



July 2024 Report

Status of Implementation and Progress on 2020-25
Comprehensive Addiction, Prevention, Treatment and
Recovery Plan for Oregon Required by ORS 430.223

2020-2025 Oregon Statewide Strategic Plan Overview

The Alcohol and Drug Policy Commission (ADPC) is an independent state agency created by the Legislature in 2009 to improve the efficiency and effectiveness of substance use services for all Oregonians. In 2018, the Legislature directed the ADPC to develop a statewide, comprehensive strategic plan for substance use services, which the ADPC completed in 2020 for 2020-25.

The [2020-25 Strategic Plan](#) is directed at three main impacts:

1. Reduce the number of Oregonians experiencing substance use disorder.
2. Reduce substance-use related deaths.
3. Reduce health disparities related to substance use.

The plan lays out four main goals and associated strategies to achieve the desired impacts:

1. Develop coordinated leadership and a statewide system of substance use services.
2. Prioritize effective prevention strategies.
3. Increase capacity for rapid access to treatment services.
4. Expand recovery support services.

The plan also seeks to reduce the economic burden experienced by the state related to substance use disorders.

This report on the status of implementation and progress on the 2020-25 plan is provided in compliance with ORS 430.223 (4), which directs the ADPC to review and update the plan by July 1 of each even-numbered year and produce a report on the metrics and other indicators of progress in achieving the goals of the plan. The report is offered in conjunction with a publicly available tracker of the status of all strategies and activities directed by the plan as well as a newly launched dashboard showing substance use related indicators that the ADPC tracks over time to measure our progress as a state, both of which are posted on the [ADPC website](#).

This brief report summarizes where we stand as a state in reducing and addressing substance use disorder but does so with the context of when this plan was launched and the events following. The drastic increase in fentanyl in Oregon's illicit drug supply and the COVID-19 pandemic coincided with the launch of this first comprehensive strategic plan for substance use services. With all energy turned toward the pandemic response, the ADPC struggled to gain traction with its own implementation of the plan. However, many state agencies, along with supportive legislative leadership, expanded substance use prevention, treatment, recovery, and harm reduction services.

In July of 2023, Governor Kotek appointed new leadership to the ADPC and reinvigorated the Commission membership through new members and support of the existing Commissioners and staff. In the past nine months, the Commission has more than doubled its membership; focused on specific strategies to address deaths related to overdose; commenced quarterly meetings with the

participating state agencies; and worked toward alignment of substance use disorder strategies across state agencies.

This report highlights progress since 2020 and provides recommendations for the ADPC's focus for the remainder of the current strategic plan. Later this year, the ADPC will begin developing the 2026-2030 comprehensive plan for the state. That plan will build on the 2020-25 extensive yet high level plan to deliver targeted, measurable strategies for Oregon to reduce substance use disorders, disparities related to substance use disorder and substance use related deaths.

The Strategic Plan Ultimate Impacts: Reduce Substance Use Disorder Prevalence, Related Deaths and Disparities

Oregon's Alcohol and Drug Policy Commission identified the prevalence of substance use disorder in the state as the primary measure of success in improving the efficiency and effectiveness of substance use services in Oregon. A substance use disorder (SUD) for these purposes is defined by the American Psychiatric Association's DSM-5. SAMHSA's National Survey on Drug Use and Health estimates SUDs according to DSM-5 criteria for all Oregonians, diagnosed or undiagnosed. SUDs can be tied to drugs like alcohol, opioids, stimulants, and more.

In the years leading up to the plan's 2020 implementation, the prevalence of SUDs in Oregon changed little from year to year. Between 2020 and 2021, new methodology was adopted for estimating the prevalence of substance use disorders (along with other SAMHSA estimates). As a result, 2022 prevalence data is not comparable with prior years. Substance use disorder prevalence in Oregon was 21.9% in 2022 meaning more than one out of five Oregonians 12 and over had a substance use disorder in the past year. While data can't show us directly how substance use disorder prevalence has changed over the past few years, other data like AOD-related deaths show us that these disorders have likely increased.

The strategic plan also aims to reduce deaths related to use of alcohol, tobacco, and other drugs. Recent years have shown shocking increases in alcohol and other drug related deaths. In 2022, nearly four Oregonians died from drug overdoses every day and at least 6 died from alcohol-related causes every day. The data tracked for ADPC's Strategic Plan show overdose deaths increased from 12.4 per 100k in 2017 to 31.1 per 100k in 2022. Almost two out of three overdose deaths in 2022 involved illicit fentanyl. A major component of alcohol-related deaths is the count of deaths from chronic alcoholic liver disease which grew from 10.3 per 100k in 2017 to 14.8 in 2021.

The third plan impact, a reduction in disparities tied to substance use, has likewise not occurred. This is most apparent in deaths related to alcohol and other drugs. American Indian and Alaska Natives are twice as likely (99.8 per 100k) to die from alcohol-related causes than Oregonians as a whole (51.0 per 100k). In 2022, both Black or African American Oregonians (82.8 per 100k) and American Indian or

Alaska Native Oregonians (81.1) were almost 3 times as likely to die from a drug overdose than all Oregonians (30.2).

The costs of the events describe by this data are immense but have not been measured over time. Upon publication of the Strategic Plan, it was found that 15.8% of Oregon’s state funds pay for the burden related to substance use-related social and health problems. Substance use is tied significantly to state spending in criminal justice, child and family assistance, mental health, health insurance, public safety, and education.¹ A follow up to the 2017 findings has not been conducted, so there is no comparison or progress measurement. However, major burden spending continues in these areas. A 2021 report by ECONorthwest specific to alcohol found that Oregon’s expenditures related to excessive alcohol use totaled nearly \$4.8 billion in 2019.²

Benchmarks and Goals

The ADPC Strategic Plan lays out benchmarks for each of the measures above. For example, knowing the rate of overdose deaths per 100k was 10.3 in 2017, the Commission set a goal to decrease this rate to 9.6 per 100k by 2025 with benchmarks in 2022 and 2024. This figure is no longer attainable, and the magnitude of overdose increases means many of these comparisons are no longer meaningful in the 2020-2025 Strategic Plan. Many youth measures like alcohol use and marijuana use are close to benchmarks set by ADPC. It will be important to watch these in coming years as data currently exist through 2022 and slight changes in methodology have taken place. Measures nearing or at benchmarks include various tobacco measures and placement of Oregon children in foster care due to parental drug or alcohol use. Benchmarks for measures like substance use disorder, treatment access, recovery perception, illegal drug use, and methamphetamine use (alone) cannot be addressed due to methodology changes. Many measures show no significant change during the Strategic Plan’s implementation period.

In order to achieve the benchmarks, the ADPC must track the data closely and strongly respond when the state’s strategies are not enough to combat the evolving substance use disorder crisis.

Dashboard

To make data available continuously, ADPC has created a data dashboard that will be updated as new data become available. This dashboard will exist on the [ADPC website](#) and evolve over time. The first iteration is offered alongside this 2024 report, in lieu of publishing lengthy data tables. As data sources differ, measures in the plan are updated at different times throughout the year. At the time of

¹ The economic burden evaluation utilized for the 2020-25 Strategic Plan was based on the [Shoveling Up](#) methodology of the Center on Addiction and Substance Abuse (CASA) at Columbia University, which quantified the costs of substance use and addiction to federal, state and local governments. A state contractor worked with a Shoveling Up data analyst and Oregon state budget staff to produce the 2017 economic burden evaluation.

² ECONorthwest Prepared for Oregon Health Authority (November 2021). [Economic Analysis of Excessive Alcohol Consumption in Oregon.](#)

publication of this report, several measures are set to be released in the near future and the dashboard will be updated on an ongoing basis.

Implementation of the Recommended Strategies in the Plan

From 2020-2023, the ADPC made policy recommendations in line with the strategic plan but did not track agency implementation. Beginning in 2023, when Governor Kotek appointed a new Director to lead the ADPC, the Commission has focused on three main goals:

1. Bring urgency and focus to the increase in deaths and disparities related to overdose.
2. Evaluate progress and implementation of the 2020-25 strategic plan.
3. Carry out the ADPC's statutory mandates.

The ADPC has succeeded in bringing focus and aligned strategy to Oregon's funding and actions to prevent overdose. In December 2023, the ADPC recommended [Fourteen actions](#) for immediate action to reduce the number of people who die of overdose in Oregon ("2023 Overdose Recommendations"). Nine of the fourteen actions are in process and will be described throughout the report. The ADPC must continue to foster cross-agency collaboration, efficiency, and accountability. The ADPC will continue to work with state agencies and Commissioners to prioritize strategies from the 2020-25 strategic plan, while developing the next five-year plan for the state for 2026-2030.

The following pages summarize progress and highlight activities associated with each of the Plan's four goals. For a detailed look at the status of activities for each Goal, please refer to the ADPC Strategies and Activities Smartsheet on the [ADPC website](#). The Smartsheet will continue to be updated on a quarterly basis for the remainder of the strategic plan period.

1. GOAL 1: STATEWIDE SYSTEM

The strategic plan identified Oregon's deeply siloed system as a foundational barrier to an effective statewide system. Over the course of the strategic planning process, state agencies³ came together and committed to the goals of building and implementing a comprehensive and sustainable statewide system. The Vision, Mission and Values of this coordinated state system are:

³ State agencies and partners participating in strategic planning included Oregon Health Authority (OHA), Oregon Department of Human Services (ODHS), Oregon Department of Education (ODE), Youth Development Oregon (YDO), Higher Education Coordinating Commission (HECC), Oregon Youth Authority (OYA), Department of Corrections (DOC), Oregon State Police (OSP), High Intensity Drug Trafficking Areas program, Department of Consumer and Business Services (DCBS), Oregon Liquor and Cannabis Commission (OLCC), Oregon State Lottery Commission, Oregon Housing and Community Services (OHCS), Oregon Department of Transportation and Oregon Health Sciences University. ORS 430.221 was amended in 2022 by HB 4098 to define ADPC participating state agencies to include DOC, ODHS, OHA, ODE, the Oregon Criminal Justice Commission, OSP, OYA, DCBS, OHCS, YDO, HECC, the Oregon State Lottery Commission, OLCC, the Department of Veterans' Affairs or any state agency that administers or funds alcohol or drug abuse prevention or treatment services.

Vision: A comprehensive, statewide system where substance misuse policies, investments, and efforts support healthy Oregonians and thriving communities.

Mission: Provide data-informed, integrated prevention, treatment and recovery support services through public and private partnerships using equitable and culturally, linguistically, and gender-specific services.

Values: Compassion, equity, transparency, and well-being.

The objectives and strategies identified for Goal One included increased collaboration among state agencies as well as behavioral health workforce goals to increase capacity across the substance use continuum of care.

Five objectives were identified for the statewide system:

1. Increase the degree to which state agency leadership is working together to coordinate efforts and maximize all resources.
2. Increase system capacity to solve substance use problems and implement needed changes to operations through data infrastructure and an effective workforce.
3. Increase the system's ability to use the most effective practices, processes, and programs for priority populations and problems.
4. Increase the system's ability to reduce health disparities and to promote health equity among all vulnerable and at-risk populations.
5. Increase the system's ability to be accountable and sustainable.

Measuring progress in this area will need to be revisited for the next strategic plan. The five objectives were to be evaluated utilizing a System Assessment tool produced by the consultant engaged in the development of the plan. In March of 2024, participating state agencies were asked to assess Oregon's system capacity progress using this tool. Due to the subjective nature of the tool, state agencies and ADPC staff decided that it has limited utility to measure progress in this area. The system assessment questions will be used to frame future discussions at quarterly state agency convenings. For future evaluation, the ADPC will explore other assessments through systems level implementation science.

However, actions to break down siloes and increase collaboration are increasing. Large funding investments have been made to increase workforce capacity.

a. State Agency Collaboration

In December of 2023, the ADPC Director and staff convened Points of Contact from Participating State Agencies for the first time since the strategic plan was finalized. Over the last six months, the agencies have convened quarterly and provided feedback and progress updates on strategies.

It is recommended that this be an area of focus for the remainder of the strategic plan period. Identifying common definitions, pathways to care and standards for care, and aligning activities related to substance use across agencies can be accomplished with ADPC leadership and have the potential for high impact.

For example, the ADPC has served an active role in partnership and alignment with the Opioid Settlement Prevention, Treatment and Recovery Board (OSPTRB)⁴ and the Oregon Health Authority. Like the ADPC, the OSPTRB recognized that there are immediate needs across the SUD continuum of care to address opioid use disorder. The OSPTRB relied on the ADPC 2023 Overdose Recommendations, ADPC updates on cross-agency activities and overdose data to make data driven decisions to allocate the first round of opioid settlement funding allocated to the state. The ADPC is also leading, with OHA and the Department of Justice, local collaboration to support strategic investments of opioid settlement funding to address the overdose crisis.

b. Workforce Capacity and System Effectiveness

The strategic plan recognizes that there can be no state system without sufficient workforce capacity, effective programs and the ability to reduce health disparities and promote health equity. While continued investment and focus is needed in this area, Oregon leveraged significant federal funds and strategies to act in these areas since 2020, in particular through numerous assessments of the gaps in services and workforce, while also investing hundreds of millions of dollars in developing an adequate workforce.

Several assessments and ongoing studies document the need.⁵ The 2022 SUD Services Inventory and Gap Analysis, an assessment directed by the 2020-25 plan, put forth the first high level estimate of the SUD system gaps: The Calculating an Adequate System Tool (CAST) model estimated a 49 percent gap in services needed to address substance misuse and SUD across the continuum of care in Oregon. The study also found large equity concerns: less than one third of organizations offered culturally specific services to LGBTQIA2S+ clients, people with disabilities, and/or Veterans; interpretation and

⁴ The Opioid Settlement Prevention, Treatment and Recovery Board (OSPTRB), created by HB 4098 (2022), allocates the 45% of opioid settlement funding that comes to the state of Oregon. The other 55% is distributed amongst cities and counties in Oregon with populations greater than 10,000 as of July 2021.

⁵ Lenahan K, Rainer S, Baker R, Goren R, and Waddell, EN. (September 2022; updated February 2024). [Oregon Substance Use Disorder Services Inventory and Gap Analysis](#). OHSU-PSU School of Public Health, Oregon Health and Science University, Oregon Alcohol and Drug Policy Commission, and Oregon Health Authority, Health Systems Division and Public Health Division; Sara Rainer, Elizabeth Needham Waddell; Oregon Health & Science University-Portland State University School of Public Health (Prepared for the Oregon Health Authority). [Oregon inventory of services for co-occurring substance use and mental health disorders](#), 2022. (12/23/2023); Public Consulting Group LLC (January 2024). [Oregon Health Authority Behavioral Health Residential+ Facility Study January 2024 Draft Report](#); Public Consulting Group (April 2024) [Oregon Health Authority \(OHA\) Substance Use Disorder Financial Analysis](#); Zhu J, Howington D, Hallett E, et. al. (February 1, 2022). [Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature](#).

translation services were rarely available in languages other than Spanish; and less than 20 percent of organizations had certified language interpreters on staff.

Under Governor Kotek, the Oregon Health Authority completed additional facility, workforce and SUD spending assessments. (See Footnote 5) The Behavioral Health Residential + Facility Study found that staffing issues have hindered facilities' ability to operate and that a lack of access to facility-based care leads to long wait-times, a mismatch in the level of care needed and received, and poor experiences. Of particular note, SUD Residential Treatment facilities appear to need the largest number of beds to improve capacity by a range of 1,156 to 2,169. Withdrawal Management is projected to need an additional 523 beds based on the re-analysis of the CAST model.

The next ADPC strategic plan must take these assessments into account and provide strategies to address the gaps. As discussed below with regard to the Treatment Goal in the plan, we must also examine why efforts to increase rapid access to treatment are not closing the gaps identified in these assessments. It also must be noted with respect to workforce and system assessment/study, that youth needs and services have not been fully addressed or studied. House Bill 4002 (2024) begins to address that with a directive to ADPC and partners agencies to strategically plan around youth access to treatment services.

The state greatly increased investments in the behavioral health workforce since 2020: hundreds of millions of dollars in federal one-time funds to OHA for behavioral health workforce incentives; increased funding to the OHA Health Care Workforce Program; and \$200 million through the Higher Education Coordinating Commission for the Future Ready Workforce program, which includes investments in the healthcare workforce and youth programs. Other state agencies also developed or increased their own workforce programs, including the Oregon Youth Authority and Department of Corrections training of Certified Recovery Mentors.

2. GOAL 2: Prevention of Substance Use Disorder

The strategic plan recognized that reducing SUDs, preventing ATOD-related deaths and harms, and reducing health disparities would require significant expansion of the current scope and reach of primary prevention across the state. Primary prevention strategies target the prevention of the occurrence of substance use disorder. Commissioners, Prevention committee members and other stakeholders have identified a need for more refined strategies and focus in the area of prevention. However, efforts have advanced across state agencies since 2020.

Oregon has made significant strides to decrease retail and social access to alcohol, tobacco, and marijuana to underage persons. With respect to tobacco, policy change has increased both resources for prevention and protections against underage consumption. Starting in January of 2022, all tobacco

retailers in Oregon are required to have a tobacco retail license and be inspected annually. This is an increase from past years when OHA only had staff and funding to inspect a subsample of retailers each year. As of 2024, the new Oregon Tobacco Retail License program is fully operational and conducts one Minimum Legal Sales Age inspection per year for all licensed tobacco retailers, in addition to issuing civil penalties for violations. With the passage of Measure 108 in 2020, Oregon increased the tax on cigarettes by \$2 per pack, established a tax on e-cigarettes and allocated \$20 million in tax revenues to community-based organizations, tribes, state infrastructure and local public health authorities to address commercial tobacco prevention.

With respect to alcohol and marijuana, the Oregon Liquor and Cannabis Commission (OLCC) has seen improvement in effectiveness of Minor Decoy Operations. OLCC verifies that alcohol, marijuana and other THC products are not sold by OLCC licensees to people under the age of 21 via the Minor Decoy Operations (MDO) program. These operations were suspended during the COVID-19 pandemic and resumed during the summer of 2022. While initial passing rates were concerningly low (about 60%), they have since steadily improved, reaching 78% for alcohol and 90% for marijuana (as of April 2024). This improvement highlights the utility of maintaining robust and ongoing Minor Decoy Operations. Achieving a 90% rate of compliance is one of the Key Performance Measures for OLCC. MDO is being expanded to also include Third-Party Delivery Facilitators (starting in April 2024).⁶

The strategic plan also calls for decreasing family and community norms permissive to ATOD use/misuse and increasing perception and understanding of harm OHA has conducted media and public health education campaigns to educate parents, caregivers, and family members of health impacts of substances on adolescents, older adults and other populations. Rethink the Drink and Smokefree Oregon are strategic communication public health brands that over time, host campaigns and resources to communicate with people and communities in Oregon about the health impacts of substance misuse and advance community-driven solutions:

- [Rethink the Drink \(RTD\)](#) completed a 2023-24 Winter campaign. This included new ads, informed by previous campaign evaluation, focus group testing and partner feedback. Ads were promoted through a paid media buy, earned media strategies and technical assistance to partners. RTD staff are starting to build a culturally specific LGBTQIA2S+ engagement strategy to co-create community specific resources and understand current research gaps for the population.
- [Smokefree Oregon](#): Over the past year, 35 partners from community-based organizations and local public health authorities collaborated to create the “Imagine” campaign - by communities, for communities. The campaign, launched in the Spring of 2024, elevates the work of partners who are addressing the root causes of commercial tobacco use and includes a launch of new Smokefree Oregon website pages. One page will include an interactive map of partners and

⁶ Current MDO passing rates can be seen here: <https://www.oregon.gov/olcc/pages/minor-decoy-operations.aspx> .

resources across Oregon. This campaign will also include culturally tailored materials for specific populations and opportunities for partners to further localize materials for their communities

With respect to reducing excessive alcohol use, OLCC initiated in 2021 a floor pricing policy that increased the price of the lowest priced spirits sold in Oregon liquor stores. Such pricing policies align with CDC and SAMHSA recommendations to reduce excessive drinking.

The ADPC itself is working to ensure that upstream prevention is recognized as an essential component of the SUD system of care. The 2023 Overdose Recommendations include primary prevention as an essential component of the state's overdose response, an element recognized by the 2024 legislature. The ADPC is also partnering with OHA and the OSPTRB to allocate opioid settlement funding to counties, Community Based Organizations and to a workforce development program to support Certified Prevention Specialists. This builds on OHA's Tobacco Prevention and Education Program (TPEP), Alcohol and Other Drug Prevention and Education Program (ADPEP), Regional Health Equity Coalition (RHEC), and Community Based Organizations (CBO) grant programs which provide funding for evidence-based prevention. The allocation of opioid settlement funding to prevention has also been presented to local subdivisions charged with allocating local opioid settlement funds to promote a cohesive strategy at the state and local level to support prevention efforts. The ADPC Prevention Committee continues to develop refined strategies for the remainder of this strategic plan period.

Other strategies included in the Strategic Plan have created a more robust picture of Oregon prevention efforts. The [2022 SUD Services Inventory and Gap Analysis](#) estimated a need for over 900 additional Certified Prevention Specialists in Oregon. In 2023, House Bill 2656 required school districts to offer the Oregon Student Health Survey (OHA) and the Oregon SEEDs Survey annually, which will provide more robust and comprehensive data to monitor the well-being and perceptions of children and adolescents and provide a snapshot of students' feelings regarding acceptance.

3. Goal 3: Rapid Access to Effective SUD Treatment

Since 2020, Oregon has recognized the need for improved access to all levels and types of SUD treatment, intervention, and harm reduction, particularly with the adult population. Steps have been taken to address need for rapid access to effective SUD treatment. However, the ADPC has not yet examined the collective impacts of new policies, programs, and funding in order to fully assess progress to this goal. Next steps must include measuring the impacts of new programs and funding to close the gaps in services identified through the assessments referenced earlier in the report.

Measure 110, which passed after the 2020-25 ADPC plan was finalized, redirected funding to local communities for substance use services through Behavioral Health Resource Networks (BHRNs), entities working together to provide comprehensive, community-based services and supports to people with substance use disorders or harmful substance use. Each Oregon county and Tribal area has at least one BHRN providing services that must include, at a minimum, screening for health and social

service needs, screening and referral for substance use disorder and appropriate outside services, individualized intervention planning, low-barrier substance use disorder treatment, harm reduction services, peer support services, housing supports and referral to appropriate outside services. The performance of the BHRNs is tracked [here](#). Client engagement through the BHRNs continues to increase each quarter. The role of BHRN providers in deflection programs established under HB 4002 (2024), and more broadly in the continuum of care, should continue to be a focus of the ADPC.

Oregon's SUD 1115 Demonstration waiver was also approved after the finalized ADPC plan. The waiver is effective April 8, 2021 – March 31, 2026. It allows Oregon to receive federal funding for Medicaid services for individuals with a substance use disorder (SUD) in residential treatment facilities with more than 16 beds.⁷ This was associated with a 30% rate increase. It also allowed for expenditures for community integration services which consists of housing transition and tenancy sustaining and employment supports to assist individuals transitioning back into the community from an inpatient or other residential setting where they have received SUD treatment.

The legislature also made historic investments in behavioral health capacity each session since 2021. In the 2023 legislative session, the Oregon Department of Corrections expanded access to SUD treatment beyond minimum custody facilities and greatly increased access to MOUD treatment. During the 2024 legislative session, over \$85 million dollars was allocated for capital investments in substance use disorder residential, withdrawal management and crisis stabilization centers. Housing investments and funding for mental health residential facilities also support individuals with substance use disorder treatment needs.

There have also been numerous policy changes that may impact the future of SUD treatment access. HB 3046 (2021) requires CCO and commercial health insurance carriers to report to OHA and DCBS annually on parity between SUD treatment coverage and medical and surgical treatments. HB 2395 (2023) addressed barriers to access harm reduction services. HB 4002 (2024) made policy changes to remove barriers to access and insurance coverage of Medication Assisted Treatment. There are numerous other policy changes affecting access to substance use disorder treatment in Oregon.

While the state continues to take steps to improve treatment access, there is a recognized need for the ADPC to provide a more refined strategy across state agencies with uniform definitions and expectations for the continuum of care. There is also opportunity to move forward urgent strategies in the next 18 months. Opioid settlement funding presents an opportunity to address gaps in care with one-time funding. HB 4002 (2024) directs the ADPC to bring forward recommendations in 2024 and a strategic plan in 2025 to address barriers to Medications for Opioid Use Disorder (MOUD) treatment and youth access to SUD treatment. The ADPC is working toward preliminary recommendations by September 2024 and a strategic plan specific to youth SUD treatment and MOUD access for all by September of 2025. The ADPC Treatment Committee and a newly formed ADPC/System of Care

⁷ Behavioral health residential treatment facilities with more than 16 beds are usually considered Institutes of Mental Disease and excluded from Medicaid (and federal matching funds) without a waiver.

Advisory Council Youth Collaborative are charged with the development of the recommendations, which will be incorporated into the next comprehensive plan for 2026-2030 with measurable goals.

It is also important to note the importance of harm reduction services and the central role that harm reduction principles must play when synthetic opioids are prevalent in the drug supply. Oregon has made progress to create greater access to harm reductions supplies/services since 2020.

Starting in 2020, OHA launched Save Lives Oregon, a Harm Reduction Clearinghouse and initiative to provide more life-saving supplies such as naloxone to organizations and tribal communities on the front lines of harm reduction. In 2023, the Save Lives Oregon initiative expanded to offer a broader range of partners state-funded harm reduction supplies, and now provides access to state-funded naloxone and other supplies to additional partners such as special districts, schools, colleges and school-based health centers. The initiative has distributed over 391,000 doses of naloxone and partners report over 7,500 overdose reversals.

In addition to HB 2395 (2023) referenced above, SB 1043 (2023) requires hospitals and other specified facilities that provide substance use disorder treatment to provide to patients upon discharge or release two doses of opioid overdose reversal medication and necessary medical supplies to administer medication.

To build on these advancements, the ADPC formed a Harm Reduction Committee in 2023. The Committee developed harm reduction recommendations for the Commission's 2023 Overdose Recommendations. The Committee is studying several emerging best practices in order to develop a statewide strategy for the purchase and distribution of naloxone, that ensures access in rural areas and includes an education strategy to ensure proper administration and dosage during overdose emergencies, as well as potential strategies for street drug checking services and expanded syringe service programs.

The importance of harm reduction cannot be underestimated to save lives and connect individuals to other treatment and services.

4. Goal 4: Recovery Supports

The 2020-25 plan includes strategies related to increasing recovery support services, recognizing that substance use disorder is a chronic disease. Oregon has made great progress in increasing access to different levels and types of needed and effective recovery supports. The ADPC took an active role throughout the Strategic Plan period to ensure that recovery services are recognized in the continuum of care and increasingly funded through Medicaid and other sustainable sources of funding.

The ADPC Recovery Committee led efforts in recent years to support Medicaid funding for peer services and increased access to Recovery Community Centers and Recovery Housing. The Recovery

Committee also emphasized the need for increased data related to recovery pathways. In 2023, the Recovery Committee passed a motion to the full commission for Oregon to develop a state survey on recovery, based on a national survey conducted by the [Recovery Research Institute](#). The national survey touches on demographics and different pathways to recovery. The Recovery Committee continues to develop parameters for the study, identifying this as essential for providing improved assessment and evaluation of available and needed services.

Several efforts through OHA have launched or expanded since 2020 for recovery services. Measure 110, discussed above related to treatment access, provides significant financial support for recovery services. The BHRNs provide services that help Oregonians establish and maintain a healthy recovery. This includes wraparound services, including but not limited to food, cell phones, transportation, childcare, and IDs. Measure 110 supported the expansion of services provided by Peers who are in a unique position to assist clients as oftentimes the peers have experience using these services.

The OHA PRIME+ Peer Program connects peer recovery support specialists in 24 of 36 Oregon counties with people who are at risk of or receiving treatment for overdose, infection, or other health issues related to substance use. PRIME+ peers engage people who may be out of substance use treatment or medical care. Participants are at varying stages of change related to substance use and peers use harm reduction centered strategies. PRIME+ teams develop referral pathways to PRIME+ from hospitals/emergency departments, health clinics, syringe service programs, criminal justice system, recovery residences, and other sources.

HB 2767 (2023) established Recovery High Schools in Oregon. The schools, operating under an agreement with the Department of Education (ODE), provide students with a specialized high school education experience tailored to meet the needs of students with substance use and co-occurring behavioral health challenges. The new law requires standards for approval of recovery schools, and the operation of recovery schools to include academic standards, substance use recovery services, graduation program evaluation, and recovery school accreditation guidance. Three are currently operating and applications are currently open to add additional recovery schools.

Oregon has also expanded recovery housing through Measure 110 and new legislative investments. Senate Bill 1530 (2024) provides \$18 million in funding for recovery housing. This includes 27 grants to different entities across the state. Recovery housing provides a sense of community and a safe place for transitions from treatment to independent living. The 2023 Overdose Recommendations include funding for recovery housing, recognizing that recovery housing is a low barrier model that can be expanded quickly. The OSPTRB also allocated \$500,000 to Oxford House, Inc., which supports one-time expansion costs for this self-run housing model.

There has also been an evolution in the understanding across state agencies and provider types recognizing the importance of peer support services. The Oregon Department of Corrections offers training for Certified Recovery Mentors who then provide support to other Adults in Custody. The Oregon Youth Authority also trains interested youth to become Certified Recovery Mentors. In 2023,

OHA also increased pathways to Medicaid billing for peer support services, allowing providers to bill for services provided by Certified Recovery Mentors certified through the Mental Health & Addiction Certification Board of Oregon, without also pursuing certification through OHA Tradition Health Worker Peer Support Specialist program, as was formerly required.

Most recently, the OSPTRB, directed \$12.58 million to the expansion of Recovery Community Centers. Recovery Community Centers are substance use disorder peer-run drop-in centers for people in recovery from substance use disorders. The centers maintain daily community-based and peer-run recovery supportive activities and one-on-one peer support services. At the time of the study, Oregon had just 8 Recovery Community Centers. The SUD Services Inventory and Gaps Analysis (referenced in Footnote 5) found that Oregon needs 145 Recovery Community Centers to serve Oregonians. Based on county data, the OSPTRB, in collaboration with the ADPC Recovery Committee and OHA, identified five counties with high need and a lack of recovery services, for targeted investments to start up Recovery Community Centers in those counties.

Recommendations and Next Steps

The ADPC will continue to track implementation of the current plan over the next 18 months, while also identifying priorities for immediate collaboration and attention. Recommendations and next steps include:

1. The ADPC will focus on actions and strategies assigned to the ADPC in the Strategic Plan and in statute.
 - a. There are a number of Strategic Plan objectives that require ADPC convening state agencies and other stakeholders to collaborate and develop shared implementation. The ADPC is now focusing on these objectives.
 - b. The ADPC must ensure staffing and infrastructure to achieve legislated deliverables. This will include establishing permanent staffing. The recent staff expansion of 3 limited duration positions will not allow the ADPC to meet its statutory obligation beyond 2025.
 - c. The ADPC must work with the Legislature, Governor's Office and other state agencies to establish clear direction and authority of the ADPC. Current statute provides direction but not explicit authority for oversight of the strategic plan and alignment across state agencies.
 - d. Develop the next five-year Strategic Plan for 2026-30 with measurable actions and ongoing mechanism for assessment and evaluation of progress. This will include the Youth SUD Strategic Plan in collaboration with the System of Care Advisory Council and the MOUD Access Strategic Plan, both directed by HB 4002 (2024).
2. The ADPC will focus on state agency collaboration and alignment.
 - a. Develop coordination and collaboration across state agencies to maximize funding and policy opportunities across all populations served by the state.

- b. Develop common definitions and care pathways across state agencies.
 - c. Develop uniform measures of progress, and systems to track those measures.
- 3. Implement the ADPC 2023 Overdose Recommendations to reduce deaths related to overdose.
 - a. Monitor implementation and evaluation of funding and policy changes.
 - b. Identify funding, policy and collaboration opportunities to address barriers to the continuum of care.