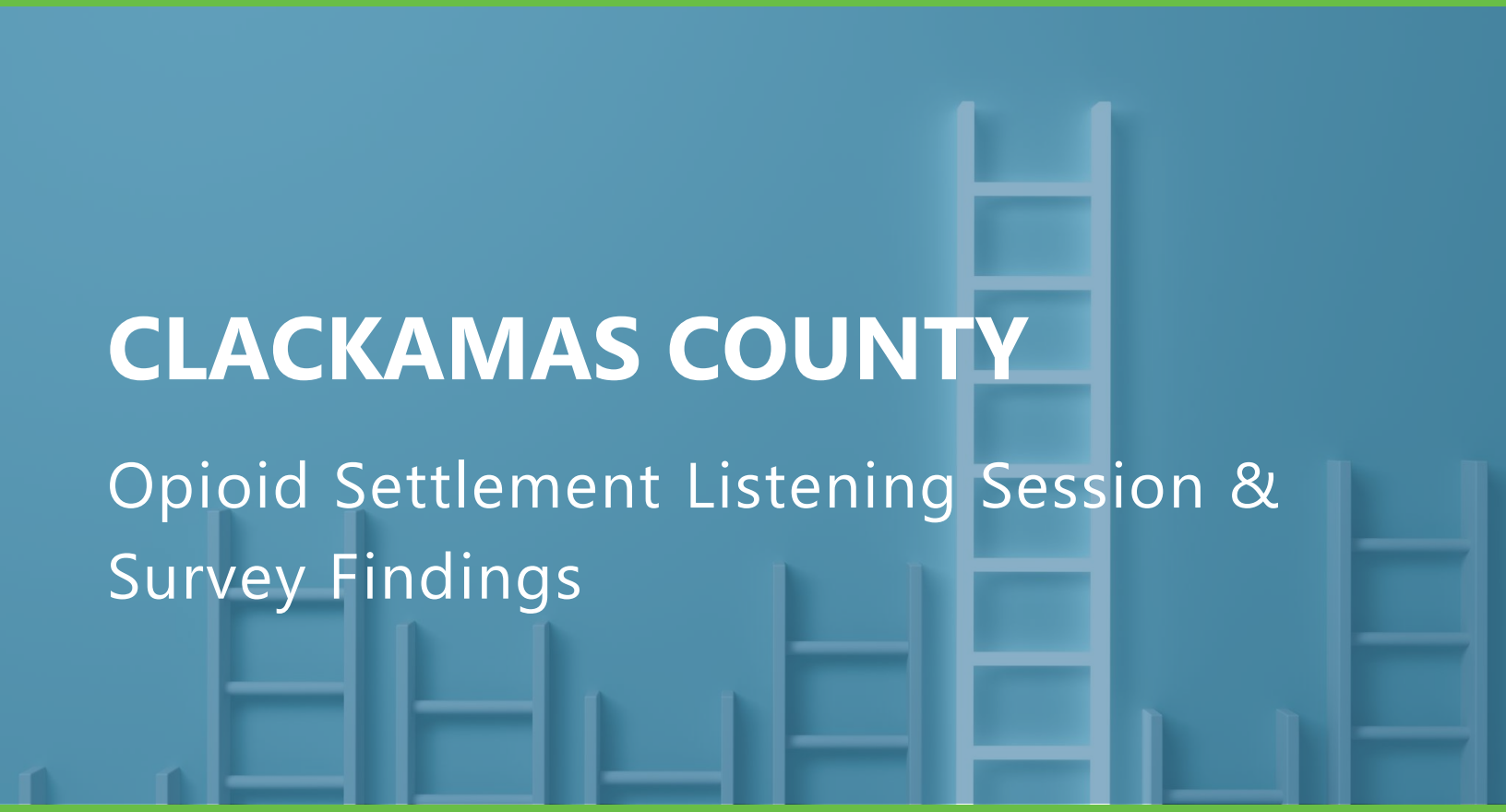


CLACKAMAS COUNTY

Opioid Settlement Listening Session & Survey Findings

November 2022

Comagine Health

CONTENTS

EXECUTIVE SUMMARY

Clackamas County has experienced significant increases in opioid-related deaths and harms. Clackamas County was among many other jurisdictions that sought compensatory restitution from damages that resulted from opioid manufacturers' and distributors' criminal actions. Through settlements from those legal proceedings, Clackamas County is expected to receive $13.7 million dollars over the next 18 years.

There are specific requirements and recommendations to guide decision makers in administering funds. The Distributor Settlement Agreement lists nine core evidence-based abatement strategies to help fund identified gaps and priorities using opioid settlement dollars.

John Hopkins Bloomberg School of Public Health suggests that governments:

- Spend money to save lives
- Use evidence to guide spending
- Invest in youth prevention
- Focus on racial equity
- Develop a fair and transparent process to guide where to spend the funding

By investing in evidence-based programs and services that address areas of need, communities can save lives and address the toll of the opioid epidemic.

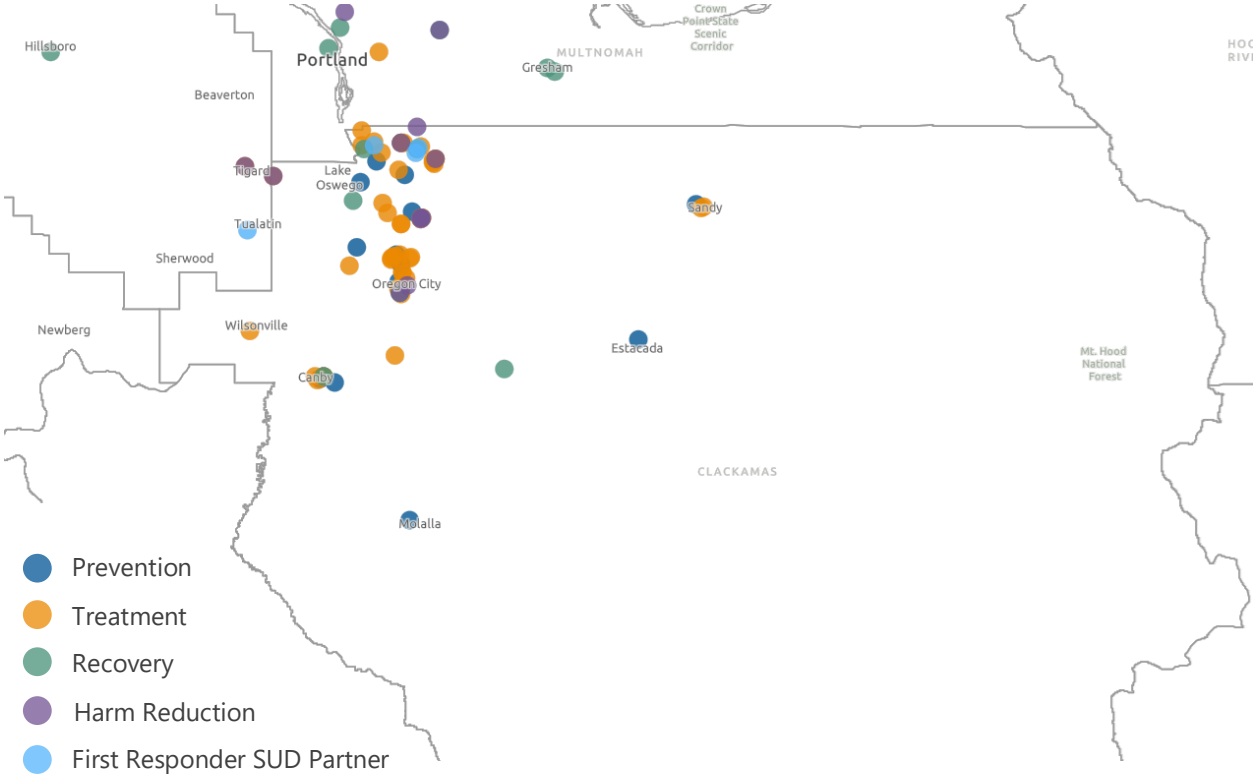
With these requirements and recommendations in mind, the Health, Housing, and Human Services' Public Health Division (PHD) contracted with Comagine Health to conduct an evaluation to outline current initiatives and gather community perspectives to understand current gaps in services and prioritize approved abatement strategies to inform allocation decisions.

Comagine Health reviewed service inventories and a recently published gap analysis from the Oregon Health & Science University-Portland State University (OHSU-PSU) School of Public Health to map services and identify areas of need. To further clarify gaps and needs in Clackamas County, Comagine Health worked with PHD and Children, Family, and Community Connections (CFCC) to conduct four listening sessions with SUD service providers, community partners, and others. A total of 91 people registered for at least one listening session, with representation from 57 organizations. To see a list of organizations, see **Appendix D**.

During these listening sessions, attendees discussed gaps specific to strategies modeled after those in the Distributor Settlement Agreement. Close to the conclusion of the listening sessions, attendees completed a survey to prioritize those strategies. For more information, visit the **Methods section**.

Below is a map of SUD service providers and partners serving Clackamas County. To view an interactive map, click here and to view the list of service providers, see **Appendix C**.

Exhibit 1. Map of Clackamas County SUD Service Providers and Partners



Major gaps identified during the listening sessions across all abatement strategies included **transportation**, especially for people in rural communities, **culturally relevant services**, especially for Spanish-speaking, Latinx communities, and **workforce**, specifically among qualified mental health professionals (QMHPs) and qualified mental health associates (QMHAs), prevention specialists, peer support specialists, certified alcohol and drug counselors (CADCs), and school staff supporting students with or at risk of SUD. Implementation of the strategies using opioid settlement funds should incorporate ways to decrease these gaps.

Below is a list of strategies prioritized by listening session attendees to impact opioid and other drug use and harms. For more information about these strategies, other abatement strategies, and detailed associated gaps, see the Results section.

Table 1. Top SUD Service Priorities in Clackamas County

Substance Use Prevention | Linkage to Treatment | Treatment | Recovery | Harm Reduction

- Naloxone education, training, and distribution to groups including but not limited to schools, people at risk of overdose and their families and friends, and community members
- Housing supports through assistance programs and supportive housing and recovery housing that integrates medications for opioid use disorder (MOUD) and other supportive services
- Accessible inpatient/residential treatment
- Mobile units that offer or provide referrals to harm reduction services
- Harm reduction training to school staff, health care providers, students, peer recovery coaches, recovery outreach specialists, or others that provide care to persons who use opioids or persons with SUD and any co-occurring mental health conditions
- Increased access to MOUD in community settings (health systems, mobile units, justice settings)
- Emergency department (ED) interventions that include MOUD induction, peer support specialists, discharge planning, including community referrals to MOUD, and recovery case management or supportive services
- Access to evidence-based withdrawal management services
- Peer recovery centers, which may include support groups, social events, computer access, and other services
- Assistance with basic needs, including but not limited to childcare and transportation services
- School-based interventions to prevent opioid use
- Low barrier access to youth mental health services
- Support crisis stabilization centers that serve as an alternative to EDs for persons with SUD and any co-occurring mental health conditions or persons that have experienced an overdose
- Evidence-based prevention programming (parental skills, child life skills, family communication, case management)
- Expansion of warm hand-off programs, like Project Hope

INTRODUCTION

According to the 2019-2020 data from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH), Oregon ranked second among states and Washington D.C. for the highest percentage of past-month illicit drug use. Oregon also ranks second for the highest percentage of people with an illicit drug use disorder in the past year and first for the highest percentage of people needing but not receiving treatment for drug use in the past year.

The number of unintentional/undetermined drug overdose deaths in Oregon increased from 496 in 2019 to over 1,072 in 2021. Public health officials have speculated that the effects of the COVID-19 pandemic, including job loss, school closures, and social isolation, and the increasing presence of fentanyl in the drug supply have fueled the overdose crisis in Oregon.[1]

In 2021, nearly a third of Oregon counties experienced more fentanyl-related overdose deaths than overdoses from any other drug.[1] According to data from Oregon's State Unintentional Drug Overdose Reporting System (SUDORS), unintentional opioid overdose deaths increased by 69% (from 280 to 472 deaths) from 2019 to 2020. In the first nine months of 2021, there were 656 unintentional opioid overdose deaths.

Locally, Clackamas County has experienced significant increases in substance use, misuse, and related harms. Between 2019 and 2021 in Clackamas County, there was an 87% increase in drug-related deaths, 162% increase in the number of people who died from substance use who had opioids in their systems, and a 350% increase in fentanyl-related deaths.[2]

Oregon has begun investing additional funds to help solve the overdose crisis. Through the passage of Measure 110, Oregon enacted the Drug Addiction Treatment and Recovery Act (DATRA). In addition to decriminalizing the personal possession of drugs, DATRA also mandated the creation of Behavioral Health Resource Networks (BHRNs) in each county to provide a spectrum of services for people who use drugs, using funds from Oregon's Marijuana Account. Seventeen organizations connected to the BHRN have now been funded in Clackamas County to provide screening and comprehensive behavioral health needs assessments, individual intervention planning, low-barrier substance use treatment, peer support mentoring, housing services, harm reduction interventions, and supported employment.[3]

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[1] Oregon Health Authority, media release: https://content.govdelivery.com/accounts/ORDHS/bulletins/31f9c54
[2] CDC Wonder, Vital Statistics
[3] Oregon Health Authority, M110 BHRN Grantees 2022: https://app.smartsheet.com/b/publish?EQBCT=daa407edd645460ba9d0a727eda67690

OPIOID SETTLEMENT

Oregon will receive approximately $333 million in opioid settlement funding from pharmaceutical opioid manufacturers and distributors[4] through July 2038 and is expected to receive additional funds from other pending lawsuits in the near future. Forty-five percent will be distributed based on allocations recommended by a new Opioid Settlement Prevention, Treatment and Recovery Board established by 2022 Oregon House Bill 4098.[4]

The remaining 55% of Oregon's settlement funding, approximately $183 million, is being distributed directly to cities and counties with populations greater than 10,000 for locally determined allocation. Clackamas County will receive approximately $13.7 million over the next 18 years.[5]

Allowable Spending:

Opioid settlement funding will help fill current gaps in Oregon's approach to addressing the overdose crisis. All allocations will be limited to strategies listed in the Distributor Settlement Agreement. Allowable strategies to fund using opioid settlement dollars are categorized into nine core abatement groupings. These include:

1. Broaden access to naloxone
2. Increase use of MOUD
3. Provide treatment and supports during pregnancy and the postpartum period
4. Expand services for NOWS
5. Fund warm hand-off programs and recovery services
6. Improve treatment in jails and prisons
7. Enrich prevention strategies
8. Expand harm reduction programs
9. Support data collection and research[6]

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[4] Oregon Health Authority, Oregon Opioid Settlement Funds: https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/settlement-funds.aspx?utm_medium=email&utm_source=govdelivery

[5] Clackamas County, Health, Housing & Human Services. Opioid Litigation Settlement: Using Evidence to Lead Action: https://dochub.clackamas.us/documents/drupal/84f3af4b-023d-4d4a-98b6-4c0ff0a6ce50

[6] John Hopkins Bloomberg School of Public Health. Primer on Spending Funds from the Opioid Litigation: A Guide for State and Local Decision Makers. https://opioidprinciples.jhsph.edu/wp-content/uploads/2022/04/Primer-on-Spending-Funds.pdf

In addition to these requirements, Johns Hopkins Bloomberg School of Public Health suggested five principles for determining the best use of these funds:

1. Spend money to save lives
2. Use evidence to guide spending
3. Invest in youth prevention
4. Focus on racial equity
5. Develop a fair and transparent process to decide where to spend the funding[7]

John Hopkins Bloomberg School of Public Health also recommends prioritizing funding projects in need of one-time or start-up costs, creating sustainability plans, and avoiding using the dollars in areas where funds are already available.[7]

> *The purpose of this report is to outline current initiatives and gather community perspectives to understand current gaps in services and prioritize approved abatement strategies to inform allocation decisions.*

[7] John Hopkins Bloomberg School of Public Health, Principles for the Use of Funds from Opioid Litigation: https://opioidprinciples.jhsph.edu/wp-content/uploads/2021/01/Litigation-Principles.pdf

METHODS

REVIEW SUD INVENTORIES AND GAP ANALYSIS

With support from the Oregon Health Authority (OHA) and the ADPC, researchers from the OHSU-PSU School of Public Health published the *Oregon Substance Use Disorder Services Inventory and Gap Analysis: Estimating the Need and Capacity for Services in Oregon Across the Continuum of Care.* This study assessed Oregon's SUD services between September 2021 and September 2022.

Key measures from the study integrated in this evaluation included:

- Gaps in select SUD prevention, harm reduction, treatment, and recovery services
- Gaps in access, health equity, and other barriers to SUD care

Researchers from OHSU-PSU School of Public Health completed a four-pronged approach to complete their study:

- **Needs assessment.** Review administrative data from SAMHSA's NSDUH and OHP billing data to estimate the need for SUD services in each county or region in Oregon.
- **Substance use services directory.** A listing of prevention, treatment, and recovery organizations in each county.
- **Risk and service capacity assessment.** Application of the Calculating for an Adequate System Tool (CAST), which uses needs assessment data and other information to estimate the calculated number of services needed.
- **Primary data collection and analysis.** A survey distributed to SUD service providers to obtain additional context, support CAST findings, and identify gaps in access and health equity.

For this report, Comagine Health reviewed and compiled relevant information from this study to be considered when prioritizing new and existing initiatives.

In addition to OHSU-PSU's study, Comagine Health reviewed other sources to add to the service inventory including:

- OHA's SUD Services Directory (10/1/2022)
- BHRN funded service providers
- Drug Free Community (DFC) grantees
- PreventNet Community Schools
- Coalitions listed on CFCC's website
- Project Hope partner organizations

Comagine Health categorized service providers by SUD area of services (i.e., substance use prevention, treatment, recovery, harm reduction, first responder SUD partner) based on other inventory's categorizations or descriptions of services they offer.

CONDUCT LISTENING SESSIONS

In addition to reviewing documents, Comagine Health conducted primary data collection through listening sessions. Listening session discussions centered around allowable abatement strategies.

Comagine Health reviewed the list of opioid abatement strategies from the Distributor Settlement Agreement and categorized strategies by SUD area (e.g., substance use prevention, linkage to treatment, treatment, recovery, and harm reduction). Clackamas County staff then reviewed the list of abatement strategies, clarified and added language, and removed some strategies. This final list of 47 abatement strategies were the focus of the listening sessions and can be found in **Appendix B**.

Comagine Health worked with staff from PHD and CFCC to convene listening sessions. A variety of stakeholders with knowledge of substance use issues and initiatives in Clackamas County were invited to attend, including both professionals working in the SUD field and other community stakeholders including first responders, school administrators and staff, and others.

Four listening sessions were conducted between August and October of 2022. Listening sessions were recorded and lasted approximately one and a half hours. Dates were offered over the course of several weeks, with times in the morning, evening, and over lunch to optimize participation. The first listening session was geared toward BHRN service providers to inform the group on planned services in Clackamas County.

Pre-Survey on Current Abatement Strategies

Before the listening sessions, attendees were asked to complete a survey through SurveyMonkey to determine whether abatement strategies were occurring in Clackamas County. Respondents were asked to identify whether strategies were being done or currently happening, being planned, or not being done or planned, with an additional option of "don't know." Survey items can be found in **Appendix F**. Before listening sessions, participants were emailed results to review and identify any inconsistencies.

Service Gap Discussion

During listening sessions, attendees were asked to identify gaps in abatement strategies in Clackamas County. They were specifically asked to contemplate gaps related to:

- Demographic groups (e.g., youth, adults, specific cultural groups)
- Geographic areas
- Service access (e.g., transportation, technology, childcare)
- Workforce and infrastructure
- Alignment of care (e.g., housing but not low-barrier housing, outpatient treatment but no inpatient treatment)
- Funding
- Other gaps

In three of the four listening sessions, attendees were divided into breakout groups. Comagine Health staff facilitated conversations in Group 1 and Group 2, which were geared toward professionals providing direct SUD services. Group 1 discussed gaps in prevention and linkage to treatment abatement strategies, and Group 2 discussed gaps in treatment, recovery, and harm reduction abatement strategies. Conversations in Group 3 were facilitated by PHD and CFCC staff and involved professionals not directly providing SUD services, but who often address SUD-related issues or interact with people who use drugs including school staff, first responders, and others. These breakout group discussions lasted approximately 50 minutes. Groups came back together to share and give other attendees an opportunity to add information. Listening session slides can be found in **Appendix G**.

Comagine Health staff reviewed facilitator notes and listened to all meeting recordings to compile comments and synthesize themes regarding gaps in abatement strategies implemented in Clackamas County.

Abatement Strategy Prioritization Survey

Near the conclusion of the listening sessions, attendees were invited to take a brief survey through SurveyMonkey to prioritize abatement strategies. The language and division (e.g., by substance use prevention, linkage to treatment, treatment, recovery, and harm reduction) of abatement strategies were consistent across the pre-survey, gap discussions, and final prioritization survey. The first listening session was geared toward BRHN service providers, with no representation from the substance use prevention sector, so those attendees were not asked to prioritize prevention strategies. Results were compiled at the conclusion of the listening session and attendees were invited to share reactions or any final thoughts.

The prioritization survey items can be found in **Appendix H**.

RESULTS

SUD INVENTORIES AND GAP ANALYSIS

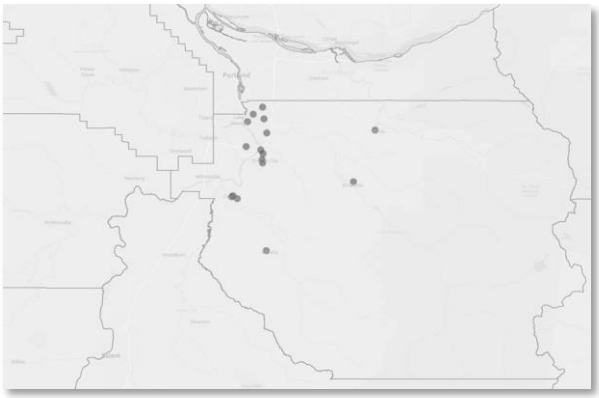
SUD Inventories

Organizations providing and supporting SUD-related services were categorized into substance use prevention, treatment, recovery, harm reduction, and first responder SUD partners based on the inventory's classification or the services they provide. Some providers were categorized into multiple groups (e.g., treatment provider also offering recovery services).

To view a complete list of SUD service providers and partners, see **Appendix C** or click here to view the online map.

Substance Use Prevention

Exhibit 2. Substance Use Prevention Service Providers Serving Clackamas County



There are seven substance use prevention providers serving Clackamas County located in four cities: Oregon City, West Linn, Portland, and Canby. Among those, four are coalitions. Two coalitions have a Centers for Disease Control and Prevention (CDC) DFC grant.

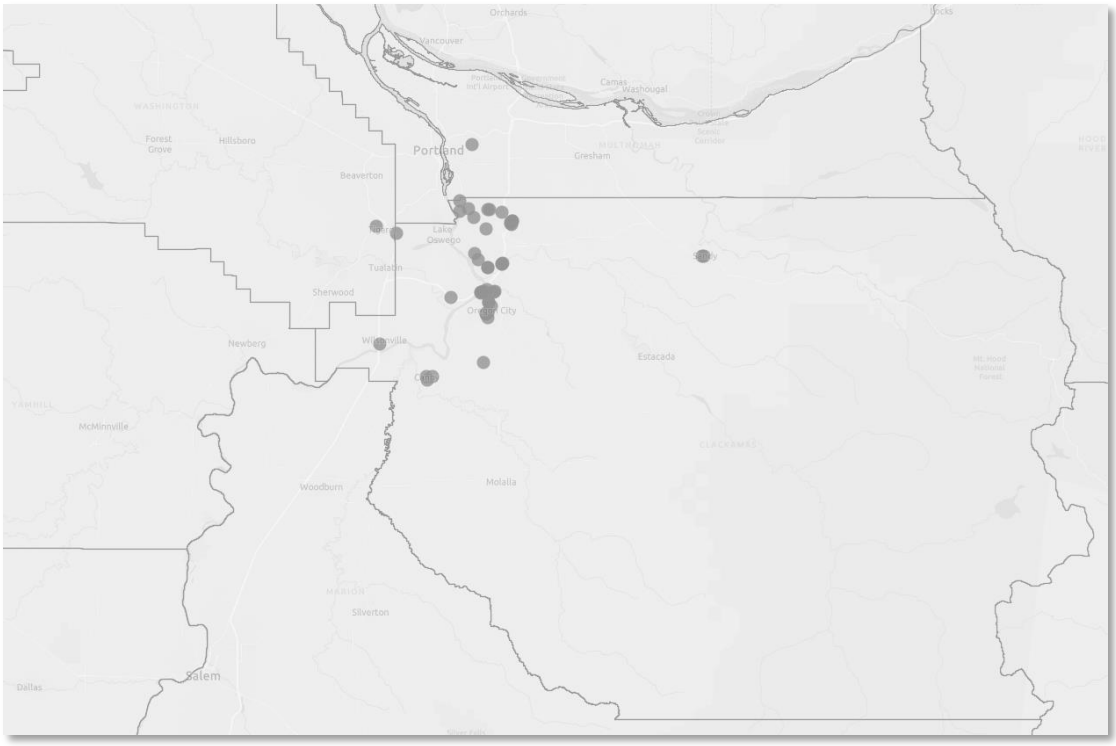
Additionally, two prevention providers work with nine PreventNet schools in Gladstone, Milwaukie, Oregon City, Canby, Estacada, Molalla, and Sandy. PreventNet schools are based on the Community Schools model and integrate academics; health and social support; community and family engagement; and youth college, career, citizenship, and leadership development into school settings through partnerships between schools and community organizations. Community Schools increase protective factors for preventing substance use including:

- Consistent attendance
- Active engagement in learning and community
- Family involvement in education
- School engagement with families and communities
- Academic success
- Physical and mental wellness
- Supportive and safe schools[8]

[8] Northwest Family Services, PreventNet. https://www.nwfs.org/youth-programs/preventnet.html

Treatment

Exhibit 3. Treatment Service Providers Serving Clackamas County



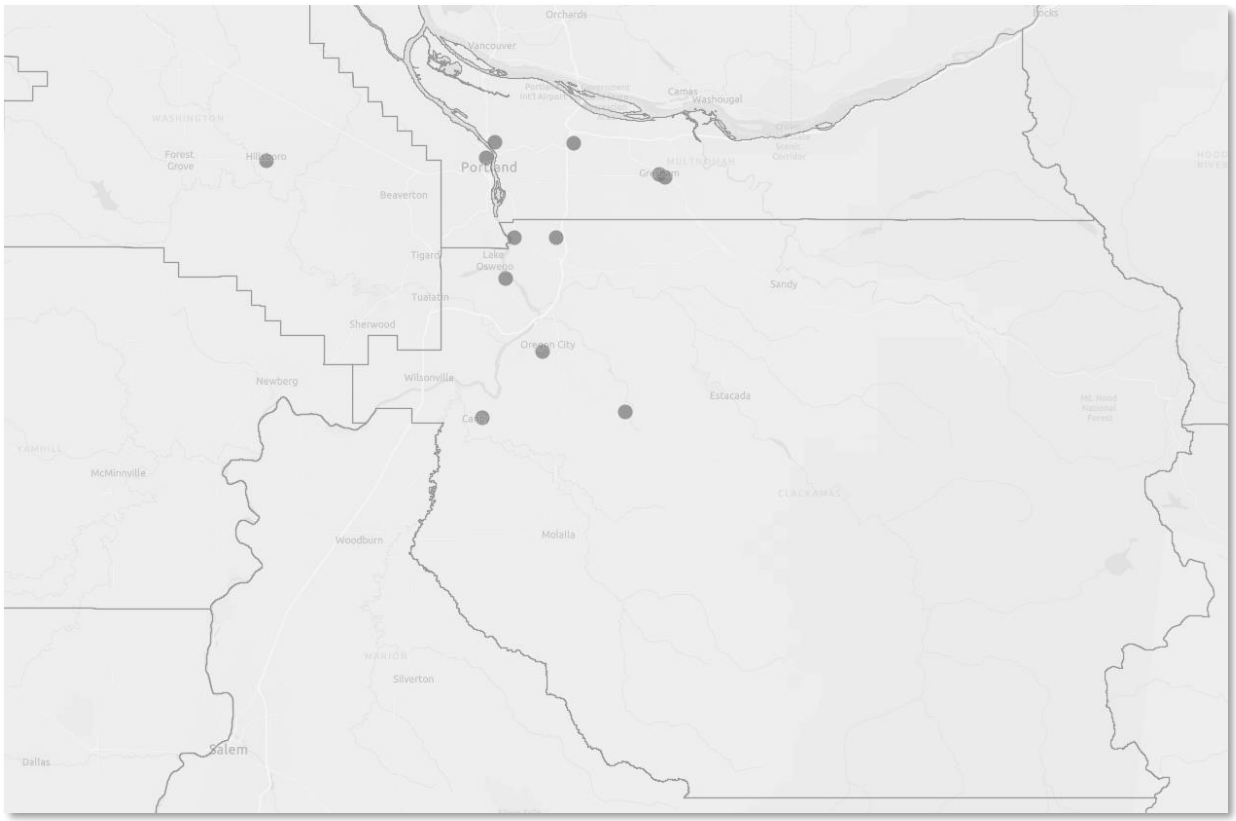
Twenty-seven treatment providers serving Clackamas County have forty-six locations in Oregon City, Milwaukie, Clackamas, Gladstone, Sandy, Wilsonville, Lake Oswego, Canby, Portland, Tigard, and West Linn. Among those, eight are BHRN funded.

Table 2. Types of Treatment Services and Number of Providers and Locations

Service	Provider(s)	Location(s)
Detoxification services	1	1
BHRN-funded housing services	1	1
Co-occurring disorder services	1	2
BHRN-funded supported employment	1	5
Community-based criminal justice services	2	2
Outpatient synthetic opiate treatment	2	2
BHRN-funded harm reduction interventions	3	7
BHRN-funded screening & behavioral health needs assessments	6	7
BHRN-funded individual intervention planning	6	7
BHRN-funded low-barrier SUD treatment	6	7
BHRN-funded peer support services	6	11
DUII services	16	32
Outpatient SUD Services	20	37

Recovery

Exhibit 4. Recovery Service Providers Serving Clackamas County



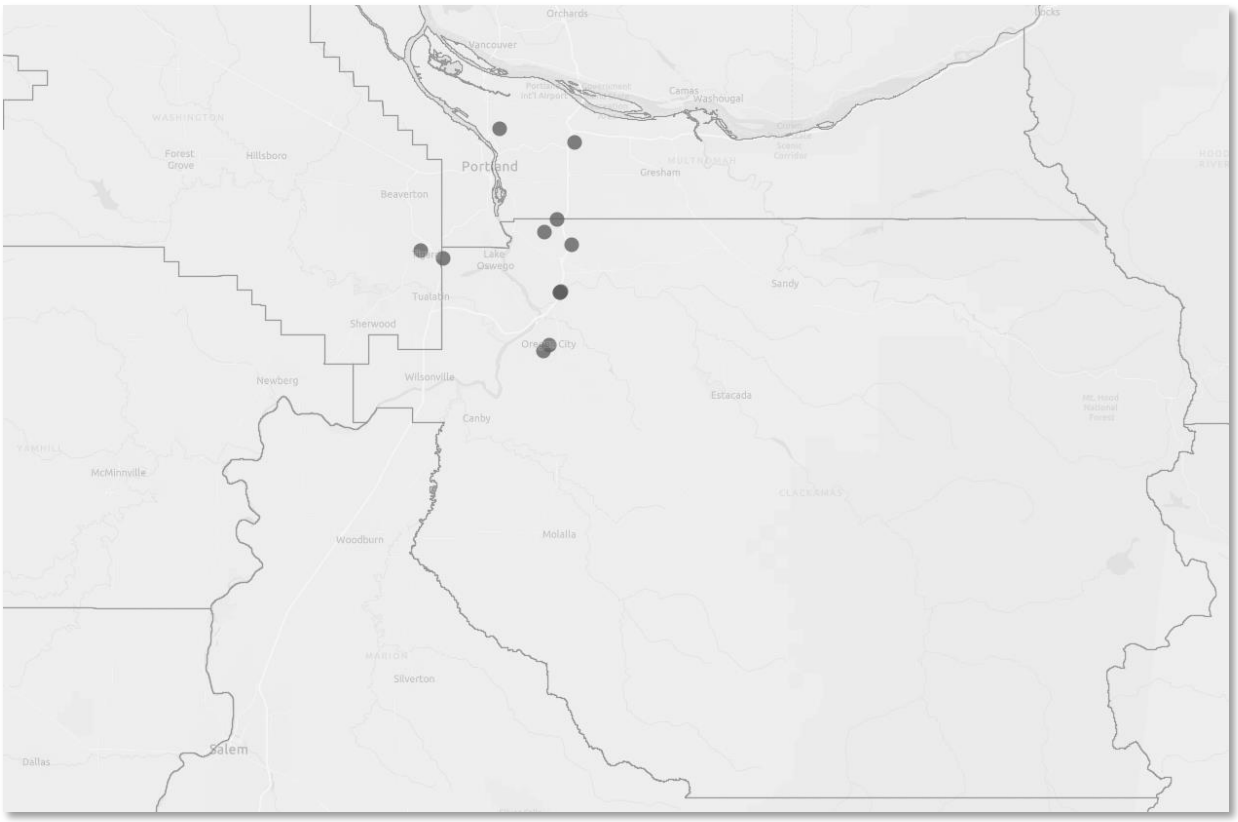
Twelve recovery support organizations serving Clackamas County are located in Gresham, Oregon City, Portland, Lake Oswego, Beavercreek, Canby, Hillsboro, and Milwaukie. Among those, eight are BHRN funded.

Table 3. Types of Recovery Services and Number of Providers and Locations

Service	Provider(s)	Location(s)
BHRN-funded housing services	1	1
BHRN-funded harm reduction interventions	2	2
Community-based criminal justice services	2	2
DUII services	2	2
Outpatient SUD Services	2	2
BHRN-funded peer support mentoring	8	8

Harm Reduction

Exhibit 5. Harm Reduction Service Providers Serving Clackamas County



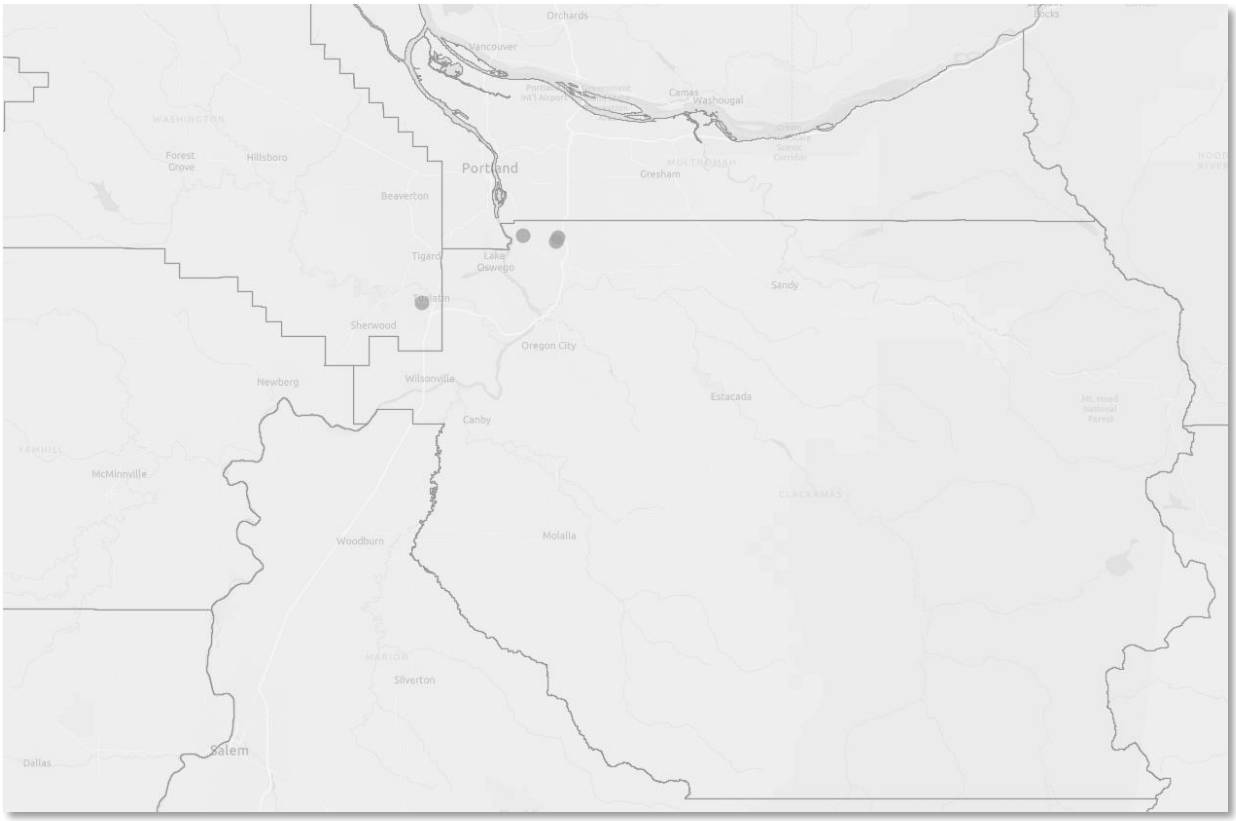
Eight harm reduction organizations serving Clackamas County have locations in Oregon City, Clackamas, Gladstone, Lake Oswego, Portland, and Tigard. Among those, six are BHRN funded.

Table 4. Types of Harm Reduction Services and Number of Providers and Locations

Service	Provider(s)	Location(s)
Community-based criminal justice services	1	1
DUII services	1	5
BHRN-funded supportive employment	1	5
BHRN-funded low barrier SUD treatment	2	2
BHRN-funded screening & behavioral health needs assessments	2	2
BHRN-funded individual intervention planning	2	2
Outpatient SUD Services	2	6
BHRN-funded peer support mentoring	6	10
BHRN-funded harm reduction interventions	6	10

First Responder SUD Partners

Exhibit 6. First Responder SUD Partners Serving Clackamas County



Because people who use drugs often interface with first responders, it is important to consider these groups partners in SUD. Identified first responder SUD partners include Clackamas County's non-emergency line and the three first responder organizations below:

- Clackamas Fire District #1
- Tualatin Valley Fire & Rescue
- Milwaukie Police Department

The agencies listed above participate in a warm hand-off program, Project Hope, that guides overdose survivors or those at risk of an opioid overdose to treatment and recovery support services. Project Hope aims to:

1. Reduce the number of people who overdose on opioids, thereby decreasing future 911 calls and hospital readmissions
2. Improve the quality of life for patients with SUD
3. Bridge gaps in care by connecting vulnerable patients to treatment and other resources that address social factors that may be influencing the individual's health
4. Support and promote Clackamas County's effective partnership between law enforcement and public health

Gap Analysis

All information from this section is from the OHSU-PSU's *Oregon Substance Use Disorder Services Inventory and Gap Analysis: Estimating the Need and Capacity for Services in Oregon Across the Continuum of Care*.

Region 2

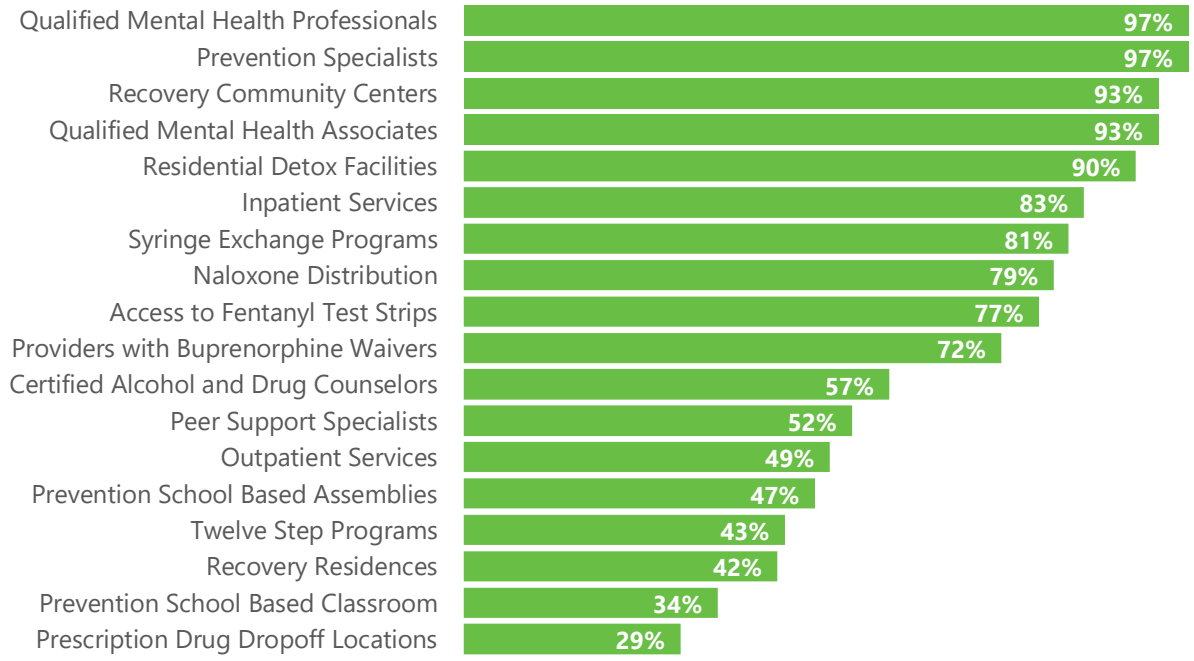
Notable findings from Region 2, which encompasses both Clackamas and Washington counties, include:

- Region 2 had the **highest SUD service gap** of any other region; out of the total number of recommended services in Region 2, 72% were missing.
- Among providers participating in the assessment:
  - 53% reported transportation or travel time was a barrier to their clients
  - 51% do not have the capacity to meet the demand for services
  - 40% do not provide outreach services to unhoused populations
  - 39% did not offer any services that are specific for people of a protected class (race/ethnicity, disability, sexual orientation)
  - 30% do not offer services in languages other than English

Clackamas County

In Clackamas County, the SUD service gap was 68%; out of the total number of recommended services in Clackamas County, 68% are missing. Below is the chart depicting the percent gap in specific SUD services:

Exhibit 7. CAST Identified SUD Service Gaps in Clackamas County



LISTENING SESSIONS

A total of 91 people registered for at least one listening session, with representation from 57 organizations. To see a list of registered organizations, see **Appendix D**.

Pre-Survey on Current Abatement Strategies

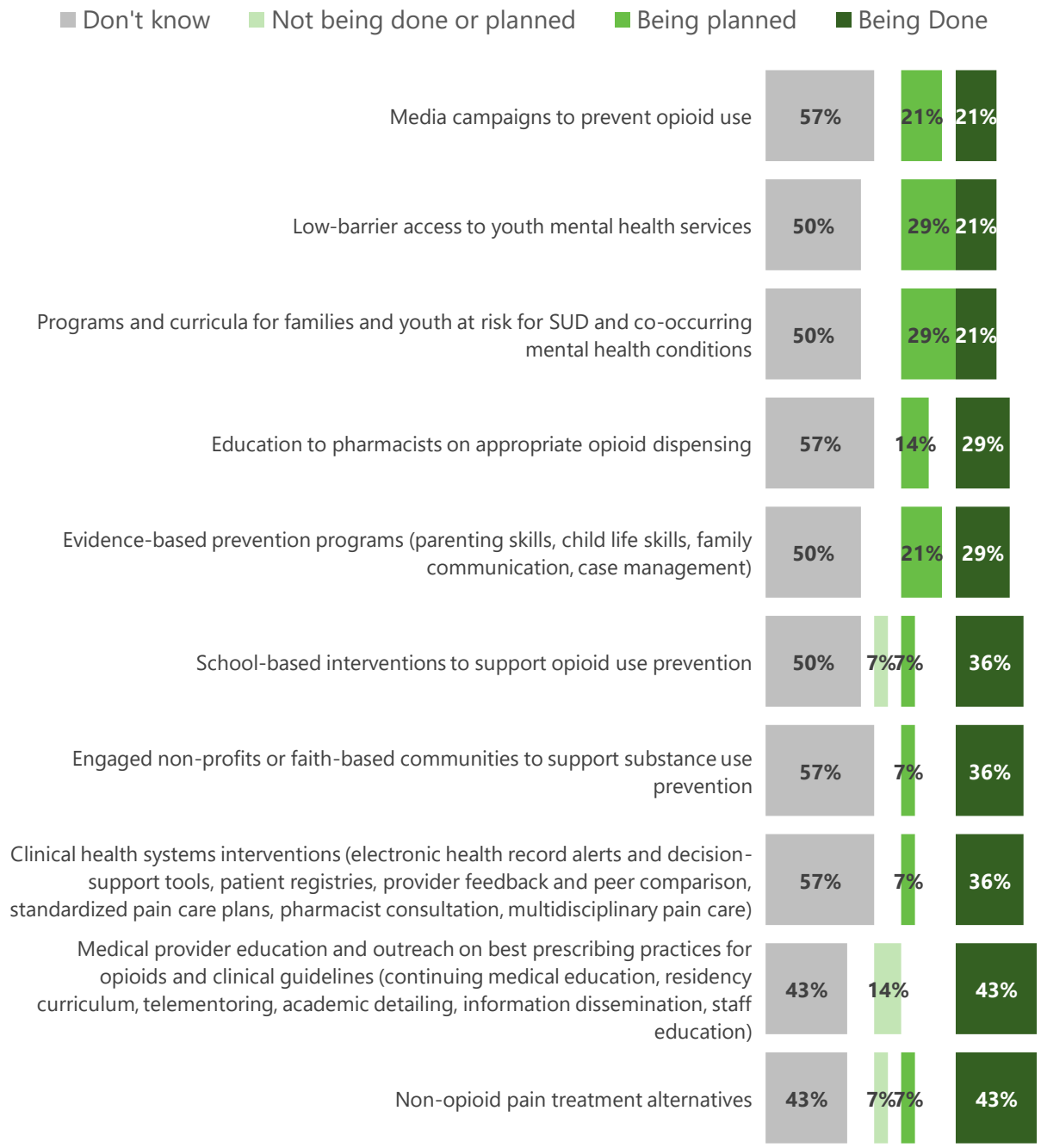
Thirty people responded to the pre-survey. Among the survey respondents, across strategies, approximately 41% did not know whether strategies were occurring. The areas that respondents were most unfamiliar with were substance use prevention (51% unknown) and linkage to treatment (46% unknown). Respondents knew the most about the status of treatment (29% unknown) and harm reduction (33% unknown) strategies.

Among respondents that did report knowing the status of strategies in Clackamas County, there was some disagreement. Among the 47 strategies, there were only four that all respondents agreed were occurring, being planned, or not occurring or being planned.

Across areas, the strategies that the lowest percentage reported were occurring were:

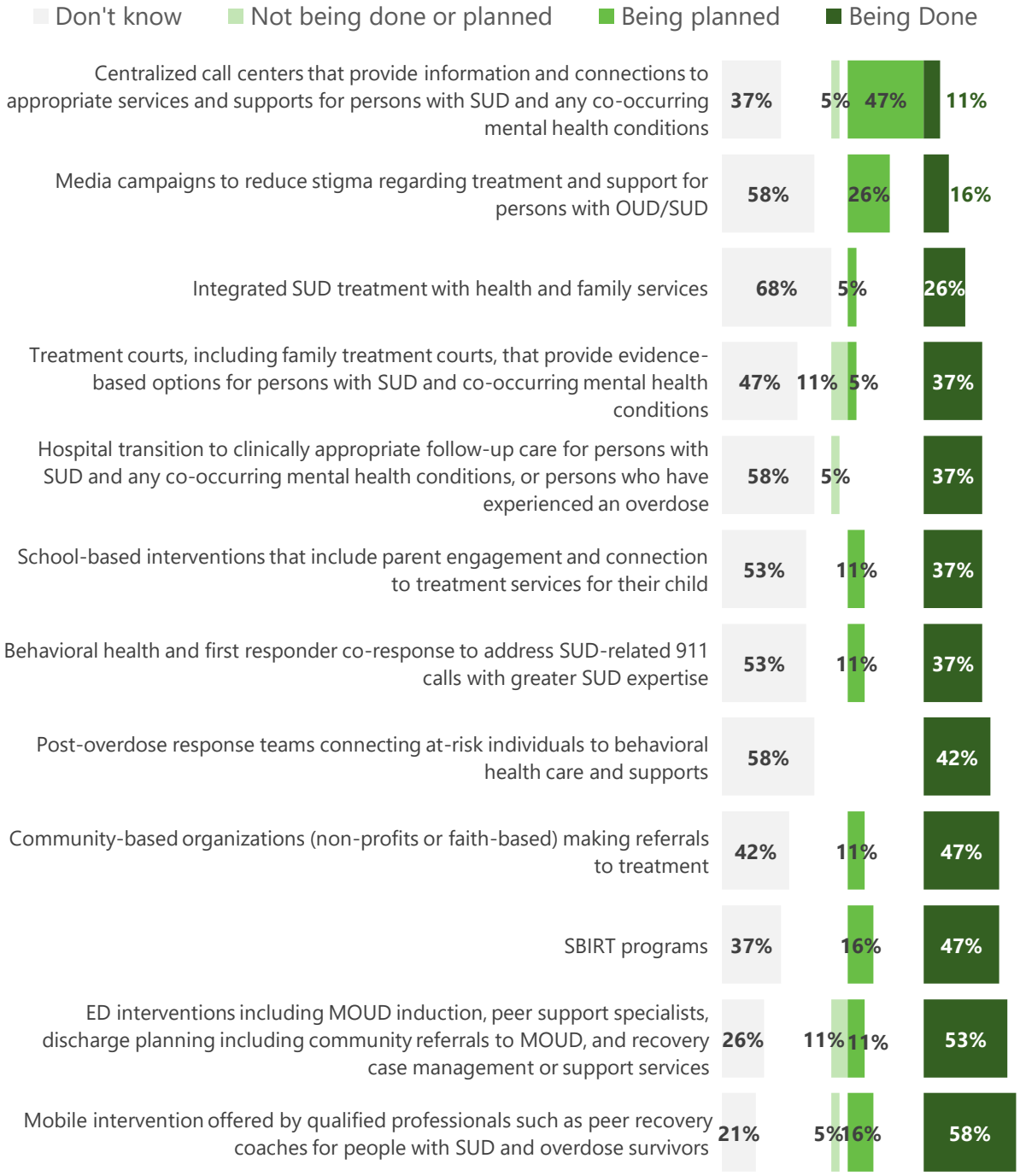
- Evidence-based NOWS and neonatal abstinence syndrome (NAS) practices and therapies
- Centralized call centers that provide information and connections to appropriate services and supports for persons with SUD and any co-occurring mental health conditions
- Crisis stabilization centers that serve as an alternative to EDs for persons with SUD and any co-occurring mental health conditions or persons who have experienced an overdose

Exhibit 8. Substance Use Prevention Abatement Strategies: Current Status



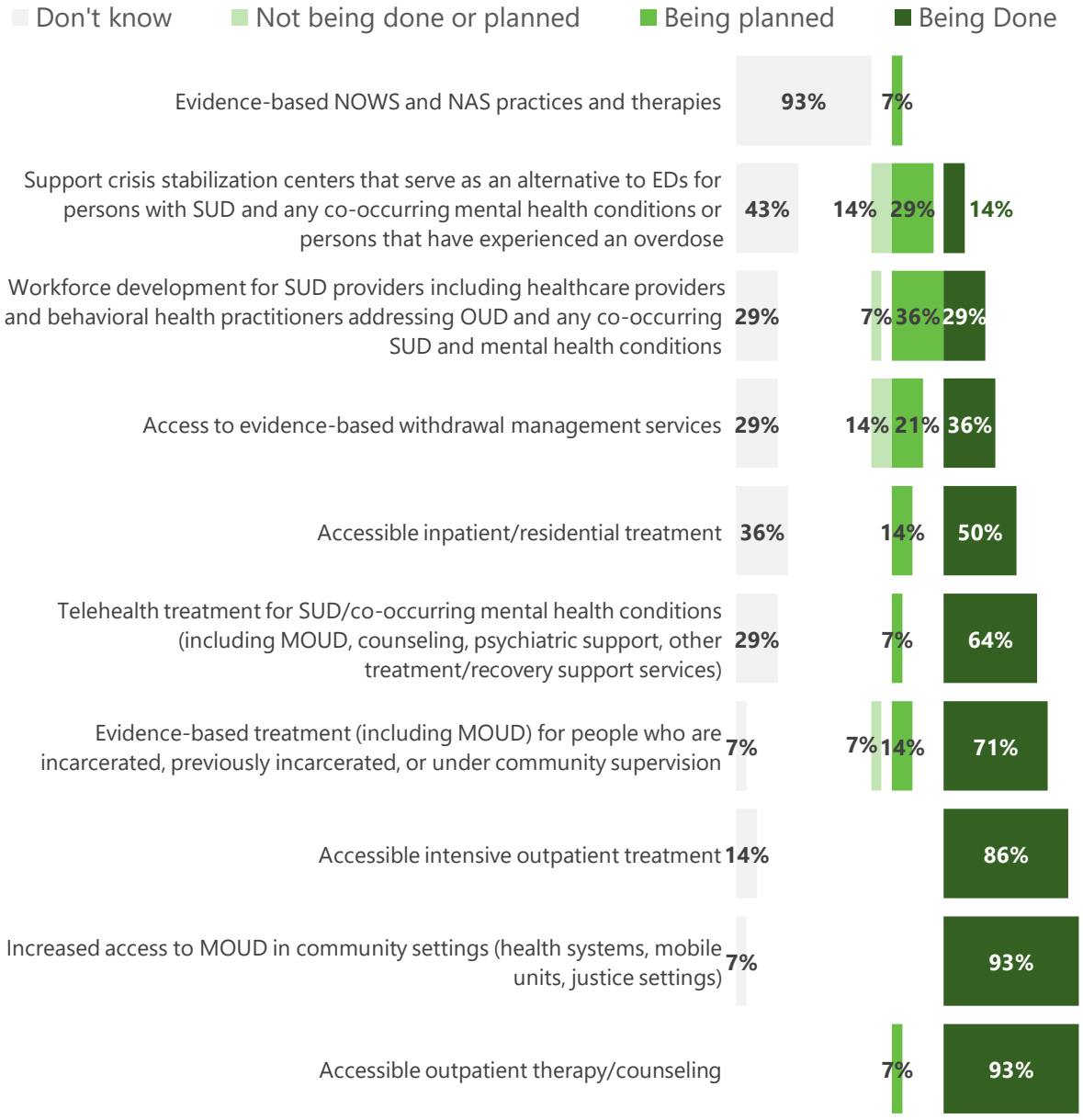
On average, over 51% of respondents did not know whether substance use prevention-focused abatement strategies were occurring in Clackamas County. **Media campaigns to prevent opioid use**, **low-barrier access to youth mental health services**, and **programs and curricula for families and youth at risk for SUD and co-occurring mental health conditions** were the strategies the lowest percentage of respondents reported were occurring in Clackamas County.

Exhibit 9. Linkage to Treatment Abatement Strategies: Current Status



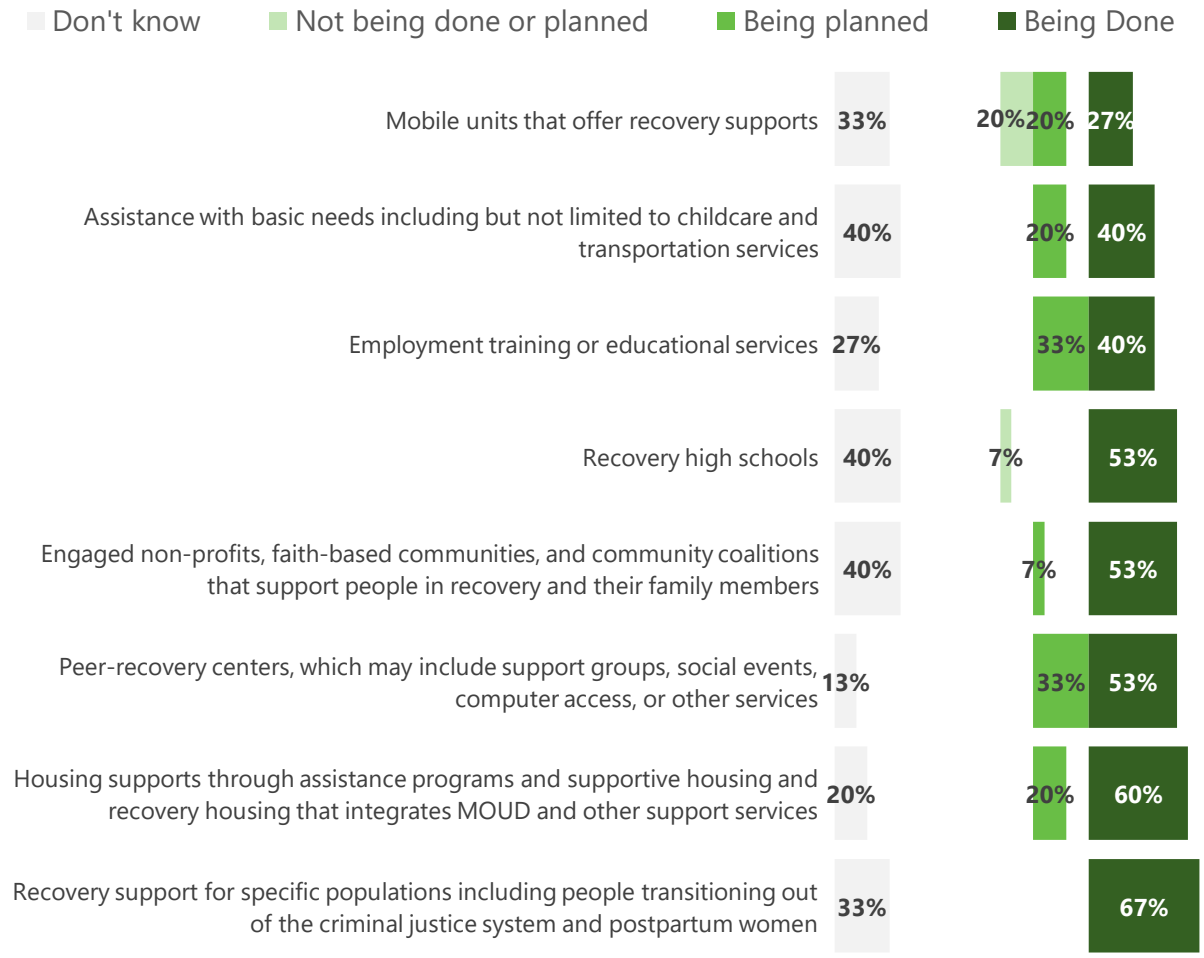
On average, over 46% of respondents did not know whether linkage to treatment-focused abatement strategies were occurring in Clackamas County. **Centralized call centers**, **media campaigns to reduce stigma**, and **integrated SUD treatment with health and family services** were the strategies the lowest percentage of respondents reported were occurring in Clackamas County.

Exhibit 10. Treatment Abatement Strategies: Current Status



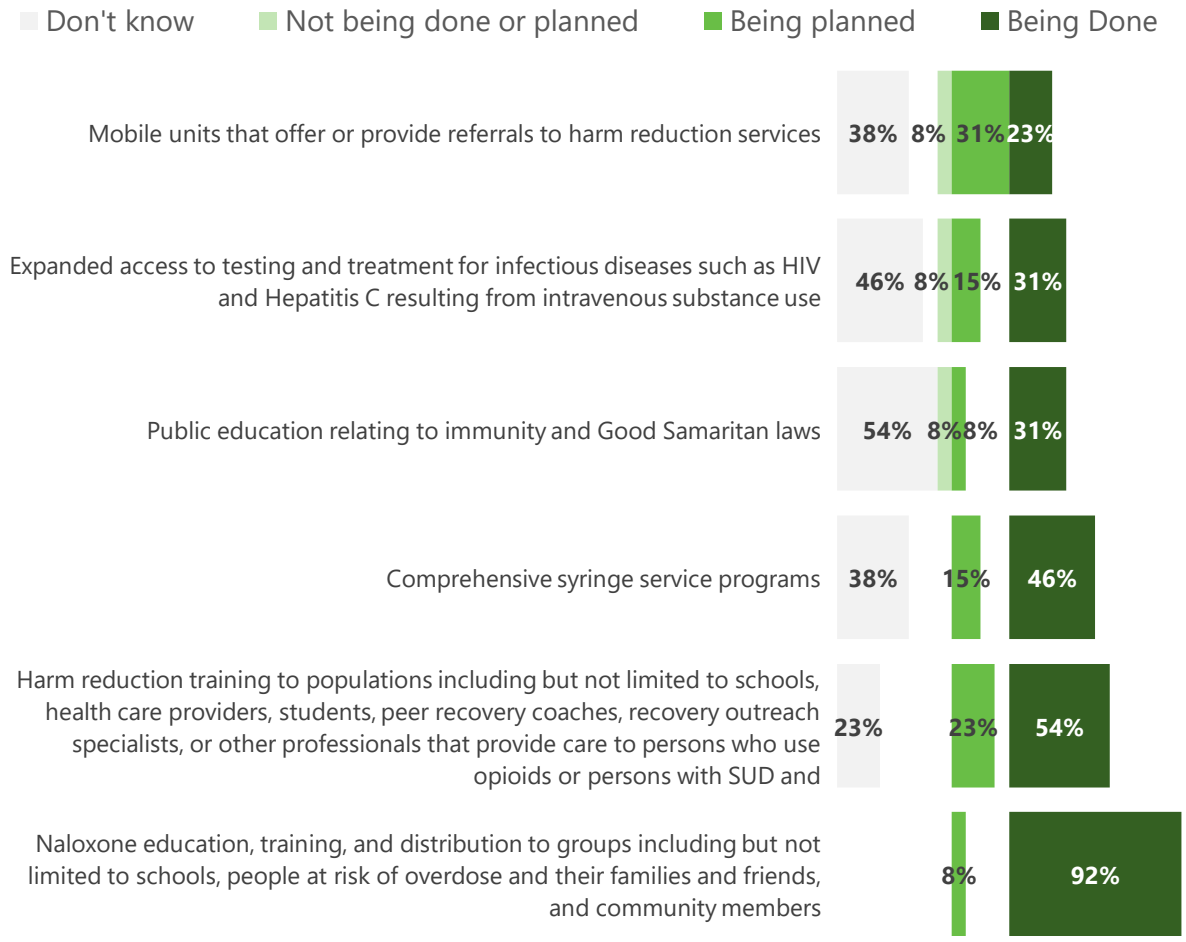
On average, over 29% of respondents did not know whether treatment-focused abatement strategies were occurring in Clackamas County. **Evidence-based NOWS therapy**, **crisis stabilization centers**, and **workforce development** were the strategies the lowest percentage of respondents reported were occurring in Clackamas County.

Exhibit 11. Recovery Abatement Strategies: Current Status



On average, over 39% of respondents did not know whether recovery-focused abatement strategies were occurring in Clackamas County. **Mobile units that offer recovery support**, **assistance with basic needs including childcare and transportation**, and **employment and education services** were the strategies the lowest percentage of respondents reported were occurring in Clackamas County.

Exhibit 12. Harm Reduction Abatement Strategies: Current Status



On average, over 33% of respondents did not know whether harm reduction-focused abatement strategies were occurring in Clackamas County. **Mobile units offering harm reduction services**, **expanded access to infectious disease testing and treatment**, and **public education related to Good Samaritan laws** were the strategies the lowest percentage of respondents reported were occurring in Clackamas County.

Service Gap Discussion & Abatement Strategy Prioritization Survey

Although most of the abatement strategies are being conducted or planned in Clackamas County, it was expressed during the listening sessions that strategies need to be **"scaled up"** to meet the need and **sustained** into the future.

Across strategies, resounding barriers included the **lack of transportation**, especially in in rural communities, **lack of culturally relevant services** across the county, especially for Spanish-speaking, Latinx populations, and **workforce** limitations across the continuum or services. Many expressed that transportation was "the number one issue" and a "huge barrier." Programs are lacking in rural communities and there is limited transportation to access services in urban areas.

For Latinx communities, all identified gaps exist in addition to the gaps in language access and culturally relevant services. Listening session attendees expressed that there were no adequate, culturally relevant services occurring in Spanish. In addition to language, fear, stigma, and a lack of understanding of services available are also barriers, especially among people who are undocumented. It was also expressed that this population has more limited interaction with medical and other service providers, which makes it difficult for them to get adequate care and referrals to other needed services.

Listening session attendees also identified a lack of culturally relevant services to people of color, marginalized youth, elders, and people who identify with diverse sexual orientations or gender identities. It was expressed that it was important to consider the culture of these specific populations and rural communities when implementing programming or messaging.

In order to adequately implement strategies, there is a need for additional prevention specialists, school staff, peers, treatment providers, healthcare providers, mental health providers, certified alcohol and drug counselors, qualified mental health professionals, and other licensed professionals.

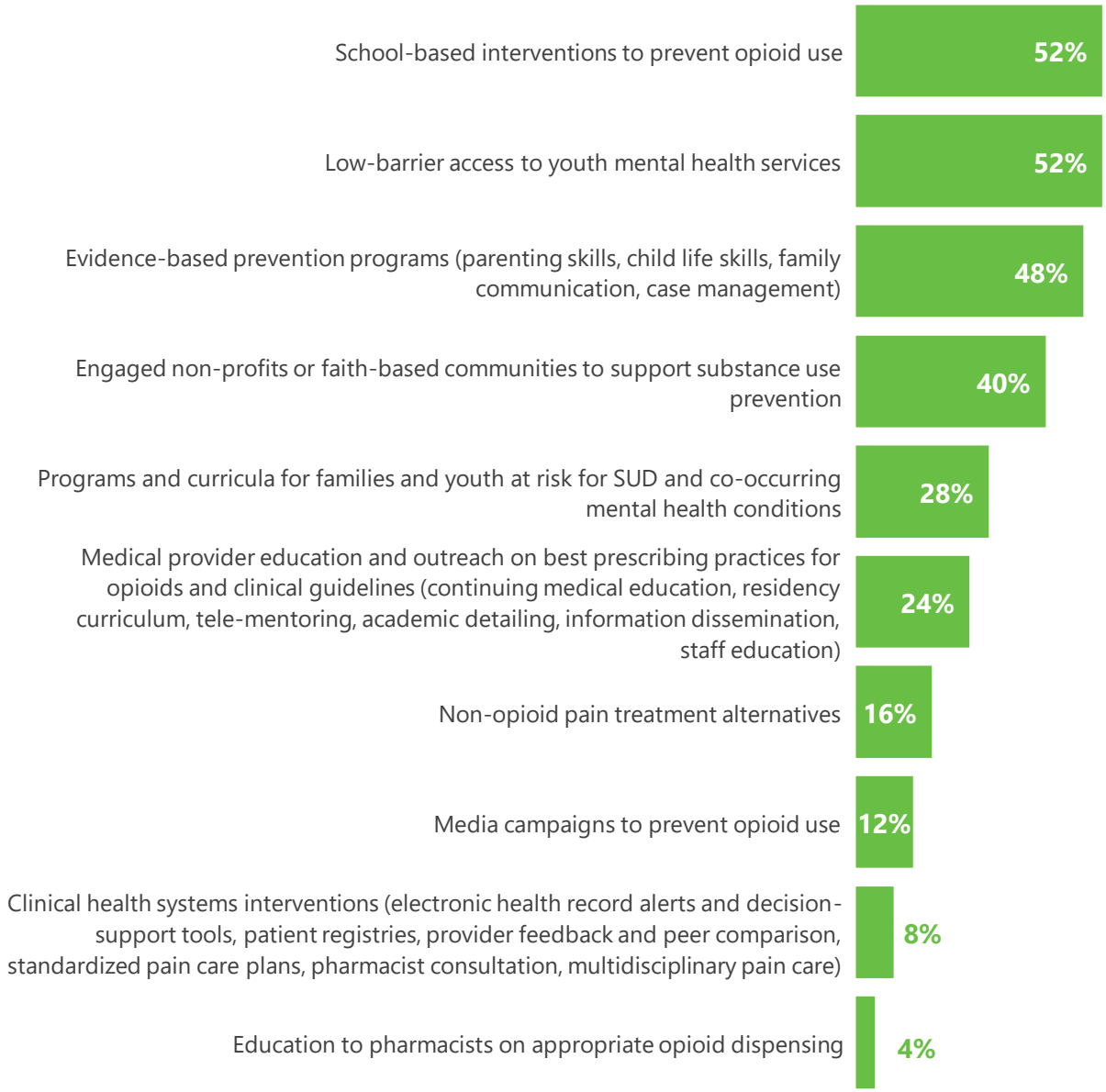
After the gap discussion, 46 people responded to the prioritization survey. Because, as previously mentioned, attendees in some listening session groups did not have substance use prevention expertise, only 25 of the 46 respondents were given the option to prioritize substance use prevention strategies. Percentages shown in Exhibits 13-17 were calculated by dividing the number of people that prioritized the strategy by the number of respondents; the number of people that prioritized substance use prevention strategies was divided by 25 to calculate the percentages in Exhibit 13.

Substance Use Prevention

In general, listening session attendees expressed having **limited knowledge of all the prevention services** that were occurring, including the schools or organizations that provide prevention programming and messaging, the populations that have access to these services, and the types of programs and curricula offered. Some expressed a need to understand what service providers are doing, what they are doing well, and elevating those strategies instead of "reinventing the wheel." There is a need to disseminate information about prevention services offered to a variety of stakeholders, including 911 dispatchers and school resource officers who interact with youth and parents of youth at risk for substance use and misuse.

Abatement strategies below are organized by highest to lowest priority.

Exhibit 13. Prevention Abatement Strategies Prioritized by Attendees



Listening session attendees discussed some of the above strategies in depth. A summary of discussion points related to abatement strategies are below. The symbol next to a strategy indicates it were among the top 15 priorities for listening session attendees.

School-based interventions to prevent opioid use (52%)

Listening session attendees expressed a need for schools to have a **consistent and equitable approach to prevention programming**. General barriers that schools face in implementing prevention programming include **inconsistent funding** and staffing and **workforce issues**. Especially post-COVID, there is an abundance of vacancies, which changes the dynamic and delivery of services. Recruiting, hiring, and retaining qualified staff, especially **multicultural prevention providers,** is difficult particularly in **rural communities**.

Listening session attendees also discussed the inconsistent school participation in **student health surveys**, which makes it difficult to understand issues, acquire funds, and plan for solutions across the county.

In addition to the lack of clarity in prevention programming across schools, listening session attendees expressed a need for more **equitable access** to these programs. Some suggested that it would be helpful if programs were open to all youth, at all schools and across age groups. For youth in both urban and rural communities, there is a **lack of transportation** for afterschool, extracurricular, drop-in, and year-round activities. Because buses do not typically run for these programs, youth have a responsibility to arrange their own transportation, which results in limited access for the most at-risk youth.

There was also a need to make prevention programs **relevant for youth**. Some expressed a desire to have youth peer-to-peer prevention education and youth input in prevention programming and messaging.

Specific school-based programming and interventions that need additional support include:

- Prevention education
- Quality afterschool programs that promote active participation
- Mental health interventions
- School resource officer programs that include restorative justice and referrals to services
- Social emotional early education
- Tailored interventions that include fentanyl and overdose prevention education
- Adding school-based positions for drug and alcohol counselors in the schools

Low barrier access to youth mental health services (52%)

Listening session attendees expressed that low-barrier, mental health services are **lacking for all populations**, not just youth. There is a limited number of mental health service providers, especially in **rural communities**. Particularly for people in rural communities with limited time, income, and reliable transportation options, it is difficult to drive into an urban area for mental health services. Because of this, people tend to wait for a crisis before seeking help.

In addition to the limited number of services offered, access to those services is limited. Many mental health service providers **do not take OHP**. In the schools, there was an identified gap in **mental health service coordination**, especially between school-based health centers and school counselors due to the lack of defined process for making referrals.

Evidence based prevention programming (parental skills, child life skills, family communication, case management) (48%)

Listening session attendees expressed that there were not enough evidence-based prevention programs available. Specifically, there is a gap in the availability of services for **rural communities**, **non-English speakers** and **migrant workers and their families**. Specific evidence-based programs and interventions that need additional support include:

- Community parenting classes
- Skill and asset building in early childhood
- Youth mentorship programs with trusted peers

- ***Engaged non-profits or faith-based communities to support substance use prevention (40%)***

  Listening session attendees discussed **leveraging coalition partners** and **"meeting kids where they are"** to promote protective factors and reduce risk factors.

- ***Programs and curricula for families and youth at risk for SUD and co-occurring mental health conditions (28%)***

  In addition to programs and curricula in the community and school settings, listening session attendees discussed potential interventions that could occur in **pediatric** and **primary care** settings to include **screening** for SUD and **education** on substance use issues, social media, and counterfeit pills.

- ***Media campaigns to prevent opioid use (12%)***

  Currently there are no consistent and tailored opioid prevention media campaigns in the community or schools. There was an expressed need to address **fentanyl** and **counterfeit pills** because of their recent and deadly impact.

Linkage to Treatment

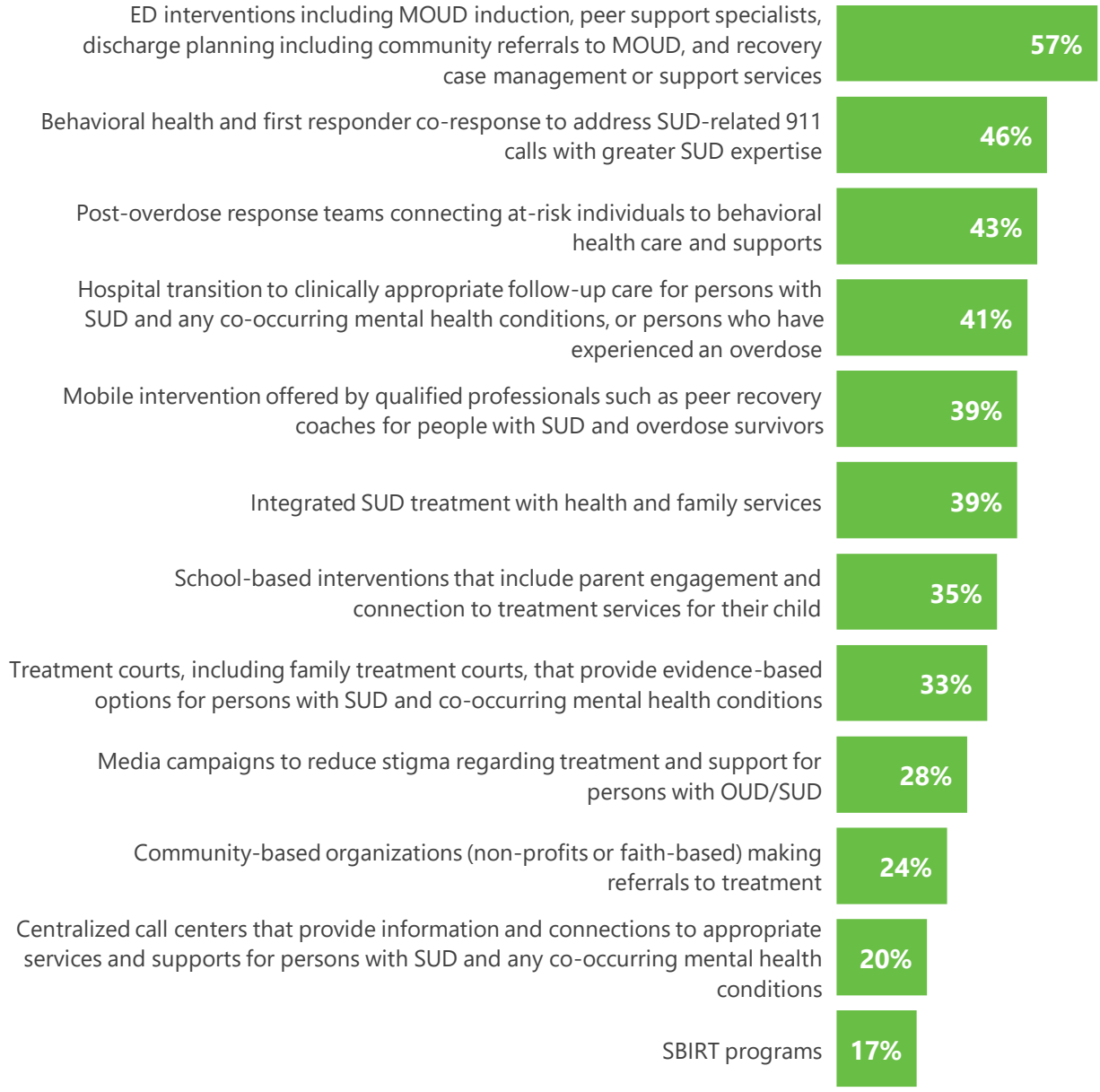
In addition to transportation, culturally relevant services, and workforce issues, the largest barrier to linking people to treatment is the **availability of treatment services** in Clackamas County.

During the listening sessions, some attendees mentioned allocating resources and expanding Project Hope, a Clackamas County-specific, warm hand-off program. Although Project Hope is a program not listed by name in the Distributor Settlement Agreement, it combines a variety of strategies that were prioritized by listening session attendees including:

- Behavioral health and first responder co-response to address SUD-related 911 calls with greater SUD expertise
- Post-overdose response teams connecting at-risk individuals to behavioral health care and supports
- Hospital transitions to clinically appropriate follow-up care for persons with SUD and any co-occurring mental health conditions, or persons who have experienced an overdose
- Evidence-based treatment (including MOUD) for people who are incarcerated, previously incarcerated, or under community supervision (43%)

Abatement strategies below are organized by highest to lowest priority.

Exhibit 14. Linkage to Treatment Abatement Strategies Prioritized by Attendees



Listening session attendees discussed some of the above strategies in depth. A summary of discussion points related to abatement strategies are below. The symbol next to a strategy indicates it were among the top 15 priorities for listening session attendees.

ED interventions that include MOUD induction, peer support specialists, discharge planning including community referrals to MOUD, and recovery case management or supportive services (57%)

People with mental health and substance use related issues tend to be high utilizers of the ED. There was an expressed gap in **trauma-informed transitions to care** from the hospital, ED, and urgent care settings. For **youth** in particular, entering the ED for SUD-related events can be traumatizing. Some health care professionals are experiencing **compassion fatigue**, express **stigma** towards people who use drugs, and have **little time and knowledge of services** to make referrals for their patients to follow-up care.

To remedy this, listening session attendees discussed:

- Streamlining connections between EDs, urgent care centers, primary care providers, and MOUD, inpatient, and outpatient treatment
- Providing education to health care providers on trauma-informed and anti-stigma care and referral locations
- Connecting patients with peer support upon discharge
- Ensuring that all patients that enter the ED for SUD or related harms are provided a naloxone kit
- Increasing the number of youth-specific ED beds
- Expanding and consistently utilizing Collective Medical

Expansion of warm hand-off programs, like Project Hope

Warm hand-off programs use referral opportunities to guide overdose survivors or those at risk of an overdose to treatment and recovery support services. Warm hand-off programs, including Project Hope, incorporate some of the approved abatement strategies including:

- ***Behavioral health and first responder co-response to address SUD-related 911 calls with greater SUD expertise (46%)***
- ***Post-overdose response teams connecting at-risk individuals to behavioral health care and supports (43%)***
- ***Hospital transitions to clinically appropriate follow-up care for persons with SUD and any co-occurring mental health conditions, or persons who have experienced an overdose (41%)***
- ***Evidence-based treatment (including MOUD) for people who are incarcerated, previously incarcerated, or under community supervision (43%)***

Listening session attendees expressed a need for **consistent funding** for warm hand-off programs, funding additional **MOUD coordinators in the community**, and **expansion into other areas** of the county including Wilsonville, Milwaukie, and Molalla.

- ***School-based interventions that include parental engagement and connection to treatment services for their child (35%)***

  School-based interventions that involve parental engagement are "few and far between," especially in **rural communities**. **Limited capacity** and **stigma** are barriers to implementation. Others expressed difficulty **identifying youth drug use** because methods, such as vaping, are not always obvious.

- ***Treatment courts, including family treatment courts, that provide evidence-based options for persons with SUD and co-occurring mental health conditions (33%)***

  There is a need to expand treatment courts across all jurisdictions in the county.

- ***Media campaigns to reduce stigma regarding treatment and support for persons with OUD/SUD (28%)***

  Listening session attendees expressed a need for targeted and **culturally relevant messaging**, including messaging in **Spanish** and **Russian**.

  Some expressed a desire to partner with **coordinated care organizations** and ensure targets for the campaign include the **general public**, **healthcare staff**, and **policy makers**.

- ***Community-based organizations (non-profits or faith-based) making referrals to treatment (24%)***

  As a historically trusted institution for the **Latinx community**, it was expressed that faith-based communities could play a role in disseminating SUD resource information and making referrals to services.

- ***Centralized call centers that provide information and connections to appropriate services and supports for persons with SUD and any co-occurring mental health conditions (20%)***

  Specifically, listening session attendees discussed that it would be helpful if there was a centralized call line to detail **availability of services** including detox, inpatient, and outpatient services.

- ***Other linkage to treatment strategies***

  Other linkage to treatment strategies that listening session attendees voiced a need for included **diversion programs** and **community drop-in centers**. These drop-in centers would provide services for youth, families, and those in active addiction and would include:
  - Information and referrals to SUD or mental health treatment
  - Food
  - Showers
  - Fresh clothes and laundry
  - Warm, safe spaces with internet for telehealth counseling services
  - Assistance with signing up services and OHP

Treatment

Listening session attendees expressed a need for **immediate access to services** when people decide they are ready to seek help for SUD.

There is a need for a **connected continuum of care** that includes pre-engagement, housing, withdrawal management and detoxification, inpatient and outpatient treatment, aftercare, and peer support. Some expressed a desire to have all these services under one roof. To achieve this, additional assessment and planning are needed to determine the appropriate ratios of services (e.g., number of treatment beds needed for every detoxification bed) to ensure people have their needs met along the continuum.

Additionally, there is a great need for **culturally specific treatment services** for:

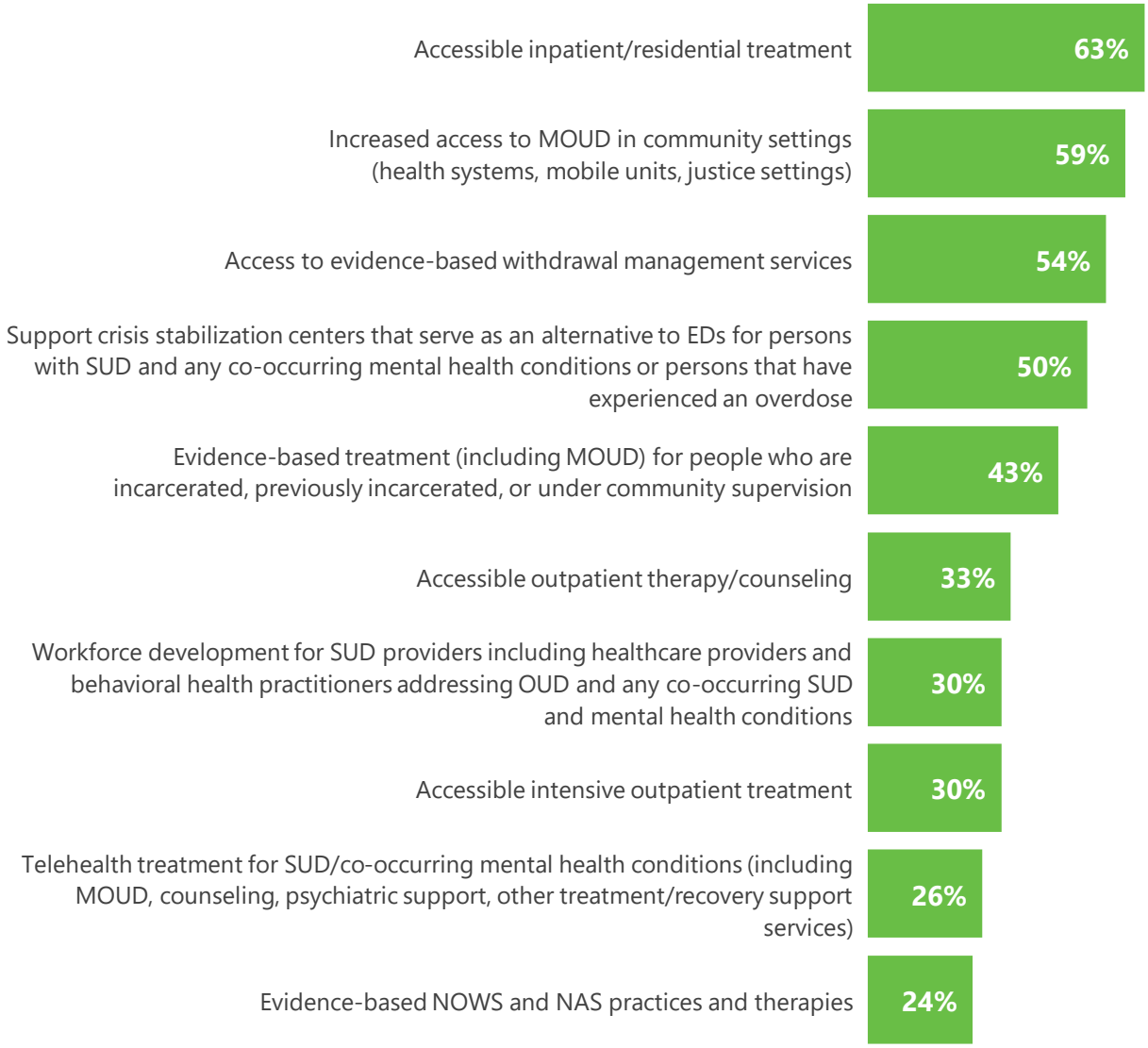
- Youth
- Young adults
- Parents and guardians with additional services for their children
- Rural communities that include transportation services and mobile outreach for assessment and screening
- Non-English-speaking populations
- Latinx communities, especially for people who are undocumented and seasonal migrant workers
- People with comorbid mental health needs and SUD at all ASAM levels
- People who identify as LGBTQ+
- Unhoused populations that include transportation services
- People with incomes slightly higher than the OHP cut off

Fear is a barrier to accessing treatment services for **pregnant and parenting people**, **justice-involved** individuals, especially those on probation, and people who are **undocumented**.

Treatment providers are facing barriers to expanding services including pushback when purchasing property from **residents that don't want treatment centers in their communities** and **Measure 110 opposition**.

Abatement strategies below are organized by highest to lowest priority.

Exhibit 15. Treatment Abatement Strategies Prioritized by Attendees



Listening session attendees discussed some of the above strategies in depth. A summary of discussion points related to abatement strategies are below. The symbol next to a strategy indicates it were among the top 15 priorities for listening session attendees.

Accessible inpatient/residential treatment (63%)

Currently, the only inpatient treatment program in Clackamas County is CSAP, which has historically been used to provide services for justice-involved individuals.

There was an expressed need to increase the number of inpatient treatment services **across Clackamas County**, but specifically, inpatient treatment gaps include those for:

- Youth
- People with co-occurring SUD and mental illness
- People not criminal justice-involved
- Fathers with children
- People insured through OHP

Increased access to MOUD in community settings (health systems, mobile units, justice settings) (59%)

Needs that listening session attendees discussed regarding MOUD were:

- Youth MOUD services
- MOUD in rural communities and transportation to urban areas for MOUD services
- Sustainability of the MOUD program in the jail
- Same day access to medications
- More methadone providers
- Stigma reduction initiatives for MOUD

Access to evidence-based withdrawal management services (54%)

There is a great need for withdrawal management services in Clackamas County generally, but especially for **youth**. Law enforcement partners also expressed a need for a **location to take people who are intoxicated** (such as a sobering or stabilization center) outside of jails and hospitals.

Support crisis stabilization centers that serve as an alternative to EDs for persons with SUD and any co-occurring mental health conditions or persons that have experienced an overdose (50%)

Currently, there are no stabilization or sobering centers in Clackamas County. Listening session attendees expressed a need for a **community triage center** for people in crisis to receive services when the ED or jail are not appropriate. Services needed at these locations include peer support, detoxification, and referrals to services.

- ***Evidence-based treatment (including medications for OUD or MOUD) for people who are incarcerated, previously incarcerated, or under community supervision (43%)***

  There are limited MOUD services for people who are justice-involved and, although jail staff and health care providers often attempt to plan aftercare, **limited capacity** and **knowledge of services** and when people are being released are barriers to ensuring that everyone is linked to services upon discharge.

Listening session attendees expressed a need for:

- Bridge clinics for people re-entering the community
- Screening, assessment, and care coordination for outpatient and residential treatment in the jails
- Increasing the amount of medication jail staff provide to people upon discharge
- Providing a sustainable supply of naloxone to the jail
- Proving more information about where to access naloxone to newly released individuals
- Adding 24-hour access to naloxone vending machines in the jail and Transition Center

- ***Accessible outpatient therapy/counseling (33%)***

  There is a need for outpatient services for **youth** and people who **do not qualify for OHP** but cannot afford copays. There is also a need for additional services at outpatient locations to include:

  - Medical care
  - Supportive employment services
  - Transportation services

- ***Workforce development for SUD providers including healthcare providers and behavioral health practitioners addressing OUD and any co-occurring SUD and mental health conditions (30%)***

  There is a need for **more peers**, **SUD providers** in prevention, early intervention, and treatment, **mental health providers**, and certified professionals including **certified alcohol and drug counselors** (CADCs) and **qualified mental health professionals** (QMHPs). Strategies to improve recruitment and retention of the behavioral health workforce include:

  - Increasing pay and benefits
  - Decreasing caseloads
  - Funding certifications, especially for culturally specific providers
  - Paying college debt
  - Developing information campaigns

- ***Telehealth treatment for SUD/co-occurring mental health conditions (including MOUD, counseling, psychiatric support, other treatment/recovery support services) (26%)***

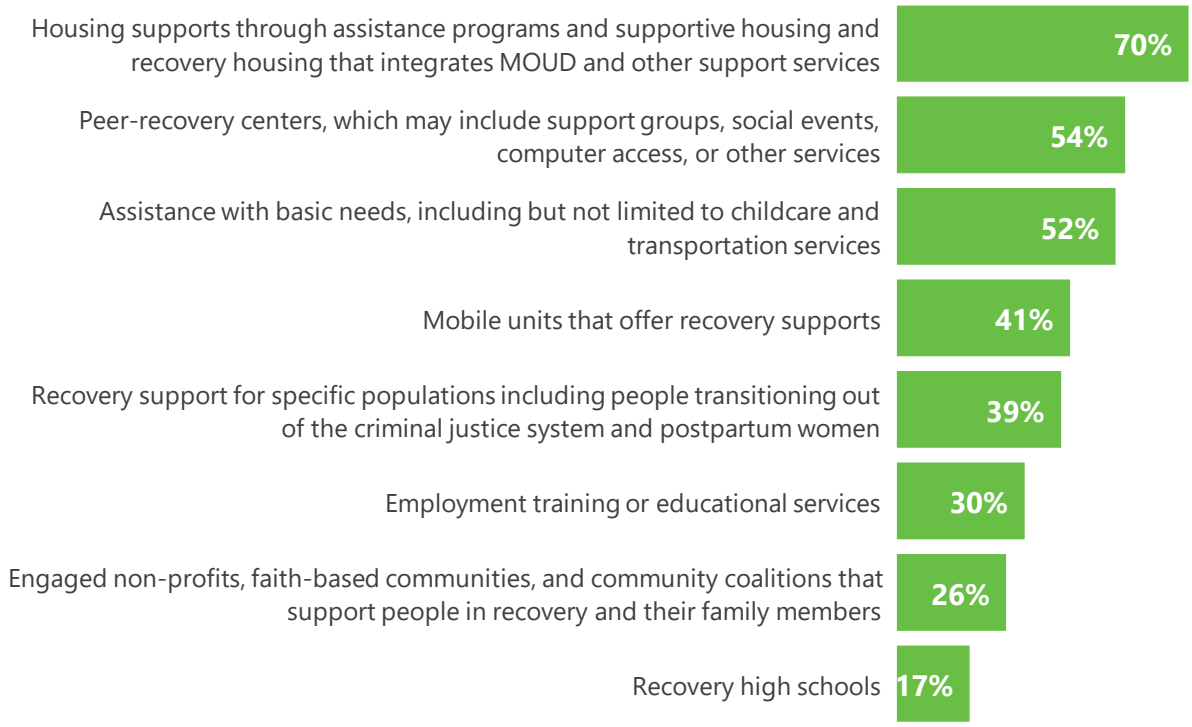
  Rural communities are especially in need of telehealth services. Listening session attendees expressed a need for additional **virtual methadone clinics**.

Recovery

Listening session attendees discussed difficulties **sustaining** recovery programs because they are not covered by Medicaid or other reliable funding sources. It was also expressed that there was a need to expand recovery services that are **not abstinence based**.

Abatement strategies below are organized by highest to lowest priority.

Exhibit 16. Recovery Abatement Strategies Prioritized by Attendees



Listening session attendees discussed some of the above strategies in depth. A summary of discussion points related to abatement strategies are below. The symbol next to a strategy indicates it were among the top 15 priorities for listening session attendees.

Housing supports through assistance programs and supportive housing and recovery housing that integrates MOUD and other support services (70%)

Housing and housing support services are needed in Clackamas County. The lack of housing is a **barrier for people along the SUD continuum**. Specific housing gaps identified were:

- Low barrier housing services that follow a harm reduction model
- Housing that incorporates SUD services
- Supportive housing
- Overnight shelters
- Long-term housing
- Low-income permanent housing

Peer recovery centers, which may include support groups, social events, computer access, and other services (54%)

Listening session attendees discussed the major contribution that peers provide and the need for **additional peer support specialists**. There is generally a high need for peer support specialists, but listening session attendees also specifically mentioned a need for **youth peer mentors** and those who are **culturally diverse**, including those who identify as Latinx, Black, Native American, and those who speak Spanish. There is a need to integrate peers along the **continuum of SUD services** and in **foster care** settings.

In order to attract, hire, and retain peer support specialists, workforce strategies discussed include:

- Establishing trauma-informed workplaces
- Improving compensation packages
- Paying for certifications and education
- Strengthening connections between educational institutions and non-profits

Listening session attendees also expressed a need for more **community-based recovery centers**.

Stigma regarding people who use drugs and harm reduction services is a barrier to expanding peer recovery services in Clackamas County.

Assistance with basic needs including but not limited to childcare and transportation services (52%)

Transportation was highlighted as a substantial barrier across all SUD services, specifically for rural communities, people without driver's licenses, including youth and people who are undocumented, low-income communities, and houseless populations.

Affordable childcare is also a barrier for people trying to access services. Some listening session attendees described a cycle of barriers involving childcare because sometimes childcare is provided while parents are working, but it is difficult to access services or find work if one does not have childcare.

- ***Mobile units that offer recovery support (41%)***

  Mobile units for recovery support are especially needed in **rural communities**.

- ***Recovery support for specific populations including people transitioning out of the criminal justice system and postpartum women (39%)***

  Specific needs mentioned included skills development, supportive employment services, and education services.

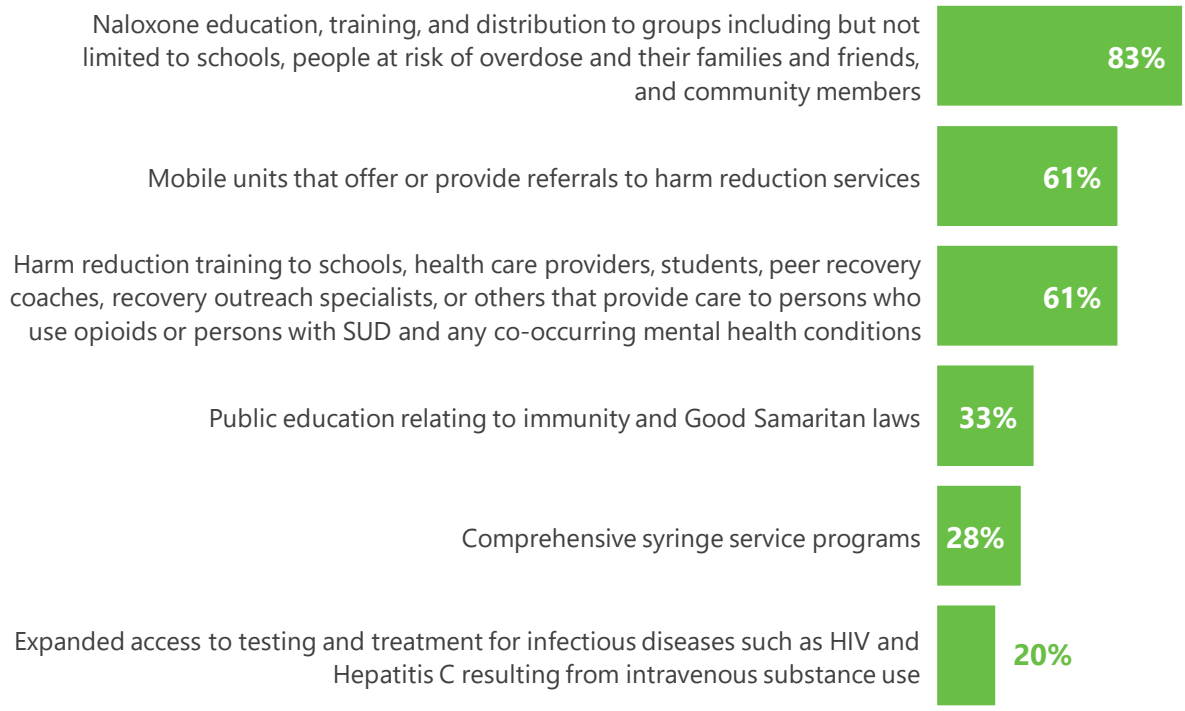
- ***Engaged non-profits, faith-based communities, and community coalitions that support people in recovery and their family members (26%)***

  Listening session attendees highlighted engaging with **faith-based** communities to support recovery.

Harm Reduction

Abatement strategies below are organized by highest to lowest priority.

Exhibit 17. Harm Reduction Abatement Strategies Prioritized by Attendees



Listening session attendees discussed some of the above strategies in depth. A summary of discussion points related to abatement strategies are below. The symbol next to a strategy indicates it were among the top 15 priorities for listening session attendees.

Naloxone education, training, and distribution to groups including but not limited to schools, people at risk of overdose and their families and friends, and community members (83%)

There is a need for naloxone distribution and training throughout the county, specifically for **youth**, **non-English speaking populations**, and those living in **rural communities**. There is also a need for more **messaging that decreases stigma** related to naloxone use and informs parents, grandparents, and other guardians on ways to access naloxone.

Listening session attendees discussed naloxone distribution through:

- Schools
- Naloxone vending machines in jails, libraries, and other community settings
- Community-based organizations

- Peer specialist outreach
- Wellness centers and community popup sites in rural communities
- Primary care settings
- Drop-in centers

Listening session attendees also wanted to ensure a sustainable supply of naloxone was available to the **Harm Reduction Clearinghouse** and to **law enforcement agencies**.

PHD is working with school districts and partners in rural communities to ensure naloxone is more widely available. PHD is also providing training to school nurses and supporting schools in updating their policies related to naloxone.

Mobile units that offer or provide referrals to harm reduction services (61%)

These include mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions

Harm reduction training to school staff, health care providers, students, peer recovery coaches, recovery outreach specialists, or others that provide care to persons who use opioids or persons with SUD and any co-occurring mental health conditions (61%)

Listening session attendees specifically discussed the need for more **fentanyl-related education** for the community, DHS, and law enforcement.

- ***Comprehensive syringe service programs (28%)***
  Currently, syringe service programs only operate in metropolitan areas and with **limited hours**. Listening session attendees expressed a need to increase access to **rural communities** and broaden services to include **wound care** and **nursing triage**.

- ***Other harm reduction strategies***
  Other harm reduction strategies discussed included:
  - Education and services for youth after parental overdose
  - Drug testing resources, including distributing fentanyl test strips
  - Overdose prevention sites

APPENDIX A: ACRONYMNS

ADPC: Alcohol & Drug Policy Commission

ATOD: Alcohol, tobacco, and other drugs

BHRN: Behavioral Health Resource Network

CAST: Calculating for an Adequate System Tool

CDC: Centers for Disease Control and Prevention

CFCC: Children, Family, and Community Connections

CSAP: Clackamas Substance Abuse Program

DATRA: Drug Addiction Treatment and Recovery Act

DHS: Department of Human Services

ED: Emergency department

HIV: Human immunodeficiency virus

MOUD: Medications for opioid use disorder

NAS: Neonatal abstinence syndrome

NOWS: Neonatal opioid withdrawal syndrome

NSDUH: National Survey on Drug Use and Health

OHP: Oregon Health Plan

OHSU-PSU: Oregon Health & Science University – Portland State University

OUD: Opioid use disorder

PHD: Public Health Division

SAMHSA: Substance Abuse and Mental Health Services Administration

SBIRT: Screening, Brief Intervention, and Referral to Treatment

SUD: Substance use disorder

SUDORS: State Unintentional Drug Overdose Reporting System

APPENDIX B: ABATEMENT STRATEGIES

SUBSTANCE USE PREVENTION

- Low-barrier access to youth mental health services
- School-based interventions to prevent opioid use
- Evidence-based prevention programs (parenting skills, child life skills, family communication, case management)
- Engaged non-profits or faith-based communities to support substance use prevention
- Programs and curricula for families and youth at risk for SUD and co-occurring mental health conditions
- Medical provider education and outreach on best prescribing practices for opioids and clinical guidelines (continuing medical education, residency curriculum, tele-mentoring, academic detailing, information dissemination, staff education)
- Non-opioid pain treatment alternatives
- Media campaigns to prevent opioid use
- Clinical health systems interventions (electronic health record alerts and decision-support tools, patient registries, provider feedback and peer comparison, standardized pain care plans, pharmacist consultation, multidisciplinary pain care)
- Education to pharmacists on appropriate opioid dispensing

LINKAGE TO TREATMENT

- ED interventions including MOUD induction, peer support specialists, discharge planning including community referrals to MOUD, and recovery case management or support services
- Behavioral health and first responder co-response to address SUD-related 911 calls with greater SUD expertise
- Post-overdose response teams connecting at-risk individuals to behavioral health care and supports
- Hospital transition to clinically appropriate follow-up care for persons with SUD and any co-occurring mental health conditions, or persons who have experienced an overdose
- Mobile intervention offered by qualified professionals such as peer recovery coaches for people with SUD and overdose survivors
- Integrated SUD treatment with health and family services
- School-based interventions that include parent engagement and connection to treatment services for their child

- Treatment courts, including family treatment courts, that provide evidence-based options for persons with SUD and co-occurring mental health conditions
- Media campaigns to reduce stigma regarding treatment and support for persons with OUD/SUD
- Community-based organizations (non-profits or faith-based) making referrals to treatment
- Centralized call centers that provide information and connections to appropriate services and supports for persons with SUD and any co-occurring mental health conditions
- Screening, Brief Intervention, and Referral to Treatment programs

TREATMENT

- Accessible inpatient/residential treatment
- Increased access to MOUD in community settings (health systems, mobile units, justice settings)
- Access to evidence-based withdrawal management services
- Support crisis stabilization centers that serve as an alternative to EDs for persons with SUD and any co-occurring mental health conditions or persons that have experienced an overdose
- Evidence-based treatment (including MOUD) for people who are incarcerated, previously incarcerated, or under community supervision
- Accessible outpatient therapy/counseling
- Workforce development for SUD providers including healthcare providers and behavioral health practitioners addressing OUD and any co-occurring SUD and mental health conditions
- Accessible intensive outpatient treatment
- Telehealth treatment for SUD/co-occurring mental health conditions (including MOUD, counseling, psychiatric support, other treatment/recovery support services)
- Evidence-based NOWS and NAS practices and therapies

RECOVERY

- Housing supports through assistance programs and supportive housing and recovery housing that integrates MOUD and other support services
- Peer recovery centers, which may include support groups, social events, computer access, or other services
- Assistance with basic needs, including but not limited to childcare and transportation services
- Mobile units that offer recovery supports
- Recovery support for specific populations including people transitioning out of the criminal justice system and postpartum women

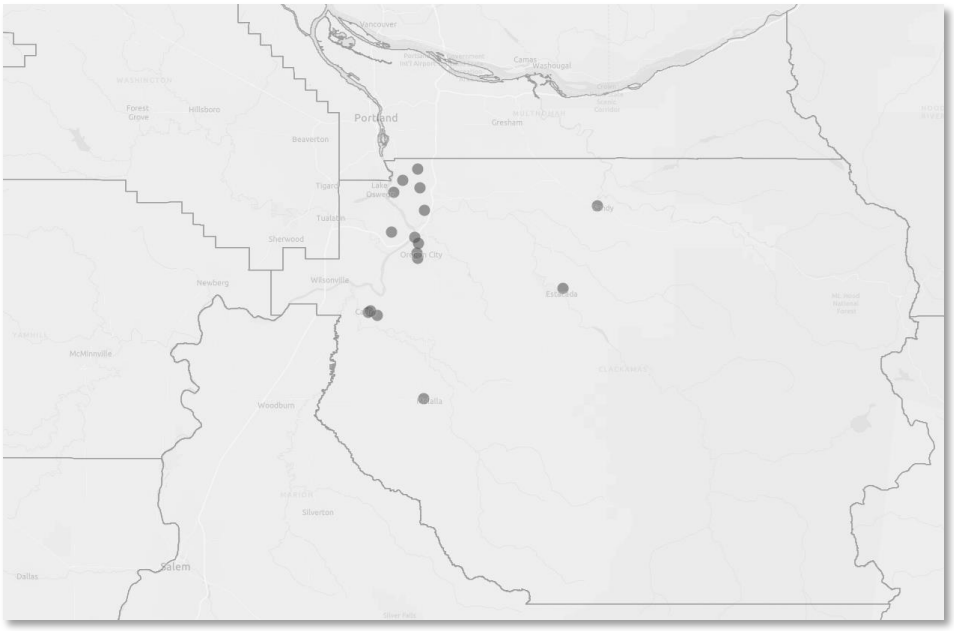
- Employment training or educational services
- Engaged non-profits, faith-based communities, and community coalitions that support people in recovery and their family members
- Recovery high schools

HARM REDUCTION

- Naloxone education, training, and distribution to groups including but not limited to schools, people at risk of overdose and their families and friends, and community members
- Mobile units that offer or provide referrals to harm reduction services
- Harm reduction training to schools, healthcare providers, students, peer recovery coaches, recovery outreach specialists, or others that provide care to persons who use opioids or persons with SUD and any co-occurring mental health conditions
- Public education relating to immunity and Good Samaritan laws
- Comprehensive syringe service programs
- Expanded access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous substance use

APPENDIX C: CLACKAMAS COUNTY SUD PROVIDER AND PARTNER INVENTORY

PREVENTION



- **Clackamas County Prevention Coalition**
  - **Address:** 112 11th St, Oregon City, Oregon
  - **Coalition:** Yes
  - **BHRN funded**: No

- **Clackamas County Public Health Division**
  - **Address**: 2051 Kaen Rd, Ste 367, Oregon City, Oregon
  - **Coalition:** No
  - **BHRN funded**: No

- **Community Living Above**
  - **Address**: PO Box 664, West Linn, Oregon
  - **Coalition**: Yes
  - **BHRN funded**: No

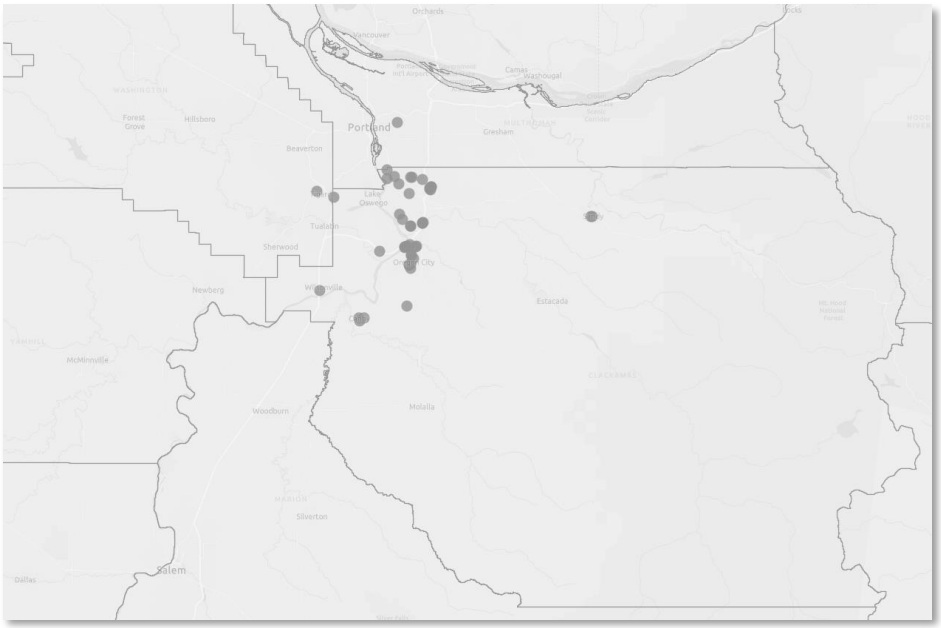
- **Northwest Family Services**
  - **Address**: 6200 SE King Rd, Portland, Oregon
  - **Coalition:** Yes
    - Vibrant Future Coalition, North Clackamas
  - **PreventNet Community Schools:**
    - Gladstone
      - Kraxberger Middle School
    - Milwaukie
      - Alder Creek Middle School
      - Rowe Middle School
      - New Urban High School
    - Oregon City
      - Gardiner Middle School
  - **BHRN funded**: Yes
    - BHRN funded services:
      - Low barrier substance use treatment
      - Screening and comprehensive behavioral health needs
      - Individual intervention planning
      - Peer support mentoring
      - Harm reduction intervention

- **Oregon City Together**
  - **Address**: 1404 7th St, Oregon City, Oregon
  - **Coalition**: Yes
  - **BHRN funded**: No

- **Oregon Recovery Behavioral Health**
  - **Address**: 695 SE 1st Street, Canby, Oregon
  - **Coalition:** No
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider
    - Community-based Criminal Justice Services

- **Todos Juntos**
  - **Address:** 126 S Knott St, Canby, Oregon
  - **Coalition:** No
  - **PreventNet Community Schools**
    - Canby
      - Baker Prairie Middle School
    - Estacada
      - Estacada Middle School
    - Molalla
      - Molalla River Middle School
    - Sandy
      - Cedar Ridge Middle School
  - **BHRN funded:** No

TREATMENT



- **Acadia Northwest, LLC**
  - **Address**: 504 Main St. Ste A, Oregon City, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **Bridges to Change**
  - **Address**: 900 Main St. Ste 200, Oregon City, Oregon
  - **BHRN funded**: Yes
    - Low barrier substance use treatment
    - Screening and comprehensive behavioral health needs
    - Individual intervention planning
    - Peer support mentoring
    - Housing services
  - **Certified to provide:**
    - Outpatient SUD Services

- **Cascadia Health**
  - **Address**: 17070 SE McLoughlin Blvd, Milwaukie, Oregon
  - **BHRN funded**: Yes
    - Low barrier substance use treatment
    - Screening and comprehensive behavioral health needs
    - Individual intervention planning
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider
    - Community-based Criminal Justice Services

- **Clackamas County Health Centers**
  - **Addresses:**
    - 9775 Sunnyside Rd Ste 200, Clackamas, Oregon
    - 18911 Portland Ave, Gladstone, Oregon
    - 998 Library Court, Oregon City, Oregon
    - 1002 Library Court, Oregon City, Oregon
    - 110 Beavercreek Rd Ste 100, Oregon City, Oregon
    - 38872 Proctor Blvd, Sandy, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **Clackamas County Jail**
  - **Address**: 2206 Kaen Rd, Oregon City, Oregon
  - **BHRN funded**: No

- **Clackamas County Substance Abuse Program**
  - **Address**: 9000 SE McBrod Ave, Milwaukie, Oregon
  - **BHRN funded**: No

- **CODA, Inc**
  - **Address**: 10822 SE 82nd Ste K, Clackamas, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider
    - Outpatient Synthetic Opiate Treatment

- **Crossroads Treatment and Counseling Services, LLC**
  - **Addresses**:
    - 8855 SW Holly Ln Ste 122, Wilsonville, Oregon
    - 501 Pleasant Ave Ste 4F, Oregon City, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **Integrated Health Clinics**
  - **Address**: 17882 SE McLoughlin Blvd, Milwaukie, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider
    - Outpatient Synthetic Opiate Treatment

- **Kaiser Permanente**
  - **Addresses**:
    - 9800 SE Sunnyside Road, Clackamas, Oregon
    - 9900 SE Sunnyside Road, Clackamas, Oregon
    - 10163 SE Sunnyside Road Ste 490, Clackamas, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **LifeStance Health**
  - **Addresses**:
    - 10151 SE Sunnyside Road Ste 480, Clackamas, Oregon
    - 870 SE 82nd Drive, Gladstone, Oregon
    - 880 SE 82nd Drive, Gladstone, Oregon
    - 890 SE 82nd Drive, Gladstone, Oregon
    - 5 Centerpointe Drive Ste 320, Lake Oswego, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring
    - Supported employment
    - Harm reduction intervention
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **LifeWorks NW**
  - **Addresses**:
    - 4105 SE International Way Ste 501, Milwaukie, Oregon
    - 18905 Portland Avenue, Gladstone, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider
    - Co-occurring disorder services

- **Morrison Child and Family Services**
  - **Address**: 1713 Penn Lane Ste B, Oregon City, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring
  - **Certified to provide:**
    - Outpatient SUD Services
    - Culturally Specific Services

- **Neighborhood Health Centers**
  - **Addresses**:
    - 178 SW 2nd Ave, Canby, Oregon
    - 10330 SE 32nd Ave, Milwaukie, Oregon
    - 728 Molalla Ave, Oregon City, Oregon
  - **BHRN funded**: No

- **Northwest Family Services**
  - **Address**: 6200 SE King Rd, Portland, Oregon
  - **BHRN funded**: Yes
    - Low barrier substance use treatment
    - Screening and comprehensive behavioral health needs
    - Individual intervention planning
    - Peer support mentoring
    - Harm reduction intervention

- **Northwest Treatment**
  - **Addresses**:
    - 706 Main Street, Oregon City, Oregon
    - 336 N Holly, Canby, Oregon
    - 6523 SE King Rd, Milwaukie, Oregon
    - 511 Main St Ste 201, Oregon City, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **Oregon Recovery Behavioral Health**
  - **Address**: 695 SE 1st Street, Canby, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider
    - Community-based Criminal Justice Services

- **Oregon Trail Recovery, LLC**
  - **Address**: 10600 SE McLoughlin Blvd Ste 102, Milwaukie, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **Pacific Crest Trail Detox, Inc.**
  - **Address**: 13240 SE Rusk Rd, Milwaukie, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Detoxification Services

- **Parrot Creek Child & Family Services**
  - **Addresses**:
    - 1001 Molalla Avenue Ste 209, Oregon City, Oregon
    - 22518 S Parrot Creek Road, Oregon City, Oregon
  - **BHRN funded**: Yes
    - Low barrier substance use treatment
    - Screening and comprehensive behavioral health needs
    - Individual intervention planning
    - Peer support mentoring
  - **Certified to provide:**
    - Outpatient SUD Services

- **Providence Health System Outpatient**
  - **Address**: 1511 Division Street Ste 203, Oregon City, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **Quest Center for Integrative Health**
  - **Address**: 112 Beavercreek Road, Oregon City, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **Recovery Works NW**
  - **Address**: 12540 SW Main St Ste 202, Tigard, Oregon
  - **BHRN funded**: Yes
    - Low barrier substance use treatment
    - Screening and comprehensive behavioral health needs
    - Individual intervention planning
    - Peer support mentoring
    - Harm reduction intervention

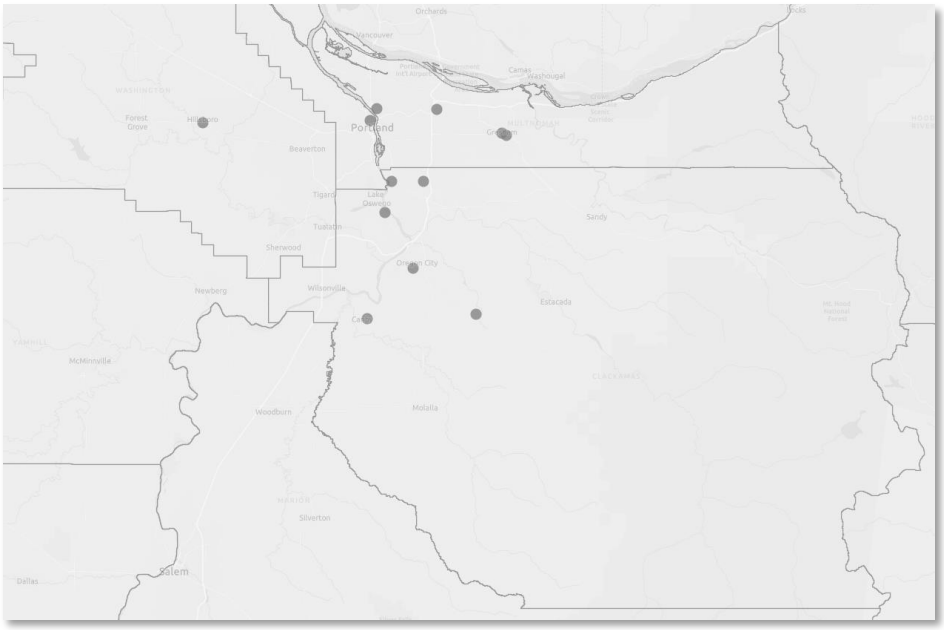
- **Sandy Counseling Center, LLC**
  - **Address**: 39085 Proctor Blvd Ste E, Sandy, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **VA Medical Center**
  - **Address**: 1750 Blankenship Road Ste 300, West Linn, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **Volunteers Of America Oregon**
  - **Address**: 3910 SE Stark St, Portland, Oregon
  - **BHRN funded**: Yes
    - Low barrier substance use treatment
    - Screening and comprehensive behavioral health needs
    - Individual intervention planning

- **Women's Enrichment Counseling**
  - **Address**: 1300 John Adams Street Ste 103, Oregon City, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services

RECOVERY



- **Clackamas County Transition Center**
  - **Address**: 2219 Kaen Rd, Oregon City, Oregon
  - **BHRN funded**: No

- **FolkTime**
  - **Address**: 11211 SE 82nd Ave, Portland, Oregon
  - **BHRN funded**: No

- **Harmony Academy**
  - **Address**: 2507 Christie Dr, Lake Oswego, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring

- **Mental Health & Addiction Association of Oregon**
  - **Address**: 10373 NE Hancock St Ste 106, Portland, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring
    - Harm reduction intervention

- **MetroPlus Association**
  - **Address**: 2054 N Vancouver Ave, Portland, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring

- **New Avenues for Youth**
  - **Address**: 314 SW 9th Ave, Portland, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring

- **Northwest Bible Training Center**
  - **Address**: 23172 S Bluhm Rd, Beavercreek, Oregon
  - **BHRN funded**: No

- **Oregon Recovery Behavioral Health**
  - **Address**: 695 SE 1st Street, Canby, Oregon
  - **BHRN funded**: No
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider
    - Community-based Criminal Justice Services

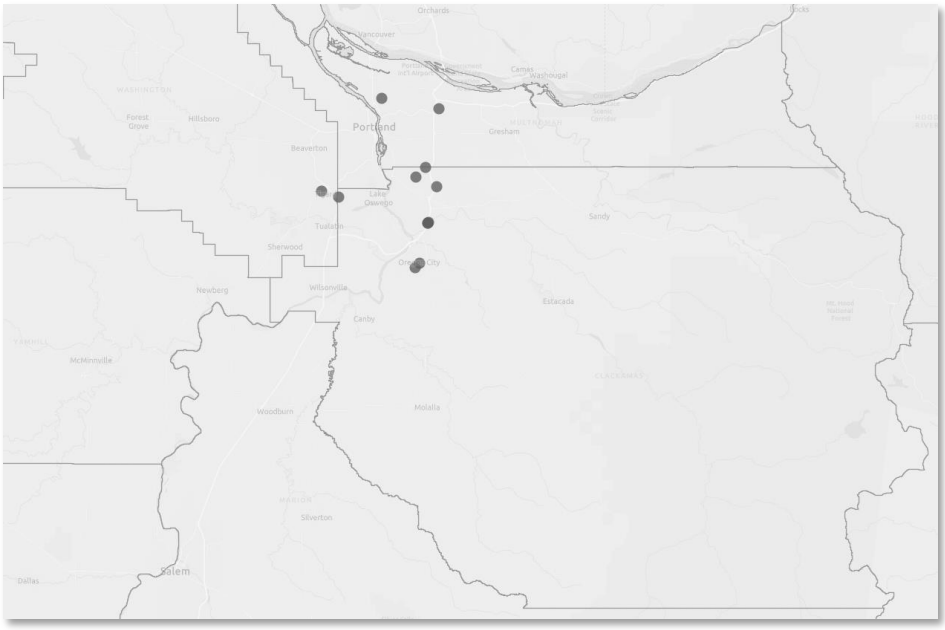
- **Phoenix Rising Transitions**
  - **Address**: PO Box 723, Gresham, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring

- **The 4th Dimension Recovery Center**
  - **Address**: 324 NE 9th St, Gresham, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring
    - Harm reduction intervention

- **Transcending Hope Recovery Homes**
  - **Address**: 347 S 1st Ave Ste A, Hillsboro, Oregon
  - **BHRN funded**: Yes
    - Housing services

- **Youth ERA**
  - **Address**: 11097 SE 21st Ave, Milwaukie, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring

HARM REDUCTION



- **Clackamas County Transition Center**
  - **Address**: 2219 Kaen Rd, Oregon City, Oregon
  - **BHRN funded**: No

- **LifeStance Health**
  - **Addresses**:
    - 10151 SE Sunnyside Road Ste 480, Clackamas, Oregon
    - 870 SE 82nd Drive, Gladstone, Oregon
    - 880 SE 82nd Drive, Gladstone, Oregon
    - 890 SE 82nd Drive, Gladstone, Oregon
    - 5 Centerpointe Drive Ste 320, Lake Oswego, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring
    - Supported employment
    - Harm reduction intervention
  - **Certified to provide:**
    - Outpatient SUD Services
    - DUII Services Provider

- **LoveOne**
  - **Address**: PO Box 212, Oregon City, Oregon
  - **BHRN funded**: No

- **Mental Health & Addiction Association of Oregon**
  - **Address**: 10373 NE Hancock St Ste 106, Portland, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring
    - Harm reduction intervention

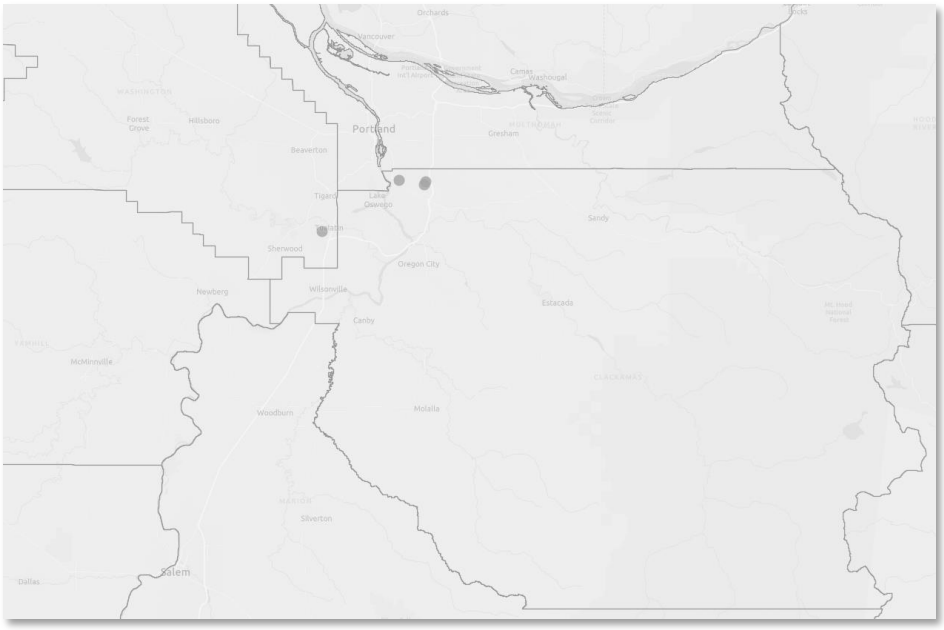
- **Northwest Family Services**
  - **Address**: 6200 SE King Rd, Portland, Oregon
  - **BHRN funded**: Yes
    - Low barrier substance use treatment
    - Screening and comprehensive behavioral health needs
    - Individual intervention planning
    - Peer support mentoring
    - Harm reduction intervention

- **Outside In**
  - **Address**: 8800 SE 80th Ave, Portland, Oregon
  - **BHRN funded**: Yes
    - Harm reduction intervention

- **Recovery Works NW**
  - **Address**: 12540 SW Main St Ste 202, Tigard, Oregon
  - **BHRN funded**: Yes
    - Low barrier substance use treatment
    - Screening and comprehensive behavioral health needs
    - Individual intervention planning
    - Peer support mentoring
    - Harm reduction intervention

- **The 4th Dimension Recovery Center**
  - **Address**: 324 NE 9th St, Gresham, Oregon
  - **BHRN funded**: Yes
    - Peer support mentoring
    - Harm reduction intervention

FIRST RESPONDER SUD PARTNERS



- **Clackamas County Non-Emergency Line**
  - **Address:** 11212 SE 82nd Ave Ste O, Happy Valley, Oregon
  - **BHRN Funded:** No
  - Call Line

- **Clackamas Fire District #1**
  - **Address**: 11300 SE Fuller Rd, Milwaukie, Oregon
  - **BHRN funded**: No
  - Community paramedic

- **Milwaukie Police Department**
  - **Address**: 3200 SE Harrison St, Milwaukie, Oregon
  - **BHRN funded**: No

- **Tualatin Valley Fire & Rescue**
  - **Address**: 19365 SW 90th Ct, Tualatin, Oregon
  - **BHRN funded**: No
  - Community paramedic

APPENDIX D: ORGANIZATIONS REGISTERED FOR LISTENING SESSIONS

- 4D Recovery
- AntFarm
- Bridges to Change
- Canby Fire
- Canby School District
- CareOregon
- Cascadia Health
- Central City Concern
- Children, Family & Community Connections (CFCC)
- City of Gladstone
- City of Milwaukie
- Clackamas County
- Clackamas County Circuit Court
- Clackamas County Mental Health Center
- Clackamas County Mental Health Division
- Clackamas County Sheriff's Office
- Clackamas Fire District #1
- Clackamas Health Centers
- Clackamas Health Centers - Primary care
- Clackamas LEAD
- Clackamas Women's Services
- Clackamas Workforce Partnership
- CODA
- Colton Fire District
- Colton School District
- Community Corrections
- Community Living Above
- Design For Changes (Oregon City Together)
- Gladstone Police Department
- Harmony Academy
- Lake Oswego Oregon
- Lake Oswego Police
- Lake Oswego School District
- LifeStance Health
- LoveOne
- Mental Health & Addiction Association of Oregon (MHAAO)
- Milwaukie Police Department
- Molalla River School District
- Morrison Child and Family Services
- North Clackamas School District
- Northwest Family Services
- Oregon City Police
- Oregon City School District
- Oregon Health & Science University
- Parrott Creek
- Recovery Works NW
- Sandy Fire District
- SEL4OR and COSA/OACOA
- Sunshine Consulting
- The Fathers Heart
- Todos Juntos
- Transcending Hope
- Tualatin Together
- Vibrant Future Coalition
- We Belong PDX
- Wilsonville Police
- Youth ERA

APPENDIX E: PRIORITY QUICK REFERENCE

Naloxone education, training, and distribution to groups including but not limited to schools, people at risk of overdose and their families and friends, and community members

There is a need for naloxone distribution and training throughout the county, specifically for **youth**, **non-English speaking populations**, and those living in **rural communities**. There is also a need for more **messaging that decreases stigma** related to naloxone use and informs parents, grandparents, and other guardians on ways to access naloxone.

Listening session attendees discussed naloxone distribution through:

- Schools
- Naloxone vending machines in jails, libraries, and other community settings
- Community-based organizations
- Peer specialist outreach
- Wellness centers and community popup sites in rural communities
- Primary care settings
- Drop-in centers

Listening session attendees also wanted to ensure a sustainable supply of naloxone was available to the **Harm Reduction Clearinghouse** and to **law enforcement agencies**.

PHD is working with school districts and partners in rural communities to ensure naloxone is more widely available. PHD is also providing training to school nurses and supporting schools in updating their policies related to naloxone.

Housing supports through assistance programs and supportive housing and recovery housing that integrates medications for opioid use disorder (MOUD) and other supportive services

Housing and housing support services are needed in Clackamas County. The lack of housing is a **barrier for people along the SUD continuum**. Specific housing gaps identified were:

- Low barrier housing services that follow a harm reduction model
- Housing that incorporates SUD services
- Supportive housing
- Overnight shelters
- Long-term housing
- Low-income permanent housing

Accessible inpatient/residential treatment

Currently, the only inpatient treatment program in Clackamas County is Clackamas Substance Abuse Program (CSAP), which has historically been used to provide services for justice-involved individuals. There was an expressed need to increase the number of inpatient treatment services **across Clackamas County**, but specifically, inpatient treatment gaps include those for:

- Youth
- People with co-occurring mental illness
- People not involved in the criminal justice system
- Fathers with children
- People insured through the Oregon Health Plan (OHP)

Mobile units that offer or provide referrals to harm reduction services

These include mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions

Harm reduction training to school staff, health care providers, students, peer recovery coaches, recovery outreach specialists, or others that provide care to persons who use opioids or persons with SUD and any co-occurring mental health conditions

Listening session attendees specifically discussed the need for more **fentanyl-related education** for the community, DHS, and law enforcement.

Increased access to MOUD in community settings (health systems, mobile units, justice settings)

Needs that listening session attendees discussed regarding MOUD were:

- Youth MOUD services
- MOUD in rural communities and transportation to urban areas for MOUD services
- Sustainability of the MOUD program in the jail
- Same day access to medications
- More methadone providers
- Stigma reduction initiatives for MOUD

Emergency department (ED) interventions that include MOUD induction, peer support specialists, discharge planning, including community referrals to MOUD, and recovery case management or supportive services

People with mental health and substance use related issues tend to be high utilizers of the ED. There was an expressed gap in **trauma-informed transitions to care** from the hospital, ED, and urgent care settings. For **youth** in particular, entering the ED for SUD-related events can be traumatizing. Some health care professionals are experiencing **compassion fatigue**, and express **stigma** towards people who use drugs, and have **little time and knowledge of services** to make referrals for their patients to follow up care.

To remedy this, listening session attendees discussed:

- Streamlining connections between EDs, urgent care centers, primary care providers, and MOUD, inpatient, and outpatient treatment
- Providing education to health care providers on trauma-informed and anti-stigma care and referral locations
- Connecting patients with peer support upon discharge
- Ensuring that all patients that enter the ED for SUD or related harms are provided a naloxone kit
- Increasing the number of youth-specific ED beds
- Expanding and consistently utilizing Collective Medical

Access to evidence-based withdrawal management services

There is a great need for withdrawal management services in Clackamas County generally, but especially for **youth**. Law enforcement partners also expressed a need for a **location to take people who are intoxicated** (such as a sobering or stabilization center) outside of jails and hospitals.

Peer recovery centers, which may include support groups, social events, computer access, and other services

Listening session attendees discussed the major contribution that peers provide and the need for **additional peer support specialists**. There is generally a high need for peer support specialists, but listening session attendees specifically mentioned a need for **youth peer mentors** and those who are **culturally diverse**, including those who identify as Latinx, Black, Native American, and those who speak Spanish. There is a need to integrate peers along the **continuum of SUD services** and in **foster care** settings.

In order to attract, hire, and retain peer support specialists, workforce strategies discussed include:

- Establishing trauma-informed workplaces
- Improving compensation packages

- Paying for certifications and education
- Strengthening connections between educational institutions and non-profits

Listening session attendees also expressed a need for more **community-based recovery centers**.

Stigma regarding people who use drugs and harm reduction services is a barrier to expanding peer recovery services in Clackamas County.

Assistance with basic needs, including but not limited to childcare and transportation services

Transportation was highlighted as a substantial barrier across all SUD services, specifically for rural communities, people without driver's licenses including youth and people who are undocumented, low-income communities, and houseless populations.

Affordable childcare is also a barrier for people trying to access services. Some listening session attendees described a cycle of barriers involving childcare because sometimes childcare is provided while parents are working, but it is difficult to access services or find work if one does not have childcare.

School-based interventions to prevent opioid use

Listening session attendees expressed a need for schools to have a **consistent and equitable approach to prevention programming**. General barriers that schools face in implementing prevention programming include **inconsistent funding** and staffing and **workforce issues**. Especially post-COVID, there is an abundance of vacancies, which changes the dynamic and delivery of services. Recruiting, hiring, and retaining qualified staff, especially **multicultural prevention providers,** is difficult particularly in **rural communities**.

Listening session attendees also discussed the inconsistent school participation in **student health surveys**, which makes it difficult to understand issues, acquire funds, and plan for solutions across the county.

In addition to the lack of clarity in prevention programming across schools, listening session attendees expressed a need for more **equitable access** to these programs. Some suggested that it would be helpful if programs were open to all youth, at all schools and across age groups. For youth in both urban and rural communities, there is a **lack of transportation** for afterschool, extracurricular, drop-in, and year-round activities. Because buses do not typically run for these programs, youth have a responsibility to arrange their own transportation, which results in limited access for the most at-risk youth.

There was also a need to make prevention programs **relevant for youth**. Some expressed a desire to have youth peer-to-peer prevention education and youth input in prevention programming and messaging.

Specific school-based programming and interventions that need additional support include:

- Prevention education
- Quality afterschool programs that promote active participation
- Mental health interventions
- School resource officer programs that include restorative justice and referrals to services
- Social emotional early education
- Tailored interventions that include fentanyl and overdose prevention education
- Adding school-based positions for drug and alcohol counselors in the schools

Low barrier access to youth mental health services

Listening session attendees expressed that low-barrier, mental health services are **lacking for all populations**, not just youth. There is a limited number of mental health service providers, especially in **rural communities**. Particularly for people in rural communities with limited time, income, and reliable transportation options, it is difficult to drive into an urban area for mental health services. Because of this, people tend to wait for a crisis before seeking help.

In addition to the limited number of services offered, access to those services is limited. Many mental health service providers **do not take OHP**. In the schools, there was an identified gap in **mental health service coordination**, especially between school-based health centers and school counselors due to the lack of defined process for making referrals.

Support crisis stabilization centers that serve as an alternative to EDs for persons with SUD and any co-occurring mental health conditions or persons that have experienced an overdose

Currently, there are no stabilization or sobering centers in Clackamas County. Listening session attendees expressed a need for a **community triage center** for people in crisis to receive services when the ED or jail are not appropriate. Services needed at these locations include **peer support**, **detoxification**, and **referrals to services**.

Evidence-based prevention programming (parental skills, child life skills, family communication, case management)

Listening session attendees expressed that there were not enough evidence-based prevention programs available. Specifically, there is a gap in the availability of services for **rural communities**, **non-English speakers** and **migrant workers and**

their families. Specific evidence-based programs and interventions that need additional support include:

- Community parenting classes
- Skill and asset building in early childhood
- Youth mentorship programs with trusted peers

Expansion warm hand-off programs, like Project Hope

Warm hand-off programs use referral opportunities to guide overdose survivors or those at risk of an overdose to treatment and recovery support services. Warm hand-off programs, including Project Hope, incorporate some of the approved abatement strategies including:

- ***Behavioral health and first responder co-response to address SUD-related 911 calls with greater SUD expertise***
- ***Post-overdose response teams connecting at-risk individuals to behavioral health care and supports***
- ***Hospital transitions to clinically appropriate follow-up care for persons with SUD and any co-occurring mental health conditions, or persons who have experienced an overdose***
- ***Evidence-based treatment (including MOUD) for people who are incarcerated, previously incarcerated, or under community supervision***

Listening session attendees expressed a need for **consistent funding** for warm hand-off programs, funding additional **MOUD coordinators in the community**, and **expansion into other areas** of the county including Wilsonville, Milwaukie, and Molalla

APPENDIX F: LISTENING SESSION PRE-SURVEY

Please view content on the following pages.

Opioid Abatement Strategies Listening Session

The purpose of this survey is to better understand the current landscape of opioid abatement strategies that are occurring in Clackamas County. These opioid abatement strategies are evidence-based strategies that have been identified to address the opioid crisis utilizing opioid settlement funds.

Your responses will inform discussions during opioid settlement listening sessions. This survey is part of a larger assessment to determine gaps and priorities regarding opioid abatement strategies in Clackamas County.

This survey will take approximately 10 minutes to complete. Your responses to this survey are voluntary; you can start or stop the survey at any time or skip questions that you don't want to answer or don't know the answer to.

Although we are not asking you to provide any sensitive information, your responses will be confidential and your specific individual response will not be shared publicly.

Opioid Abatement Strategies Listening Session

Listening Session Information

* 1. Please complete the information below to complete registration.

Name

Email

Organization affiliation

Job title

* 2. Are you planning to attend a listening session?

- ◯ Yes
- ◯ No

Opioid Abatement Strategies Listening Session

Substance Use Primary Prevention

This section includes items regarding substance use primary prevention. These strategies include those conducted in schools and the community (such as school-based curriculum and drug disposal programs), those conducted in the healthcare field (such as education on best practices for opioid prescribing), and mental health

and family supports to prevent use in children.

3. Are you familiar with substance use primary prevention strategies in Clackamas County?

- ◯ Yes
- ◯ No

Opioid Abatement Strategies Listening Session

Substance Use Primary Prevention

4. Please identify whether these strategies are currently happening, are being planned, or are not happening or not being planned in Clackamas County.

If you don't know, please either skip the item or select "Don't know."

If any of these strategies are being done in part, select "Being done." There will be an opportunity to discuss gaps within these strategies.

	Being done (currently happening)	Being planned (including through the BHRN or other funding source)	Not being done or planned	Don't know
Media campaigns to prevent opioid use	◯	◯	◯	◯
School-based interventions to support opioid use prevention	◯	◯	◯	◯
Engaged non-profits or faith-based communities to support substance use prevention	◯	◯	◯	◯
Evidence-based prevention programs (parenting skills, child life skills, family communication, case management)	◯	◯	◯	◯
Programs and **curricula for families and youth at risk for SUD** and co-occurring mental health conditions	◯	◯	◯	◯
Low-barrier access to **youth mental health services**	◯	◯	◯	◯
Medical **provider education and outreach on best prescribing practices** for opioids and clinical guidelines (CME, residency curriculum, telementoring, academic detailing, information dissemination, staff education)	◯	◯	◯	◯
Clinical **health systems interventions** (electronic health record alerts and decision-support tools, patient registries, provider feedback and peer comparison, standardized pain care plans, pharmacist consultation, multidisciplinary pain care)	◯	◯	◯	◯
Non-opioid pain treatment alternatives	◯	◯	◯	◯
Education to pharmacists on **appropriate opioid dispensing**	◯	◯	◯	◯

Please provide any thoughts related to the strategies above or list any strategies not listed that are being planned or currently happening.

Opioid Abatement Strategies Listening Session

Connection to Substance Use Disorder Treatment

This section includes items regarding connection to substance use disorder treatment. These strategies are related to Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other healthcare referral activities, first responder referral activities, school-based referral activities, mobile treatment outreach, and treatment integration with court and family services programs.

5. Are you familiar with strategies to connect people to opioid use disorder treatment services in Clackamas County?

- ◯ Yes
- ◯ No

Opioid Abatement Strategies Listening Session

Connection to Substance Use Disorder Treatment

6. Please identify whether these strategies are currently happening, are being planned, or are not happening or not being planned in Clackamas County.

If you don't know, please either skip the item or select "Don't know."

If any of these strategies are being done in part, select "Being done." There will be an opportunity to discuss gaps within these strategies.

	Being done (currently happening)	Being planned (including through the BHRN or other funding source)	Not being done or planned	Don't know
Media campaigns to reduce stigma regarding treatment and support for persons with OUD/SUD.	◯	◯	◯	◯
Emergency department interventions including medication assisted treatment (MAT) induction, peer support specialists, discharge planning including community referrals to MAT, and recovery case management or support services	◯	◯	◯	◯
Centralized **call centers that provide information and connections to appropriate services** and supports for persons with SUD and any co-occurring mental health conditions	◯	◯	◯	◯
Screening, Brief Intervention, and Referral to Treatment (**SBIRT**) programs	◯	◯	◯	◯
Hospital transition to clinically appropriate follow-up care for persons with SUD and any co-occurring mental health conditions, or persons who have experienced an overdose	◯	◯	◯	◯
Mobile intervention offered by qualified professionals such as peer recovery coaches for	◯	◯	◯	◯

people with SUD and overdose survivors

Behavioral health and first responder co-response to address SUD-related 911 calls with greater SUD expertise	◯	◯	◯	◯
Treatment courts, including family treatment courts, that provide evidence-based options for persons with SUD and co-occurring mental health conditions	◯	◯	◯	◯
Post-overdose response teams connecting at-risk individuals to behavioral health care and supports	◯	◯	◯	◯
Integrated substance use disorder treatment with health and family services	◯	◯	◯	◯
Community-based organizations (non-profits or faith-based) making referrals to treatment	◯	◯	◯	◯
School-based interventions that include parent engagement and connection to treatment services for their child	◯	◯	◯	◯

Please provide any thoughts related to the strategies above or list any strategies not listed that are being planned or currently happening.

Opioid Abatement Strategies Listening Session

Substance Use Disorder Treatment

This section includes items regarding substance use disorder treatment. These strategies include topics related to medications for opioid use disorder (MOUD), treatment modalities, neonatal opioid withdrawal syndrome (NOWS), and other treatment topics.

7. Are you familiar with substance use disorder treatment strategies in Clackamas County?

- ◯ Yes
- ◯ No

Opioid Abatement Strategies Listening Session

Opioid Use Disorder Treatment

8. Please identify whether these strategies are currently happening, are being planned, or are not happening or not being planned in Clackamas County.

If you don't know, please either skip the item or select "Don't know."

If any of these strategies are being done in part, select "Being done." There will be an opportunity to discuss gaps within these strategies.

	Being done (currently happening)	Being planned (including through the BHRN or other funding source)	Not being done or planned	Don't know
Accessible **inpatient/residential treatment**	○	○	○	○
Accessible **intensive outpatient treatment**	○	○	○	○
Accessible **outpatient therapy**/counseling	○	○	○	○
Increased access to **medication assisted treatment (MAT)** in community settings (health systems, mobile units, justice settings)	○	○	○	○
Evidence-based **neonatal opioid withdrawal syndrome (NOWS) and neonatal abstinence syndrome (NAS) practices** and therapies	○	○	○	○
Evidence-based treatment (including MOUD) for people who are **incarcerated, previously incarcerated, or under community supervision**	○	○	○	○
Telehealth treatment for SUD/co-occurring mental health conditions (including MAT, counseling, psychiatric support, other treatment/recovery support services)	○	○	○	○
Access to evidence-based **withdrawal management services**	○	○	○	○
Workforce development for SUD providers including healthcare providers and behavioral health practitioners addressing OUD and any co-occurring SUD/MH	○	○	○	○
Support **crisis stabilization centers** that serve as an alternative to hospital emergency departments for persons with SUD and any co-occurring mental health conditions or persons that have experienced an overdose	○	○	○	○

Please provide any thoughts related to the strategies above or list any strategies not listed that are being planned or currently happening.

Opioid Abatement Strategies Listening Session

Recovery Support Services

This section includes items regarding recovery support services. These strategies include topics related to housing, transportation, wrap-around services, and other recovery topics.

9. Are you familiar with recovery support service strategies in Clackamas County?

- ◯ Yes
- ◯ No

Opioid Abatement Strategies Listening Session

Recovery Support Services

10. Please identify whether these strategies are currently happening, are being planned, or are not happening or not being planned in Clackamas County.

If you don't know, please either skip the item or select "Don't know."

If any of these strategies are being done in part, select "Being done." There will be an opportunity to discuss gaps within these strategies.

	Being done (currently happening)	Being planned (including through the BHRN or other funding source)	Not being done or planned	Don't know
Assistance with **basic needs** including but not limited to childcare and transportation services	○	○	○	○
Employment training or **educational** services	○	○	○	○
Housing supports through assistance programs and supportive housing and recovery housing that integrates medication assisted treatment and other support services	○	○	○	○
Recovery high schools	○	○	○	○
Recovery support for specific populations including people transitioning out of the **criminal justice system and postpartum women**	○	○	○	○
Comprehensive evidence-based and recovery support for **babies with neonatal opioid withdrawal syndrome** (NOWS) or neonatal abstinence syndrome (NAS)	○	○	○	○
Engaged non-profits, faith-based communities, and community coalitions that support people in recovery and their family members	○	○	○	○
Peer-recovery centers, which may include support groups, social events, computer access, or other services	○	○	○	○
Mobile units that offer recovery supports	○	○	○	○

Please provide any thoughts related to the strategies above or list any strategies not listed that are being planned or currently happening.

Opioid Abatement Strategies Listening Session

Harm Reduction Services

This section includes items regarding harm reduction services. These strategies include topics related to naloxone, syringe service programs, fentanyl testing, Good Samaritan Laws, training related to harm reduction, and other harm reduction

topics.

11. Are you familiar with harm reduction strategies in Clackamas County?

- ◯ Yes
- ◯ No

Opioid Abatement Strategies Listening Session

Harm Reduction Services

12. Please identify whether these strategies are currently happening, are being planned, or are not happening or not being planned in Clackamas County.

If you don't know, please either skip the item or select "Don't know."

If any of these strategies are being done in part, select "Being done." There will be an opportunity to discuss gaps within these strategies.

	Being done (currently happening)	Being planned (including through the BHRN or other funding source)	Not being done or planned	Don't know
Naloxone education, training, and distribution to groups including but not limited to schools, people at risk of overdose and their families and friends, and community members	◯	◯	◯	◯
Comprehensive **syringe service programs**	◯	◯	◯	◯
Public education relating to immunity and Good Samaritan laws	◯	◯	◯	◯
Expanded access to **testing and treatment for infectious diseases** such as HIV and Hepatitis C resulting from intravenous substance use	◯	◯	◯	◯
Mobile units that offer or provide referrals to harm reduction services	◯	◯	◯	◯
Harm reduction training to populations including but not limited to schools, health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with SUD and any co-occurring mental health conditions	◯	◯	◯	◯

Please provide any thoughts related to the strategies above or list any strategies not listed that are being planned or currently happening.

APPENDIX G: LISTENING SESSION PRESENTATION

Please view content on the following pages.

REC

CLACKAMAS COUNTY OPIOID SETTLEMENT LISTENING SESSIONS

October 2022

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1

Welcome

2

INTRODUCTION

Add to the chat:

- Name
- Preferred pronouns
- Role

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3

PURPOSE

- Opioid Settlement funding in Clackamas County:

Evidence	Transparency
Equity	Collaboration

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FOCUS

Opioid settlement abatement strategies "bucketed" into broad categories:

- Linkages to treatment
- Treatment
- Recovery
- Harm Reduction
- Prevention

Goal: comprehensive assessment

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GROUND RULES

- Comments should be:
  - Brief – We have a lot of content to cover!
  - Inclusive – All opinions should be heard!
  - Additive – We don't need to come to a consensus!
  - Respectful – Just because!

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AGENDA
Gaps Discussion
Break Out Groups (30 min)
Gaps Discussion
Summarize with larger group (25 min)
Priority Setting
Survey (5 min)
Priority Setting
Reactions to Results (15 min)
Final Thoughts
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7


Gap Discussion
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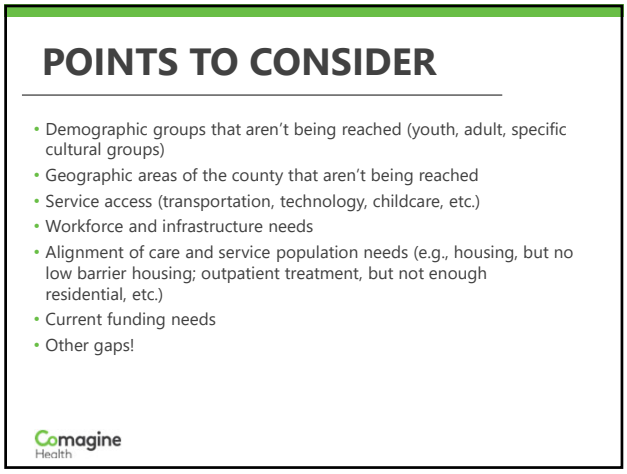
8


POINTS TO CONSIDER
Demographic groups that aren't being reached (youth, adult, specific cultural groups)
Geographic areas of the county that aren't being reached
Service access (transportation, technology, childcare, etc.)
Workforce and infrastructure needs
Alignment of care and service population needs (e.g., housing, but no low barrier housing; outpatient treatment, but not enough residential, etc.)
Current funding needs
Other gaps!
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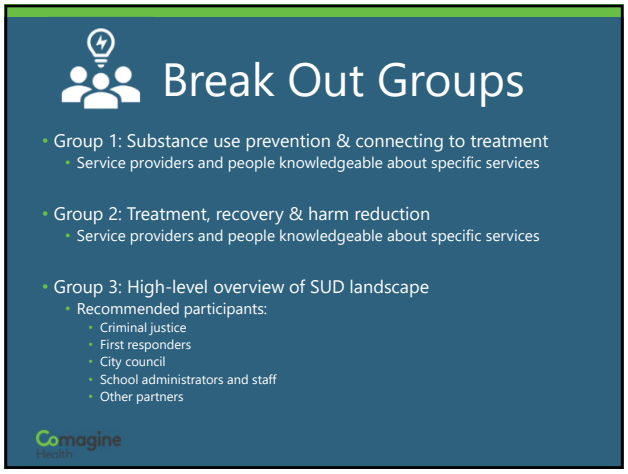
Break Out Groups
Group 1: Substance use prevention & connecting to treatment
Service providers and people knowledgeable about specific services
Group 2: Treatment, recovery & harm reduction
Service providers and people knowledgeable about specific services
Group 3: High-level overview of SUD landscape
Recommended participants:
Criminal justice
First responders
City council
School administrators and staff
Other partners
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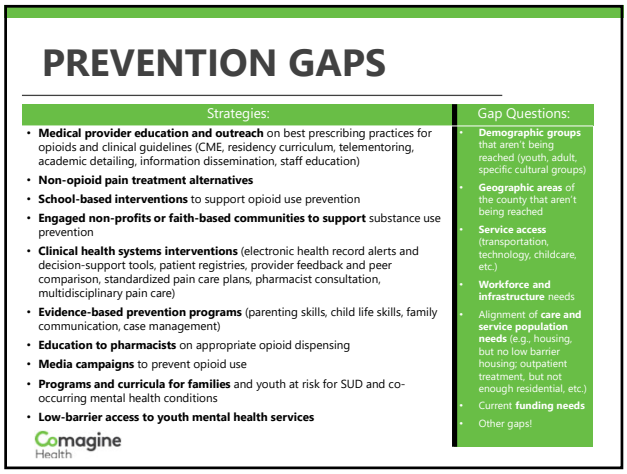
PREVENTION GAPS
Strategies:
Medical provider education and outreach on best prescribing practices for opioids and clinical guidelines (CME, residency curriculum, telementoring, academic detailing, information dissemination, staff education)
Non-opioid pain treatment alternatives
School-based interventions to support opioid use prevention
Engaged non-profits or faith-based communities to support substance use prevention
Clinical health systems interventions (electronic health record alerts and decision-support tools, patient registries, provider feedback and peer comparison, standardized pain care plans, pharmacist consultation, multidisciplinary pain care)
Evidence-based prevention programs (parenting skills, child life skills, family communication, case management)
Education to pharmacists on appropriate opioid dispensing
Media campaigns to prevent opioid use
Programs and curricula for families and youth at risk for SUD and co-occurring mental health conditions
Low-barrier access to youth mental health services
Gap Questions:
Demographic groups that aren't being reached (youth, adult, specific cultural groups)
Geographic areas of the county that aren't being reached
Service access (transportation, technology, childcare, etc.)
Workforce and infrastructure needs
Alignment of care and service population needs (e.g., housing, but no low barrier housing; outpatient treatment, but not enough residential, etc.)
Current funding needs
Other gaps!
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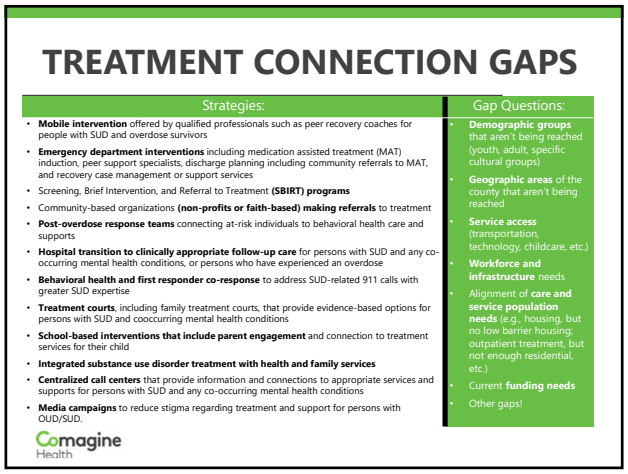
TREATMENT CONNECTION GAPS
Strategies:
Mobile intervention offered by qualified professionals such as peer recovery coaches for people with SUD and overdose survivors
Emergency department interventions including medication assisted treatment (MAT) induction, peer support specialists, discharge planning including community referrals to MAT, and recovery case management or support services
Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs
Community-based organizations (non-profits or faith-based) making referrals to treatment
Post-overdose response teams connecting at-risk individuals to behavioral health care and supports
Hospital transition to clinically appropriate follow-up care for persons with SUD and any co-occurring mental health conditions, or persons who have experienced an overdose
Behavioral health and first responder co-response to address SUD-related 911 calls with greater SUD expertise
Treatment courts, including family treatment courts, that provide evidence-based options for persons with SUD and cooccurring mental health conditions
School-based interventions that include parent engagement and connection to treatment services for their child
Integrated substance use disorder treatment with health and family services
Centralized call centers that provide information and connections to appropriate services and supports for persons with SUD and any co-occurring mental health conditions
Media campaigns to reduce stigma regarding treatment and support for persons with OUD/SUD.
Gap Questions:
Demographic groups that aren't being reached (youth, adult, specific cultural groups)
Geographic areas of the county that aren't being reached
Service access (transportation, technology, childcare, etc.)
Workforce and infrastructure needs
Alignment of care and service population needs (e.g., housing, but no low barrier housing; outpatient treatment, but not enough residential, etc.)
Current funding needs
Other gaps!
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TREATMENT GAPS

Strategies:	Gap Questions:
• Accessible **outpatient therapy/counseling** • Increased access to medication assisted treatment **(MAT) in community settings** (health systems, mobile units, justice settings) • Accessible **intensive outpatient treatment** • **Evidence-based treatment (including MOUD) for people who are incarcerated**, previously incarcerated, or under community supervision • **Telehealth treatment** for SUD/co-occurring mental health conditions (including MAT, counseling, psychiatric support, other treatment/recovery support services) • Accessible **inpatient/residential treatment** • Access to **evidence-based withdrawal management services** • **Workforce development** for SUD providers including healthcare providers and behavioral health practitioners addressing OUD and any co-occurring SUD/MH • Support **crisis stabilization centers** that serve as an alternative to hospital emergency departments for persons with SUD and any co-occurring mental health conditions or persons that have experienced an overdose • Evidence-based neonatal opioid withdrawal syndrome **(NOWS) and neonatal abstinence syndrome (NAS) practices and therapies**	• **Demographic groups** that aren't being reached (youth, adult, specific cultural groups) • **Geographic areas** of the county that aren't being reached • **Service access** (transportation, technology, childcare, etc.) • **Workforce and infrastructure** needs • Alignment of **care and service population needs** (e.g., housing, but no low barrier housing; outpatient treatment, but not enough residential, etc.) • Current **funding needs** • Other gaps!

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RECOVERY GAPS

Strategies:	Gap Questions:
• **Recovery support for specific populations** including people transitioning out of the criminal justice system and postpartum women • **Housing supports** through assistance programs and supportive housing and recovery housing that integrates medication assisted treatment and other support services • **Recovery high schools** • **Engaged non-profits, faith-based communities, and community coalitions that support people in recovery** and their family members • **Peer-recovery centers**, which may include support groups, social events, computer access, or other services • Assistance with basic needs including but not limited to **childcare and transportation services** • **Employment training** or **educational services** • **Mobile units** that offer recovery supports • Comprehensive evidence-based and **recovery support for babies with neonatal opioid withdrawal syndrome (NOWS)** or neonatal abstinence syndrome (NAS)	• **Demographic groups** that aren't being reached (youth, adult, specific cultural groups) • **Geographic areas** of the county that aren't being reached • **Service access** (transportation, technology, childcare, etc.) • **Workforce and infrastructure** needs • Alignment of **care and service population needs** (e.g., housing, but no low barrier housing; outpatient treatment, but not enough residential, etc.) • Current **funding needs** • Other gaps!

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HARM REDUCTION GAPS

Strategies:	Gap Questions:
• **Naloxone education, training, and distribution** to groups including but not limited to schools, people at risk of overdose and their families and friends, and community members • **Harm reduction training** to populations including but not limited to schools, health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with SUD and any co-occurring mental health conditions • Comprehensive **syringe service programs** • Public **education relating to immunity** and Good Samaritan laws • Expanded access to **testing and treatment for infectious diseases** such as HIV and Hepatitis C resulting from intravenous substance use • **Mobile units** that offer or provide referrals to harm reduction services	• **Demographic groups** that aren't being reached (youth, adult, specific cultural groups) • **Geographic areas** of the county that aren't being reached • **Service access** (transportation, technology, childcare, etc.) • **Workforce and infrastructure** needs • Alignment of **care and service population needs** (e.g., housing, but no low barrier housing; outpatient treatment, but not enough residential, etc.) • Current **funding needs** • Other gaps!

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Discussion

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Priority Setting

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Discussion

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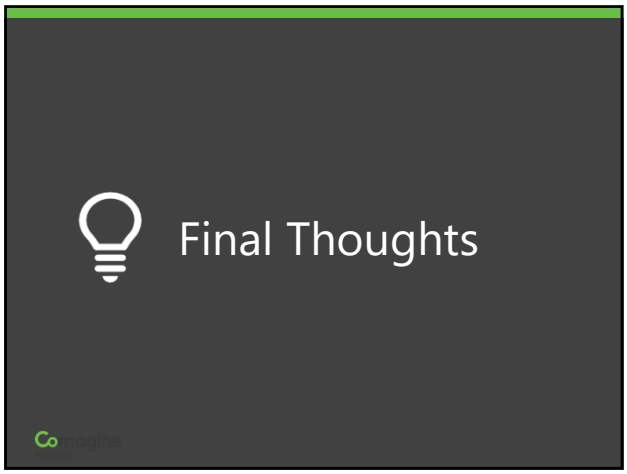
18



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APPENDIX H: PRIORITIZATION SURVEY

Please view content on the following pages.

Opioid Abatement Strategies Listening Session Prioritization

1. **Please check the <u>substance use prevention</u> strategies below that should be prioritized for additional funding in Clackamas County.**

- [ ] **Medical provider education** and outreach on best prescribing practices for opioids and clinical guidelines (CME, residency curriculum, telementoring, academic detailing, information dissemination, staff education)
- [ ] Non-opioid **pain treatment alternatives**
- [ ] **School-based interventions** to support opioid use prevention
- [ ] Engaged non-profits or faith-based **communities to support substance use prevention**
- [ ] **Clinical health systems interventions** (electronic health record alerts and decision-support tools, patient registries, provider feedback and peer comparison, standardized pain care plans, pharmacist consultation, multidisciplinary pain care)
- [ ] **Evidence-based prevention programs** (parenting skills, child life skills, family communication, case management)
- [ ] **Education to pharmacists** on appropriate opioid dispensing
- [ ] **Media campaigns** to prevent opioid use
- [ ] Programs and **curricula for families and youth at risk for SUD** and co-occurring mental health conditions
- [ ] Low-barrier access to **youth mental health services**
- [ ] None of the above

2. **Please check the <u>connection to treatment</u> strategies below that should be prioritized for additional funding in Clackamas County.**

- [ ] **Media campaigns** to reduce stigma regarding treatment and support for persons with OUD/SUD.
- [ ] **Emergency department interventions** including medication assisted treatment (MAT) induction, peer support specialists, discharge planning including community referrals to MAT, and recovery case management or support services
- [ ] Centralized **call centers that provide information and connections to appropriate services** and supports for persons with SUD and any co-occurring mental health conditions
- [ ] Screening, Brief Intervention, and Referral to Treatment (**SBIRT**) programs
- [ ] **Hospital transition to clinically appropriate follow-up care** for persons with SUD and any co-occurring mental health conditions, or persons who have experienced an overdose
- [ ] **Mobile intervention offered by qualified professionals such as peer recovery coaches** for people with SUD and overdose survivors
- [ ] **Behavioral health and first responder co-response to address SUD-related 911 calls** with greater SUD expertise
- [ ] **Treatment courts**, including family treatment courts, that provide evidence-based options for persons with SUD and cooccurring mental health conditions
- [ ] **Post-overdose response** teams connecting at-risk individuals to behavioral health care and supports
- [ ] **Integrated substance use disorder treatment with health and family services**
- [ ] **Community-based organizations (non-profits or faith-based) making referrals to** treatment
- [ ] **School-based interventions** that include parent engagement and connection to treatment services for their child
- [ ] None of the above

3. **Please check the <u>use disorder treatment</u> strategies below that should be prioritized for additional funding in Clackamas County.**

- [ ] Accessible **inpatient/residential treatment**
- [ ] Accessible **intensive outpatient treatment**
- [ ] Accessible **outpatient therapy**/counseling
- [ ] Increased access to **medication assisted treatment (MAT)** in community settings (health systems, mobile units, justice settings)
- [ ] Evidence-based **neonatal opioid withdrawal syndrome (NOWS) and neonatal abstinence syndrome (NAS) practices** and therapies
- [ ] Evidence-based treatment (including MOUD) for people who are **incarcerated, previously incarcerated, or under community supervision**
- [ ] **Telehealth treatment** for SUD/co-occurring mental health conditions (including MAT, counseling, psychiatric support, other treatment/recovery support services)
- [ ] Access to evidence-based **withdrawal management services**
- [ ] **Workforce development for SUD providers** including healthcare providers and behavioral health practitioners addressing OUD and any co-occurring SUD/MH
- [ ] Support **crisis stabilization centers** that serve as an alternative to hospital emergency departments for persons with SUD and any co-occurring mental health conditions or persons that have experienced an overdose
- [ ] None of the above

4. **Please check the recovery strategies below that should be prioritized for additional funding in Clackamas County.**

- [ ] Assistance with **basic needs** including but not limited to childcare and transportation services
- [ ] **Employment** training or **educational** services
- [ ] **Housing supports** through assistance programs and supportive housing and recovery housing that integrates medication assisted treatment and other support services
- [ ] **Recovery high schools**
- [ ] Recovery support for specific populations including people transitioning out of the **criminal justice system and postpartum women**
- [ ] Comprehensive evidence-based and recovery support for **babies with neonatal opioid withdrawal syndrome** (NOWS) or neonatal abstinence syndrome (NAS)
- [ ] **Engaged non-profits, faith-based communities, and community coalitions** that support people in recovery and their family members
- [ ] **Peer-recovery centers**, which may include support groups, social events, computer access, or other services
- [ ] **Mobile units** that offer recovery supports
- [ ] None of the above

5. **Please check the harm reduction strategies below that should be prioritized for additional funding in Clackamas County.**

- [ ] **Naloxone education, training, and distribution** to groups including but not limited to schools, people at risk of overdose and their families and friends, and community members
- [ ] Comprehensive **syringe service programs**
- [ ] **Public education relating to immunity and Good Samaritan** laws
- [ ] Expanded access to **testing and treatment for infectious diseases** such as HIV and Hepatitis C resulting from intravenous substance use
- [ ] **Mobile units** that offer or provide referrals to harm reduction services
- [ ] **Harm reduction training** to schools, health care providers, students, peer recovery coaches, recovery outreach specialists, or others that provide care to persons who use opioids or persons with SUD and any co-occurring mental health conditions
- [ ] None of the above

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Reimagining health care, together. With our partners, we work to improve health and create a better health care system so that people and communities will flourish.

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