Oregon Alcohol and Drug Policy Commission

TREATMENT COMMITTEE
AGENDA

August 12, 2026, 3:00 PM– 4:30 PM

ZOOM Meeting link:
https://www.zoomgov.com/j/1619626325?pwd=O3typNGQsxSYsCKHLPGCa1AlkuUaQv.1
Meeting ID: 161 962 6325
Passcode: 379175
Dial by your location

- +1 669 254 5252 US (San Jose)
- +1 646 828 7666 US (New York)

Meeting ID: 160 962 6325

Find your local number: https://www.zoomgov.com/u/aclALmi4RD

SCHEDULE

3:00 – 3:05	Welcome & Roll Call	Chair Jokinen
3:05 – 3:15	Director Updates	Director Dolph
3:15 – 3:35	Action Item: Approve Federal TA Center Recommendations	Mitch Doig
3:35 – 4:05	Comprehensive Plan: Landscape Assessment Survey	Third Horizon
4:05 – 4:10	Public Comment	Chair Jokinen

ADDITIONAL INFORMATION

Note: The Committee 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: Ashley Olsen Ashley.Olsen@oha.oregon.gov

Link to Public Meeting Materials

8.12.2026 ADPC TREATMENT SUBCOMMITTEE RECAP NOTES:

Organizational Business

Members Present: Moxie Loeffler, Kristi McKinney, Heather Jefferis, Myque Obiero, Amy Nortrom, Alison Noice, Lisa Weigum, Beth Williams

The meeting was called to order at 3:04 PM. Roll call was conducted and quorum was established.

Director's Updates

Presented by Director Dolph

Commission Update
The August meeting was cancelled.
The September meeting will focus on the SUD state agency financial assessment.
Next meeting: September 15, 2026

Recovery Committee Update
The committee is finalizing recovery center youth best-practices language.
They are also working on recovery community center concepts, identifying RCCs across the state, and developing surveys to document activities and outcomes.
Next meeting: August 20, 2026

Prevention Committee Update
The committee is reviewing the HB 3321 report and advancing work on a primary prevention

assessment.
Next meeting: August 26, 2026

Health & Safety Interventions Committee Update
Senator Reynolds will attend an upcoming meeting to discuss her syringe service program legislation and gather committee feedback.
The committee is also developing a naloxone toolkit.
Next meeting: August 25, 2026

Oregon Youth Addiction Alliance
Continuing collaborative work with the Recovery Committee to outline youth best practices. Members will participate in an upcoming youth summit.
Next meeting: August 12, 2026

ASAM Implementation

Presented by Amanda Braxton, OHA

Background: Amanda Braxton (OHA) provided an overview of ongoing work to support the transition from the ASAM 3rd Edition to the 4th Edition, with a focus on updates to administrative rules. She noted that her purpose in attending today's meeting is to share the direction OHA is taking in the rule-writing process and outline planned steps before formal rule drafting begins.

Before discussing the timeline, Amanda explained the overall direction OHA is taking with rule development. Several options were considered, and OHA decided to proceed with a comprehensive review of all relevant rules prior to drafting new language.

Proposed Timeline – Division 18 and 19 Rules
- June–December 2026: Provider feedback and rule revisions
- January–May 2027: Public comment period
- May 2027: Finalize rule language
- July 2027: Targeted rule publication following internal review, leadership approval, and DOJ processes
- January 2028: Provider compliance deadline

Additional Timeline Notes
- OHA will continue engagement activities throughout rule development, including potential tribal engagement.
- Amanda Braxton and Luann will coordinate to refine specific timeline milestones.
- Leadership has approved in-person engagement meetings; however, budget limitations may restrict the number and scope of these sessions.
- Remote engagement meetings will be provided, and individual provider meetings will be available upon request.

Comprehensive Plan: Designing the Provider/Landscape Assessment

Presented by Mitch Doig

A major theme identified in previous committee discussions was the need for transitions and discharge planning to be person-centered and needs-driven. Mitch summarized committee feedback indicating that planning should begin at admission, continue throughout care, and reflect the individual's needs, strengths, preferences, and recovery goals. He noted that participants must be active decision-makers in their care planning and that plans should include relevant recovery management and relapse-prevention elements.

Landscape Assessment Themes

a. Person-Centered & Needs-Driven Planning

- Start planning at admission and keep updating it.
- Focus on the person's strengths, needs, and recovery goals.
- Support shared decision-making.
- Include relapse-prevention and recovery supports.
- Make sure "person-centered" means truly matching the plan to the person's goals.
- Plans should allow different recovery paths, not only abstinence-based ones.

b. Planned, Structured, and Standardized Processes

- Transitions and discharges should be real clinical steps, not just paperwork.
- Standard processes help make care fairer and reduce random rule differences.
- Keep a balance between flexibility for clinicians and required rules.
- Avoid simple checkboxes and create clear, meaningful expectations.

c. Clear Difference Between Transition and Discharge

- ***Transition*****:** moving to a different level of care (like residential to outpatient).
- ***Discharge***: leaving a level of care completely.
- Every discharge must include a plan, even when the discharge is due to behavior.
- Include crisis planning for "what to do when things go wrong."

d. Tracking Transitions Caused by Outside Factors

- More transitions are happening because of insurance rules, cost limits, or lack of resources.
- Special concerns were raised about parenting programs.
- The assessment should track these system-driven transitions and compare them with ASAM's nine variance criteria.

e. Integrated Support & Continuity of Care

- Plans must include the right mix of medical, behavioral health, social, peer, harm-reduction, and crisis supports.
- Make sure urgent medical needs are treated differently from regular primary care.
- Consider changes in the justice system, especially around the use of medications for opioid use disorder (MoUD).

Cross-Cutting Needs for the Assessment

The assessment should look at:

- Barriers that prevent smooth transitions and discharges
- System pressures that may cause early or inappropriate transitions
- Confusing or unclear OHA or CCO requirements
- Extra burdens caused by mismatched workflows or payer tools
- Opportunities to offer support that helps improve decision-making and coordination
- Data needed to track trends like payer-driven transitions or unavailable levels of care

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Next Steps

- Third Horizon will share a draft provider survey in September.
- The committee will turn these themes into official assessment focus areas.
- OHA rule work and committee standards work will stay closely connected.
- The feedback form will continue to help collect issues and guide future work.

Public Comment

Presented by Mitch Doig

No public comment submitted.

ADJOURNMENT

Meeting adjourned at 4:25PM.