
Oregon Alcohol and Drug Policy Commission

RECOVERY COMMITTEE MEETING NOTES



May 21, 2026, 1:00 PM- 2: 30 PM

ZOOM Meeting link:

<https://www.zoomgov.com/j/1609138762?pwd=dMbgbbYV3PJbZX4GWpM3sbdb8PkbqZ.1>

Meeting ID: 160 913 8762

Passcode: 062054

Dial by your location

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

Meeting ID: 160 913 8762

Find your local number: <https://www.zoomgov.com/u/aeDZ3a32ZU>

SCHEDULE

1:00 - 1:10

Welcome

Chair Vezina

1:10 – 1:20

Director Updates

Director Dolph

1:20-1:40

Vote on Final RCC Definition

Chair Vezina

1:40-2:25

Data

Will, Chair Vezina

2:25- 2:30

Public Comment

Chair Vezina

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

4.16.2026 ADPC RECOVERY SUBCOMMITTEE RECAP NOTES:

Organizational Business

Members Present: Tony Vezina (Chair), Stephanie Cameron (Co-Chair), Jerrod Murray, John Karp Evans, Amanda Esquivel, Stephanie Mendenhall, Todd Nicholson, Stephannie Sloane, Brian Hodges, Steven Sanden

Members Absent: Frank Mondeaux, Stephanie Castaneda, Ed Smith, Craig Mosbaek

Staff Present: Will Burchard, Research Analyst; Annaliese Dolph, Alcohol and Drug Policy Commission Director; Ashley Olsen, Executive Support Specialist

The meeting was called to order at 1:03 PM. Roll call was conducted, and quorum was established.

The Recovery Subcommittee welcomed new committee member Brian Hodges.

Director's Updates

Presented by Director Dolph

Alcohol and Drug Policy Commission

The Commission met on April 13th to review the first Quarter 1 update of the 2026–2030 Comprehensive Plan. Wes (ADPC) presented on current progress and upcoming work.

Next meeting: May 11, 2026

Treatment Committee Update

The Treatment Committee heard a presentation from HealthShare on data work related to individuals with acute behavioral health needs, including connections between healthcare and housing data. The Treatment Committee will continue reviewing data and system alignment efforts at its next scheduled meeting.

Next meeting: May 13, 2026

Prevention Committee Update

The Prevention Committee will meet next week to continue work on scoping a Primary Prevention Center of Excellence (CoE).

Next meeting: April 22, 2026

Health & Safety Interventions Committee Update

The Health and Safety Interventions Committee will continue its discussion on naloxone strategies, including data collection and coordination across agencies.

Next meeting: April 28, 2026

Opioid Settlement Board Update

The Opioid Settlement Board will meet in May 2026 to finalize the framework for the Request for Proposal (RFP) process for the remaining \$13 million in settlement funding. The Board will also begin discussing long-term funding plans for the next 13 years.

Next meeting: May 7, 2026

Group Discussion on RCC funding

Presented by Chair Vezina, Will Burchard

The committee continued its discussion on sustainable funding models for Recovery Community Centers and recovery spaces.

Current Funding Landscape

Members described a highly piecemeal funding environment, relying on combinations of:

- CCO contracts
- Opioid Settlement funds
- Measure 110 grants
- Foundation grants
- County and city funds
- OHA and ODHS grants
- Limited Medicaid-related revenue (through clinical programs, not RCC operations)

Most organizations reported that very few funding sources explicitly fund RCC operations, requiring programs to braid together project-based grants to sustain basic services.

What Ideal Funding Would Include

Committee members identified several core needs for a sustainable RCC funding model:

- Multi-year funding to support stability and long-term planning
- Coverage for occupancy costs, utilities, and administrative overhead
- Funding for peer services, supervision, and staff development
- Support for social and cultural activities, supplies, and participant engagement
- Flexibility to support culturally specific practices
- Funding that recognizes the value of drop-in, community-building, and social connection, not only billable service units
- A mechanism to support growth and scalability as community needs increase
- Flexible participant support dollars to help individuals maintain stability and prevent relapse

Discussion on Medicaid

The committee discussed Medicaid as a potential funding source but noted significant concerns:

- Medicaid billing structures prioritize clinical or billable service units, which do not align with the peer-run, community-based nature of RCCs.
- Medicaid does not support many core RCC functions, including social connection, cultural activities, and open-door community access.
- Members expressed interest in exploring waivers or alternative Medicaid mechanisms, but agreed Medicaid alone cannot sustain RCC operations.

Next Steps

The committee will continue refining RCC funding recommendations and will integrate this discussion with ongoing work on the RCC definition and statewide planning.

Public Comment

Presented Chair Vezina

No public comment was submitted.

ADJOURNMENT

Meeting adjourned at 2:30 p.m.