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

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MAPPING WHAT MATTERS: COMMUNITY-INFORMED MEASURES FOR OREGON'S SUBSTANCE USE SERVICE SYSTEM

Introduction

Overdose remains a leading and preventable cause of death in Oregon. Between 2019 and 2023, the state experienced a sharp rise in overdose fatalities, reaching a record high of 40.8 per 100,000 in 2023 compared to 31.4 per 100,000 nationally, with recent data indicating a 22% decrease in overdose deaths between December 2023 and December 2024. Despite this progress, significant disparities persist across racial, geographic, and socioeconomic lines, and many Oregonians continue to face barriers to accessing timely, culturally responsive care. Gaps in access to care, treatment capacity, housing stability, and supportive services underscore the need for more coordinated, community-informed approaches.

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Why measures matter

To support a responsive substance use system that is effective, equitable, and sustainable over time, Oregon needs measurement tools that go beyond tracking activity to help decision makers understand whether investments are reaching communities, strengthening services, and improving conditions that support better substance use outcomes. Measures are tools for tracking progress, guiding resource allocation, and identifying where systems are falling short. In Oregon's evolving substance use landscape—in which needs, services, and outcomes vary

across communities—developing a meaningful measurement framework is essential to understanding what is changing, where gaps persist, and how the system must adapt to better meet community needs over time.

Equity statement and priority of community engagement to achieve equity

OHA's engagement in the MAAPPS process reflects OHA's broader commitment to advancing equitable health outcomes and ensuring that substance use disorder (SUD) efforts are responsive to the needs and priorities of communities most impacted. This commitment aligns with Oregon's vision for health equity: a health system in which all people can reach their full health potential and well-being, without disadvantage based on socially determined circumstances, and where progress depends on collaboration across regions and sectors, including tribal governments, to redistribute resources and power as well as address historical and contemporary injustices.

About this report

This report presents insights from the MAAPPS process in Oregon and outlines a set of recommendations for measures that can be implemented or further developed to improve how the state monitors investments, identifies gaps, and evaluates system performance. Together, these measures are intended to support more consistent, transparent, and actionable approaches to understanding and improving outcomes for communities most affected by substance use and overdose. In doing so, the recommendations aim to strengthen alignment with community priorities, promote equity, and reduce harm by improving how progress is defined and measured across Oregon's substance use system.

Methodology

The goal of MAAPPS in Oregon was to translate community-centered insights into practical, shared measures that align funding, policy, and system actions toward restorative outcomes. MAAPPS was an initiative led by the American Institutes for Research® (AIR®) in collaboration with the National Academy for State Health Policy, the O'Neill Institute's Center on Addiction and Public Policy at Georgetown University Law Center, the People with Living-ed Experience as Researchers board, and OHA.

The MAAPPS process provided a structured, three-phase approach for translating community-defined priorities into practical measures that can be used to track progress, inform decision making, and strengthen accountability within Oregon's substance use system. In recognition of

historic and ongoing disparities in substance use and overdose outcomes in Oregon, MAAPPS integrated empirical evidence including policy analyses, fiscal and systems data, and publicly available information with direct input from community members and subject matter experts. These insights were synthesized and translated into practical, evidence-informed measurement recommendations to guide investment and accountability efforts. Collectively, these efforts produced a robust, community-informed set of findings and priorities that translated into actionable measurement recommendations to support more equitable and strategic substance-related investments, strengthen accountability, and improve how progress is measured in communities most affected by substance use and overdose.

Phase I

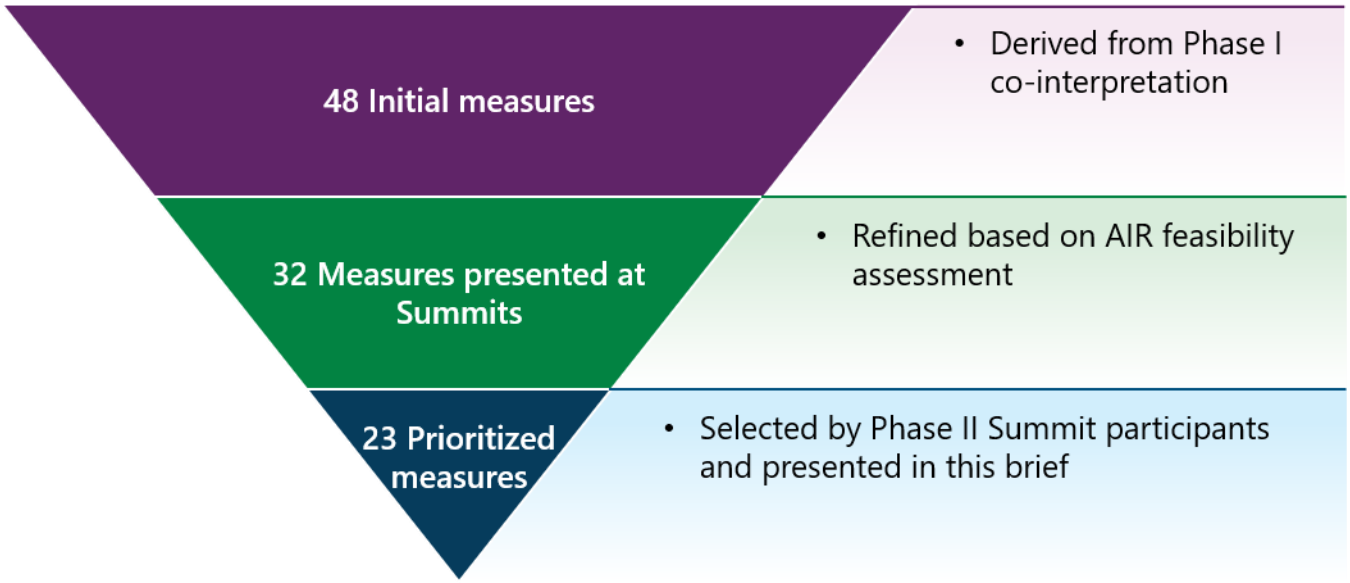
Phase I developed a comprehensive understanding of Oregon's substance use ecosystem through an environmental scan of policies, programs, and outcomes, alongside six community listening sessions, 25 subject matter expert interviews, and a review of existing public data. Together, these activities identified key gaps, inequities, and opportunities across the prevention, harm reduction, treatment, recovery, and criminal legal continuum while elevating the perspectives of those most impacted by substance use and related policies.

To build on these findings, the MAAPPS team facilitated three co-interpretation sessions with Oregon stakeholders, bringing together community members, service providers, researchers, and state partners to collectively review and interpret Phase I findings. During these sessions, participants reviewed key findings, assessed whether they reflected lived and professional experience, and identified where additional context or clarification was needed. Through shared meaning-making, these sessions allowed participants to identify cross-cutting themes, validate findings against lived and professional experience, and surface priority areas for action. This directly informed the development of 48 initial measures of success.

The MAAPPS team then assessed whether each measure could feasibly be tracked using existing or near-term Oregon data systems. This feasibility assessment was informed by a review of available administrative and public data and 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. Discussions were also held with OHA's Community Outcome Management and Performance Accountability Support System (COMPASS), which oversees OHA's data modernization projects, including the team responsible for the Resilience Outcomes Analysis and Data Submission (ROADS) system and others working to better integrate and standardize behavioral health data. Additional conversations around feasibility were had with the Mental Health and Addiction Certification Board of Oregon (MHACBO), and

the Alcohol and Drug Policy Commission (ADPC). At the end of this assessment, AIR identified 32 potentially viable measures to continue working with in Phase II. Exhibit 1 summarizes how the set of proposed measures was refined through the MAAPPS process.

Exhibit 1. MAAPPS Measures Refinement by Phase



Phase II

To refine the measures identified in Phase I, the MAAPPS team convened three in-person summits across Oregon—in the Willamette Valley (Salem), Southern Oregon (Grants Pass), and Eastern Oregon (Ontario), bringing together participants from community, service delivery, policy, and systems perspectives. Participants were recruited through targeted outreach across sectors and regions, including individuals who had engaged in Phase I activities, ensuring continuity of engagement and deeper participation over time. Participation was voluntary, and stipends were provided to participants who needed them to support access to participation.

To better support Oregon partners, this phase was conducted through regional summits, creating space for more inclusive, place-based engagement. These locations were intentionally selected to reflect geographic diversity across the state and to ensure participation from communities with distinct regional contexts and service needs. The summits were designed as a bridge to move from analysis to application. Each site followed a consistent agenda, facilitation approach, and worksheet structure (see Appendix A), enabling cross-site synthesis while centering local context. Data collected through the summits included both structured worksheet outputs and qualitative insights generated through facilitated group discussions. Participants identified measures that were most meaningful, feasible, and reflective of community priorities while also surfacing key challenges in the current system. Participants

were asked to reflect on the proposed measures through a shared framing of measurement that emphasized measures as tools (not as definitive representations of reality) and that underscored the importance of context, cultural responsiveness, and potential unintended consequences in their use. This framing supported shared learning, relationship building, and the co-creation of a common framework for measuring success, with a focus on identifying practical, high-impact measures to guide near-term decision making.

The measures presented at the summits were organized across six domains: Primary Prevention, Treatment, Recovery, Harm Reduction, Criminal Legal System, and Community Well-Being & Social Determinants of Health (see definitions in call-out box). For each measure, participants documented priority ratings (high, medium, or low), recommendations for advancement (advance, revise, or pause), and key feasibility considerations, including implementation barriers, data availability, and potential system ownership.

Participants also assessed equity and risk implications, identifying who benefits from each measure, who may be adversely impacted, and what contextual information is necessary to support responsible interpretation and use. Together, these inputs captured site-specific perspectives and cross-site patterns, highlighting areas of alignment, regional variation, and gaps within existing measurement frameworks. The summits ultimately produced a prioritized set of measures, identified areas requiring refinement, and documented where additional measures may be needed to better reflect community-defined priorities.

SIX DOMAINS FOR MEASUREMENT

- **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.

Phase III

This report and accompanying data supplements represent the final phase of the MAAPPS process, with a synthesized set of prioritized, actionable measures and recommendations for Oregon. In addition to identifying long-term indicators, this phase emphasized community-informed recommendations to guide immediate and near-term decision making, directing limited resources toward strategies with the greatest potential to reduce harm, advance equity, and strengthen accountability.

Key findings

The findings below highlight the cross-cutting conditions identified by participants that shape how measurement can be defined, implemented, and used across Oregon's substance use system. While each finding reflects a distinct challenge—including funding, workforce capacity, data infrastructure, and definitional clarity—participants emphasized that these issues are interconnected and directly influence the state's ability to accurately track progress, compare results across systems, and use data to inform decision making. Together, these findings underscore that improving how progress is measured requires strengthening the underlying systems needed to support consistent, comparable, and interpretable measures that can be used to guide decision making and drive system improvement.

Top priority measures across domains

Through Phases I and II of the MAAPPS process, 32 measures were identified for consideration, of which 23 emerged as priorities across the regional summits. Exhibit 2 presents these measures according to their corresponding domain and their status as either ready to advance as proposed or as a priority for further work to develop. These measures reflect those most strongly supported by summit participants as actionable and impactful for driving system

change and met AIR's feasibility criteria for tracking within Oregon's current or near-term data infrastructure. Fuller discussion of feasibility assessments and implementation suggestions are in **Appendix B, Six Domains for Measurement,** which describes why each measure was a priority, key considerations for implementing the measure, suggested next steps, and potential data sources and limitations. The full set of 32 measures with feasibility assessments and community feedback appears in Appendix C, MAAPPS Measures Crosswalk.

Exhibit 2. Priority Measures by Domain and Status

Domain	Ready to Advance	Priority for Development
Primary Prevention	• Number of counties with a full-time certified prevention coordinator with a target of all 36 of 36 counties • Reduction in stress proxies Adverse Childhood Experiences (ACEs) in young children, family poverty rates)	• Percent of substance abuse disorder (SUD) funding directed to primary prevention. • Youth access to evidence-based prevention programming
Treatment	• Number of providers (counselors and peers), especially in rural areas • Follow-up engagement rate after treatment discharge	• Treatment capacity gap (unmet treatment need) • Appropriate treatment initiation within 72 hours of referral
Recovery	• Peer support specialist reach • Resource stability (multiyear funding share)	• Funding to culturally specific organizations
Harm Reduction	• Number of overdose reversals reported • Availability of syringe services programs	• Community attitudes and understanding of harm reduction • Linkage to care after overdose
Criminal Legal System	• Counties with active deflection programs	• Deflection-to-arrest ratio for drug-related encounters • Access to SUD treatment in jails and prisons, including MOUD (medication for opioid use disorder) • Diversion program enrollment rates • Post-release housing connection rate
Community Well-Being & Social Determinants of Health	• Housing stability rates among populations served by behavioral health programs	• Proportion of spending reaching under-resourced communities • Access to culturally and linguistically responsive services

Cross-cutting findings

Across domains and Summits, participants returned to a series of core points, summarized here.

Funding architecture

Short-term, fragmented, and politically vulnerable funding is a significant barrier to both service stability and consistent use of shared measures. Without stable funding and aligned goals being tracked through measures, measurement is at risk of becoming inconsistent, incomplete, or disconnected from decision making, limiting the state's ability to track progress over time and understand the impact of investments.

Workforce capacity, training, and credentialing

Workforce constraints will hinder the ability to make and measure meaningful progress across each domain. Participants cited challenges such as the 40-hour peer specialist training requirement, static recertification cycles, a limited pipeline of culturally and linguistically responsive providers, and the absence of cross-system training for law enforcement, district attorneys, judges, and correctional staff. These constraints directly shape what measures capture and how they are interpreted—for example, gaps in treatment access may reflect workforce shortages rather than demand alone. Participants emphasized the need for measures that better capture workforce capacity, distribution, and readiness across systems so that gaps in access and service delivery can be more accurately understood and addressed. This includes pairing quantitative indicators, such as provider counts or service availability, with qualitative input to explain underlying drivers. Strengthening measurement around the workforce would enable the state to distinguish between demand- and capacity-driven gaps, better target workforce investments, and track whether changes in training, credentialing, and staffing lead to improved access and outcomes over time.

Definitional ambiguity

Several measures cannot be implemented consistently until shared definitions are established at the state level for terms such as "access," "culturally specific," "deflection," "primary prevention," and "treatment." Rather than viewing definitional work as separate from measurement, participants identified it as a core component of implementation necessary to ensure measures are applied consistently, interpreted correctly, and comparable across counties and systems Participants cited the Alcohol and Drug Policy Commission's (ADPC's) HB 3321 work and the Criminal Justice Commission's (CJC's) deflection program inventory as the most concrete examples for resolving ambiguity.

Cultural specificity and language access

Participants raised concerns that narrowly defined measures of "culturally specific care" could exclude community-based organizations that lack administrative capacity to meet formal documentation requirements. At the same time, without meaningful measures on culturally and linguistically appropriate services, systems risk relying on superficial indicators that do not reflect service quality or community experience. This underscores the need for measurement approaches that capture both access and quality in ways that are meaningful to communities.

Rural and county-level variability

Variation in how Oregon's 36 counties structure and deliver behavioral health services presents a challenge for state-level measurement. Participants emphasized that measures must be reported with sufficient local context, such as county-level disaggregation and year-over-year comparisons within the same county, to ensure results are interpretable and actionable. Without this context, statewide metrics risk obscuring meaningful differences in system performance.

Data infrastructure

Across all regions, participants identified gaps in data infrastructure as a major limitation to effective measurement, including a lack of real-time referral tracking, fragmented electronic health records, and inconsistent definitions across systems. These gaps limit the state's ability to consistently define, track, and interpret key measures across programs and regions, making it difficult to assess system performance or compare outcomes over time. As a result, even well-defined measures may produce incomplete or misleading insights without the underlying data systems needed to support accurate, timely, and coordinated reporting.

Equity as a disaggregation principle, not a standalone measure

Participants emphasized that equity should be embedded across all measures rather than treated as a single metric. Across domains, participants highlighted the importance of consistently asking who is represented in the data, who is not captured, who benefits if a measure improves, and who may be harmed if it is implemented poorly. This perspective reinforces the need for approaches to measurement that incorporate disaggregation and contextual information to ensure that progress can be understood and meaningfully acted upon across different communities.

Across domains, participants emphasized that improving Oregon's substance use system requires more than identifying the right measures. Rather, it needs coordinated action to

address the conditions that shape how those measures can be defined, implemented, and used.

The challenges described above all affect the state's ability to track progress consistently and meaningfully. Participants highlighted the state's critical role in addressing these cross-system challenges by aligning definitions, strengthening data systems, and supporting more coordinated approaches across agencies and regions. At the same time, ongoing community engagement is essential to ensure that measures reflect lived experience and remain responsive to community needs. While identifying meaningful, actionable measures is an important first step, sustained progress will depend on continued collaboration to align systems, interpret data in context, and use measurement as a tool for coordinated and continuous system improvement.

Implications for OHA: Near-Term Priorities

The findings across domains highlight that improving outcomes in Oregon's substance use system depends not only on selecting the right measures but also on ensuring those measures can be clearly defined, consistently tracked, and meaningfully interpreted. To make progress toward meaningful measures that promote health equity related to substance use, the results of the MAAPPS process suggests the state:

- **Prioritize a focused set of high-value measures.** OHA can begin by advancing a small number of measures that are strongly supported by participants and can be tracked within existing data systems. Starting with a focused set of measures allows the state to produce consistent, reliable information that can be used to guide early decisions and build momentum for broader measurement efforts.
- **Clarify how measures will be used and by whom.** Before advancing each measure, it is important to define its purpose, what question it is intended to answer, who will use it, and what decisions it will inform. Clear use cases help ensure that measures are interpreted correctly and used to support meaningful action, rather than producing data that is difficult to apply.
- **Address system barriers that limit measurement.** Participants identified several cross-cutting challenges—such as fragmented funding, workforce shortages, inconsistent definitions, and limited data infrastructure—that make measurement difficult. Addressing

these issues early—for example, by aligning definitions across agencies or improving data sharing—will strengthen the reliability and usefulness of measures over time.

- **Build trust through transparency and community engagement.** To ensure measures are meaningful and used appropriately, OHA can prioritize clear communication about how data is collected, defined, and reported. Ongoing engagement with communities and service providers is critical to ensure that measures reflect lived experience and that results are interpreted with appropriate context.

- **Treat gaps as areas for development, not immediate adoption.** Some measures identified through the MAAPPS process are not yet ready for full implementation due to data limitations or unclear/inconsistent definitions. Rather than excluding these measures, OHA can treat them as priorities for future development, focusing on strengthening definitions, improving data systems, and building the capacity needed to track them accurately over time.

Limitations

The recommendations presented in this report reflect a non-representative community engagement process, including facilitated discussions with Summit participants. Participants were recruited through outreach to community members, service providers, and partners across sectors, and participation was voluntary, with stipends provided to support engagement. While these discussions provide valuable insight into community priorities, system challenges, and opportunities for measurement, they are intended to inform OHA's prioritization of measures and next steps rather than serve as definitive selections. As such, this report should be viewed as a starting point for action and continued dialogue, with future work focused on refining measures, strengthening data systems, and expanding engagement to support sustained progress. Participants also identified several decision points that will require careful balancing as OHA advances measurement priorities.

- **State-level standardization versus county autonomy.** Participants encouraged the state to convene shared definition setting so measures can be tracked consistently while also recognizing that counties operate differently and need room to respond to local conditions. This balance will likely need to be worked through measure by measure so statewide reporting remains comparable without losing local relevance.

- **Funding stability versus funding redistribution.** Participants supported measures that promote stable, multiyear funding to help services and staffing remain consistent while also prioritizing measures that assess whether resources are reaching under-resourced communities and culturally specific organizations. Advancing both priorities will require clear framing about what is intended to remain stable and what may need to shift to better match community need.

- **Reaching people in the system versus reaching people outside it.** Participants noted that several measures primarily reflect people who are already connected to services while missing those who never engage or who disengage after crisis events. They emphasized that a system can show "improvement" on paper while still failing to reflect outcomes for disproportionately impacted communities. Future measurement work should strengthen ways to understand what is happening for people not yet visible in existing data systems

Conclusion

The MAAPPS process was designed to support Oregon in developing a shared, community-informed approach to measuring progress across the substance use system, ensuring that what gets measured reflects the priorities and lived experiences of those most impacted. Throughout this work, measures were framed not as endpoints but as tools to help the state better understand where services are reaching communities, where gaps remain, and how systems are performing over time. By combining empirical evidence with sustained community engagement, MAAPPS provided a foundation for more consistent, transparent, and actionable measurement that can guide decision making and strengthen accountability.

OHA's engagement in this process reflects a broader commitment to advancing equity by aligning measurement, policy, and investment decisions with the needs of communities most impacted by substance use and overdose. As Oregon moves forward, these measures should be used as a starting point for learning and system improvement paired with ongoing dialogue, continued engagement with communities and providers, and regular refinement to ensure measures remain relevant, meaningful, and grounded in real-world experience.

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