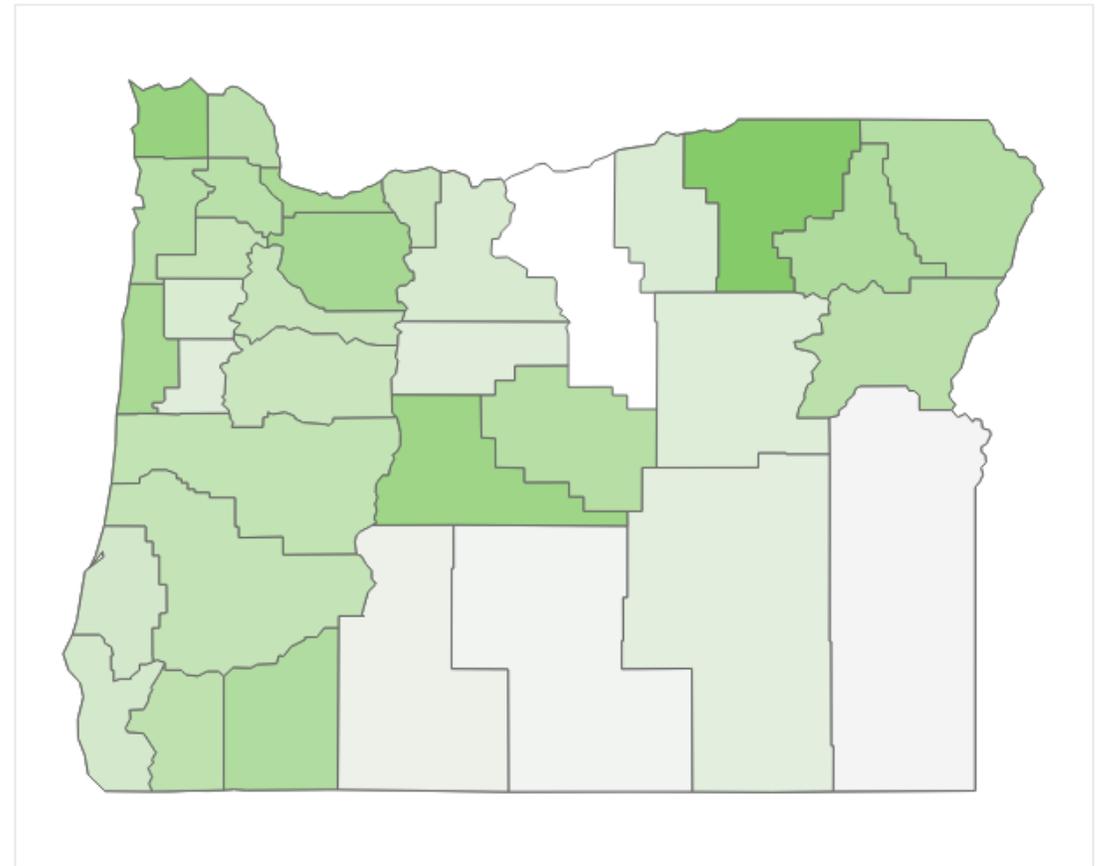% Receiving MOUD through an Outpatient Office Among Those Receiving MOUD Treatment

5.2 ▬▬▬▬▬▬▬▬ 58.2

% Receiving MOUD through an OTP Among Those Receiving MOUD Treatment

Office Based MOUD

% Receiving MOUD through an Outpatient Office Among Those Receiving MOUD Treatment
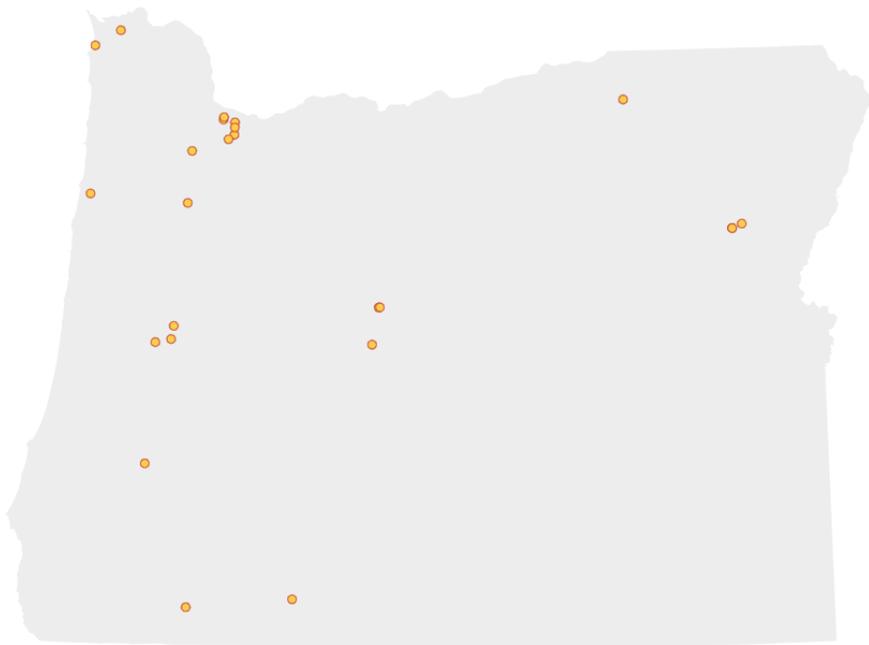
"Short" Term Goals

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			

"ShortER" Term Goals

EBP/ TBP Access	Timely Access		Improved Transitions
Number/percent of **Withdrawal Management** providers offering MSUD; baseline audit of CCO consistency	Common **Withdrawal Management** access framework developed and adopted, regulatory strategy to embed framework developed		**Withdrawal Management** referral protocols and processes established; baseline warm handoff adherence
Baseline assessment of CCO policy differences **for Withdrawal Management Services**; Value Based Payment pilot considered	**Withdrawal Management** 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 **Withdrawal Management** programs with standardized discharge planning; alignment to person-centered goals

Collaborative design of Provider Survey → Treatment Committee to provide feedback/ approve → Survey Administered → Treatment Committee to Review Results → Direction provided to Workgroups (TA, White Papers, Policy Changes)

Summary

- Withdrawal management programs make up the "smallest" group of providers compared programs in other levels of care (i.e. Outpatient)
- Withdrawal management programs are believed to be the most finite resource compared to other settings (e.g. biggest care gap).
- Individuals with OUD and AUD currently experience the largest "treatment gap" compared to other individuals with SUDs included in the analysis. These SUDs carry a high risk and prevalence within the aims of the Commission itself.
- Withdrawal management programs differ greatly in many ways compared to the other care types, such as length of stay, purpose, staffing, services, and more.
- Our workflow is very ambitious. Prioritization is necessary.

Discussion

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

Thank you!

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https://www.oregon.gov/adpc

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