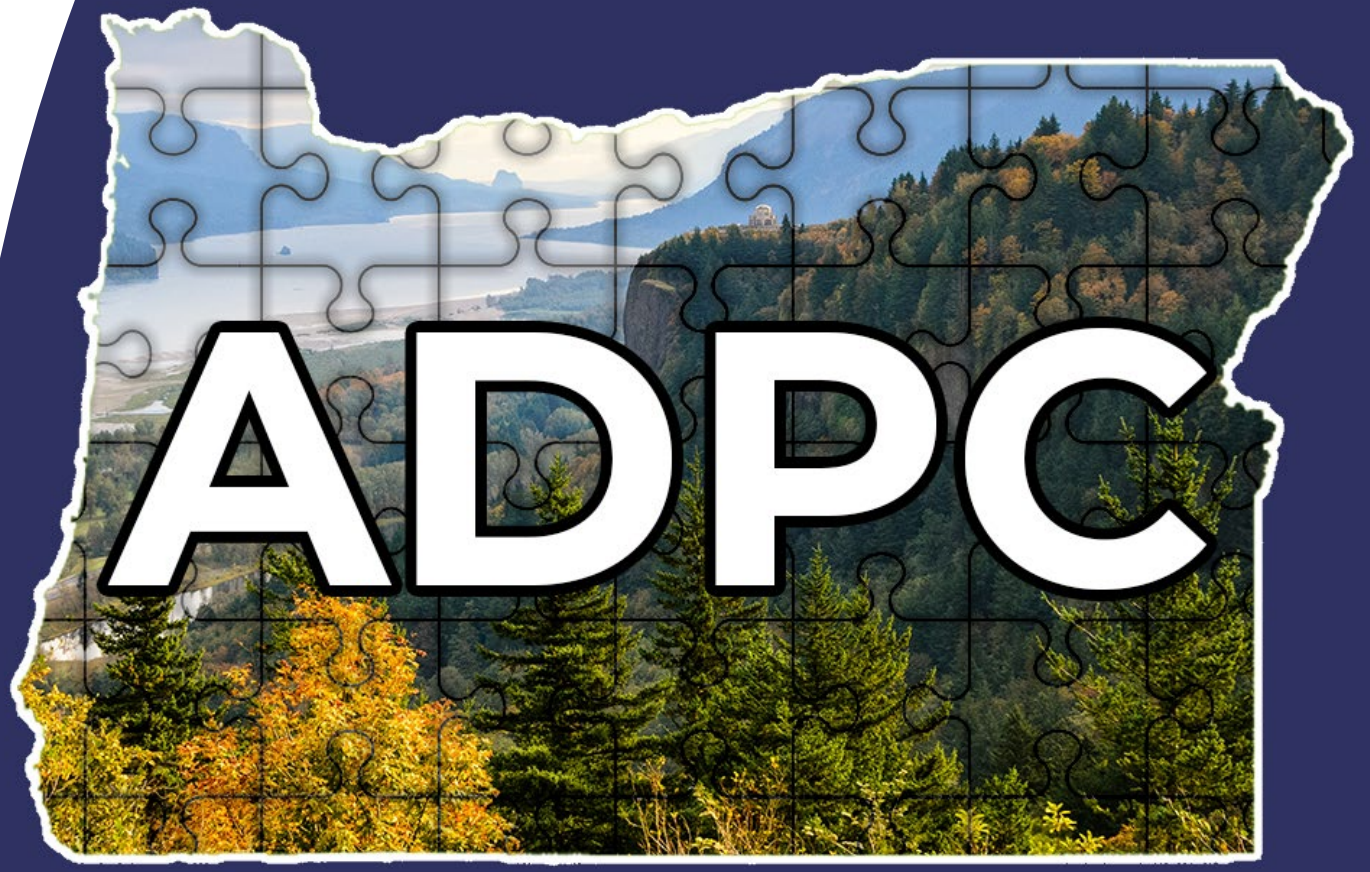
# Oregon Alcohol and Drug Policy Commission

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

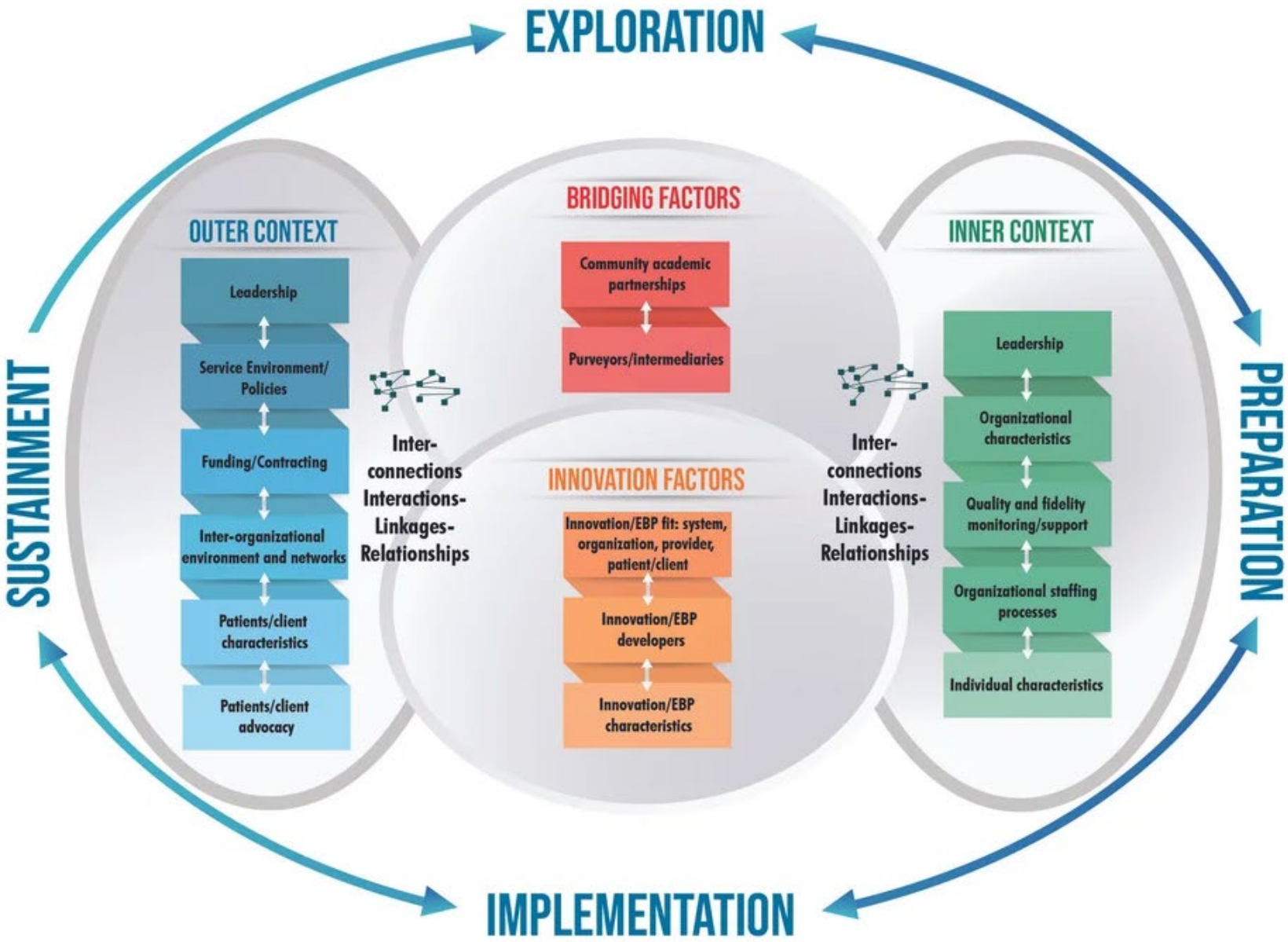
## *Treatment Committee*

**June 2026**



# Today's Agenda

- Welcome & Roll Call
- Director's updates
- Comprehensive Plan: Provider/ Landscape Assessment
- Public Comment




# 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.

# Last month:

Treatment Committee members identified **84 questions of interest**

12 different “themes” of focus

# Today’s work:

PRIORITIZATION

CLARIFICATION OF INTENT

ALIGNMENT WITH THE AIMS OF THE COMPREHENSIVE PLAN

PRELIMINARY DISSEMINATION PLANNING

# How should we prioritize questions?

- Can this question be meaningfully answered by providers, or is the information available elsewhere?
- What type of information are we seeking (financial, programmatic, administrative, factual, provider experience/opinion)?
- How would the answer help inform implementation of the Comprehensive Plan?
- Is the information actionable?
- Could the question support future measurement or pre/post evaluation efforts?
- Does the question require input from a single provider type, or would multiple perspectives be needed to fully answer it?

# Expand Access to EBP/ TBP

| Short Term | Mid-Term |
|---|---|
| Number/percent of providers offering MSUD; baseline audit of CCO consistency | Increased number of providers with MSUD capability; CCOs with aligned MSUD standards |
| Number of justice/court settings supporting access to MSUD via partnerships with MSUD providers; Expanded EMS MSUD pilot reach | Increased uptake of MSUD for those in non-traditional settings (courts, EMS) |
| Assessment of current levels and gaps around EBP/ TBP utilization across providers complete, TA services available are catalogued with understanding around current utilization | Provider confidence and fidelity in EBP/TBP implementation. Consumers express greater understanding of available EBPs/TBPs. |
| Baseline assessment of CCO policy differences; Value Based Payment pilot considered | Reduction in enforcement variation; VBPM participation; Pilot evaluation and increased participation, if effective. |
| Issue brief published on recommended suite of assessment tools for utilization in treatment settings | Increase in providers utilizing recommended tools; regulatory framework more explicitly guides tool options towards ADPC recommendations. Closer alignment of community and carceral based assessments. |
| Culturally specific and place based services are reliably available to those seeking them, with providers able to financially support and sustain services | Existing CBOs serving high need populations remain operational, providing continuity of care. Treatment options are expanding in remote and underserved regions of Oregon |

# Timely Access

| Short Term | Mid-Term |
|---|---|
| Common access framework developed and adopted, regulatory strategy to embed framework developed | Framework applied consistently across CCOs, state provided care (such as that provided within carceral settings), and state contracts |
| Treatment provider survey implemented to assess current wait times for entry into care, with an eye to disparities by population, geography and level of care sought/provided | Ongoing pipeline of reporting available to assess delays in care access where additional strategies or capacities could be implemented. |
| Baseline mapping of current withdrawal management/stabilization sites and hours as well as transportation service options | Increased number of regions with 24/7 access; use rates improve |
| Identify opportunities to improve referral pathways and efficiency through local ADPC and other collaborative strategies, and/or regional/statewide systems that can create better coordination and referrals between providers | Provider performance measurement includes referral measures relative to timeliness, accuracy on appropriate level of care and known gaps in the service array that interfere with streamlined referrals |

# Facilitate Improved Transitions

| Short Term | Mid-Term |
| --- | --- |
| Referral protocols and processes established; baseline warm handoff adherence | Increased completion of referrals and post-discharge engagement |
| Rate of programs with standardized discharge planning; alignment to person-centered goals | Increased follow-through on community reintegration supports |
| Baseline metrics established; pilot regional tracking efforts | Centralized data infrastructure for tracking transitions launched |
| Targeted outreach programs initiated; wraparound supports mapped | Increased support and reduced disparities for prioritized populations |

# Quality and Accountability

| Short Term | Mid-Term |
| --- | --- |
| Draft shared metric set; stakeholder feedback collected | Implementation across systems and provider networks |
| Number of providers receiving TA/funding; reporting participation baseline | Broader participation in quality monitoring across provider types |
| Inventory of existing audits; pilot streamlined models | Reduced number of redundant audits; provider satisfaction increases |
| Insight reports shared with providers; use of data in QI efforts begins | Increased data-informed improvements across programs |

# Thank you!

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https://www.oregon.gov/adpc