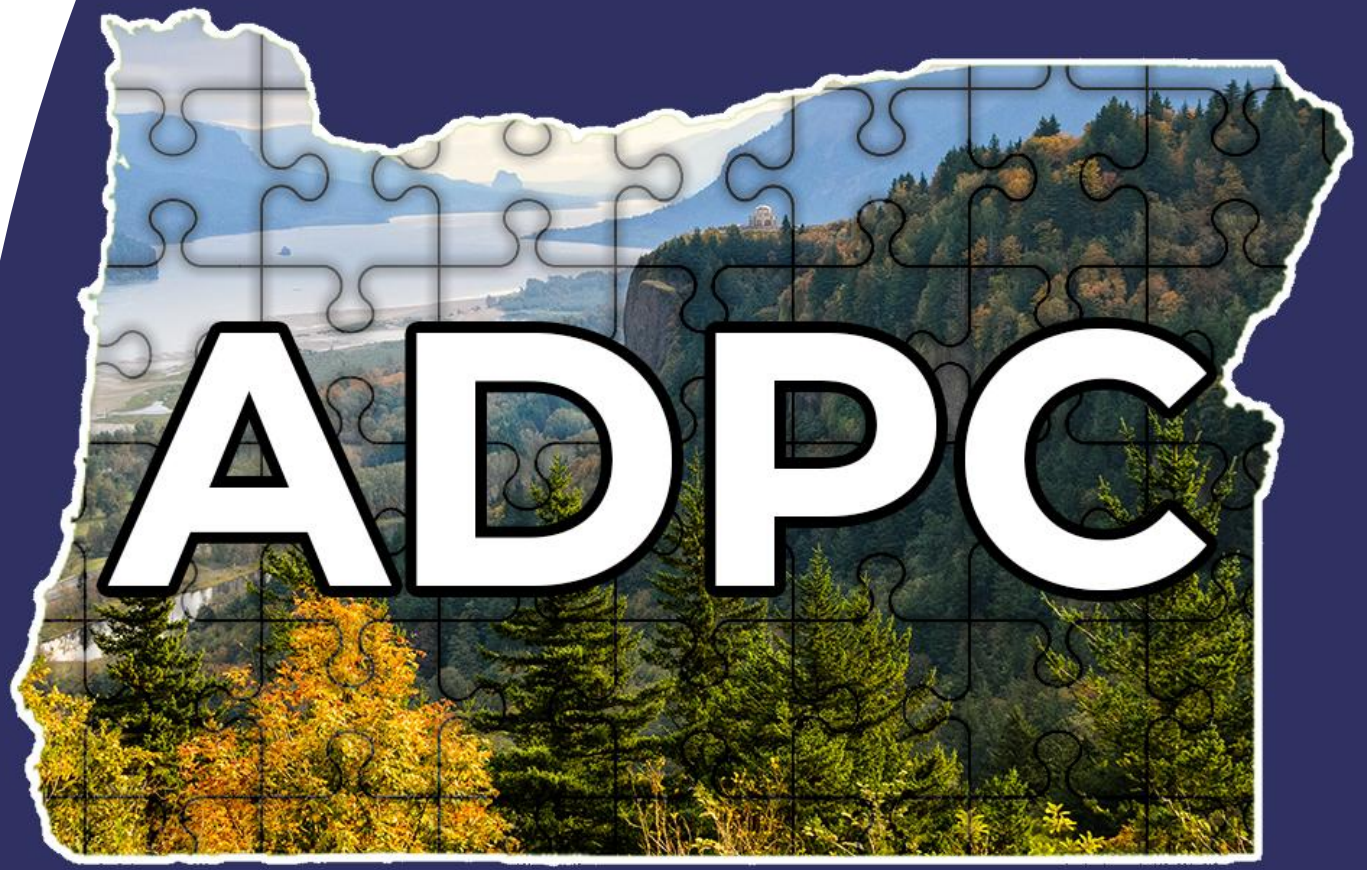
Oregon Alcohol and Drug Policy Commission

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

July 2026
Monthly Commission Meeting



AGENDA

- Welcome and Roll Call
- Director Updates & New Member Introduction
- Comprehensive Plan 2026 Q2 Update
- Public Comment & Closing

Infrastructure Implementation Update

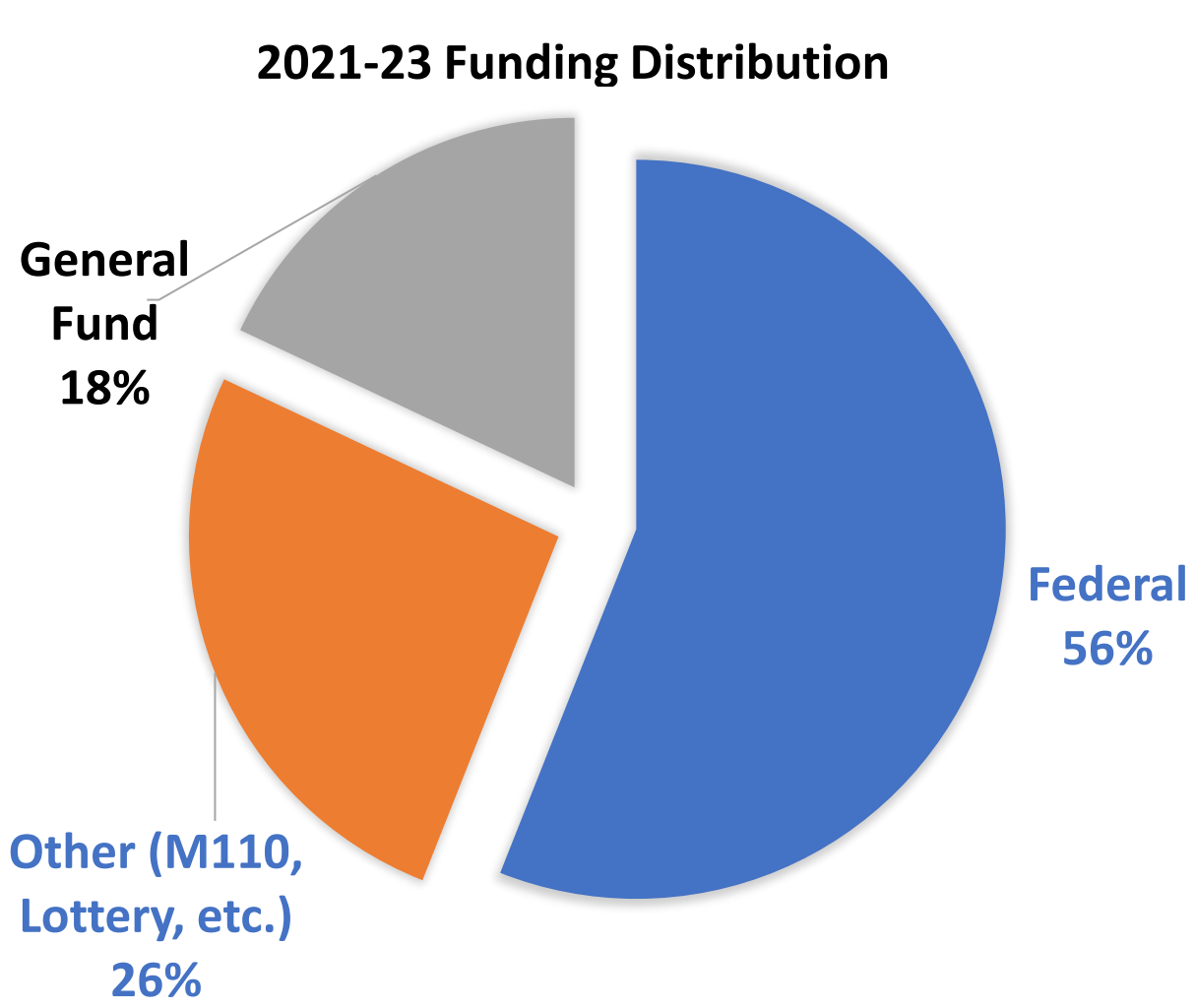
Leverage statutory authority to make data informed fiscal policy recommendations for state agencies

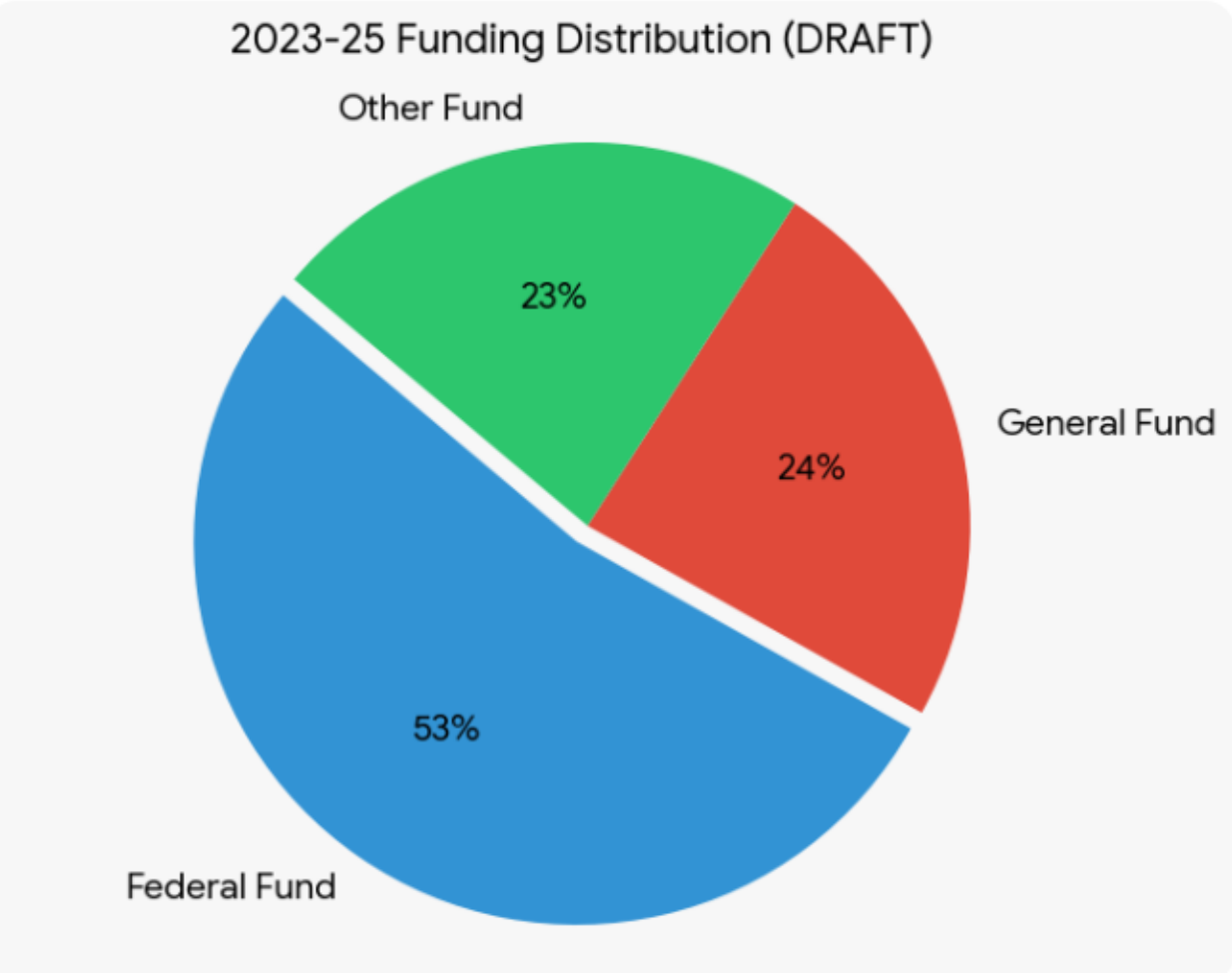
- Assess state spending across the SUD continuum of care, using the 2021-23 Financial Analysis as a baseline.
  - Draft to Governor July 2026
  - Final Report September 2026

- Conduct a financial accounting of current primary prevention expenses in this state, including services funded and the funding sources and amounts for those services, as directed by HB 3321 (2025) and make recommendations on the most effective and efficient use of state agency resources.
  - Led by Prevention Committee and Third Horizon
  - On track for Q3 2026

- Work with OHA and CMHPs to analyze allocations from the OHA Mental Health, Alcoholism, and Drug Services Account and consider whether funding supports the most effective and efficient use of state agency resources in alignment with the Comprehensive Plan and whether changes to statute are recommended.
  - Not prioritized for 2026-27

2023-2025 Financial Analysis – Coming in September





Foster future pathways to stable and sustainable funding for the Continuum of Care

- Make recommendation to Governor to prioritize flexible substance-specific funding sources, in particular Cannabis (M110 & Measure 91 allocations to OHA) and Opioid Settlement, for services that are not funded by Medicaid (primary prevention, recovery and harm reduction).
  - Comprehensive mapping of M110, M91, CJC and Opioid Settlement resources as compared to priorities of the comprehensive plan – In Progress

- 2026 Opportunities
  - Opioid settlement board 2026 RFGA
  - Federal block grant funding

Maintain staffed Commission to implement plan

- Strengthen role of ADPC to provide recommendations and direction to efficiently address the SUD continuum of care served by all 14 state agencies.

- Maintain dedicated staff with expertise across the continuum of care to support the Commission.
  - Plan execution reflects momentum in committee activity, state agency and local partner action as a result of ADPC staff engagement and assistance.
  - Full staffing in progress.

- Align with cross-agency behavioral health strategies
  - ADPC will track executive and legislative branch efforts to address behavioral health issues in the state and provide feedback and recommendations in alignment with the Comprehensive Plan – Potential for Growth

Improve Data Infrastructure to support data-informed decision-making
&
Improve culturally specific responsiveness in financing, procurement and service delivery

Analyze and report on SUD-related All Payor All Claims data annually.

- Contract Executed

Improve data sharing within and between state agencies.

- ADPC Ad Hoc SUD Data Workgroup

Align statutory definitions related to culturally responsive, culturally specific and linguistically specific SUD services

Develop best practices for funding and contracting with culturally specific providers that meets the linguistic needs of the provider and recognizes the realities for those accessing services.

Questions about Infrastructure?

Prevention Implementation Update

2026 Q2 Prevention Implementation

Successes:

- HB 3321 Primary Prevention Assessment Entering Local Assessment Phase
- Center of Excellence Scope Is Close to Completion
- ODE Has Established Formal Advisory Committee for ODE Policy and Guidance Work – ADPC and OHA to help staff.

Current At-Risks: None

Draft Center of Excellence Scope

Six Pillars:

1. Knowledge and Resource Infrastructure: Centralized Clearinghouse for EBP/CI Practice
2. Foundational, advanced, and leadership pathways for workforce development aligned with standardized statewide competencies and supportive state certification and national leadership/accreditation pathways.

Draft Center of Excellence Scope

Six Pillars continued:

3. Rapid Response: Strategic and Agile Response to Emerging Trends.
4. Translation Functions (Policy + Academic + Practice)
5. Community Coordination and Alignment
6. Risk & Protective Factor Integration (Foundational Pillar)

Questions about Prevention?

OYAA Implementation Update

2026 Q2 OYAA Implementation

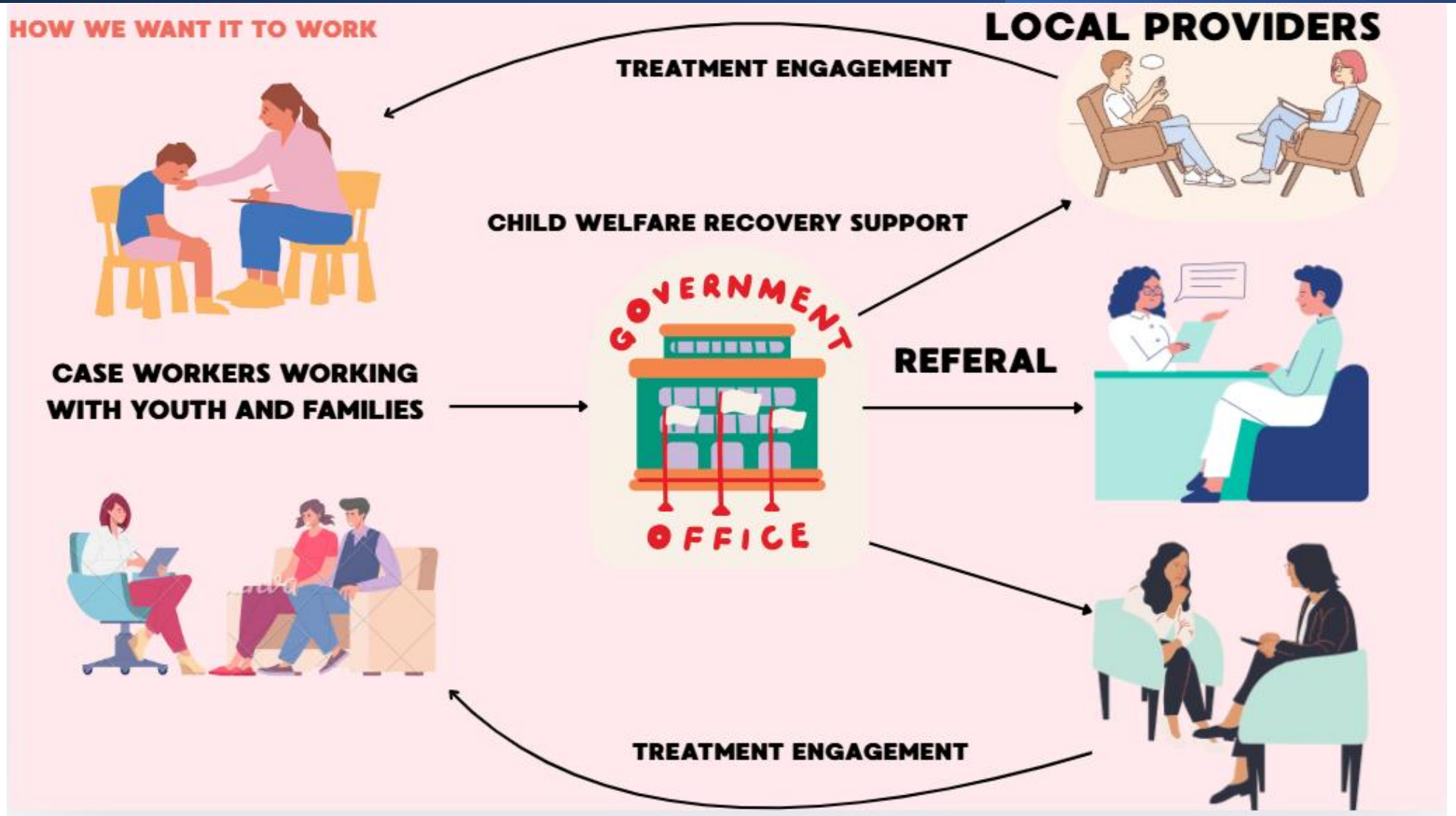
Successes:

- Schools:
    - School Pilots to develop policy and programming related to screening and early intervention, treatment, and recovery in 8 school districts. First ECHO Cohort is almost complete. ADPC, ODE, and OHA have designed evaluation and are entering into contract to evaluate all 8 sites.
- Home:
    - Pilot to include SUD services in Intensive In-Home Behavioral Health Treatment salvaged after budget cuts – smaller scale pilot to include capacity building for IIBHT Providers who have COA for SUD Treatment.
    - DOJ reviewing draft agreement between OHSU Adolescent Co-Occurring Specialty Clinic and ODHS for case consultation and tele-assessment/therapy, and MOUD supports. Expecting progress and formal movement this summer.
- Third Space: OYAA drafted recommendations for youth recovery community centers and shared with ADPC Recovery committee.
- Carceral: POP to support sustaining CADC positions is under consideration. Gender affirming treatment curriculum purchased/being rolled out. ASAM 4 Assessment developed, being scoped with CADCs, training and adoption in August.

Current At-Risks: Budget risks for additional positions

School initiatives

Home Initiatives – Child Welfare Rapid Access



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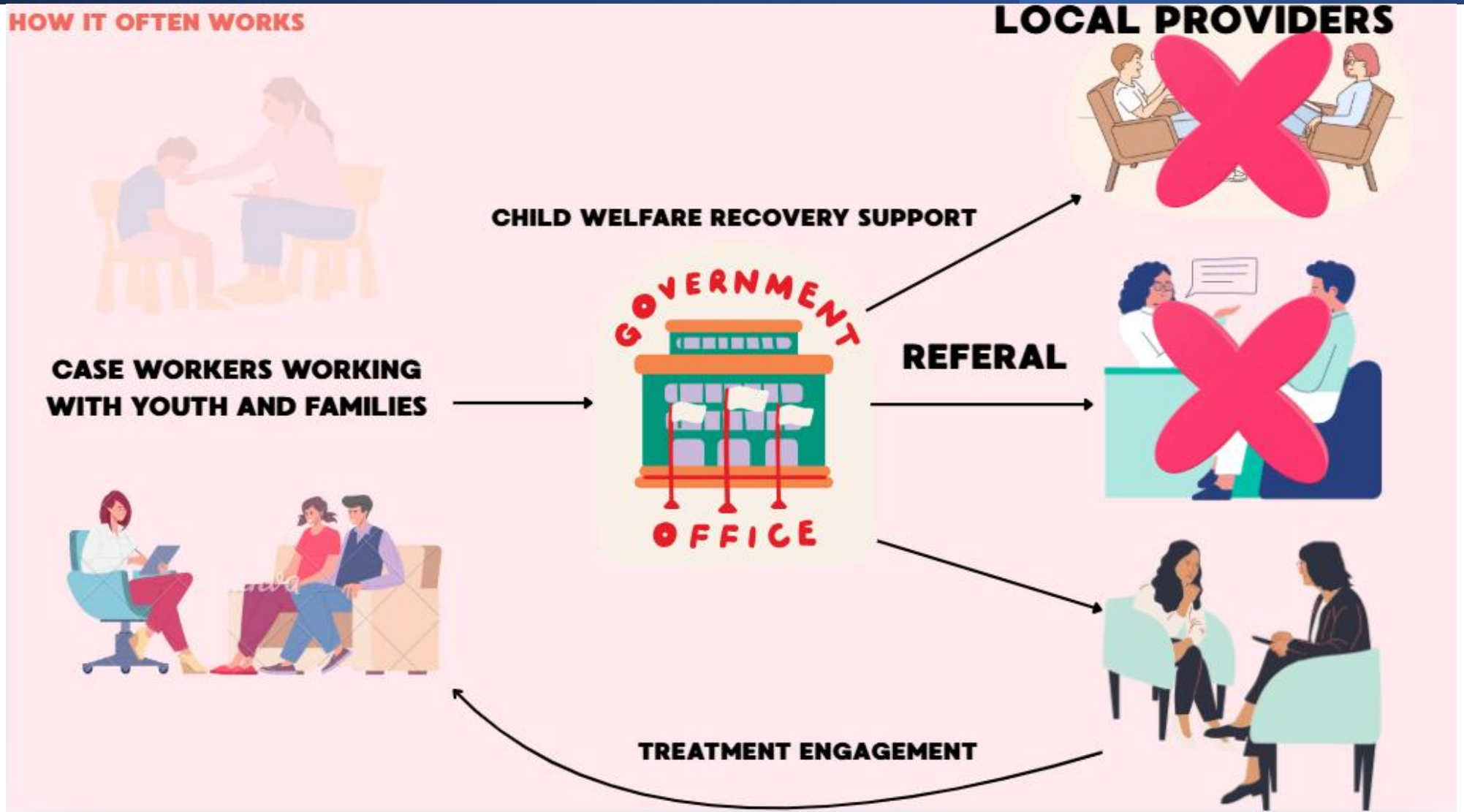

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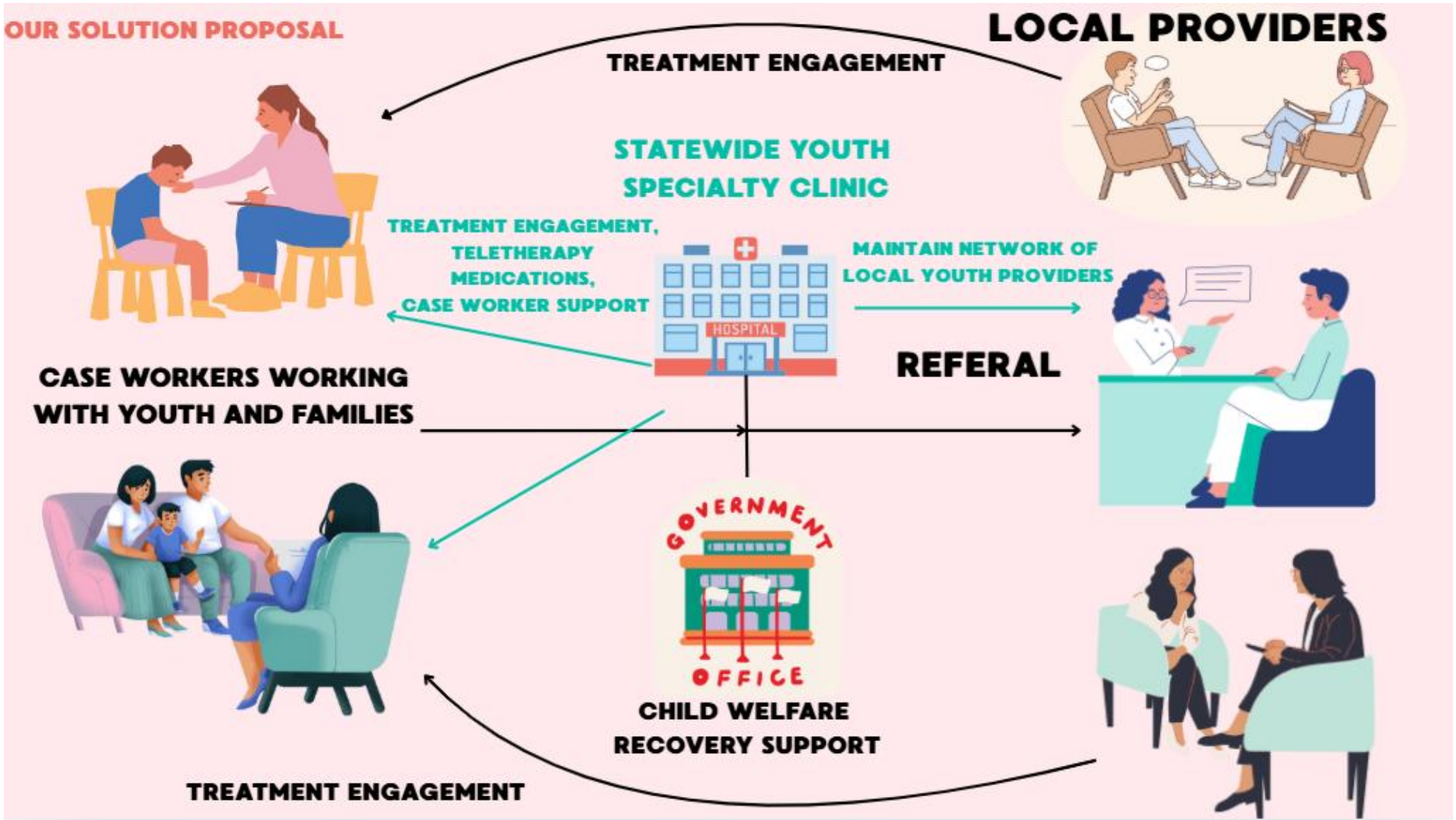


Questions about OYAA?

Recovery Implementation Update

Recovery Community Center Definition

A Recovery Community Center is a **non-residential**, **peer-operated** center, usually with a **paid director** and **recovery staff**. A Recovery Community Center offers **drop-in hours**, **peer support**, recovery and social support services. Participants in Recovery Community Centers are youth and adults experiencing challenges or **obstacles consistent with recovery from a substance use disorder** (SUD), or **those in remission** from such obstacles. These individuals participate in center activities and services and are engaging in the recovery process. Recovery Community Center services are **typically free of charge** to participants. If a Recovery Community Center does not offer **culturally specific services** specific to an individual's needs, the **center must be able to refer them** to such available services.

A Recovery Community Center is designed to help participants **build recovery capital** (i.e., resources available to an individual that can aid in SUD recovery) by sponsoring **social activities** with other individuals in SUD recovery, **fostering relationships** among individuals in SUD recovery, **navigating community resources** and connection to **social services**, hosting **mutual support meetings**, connection to **employment resources** and opportunities, **advocacy education**, and **volunteer opportunities**.

Recovery Community Center Definition

A Recovery Community Center:
Is non-residential
Is peer-operated
Has paid director and recovery staff
Offers drop-in hours, peer support
Is typically free of charge
Helps individuals build recovery capital

An RCC Offers:
Social activities
Help fostering relationships
Help navigating community and social service resources
Mutual support meetings
Connection employment resources
Advocacy education, self and system
Volunteer opportunities.

Participants in Recovery Community Centers are youth and adults experiencing challenges or **obstacles consistent with recovery from a substance use disorder** (SUD), or **those in remission** from such obstacles.

If a Recovery Community Center does not offer **culturally specific services** specific to an individual's needs, the **center must be able to refer them** to such available services.

Work with Oregon Youth Addition Alliance

The ADPC Recovery Committee is partnering with the Oregon Youth Addiction Alliance (OYAA) to identify any different requirements for a youth RCC

Youth Feedback

Ensure structure, safety, boundaries

- Staff trained on youth work
- Youth should be offered onboarding training about appropriate relationships
- Trauma informed protocols for reporting unethical behavior and all must be informed of process
- Clearly define boundaries and eligibility of access for certain age cohorts (14-18, 18-early twenties)

Access

- Community integration
- Transportation
- Required access to: resource navigation, transportation, youth peer support training, cultural supports, language supports, transition planning

Youth Feedback

Governance

- Youth-oriented RCC's shall provide youth leadership opportunities:
  - Include youth participants and peers in organizational decision making
  - Youth led programming
  - Youth-informed choices for programming
  - Help youth with community leadership

Recovery Capital and Data

Comprehensive Plan and ROSC

The ADPC's Comprehensive Plan is built around the **Recovery Oriented System of Care (ROSC):**

> A coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk 'of substance use problems.'

Increasing **Recovery Capital**, all those things a person has to support their recovery, is a building block of the person-centered ROSC.

Recovery Capital

Recovery Capital means the potential resources an individual could use in their recovery journey – Recovery Research Institute

- Personal capital
  - Physical, mental health. Skills, education, self-esteem, motivation, resilience
- Social capital
  - Support from family, friends, peers, positive relationships
- Community capital
  - Availability of resources, safe housing, employment opportunities, healthcare access, acceptance of SUD by community
- Cultural capital
  - Values, beliefs, and traditions that support recovery. Connection to cultural identity or spirituality

Recovery Capital and the Committee

Reasons for exploring Recovery Capital measurement

- It allows for standard measurements of individual growth
- There are several relatively concise ways to implement a survey – just 10 questions in one of the most widely used surveys
- Allows to measure general growth at center level

How does this help us?

- In reporting to definition
- In reporting to community
- In reporting for grants

Recovery Capital Measurement

The BARC-10 is one of many, many ways of measuring RC. How and at what frequency this would be implemented have not yet been addressed.

Instructions: On a scale of 1 ***(Strongly disagree)*** to 6 ***(Strongly agree)***, please indicate your level of agreement with the following statements.

1. There are more important things to me in life than using substances.
2. In general I am happy with my life.
3. I have enough energy to complete the tasks I set myself.
4. I am proud of the community I live in and feel part of it.
5. I get lots of support from friends.
6. I regard my life as challenging and fulfilling without the need for using drugs or alcohol.
7. My living space has helped to drive my recovery journey.
8. I take full responsibility for my actions.
9. I am happy dealing with a range of professional people.
10. I am making good progress on my recovery journey.

After measuring Recovery Capital over a one-year period, New Hampshire was able to say Recovery Capital in centers increased by 5%.

Other Recovery Committee Work

Aside from Recovery Community Centers, the Recovery Committee is beginning work on:

- Discussion on data reporting which includes standard center measures, peer service measures, and a point-in-time survey.
  - Point-in-time is useful in getting information on participants not enrolled in PSS. Questions can be flexible and creative.
- Recovery Housing
  - Exploring levels of care in different recovery house settings
- Peer Services
  - Communication with OHA's Office of Recovery and Resilience on work related to peer services

Questions about Recovery?

Treatment Implementation Update

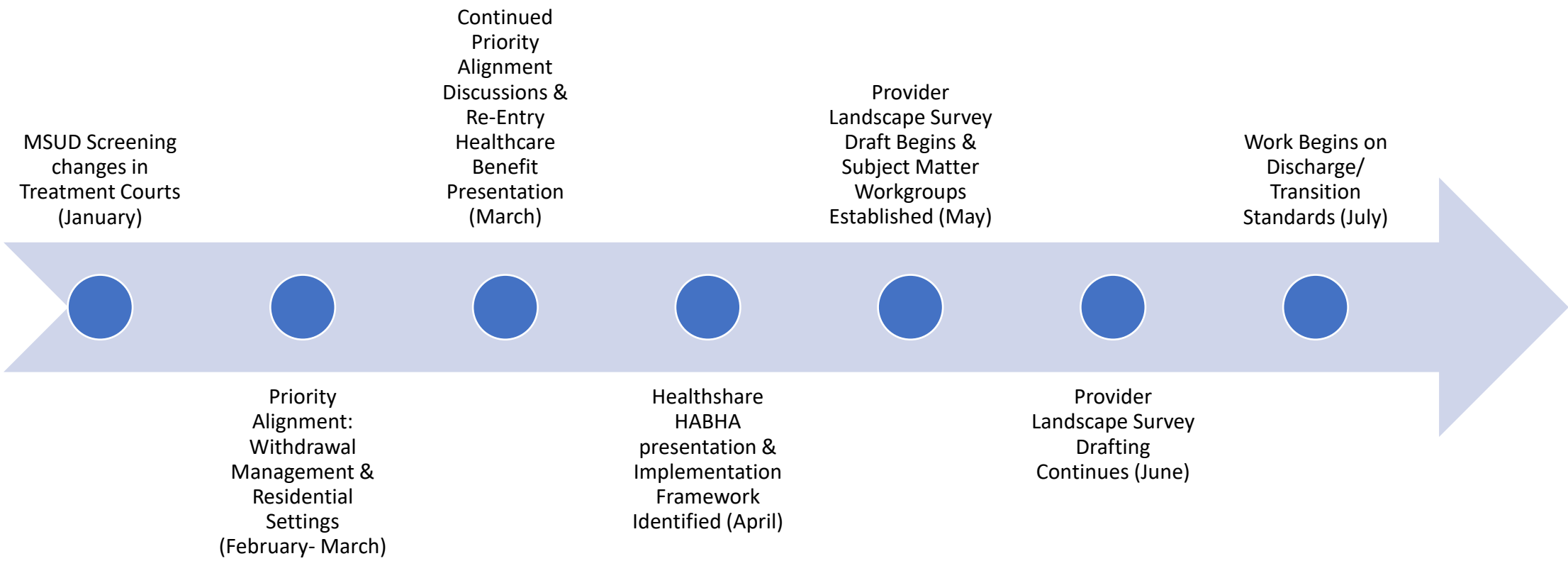
2026 Q2 Treatment Implementation

Successes:

- EBP Workgroup established (1st meeting in May 2026). Monthly meetings scheduled with goal of supporting comprehensive plan development via guidance documents, recommendations to TA centers, and other work as identified via the Treatment committee
- MSUD Workgroup Scheduled (1st meeting June 2026).
- Provider Landscape assessment is being developed by the treatment committee. Goal of administering in Fall 2026 to collect information necessary for measurement of comprehensive plan progress and development of specific activities. Planned follow up survey in 2029 to measure impact of comprehensive plan.
- Established internal group with BHD- SUD team to identify process of engagement with residential settings with population specific services (e.g. parent/ child programs) and identify waitlist requirements established via current state or federal reporting guidelines

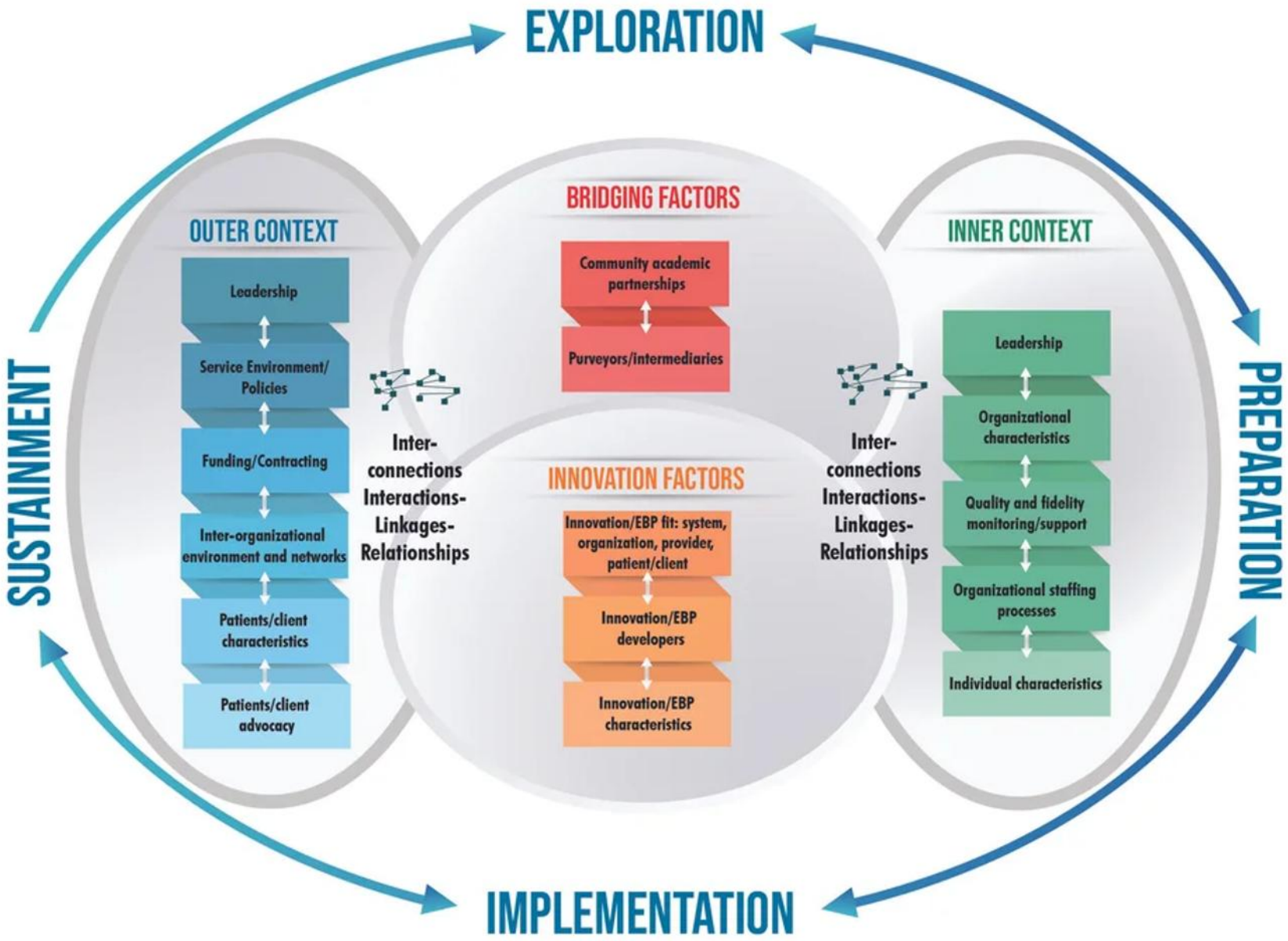
Current At-Risks: Potential changes to work exemption requirements. Staffing challenges for some teams leading to delays in some plan deliverables associated with agency reporting.

Treatment Implementation Update



The Treatment Continuum & Change Management

- Treatment as a continuum spans multiple sectors (physical health and behavioral health), which are beholden to different payment models and regulatory frameworks.
- Well established workflows exist and have been reinforced over time, meaning change management is a factor at a systems AND a practice level.
- Shifting federal policy changes to all areas of the continuum pose questions for the role of Treatment, sustainment of programs, or even implementation of practices.
- Historical experiences with system changes have led to apprehension with engagement/ trust.
- Majority of funding comes from federal sources, meaning many policy levers are beyond state changes, requiring intent behind innovation.



The EPIS Framework

Describes the process(es), factors, and the interaction of the "system" and "programs" as it relates implementation efforts. It also is a model that can be used to provide some structure to implementation at each level.

EPIS outlines the ways that both the inner context (program level) relates to the outer context (systems) and the factors from each that make implementation and sustainability feasible.

The Treatment Committee adopted this framework as a shared language and planning matrix to ensure strategies are receiving adequate support for implementation and systems are accurately described to support sustainment.

Provider Assessment

- Many of the comprehensive plan goal areas have baselines that pose challenges for measurement improvement or require additional information.
- The treatment committee is drafting a provider/ landscape assessment to identify factors at a provider and systems level that impact goal areas.
  - Goal administration during Fall 2026, report in Winter 2026, and repeat in 2029 to measure changes.
- Seeks to understand different sector and setting differences that exist for SUD treatment access, whether access be in physical health or behavioral health settings.

Workgroups

MSUD Workgroup

- Established to continue work initiated via HB 4002 MOUD Study.
- Identify and provide guidance best practices related to medication access for use disorders.
- Supports Comprehensive Plan items specific to Medications for Substance Use Disorders that require collaborative documentation and revision by SMEs.
- Collaboration with Opioid Response Network to establish “toolkit” for ADPC workgroup/ subject specific coalition building to support sustainment and ongoing improvements to medication access or other special interest topics areas within the continuum of care.

EBP Workgroup

- Established to provide recommendations for technical assistance, training, or other support needed to support implementation of the comprehensive plan.
- Annually will draft recommendations for annual workplans of federal TA programs support Oregon SUD treatment providers.
- Recommendations for State Agencies or other entities arranging trainings related to SUD treatment.
- Guidance for practice or process guidelines that support alignment with Comprehensive plan (e.g. Brief on Recommended Suite of Assessment Tools).

*Membership of these meetings are open to those who are interested. Email Mitch.a.doig@oha.Oregon.gov

Expand Equitable Access to Evidence-Based Treatment Options

- DCBS continues work on implementation of SB 822, which requires commercial payors to meet quantitative reporting requirements, including time/ distance standards & network adequacy.
- MSUD workgroup formed to support MSUD related technical assistance, including support of eventual TA for DOC staff & AICs.
    - ADPC staff is in the process of seeking permissions to gain greater facility access and work with site specific leadership.
- EBP workgroup established to support ongoing recommendations and guidance documentation for EBP implementation.
    - Relationship was established with the Northwest ATTC to create an annual process of training recommendations prior to finalization of annual workplan to support alignment of training to the statewide comprehensive plan.
- ASAM 4 implementation is in progress and treatment committee has aligned efforts to the implementation roadmap, meaning priority currently is setting specific improvements related to withdrawal management or residential programming.
- Provider/ Landscape survey design in progress. Goal of identifying implementation/ adoption challenges.

Ensure Timely Access to Appropriate Level of Care at All Entry Points

- Internal collaboration group started with BHD- SUD team to identify policy levers, implementation factors, and other aspects that will support consistent wait time and waitlist practices.
  - Ongoing work to inventory requirements from a variety of oversight bodies to ensure eventual committee actions are inclusive of federal, state, or other requirements.
- EBP workgroup has been tasked with identifying and drafting guidance for providers that provides a recommended suite of assessment tools.
- Provider survey will contain questions seeking to understand areas of challenge and opportunity to support providers in decreasing wait times/ streamlining entry into appropriate care.

Facilitate Improved Transitions Throughout the Treatment and Recovery Journey

- OHA convened COA workgroup to identify recommendations related to COA requirements for Peer providers in hospital settings. Medicaid has indicated a goal implementation date of 1/1/27, which aligns with the goal date indicated in the comprehensive plan.
- CCO Operations Team is currently analyzing CCO Care Coordination Report data and will report findings to treatment committee when complete. Conversations are ongoing related to other data that may support effective monitoring and process improvement.
- OHA- Medicaid is 6 months into the implementation process of the Re-entry Healthcare (FCAA) benefit, with the goal of improving care coordination for eligible individuals leaving carceral settings.
- Workgroups are identifying and will draft guidance related to topical areas that improve transitions (e.g. MOUD in Withdrawal Management Settings).

Drive Quality and Accountability Across All Components of the Treatment System

- ROADS implementation by fall 2026. Providers are currently in varying degrees of implementation.
- Ongoing discussion with agency partners about ROADS utilization.
  - In year 2, plans to engage in a Technical assistance process with rural community providers across the continuum who utilize ROADS to engage in QA and QI process leveraging this information.

*Worth noting this goal area is sequenced in later years of the plan due to implementation timelines involved.

Questions about Treatment?

Health & Safety Interventions Implementation Update

2026 Q2 Health and Safety Interventions Implementation

Successes:

- OLCC Hemp Registry rules enforcement began
- Work with agencies to clarify expired naloxone rules
- Save Lives Oregon shares survey results

Current At-Risks: challenges remain regarding interpretations of Dear Colleague letter

Develop and fund a statewide strategy for the purchase and distribution of short-acting overdose reversal medications, such as naloxone, which will ensure access in rural areas and include education strategies to ensure proper administration and dosage during overdose emergencies.

- Promote greater use of Oregon's bulk purchasing system (MMCAP) by state and local agencies, public health departments, and community-based organizations to reduce cost and increase supply access
- Support increased distribution opportunities through other existing channels, including the Clearinghouse, pharmacies and other access points by issuing Statewide guidance brief on all of the access points for Naloxone for individuals, organizations and agencies
- Encourage more naloxone distribution in communities with low access, by coordinating outreach, reducing barriers, and providing messaging tools including distribution of statewide guidance briefing focusing on underserved communities

Progress

Develop and fund a statewide strategy for the purchase and distribution of short-acting overdose reversal medications, such as naloxone, which will ensure access in rural areas and include education strategies to ensure proper administration and dosage during overdose emergencies.

Promote greater use of Oregon's bulk purchasing system (MMCAP) by state and local agencies, public health departments, and community-based organizations to reduce cost and increase supply access

- ODHS and OLCC have interest in more naloxone/policies to support naloxone distro
- Financial analysis
- Connected directly with MMCAP and reviewed their data
- RHTP has some naloxone work

Progress

Develop and fund a statewide strategy for the purchase and distribution of short-acting overdose reversal medications, such as naloxone, which will ensure access in rural areas and include education strategies to ensure proper administration and dosage during overdose emergencies.

Support increased distribution opportunities through other existing channels, including the Clearinghouse, pharmacies and other access points by issuing Statewide guidance brief on all of the access points for Naloxone for individuals, organizations and agencies

- ADPC Naloxone toolkit
- SLO survey data

Progress

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Encourage more naloxone distribution in communities with low access, by coordinating outreach, reducing barriers, and providing messaging tools including distribution of statewide guidance briefing focusing on underserved communities

Expired Naloxone:
-model policy in the works with OSP
-clarification with BOP
-potential legislation

What's Next?

OLCC updating trainings

Drug checking landscape overview

Naloxone alignment with OHA and ODE

Questions about Health & Safety Interventions?