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**Alcohol and Drug Policy Commission**

**Treatment Subcommittee Meeting**

**November 13th, 2024 3:00 PM – 4:00 PM**

**ZOOM Meeting link:** [**CLICK HERE TO JOIN MEETING**](https://www.zoomgov.com/j/1601905354?pwd=Q2ZpRG5CZ0R6dDBZVlM2R3dSN2VoUT09)

**Find your local number**:[**https://www.zoomgov.com/u/abuVBqduSe**](https://www.zoomgov.com/u/abuVBqduSe)

**Note: The Subcommittee 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: Corina Vasquez at** [**corina.vasquez@oha.oregon.gov**](mailto:corina.vasquez@oha.oregon.gov)**.**

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| **#** | **Item** | **Time** | **Presenter** |
| 1 | Welcome and Introductions | 3:00 - 3:05 | Commissioner Jokinen |
| 2 | Director Updates | 3:05 – 3:10 | Director Dolph |
| 3 | Action Item: Treatment Committee Charter & Membership Votes | 3:10 – 3:30 | Commissioner Jokinen ADPC |
| 4 | Discussion: Committee Schedule, Ad-hoc meetings, and looking ahead to strategic planning | 3:30-3:50 | Staff Mitch Doig |
| 5 | Upcoming Committee Meetings | 3:50 – 3:55 | Commissioner Jokinen |
| 6 | Public Comment | 3:55-4:00 | Commissioner Jokinen |

# Previous Meeting notes:

## 10.9.24

The meeting was focused largely on sharing information about the committee’s composition based on a recent survey (geographic, role, expertise, etc…) and a reflection on who we may need in attendance to support the charge. The group was informed that an application will be released in the coming weeks to assist with addressing these needed changes to committee composition. The group identified a need for geographic representation, representation both of marginalized groups as well as culturally specific providers, and discussed the challenges that may exist in inviting these same potential members as they may have more limited time due to the unique services or service area they represent.

Following the conversation on membership, the remainder of the meeting was focused on suggested amendments to the committee charter, which will be voted on in the November meeting. These changes will be integrated into the charter for review during the 11.13.24 meeting. General themes of these concerns include:

* Importance of highlighting evidenced based practice utilization
* A role the ADPC may have in undoing policy or practice that has been intentionally or unintentionally increased disparities.
* Emphasize the entire continuum
* Improving the use of data to inform decision making

## 9.11.24

*After an overview of the Comprehensive Planning process that was provided by ADPC staff Mara Sargent, the meeting largely consisted of a discussion surrounding the drafting of the committee charter and membership needs. Below are some areas attendees indicated should be important moving forward (note: these are not exact quotes, but were captured during the meeting and written to indicate context):*

“We need clear guardrails about which part of the system is in our scope and how we aren’t overlapping/ replicating the work of other committees.”

“We don’t have lanes. We need to be aware of where this has already been blurred outside of the committee itself. We need standardized language to acknowledge the overlap with definitions.” The example of providing definitions for “recovery/ treatment/ prevention/ harm reduction” to describe the perspective and scope of the committee. Recommendations to adopt existing terminology as much as possible.

“Suggestion of using the ASAM continuum to define treatment. Inclusion of Case Management and other practices.”

“Treatment shares a space with recovery services, how do we stay in our lane but still be supportive.”

“Helpful to consider what kind of treatment isn’t spoken to by ASAM. There may be other settings such as retreats, mutual aid groups, faith based, and others who may not be described but are sought as an alternative of treatment.”

*A discussion followed about how to be inclusive of the field but also the challenge of balancing this with being evidence or quality focused. This discussion also resulted in a discussion about who we want to be at the table such as:*

Programs serving tribal members

Culturally appropriate service providers

School based services

Youth service providers

Provider level staff should be involved

Providers in southern Oregon

Mental health providers  
Jail based or related staff

OTP directors.

*The meeting ended with a short discussion on how we ensure adequate representation or include those who aren’t “members” such as by enlisting support on sub workgroups or serving as SMEs for specific topics.*