Solution Engagement Series Regional Report:

Eastern Oregon

Introduction

The Eastern Oregon meeting was held at the Pendleton Public Library on May 15, 2025. Facilitated by APDC Commissioner and GOBHI SUD Coordinator, Katie Jokinen and attended by two APDC staff members: Mitch Doig and Analiese Dolph as well as County Commissioner Cindy Timmons. Participants included thirty-six workforce professionals and community members, and the session highlighted the scarcity of local treatment and detox options, geographic isolation, limited housing and respite care.

Format

Participants were introduced to the work and mission of the Alcohol and Drug Policy Commission and shown a presentation that described the priorities and goals leading towards a five-year plan. They were asked to contribute their expertise and lived experience to help shape a regionally appropriate and culturally responsive strategy for Eastern Oregon which is comprised of Morrow, Umatilla, Union, Wallowa, Grant, Baker, Harney, and Malheur counties.

Discussion Guide with Key Discussion Excerpts

Section 1: Vision and Strategy

When you think about a comprehensive statewide plan, what elements must be included for it to be truly effective and equitable?

What do you think the public needs to know to improve supports and services for those impacted by substance use disorders.

What does success look like to you? In 5 years, what changes would you hope to see as a result of this strategic plan?

Key Excerpts during Section 1

"Grant and Morrow counties don't have the ability to do Harm reduction outreach…."

"The westside has more support but also more providers…"

"We have no local detox or respite housing…."

"It's hard to sell prevention when people are dying"

Section 2: Reflections on Committee Priorities

Each of the four committees (Recovery, Treatment, Harm Reduction, and Prevention) has developed a set of priorities and strategies. Based on what you've seen or heard, do these align with your experience or the needs in your community?

How would you change these priorities to address missing or underrepresented issues?

Which committee's priorities do you feel are strongest or most needed in your community right now — and why?

Key Excerpts during Section 2

"We're lacking in our Spanish speaking resources and providers…"

"Finding in-person support over telehealth or support makes a big difference…"

"There is a serious lack of prevention data that would tell us where to go by county beyond the known risk factors. We're shooting in the dark…"

Section 3: Process and Accessibility

If you have experienced prevention, harm reduction, treatment or recovery services in Oregon, how would you characterize your experience?

What has been your experience interacting with local government, state agencies, or the ADPC itself? As you think about efforts state and local leaders have taken to address substance use, what has worked well, and what could be improved in terms of transparency, accessibility, or inclusion?

How can the Commission better engage and listen to individuals and communities most impacted by substance use and addiction, especially those who have been historically underserved?

Key Excerpts during Section 3

"The gaps are housing, 80% of our clients are co-occurring so mental health providers are also necessary..."

"We don't want cookie cutter programs that start at preparation and go up. We need the flexibility to tailor our programs to the people in our community..."

"We need a way to perform successful, safe coordination of care. A safe place for that process to occur..."

"For Prevention, our huge gaps are funding, none of what we do is billable…"

Section 4: Community Needs and Gaps

What are the biggest gaps you see in Oregon's current approach to addressing substance use in your community(ies) — across prevention, treatment, harm reduction, and recovery?

Follow up: how do you think these gaps can be addressed, in your opinion

Are there existing local or culturally specific programs or solutions that you think the Commission should know about and learn from?

Key Excerpts during Section 3

(none recorded – session over time)

SUMMARY OF FINDINGS BY RECOVERY CONCEPT

Prevention

Participants in Eastern Oregon emphasized the acute lack of prevention resources, particularly in frontier counties like Union and Grant. There is a scarcity of local data to guide evidence-based approaches, and current programming often lacks adaptability to small, culturally distinct populations. Stakeholders pointed to a dire need for sustained, flexible funding and community-specific strategies that do not overburden schools. There was also discussion of utilizing local governance to tailor alcohol access policies, and calls for upstream investment in family-focused programming and after-school prevention efforts.

Treatment

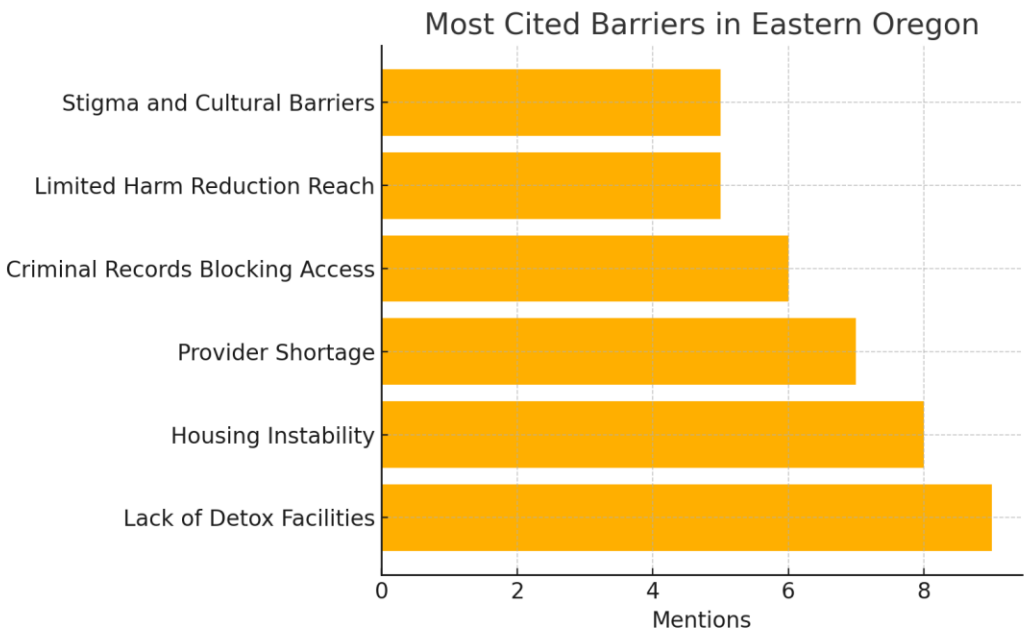
Treatment access in Eastern Oregon remains inequitable, with limited detox facilities and long wait times creating dangerous gaps between the decision to seek help and receiving care. A common refrain was that treatment services too often use 'cookie-cutter' approaches that begin at the preparation stage, excluding those in earlier stages of readiness. Local providers described the west side of the state as overserved by comparison, while Eastern Oregon lacks providers who can stay long-term. Participants strongly advocated for community-based treatment options that are culturally appropriate, financially sustainable, and able to integrate mental health support.

Recovery

Recovery stakeholders described a fragmented support landscape in Eastern Oregon, with large geographic distances between services and very few formal recovery housing options. A common gap was the period between inpatient treatment and sustainable independent living. Criminal records continue to block access to housing and employment, making post-treatment recovery more difficult. There were calls for job training opportunities, peer-led coordination centers, and a safe place to transition between detox and residential programs. The importance of in-person recovery support—such as groups and peer mentors—was repeatedly emphasized over virtual alternatives.

Harm Reduction

Harm reduction practices face considerable stigma in Eastern Oregon. While naloxone distribution is improving, implementation varies by county, and outreach in frontier areas remains minimal. Providers noted that resistance from local hospitals and law enforcement makes harm reduction education and access inconsistent. Participants identified the need for cross-sector education, especially doctor-to-doctor outreach to shift institutional perspectives. Several stakeholders mentioned the lack of bilingual and culturally specific harm reduction resources. Peer drop-in centers have faced resistance despite their value in early intervention stages. A Spanish-language harm reduction center remains a key unmet need in areas with large Latino populations.



Recommendations to ADPC

1. Invest in prevention funding that supports rural tailoring and upstream family engagement.
2. Expand detox, respite, and transitional housing options across all 12 Eastern Oregon counties.
3. Support sustainable, non-grant-based funding models for treatment and recovery providers.
4. Create workforce incentives to attract and retain culturally competent providers in frontier counties.
5. Establish a Spanish-language harm reduction center and expand multilingual services region-wide.
6. Encourage ADPC to fund doctor-to-doctor and cross-sector education initiatives to reduce stigma.
7. Prioritize programs that support recovery navigation and peer-led respite during wait periods.

These recommendations reflect lived experiences and align with ADPCs strategic pillars of Prevention, Treatment, Recovery, and Harm Reduction.