Coos County Strategies for Substance Use: Prevention, Treatment and Recovery

Presentation by:

Brittany Wilson PWS, CRM ~ Bay Area First Step and

"The Voices of Recovery" Coos County

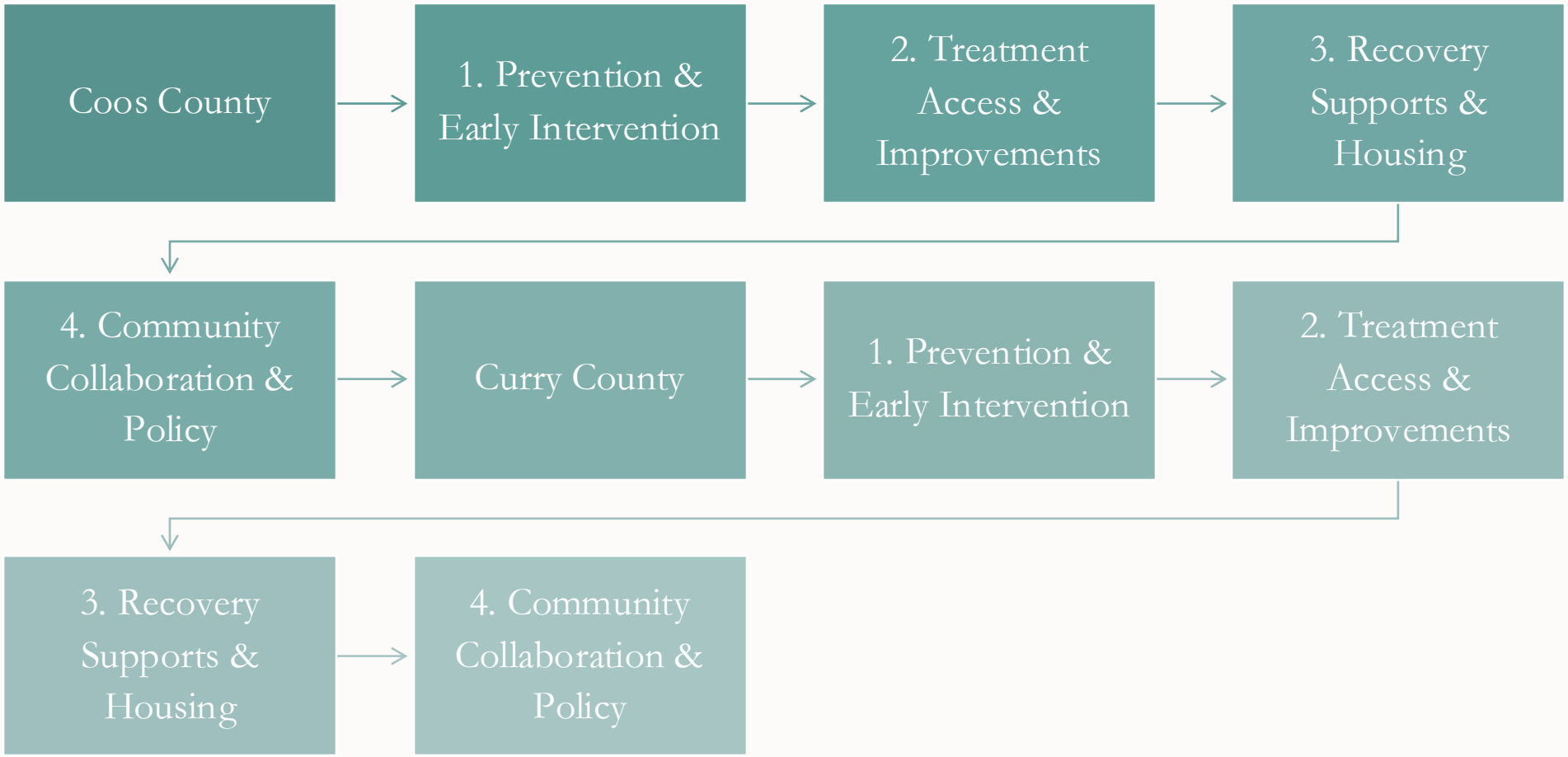
For this ADPC project, we listened to those who know addiction and recovery best: the peer workforce and people with lived experience of alcohol and substance use in Coos and Curry counties. We called this group *"Voices of Recovery."*

Their voices are vital. Only those who have faced addiction firsthand can truly speak to what recovery requires and how services can better support real change. By centering their lived experience, our recommendations reflect what is genuinely needed and effective.

"Nothing about us without us" guided every step of this project. The Voices of Recovery are not just recipients of care-they are leaders, advocates, and experts whose insights can transform our community's approach to prevention, treatment, and recovery.

"We would like to sincerely say thank you to the ADPC for their dedicated and valuable work around the State of Oregon and providing the funding and the given opportunity to hear our voices..."

Presentation Overview



Coos County Prevention Data

Focus Data: To strengthen prevention and early intervention, we would like to focus on schools, teens, and parents by increasing activities and securing state-level support to engage both youth and their families. Involving the school board, expanding access to care, and arranging for peers to visit schools, we believe, is futile. 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 to foster growth and understanding in these areas. With ongoing discussions and legislation around recovery high schools, bringing one to our area would be an incredible step forward.

Additionally, form a community team composed of peers, mental health professionals, doctors, probation officers, and representatives from other local organizations to break down stigma. Provide and create a robust one-on-one recovery support for youth and utilize trained peers with lived experience in substance use disorder. We would love to see a peer-run organization create an all-encompassing program that addresses all areas (outpatient treatment, housing, etc.). Coos County peer workforce and the peers involved in this project would also like to break down barriers through an effective media campaign that features real people and their stories.

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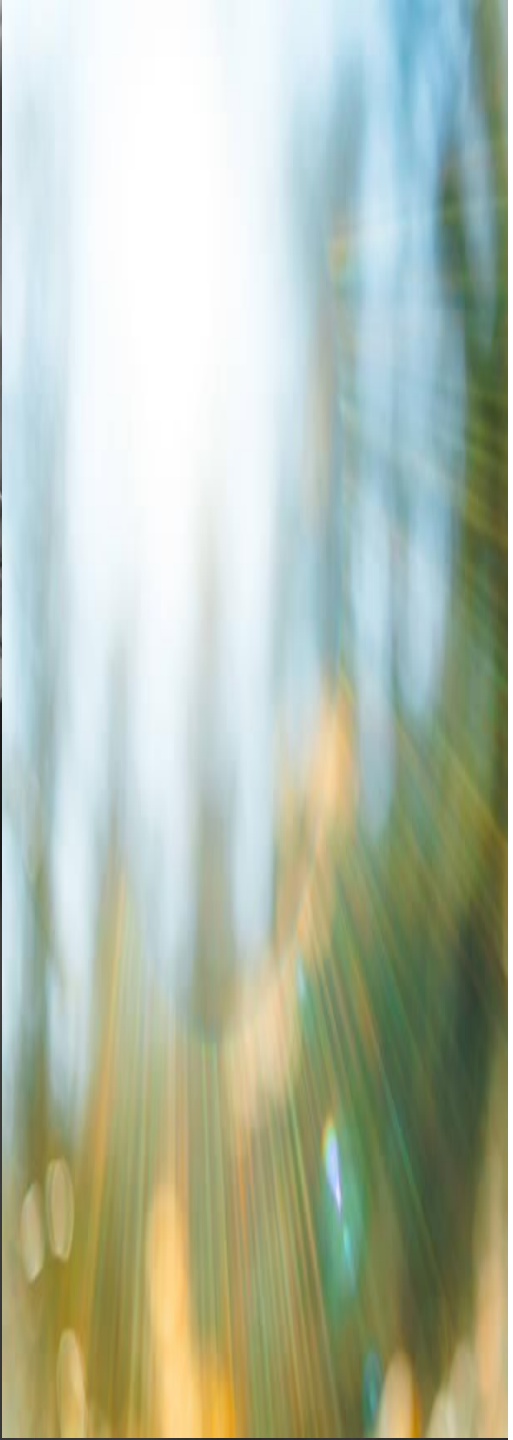

Coos Prevention and Targets:

Key Data Points and Barriers:

- Stigma in schools and lack of mental health and SUD screening for youth.
- Parents and families need more education and support.
- Difficulties in maintaining contact with hard-to-reach youth and families.
- Coos County youth face high and rising substance use disorder (SUD) rates-Oregon's SUD rate for ages 12 – 17 was 5.77% in 2019 and jumped to 12.53% in 2021, with local rates likely equal or higher; the county also has one of Oregon's highest student homelessness rates (57.3 per 1,000), and lacks adequate recovery, housing and transitional supports for teens and families.
- Shortage of structured youth peer support.

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Solutions and Recommendations for Coos Prevention

Category	Recommendations	Actions
School-Based Screening and Education	- Review and improve screening materials and procedures. -Implement regular mental health and substance use disorder (SUD) screenings in schools. -Ensure peers are available on-site after screenings to support students experiencing emotional activation. - Make substance use education a required part of every high school's curriculum (e.g., within Health class) or as an elective and would like to see peers with lived experience as guest educators.	- Coordinate with schools to schedule screenings. - Update and evaluate screening tools. - Train peers for immediate post-screening support. - Integrate substance use education into health curricula. - Recruit peers as guest educators.
Parental and Family Engagement	- Host ongoing events to educate parents about SUD, mental health, and local resources. - Integrate family counseling into prevention and early intervention programs. - Use newsletters, mailers, and digital platforms (text, email, social media) to provide regular updates and information to families.	- Organize regular parent education workshops. - Collaborate with family counseling providers. - Develop and distribute multi-platform communications.

Category	Recommendations	Actions
Youth Engagement	- Encourage youth and young adults with "lived experience" to participate in school board meetings and other platforms such as key clubs, where they can use their voice. - Establish youth peer-run organizations and support recovery high school options. - Create comprehensive, peer-run organizations modeled after successful youth programs, offering one-on-one peer support, housing, and peer mentor training.	- Facilitate youth participation in local governance. - Support formation of peer organizations. - Develop training programs and housing partnerships.
Overcoming Barriers to School Access and Engagement	- Develop structured outreach programs (digital check-ins, events, support groups) to maintain ongoing contact with youth, parents, and the community. - Create formal agreements for peer specialists to access schools regularly. - Provide training for school administrators and staff to support and understand peer involvement, with clear "Peer-Led" guidelines. - Form coalitions of peers, law enforcement, health organizations, and parents to advocate for policy changes and foster new growth to meet the needs of our youth.	- Implement outreach schedules and digital platforms. - Negotiate and formalize school access agreements. - Conduct training sessions for school staff. - Build and sustain multi-agency and all-inclusive coalitions for advocacy.

Current Legislation Around Prevention

Resource shortages are a major setback in prevention efforts. Inadequate funding and lack of trained personnel mean that many initiatives cannot reach their full potential, limiting the scope and effectiveness of prevention strategies. Expanding all of Coos's local SUD and mental health organizations with robust youth services and beyond would be beneficial.

House Bill	Primary Impact	Relevance to Targets
HB 2502	Expands school-based prevention and early intervention	Directs state agencies to assess and expand school-based substance use prevention, screening, and referral programs. Supports goals of regular school screenings and prevention education.
HB 2767	Creates recovery high schools for youth	Establishes and funds recovery high schools for youth in recovery from substance use. Aligns with recommendations to bring recovery high schools and robust youth peer support to the area.
HB 2929	Strengthens prevention planning and youth involvement	Adds prevention specialists and school/juvenile roles to the ADPC, strengthening prevention planning. Supports building a prevention-focused community team.
HB 3134	Reduces insurance barriers to care	Reduces insurance barriers, supporting ongoing recovery care. Helps address gaps in access for underserved populations of youth and families struggling with SUD and mental health.

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Coos County Treatment Data

Focus Data: Coos County is doing its very best to utilize alternative options and relies heavily on Bay Area First Step's 4-bed stabilization unit and their multi-level NARR-accredited housing , as well as local MAT providers, telehealth, MAT Services, outpatient treatment, and Adapt's Fresh Start recovery housing, to accommodate the unavailability of residential treatment and detox locally.
Medicaid insurance barriers, including the need for prior authorizations, present significant challenges in rural counties. Transportation is also difficult, as BCB (Medicaid) medical transport requires 48 hours' advance notice to pick someone up and take them to detox. We need policy change around this.

Coos County has no residential treatment or detox facilities of its own, forcing individuals to drive long distances to access detox in Douglas County and Lane County. There is a critical need for residential treatment and detox beds based on the per capita rate of drug users in Coos County.

Currently, there is only one person at Crossroads Adapt in Roseburg, Douglas County, responsible for processing all detox referrals through their rapid access coordinator. For example, if someone in Coos County wants to go to detox at Buckley in Eugene, they must first wait for approval from Adapt's rapid access coordinator in Roseburg. As a result, many people in Coos County who are ready for detox fall through the cracks every day. The same issue applies to residential treatment. Crossroads Adapt serves three counties with just 21 beds combined for both males and females, and it can take many months for a bed to become available.

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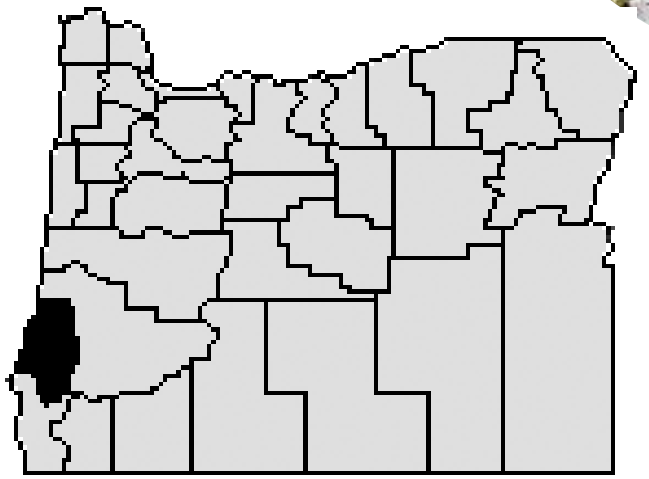
Coos Treatment and Targets:

- **Key Data Points:**

- *There is an 82% success rate on B.A.F.S 4-bed stabilization units, and moving people on to any type of supportive recovery housing.*
- Medicaid Expansion Impact: Improved access to alcohol and SUD post-reform, but gaps remain for opioids.
- CCO Model Limitations: Despite care coordination goals, rural areas still face service inequities.
- Coos County Data: Coos currently has approximately 65,000 residents. According to findings of the LADPC, Coos County's rates are staggering and among the highest in Oregon per capita for SUD-related issues.
- Long wait times for residential treatment are reported by some who have waited as long as 6 months for a bed to open up in Douglas County, Crossroads Adapt.



Treatment Barriers

Insurance

- Prior Authorization Requirements:
Delays in accessing detox due to mandatory pre-approval processes, particularly for Medicaid patients

- Network Limitations:
Inadequate provider networks for substance use disorder (SUD) treatment, especially in rural areas

- 48-Hour Advance Notice:
BCB Medicaid medical transport requires nearly two days' notice, limiting urgent access to detox

Geographical

- Long-distance travel:
Requiring individuals from Coos County to Douglas County and Lane County creates hardship and delays timely access to detox services

•No Local Detox/Residential Beds: Coos County has zero detox/ residential facilities, exacerbating overdose risks and making it extremely hard to go into residential treatment

- Per Capita Shortfalls:
Insufficient detox/residential beds relative to local SUD rates

Process Inefficiencies

•Single-Point Referral Delays:
Crossroads Adapt's referral coordination in Roseburg creates systematic slowdowns for Coos County patients seeking detox

•Disengagement From Treatment
Many detox-ready individuals in Coos County disengage during wait times and because of long distances

Long wait times for residential treatment are reported by some who have waited as long as 6 months for a bed to open up

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Solutions and Recommendations for Coos Treatment

Solution Category	Recommendations	Actions
Streamline Insurance and Authorization	-Recommendation for Medicaid-related and CCO Issues: Revise Medicaid policies to eliminate restrictions for substance use-related issues. -Advocate for legislation removing CCO barriers and promoting open card systems for rural and struggling areas.	-Advocate for policy changes to remove Medicaid and CCO restrictions affecting SUD treatment access.
Expand/ Prioritize Treatment Capacity	-Expand Rural Detox Beds: Fund facilities in Coos County based on per capita need. -Prioritize Residential Treatment/Detox Bed Availability: Allocate treatment beds proportionally to each county's drug user population or overall resident count to address gaps in care.	-Work with state and local agencies to secure funding and allocate beds based on population needs.
Improve Access and Navigation	-Decentralized Referrals and Improve Statewide Access: Make available direct access to detox centers and residential treatment without intermediary gatekeeping. Reducing the barriers that are exacerbating challenges in already struggling counties. These current limitations are causing additional harm and hindering effective care.	-Implement decentralized referral systems and improve statewide access protocols.
Enhance Transportation	-Enhance Transportation: Implement same-day BCB medical transport for specific SUD-related emergencies.	-Collaborate with the Oregon Health Authority and other stakeholders to develop standardized, statewide protocols that ensure equitable access to care.
Add Pre-Treatment Support	-Pre-tox and Respite: Allow individuals who are still using substances to have the option to stay in short term supportive housing while they wait for a detox or a treatment bed to become available.	-Develop pre-tox and respite programs in collaboration with local service providers.

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Current Legislation around Treatment

Legislation	Primary Impact	Relevance to Targets
HB 2506	Pre-Treatment Support	Supports creation of pre-tox and respite beds for individuals waiting for treatment; addresses data showing long waitlists and people "falling through the cracks" when detox-ready
HB 3134	Insurance Authorization Reform	Directly tackles the prior authorization barriers highlighted in data; reduces insurance gatekeeping and streamlines access to care
HB 2059	Treatment Capacity Expansion	Allocates $90 million for 336-363 new treatment beds statewide; addresses findings that Coos/Curry have zero detox beds and residential treatment beds despite high need
Measure 110	Community-Based Treatment	Provides $4.5+ million to Coos County; supports data showing need for expanded outpatient options
SB 142	Workforce Development	Addresses staffing challenges with $20 million to bring 4,000 new professionals into behavioral health; supports data on "bottlenecks" in referral systems

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Recovery Data
Coos County

Focus Data: Coos County has recently experienced significant opportunities for growth in the development of local recovery housing, highlighted by Bay Area First Step's multi-level, NARR-accredited recovery housing, along with other local options such as two Men's Oxford Houses and Adapt's Fresh Start Program. We feel very fortunate and grateful for the robust network of recovery resources and housing available in our county. We believe we are making significant progress in our local recovery efforts. We are thankful for the ongoing commitment and collaboration that make these services possible.

Through direct input from consumers and peers, attention has been focused on populations whose needs are not fully met by existing services. Gaps remain in adequate recovery housing and ongoing support, particularly for individuals with moderate to severe co-occurring disorders, long-term recovery needs, and complex challenges, such as families, parents with multiple or teenage children, veterans, and those with severe mental health. There is a critical need for SUD recovery housing options designed for families, including those with several children or teenagers, as well as peer-run housing models with fewer residents per unit to ensure stability and individualized care. Additionally, there is a strong demand for long-term trauma-based SUD recovery housing to support high-need populations.

Another critical issue identified by our group is the significant difficulty recovery housing residents and individuals with co-occurring disorders face in accessing essential mental health services, including telehealth options. A backlog in the local mental health clinics, combined with a shortage of providers, and a deficit of telehealth options. This creates substantial barriers not only to ongoing recovery support but also to initial entry into recovery housing. 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 to address their complex needs. Expanding access to mental health and telehealth services is essential to ensure that people with co-occurring disorders can successfully enter and remain in recovery housing, receive appropriate care, and achieve lasting recovery.

Coos Recovery Resilience and Targets

Key Points Gaps and Barriers:

- Insufficient recovery housing, especially for moderate to severe co-occurring disorders and long-term residents.
- Need for more structured housing with fewer residents and peer-run models.
- Lack of specialized units for families, veterans, and high-need, dual-diagnosed, and extreme mental health.
- Limited access to mental health telehealth services in recovery housing, as well as in the community. These telehealth mental health services would be a powerful tool especially for outreach peers.

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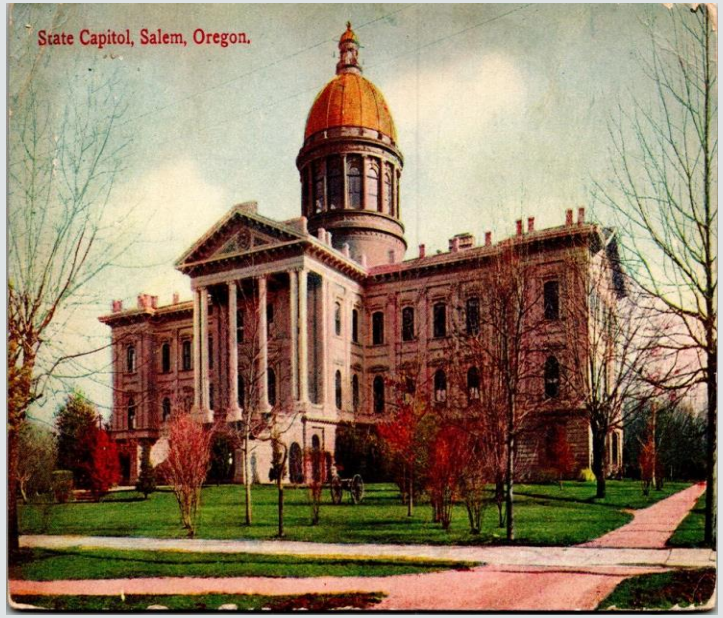
Solutions and Recommendations for Coos Recovery

Category	Recommendations	Actions
Recovery Housing Development	- Multi-Level Housing: Develop crisis, transitional, and permanent supportive housing, including options for those needing court-ordered care. - Structured Living: Offer housing with fewer residents per unit to provide stability and individualized support. - Fund peer run organizations to create multi-family housing as well as housing for people who need a higher level of care with properly trained peer and care team.	- Identify and assess vacant buildings for conversion. - Partner with peer-run organizations for management. - Secure funding and zoning for multi-level and structured housing options.
Peer Support	- Aftercare Peer Teams: Establish specialized aftercare teams to support individuals after graduating from outpatient and after residential treatment. - Social Connection: Create social media pages and online tools to foster connection, motivation, and ongoing peer support.	- Recruit and train peer mentors and aftercare teams. - Develop and schedule holistic healing activities. - Launch and moderate social media and online support platforms.
Telehealth Access	- Alternative Telehealth Resources: Identify and secure alternative telehealth resources, especially for mental health, to ensure all recovery residents in Coos have access to needed services.	- Research and partner with telehealth providers. - Equip recovery housing with necessary technology. - Promote telehealth options to all residents.

Current Legislation around Recovery



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House Bill	Primary Impact	Relevance to Recovery in Coos
HB 2239	Statewide standards for recovery housing	Addresses the need for structured, peer-run, NARR-accredited housing and protects residents with complex needs, including dual diagnoses and families
HB 4002	Expands access to medications, recovery housing, and integrated behavioral health care	This directly expands access to recovery housing, aftercare, and integrated behavioral health care in Coos County, helping those with long-term, complex, or dual-diagnosis needs—including those who require trauma-based care or are waiting months for mental health services
HB 3134	Removes insurance barriers for recovery	This streamlines access to SUD medications, mental health care, and recovery housing—reducing long wait times and administrative delays that currently prevent Coos County residents from entering or remaining in recovery housing, especially those with co-occurring disorders who need immediate, ongoing care.
HB 2003	Regional planning for recovery housing	Supports strategic development and funding for recovery housing in Coos.

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Collaboration with other Organizations

Focus Data: Ensure meaningful and compassionate peer involvement in all state and local organizations that support and interact with individuals experiencing substance use disorders (SUD) and mental health challenges, recognizing the importance of lived experience, trauma-informed care, and emotional safety for both clients and staff, such as courts, corrections, and medical offices.

A preventative task force should also be created, composed of local agencies—Peer Ran and facilitated, Community Corrections, Police, Mental Health Organizations, Counselors, and addiction medicine clinicians. Also, Coos peers would like to see a level of mandatory SUD and Mental Health training required for any healthcare worker working with the population of PWUD to help bridge the gap and cut down on the lack of trauma-informed care and harm caused between medical staff and community members who have SUD and co-occurring disorders.

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Solutions and Recommendations for Collaboration

Solution Category	Recommendations
Peer Involvement Across Systems	-Provide peer support options in courts, corrections, medical offices, and other institutions interacting with PWUD (people who use drugs). -Utilize peers to bridge gaps between institutions and individuals needing care, as research shows peers improve treatment adherence and reduce recidivism. -Implement required mental health, SUD, and trauma aware training for all healthcare workers. This would be peer facilitated, to enhance understanding and reduce stigma. -Leverage Peer Leadership: Empower peers with formal training and certification to serve as recovery coaches or advocates at the city and state levels, ensuring their voices are heard in policy-making.
Reestablish and Broaden Collaborative Prevention Task Force	-Form a county agency task force, including peer-led, police, mental health organizations, counselors, doctors, and community corrections, and jail, for example, to meet at least 6x per year to talk about relevant issues and how we can come together and successfully meet the needs of our community.

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Citations and References

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olis.oregonlegislature

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Curry County Strategies for Substance Use: Prevention, Treatment, and Recovery

Presentation By:

Brittany Wilson PWS, CRM ~ Bay Area First Step and "The Voices of Recovery" Curry County

The real statements from the people of Curry County have been included in this presentation.

The Curry County peer workforce and consumer groups shared some of the most heartfelt stories and innovative ideas for bringing their community together.

In spite of the challenges faced by people in Curry County-one of the hardest-hit regions in Oregon, and with leading the state's highest fatal overdose rates, no recovery housing, and persistent stigma and community pushback, they are staying in the battle. Including these voices in this presentation ensures that the reality on the ground is seen and heard, and that solutions are shaped by those who live this experience every day.

Curry County Prevention Data

Focus Data: These are the real voices from Curry County, where prevention faces some of the hardest challenges in Oregon. Many participants shared that early intervention in schools could have made a difference in their lives. They described how teachers and staff often missed signs of depression or substance use, and how a lack of mental health education and screening left youth and families to figure things out on their own. One participant reflected,

"If teachers had more training or were more aware of mental health issues, maybe they would have noticed my depression earlier. My mom was too busy working to see it, but if a teacher had caught it and suggested counseling, maybe I could have avoided using."

Participants also expressed frustration with not being able to get their children the help they needed due to legal and systemic barriers. The group agreed that prevention must start early, with more mental health education, screenings, and active involvement from both schools and parents.

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Curry Prevention and Targets

Key Data Points, Gaps, and Barriers: Prevention

- Stigma: Deep-rooted stigma in schools and the wider community discourages youth and families from seeking help.
- Early Intervention: Need to reach youth early (ages 11 – 12) through school-based programs.
- Peer Support and Recovery High Schools: Need for peer support and collaboration in schools and recovery high school options.
- Peer Access to Schools: Criminal background checks limit peer access into schools, and school counselors are understaffed, highlighting the needs for youth peer support options.
- No Public Health Support: Insufficient public health engagement and no wellness centers.
- Limited Youth Activities: Few free or low-cost recreational or after-school programs, especially in low-income areas.
- Family Challenges: Children of parents who use substances face higher risks and limited support; addressing substance use in families is difficult without increasing stigma.
- Evolving Drug Threats: Dangerous substances like fentanyl are appearing in schools, requiring Narcan.
- Engagement Gaps: Difficulty engaging youth due to the normalization of substance use in some environments.

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Solutions and Recommendations for Curry Prevention

Solution Category	Recommendations	Actions
School-Based Screening and Education	- Implement substance use education starting in 5th – 6th grade - Create community wellness events at schools involving parents and children - Establish trauma-informed, judgment-free environments for youth - Develop work/trade programs for youth	- Partner with schools and local agencies to deliver curriculum and events - Train staff and peers in trauma-informed care - Launch pilot work/trade programs in middle schools
Parental and Family Engagement	- Offer family counseling, parent education, and targeted support for unhoused and high-ACEs families - Utilize online platforms for virtual support groups and resource hubs	- Collaborate with local family service providers - Develop and promote online resource hubs
Community and Youth Engagement	- Build peer support groups with parole/probation officers and local organizations - Host wellness fairs and inclusive activities - Launch anti-stigma campaigns	- Establish school and community partnerships - Organize annual wellness fairs - Develop peer-led campaign materials
Overcoming Barriers to School Access & Engagement	- Revise background check policies for peer involvement - Create a youth peer organization - Support wellness centers and recovery-focused high schools - Facilitate peer access - Secure funding through advocacy - Incorporate scientific studies	- Work with school boards to revise policies - Form youth peer advisory groups - Advocate for state funding - Integrate evidence-based content into programs

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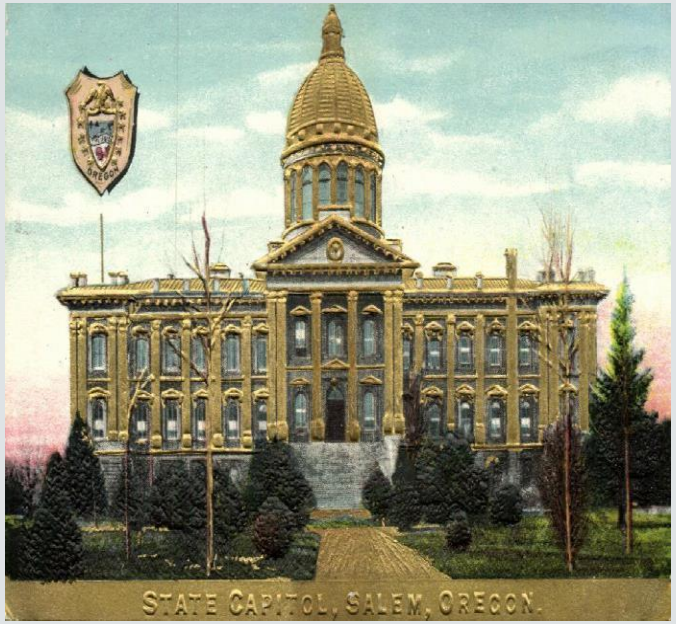
Current Legislation around Prevention:



House Bill	Key Provisions	Alignment with Curry County Initiatives
HB 2502	Directs the ADPC to expand school-based prevention programs, screenings, and referrals.	Supports focus on early intervention (ages 11-12) and school wellness events.
HB 2767	Funds and establishes recovery high schools for youth in recovery.	Aligns with recommendations to bring recovery-focused education to Curry County.
HB 2929	Adds prevention specialists and youth roles to the ADPC.	Strengthens prevention planning and supports building a prevention-focused community team. This allows rural youth to have a voice.
HB 2954	Funds local health departments and tribes for addiction prevention services.	Addresses gaps in public health support and funds community-driven prevention activities.
HB 3134	Reduce Insurance barriers to care.	Reduces insurance barriers, supporting ongoing recovery care. Helps address gaps in access to underserved populations.

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Curry County Treatment Data

Focus Data: The ADPC recently released data stating that Curry County is leading the state with the highest fatal overdose rates in Oregon per capita (Overdose Death Rate Per 100k, 2019-2022), and the voices here reflect the urgent barriers to treatment. Peers described feeling alone and unsupported, with long waitlists, confusing referral systems, and a lack of options close to home.

"One of the biggest barriers for me was just not knowing what options were out there, or how to get connected," one person shared.

Others noted that probation and law enforcement often focused on punishment instead of offering treatment opportunities, leading to cycles of incarceration and relapse. Many peer participants said that if someone had reached out with real help-especially while in jail or after an overdose-their path might have been different. The lack of local detox and residential treatment, recovery housing, and the need to travel hours for care were seen as major obstacles. Peers called for open access to treatment, more local options, and better information about available services.

www.oregon.gov › Lists › ADPC County Overdose Data 4.9.24.pdf

Key Data Points, Gaps, and Barriers: Prevention

- Wait Times & Accessibility: 200 – 300 day waits for residential treatment; no local detox or residential facilities, requiring long-distance travel.
- Insurance Restrictions: CCO boundaries limit options.
- Housing Deficits: No transitional or pre-treatment stabilization housing.
- Limited Modalities: No recovery housing options in Curry (e.g., NARR Accredited, transitional, Oxford Houses); heavy reliance on virtual treatment; insufficient trauma-based therapy.
- Systems Coordination: Poor handoff between criminal justice systems and treatment providers because of barriers in local system and the lack of recovery housing; peers find in accessing and engaging with inmates pre-release.
- Service Awareness: Limited knowledge in the community about available resources and services.

Solutions and Recommendations for Curry Treatment

Category	Recommendations	Actions
Streamline Insurance and Authorization	-Insurance Reform: Push for open card insurance systems allowing treatment across CCO boundaries.	-Advocate for legislation removing CCO barriers and promoting open card systems for rural and struggling areas.
Improve Access and Navigation	-Local Detox & Residential Facilities: Advocate for detox and residential treatment centers within Curry County. -Virtual Assessments: Expand virtual assessment capabilities to reduce wait times. -Streamline Referrals: Decentralize referrals, remove single gatekeepers, and improve awareness of services.	-Collaborate with organizations like Bay Area First Step, Brookings Peer Core Response, Welcome Home Oregon, and Adapt to streamline treatment. -Use virtual platforms to expedite assessments and connect clients with treatment providers.
Enhance Transportation	-Enhance Transportation: Implement same-day Medicaid medical transport for SUD-related emergencies.	-Coordinate with transportation providers and local agencies to ensure timely emergency transport services.
Add Pre-Treatment Support	-Pre-tox and Respite: Fund programs to help people who are still using substances and or struggling to be somewhere while they wait for a detox or treatment bed to become available.	-Develop pre-tox and respite programs in collaboration with local service providers.
Ongoing Aftercare & Peer Support	-Extend peer support and case management after treatment; provide warm handoffs and mentorship.	-Build networks of peer mentors and aftercare teams; formalize follow-up protocols.
Implementation Strategies	-Work with legislators to secure funding for local detox facilities and transitional housing. -Collaborate with organizations like Bay Area First Step, Brookings Peer Core Response, Welcome - Home Oregon, and Adapt to streamline treatment. -Advocate for legislation removing CCO barriers and promoting open card systems for rural and struggling areas. -Use virtual platforms to expedite assessments and connect clients with treatment providers.	

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Current Legislation around Treatment

House Bill	Key Provisions	Alignment with Curry County Initiatives
HB 2059	Allocates $90 million for 336-363 new treatment beds. This expands mental health and SUD treatment beds statewide.	Addresses Curry's lack of detox/residentialfacilities by prioritizing rural capacity needs.
HB 3134	Prohibits insurance prior authorization for SUD medications.	Reduces insurance barriers and supports seamless access to MAT (medication-assisted treatment).
HB 2506	Develops policies to expand access to opioid use disorder medications in healthcare settings.	Support slow-barrier clinics and transitions from emergency departments to community care.
HB 4002	Funds CCBHCs (Certified Community Behavioral Health Clinics) and removes prior authorization for SUD care.	Expands integrated behavioral health care and aligns with your call for trauma-informed treatment.
Measure 110	Funds BHRNs for outpatient, peer, housing, harm reduction, and recovery services	Provided $ 1.5 M+ to Curry County. Expands outpatient options.
SB 142	Provides $48M for behavioral health workforce recruitment, retention, and scholarships	Grows the local workforce, improves access to care, and supports new provider training

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Curry County Recovery Data

Focus Data: We would like to acknowledge the recent funding from the State of Oregon to Bay Area First Step, which provides an invaluable opportunity to foster positive change and growth through the establishment of a Recovery Center in Curry County. We are collectively excited about this and feel that it is a step in the right direction.

Unfortunately in light of all the efforts, recovery housing is non-existent in Curry County, and stigma and pushback from the community remain high. Participants described how people with co-occurring mental health and substance use disorders are often turned away from housing in other counties because their needs are too complex.

"There's just not enough recovery housing, especially for people with dual diagnoses or higher mental health needs. Sometimes people get turned away because their level of care is too high, and there aren't enough resources to help them."

Another also explained aftercare and peer support are limited, making it hard to stay connected and sustain recovery. Many shared that community support often feels lacking, with people waiting for them to fail instead of helping them succeed. The group emphasized the need for structured recovery housing, ongoing peer support, access to mental health and telehealth services, and a community that truly believes in second chances.

Curry County Recovery Resilience and Targets

Key Data Points, Gaps, and Barriers

- Recovery Housing Deficit: There is no SUD recovery housing in Curry, though there are peer-ran organizations currently active in Curry.
- Deficit in Reentry Programs and Housing for Prisoners: The lack of support and resources in Curry adds significant stress on the reentry program, Welcome Home Oregon, because of the deficit of recovery housing options for people leaving jail or prison, increasing risks of relapse, homelessness, recidivism, and hindrance to reunification of families.
- Skill Development Gaps: Lack of opportunities for individuals in recovery to learn work and life skills; no structured employment or community service programs.
- Motivation Challenges: Difficulty maintaining recovery momentum without incentives or structured programs; lack of contingency management programs.
- Stigma & Community Resistance: Negative attitudes hinder reintegration and support.

Solutions and Recommendations for Curry Recovery

Category	Recommendations	Actions
Recovery Housing Development	-Recovery Housing Models: Advocate for NARR-accredited recovery housing, Oxford Houses. -Work-Based Recovery Programs: Introduce job training and community service programs to build self-efficacy and confidence. -Advocate for funding for Peer Run Organizations based in Curry, such as Bay Area First Step, Brookings Peer Core Response, and Welcome Home Oregon, to be able to provide recovery and reentry housing. -Advocate for Peer-Led Organizations established already in the community with the means to create all-inclusive treatment, recovery housing, and peer services.	-Identify and pursue funding sources for recovery housing. -Partner with workforce agencies for job training. -Support grant writing and advocacy for peer-run and peer-led organizations.
Peer Support and Social Connection	-Peer-Led Support & Aftercare: Establish peer-led support groups and aftercare teams for ongoing support. -Sober Social Activities: Organize regular sober social events (barbecues, bowling nights, skill-building workshops). -Contingency Management: Implement incentive-based systems (e.g., recovery bucks, gift cards) for meeting recovery milestones. -Structured Programming: Develop workshops at recovery centers (resume building, cooking, art therapy, etc.).	-Recruit and train peer mentors and aftercare teams. -Schedule and promote sober social events. -Design and launch contingency management programs. -Develop and offer structured workshops.
Community Engagement and Public Relations	-Launch anti-stigma campaigns and engage local businesses, churches, and organizations in recovery efforts. -Create scheduled town hall meetings to address the public and share updates on local substance use, the importance of recovery housing, and recovery initiatives.	-Develop and distribute anti-stigma materials. -Organize and facilitate town hall meetings. -Build partnerships with local businesses and organizations.

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Current Legislation around Recovery:

House Bill	Primary Impact	Alignment with Curry County Initiatives
HB 3146	Creates a pilot for low-barrier emergency housing for those awaiting treatment	Directly addresses the need for pre-treatment stabilization housing (“layover beds”)
HB 2003	Requires regional housing needs analysis, including recovery housing	Supports planning for transitional and permanent supportive housing
HB 2239	Requires certification of recovery residences (NARR/Oxford House standards)	Ensures quality, peer-run recovery housing for underserved populations
HB 4002	Maintains funding for BHRNs, including recovery housing	Funds peer support, housing, and aftercare teams for long-term recovery
SB 142	Supports workforce development for recovery housing and peer services	Increases staffing for recovery housing, peer support, and aftercare
Measure 110	Funds recovery housing, peer support, and harm reduction via BHRNs	Directly supports local priorities for housing, aftercare, and peer-run programs

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Hard to Reach Populations

Focus Data: Curry County faces significant challenges in reaching individuals affected by substance use who live in rural or isolated areas, as well as those who are homebound or hesitant to seek help due to stigma or fear of judgment. Community resistance and lack of coordinated outreach further complicate efforts to provide support and resources to these populations. While a few dedicated workers and peers strive to meet these vulnerable groups' needs, persistent stigma and limited community support make sharing information and connecting people to care more difficult.

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Curry County Outreach and Engagement

Key Data Points, Gaps, and Barriers

- Geographic Isolation: Difficulty reaching individuals in rural areas such as Langlois, Port Orford, Gold Beach, and Brookings due to distance and lack of transportation.
- Hidden Populations: Challenges reaching functioning addicts, homebound individuals, or those hesitant to seek help due to stigma or fear of judgment.
- Service Awareness Gaps: Limited knowledge about available resources; Curry needs continued support in outreach and targeting specific populations.
- Community Resistance: Pushback from some community members who misunderstand outreach as enabling addiction.

Solutions and Recommendations

Category	Recommendations	Actions
Outreach and Engagement	- Distribute SUD educational information and services directly into mailboxes across Curry -	- Develop and mail resource flyers and information packets
	- Partner with the City, ODOT, and/or peer-run agencies for community service projects (e.g., trash cleanup)	- Organize and promote volunteer community service events
	- Consider contingency management, incentive-based programs to encourage community involvement and reduce stigma	- Design and implement an incentive program for community participation and engagement

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Current Legislation around Outreach and Engagement

House Bill	Key Provisions for Outreach & Engagement	How It Supports Curry County Initiatives
Measure 110	Funds Behavioral Health Resource Networks (BHRNs) to provide trauma-informed, culturally responsive outreach, harm reduction, and SUD treatment. Grants support mobile outreach, community resource centers, and direct engagement with hard-to-reach populations.	- Provides funding for mail campaigns, mobile outreach vans, and peer-led engagement - Supports outreach to rural, isolated, and hidden populations - Reduces stigma and increases service awareness through community-based engagement
HB 4002 (2024)	Expands Certified Community Behavioral Health Clinics (CCBHCs) and mandates integrated community outreach as part of addiction treatment and prevention. Requires ADPC to study and recommend ways to reduce barriers to SUD care and improve workforce and outreach.	- Strengthens local outreach and engagement through CCBHCs - Promotes multi-agency collaboration and service coordination - Supports public education and anti-stigma campaigns
SUD 1115 Medicaid Waiver	Allows Medicaid funding for community integration services, including housing and employment support, and expands the service array for OHP members with SUD. Encourages outreach to connect individuals with SUD to services and supports	- Supports outreach and engagement for OHP members in rural areas - Funds community integration and navigation services - Addresses service awareness gaps and access barriers
Pending Legislation: Joint Addiction & Community Safety Response Committee	Proposes additional funding to OHA for local health entities and tribes to prevent addiction, emphasizing community engagement and outreach.	- Would provide new resources for local outreach, education, and engagement projects - Targets prevention and early intervention in rural communities

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Curry County Collaboration

Focus Data: To promote trauma-informed care, it is vital to include peers with lived experience in all local organizations serving people with substance use and mental health challenges, such as courts, corrections, and medical offices. Centering peer voices helps create safer, more empathetic environments for everyone involved.

Curry County peers would like to establish a peer-led prevention task force with partners from Community Corrections, Police, Mental Health, Counselors, and addiction medicine, to address emerging needs and coordinate trauma-informed strategies.

Peers also we also like to see a "lived experienced led" SUD and mental health training for all healthcare workers serving people who use drugs or have co-occurring disorders. This training is key to bridging gaps, reducing harm, and ensuring care is delivered with empathy and respect.

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Curry County Collaboration with other Organizations and Targets

Key Data Points and Gaps

- Limited peer representation in courts, corrections, and medical settings.
- Few healthcare professionals have peer-led, trauma-informed SUD and mental health training.
- Gaps between institutions and individuals needing care lead to missed opportunities for support and increased recidivism.
- There is a recognized gap in trauma-informed care between medical staff and community members with SUD and co-occurring disorders.
- Enhanced training is seen as a way to bridge this gap and improve care quality and trust.
- Peers recommend mandatory SUD and mental health training for all healthcare workers serving people who use drugs (PWUD).

Solutions and Recommendations for Collaboration

Solution Category	Recommendations	Actions
Enhancing Systems Collaboration Through Peer Involvement	- Mandate peer involvement across systems: Require peer representation in courts, corrections, medical offices, and other institutions interacting with PWUD. - Utilize peers to bridge gaps between institutions and individuals, improving treatment adherence and reducing recidivism.	- Require peer representation policies in relevant institutions. - Train and integrate peers into courts, corrections, and medical offices. - Monitor and evaluate peer impact on treatment adherence and recidivism.
Embedding Peer-Led, Trauma-Informed Training in Healthcare	- Implement mandatory trainings for healthcare workers led by SUD peers. - Require trauma-informed care (TIC) and SUD-specific training for all healthcare professionals working with SUD to enhance understanding and reduce stigma. - Empower peers with formal training and certification to serve as recovery coaches or advocates at city and state levels.	- Develop and mandate peer-led TIC and SUD training programs for healthcare workers. - Certify peers as recovery coaches and advocates. - Include peer leadership in policy-making forums and healthcare system planning.

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Additional Notes:

Collaboration between organizations, such as Bay Area First Step, Brookings CORE Homeless Response, Welcome Home Reentry, Adapt, and others, is vital for effective implementation. Peers with lived experience play a key role in breaking down barriers and fostering trust. Funding opportunities tied to previously presented legislation, as well as other state initiatives, should be prioritized for rural prevention, treatment, and recovery services. Many rural residents and consumers feel they are either overlooked, considered last, that their voices are not heard, or that they are a low priority due to many factors, including stigma, the size of their communities, political factors, or the perception that their problems as whole aren't as "bad" as those in the rest of the state. The reality is that the need in Curry County is both real and urgent, and residents deserve the same opportunities as everyone else in Oregon. The hope is that this project will bring desperately needed changes and new resources to Curry County, and that the opportunity to rebuild hope is now brightly in view.

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