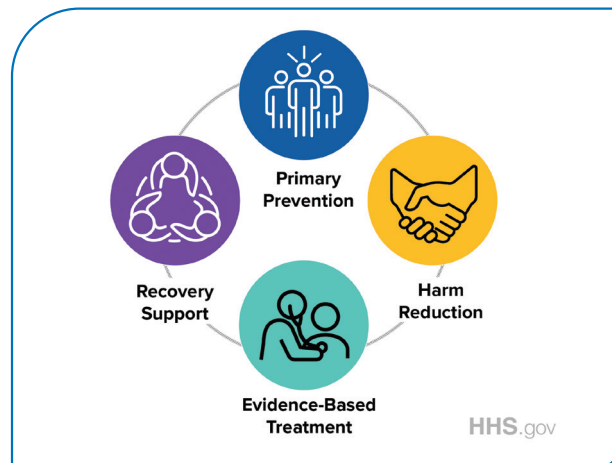


Strategies to confront the opioid crisis in Clackamas County

Overview of gaps and priorities

Clackamas County is expected to receive \$24 million over the next 18 years, as stipulated by a settlement agreement with pharmaceutical companies for their actions that helped fuel the opioid crisis.

Community perspectives from nearly 60 local organizations serving Clackamas County were gathered to identify current service gaps and prioritize approved abatement strategies to inform settlement allocation decisions. Common themes of existing gaps in accessing services include workforce and transportation challenges, as well as a lack of culturally responsive services. Participants also identified the following:



Recovery Support

Current Gaps

- Overnight shelters, supportive and long-term housing and access to low-income permanent housing that embraces a harm reduction model
- Childcare and transportation, particularly in rural communities

Priority Strategies

- Invest in additional housing supports that integrate MOUD and other supportive services
- Provide additional resources and assistance to help with basic needs (childcare; transportation)

Substance Use Prevention

Current Gaps

- Early childhood skills-building and education specific to fentanyl and overdose prevention.
- School-based interventions, including mentorship programs, comprehensive drug education, school resource officers, drug/alcohol counselors and community parenting classes
- Limited rural resources, lack of mental health interventions and few service providers accepting Oregon Health Plan coverage

Priority Strategies

- Expand school-based interventions to prevent opioid use
- Remove barriers to access for youth mental health services
- Provide additional evidence-based prevention programming (parental skills, child life skills, family communication, case management)

Harm Reduction

Current Gaps

- Mobile harm reduction services currently unable serve the entire county with a focus on culturally-specific and rural communities

Priority Strategies

- Provide additional community harm reduction trainings and messaging to decrease stigma related to naloxone and MOUD.
- Expand mobile unit resources that offer or provide referrals to harm reduction services available in all communities throughout the county

Linkage to Treatment

Current Gaps

- Limited availability among existing services, including medications for opioid use disorder (MOUD)
- Trauma-informed transitions from the hospital, emergency departments and urgent care settings.
- Education for health care providers on trauma-informed care and reducing stigma
- Adequate and sustainable funding

Priority Strategies

- Increase access to emergency department interventions that include MOUD, peer support, discharge planning, and recovery case management or supportive services.
- Expansion of warm hand-off programs (Project Hope, Behavioral Health and First Responder co-response)

Evidence Based Treatment

Current Gaps

- Limited availability of community triage and stabilization centers that include peer support, detox, and referrals to services
- Methadone providers and same-day access to medications
- MOUD services for youth, rural communities, and sustainable programming in jails
- Services with immediate access to treatment, including high barriers for:
 - Youth
 - People with co-occurring SUD and mental illness
 - People not criminal justice-involved
 - Fathers with children
 - People insured through OHP

Priority Strategies

- Increase inpatient/residential treatments and MOUD community resources in community (health systems, mobile units, justice settings)
- Provide additional access to evidence-based withdrawal management services