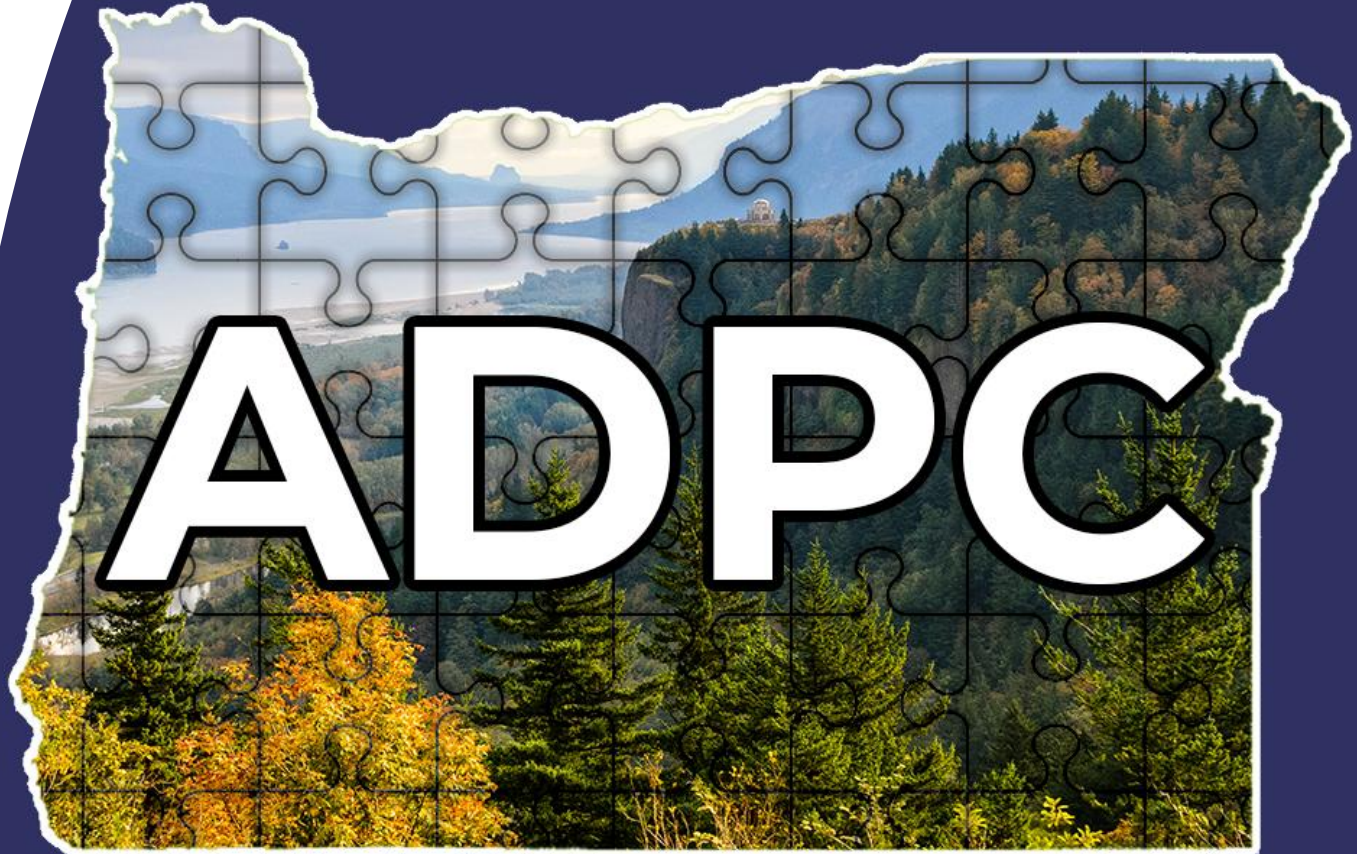


**Oregon
Alcohol and Drug Policy
Commission**

**April 13, 2026
Monthly Commission
Meeting**



Today's Agenda

Director Updates

2026-28 Chair and Vice Chair Recommendations

SUD Interventions School Pilots

Quarterly Comprehensive Plan Update

Committee Updates

Public Comment

Chair and Vice Chair Recommendations for Term starting July 2026

ADPC Chair and Vice Chair Recommendations to Governor

2.2.1 Recommendations to the Governor. The Commission shall recommend at least one member for each Officer position. The vote to recommend Officers shall take place at a regular monthly meeting, or at a special Commission meeting if the Director calls such a meeting for the purpose of filling a vacancy or vacancies; quorum and notice requirements are the same for special meetings as for regular meetings under Oregon's Public Records Law.

2.2.2 Any Commissioner may nominate themselves or another Commissioner during a public meeting of the Commission. To be considered, the nominated Commissioner must accept the nomination.

2.2.3 Voting. Voting shall be held after nominations have closed. Voting shall be tallied by roll call absent a motion for Executive Session.

Chair and Vice Chair Terms of Office

2.3 Terms of Office. Terms of Office for each Officer shall commence on June 30 of each even numbered year. Commission officers shall be elected to a two-year term and may be re-elected up to two (2) consecutive terms. If Officer fills more than one year of a vacancy under 2.4 below, then they shall be re-elected up to one consecutive term.

2.4 Vacancy. If the office of the Chair becomes vacant during the Term of Office, the incumbent Vice-Chair shall fill the remainder of the term of the Chair predecessor. If the office of Vice-Chair becomes vacant, an interim Vice-Chair shall be elected to fill the remainder of the Vice-Chair predecessor's term.

2.5 Resignation. An Officer may resign at any time by delivering written notice thereof to the Director and Governor.

2.6 Chair. The Chair's responsibilities shall include the following:

- a) Preside at Commission meetings and official commission functions;
- b) Coordinate with the Director the agenda of the Commission.

2.7 Vice-Chair. The Vice-Chair's responsibilities shall include the following:

- a) Preside over Commission meetings if the Chair is unavailable.

School Intervention Pilots

Background

OYAA Strategy 1, Activity 2: **Develop a Comprehensive Regional School Treatment and Recovery Program in public schools that don't have SUD services, with screening, culturally responsive providers, trauma-focused supports, telehealth, peer recovery programs, and educator training.**

Rationale:

- Research shows that **90% of adult addiction begins with use between the ages of 12-18.**
- Furthermore, **96% of youth with a substance use issue [still attend school](#).**
- Schools are under resourced to effectuate robust early intervention services and strategies.
- No one state agency provides sustainable funding for early intervention, engagement to treatment and recovery on school campuses.

Strategic Partnership

The OYAA Strategy is being implemented through a two-pronged partnership with ADPC, OHSU, OHA, and ODE.

1. School Pilot Program:

- Funded blended from General Fund (OHA-PHD-Adolescent and School Health) and Federal Funds (SUPTRS Block Grant and Rural Health Transformation).
- \$100,000 for 2025-2026 and 2026-2027 school years to implement:
 - Alternatives to discipline policy and protocols for youth caught with substances
 - Screening, Brief Intervention, Referral to Treatment (SBIRT) protocols and practice
 - On-site outpatient treatment or partnership with outpatient provider
 - Recovery Supports
- Focus: Rural School Districts and Alternative Education Settings
- Technical Assistance: Individual and group TA with all agencies supporting grantees.
- Evaluation: Developing to support state key performance measures and localized education measures of success

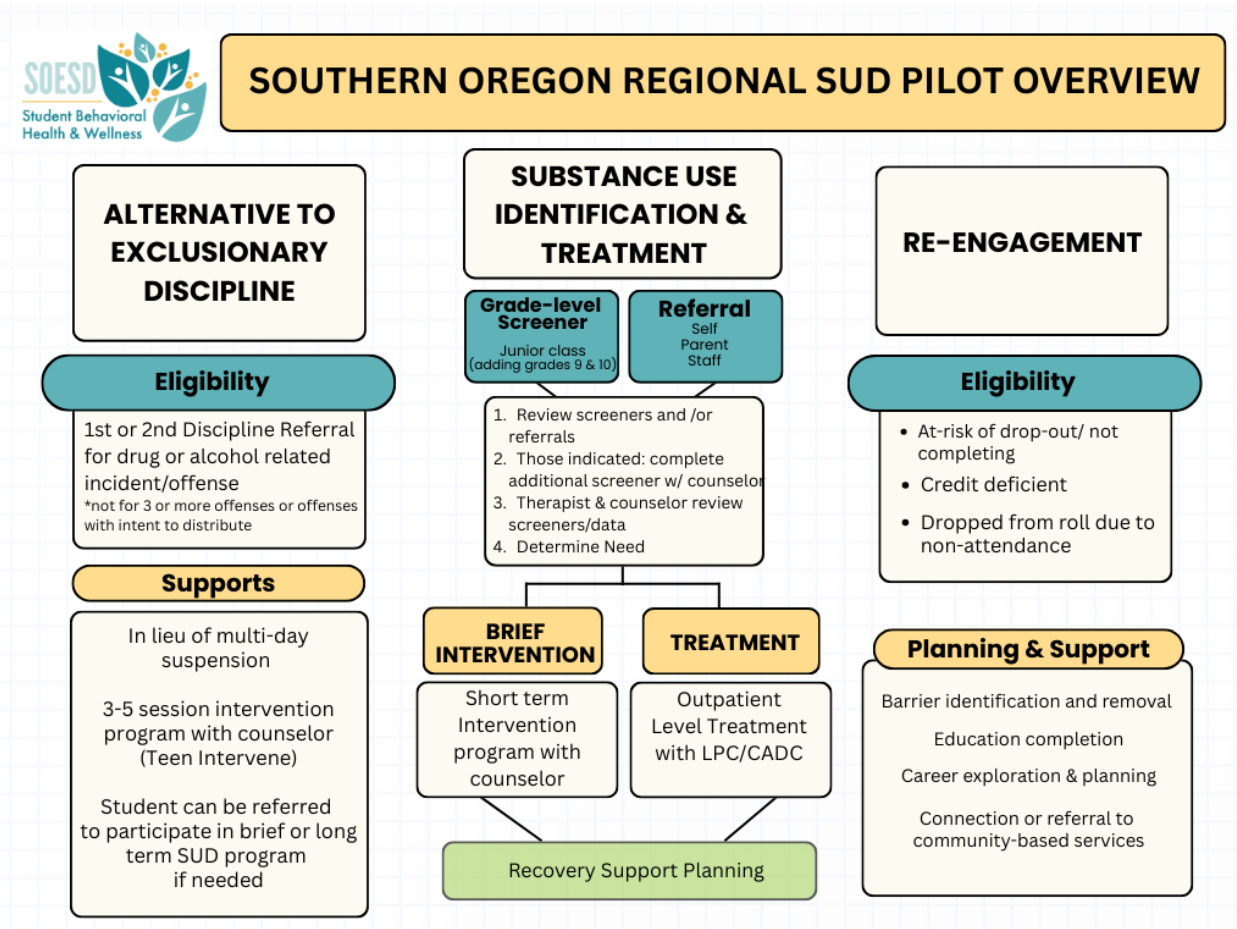
Strategic Partnership Cont.

2. ECHO Programs for School-Based Prevention and Early Intervention and Adolescent Substance Use Disorder:
 - Developed in partnership between OHSU, ADPC, and school and community practitioners (schools and clinicians in this space)
 - Permanently funded by House Bill 3321
 - School-Based ECHO supports school administrators and support roles – 80+ school and public health participants from across the state.
 - Focused on early intervention to start (this Cohort) – will move into prevention as Prevention Committee further defines needs (HB 3321).
 - Required for School-Pilot Grantees – makes up core learning opportunity/connection builder for district admins.

School Pilots Profiles

Southern Oregon ESD and Multnomah ESD: both concentrating on internal CADC capacity building:

- SOESD is building out universal screening in one school and an indicated screening and Teen Intervene in two other schools. In long-term, focused on developing in-house outpatient treatment capacity. SOESD built out operation manual.
- MESD is increasing CADC capacity and support for Alternative Education sites, developing out a student information and referral system, and building closer linkages to community providers (including in-school outpatient services).



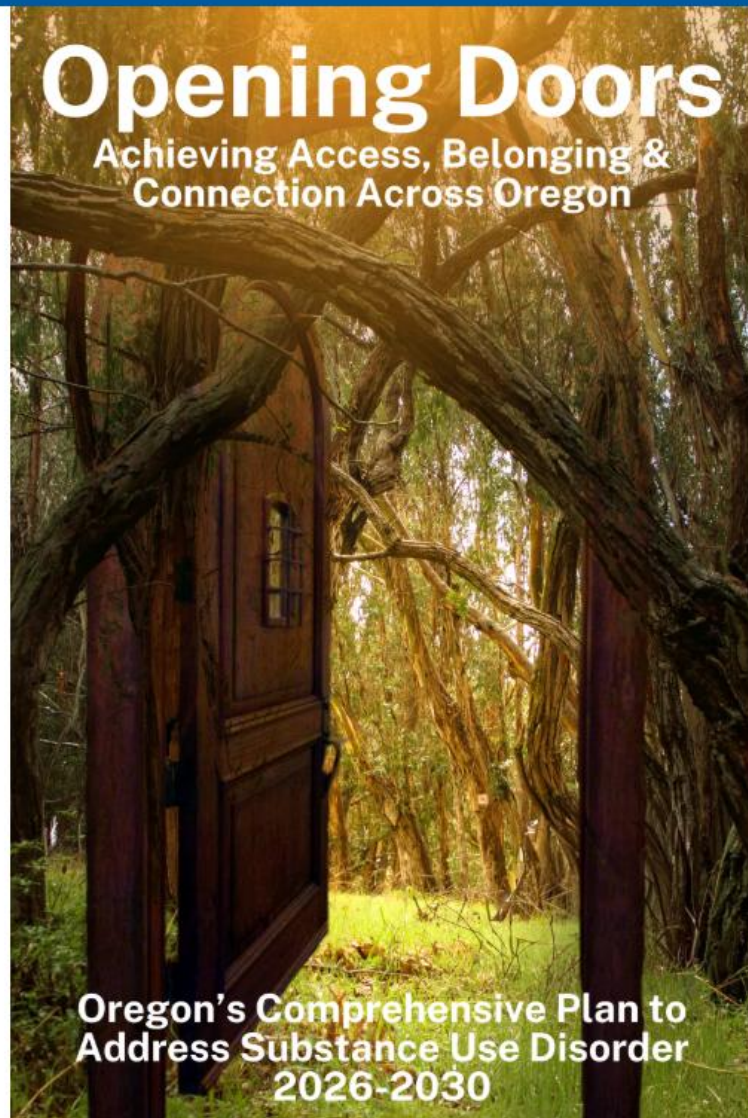
School Pilots Profiles Cont.

Gervais School District and Colton School District: Building out alternative to suspension policies and protocols, training in SBIRT protocols, and developing clinical capacity and external referral pathways. This includes on site and free transportation to mental health and substance use outpatient treatment.

Bridges Academy (Jefferson County School District): Working with SriPonya Collective for culturally informed, peer recovery circles on Alt. Ed. Campus: using Wellbriety. Developing out partnerships for SBIRT, including protocol development, training on Teen Intervene, and co-location of outpatient services through Best Care and Warm Springs Behavioral Health.

Questions?

2026-30 Comprehensive Plan Q1 2026 Update



In 2025, the ADPC passed a five-year comprehensive plan that aims to achieve three high-level goals, with the overarching theme of access:

1. Reduce the prevalence of substance use and substance use disorder (SUD)
2. Reduce substance use-related deaths
3. Reduce substance use-related disparities

This plan is called, "Opening Doors: Achieving access, belonging and connection across Oregon"

[*\(Click here to track Oregon's progress achieving the plan's Big 3 goals\)*](#)

As its title suggests, this plan is about opening doors for all Oregonians impacted by substance use and substance use disorder (SUD). The plan aims to open doors to new and existing services and supports, making it easier for people to get the right help at the right time. It aims to lift up services that create a sense of belonging for all Oregonians, lowering barriers created by culturally-specific needs, geographic differences or other factors across this diverse state. It aims to connect Oregonians to the right services, as well as to the communities that can help them lead healthy and fulfilling lives.

[*"Opening Doors" Executive Summary \(PDF\)*](#)

[*"Opening Doors" Executive Summary in Plain Language \(PDF\)*](#)

The Comprehensive Plan is a tool to implement a comprehensive strategy across 14 state agencies. It is not a report.

- [Web-based Tool](#) with priorities and strategies across continuum of care
 - [Prevention](#)
 - [Risk Reduction](#)
 - [Treatment](#)
 - [Recovery](#)
 - [Youth](#)
 - [Infrastructure](#)
- [Executive Summary](#) and [Plain Language Summary](#)

2026-2030 SUD Comprehensive Plan Implementation

- ✓ Strategies and activities prioritized based on feasibility and impact
- ✓ Work Plan developed for 2026-28
- ✓ Work Plan Approved by Governor's Office
- ✓ Quarterly Updates to Commission begin in April 2026
- ✓ Bi-annual Report due to legislature in July 2026
- ✓ OYAA strategies + SOCAC Strategic Plan + ADPC strategies = Youth SUD Strategy

2026 Q1 Comprehensive Plan Implementation Update

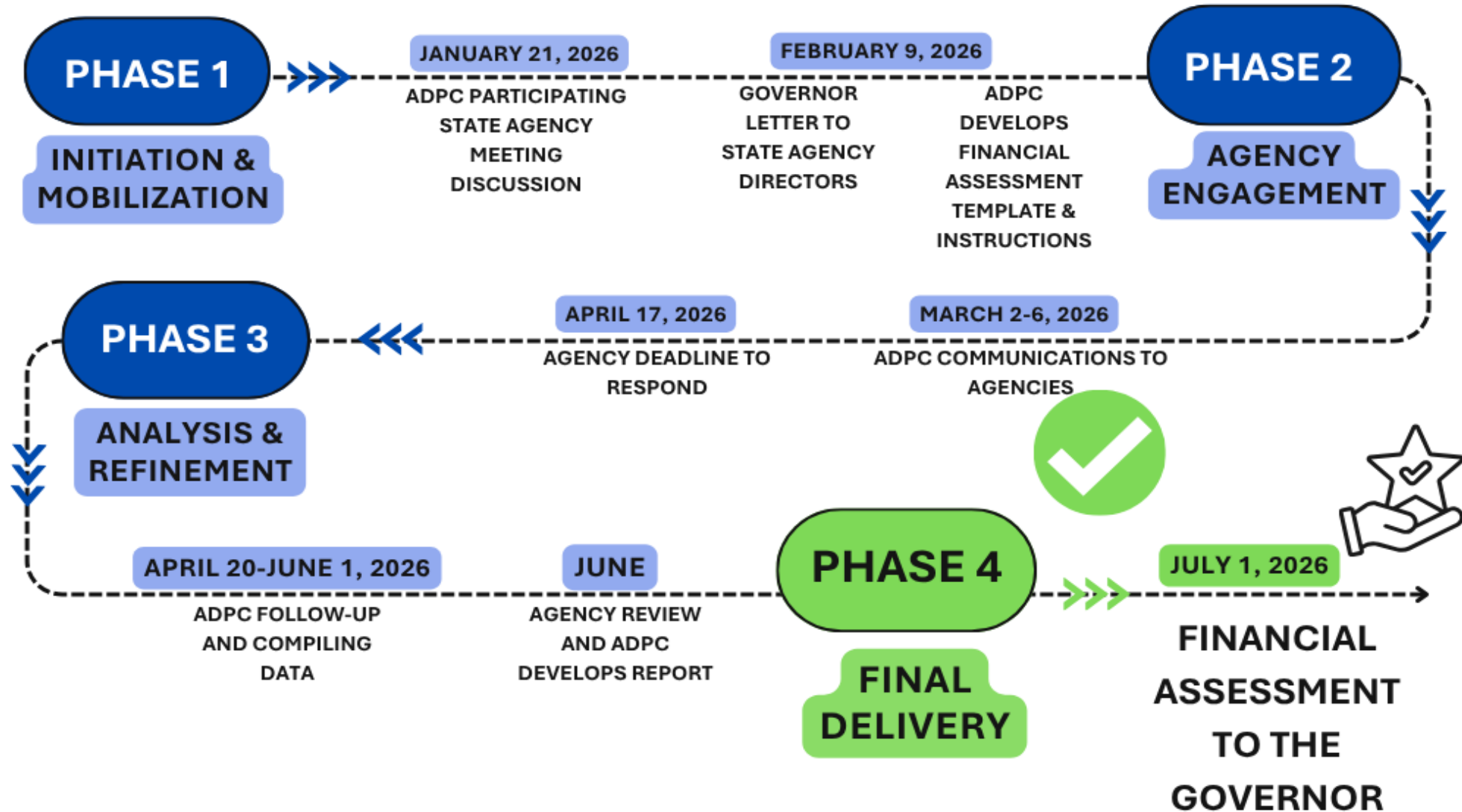
- ➔ **29** Strategies
 - ➔ **74** Activities
 - ➔ **305** Actions

111 Tasks in Progress
of **172** Tasks scheduled to Start January 1, 2026

2026 Q1 Infrastructure Implementation Update

Strategies, Activities and Actions	Year
Infrastructure Strategy 1: ADPC recommend budget policy priorities (ORS 430.223) to address siloed & fragmented financing across agencies	
Assess biennial state agency SUD spending using 2021-23 financial analysis as baseline	2026 and 2028 – 2026 In Progress
HB 3321 Primary prevention funding analysis	2026 In progress
Infrastructure Strategy 2: Support stable and sustainable funding for an SUD Continuum of Care to address a system currently built on unstable, non-sustainable funding	
Develop internal dashboard with CJC deflection, JMOUD, IMPACTS and OHA BHRN and opioid settlement funding by county and type of service	2026 In progress
Improve ADPC tracking of federal grant funding related to SUD	2026-2027
Ongoing recommendations and participation in BHRN OAC and Opioid Settlement Board meetings	2026-2030 – Ongoing
Infrastructure Strategy 3: Independent Commission Staffed by Subject Matter Experts to increase collaboration and efficiency across agencies	
Strengthen role of ADPC to provide recommendations and direction – monitor rulemaking, continue quarterly mtgs, financial assessment	2026-27 – In Progress
Maintain ADPC Staff	2026-30 - Ongoing
Align with cross-agency BH strategies – Tribal (TBP), SOCAC, BH talent council	2026-27
Infrastructure Strategy 5: Data infrastructure to support decision-making	
Annual All Payor All Claims SUD Data Annual Analysis	2026-30 – In Progress
Improve data strategies and sharing – support OHA internal work, OSPTRB & community development of shared outcomes	2026-30 – In Progress

2026 FINANCIAL ASSESSMENT TIMELINE: KEY MILESTONES



2026 Q1 Comprehensive Plan Rules Updates

Last year:

- Identified point of contacts through agency partners
- Identified preferential/ low barrier methods of rule change notification
- Identified “typical” rule change schedule, frequency, and standard process (i.e. batch rule changes)

This year:

- ADPC team has assigned agency/ divisions for rule change review.
- We are still building this into our workflow.
- We hope that we are building towards supporting agency partners by:
 - Increased ability to help publicize/ disseminate upcoming rule changes or opportunities to participate in the rule change process
 - Creating a “institutional memory” of change over time that lives separate of any one person, agency, division, or team.
 - Identify alignment or misalignment with priorities.

2026 Q1 Prevention Implementation

Successes:

- HB 3321 Primary Prevention Assessment Begins
- Scoping of Center of Excellence Begins:
 - Third Horizon funded by NWPTTC/ROTAC to Provide Additional
- ADPC & ODE working on more formal channels of Prevention Committee/Professional/Scientist Input in Health Education and School District Policy and Planning Support

Current At-Risks: None

2026 Q1 OYAA Implementation

Successes:

- Recovery Spaces: OYAA working with Recovery Committee to define youth spaces within Recovery Community Centers and Recovery Spaces
- Schools:
 - School Pilots to develop policy and programming related to screening and early intervention, treatment, and recovery in 5 school districts
 - OHSU School-based prevention and early intervention ECHO
- Home:
 - RFP designed to include SUD services in Intensive In-Home Behavioral Health Treatment (See Risks)
 - Early discussions on supports for youth in ODHS care who are treatment skeptical
- Carceral: Training and education development continue, including gender-specific recovery curriculum for Oak Creek, ASAM 4 training for CADCs in development, and revamp of youth peer support training (CRM + YPSS).

Current At-Risks: Agency budget reductions have indefinitely delayed funding for IIBHT expansion, risks for additional positions in education and carceral settings.

2026 Q1 Recovery Implementation

Successes:

- Definition of Recovery Community Center in progress, near completion
- Gathering of RCC leaders to discuss RCC work related to the Comprehensive Plan
- Collaboration with OYAA (Oregon Youth Addiction Alliance) on Recovery Centers and Spaces

Current At-Risks: Budget risks for recovery programs

2026 Q1 Treatment Implementation

Successes:

- Cross agency work between OHA and OJD to ensure alignment in case management relating to MOUD access in treatment courts
- COA for Peers in Hospital Settings Workgroup has been initiated by OHA
- RHTP team identifying scope of potential EMS Bup and Ambulatory WM projects
- OHA has began to implement the FCAA re-entry program and presented to the committee in March.

Current At-Risks: Budget risks for programs, unforeseen impacts to federal funding, Oregon is the 1st state up for SUD 1115 Waiver Extension review. Some planning reporting/committee presentations may be delayed.

2026 Q1 Health and Safety Interventions Implementation

Successes:

- OLCC launches Hemp Registry to ensure testing, labeling & safety requirements
- Naloxone data collection launched with Save Lives Oregon recipients and state agencies—financial analysis sets up naloxone spending conversations and streamlining process

Current At-Risks: continuously shifting federal guidelines

2026 Q1 Comprehensive Plan Implementation – Actions at risk overall

- Agency re-organizations or re-prioritization
- Staff and budget at capacity
- Will SUD services be at risk to accommodate other agency budget needs?



Thank you!

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