Measures of Accountability to All People in Policy Solutions (MAAPPS) Oregon Roadmap of Measures

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Appendix B. Six Domains for Measurement

This section presents priority measures and summit findings across the six domains that make up Oregon's SUD continuum of care (Primary Prevention, Treatment, Recovery, Harm Reduction) in addition to the domains of Criminal Legal System and Community Well-Being & Social Determinants of Health.

- **Primary Prevention.** The practices, programs, and policies designed to prevent and reduce the incidence and prevalence of alcohol and other drug use and consequent health, behavioral health, and social problems.
- **Treatment.** Clinical supports and services provided to individuals based on medical necessity with the goal of assisting these individuals to achieve short- and long-term recovery goals.
- **Recovery.** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
- **Harm Reduction.** A set of practical strategies and ideas aimed at reducing negative consequences of substance use. Also, harm reduction is a movement for social justice built on a belief in and respect for the rights of people who use drugs.
- **Criminal Legal System.** The set of laws, agencies, and court processes that define certain substance-related behaviors as crimes, enforce those laws, and then sentence and supervise people, many of whom have SUDs.
- **Community Well-Being & Social Determinants of Health.** Community well-being refers to the overall quality of life and collective health of people in a place, while social determinants of health are the social, economic, and environmental conditions that largely shape that well-being.

Each domain presents measures based on two criteria: (a) the priority they were given by participants during summits held across Oregon, and (b) AIR's assessment of whether the measure can be feasibly tracked using existing or near-term Oregon data systems. This feasibility assessment was informed not only by a review of available administrative and public data but also through focused interviews with service providers across the state to better understand how data are currently collected, what systems are in use, and where gaps remain. The purpose of the MAAPPS process is to provide Oregon leadership with a focused starting point for action, highlighting measures that are both meaningful to communities and practical to implement in the near term. The measures presented represent an initial set of priorities to guide ongoing development and refinement as Oregon strengthens its ability to measure progress toward improved and more equitable health outcomes. A full-measure inventory and feasibility detail are available in the MAAPPS Measures Crosswalk (Appendix B).

How to read each measure

Each measure is labeled based on two key factors: how strongly it was prioritized by participants and how feasible it is to track within Oregon's existing data systems.

Each measure falls into one of three categories:

- **READY TO ADVANCE.** As data systems and community support are already in place for tracking, these measures can be used now to monitor progress across Oregon.
- **PRIORITY FOR DEVELOPMENT.** While these measures were identified as important by participants, additional work—such as clarifying definitions, improving data systems, or refining how the measure is applied—is needed before they can be used consistently.
- **EXPLORE FURTHER.** These measures received lower priority rankings or require more significant development. Although they may have been identified as important, they are not yet ready to be used as shared measures within Oregon's existing data systems.

How to interpret each measure

Each measure includes three brief sections:

- **Why it's a priority.** This section explains why participants identified it as important.
- **Considerations.** This section outlines key factors that may influence how the measure is defined, interpreted, or used, including data limitations, contextual factors, and potential risks.
- **Suggested next step.** This section outlines what is needed to advance or refine the measure.

- **Potential data sources/limitations.** This section describes available data and any limitations.

Domain 1: Primary Prevention

Across Oregon, approximately 6% of the overall substance use budget is directed toward prevention, with most of these resources concentrated in tobacco-related efforts. Across summits, participants noted that this limited investment contributes to challenges in building a comprehensive, upstream prevention system that addresses broader drivers of substance use. At the same time, summit participants emphasized that while prevention is widely recognized as critical, it is inconsistently and unevenly implemented across the state. Strengthening primary prevention in Oregon will require the development of clear, shared definitions alongside more consistent implementation of prevention efforts across regions

Measure: Number of counties with a full-time certified prevention coordinator with a target of all 36 counties ("36 of 36 target")

Status: READY TO ADVANCE

Why it's a priority. Participants across summits identified this measure as a high priority, emphasizing that having a prevention coordinator in each county is a foundational step for building a strong prevention system. AIR rated this measure as highly feasible to track using existing data. The necessary data are already available through the Mental Health and Addiction Certification Board of Oregon (MHACBO), which tracks certified prevention coordinators and can provide data by location and provider characteristics.

- **Considerations.** Participants noted that this measure alone does not capture the full picture of prevention capacity. Knowing whether a county has a prevention coordinator does not explain what that role includes, how much authority the coordinator has, or what resources they have access to. Without this additional context, the measure could be misunderstood as an outcome rather than a baseline indicator of system capacity.

Suggested next step. The state may move forward with advancing this measure, tracking the number of prevention coordinators as an initial step. In addition, the state may consider collecting additional information on roles, scope, and capacity to provide a more comprehensive understanding of the prevention coordinator landscape and available support across counties.

Potential data sources. Oregon Licensed Healthcare Workforce Dashboard, MHACBO credentialing data, and OHA prevention team records.

Measure: Reduction in stress proxies (ACEs in young children, family poverty rates)

Status: READY TO ADVANCE

Why it's a priority. Across summits, participants treated "stress proxies" as foundational context for other measures. Stress proxies' refers to observable indicators (e.g., adverse childhood experiences, food insecurity, and family poverty) that are used as stand-ins for otherwise difficult-to-measure chronic psychosocial stress exposure. AIR rated feasibility high for tracking this measure within existing data systems. Oregon already collects adult ACE prevalence through the Behavioral Risk Factor Surveillance Survey (BRFSS) and related youth measures through the Oregon Student Health Survey, in additional to the National Survey of Children's Health, and the Oregon Child Integrated Dataset (OCID).

- **Considerations.** Participants expressed differing opinions on using ACEs as a standalone measure. They noted that while the data can highlight risk factors, it does not show whether conditions are improving unless it is paired with actions to reduce those risks. For this reason, the measure is most useful when tracked alongside prevention investments, so changes in ACEs can be understood in relation to efforts to address them.

Suggested next step. The state can move forward with advancing this measure. OHA's Office of Health Analytics can use tools such as the OCID Child Well-being Dashboard and the Oregon Poverty Measure to better understand patterns of stress among youth and families. Looking at these indicators alongside prevention funding and other youth-focused measures can help provide a clearer picture of where supports are needed and whether investments are helping to reduce stress over time.

Potential data sources. BRFSS ACE modules, Oregon Child Integrated Dataset (OCID), National Survey of Children's Health, Oregon Poverty Measure

Measure: Percent of SUD funding directed to primary prevention

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Across summits, participants consistently emphasized that "funding drives other measures," highlighting this as a foundational indicator for understanding and improving the broader prevention system. Participants noted that without a clear picture of how funding is allocated, it is difficult to track whether investments align with prevention goals or support upstream services. AIR rated the feasibility of this measure as low, noting it would be difficult to track at a statewide level due to limitations in existing reporting systems.

- **Considerations.** Participants noted that tracking this measure is complicated by the lack of a shared definition of "primary prevention." Without consistent definitions, it will be difficult to determine what funding should be counted, making comparisons across regions and over time unreliable.

Suggested next step. Further work is needed to establish shared definitions before this measure can be consistently tracked. In the meantime, the state may consider tracking prevention-related spending at the county or community level—using existing data sources (Measure 110 Behavioral Health Resource Network reporting dashboards and opioid settlement reporting) as a starting point for understanding how resources are distributed.

Potential data sources. BRHN (formerly Measure 110) dashboard, opioid settlement expenditure reports, OHA budget data, and ADPC landscape work.

Measure: Youth access to evidence-based prevention programming

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Participants emphasized that prevention should start early and reach young people before substance use begins. Current data suggest that 60% of Oregon school districts do not use evidence-based prevention programs despite legal requirements for having a prevention curriculum in place. Across summits. participants identified this as a key gap in the system and noted that tracking youth access to effective prevention programming is critical to understanding whether early prevention efforts are reaching students. AIR rated the feasibility of this measure as low. School districts have significant flexibility in choosing their curricula and how they define success, which makes it difficult to collect standardized, comparable data on the use of evidence-based prevention programs.

- **Considerations.** Participants emphasized that this measure should go beyond basic access and reflect program quality. They noted that understanding who is delivering the programming (e.g., trained prevention specialists) and how students experience it is important for interpreting results. Participants also highlighted that district-level decisions about curriculum can affect what is implemented, making it harder to compare across regions.

Suggested next step. Further work is needed to revise this measure. This measure may be strengthened by pairing youth access with additional indicators on program quality, such as facilitator qualifications and student feedback on effectiveness. If consistent statewide tracking of evidence-based prevention programming is not feasible, the state may consider alternative

indicators, such as the number of districts with publicly available prevention or intervention plans, as a starting point for understanding how prevention programming is being implemented.

Potential data sources. Oregon Student Health Survey, Oregon Department of Education district-level prevention program data, and OHA prevention partner reporting.

Measures to explore further

- **Rate of first-time substance use.** Participants noted that this measure is important for understanding whether prevention efforts are reducing substance use over time, particularly among youth. However, it requires clearer definition—such as which substances are included and which data source is used (e.g., the Oregon Student Health Survey)—to ensure results are consistent and comparable across regions. Without this specificity, it is difficult to track trends or assess the impact of prevention strategies accurately.
- **Availability of culturally specific prevention resources.** Participants rated this as a high priority, emphasizing the importance of ensuring prevention efforts reflect the needs and experiences of diverse communities. However, this measure is closely tied to broader challenges with defining what qualifies as "culturally specific" services. Without clear and shared definitions, it is difficult to track availability in a consistent way or determine whether resources are reaching the intended communities.

Domain 2: Treatment

In many parts of Oregon, the need for treatment services exceeds what is currently available, with gaps of approximately 50% in access to services across the SUD continuum. More than half of residents also face barriers such as long travel distances or lack of transportation, with these challenges especially pronounced in rural communities. Across all summits, participants emphasized that these gaps are widely felt and often prevent people from getting the care they need. They highlighted the importance of measuring where the system is falling short — so the state can better understand where treatment is not reaching people and where additional services or supports may be needed.

Measure: Number of providers (counselors and peers), especially in rural areas

Status: READY TO ADVANCE

Why it's a priority. Participants across summits emphasized that having enough providers, especially in rural areas, is critical to ensure people can access treatment and support services. They noted that shortages in the workforce are a major reason why people cannot get care

when they need it. Tracking the number and location of providers helps the state understand where gaps exist and whether services are reaching all communities. AIR rated this measure as highly feasible to track using existing data. Current data sources, including the Oregon Licensed Healthcare Workforce Dashboard and MHACBO credentialing data, can support a statewide count of providers categorized by location and provider type.

- **Considerations.** Participants noted that simple counts of providers do not capture important factors such as service quality, low pay, burnout, or whether providers are able to meet demand. They also highlighted that some data sources do not include all roles, such as certain peer support providers. This means the measure may not fully reflect the workforce available on the ground without additional context.

Suggested next step. The state can move forward with advancing this measure using existing data to establish baseline counts of providers by region and provider type. Over time, this measure may be strengthened by pairing it with additional information on workforce conditions such as retention, workload, and support to better understand whether the workforce can meet community needs.

Potential data sources. Oregon Licensed Healthcare Workforce Dashboard and MHACBO credentialing data.

Measure: Follow-up engagement rate after treatment discharge

Status: READY TO ADVANCE

Why it's a priority. Participants across summits emphasized the importance of what happens after someone leaves treatment. They identified a major gap in follow-up support and coordination, noting that without continued engagement, people are at higher risk of falling out of care or experiencing setbacks. Tracking follow-up after discharge helps the state understand whether individuals are successfully connecting to recovery services and continuing care over time. AIR rated this measure as moderately feasible to track using existing data. Current systems capture some information on follow-up attempts and last contact, which can be used to estimate whether individuals are engaged in care within 30 days after leaving treatment.

- **Considerations.** Not all follow-up care is captured in existing data systems especially services that are not billable, such as peer support or community-based recovery activities. In addition, people may receive care from multiple providers, making it difficult to track engagement across different settings without stronger coordination.

Suggested next step. The state can move forward using existing data to begin tracking follow-up after treatment. To improve accuracy, clear definitions of what counts as "follow-up engagement" should be established, including nonclinical support, so the measure reflects the full range of services people use after discharge.

Potential data sources. Resilience Outcomes Analysis and Data Submissions (ROADS) client follow-up and last contact fields; Coordinated Care Organization (CCO) performance metrics on follow-up after hospitalization for mental health or SUD provide partial coverage, although these sources are not uniform across discharges.

Measure: Treatment capacity gap (unmet treatment need)

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Participants across summits highlighted this as a key measure for understanding where the system is not meeting people's needs. They described it as a way to capture gaps across the entire treatment system, including whether people can access care, stay in treatment, and receive services that meet their needs. Participants emphasized that without understanding the size of this gap, it is difficult to know where to expand services or how to improve access. AIR rated the feasibility of this measure as low for tracking due to workforce shortages, incomplete reporting, and inconsistent reporting across providers.

- **Considerations.** Participants noted that current approaches to measuring unmet need focus only on people already connected to the system, missing those who have experienced overdose, disengaged from care, or never entered treatment at all. This limits the measure's ability to fully capture who is not being served. In addition, key elements such as what level of care is needed, who is considered eligible or "willing," and how "demand" is defined—remain unclear, making it difficult to interpret results.

Suggested next step. This measure should be revised before implementation. Clear definitions are needed for the population being measured, the types of care included, and what qualifies as "unmet need." Pairing this measure with others, such as linkage to care after overdose, may help better capture people who are currently missed.

Potential data sources. Provider waitlist data, regional needs assessments, and ROADS service capacity fields. The Behavioral Health Housing and Licensed Capacity Investments Dashboard provides partial coverage.

Measure: Appropriate treatment initiation within 72 hours of referral

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. This measure is partially tracked by OHA already. Participants across summits emphasized that how quickly someone is able to start treatment after a referral is a key indicator of whether the system is working. They also noted that timing alone does not tell the full story as people may face barriers that prevent them from starting treatment. Therefore, it is important to understand both whether treatment begins and why referrals may not be successful. AIR rated the feasibility of this measure as low for tracking within existing data systems. While some information on treatment start times is available, existing systems do not consistently capture the full referral process or the reasons why treatment does or does not begin.

- **Considerations.** Participants noted that this measure should be expressed as a percentage (rather than a raw number) to allow comparison across counties and over time. They also emphasized the need to consider whether services are culturally and linguistically appropriate and to connect this measure with broader system gaps, such as unmet need.

Suggested next step. This measure should be revised before implementation. The state may consider clearly defining what qualifies as "appropriate" treatment and specifying which levels of care are included. Developing a more complete referral tracking system—one that captures both treatment initiation and reasons referrals fail—would help provide the context needed to interpret this measure.

Potential data sources. OHA referral tracking systems and ROADS treatment initiation fields (publicly funded treatment). Decision-tree-style provider availability data and a real-time referral system are needed for full implementation.

Measures to explore further

- **Medications for Opioid Use Disorder (MOUD) access rate.** Participants highlighted MOUD (medication for opioid use disorder) as a critical component of effective treatment, and this measure is already collected by OHA. However, they noted that it should not be tracked in isolation. Instead, it should be aligned with related measures such as access to MOUD in criminal legal settings to better understand how individuals access medication across systems and whether care continues over time.

- **Waitlist times for treatment.** Participants identified waitlist times as an important indicator of access, as long waits often reflect gaps between demand and available services. However, AIR found this measure difficult to track consistently across providers. Existing data systems can support partial reporting in the near term, but differences in how waitlists are recorded and managed limit comparability across regions.
- **Proportion of treatment that is culturally and linguistically responsive.** Participants emphasized the importance of understanding whether treatment services are accessible and appropriate for diverse communities. This measure was discussed across domains, particularly in relation to treatment quality. However, current approaches often rely on provider-level data, which may not reflect patient experience or service quality. Additional development is needed to capture whether services are meaningfully responsive from the perspective of those receiving care.
- **Treatment access for parents.** Participants noted that access to treatment for parents is an important gap, as caregiving responsibilities can affect whether individuals are able to engage in services. While some data exists, fully tracking this measure would require linking treatment data with child welfare systems. This connection is not currently available, limiting the state's ability to measure access and outcomes for this population.

Domain 3: Recovery

Across Oregon, recovery support services—such as peer support, stable funding for programs, and access to housing and other wraparound services—play a critical role in helping people sustain recovery over time. Across summits, participants emphasized that recovery is individualized and that standardization can erase the work. At the same time, peer support reach, funding stability, and access to wraparound services are concrete things the state can measure and act on related to recovery.

Measure: Peer support specialist reach

Status: READY TO ADVANCE

Why it's a priority. Across summits, participants identified peer support as a key part of recovery and emphasized the importance of understanding how widely these services are available across the state. They noted that tracking the number and distribution of peer support specialists can help show where people have access to recovery support and where gaps remain. AIR rated this measure as highly feasible to track using existing data. Existing data from MHACBO can provide counts of certified peer support specialists, categorized by location and demographics, allowing the state to monitor trends over time.

- **Considerations.** Participants noted that counting peer support specialists alone does not fully reflect the quality or type of services provided. For example, peer roles vary widely across settings, and factors such as training quality, certification requirements, and role expectations can differ. Without this context, increases in the number of providers may not necessarily reflect improvements in service quality or effectiveness.

Suggested next step. The state may move forward with tracking the number and distribution of peer support specialists as a starting point. Over time, this measure may be strengthened by adding information on service quality, training, and role expectations to better understand how peer support contributes to recovery outcomes.

Potential data sources. MHACBO credentialing data and parsed Traditional Health Worker registry, where culturally specific peer support is involved.

Measure: Resource stability (multiyear funding share)

Status: READY TO ADVANCE

Why it's a priority. Participants consistently emphasized that short-term funding is a major barrier to maintaining recovery services. They noted that when funding is unstable, programs cannot retain staff or provide consistent support, making it difficult to deliver reliable recovery services. Tracking how much funding is stable over time helps the state understand whether programs have the resources needed to operate consistently and support long-term recovery. AIR rated this measure as highly feasible to track within existing data systems.

- **Considerations.** Participants noted that not all funding labeled as "multiyear" is truly stable. For example, some grants require annual reapplication or renegotiation, which limits long-term planning. Without clear definitions, the measure may overstate stability or fail to reflect what organizations actually experience.

Suggested next step. The state may move forward with tracking multiyear funding as a starting point while also developing a clear and shared definition of what qualifies as "stable" funding. Collecting feedback from organizations on how stable their funding feels in practice may also help ensure the measure reflects real conditions on the ground.

Potential data sources. OHA grant and contract data with a duration flag added. Behavioral Health and Licensed Capacity Investments Dashboard provides partial coverage at the program level.

Measure: Funding to culturally specific organizations

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Participants across summits emphasized that it is critical to understand whether funding is reaching culturally specific organizations that serve communities most impacted by substance use. They noted that current funding approaches often favor larger organizations, which can make it harder for smaller, community-based providers to access resources. Tracking how funding is distributed can help the state assess whether investments align with community needs and support more equitable access to services. AIR rated this measure as moderately feasible to track within existing data systems. Some information is already available through reporting tied to Measure 110 (Behavioral Health Resource Network) and opioid settlement funding, though data is not yet complete or consistently structured across systems.

- **Considerations.** Participants raised concerns that definitions of "culturally specific" may unintentionally exclude the very organizations this measure is intended to support. If definitions are too narrow or based on administrative criteria, larger organizations may appear to meet the measure without reflecting meaningful connections to the communities served. Clear and inclusive definitions are needed to ensure the measure reflects community experience and service quality.

Suggested next step. This measure should be revised before implementation. The state may consider working directly with culturally specific organizations to define what qualifies as "culturally specific services." This will help ensure that future measurement accurately reflects where funding is going and whether it is supporting the intended communities.

Potential data sources. OHA grant and contract expenditure data mapped against community need indices. Measure 110 Behavioral Health Resource Network reporting dashboard (and opioid settlement reporting provide a starting point.

Measures and concepts to explore further

- **Clients receiving supportive services.** AIR rated the feasibility of this measure as high, Participants highlighted the importance of tracking access to wraparound supports such as housing, employment, and recovery services. While this measure is feasible using existing data, it requires integration across multiple systems to fully understand whether individuals are receiving comprehensive support.

- **12-month sustained recovery rate.** Participants noted the value of understanding long-term recovery outcomes, but current systems are not designed to track individuals over time. Existing data sources do not capture recovery status at 12 months, limiting the state's ability to measure sustained progress.
- **Follow-up engagement rate.** Participants emphasized the importance of continued engagement in services during recovery, but noted this measure may be more effective when tracked alongside treatment measures. Aligning this measure across domains may help provide a more complete picture of continuity of care.

Domain 4: Harm Reduction

Across Oregon, harm reduction services, such as syringe services programs, overdose prevention efforts, and outreach, play a key role in saving lives and connecting people to care. However, these services are often shaped by local policies and community attitudes, which can affect whether programs are supported, funded, or even allowed to operate. Across summits, participants emphasized that community understanding and acceptance of harm reduction are critical to program success. They noted that when communities support these approaches, programs are more likely to reach people, operate safely, and continue over time. By contrast, opposition or misunderstanding can limit access to services and affect how programs are implemented.

Measure: Number of overdose reversals reported

Status: READY TO ADVANCE

Why it's a priority. The 2024 statewide report *Opioids and the Ongoing Drug Overdose Crisis in Oregon* documented over 21,000 reversals voluntarily reported since January 2022 (source). Participants across summits emphasized that tracking overdose reversals is critical for understanding where harm reduction services are reaching people and saving lives. They viewed this measure as an important way to capture real-time impact while also noting that it only reflects one point in time, the moment of reversal, and does not show what happens afterward. AIR rated this measure as moderately feasible to track within existing data systems. Current systems, including OHA naloxone tracking and reporting from the Save Lives Oregon Harm Reduction Clearinghouse, can be used to produce a statewide count of overdose reversals over time.

- **Considerations.** Participants noted that while reversal counts are meaningful, they do not provide a complete picture of recovery or ongoing care. A reversal does not necessarily mean a person is connected to treatment or other supports afterward. For this reason,

participants emphasized that this measure should be interpreted alongside other indicators, such as linkage to care, to better understand what happens after an overdose.

Suggested next step. The state may move forward with advancing this measure and track overdose reversals as an initial indicator of harm reduction activity. This measure should be paired with data on follow-up care or connection to services to better understand outcomes beyond the reversal itself.

Potential data sources. OHA naloxone tracking systems, emergency medical services (EMS) incident reports, and Save Lives Oregon Harm Reduction Clearinghouse periodic reports.

Measure: Availability of syringe services programs

Status: READY TO ADVANCE

Why it's a priority. Participants emphasized that access to syringe services programs is a key indicator of whether harm reduction services are available in communities. They noted that while funding for harm reduction has increased in some areas, it has not always resulted in more dedicated harm reduction organizations. In some cases, services have been added within treatment programs instead. Tracking where and how these services are available helps the state understand whether harm reduction efforts are reaching people who need them. AIR rated this measure as moderately feasible to track within existing data systems. Current sources, including OHA listings and national reporting networks, can be used to estimate where syringe service programs exist across the state.

Considerations. Participants highlighted the importance of distinguishing between different types of service delivery. Standalone syringe services programs and harm reduction services embedded within other settings (such as treatment programs) serve different roles and may have different levels of reach. Without making this distinction, the measure may not fully reflect the availability or accessibility of services.

Suggested next step. The state can move forward with advancing this measure, tracking where syringe service programs exist as a starting point. To improve accuracy, reporting should distinguish between standalone harm reduction programs and services delivered within other types of organizations.

Potential data sources. OHA's Substance Use Prevention page, North American Syringe Exchange Network (NASEN), and county-level public health agency reporting.

Measure: Community attitudes and understanding of harm reduction

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Participants across summits emphasized that community attitudes and understanding of harm reduction directly shape the availability and reach of services. They noted that when there is limited understanding or negative perceptions of harm reduction, programs are more likely to face resistance, which can restrict access, limit expansion, and reduce the overall availability of services. AIR rated this measure as moderately feasible to track within existing data systems. OHA State Health Assessment and county-level community health assessments provide a starting point for collecting information on community attitudes at a broader scale.

- **Considerations.** Participants raised concerns about how this measure is used and reported. They noted that comparing communities to each other could create a "harm hierarchy" and unintentionally stigmatize certain areas. Instead, they emphasized that communities should be measured against their own progress over time..

Suggested next step. This measure should be refined before implementation. The state may consider developing standardized survey tools to track changes in community attitudes over time. Pairing this measure with additional context, such as outreach events, policy changes, and media coverage, can help distinguish why attitudes are changing and how that affects harm reduction services.

Potential data sources. OHA State Health Assessment cycle, county-level community health assessments; Save Lives Oregon network data for community event reach.

Measure: Linkage to care after overdose

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Participants across summits emphasized that what happens after an overdose is a critical gap in the current system. While overdose reversals show that harm reduction efforts are saving lives, they do not capture whether people are connected to ongoing care afterward. Participants identified this measure as essential for understanding whether individuals move from crisis response to continued support, and whether the system is functioning as a coordinated whole. AIR rated the feasibility of this measure as low for tracking within existing data systems. Existing systems do not consistently follow individuals across emergency response, hospitals, harm reduction programs, and treatment settings, making it hard to measure whether people are successfully linked to care after an overdose.

- **Considerations.** Participants noted that many individuals disengage quickly after an overdose, and that cultural barriers and mistrust may limit follow-up engagement in some communities. They also cautioned that measuring linkage to care must be done carefully—overly focusing on enrollment could pressure providers to push individuals into treatment before they are ready, potentially undermining trust and reducing future engagement.

Suggested next step. This measure will require further development before it can be implemented. The state may consider working across emergency, clinical, and community-based systems to define what qualifies as "linkage to care" and build shared approaches to tracking it. Strengthening data systems to follow individuals across services will be important to making this measure accurate and useful.

Potential data sources. Cross-system data tracking from EMS and emergency departments through harm reduction, treatment, and outreach could help support this measure. However, significant privacy protections for people with diagnosed SUDs, may limit whether integrated health records. In addition, harm reduction programs are often reluctant to collect personally identifying information, which may limit their use as a source for person-level tracking. For these reasons, the measure may need to rely in part on de-identified data and should be designed with privacy protections in mind.

Measures and concepts to explore further

- **Types of harm reduction providers.** Participants emphasized that standalone harm reduction organizations and treatment programs offering harm reduction services operate differently and may serve different populations. Tracking these separately would help the state better understand how harm reduction services are delivered and where gaps in access may exist.
- **Companion measures for community attitudes.** Participants noted that community attitudes are best understood alongside additional indicators, such as the number of community events, changes in policies or regulations, and media coverage. Together, these measures can provide context for shifts in community understanding and support more accurate interpretation of trends over time.
- **Approaches to measuring community attitudes.** Participants emphasized that methods for measuring community attitudes should reflect local context and cultural differences. This includes adapting approaches for rural communities or communities where substance use may be less openly discussed, to ensure that results accurately reflect community perspectives.

Domain 5: Criminal Legal System

Across the state, how people with SUDs interact with the criminal legal system varies widely by county. Programs such as deflection (redirecting people away from arrest) and diversion (moving people out of the legal system into services) are used differently across regions, and there is no consistent statewide definition for these approaches. This variation makes it difficult to track how these programs are used, compare outcomes, or understand their impact across communities. Across summits, participants emphasized that unclear and inconsistent definitions are a major barrier to measuring progress in this domain. They noted that without shared definitions of terms like "deflection" and "diversion," it is difficult to develop measures that are applied consistently or compared meaningfully across counties.

Measure: Counties with active deflection programs

Status: READY TO ADVANCE

Why it's a priority. Participants across summits emphasized the importance of understanding where deflection programs (i.e. pre-arrest programs that redirects people with substance use issues away from the criminal justice system and into treatment and support services instead of arrest or prosecution) are available, as these programs help connect people to services, instead of moving them into the criminal legal system. They identified this measure as a key starting point for tracking how widely deflection programs are implemented and whether access is consistent across the state. AIR rated this measure as highly feasible to track within existing data systems. The Oregon CJC already maintains a dashboard that includes information on county participation, program activity, and funding, making it possible to report this measure statewide.

- **Considerations.** Participants noted that this measure is more useful when paired with additional context. Differences in eligibility criteria and who first engages individuals (for example, law enforcement versus community responders) can significantly affect who is served and how programs function. Without this context, the measure may overstate access or fail to reflect meaningful differences in program reach and effectiveness across counties.

Suggested next step. The state can move forward with reporting the number of counties with active deflection programs using existing data. Including county-level detail and basic program characteristics will help make the measure more meaningful and easier to interpret.

Potential data sources. Oregon CJC deflection dashboard, county participation, and budget details.

Measure: Deflection-to-arrest ratio for drug-related encounters

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Participants emphasized that this measure could help show how often people are diverted to services instead of being arrested when they come into contact with law enforcement. They viewed it as a key indicator of how the system is responding to substance use and whether policies are shifting away from arrest toward treatment and support.

AIR rated the feasibility of this measure as low. While this measure is a useful starting point, it will be difficult to apply consistently without clearer definitions. While data from the Oregon CJC dashboard can support initial tracking, differences in how "deflection" is defined across counties make it challenging to compare results statewide.

- **Considerations.** Participants cautioned that this ratio does not provide a full picture, as it captures only one point in how individuals move through the deflection process. Without additional context, the measure may give an incomplete or misleading understanding of how deflection programs function across counties.

Suggested next step. This measure should be revised before implementation. The state may consider pairing the ratio with additional information that shows the full pathway of how individuals move through deflection programs. Establishing consistent definitions across counties will also be critical to ensuring the measure can be compared and used effectively.

Potential data sources, Oregon CJC deflection dashboard and law enforcement reporting. Funnel-level reporting is not currently standardized.

Measure: Access to SUD treatment in jails and prisons, including MOUD

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Summit participants emphasized that access to treatment in jails and prisons is a critical gap in the current system. They noted that a large share of people in custody have SUDs, yet many are released without receiving treatment. Tracking access to treatment in these settings can help the state understand whether people are receiving care while in custody and whether that care continues after release. AIR rated the feasibility of this measure as low for tracking within existing data systems. There is no single system that connects information across correctional facilities, healthcare providers, and community services, making it challenging to measure access consistently across the state.

Considerations. Participants noted that current systems do not capture important aspects of access, such as whether treatment was offered, requested, or received, what type of care was provided, and whether individuals were connected to services after release. They also highlighted broader system barriers, particularly gaps in coordination across agencies that make both service delivery and measurement difficult. In addition, participants pointed to structural challenges within the system, including financial incentives within the carceral system, gatekeeping by attorneys, limited alignment between district attorneys and the treatment field, and gaps in Medicaid coordination.

Suggested next step. This measure should be revised before implementation. The state may consider working across correctional, health, and community partners to define what qualifies as "access to treatment" and to improve data sharing across systems. Aligning efforts with Medicaid coverage decisions and the documentation created by bills of service while people are in custody would also help support more consistent tracking over time.

Potential data sources. No unified system currently exists. County jail and Department of Corrections (DOC) program records with cross-agency linkage is needed. The cancelled Medicaid 90-day pre-release MOUD initiative is a policy reference point.

Measure: Diversion program enrollment rates

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Summit participants emphasized the importance of understanding who is entering diversion programs (i.e. programs that move people out of the criminal legal system after an arrest or charge and into treatment or supportive services) and whether access is reaching those who could benefit. They noted that tracking enrollment can help the state see how well diversion programs are working as an alternative to the traditional legal system and identify gaps in who is being served. AIR rated the feasibility of this measure as low to track using existing data systems, primarily because there is no consistent way to identify who is eligible for diversion across counties. Without a clear definition of "eligible population," it is difficult to track enrollment accurately.

- **Considerations.** Summit participants noted that enrollment numbers alone do not show how the system is performing if it is unclear who could have enrolled in the first place. Without knowing who is eligible, the measure may reflect who is visible to the system rather than who needs access. They also emphasized the importance of understanding who enrolls, noting that factors such as race and transportation access can influence participation but may not be reflected in the data.

Suggested next step. This measure should be refined before implementation. The state may consider defining eligibility criteria and specifying how the population eligible for diversion is identified. Pairing this measure with others, such as deflection and arrest data, may help provide a more complete picture of how individuals move through the system.

Potential data sources. Oregon CJC dashboard provides some enrollment data. Eligibility tracking is not currently standardized; coordination with district attorney offices and law enforcement is required.

Measure: Post-release housing connection rate

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Participants across summits emphasized that stable housing after release is a critical factor in recovery and reducing reentry into the criminal legal system. They noted that many people leave custody without a clear place to go, making it harder to stay connected to services and maintain progress. Tracking whether individuals are connected to housing after release can help the state understand whether reentry supports are in place and where gaps remain. AIR rated the feasibility of this measure as low for tracking within existing data systems. Measuring housing connections requires coordination across corrections, housing, and community service systems, which are not currently well linked.

- **Considerations.** Participants supported the direction of this measure but flagged that the meaning of "connection" needs to be specified, that the measure presumes adults and does not account for youth or family configurations, and that more support may be needed during the connection process itself. The governor's executive order on housing was raised as the broader policy context.

Suggested next step. This measure should be revised before implementation. The state may consider defining what qualifies as a “housing connection” and aligning this measure with broader housing efforts. Working with local housing systems and reentry partners can help ensure the measure reflects how housing support is actually provided across communities.

Potential data sources. Homeless Management Information System (HMIS) data, DOC reentry records, and county jail release data. Cross-agency coordination with housing systems is required.

Measures and concepts to explore further

- **Representation of communities of color in diversion vs. Prosecution.** Participants rated this as a high priority, emphasizing the importance of understanding whether diversion efforts are equitably reaching different communities. Rather than tracking this as a standalone measure, participants recommended embedding racial and demographic breakdowns across related measures (such as deflection and treatment) to better understand disparities throughout the system.
- **Recidivism rate within 12 months.** Participants noted that recidivism is a meaningful outcome, but only when considered alongside what supports and services individuals receive while incarcerated and after release. As a standalone measure, it does not provide enough context to assess system performance or inform improvements.
- **Time from arrest to treatment linkage.** Participants identified this as a potential indicator of system responsiveness but noted that it is difficult to interpret without a clear comparison group. Without defining what timely access should look like—or how it varies by population—the measure may not reliably reflect system performance.
- **Education across the system.** Participants proposed this as a new measure, emphasizing that gaps in knowledge and training across systems (e.g., law enforcement, legal, and treatment sectors) contribute to many of the barriers identified throughout the domain. While seen as an important upstream factor, additional work is needed to define how this could be measured in a consistent and actionable way.

Domain 6: Community Well-Being and Social Determinants of Health

Access to basic needs such as stable housing, food, transportation, and income varies widely and directly affects people's ability to engage in prevention, treatment, and recovery services. Summit participants consistently pointed to housing, in particular, as a foundational issue, noting that without stable housing, it is difficult for individuals to access care, maintain recovery, or benefit from other services. Across summits, participants emphasized that improving substance use outcomes depends on addressing these broader conditions. They identified two key areas to measure: (a) whether funding is reaching under-resourced communities, and (b) whether services are culturally and linguistically responsive to the people they are intended to serve. Tracking these areas could help the state understand not just where resources are going, but whether they are reaching the communities that need them most and are delivered in ways that are effective and appropriate.

Measure: Housing stability rates among populations served by behavioral health programs

Status: READY TO ADVANCE

Why it's a priority. Sixty-four percent of service providers report transportation access as a barrier for clients. Housing stability sits upstream of treatment retention, recovery sustainability, and reentry outcomes. Participants across summits emphasized that stable housing is essential for recovery and overall well-being. They noted that without housing, it is much harder for individuals to access treatment, stay engaged in services, and make progress over time. Tracking housing stability helps the state understand whether people receiving behavioral health services have the support they need to maintain recovery and avoid returning to crisis situations. AIR rated this measure as moderately feasible to track within existing data systems. Several data sources already collect information on housing stability, which can be used to develop a statewide measure.

- **Considerations.** Participants noted that while housing data exists across multiple systems, there is a significant gap in tracking housing stability specifically for people with SUDs. Housing information is not consistently linked to substance use or behavioral health data, making it difficult to understand how housing stability affects outcomes for this population.

Suggested next step. The state may move forward with advancing this measure using existing data sources while improving how housing data is connected to behavioral health and substance use populations. Aligning this measure with other related indicators, such as housing connection after release from incarceration, can help provide a more complete view of housing needs and outcomes.

Potential data sources. HMIS data, OHA Behavioral Health Housing and Licensed Capacity Investments Dashboard, McKinney-Vento data, Oregon County Housing Profiles, and Section 1115 Community Integration Services reporting.

Measure: Proportion of spending reaching under-resourced communities

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Summit participants emphasized the importance of understanding whether funding is reaching the communities that need it most. They identified this measure as a key way to track whether investments are aligned with areas of greatest need and to highlight gaps in how resources are distributed.

Participants emphasized that how funding is distributed and what workforce capacity is available are closely linked and influence one another. Funding directed toward under-resourced communities affects whether organizations in those communities have the staff, infrastructure, and support needed to deliver services. At the same time, workforce capacity, such as the availability of trained, culturally responsive providers, shapes how effectively that funding can be used to meet community needs. Together, these two issues must be considered in tandem: measuring where funding goes and who is delivering services provides a more complete picture of whether investments are reaching underserved communities and translating into meaningful access to care.

Participants viewed this as one of the most actionable measures for improving equity and ensuring funding decisions reflect community priorities. AIR rated this measure as moderately feasible to track within existing data systems. Information on funding flows already exists in OHA grant and contract systems, and can be combined with data on community needs, though definitions and alignment across data sources will need to be strengthened.

- **Considerations.** Participants wanted comprehensive bidirectional data sharing, consistent definitions, de-siloing of funding streams, and service mapping that takes the guesswork out of where need actually sits. Participants emphasized that accurately tracking this measure requires clear definitions of what qualify as an "under-resourced community" and "more consistent data sharing across systems." Without this context, the measure may not fully reflect whether funding is reaching the communities most in need or how it is experienced locally.

Suggested next step. The state may move forward with advancing this measure while working with communities to define what qualifies as "under-resourced." Framing the measure around improving outcomes rather than redistributing limited resources may also help support broader understanding and use of the data.

Potential data sources. OHA grant and contract expenditure data mapped against community need indices. Health assessment and payer data add coverage.

Measure: Access to culturally and linguistically responsive services

Status: PRIORITY FOR DEVELOPMENT

Why it's a priority. Participants across summits emphasized that access to culturally and linguistically responsive services is essential for ensuring that care meets the needs of communities most impacted by substance use. They noted that when services are not culturally

relevant or language accessible, people may be less likely to engage in care or benefit from the services provided. Tracking access to these services helps the state understand whether care is reaching communities in ways that are appropriate and effective. AIR rated this measure as moderately feasible, and suggested revising how "culturally and linguistically responsive services" are defined. Existing data on provider demographics offers a starting point but, on its own, does not fully capture whether services are culturally responsive from the perspective of patients or communities.

- **Considerations.** Participants noted that simply counting providers based on demographics does not reflect the quality or accessibility of services. They emphasized that there are too few culturally and linguistically responsive providers, and that existing staff often carry a disproportionate workload. In addition, smaller, culturally specific organizations may depend on larger providers to deliver services. Without capturing these realities, the measure may not reflect the actual experience of care.

Suggested next step. This measure should be revised before implementation and expanded beyond provider counts. The state may consider developing a set of indicators that also includes provider demographics, patient feedback on cultural responsiveness, workforce development efforts, and the role of culturally specific organizations. Aligning this measure with related efforts, such as tracking funding to culturally specific organizations, can help provide a more complete picture.

Potential data sources. OHA provider network demographics, ROADS, BRFSS, Mental Health Statistics Improvement Program (MHSIP) youth and family experience survey, and Traditional Health Worker registry.

Measures and concepts to explore further

- **Food security and childcare access.** Participants emphasized that access to food and childcare are critical supports for overall well-being and the ability to engage in services. While data exists through programs such as SNAP and childcare assistance, there is currently a gap in linking this information specifically to people with substance use disorders, making it difficult to measure how these needs affect outcomes for this population.
- **Community trust in behavioral health systems and social connectedness.** Participants identified these as important indicators of whether systems are responsive to community needs. However, there are no existing statewide tools to measure these concepts consistently, and new approaches would be needed to track changes over time.

- **Community-reported sense of safety.** Participants identified community sense of safety as an important long-term outcome shaped by broader system conditions, including increased access to and acceptance of treatment, harm reduction, and recovery services, as well as more effective emergency response systems. As a result, this measure is most useful as a high-level indicator of overall system impact, rather than a metric for guiding day-to-day program decisions.
- **Adverse Childhood Experiences (ACEs) and family poverty.** Participants highlighted these as key underlying factors that shape long-term outcomes. While important for context, these measures are better captured within prevention efforts where they help explain risk and inform early intervention strategies.