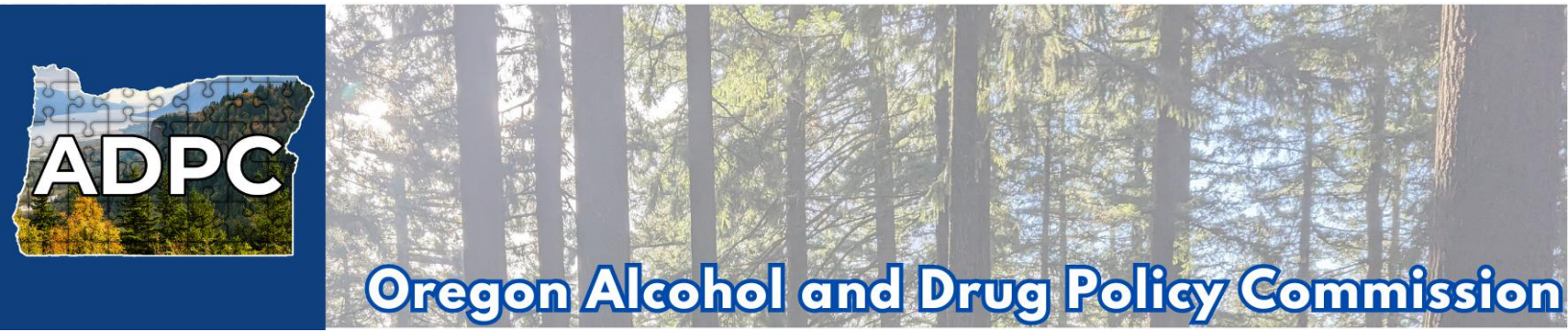


Community Feedback on Substance Use Disorder Services in Oregon: A Thematic Synthesis for ADPC Commission and Committees

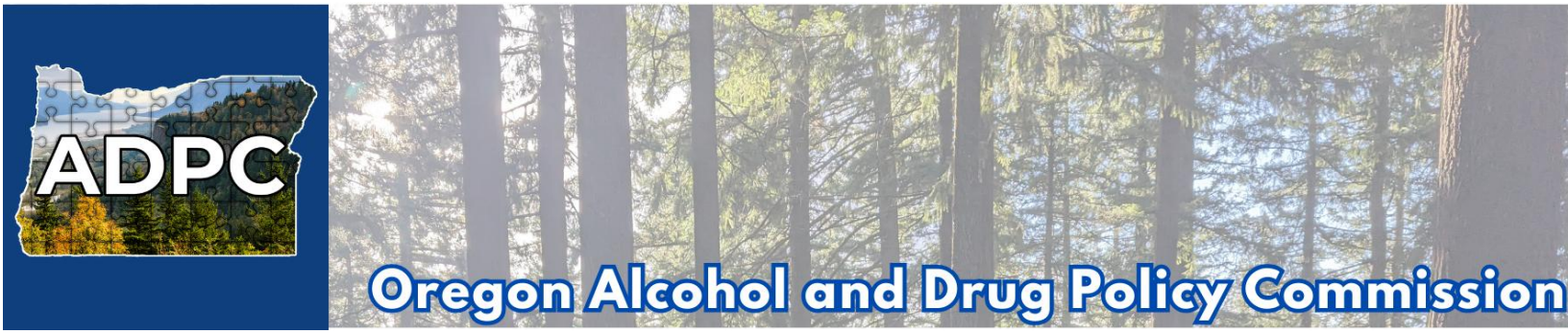
Final Report

Prepared for:
Oregon Alcohol and Drug Policy Commission

Prepared by:
Third Horizon

December 11, 2025

THIRD HORIZON



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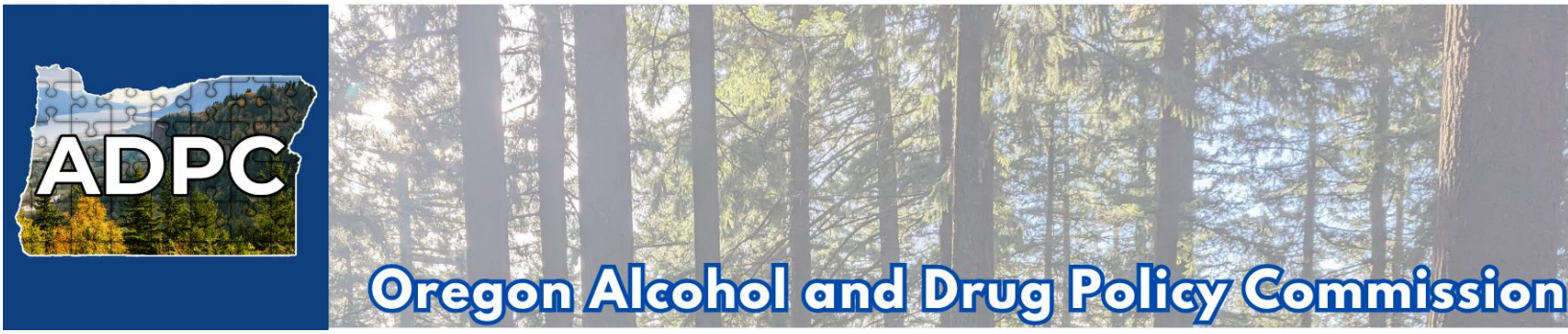
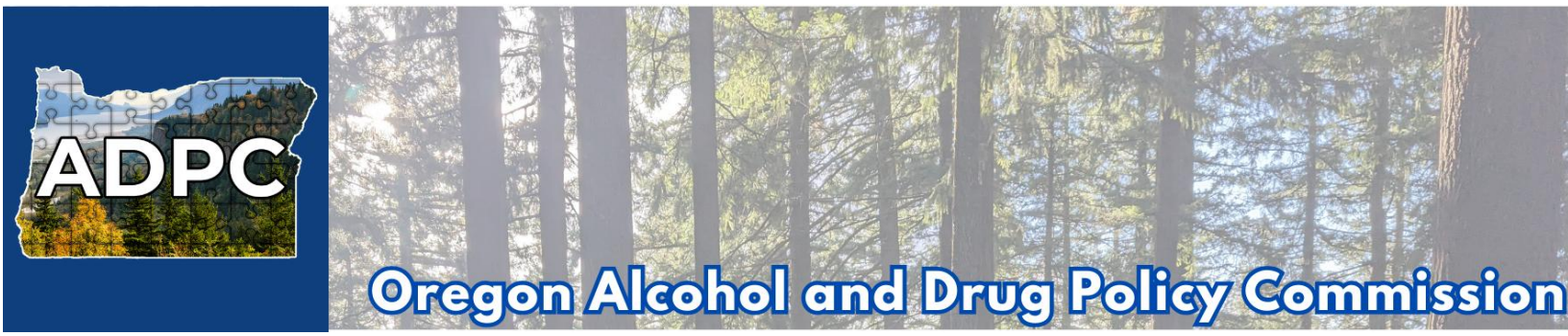


Introduction

As a step in developing the next five-year state strategy to address Substance Use Disorders (SUD), the Oregon Alcohol and Drug Policy Commission (ADPC) supported a series of community engagements conducted across Oregon by various community partners as noted in Table 1. These sessions were designed to gather insights into substance use disorder (SUD) prevention, treatment, risk reduction, and recovery services, systems, and supports throughout the state. The engagements occurred in diverse settings ranging from frontier counties in Eastern Oregon to urban and coastal regions and inside carceral settings. Perspectives were gathered from youth, Latinx communities, LGBTQ+ communities, peer recovery workers, county officials, service providers, individuals with lived experience, and adults in custody (AICs).

Table 1: List of names and dates for community engagement sessions

Name	Dates
Oregon Recovers *Northern Coast* *Mid-Willamette Valley* *Central Oregon* *Southern Oregon* *Tri-County* *Eastern Oregon*	May – June 2025
Bay Area First Step *Coos County* *Curry County*	February – May 2025
Clackamas Youth Action Board	January – May 2025
Andares	January – May 2025
Correctional Facilities Engagement *Oregon Youth Authority (Eastern, MacLaren, Oak Creek)* *Columbia River Correctional Institution (CRCI)* *Oregon State Penitentiary* *Oregon State Correctional Institution (OSCI)*	May – Ongoing
Culturally Responsive Leaders Group	April – October 2025



Latinos Unidos Conference	August 2025
Outside In	August 2025
Mid-Willamette Trans Support Network	June – September 2025
Other Feedback	June – July 2025

Third Horizon (TH), a health care advisory firm supporting the ADPC comprehensive planning process, reviewed notes, presentations, and other summary materials from engagement events provided to the ADPC by contractors. The findings were reviewed using human and AI-based analysis, with the TH team crafting the final synthesis to elevate common themes that should inform the parameters of the state plan.

This report synthesizes the themes from 16 engagement summaries and individual feedback, organizing insights under the five ADPC Committees: Treatment, Harm Reduction, Recovery, Prevention, and Youth.

Across all regions and populations, several overarching themes emerged that reflect deep systemic challenges as well as community-driven aspirations for meaningful reform:

- Cultural Responsiveness and Equity: Participants across all settings called for programming that reflects differences in age, culture, language, geography, and lived realities. Youth especially critiqued adult-centered services, while Latinx, communities of color, and Tribal communities noted the lack of linguistically and culturally aligned supports. Additionally, risk reduction strategies that extend beyond opioids to include alcohol and other substances should be embedded in community-based and accessible approaches, given the disproportionate impact of substance use on communities of color.

- Access to Care: Participants described widespread barriers to timely, localized, and equitable access to withdrawal management, treatment, and recovery services. In correctional institutions, access is further limited by space constraints, program and facility inconsistencies, and privilege-based restrictions.

- Ensuring Attention to Regulated Substances: Considerations related to regulated substances – specifically alcohol and cannabis – must be systematically monitored and integrated into relevant policies, programs, and decision-making processes.

- Peer Leadership and Lived Experience: Peers and Certified Recovery Mentors (CRMs) were consistently identified as essential supports across community and carceral settings. Programs led by Adults in Custody (AICs) and youth peer mentorship models were praised for creating authenticity, trust, and accountability in treatment and recovery spaces.

- Youth-Centered Solutions: Youth emphasized the need for emotionally safe environments, peer-led education, and leadership roles within prevention and recovery systems. They called for services that meet them where they are—culturally, developmentally, and emotionally—and recommended avoiding one-size-fits-all or coercive treatment models. For youth, "peer" can mean peer to peer support as well as peer services from a Certified Recovery Mentor. For treatment, this could mean formal, certified peers; in prevention, it may mean less formal peer to peer work.

- Recovery Infrastructure: Participants emphasized that recovery extends beyond clinical care to include housing, employment, social connection, and long-term peer support. Across both communities and institutions, the lack of recovery housing, particularly for those with co-occurring disorders or returning from incarceration, was a persistent concern.

- Community-Driven Coordination: Stakeholders expressed the need for regional and cross-sector coordination that centers local leadership and includes peers, families, educators, providers, and law enforcement. A common refrain was the desire to replace fragmented and reactive systems with cohesive, community-led care networks.

- Workforce Strain and Institutional Misalignment: Participants highlighted challenges in maintaining a stable, trained, and trauma-informed workforce. In carceral and community contexts, treatment delivery is hindered by burnout, inconsistent staffing, and institutional barriers such as union limitations and administrative override of clinical decisions.

- Trauma-Informed and Voluntary Approaches: There was broad consensus that treatment must be person-centered and voluntary to be effective. From youth disengaging in mandatory groups to adults in custody valuing trauma-informed, opt-in models, participants consistently voiced the need for flexibility and consent in service delivery. Participants also advocated for a shift toward understanding relapse as part of the recovery process and urged systems to respond with compassion, not sanctions.

- Re-entry and Continuity of Care: Especially in carceral settings, participants emphasized the importance of clear re-entry pathways, post-release support, and continuity between in-facility programs and community-based services. Certified Recovery Mentors and AICs called for better transitions, credentialing pipelines, and recovery communities on the outside.

These themes paint a comprehensive picture of Oregon's behavioral health landscape. They reinforce the need for inclusive, peer-led, youth-informed, and community-rooted systems of care that are sustainably supported and available on demand to meet the care needs of all Oregonians.

Treatment

Key themes from the documents reviewed include:

- **Access to treatment is limited and dangerously delayed:** Participants across the state, especially in Northern and Southern Coastal areas, and in Eastern Oregon, reported critical shortages of withdrawal management beds and residential treatment, with long wait times that often result in disengagement or fatal overdoses.
- **Bureaucratic systems and rigid referrals hinder care:** Participants from across the regions described burdensome approval processes and referral pathways that delay entry into treatment, especially when services are centralized in distant counties with limited local coordination.
- **Transportation barriers prevent timely access:** In remote areas, lack of public transit and no reimbursement for travel make it nearly impossible for individuals to reach treatment facilities located several counties away.
- **Insurance and Medicaid policies delay and restrict treatment:** Stakeholders cited prior authorizations and inflexible funding models as major barriers, calling for more responsive, locally tailored programs that meet diverse community needs.
- **Carceral settings reflect broader treatment access gaps:** Adults in custody described limited access windows and one-size-fits-all programs that failed to assess readiness or support recovery, while voluntary, trauma-informed programs like CRCI's Co-Occurring Disorders (COD) program were seen as more effective.
- **Youth need treatment that is age-appropriate and peer-informed:** Young people in correctional settings said mandated treatment often felt irrelevant or punitive and called for voluntary, developmentally appropriate approaches led by relatable peers.
- **Communities want flexible, culturally responsive treatment systems:** Participants recommended expanding outpatient care, crisis stabilization units, and integrated service models that are trauma-informed, individualized, gender-affirming, and grounded in regional realities.
- **System-wide reforms are needed to strengthen treatment infrastructure:** Key recommendations included expanding withdrawal management and residential capacity, streamlining intake processes, eliminating prior authorization for essential services, supporting transportation, and increasing local flexibility in program design.

Across the state, participants repeatedly highlighted the severe lack of accessible treatment options. The dominant issue raised was the scarcity of withdrawal management beds and residential treatment facilities, which contributes to long delays between a person's decision to seek treatment and their actual entry into care.

It is difficult to access treatment services in languages other than English. Spanish speaking providers engaged at the annual Latinos Unidos conference cited only one residential treatment facility serving Spanish speaking males in the state. There is no existing facility for women. Providers also cited administrative barriers for linguistically specific treatment, in particular the requirement to translate documentation to English, even when treatment plans must be in the patient's language.

The frustration was not just about the lack of beds, but the systemic hurdles surrounding them. Participants across regions shared stories of bureaucratic inertia and rigid referral systems. In Coos County, delays in accessing withdrawal management services are worsened by geographical barriers, as individuals must travel long distances to Douglas and Lane Counties for treatment, creating significant hardship and preventing timely care. Often, it can take several days for a bed to become available. The delay in access frequently results in individuals disengaging or relapsing before receiving help. The community report by Mid-Willamette Trans Support Network noted limited treatment options, including the lack of prioritization for methamphetamine programming despite high use particularly among queer and gay men, as a barrier to treatment access.

Transportation emerged as a significant barrier as well. In more remote counties, where public transit is unreliable or nonexistent, individuals often have no way of reaching the nearest treatment center. The lack of integrated services also exacerbates this issue: once someone arrives, there's frequently no guarantee they can access all needed supports in one place.

> *"You have to drive someone four counties away, and there's no reimbursement for the ride or time."*

Compounding the access challenges are the limitations imposed by insurance and Medicaid policies. Several stakeholders spoke to the burden of prior authorizations, which delays care and demoralizes clients and providers. During one of the Oregon Recovers engagement sessions conducted in Eastern Oregon, a participant voiced concerns about the rigidity of funding models: *"We don't want cookie-cutter programs… We need the flexibility to tailor our programs to the people in our community."*

Participants in carceral settings echoed many of these concerns, underscoring how institutional dynamics further limit access to care. At Oregon State Correctional Institution (OSCI), AICs described wait times and eligibility barriers such as too much or too little time on sentence disqualifying access, and few opportunities for AIC-led recovery efforts. At the Oregon State Penitentiary (OSP), adults in custody described long waitlists for treatment and inconsistent program availability due to space constraints and staffing limitations. At Columbia River Correctional Institution (CRCI), participants suggested alternatives to the rigid, one-size-fits-all design of the Alternative to Incarceration Program (AIP), which lacked readiness screening and created group environments that were often counterproductive to recovery. In contrast, CRCI's Co-Occurring Disorders (COD) program was praised for its voluntary, trauma-informed structure and individualized support, illustrating that more adaptive and responsive treatment models are possible even within carceral institutions.

Youth in Oregon's state correctional facilities similarly reported feeling disconnected from mandated treatment programs that did not reflect their developmental needs or lived experiences. They stressed the importance of voluntary engagement, age-appropriate materials, and the role of peers in making treatment relatable and effective. Similarly, in Clackamas County, the Youth Action Board emphasized few sober housing options, long waitlists, and a lack of medication-assisted treatment (MAT) services for the youth.

Across all settings, participants advocated for the development of local, culturally responsive treatment services that go beyond standard inpatient programs. This includes expanding outpatient services, integrating care with mental health and primary care providers, investing in crisis stabilization units and "pre-tox" housing, and ensuring treatment models are flexible, trauma-informed, and suited to the individual.

Recommendations included expanding withdrawal management and residential treatment capacity based on population needs; streamlining referral and intake processes; eliminating Medicaid prior authorizations for essential services; funding transportation assistance; and allowing for local flexibility in service design and delivery. From youth centers to prisons to rural clinics, communities across the state envision a reimagined treatment infrastructure that reflects their lived realities, values, and regional context.

Risk Reduction

Key themes from the documents reviewed include:

- **Risk Reduction and Drug Injury Prevention is essential but unevenly supported across Oregon:** Implementation varies widely by county, with some communities advancing naloxone distribution and education, while others face political resistance, misinformation, and logistical barriers that place lives at risk.
- **Access is shaped by politics and local leadership:** Stakeholders cited increasing Narcan (naloxone) costs and intense political pushback as major barriers, noting that ideological opposition can determine whether basic lifesaving tools and services are available.
- **Public education is critical to reduce stigma and normalize care:** Participants emphasized the need for community and provider education to shift perceptions of risk reduction from a fringe idea to an essential part of the care continuum.
- **Cultural responsiveness remains an unmet need, especially for Latinx communities:** Spanish-speaking participants called out deep gaps in linguistically and culturally relevant risk reduction services.

- **Expanded risk reduction strategies are needed beyond traditional tools:** Stakeholders called for mobile outreach, peer-led education, drop-in centers, and warm handoffs to housing and treatment to better meet people where they are.
- **Peers play a vital role but need more support:** Peer workers are trusted messengers, especially in hard-to-reach populations, but their programs are often underfunded, inconsistently staffed, and vulnerable to burnout.
- **Risk reduction is also needed inside correctional settings:** Participants in facilities like Oregon State Penitentiary and CRCI called for Narcan access, trauma-informed responses to relapse, and consistent risk reduction and injury prevention education to counter punitive cultures and stigma.
- **A unified, inclusive risk reduction strategy is needed statewide:** Participants urged Oregon to adopt a cohesive approach that invests in peer-led models, sustains public education, expands culturally grounded infrastructure, and embeds risk reduction in all behavioral health systems.

Risk reduction emerged as a deeply polarizing yet essential aspect of substance use care across the state. While some communities have made strides in distributing naloxone and developing grassroots education campaigns, others continue to struggle under the weight of political resistance, public misconceptions, and logistical challenges. The variability in risk reduction implementation from one county to another reveals stark inconsistencies that put vulnerable populations at heightened risk.

In the Northern Coast region, stakeholders voiced growing concern about barriers to access. One participant stated, "*The cost of NARCAN is going up and is becoming less accessible. Political pushback on harm reduction is intense."* This encapsulates the broader tension between risk reduction advocates and local governance structures that may perceive such interventions as controversial or enabling. Several respondents say political ideology often dictates whether a community receives basic lifesaving supplies, services, or support.

A core problem identified in the discussions is a profound lack of public understanding. Participants described a general need for robust, ongoing community education to help normalize risk reduction as part of the SUD continuum of care rather than a fringe alternative. Doctor-to-doctor and cross-sector education initiatives to reduce stigma were identified as potent strategies. These types of peer-based training and cross-disciplinary conversations are seen as crucial for shifting entrenched attitudes among providers, law enforcement, and the public.

Cultural responsiveness was also highlighted as a critical but unmet need. Spanish-speaking participants and Latinx providers reported deep service gaps for monolingual clients, particularly in rural regions. During the Oregon Recovers session held in Eastern Oregon, one participant remarked, "We're lacking in our Spanish speaking resources and providers." This concern was not merely about language access but also about culturally attuned outreach and engagement strategies. Stakeholders from the Andares engagement also emphasized recognizing the rich cultural and linguistic diversity across the Latinx population. One frequently overlooked population is the Mesoamerican community, such as Guatemalan

migrants, who may not speak Spanish but instead communicate in Mam. Assuming Spanish fluency as the default for all Latinx individuals excludes these communities and creates significant barriers to access across the service spectrum. Robust language access frameworks must go beyond Spanish to meaningfully include and support Indigenous Latin American languages.

In many engagements, risk reduction was described as needing to expand beyond its traditional tools, like naloxone distribution and syringe exchange, and encompass broader, community-embedded approaches. This includes mobile outreach vans, drop-in centers, peer-led education, and transitional services that link people to treatment or housing. Additionally, risk reduction strategies should go beyond opioids to include alcohol and other substances, using community-based and accessible approaches, especially addressing their disproportionate impact on communities of color.

"Risk reduction strategies should encompass strategies for substances other than opioids. ***Alcohol kills more people of color."*** *– Culturally Responsive Leaders Group*

Furthermore, several communities noted that risk reduction initiatives work best when led by people with lived experience. Peer workers, often seen as more trustworthy than traditional providers, play a vital role in connecting with hard-to-reach individuals. However, peer programs are often underfunded, inconsistently staffed, and vulnerable to burnout.

Insights from carceral settings reinforced the need for risk reduction as part of a broader behavioral health strategy. In Oregon State Penitentiary, participants emphasized the need for access to Narcan within facilities, education around overdose prevention, and trauma-informed responses to relapse. AICs expressed concern that punitive consequences for relapse, such as losing visits, isolation, or housing changes, can drive substance use further underground. This was echoed by youth in correctional settings who described the need for open, judgment-free education about substance use. Participants at CRCI called for consistent risk reduction messaging and access across all units, noting that stigma and politicization within correctional environments can be just as powerful as in the community.

Collectively, these insights underscore the need for Oregon to adopt a more cohesive and inclusive risk reduction and drug injury prevention strategy that treats it as a fundamental pillar of the behavioral health system. Such a strategy must recognize and support the labor of peers, combat stigma through sustained public education, and invest in infrastructure that meets people where they are, both geographically and culturally.

Recovery

Key themes from the documents reviewed include:

- **Recovery is a long-term journey with fragmented supports:** Stakeholders described recovery as deeply personal and ongoing but noted persistent gaps in housing (including specialty housing for specific populations), peer services, and long-term care that leave many without the support needed to sustain progress.
- **Recovery housing is a critical and unmet need:** Counties like Curry reported no recovery housing, while others cited restrictive eligibility and lack of capacity to serve individuals with co-occurring disorders or higher mental health needs.
- **Peer services are effective but under-supported:** Peers were widely seen as essential and trusted supports, yet many operate without adequate funding, recognition, or pathways for training and advancement, leading to burnout and role strain.
- **Carceral-based recovery shows promise but faces barriers:** Peer-led programs in prisons and youth facilities offer meaningful support, but access is uneven and hindered by institutional stigma, limited certification options, and punitive relapse policies.
- **Communities want integrated, inclusive recovery ecosystems:** Participants recommended recovery community centers that bring together housing, employment, and peer support to foster stability, reduce stigma, and support long-term recovery and reentry.

> *"The consequence of ineffective care is many repeat visits through these programs. Long-term support is needed - so why don't our systems reflect that?" – Southern Oregon*

Recovery was described in nearly every region as a long-term and deeply personal process that remains chronically under-resourced and fragmented within Oregon's behavioral health system. Current recovery infrastructure remains limited, punctuated by glaring gaps in housing, peer support, and long-term care. In Southern Oregon, one of the most cited barriers to recovery was treatment duration and a lack of long-term care, emphasizing that recovery requires at least six months of engagement. While appreciation for peer-led programs was widespread, there was also frustration that such programs remain inconsistently funded, geographically constrained, and, in many cases, stretched beyond capacity.

The need for recovery housing surfaced as one of the most pressing and universally acknowledged gaps. In Curry County, stakeholders noted, "*There is no recovery housing in the county.*" This absence is not merely a logistical issue; it reflects a broader systemic neglect of post-treatment support and stability in

the minds of community leaders. Even in areas with some existing housing, such as Coos County, participants pointed out that eligibility barriers exclude some of the most vulnerable populations.

Participants advocated strongly for housing models that could support families, individuals reentering from incarceration, veterans, LGBTQ+ individuals, and people with co-occurring disorders. In multiple regions, recovery housing was described as overly rigid, frequently abstinence-only, and ill-equipped to handle the complex, overlapping needs of residents.

> *"Individuals with higher mental health needs are often turned away from recovery housing due to the level of care needed, insufficient resources, and provider availability." – Coos County*

In tandem with calls for better housing, participants described a desperate need for expanded and supported peer recovery services. Peers were consistently identified as the most trusted, accessible, and effective recovery navigators, yet they are often overburdened and underpaid.

Insights from carceral settings reinforced and deepened these community perspectives. Several participants emphasized having dedicated therapeutic living units separate from the general population for AICs in recovery. They also highlighted the critical role of peer-led recovery supports and skill-building opportunities, like Lifers Unlimited and CRM mentorship, in creating authentic support networks behind the walls. Yet they also described systemic constraints, such as inconsistent access to services, lack of certification pathways, and institutional cultures that often penalize relapse or vulnerability. Youth in correctional facilities similarly voiced that recovery programs were most effective when led by peers, voluntary in nature, and tailored to developmental needs. These voices collectively called for recovery environments that honor autonomy, reduce stigma, and bridge the gap between incarceration and community reentry with stronger transitions, peer employment opportunities, and housing support on the outside.

Communities emphasized that recovery is not a single moment of change, but a lifelong pathway that includes housing, employment, social connection, and wellness.

"People in recovery need jobs that understand relapse is not the end—it's part of the journey" – Southern Oregon

Stakeholders in Southern Oregon also called for recovery hubs that integrate housing, peer mentorship, and employment support. They noted how current systems often fail to accommodate the long-term nature of recovery, especially in rural counties with underfunded peer support infrastructure.

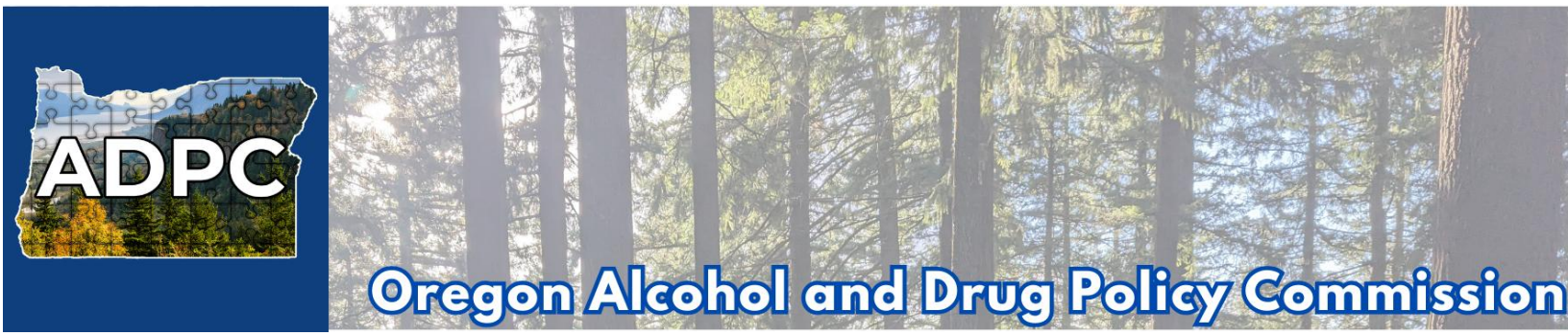
Recommendations included expanding and diversifying recovery housing options, especially those led by peers and rooted in trauma-informed principles; funding structured training and certification pipelines for peer workers; and building transitional models that bridge inpatient care and long-term community

reintegration. Another potent strategy included creating regional recovery hubs (centers that co-locate housing, employment services, and peer support) to provide continuity and a sense of belonging.

Prevention

Key themes from the documents reviewed include:

- **Prevention is underfunded, outdated, and disconnected from community needs:** Stakeholders across regions described current prevention efforts as narrowly school-based, reactive, and lacking the innovation needed to meet the needs of families, diverse populations, and local contexts.
- **Early, trauma-informed prevention is urgently needed:** Participants stressed that prevention should begin in elementary school with programs that reflect the lived experiences of youth exposed to substance use at home or in their communities.
- **Peer-led and real-world programming is essential:** Calls for inclusive, relatable prevention included youth-led education, and health curricula that go beyond abstinence to focus on resilience and mental health.
- **Schools cannot be the sole platform for prevention:** Rural and under-resourced schools face significant implementation barriers, prompting recommendations for community-based, intergenerational, and culturally specific programs involving families and trusted organizations.
- **A lack of local data limits effectiveness and equity:** Stakeholders emphasized the need for county-level data to guide prevention investments and ensure resources are allocated where they are most needed.
- **Youth in custody highlighted missed prevention opportunities:** Incarcerated youth described a lack of early intervention and emotionally safe environments, advocating for relatable, strengths-based approaches that reach youth before systems do.
- **Prevention requires dedicated staffing and community ownership:** Recommendations included funding one prevention coordinator per county, expanding recovery high schools, supporting peer educators, and strengthening local coalitions grounded in culture and storytelling.
- **Consider the role of community-based, intergenerational, and culturally specific programming that involves families, faith communities, and tribal and ethnic community organizations for this work:** Community leaders noted that there is an opportunity to engage leaders and organizations that work directly with communities, who are often left out of traditional prevention efforts and approaches. Engaging and leveraging these partners can reduce disparities and enhance the reach and impact of prevention programs and strategies.



Prevention efforts, though universally recognized as foundational to long-term substance use disorder mitigation, were consistently characterized across the state as outdated, underfunded, and misaligned with community realities. Participants across nearly all regions voiced concern that prevention strategies are overly concentrated in schools and lack the breadth and innovation necessary to reach families, communities, and culturally diverse populations. Rather than being proactive, prevention is often reactive and sporadic, leaving many young people and families unsupported until crisis points. Stakeholders emphasized the need to separate prevention from treatment messaging, prioritize early childhood and school-based engagement, and develop community-rooted strategies that reflect local values and voices.

Participants across Southern Oregon highlighted the need for place-based, culturally specific prevention models such as eco-recovery and youth-led efforts. Community members emphasized that youth councils and peer mentorship should be central to prevention design.

One of the most pervasive calls was for prevention to start earlier and be more trauma informed. Stakeholders in multiple regions emphasized the importance of introducing substance use awareness in elementary grades, with materials and programs that acknowledge the lived experiences of children who may already be exposed to substance use in their households or communities. “We have to start before high school; by then, many youth already know someone who’s using,” – Central Oregon.

“Every high school should offer a substance use awareness and education class as part of the health curriculum, with peers who have lived experience participating.” -Youth Participant, Coos County

The need to integrate peer voices into prevention education emerged as a consistent theme. In Coos County, prevention advocates called for inclusive, real-world programming. Mid-Willamette Valley acknowledged several challenges to implementing school-based programming, highlighting the variability and administrative barriers that often stymie school-based initiatives.

Stakeholders expressed a pressing need for more granular, local data to inform where and how resources should be deployed. They described a significant absence of prevention data at the county level, leaving stakeholders without clear direction and requiring them to operate without informed guidance. Without accurate and localized data, prevention programming risks being both inefficient and inequitable.

Incarcerated youth offered a striking perspective on the missed opportunities for prevention prior to justice involvement. Many described a lack of early intervention, emotionally safe environments, and trusted adults who could recognize and respond to their substance use or trauma. They expressed that prevention efforts in their communities were either absent, unrelatable, or driven by fear-based messaging that failed to address the underlying reasons for substance use. Youth advocated for school-based prevention that is peer-led, culturally responsive, and focused on mental health, resilience and purpose, rather than just abstinence. Their voices echoed a broader call for proactive, strengths-based programming that reaches young people before systems do, grounded in trust and shared experience.

The recommendations emerging from these dialogues called for funding one prevention specialist per county to ensure local coordination and responsiveness. They advocated for supporting and expanding recovery in high schools, increased access for peer educators to work within schools, and strengthened community coalitions to sustain grassroots prevention work. Notably, many recommended elevating culturally grounded prevention methods such as storytelling, mentorship, and place-based education.

Stakeholders across all demographic groups agreed that prevention must be reframed as a shared community responsibility, not just a school-based curriculum, and resourced accordingly.

"Prevention isn't about lectures—it's about being seen and understood. We need spaces where we can talk about what's really going on."

Youth

Key themes from the documents reviewed include:

- **Youth feel misunderstood and disconnected from support systems:** Across rural and urban settings, young people expressed a deep sense of alienation, describing services as stigmatizing, punitive, and not reflective of their lived experiences.
- **Youth want services that are peer-led, relatable, and relevant:** Participants consistently emphasized the importance of youth-designed programming that uses real-world language, includes peer mentors, and is grounded in environments they trust.
- **Mental health and substance use are shaped by silence and stress:** Youth highlighted how family pressures, academic demands, and social media impact their wellbeing, while conversations about trauma or substance use are often taboo or met with punishment.
- **Carceral environments must shift from control to care:** Youth in facilities called for more voluntary, culturally affirming programs and described peer mentors like CRMs as more impactful than staff-led services that feel adult-centric and mandatory.
- **Schools need to become more recovery-friendly and trauma-informed:** Institutional rigidity, lack of staff training, and emotional unsafety in schools were seen as major barriers; youth asked for spaces where their voices are heard, and their realities acknowledged.
- **Youth want roles as leaders, not just service recipients:** Young people called for paid leadership roles, peer education opportunities, storytelling platforms, and involvement in shaping public campaigns to challenge stigma and promote healing.
- **Statewide investment in youth-centered spaces and programs is needed:** Recommendations included funding peer-led recovery and prevention efforts, building drop-in wellness centers

(especially in rural areas), and supporting community events that uplift youth resilience and identity.

Youth voices emerged as some of the most compelling and vital throughout the community engagement process. From rural towns to urban districts, young people conveyed a profound sense of alienation from the systems designed to support them. Their testimony revealed an overarching narrative of being misunderstood, stigmatized, and insufficiently involved in shaping prevention and recovery efforts. The

Andares/Nuestras Voces project brought together Latinx youth and adults, highlighting how intergenerational trauma, normalized family alcohol use, and language barriers affect youth engagement with substance use services. Participants emphasized the need for trusted messengers, such as teachers and culturally specific community-based organizations (CBOs) and called for storytelling as a prevention and healing strategy.

A recurring theme was that youth services are often not designed with youth in mind. Young people consistently advocated for services that reflect their reality, language, and environments.

Youth also highlighted the overwhelming influence of family expectations, academic pressure, and social media on their mental health and substance use. Youth participants spoke to a culture of silence, where conversations around substance use and trauma are either taboo or met with punitive responses.

Youth in correctional facilities underscored the profound impact of environments that either nurture or suppress emotional safety, autonomy, and growth. Many expressed that their experiences with behavioral health and substance use treatment prior to incarceration felt dismissive or punitive, lacking relevance to their age, identity, or lived experience. Inside facilities, they described programming as mandatory and adult oriented. What resonated most were peer-led sessions and relationships with Certified Recovery Mentors (CRMs) who had shared similar paths. These mentors were not only more relatable, but they also modeled resilience and accountability in ways that institutional staff often could not. Youth repeatedly asked for more voluntary, skills-based programming, especially creative and culturally affirming opportunities, that treated them not as risks to manage, but as emerging leaders in their own healing journeys.

A significant barrier to youth-centered support is institutional rigidity within schools. Several stakeholders noted that school personnel are under-resourced and unprepared to respond meaningfully to youth in crisis. The Clackamas County Youth Action Board (YAB) advocated for schools to become more emotionally safe and recovery friendly. Youth asked for spaces where their voices matter, where they can speak candidly about their experiences, and where staff are trained in trauma-informed and culturally responsive care.

There was also a strong call for empowerment. Youth want to be more than passive recipients of services; they want leadership roles and the opportunity to co-create solutions. This includes paid positions on advisory boards, public campaign involvement, and peer education participation. Youth expressed a

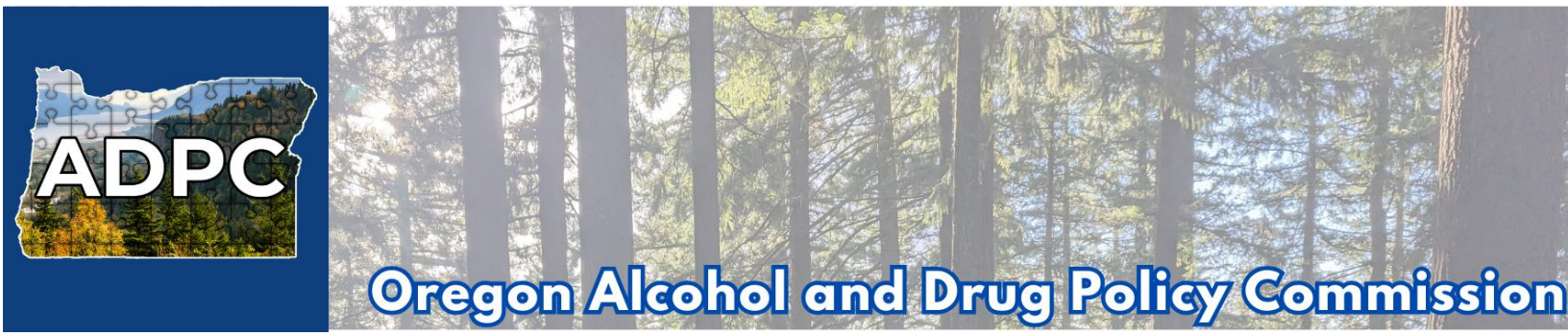
desire for storytelling platforms to reclaim their narratives and shift stigma: storytelling as not only healing, but advocacy.

Recommendations to ADPC include funding and institutionalizing peer-led youth recovery and prevention programs, creating drop-in wellness centers across the state, especially in rural areas, and investing in community events that celebrate youth resilience. Young people also emphasized the need for culturally grounded programming that resonates across racial, ethnic, LGBTQ+, and socioeconomic identities.

Conclusion

Overall, the voices captured in these engagements reflect a collective and deeply rooted investment in reshaping Oregon's behavioral health landscape. Despite the diversity of regions and demographics represented, a consistent narrative emerged: the current system is too rigid, too fragmented, and too often out of step with the lived experiences of the people it is meant to serve. Yet, within the challenges lies an abundance of local wisdom, community-driven solutions, and a profound readiness for change.

Across the Treatment, Risk Reduction, Recovery, Prevention, and Youth subcommittees, the themes consistently reflect that the communities are needing treatment systems that are timely, accessible, and integrated with mental health and primary care; risk reduction services that are culturally responsive, peer-led, and free from stigma; recovery supports that acknowledge the long arc of healing and embrace housing, employment, and belonging; prevention efforts that begin early, are trauma-informed, and reach beyond schools; and youth systems that empower young people to co-create the services and spaces they need to thrive.



Appendix

Individual Summaries of Community Engagement Sessions

1. Carceral Settings

Youth

The youth correctional facility engagements at MacLaren, Oak Creek, and Eastern Oregon surfaced powerful insights into how treatment and recovery supports are working, and where they fall short, for incarcerated youth. A major theme was the central role of peer mentors and Certified Recovery Mentors (CRMs), who were described as the most trusted and effective guides for youth navigating treatment. Youth consistently emphasized that peer-led support was more relatable and impactful than traditional programming. Across facilities, participants called out the lack of age-appropriate and culturally relevant materials, criticizing scenarios designed for adults that felt disconnected from their realities. Structural barriers, like shortages of qualified staff, inconsistent programming, and insufficient CRM supervision, sometimes left youth feeling unsupported between sessions. Many shared that treatment felt mandatory rather than meaningful, driven by incentives like early release rather than personal readiness or growth. Youth expressed a clear desire for more voluntary, skills-based, and interest-driven offerings that align with their goals. CRMs themselves reported burnout, especially when expected to support recovery in the same places where they live and socialize. Participants also advocated for more engaging recovery environments that incorporate celebrations, tangible rewards, and creative programming that affirms progress.

Adult

The collective insights from engagements at Oregon State Penitentiary (OSP), Columbia River Correctional Institution (CRCI), and Oregon State Correctional Institution (OSCI), as well as compiled findings from the report produced by Falcon Correctional and Community Services Inc for the Oregon Department of Corrections (DOC), revealed several gaps in the system of recovery supports within Oregon's correctional facilities. Peer-led programming, especially through Certified Recovery Mentors (CRMs), emerged as the most trusted and effective element across all sites, offering relatable, trauma-informed guidance where traditional services fall short. However, structural challenges often undermine engagement and progress, including inconsistent staffing, restrictive eligibility criteria, limited supervision opportunities, punitive responses to relapse, and a lack of age-appropriate or culturally relevant materials. Fragmented services and a lack of integration across mental health and SUD services create further barriers to access. Participants consistently called for a shift from mandatory, incentive-based treatment to more meaningful, voluntary, and skills-based pathways tailored to personal growth. Stakeholders emphasized that risk reduction services should prioritize safety, dignity, and survival, not abstinence, as foundational goals. Recommendations spanned expanding peer training with proper supervision and standardized certification processes, creating dedicated recovery housing units, and reimagining recovery environments with more dignity, flexibility, and trust. Other enhanced services may also include

integrating behavioral health support with medication-assisted treatment, providing culturally relevant and trauma-informed programming, and offering clear reentry pathways including for employment.

2. Bay Area First Step

Coos County

The engagement conducted in Coos County highlighted both encouraging developments and persistent challenges in the behavioral health and substance use disorder (SUD) landscape. Participants described a growing infrastructure of peer-led and trauma-informed recovery housing, anchored by organizations like Bay Area First Step and Adapt's Fresh Start Program. Despite these advances, residents emphasized that critical gaps remain, especially for high-need populations including families, veterans, and individuals with co-occurring disorders. A key concern was the complete absence of withdrawal management and residential treatment facilities within the county, forcing individuals to travel long distances to Douglas and Lane counties. This geographic isolation, compounded by delays in Medicaid transport and single-gatekeeper referral systems, frequently results in disengagement or relapse. Stakeholders expressed urgent frustration: *"Many people in Coos County who are ready for withdrawal management fall through the cracks every day."*

Youth prevention was another major focus, with community members calling for robust, school-based mental health and SUD screening programs. Peers advocated for their integration into school health education, recovery high schools, and peer-run support networks. There was broad support for recovery initiatives that blend housing, employment, and community service, along with calls for insurance reform to eliminate prior authorizations and increase access to MAT, telehealth, and trauma-informed care. Participants also emphasized the need for stronger collaboration between systems—such as corrections, schools, and healthcare—to reduce stigma and enhance continuity of care. Across every conversation, the value of peer leadership was unmistakable, not only in providing direct support but also in shaping a more responsive and compassionate system.

Curry County:

Participants painted an urgent picture of crisis and need in the region. This rural community has the highest fatal overdose rate per capita in Oregon, and residents were emphatic about the systemic barriers they face in accessing timely care. A devastating shortage of local withdrawal management and residential treatment beds—paired with long waitlists, fragmented referral systems, and punitive criminal justice responses—leaves many individuals without viable pathways to recovery. One participant reflected, *"One of the biggest barriers for me was just not knowing what options were out there, or how to get connected."* Prevention services are similarly under-resourced. Community members described a lack of mental health education in schools, deep-rooted stigma, and few opportunities for youth to engage in positive, pro-social activities. Youth prevention programs were seen as critical, especially those that introduce substance use education as early as fifth grade and involve both peers and families. Participants called for the establishment of trauma-informed school environments, wellness centers, and recovery high schools to foster long-term protective factors. Recovery housing is non-existent in the county, and peer organizations are stretched thin. Stakeholders emphasized the importance of peer-led

support networks, skill-building opportunities, and contingency-based motivational systems to help individuals maintain momentum in recovery. A strong thread throughout the Curry engagement was a sense of being left behind, of living in a region perceived as too small or too remote to merit investment. However, that sentiment was paired with a collective will to lead solutions locally. The community expressed hope that upcoming legislation and state partnerships could bring the resources needed to turn lived experience into lasting change.

3. Clackamas Youth Action Board

The Clackamas County Youth Action Board (YAB) conducted an engagement centered on the lived experiences of youth navigating substance use disorder and housing instability. Composed of young people aged 14–25, the board gathered perspectives from peers and community stakeholders across prevention, treatment, and support services. They identified significant barriers to accessing youth-specific resources, including a lack of sober housing, limited availability of medication-assisted treatment (MAT) for minors, logistical hurdles like transportation, and low public awareness of existing programs. Youth emphasized that prevention efforts often feel out of touch, described as "too juvenile or irrelevant", and fail to reach those most at risk. Schools, especially teachers and counselors, were consistently named as the most trusted sources of information, reinforcing the need to strengthen school-based prevention hubs. Peer advocates were also viewed as essential conduits, offering confidentiality and credibility that formal providers often lack.

However, structural issues such as fragmented systems, staff shortages, and siloed policies contribute to stigma and disengagement. Youth also expressed concern that system involvement often triggers punitive responses rather than support, especially in cases involving Child Protective Services. In response, participants called for centralized resources like youth-facing directories or mobile apps, trauma-informed school services, and community-wide approaches that include families. Across the board, young people made clear that effective solutions must be visible, relevant, and co-created with youth themselves.

4. Andares Nuestras Voces/Our Voices: Conversations to Empower Our Youth

The Andares *Nuestras Voces / Our Voices* engagement brought together Latinx youth and adults in Albany, Linn County, to reflect on substance use, prevention, and healing through an innovative and culturally responsive process. Participants engaged in expressive activities like collages, drawing, and role-play to surface their lived experiences and unpack the impact of alcohol and drug use on family, self, community, and school. The engagement revealed that substance use often emerges as a coping mechanism for isolation, emotional distress, and intergenerational trauma, especially in immigrant families navigating work stress, cultural stigma, and a lack of systemic supports. Participants underscored that normalized drinking in family or social settings can blur lines between celebration and harm, and children growing up in such environments often internalize substance use as a norm or a silence-filled burden.

Youth in particular emphasized that schools provide little meaningful education about addiction, and when they do, it is often fear-based and disconnected from real life. Teachers were highlighted as potential trusted adults, but only when they have time, training, and understanding. Faith communities and culturally specific community-based organizations (CBOs) like Andares were identified as trusted anchors, offering language access, cultural resonance, and relational trust that mainstream institutions often lack.

Recommendations centered around empowering these trusted messengers, teachers, CBOs, and peers, to provide culturally affirming education, mental health support, and communication tools for families. Participants also called for substance-free public spaces, youth-centered programming, better outreach to Mesoamerican language speakers, and storytelling that builds trust in recovery services. Ultimately, this engagement affirmed that cultural alignment, community connection, and creative expression are critical to both prevention and healing within Latinx communities.

5. Culturally Responsive Leaders Group

The ADPC convened a "Culturally Responsive Leaders" engagement, bringing together behavioral health professionals and leaders representing Latinx, Native American, African American, and other communities often disconnected from appropriate supports and care. Participants emphasized that "culture as prevention" must be foundational to substance use strategies, not just an added lens. This involved elevating the concept of cultural humility over cultural competency, asserting that the latter implies a finality in understanding culture rather than an ongoing learning process.

A core theme was the persistent lack of culturally and linguistically specific services, especially in risk reduction and prevention. Participants underscored the vital role of outreach beyond formal institutions, recommending mobile services and engagement in motels, apartments, and bathrooms to reach marginalized communities, especially where trust in government remains low due to fears of federal immigration enforcement and historic underinvestment.

In treatment and recovery, leaders raised concerns about access inequities, particularly for men of color and immigrant populations, who often interface with the system through the justice system rather than through community-based access points. There was a call for standardization in definitions across agencies, especially around what constitutes culturally responsive services under Behavioral Health Resource Network (BHRN) and Medicaid guidance, and an insistence that only communities themselves can define their cultural norms.

Participants advocated for telehealth options and peer support integration in correctional settings and highlighted the need for supervision and credentialing pathways for peers, especially those in early recovery. Peer workers, while trusted and effective, are being impacted by M110 funding declines. Youth-specific concerns included the need for interventions grounded in their traditions and led by their communities, such as Tribal elder-based models and Latino youth peer groups. Importantly, across all

topics, participants emphasized emotional safety, belonging, and a collective healing framework as essential elements of culturally responsive systems.

Lastly, participants spoke at length about the challenges of the current political climate exacerbating barriers to care, particularly for immigrant populations. Leaders noted these dynamics place further pressure on the system to ensure that safe access to needed services is a central focus over the coming years.

6. Oregon Recovers – Statewide Solution Engagement

The Oregon Recovers Statewide Solution Engagement brought together community leaders, providers, and people with lived experience from across six regions (eastern, Northern Coast, Mid-Willamette Valley, Central, Southern, and Tri-County regions) of the state to identify systemic gaps and solutions within the behavioral health continuum. A key takeaway was the pervasive underinvestment in primary prevention, especially in culturally specific and youth-led programming. Participants consistently expressed frustration that prevention efforts are often reactive, inconsistent, and disconnected from community realities. They called for clear separation of prevention messaging from treatment, with a greater emphasis on early childhood and school-based engagement. Strategies should be community-rooted, culturally relevant, and designed to reflect the values and voices of those most impacted by substance use. Stakeholders also underscored the importance of empowering youth leadership within prevention initiatives, as well as addressing broader social determinants of health, such as housing and economic instability, that increase vulnerability to substance use.

Across all six regions, treatment access was a dominant concern. Participants highlighted workforce shortages, restrictive eligibility criteria, and the lack of residential treatment and crisis stabilization facilities, barriers that are particularly acute in rural and frontier counties. These issues often force individuals to travel long distances or wait months for a bed, leading to disengagement and relapse. Stigma surrounding medication for opioid use disorder (MOUD) and a lack of trauma-informed, flexible care pathways were noted as additional barriers.

Recovery services were described as siloed, short-term, and lacking inclusivity, particularly for culturally and linguistically diverse communities. There was strong consensus that peer-led organizations and recovery housing should receive long-term, stable funding, rather than the current patchwork of competitive grants. Participants stressed the importance of creating recovery-friendly communities by supporting a range of recovery pathways, including risk reduction-informed and non-abstinence models, and by removing exclusionary policies that penalize relapse.

Risk reduction remains heavily stigmatized in many parts of the state, with participants citing political resistance, funding instability, and insufficient staff training as key obstacles. Programs serving communities of color and rural populations are especially under-resourced. Calls for statewide public

education campaigns to normalize risk reduction, integrate it across all service systems, and provide consistent messaging to both the public and providers were heard across regions.

Unified recommendations to the Alcohol and Drug Policy Commission (ADPC) included prioritizing long-term, flexible funding for all pillars of the behavioral health continuum; expanding residential treatment and crisis stabilization infrastructure statewide; supporting culturally specific and linguistically accessible services in every county; and ensuring peer-delivered services and recovery housing are sustainably funded through non-grant-based mechanisms. Participants also urged the normalization of risk reduction, the end of punitive abstinence-only approaches, improved cross-system coordination (e.g., between emergency departments, jails, coordinated care organizations, and schools), and the collection of county-level data to guide equitable funding decisions.

7. Latinos Unidos Conference

The Latinos Unidos Conference (August 2025), convened in partnership with the Oregon Alcohol and Drug Policy Commission (ADPC), brought together Latino and Hispanic community leaders, service providers, and residents from across Oregon to inform the development of the 2026–2030 Comprehensive Plan for Substance Use Disorder (SUD). Participants emphasized the need for a comprehensive, culturally and linguistically responsive continuum of care that addresses prevention, treatment, recovery, and risk reduction through equitable and community-driven approaches. Key priorities included expanding early prevention efforts in schools, providing family-centered psychoeducation, and developing culturally grounded strategies that reflect Latino values, language, and lived experiences. In treatment, participants identified critical gaps in access, particularly the shortage of bilingual and bicultural counselors, limited residential treatment options for Latina women, and systemic barriers such as documentation and insurance requirements. Recovery discussions highlighted the importance of increasing sober living and transitional housing, integrating family participation, and strengthening pathways for Latino leadership in behavioral health professions. In the area of risk reduction, participants called for culturally tailored outreach and education on overdose and suicide prevention, the removal of stigma surrounding substance use, and policy reforms that ensure equitable access to services. Across all domains, the community underscored that meaningful progress requires sustained funding, accountability, and authentic inclusion of Latino voices in the design, implementation, and governance of Oregon's SUD systems.

8. Outside In – Key Stakeholders Feedback

The engagement conducted by Outside In's Harm Reduction Program in partnership with the ADPC gathered insights from people actively using substances to inform Oregon's strategic approach to substance use prevention, treatment, recovery, and risk reduction. Participants expressed deep gratitude for risk reduction services while emphasizing the urgent need to expand access beyond Portland into under-resourced and stigmatized areas of the state. They highlighted that compassionate, knowledgeable, and nonjudgmental staff are essential to effective service delivery and that risk reduction must extend beyond naloxone to include comprehensive supplies, wound care, and accurate information

about drug safety and overdose response. Across discussions, participants stressed that, rather than the expectation of sobriety, safety should be the foundation of care, with risk reduction spaces providing rare environments where they feel respected and secure. Broader systemic challenges such as housing instability, stigma, NIMBYism, and political resistance were identified as key barriers to accessing and sustaining services. There was an overall emphasis on the need for a holistic, person-centered, and equitable approach that integrates prevention through education and outreach, accessible and compassionate treatment, recovery supported by stability and housing, and robust risk reduction that meets people where they are.

9. Community Engagement Sessions - Mid-Willamette Trans Support Network

From June through September 2025, the ADPC supported a statewide mixed-methods engagement led by the Mid-Willamette Trans Support Network. The project centered LGBTQIA+ voices across Oregon to illuminate lived experiences with substance use, treatment, risk reduction, and recovery. The team met community members at culturally specific events such as Pride festivals, distributed risk reduction supplies, and conducted several brief conversations and in-depth interviews with people within the LGBTQIA+ community who use drugs, service providers, and policy advocates. Participants consistently described systemic barriers to culturally competent, gender-affirming care, especially in rural areas, and confusion about Oregon's evolving drug decriminalization laws. Transgender and gender-diverse participants also reported a shortage of gender-affirming Substance Use Disorder inpatient and diversion-program options. Methamphetamine emerged as the most common substance of concern, yet existing services remain opioid-focused. The report called for stimulant-specific education, peer-led outreach, and research into non-abstinence recovery models. Recommendations also included the creation of statewide resources, including information on gender-affirming care, workforce training, and enforcement of equality laws to remedy these gaps. Broader mandated-treatment systems were described as often punitive and culturally insensitive, requiring equity-based reform and trauma-informed alternatives. Anti-trans legislation and political hostility further deterred treatment engagement, with participants recommending clear legal protections.

Community members also identified an absence of sober, affirming social spaces beyond 12-step or religious settings and advocated publicly funded, peer-led, substance-free programming that normalizes sobriety and joy. Prevention priorities included inclusive outreach to LGBTQIA+ youth, who experience high rates of homelessness and substance-use risk, and ensuring that policy documents explicitly call out the need for programming and supports for LGBTQIA+ people to ensure accountability. Across all domains, respondents emphasized reviving risk reduction's queer activist roots by restoring focus on HIV and infectious-disease prevention, improving navigation tools such as an LGBTQ+ warm line (a confidential, free, mental health support phone line, not intended for emergency situations), and streamlined regional care access. The engagement concludes that Oregon's substance-use continuum of care must be rebuilt on principles of inclusion, gender affirmation, and peer leadership, so that

prevention, treatment, recovery, and risk reduction efforts authentically reflect and serve the communities most affected.

10. Other Feedback

Across perspectives from prevention, public health, law enforcement, and industry stakeholders, a cohesive picture emerges of Oregon's substance use disorder (SUD) landscape: a system marked by high public investment and strong community engagement, yet challenged by fragmented structures, inconsistent accountability, and critical data gaps. Despite unprecedented public investment and promising declines in overdose rates and youth alcohol use, the state continues to face major challenges in linking resources to measurable outcomes. A central concern is the lack of consistent data collection and oversight. Key information, such as treatment access, capacity, relapse rates, and recovery outcomes, is not systematically tracked, making it difficult to assess whether increased funding has translated into improved care or sustained recovery. Stakeholders also emphasized that Oregon's prevention and treatment efforts remain fragmented across multiple agencies and funding streams. Prevention programs addressing substance use, gambling, tobacco, and suicide often operate in silos, limiting their collective impact.

A coordinated system that integrates prevention with treatment and recovery under shared goals is viewed as essential to achieving meaningful progress. Access barriers persist, particularly for individuals leaving incarceration who face interruptions in health coverage and restricted eligibility for inpatient care. Social factors such as housing, childcare, and supportive environments also play a critical role in treatment engagement but are not consistently addressed across programs. Financial oversight and accountability are recurring concerns. Although significant investment has been made to addiction recovery and prevention, significant portions of funding remain unspent or insufficiently tracked, and there is limited public visibility into whether expenditures have improved outcomes.

Stakeholders stressed the need for performance-based reporting and transparent evaluation of spending. Some also expressed concern about politicization in data presentation and policy decisions, calling for leadership rooted in evidence, integrity, and consistent enforcement. Despite these systemic challenges, there was also strong optimism and willingness to collaborate in shaping Oregon's 2026–2030 strategy. Participants recognized the state's unique opportunity to build an integrated, data-driven framework that strengthens prevention, treatment, risk reduction, and recovery systems through clear accountability and measurable results.