

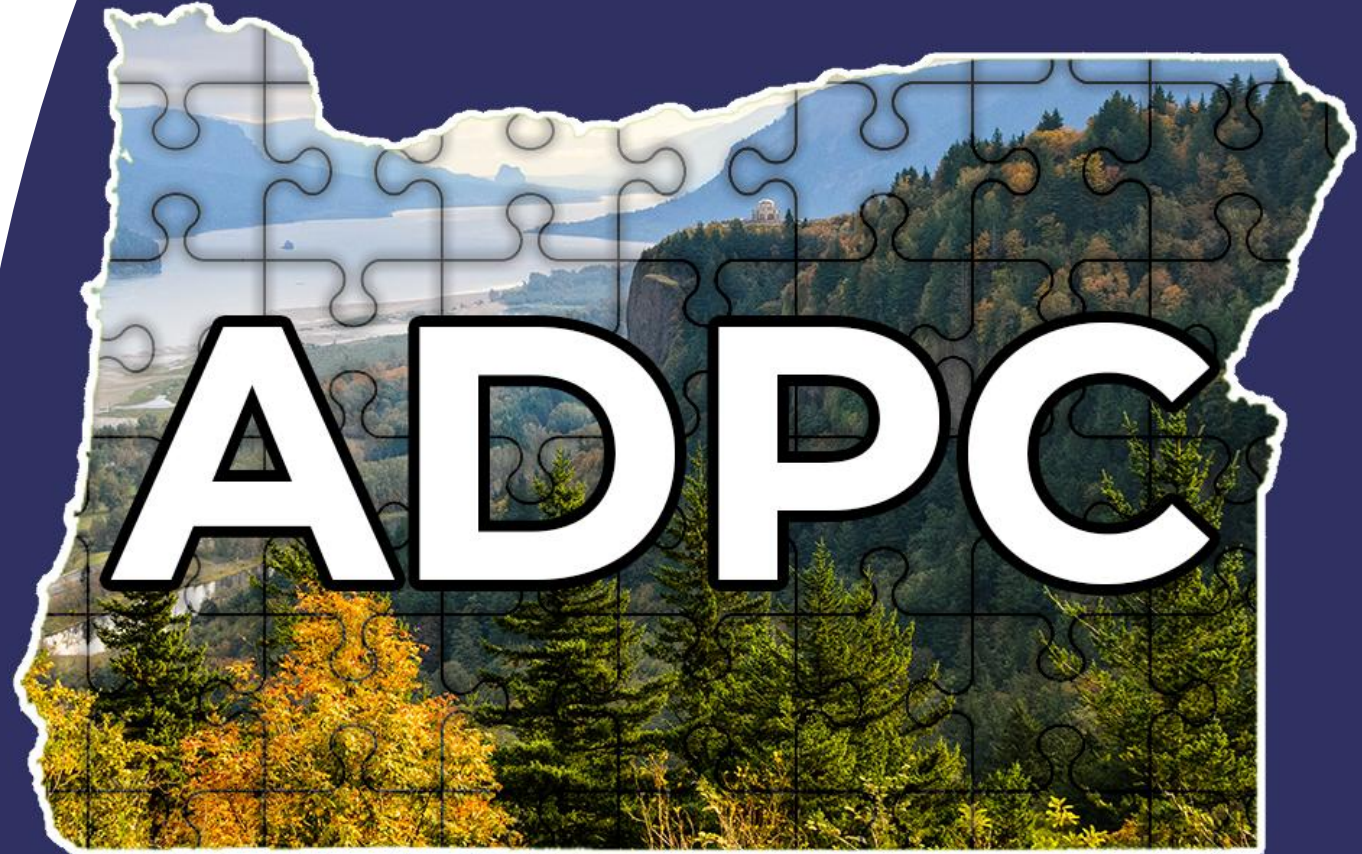
**Oregon  
Alcohol and Drug Policy  
Commission**

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

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**May 2026**

**Monthly Commission  
Meeting**



# Today's Agenda

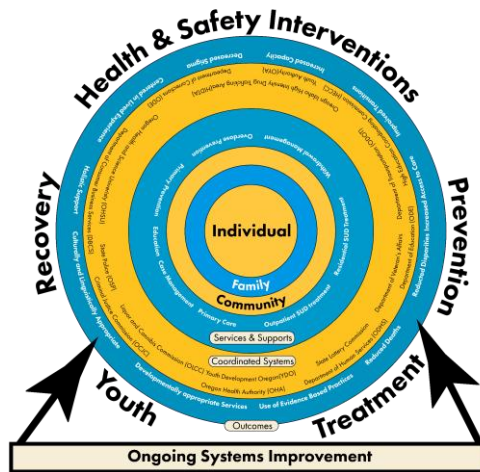
## Director Updates

Aligning Agency Programs with the Comprehensive Plan Using the Recovery Oriented System of Care Model

## Committee Updates

## Public Comment

# *What is the role of the ADPC in building a system that is “recovery-oriented?”*

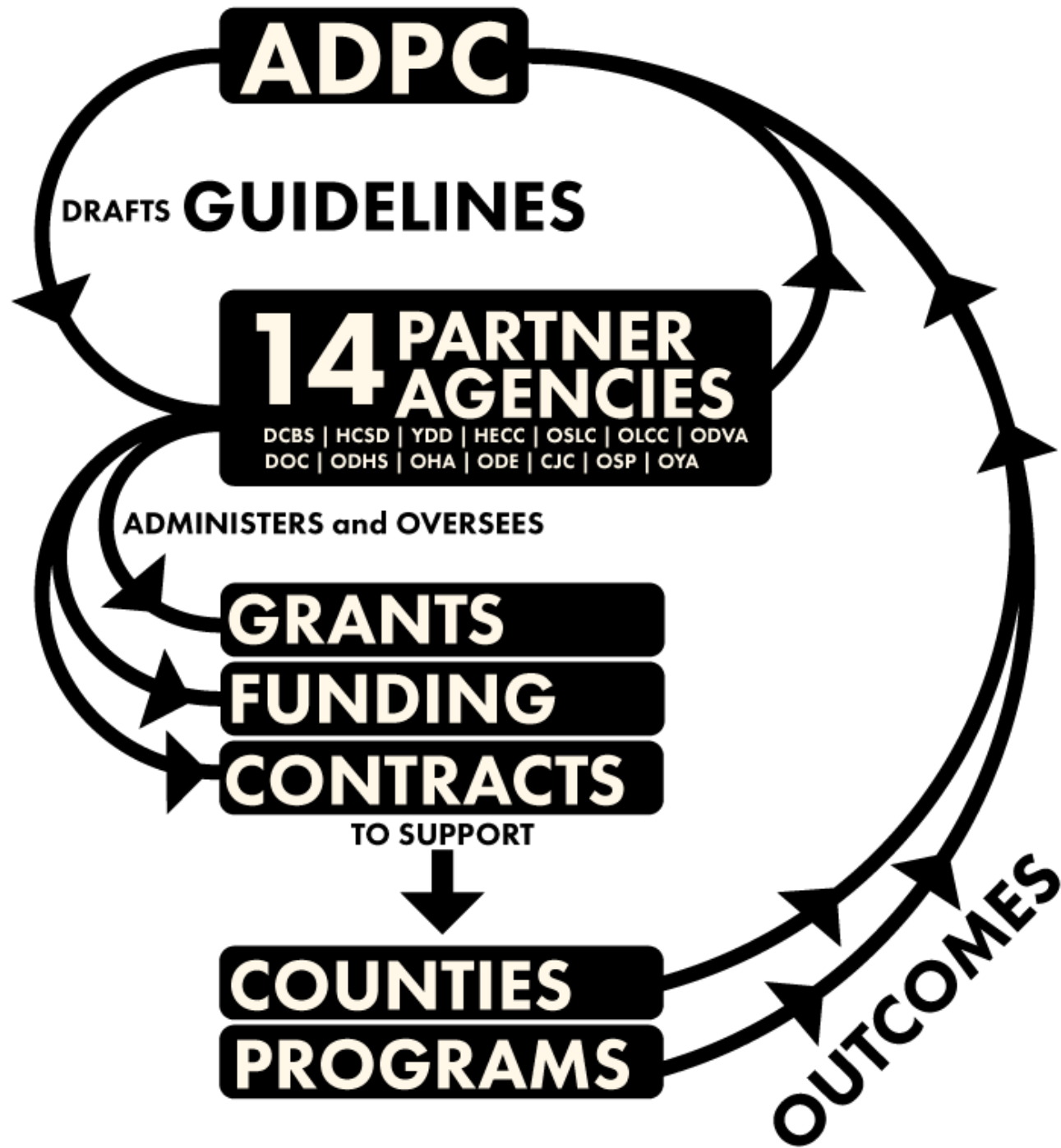


The comprehensive plan **may** include, but is not limited to, **recommendations** regarding:

- **Capacity, type and utilization** of programs;
- **Methods to assess** the effectiveness and performance of programs;
- The **best use** of existing programs;
- **Budget policy priorities** for participating state agencies;
- **Standards** for licensing programs;
- **Minimum standards** for contracting for, providing and coordinating substance use prevention, substance use disorder treatment and recovery support services;
- The **most effective and efficient use** of participating state agency resources to support programs; and
- **Youth substance use prevention and youth substance use disorder treatment and recovery strategies** to reduce substance use disorders among individuals who are up to 26 years of age and their families.

# Comprehensive Plan Near Term Goals

	Near Term Goals
<b>Primary Prevention</b>	Primary prevention definition   Assessment   CoE scope and governance   Local action OLCC trainings   Intoxicating hemp inventory School guidance and TA (w/ OYAA)   School-based policy and prevention strategies
<b>Health &amp; Safety Interventions</b>	Economical Easy Naloxone Access   Effective naloxone distribution   Best practices Drug supply information   Gaps assessment
<b>Treatment</b>	Assess EBP/TBP utilization   Assess CCO Policies   MSUD Access Increased Assess wait times   WM/crisis mapping   Common access & referral framework
<b>Recovery</b>	Recovery community center/spaces definition   Recovery housing regulatory framework Assess youth & family recovery housing   Local education Setting-based Peer guidance   Recovery friendly workplace community interest
<b>Youth</b>	School intervention model   School campus peer recovery   Discipline policy guidance Track recovery school progress   Youth recovery org readiness and needs assessments Juvenile department diversion model   OYA access to treatment & recovery services



## **It is our job to . . .**

- To collect information about state agency spending & recommend priorities and modifications to the Governor
- Recommend the best use for a particular stream of funding
- Recommend standards for programs across state agencies
- Recommend metrics and outcomes for programs funded by state agencies

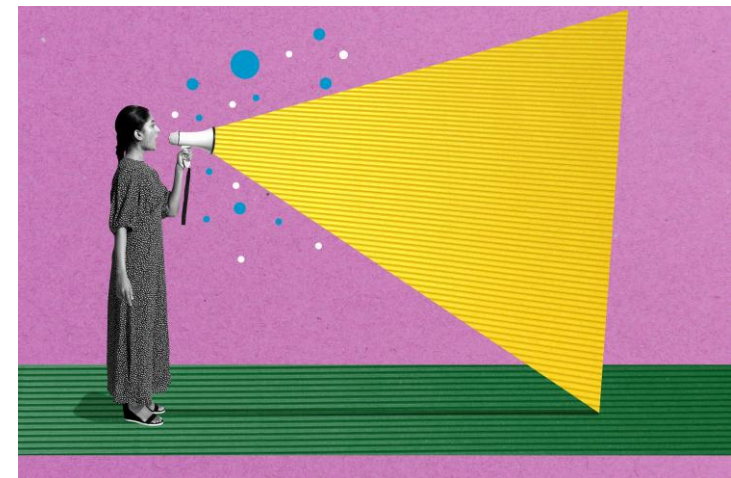
## **It is NOT our job to . . .**

- Manage grants or contracts on behalf of other state agencies
- Make a decision on how to allocate funding across state agencies
- Provide oversight of individual programs or services
- Play favorites (We want the whole Recovery Oriented System of Care!)

# It does NOT work to . . .

**Just tell everyone** that we need to

- Reduce SUD prevalence
- Reduce deaths related to substance use disorder
- Reduce disparities related to SUD
- Fund SUD generally



# Outcomes for Today

ROSC as a guiding framework for the comprehensive plan

Identify unifying measurements across the continuum to track outcomes

Role of the ADPC in applying these concepts

**Individual**

**Family**

**Community**

Primary Prevention

Education

Case Management

Primary

patient SUD treatment

Residential SUD Treatment

Withdrawal Management

High Education Co

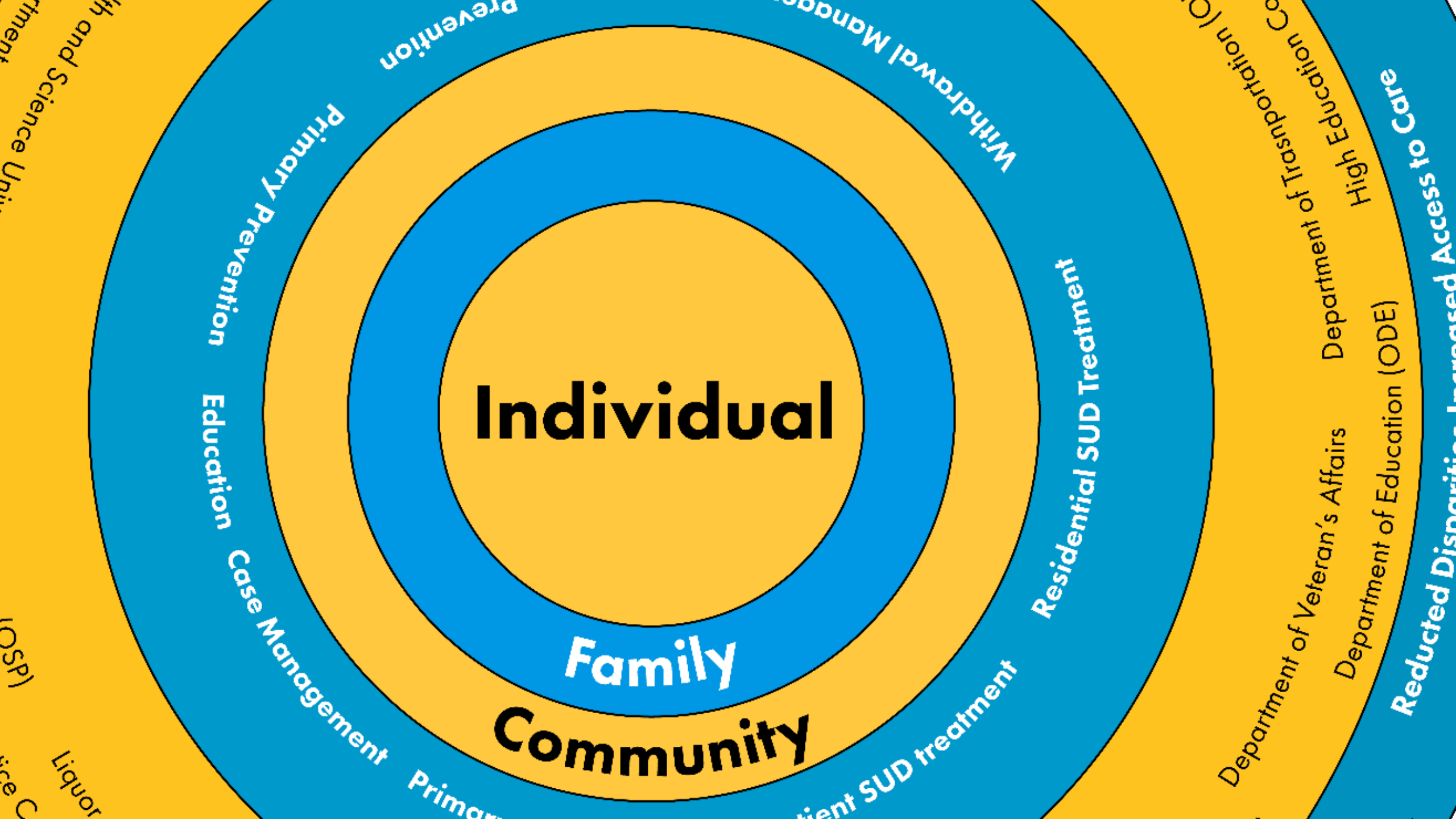
Department of Transportation (DOT)

Department of Education (ODE)

Department of Veteran's Affairs

Increased Access to Care

Reduced Disparities



# A Recovery Oriented System of Care is...

- An organizing paradigm for addressing substance use disorders through a supportive network of individual and societal factors. (Recovery Research Institute)
- An acknowledgement that individuals have unique needs, assets, and vulnerabilities that need to be addressed through individualized services.
- An acknowledgement that systems must coordinate and organize in such a way that individualized care is both possible and accessible.
- The foundation by which the commission built its Statewide Comprehensive Plan.



# ROSC recognizes that...

## Individual Factors Affecting Recovery

Assets

Vulnerabilities

Family

Culture

Neighborhood

Social Circle

## Factors Affecting Recovery *Somewhat* Directly

Multiple Pathways to Recovery

Education

Local Community Attitudes & Policies

Media

Health & Social Services

Business

Religion

Law

## Factors Affecting Recovery most Indirectly

National & State Policy

Funding

Professional Associations

Federal & State Agencies

Cultural Status of Recovery

# Three approaches to measuring individual SUD outcomes

Positive Youth  
Development

Social  
Determinants  
of Health

Recovery  
Capital

# Positive Youth Development

- Supportive relationships and belonging
- Safety and Structure
- Skill-building
- Participation and Leadership
- Opportunities for independence
- Positive identity and self-worth
- Prosocial values and contribution
- Note: more specific frameworks like **'4 Essential Elements'** and **'5 C's'**



# Social Determinants of Health

- Economic stability
- Education access/quality
- Healthcare access/quality
- Environment (Neighborhood)
- Social and community context

Directory of Resources, Services, and Programs That Assist With or Support Social Determinants of Health (Non-inclusive)	
SDOH	Resources, Services, and Programs
Housing	<a href="#">Local Public Housing Agency (PHA)</a> <sup>53</sup> <a href="#">Housing Choice Voucher Program</a> (Section 8 housing) <sup>54</sup> <a href="#">Indian Housing's Office of Native American Programs (ONAP)</a> <sup>55</sup> <a href="#">Oxford House</a> <sup>56</sup> Recovery houses
Utilities	<a href="#">Low Income Home Energy Assistance Program (LIHEAP)</a> <sup>57</sup>
Phone and internet	<a href="#">Lifeline Support for Affordable Communications</a> <sup>58</sup> <a href="#">Affordable Connectivity Program</a> <sup>59</sup>
Hygiene, food, and clothing	<a href="#">Supplemental Nutrition Assistance Program (SNAP)</a> <sup>60</sup> <a href="#">Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</a> <sup>61</sup> <a href="#">Food banks</a> <sup>62</sup> Clothing closets
Harm reduction	<a href="#">National Harm Reduction Coalition (HRC)</a> <sup>63</sup> Overdose reversal medication (eg, <a href="#">naloxone</a> ) and <a href="#">syringe service programs (SSPs)</a> <sup>64</sup>

# Recovery Capital

- 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 Scale

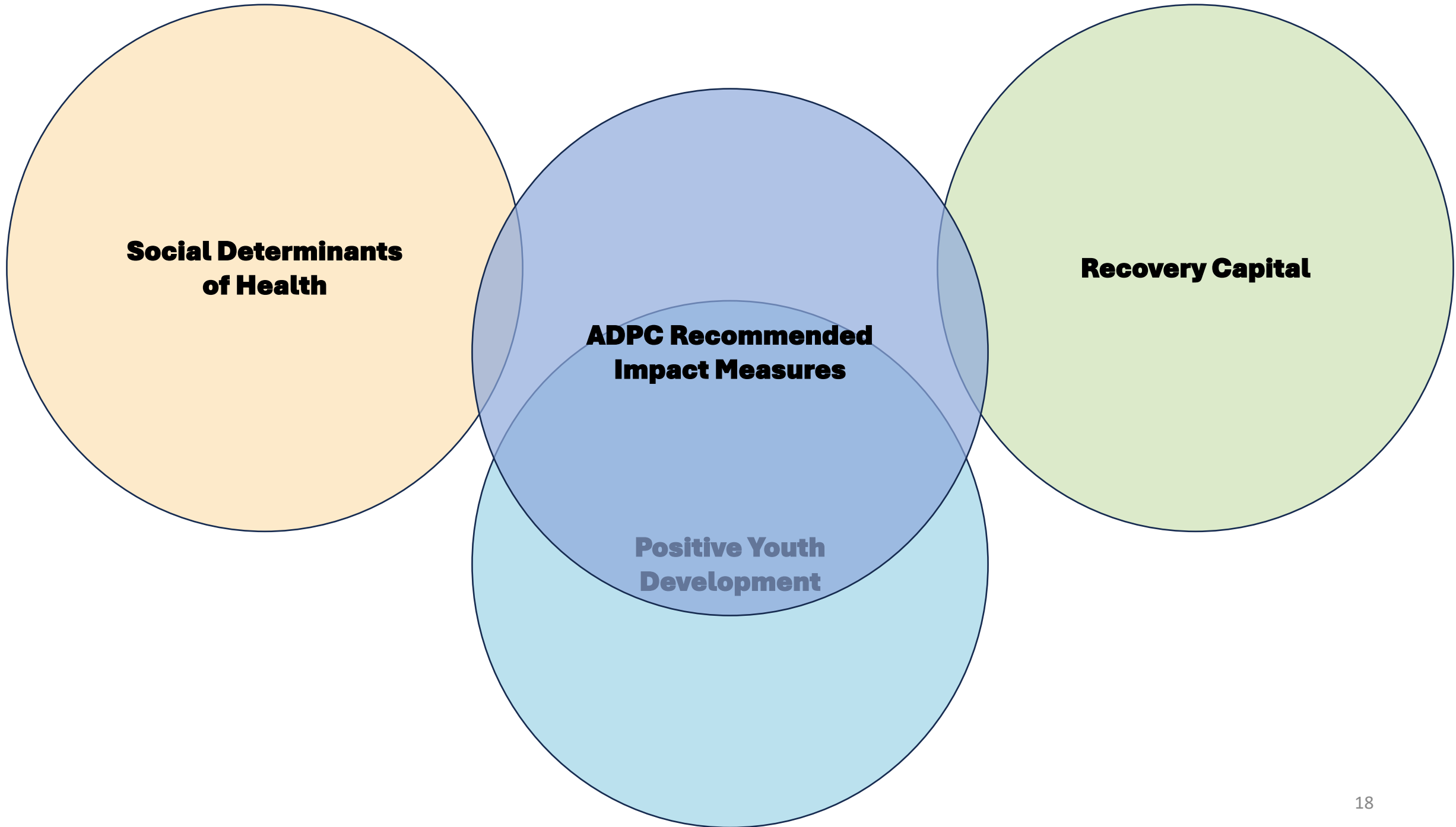
Place a number by each statement that best summarizes your situation.

- 5. Strongly Agree
- 4. Agree
- 3. Sometimes
- 2. Disagree
- 1. Strongly Disagree

- \_\_\_ 1. I have the financial resources to provide for myself and my family.
- \_\_\_ 2. I have personal transportation or access to public transportation.
- \_\_\_ 3. I live in a home and neighborhood that is safe and secure.
- \_\_\_ 4. I live in an environment free from alcohol and other drugs.
- \_\_\_ 5. I have an intimate partner supportive of my recovery process.
- \_\_\_ 6. I have family members who are supportive of my recovery process.
- \_\_\_ 7. I have friends who are supportive of my recovery process.
- \_\_\_ 8. I have people close to me (intimate partner, family members, or friends) who are also in recovery.
- \_\_\_ 9. I have a stable job that I enjoy and that provides for my basic necessities.
- \_\_\_ 10. I have an education or work environment that is conducive to my long-term recovery.
- \_\_\_ 11. I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)
- \_\_\_ 12. I have a professional assistance program that is monitoring and supporting my recovery process.
- \_\_\_ 13. I have a primary care physician who attends to my health problems.
- \_\_\_ 14. I am now in reasonably good health.
- \_\_\_ 15. I have an active plan to manage any lingering or potential health problems.
- \_\_\_ 16. I am on prescribed medication that minimizes my cravings for alcohol and other drugs.
- \_\_\_ 17. I have insurance that will allow me to receive help for major health problems.
- \_\_\_ 18. I have access to regular, nutritious meals.
- \_\_\_ 19. I have clothes that are comfortable, clean and conducive to my recovery activities.
- \_\_\_ 20. I have access to recovery support groups in my local community.
- \_\_\_ 21. I have established close affiliation with a local recovery support group.
- \_\_\_ 22. I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
- \_\_\_ 23. I have access to Online recovery support groups.
- \_\_\_ 24. I have completed or am complying with all legal requirements related to my past.
- \_\_\_ 25. There are other people who rely on me to support their own recoveries.
- \_\_\_ 26. My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
- \_\_\_ 27. I have recovery rituals that are now part of my daily life.
- \_\_\_ 28. I had a profound experience that marked the beginning or deepening of my commitment to recovery.

# Discussion

*How do these measurements overlap?*



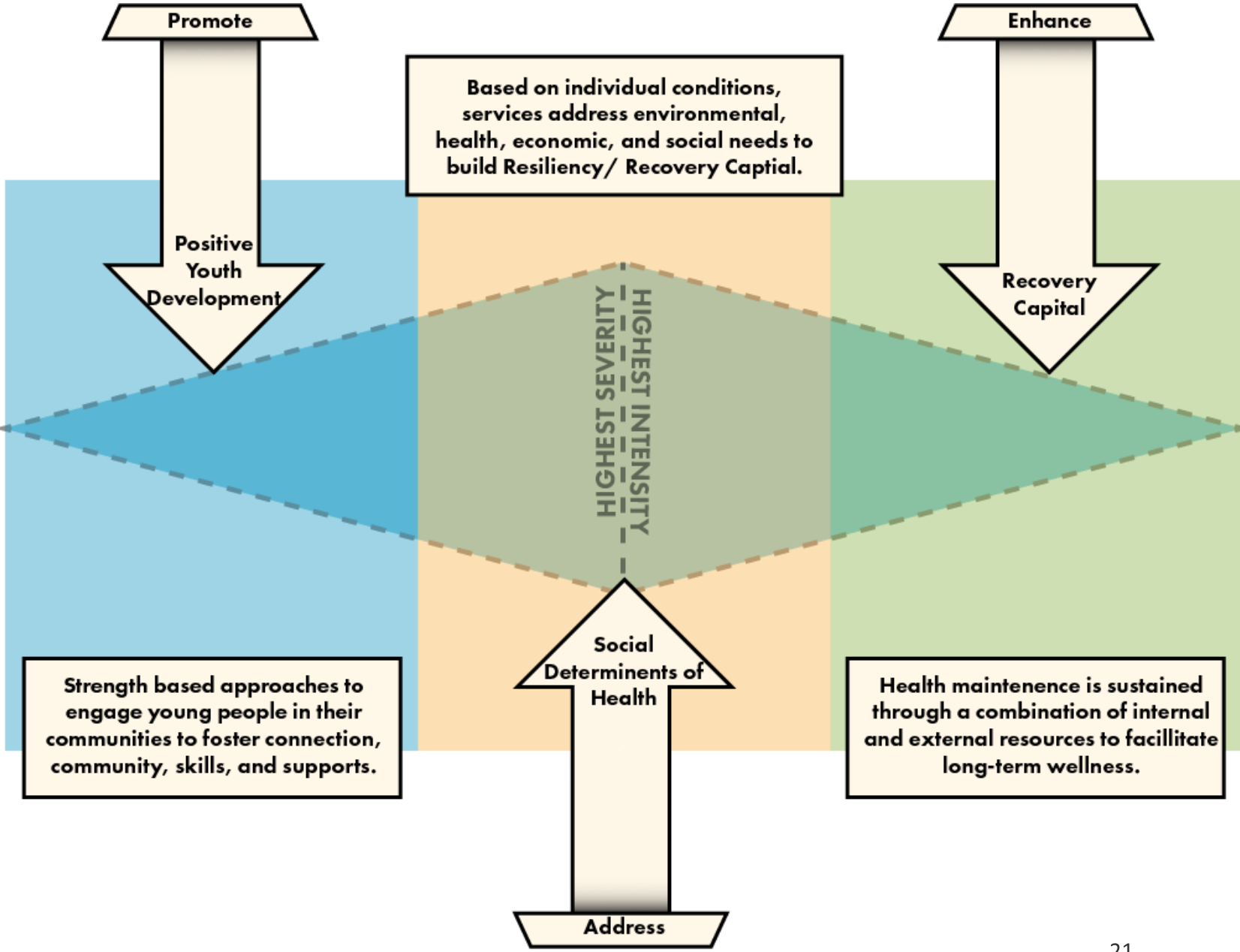


This is  
more than  
just an  
exercise.

The Alcohol and Drug Policy Commission sets the vision for the future of substance use related outcomes and the SUD care provided ranging from prevention to recovery maintenance. ***Without your vision, the ADPC committees, state agency partners, and the funded programs will work in their own directions and this may mean there is greater challenge to stay in alignment.***

***This plan was your vision, what impact did you want it to make?***

How can the ADPC tie these approaches to our Outcomes?





## Goals for Discussion Groups

- Exercise your role as SMEs for the State of Oregon in this area and cast a vision for the Impact of the continuum of care.
- Engage in an effort that works to de-silo outcomes and in doing so aligns the continuum of care.
- Create a “workback plan” for our services and their impacts.

### Examples:

BHRN has Harm Reduction, Treatment, Housing, and Recovery supports. Without your vision, this means 4 different sets of measures and 4 different (possibly competing) outcomes to merge to inform decision making.

SB 267 (2003) encouraged use of EBP but without regard to impact. Focusing on impacts that we know EBPs have may bring us closer to fidelity of those practices, as opposed to just spending funds on those practices.

# Breakout Groups

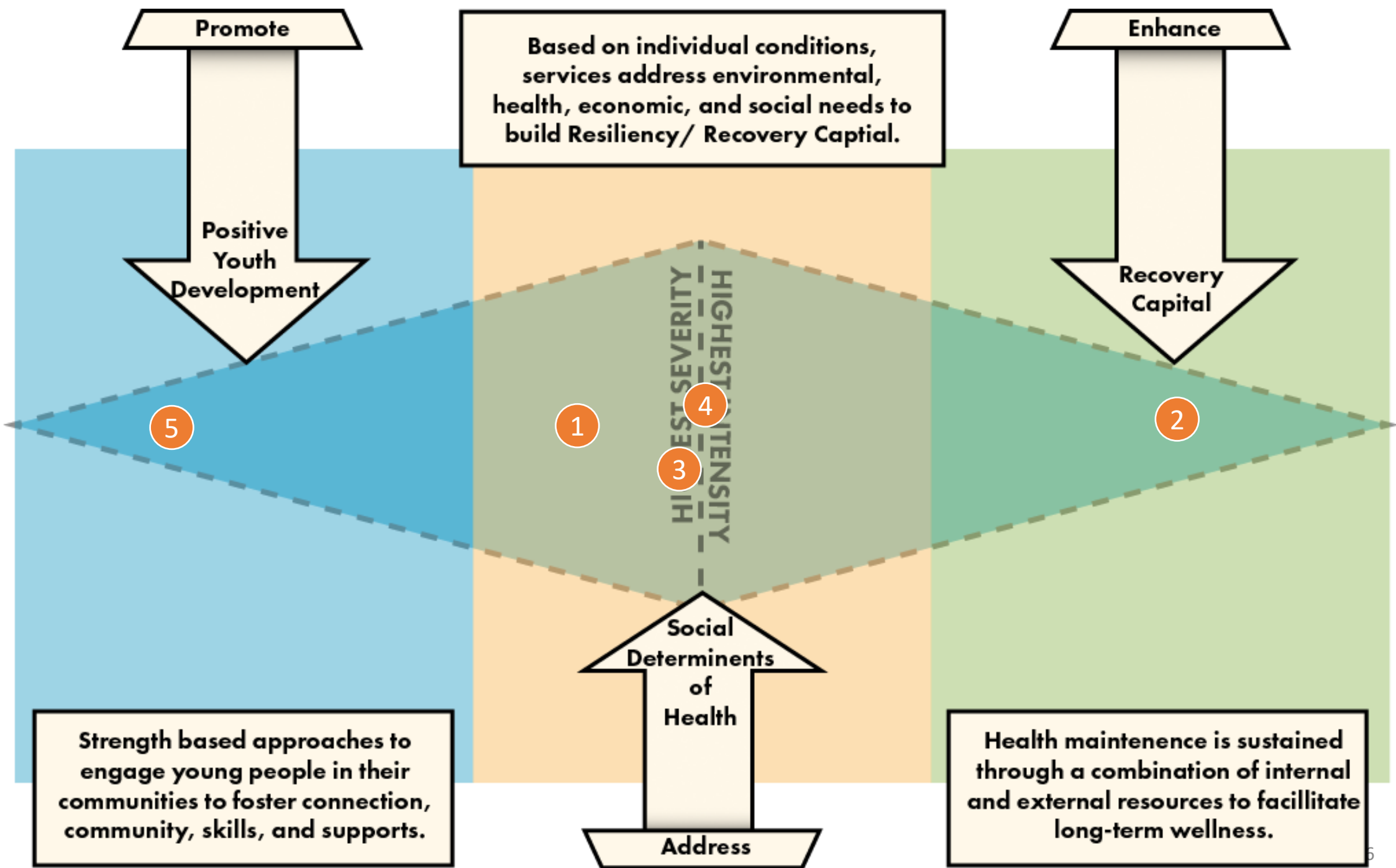
Members of the public: you will be assigned randomly to a breakout room. All groups have the same discussion questions. Groups will be recorded and report out after.

# Understanding the “individual factors”

Person 1	Person 2	Person 3	Person 4:	Person 5:
<ul style="list-style-type: none"><li>• 58 years old</li><li>• 3 Children</li><li>• Single income household</li><li>• No regular contact with supportive family members</li><li>• Substances feel like an important part of life right now, low energy, no community of any sort.</li><li>• Needs treatment for Stimulant Use Disorder but is hesitant because of impacts to family stability</li></ul>	<ul style="list-style-type: none"><li>• 37 years old</li><li>• No Children</li><li>• Married</li><li>• Strong family system, regularly in contact</li><li>• 8 years of abstinence</li><li>• Recently experienced the death of a close friend who was a supportive recovery connection and is now seeking recovery maintenance support.</li><li>• Recently was laid off, their spouse has income but does not have employer provided health insurance.</li></ul>	<ul style="list-style-type: none"><li>• 16 years old</li><li>• No children</li><li>• No income, high school student</li><li>• Parents do not know about substance use and have disclosed they will “disown” them if they “are one of those druggies”</li><li>• Daily use of cannabis, 3x weekly use of alcohol, 3x monthly use of other substances when available.</li><li>• Wants to make changes to use, does not know how to find help</li></ul>	<ul style="list-style-type: none"><li>• 26 years old</li><li>• 1 child (non-custodial)</li><li>• No income, no high school degree</li><li>• Identifies close friends as family</li><li>• Recently was arrested and is awaiting trial for substance related charges. Due to history of legal challenges, incarceration is likely according to their attorney.</li><li>• Lacks stable housing, stays with friends when possible.</li></ul>	<ul style="list-style-type: none"><li>• 13 years old</li><li>• No children</li><li>• Middle school student, no income.</li><li>• Multiple identified supportive friends.</li><li>• Shared with their school counselor that “a few friends have tried weed” and its something they’ve said no to so far.</li><li>• Both parents work full time jobs and often work weekends and nights.</li></ul>
Rural	Metro	Rural	Metro	Metro

# Understanding the “individual factors”

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Metro	Rural	Metro	Rural	Frontier



# Takeaways from Discussion Groups

- Which measurements did you identify as being useful to measuring progress of the comprehensive plan?
- Which measurements are applicable across the continuum?
- How is this different than just telling people how to decrease the big 3?

# Next Steps



# Thank you!

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<https://www.oregon.gov/adpc>