Solution Engagement Series Regional Report:

Mid-Willamette Valley

Introduction

The Mid-Willamette Valley meeting was held at the Corvallis-Benton County Library on May 20, 2025. Co-facilitated by APDC Commissioners Dr. Moxie Loffler (addiction medicine specialist) and Tony Vezina (Executive Director, 4D Recovery) attended by several APDC staff members: Mara Sargent, Stephanie Condon, Will Burchard, and Carolyn Wiens. Participants included twenty workforce professionals and community members, and the meeting focused on identifying service barriers, workforce needs, culturally specific care challenges, and realistic, community-driven solutions to improve substance use outcomes.

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 the Mid-Willamette Valley which comprises Benton, Linn, Marion, and Polk 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

"The priorities are good but the tip of the iceberg. We are more interested in a full spectrum of support…"

"It is difficult to work with CCO's…"

"We have services, but they are very limited. Transportation is a stand-out barrier…."

"Funding is so scarce it doesn't even cover one FTE we have to break that out and share it with other programs…"

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

"Jail and treatment saving someone's life is the exception and not the rule…"

"We should be prioritizing client-led desires that leverage an outcome they identify…"

"The lowest barrier shelters have to raise the base standard of care – they can feel harmful to clients…"

"It is limiting for us to operate within state funding…"

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

"As someone with a felony assault there was a huge disconnect in finding solutions that fit me..."

"From a perspective of hard of hearing people, we don't have services..."

"Working with schools is tough because everyone is maxed and each district is different and has different inroads..."

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 4

"A lot of people are experiencing harms by being exited out of programs based on whatever their criteria are..."

"Being a man of color in a field that is dominated by middle aged white women is challenging…"

"Minor stays in jail cause a lot of harm. It takes away all the resources. We expect perfection and the consequence is the withholding services... "

"We want to see one prevention specialist in every county…"

SUMMARY OF FINDINGS BY RECOVERY CONCEPT

Prevention

Prevention services in the Mid-Willamette Valley are hindered by inadequate funding and lack of regional coordination. Stakeholders emphasized that the limited resources often don't even fund a single full-time position. Messaging campaigns, technical assistance, and data collection are either inaccessible or siloed. Participants also expressed concern about prevention strategies being outdated or not reflective of diverse youth and non-traditional populations. There is a strong call for culturally specific programming and for ADPC to elevate prevention through advocacy, coalition-building, and youth engagement.

Treatment

The treatment landscape in the region is shaped by workforce shortages, provider turnover, and challenges collaborating with Coordinated Care Organizations (CCOs). Participants reported systemic gaps in rural access, lack of after-hours treatment approvals, and barriers like pet care and family responsibilities that prevent entry

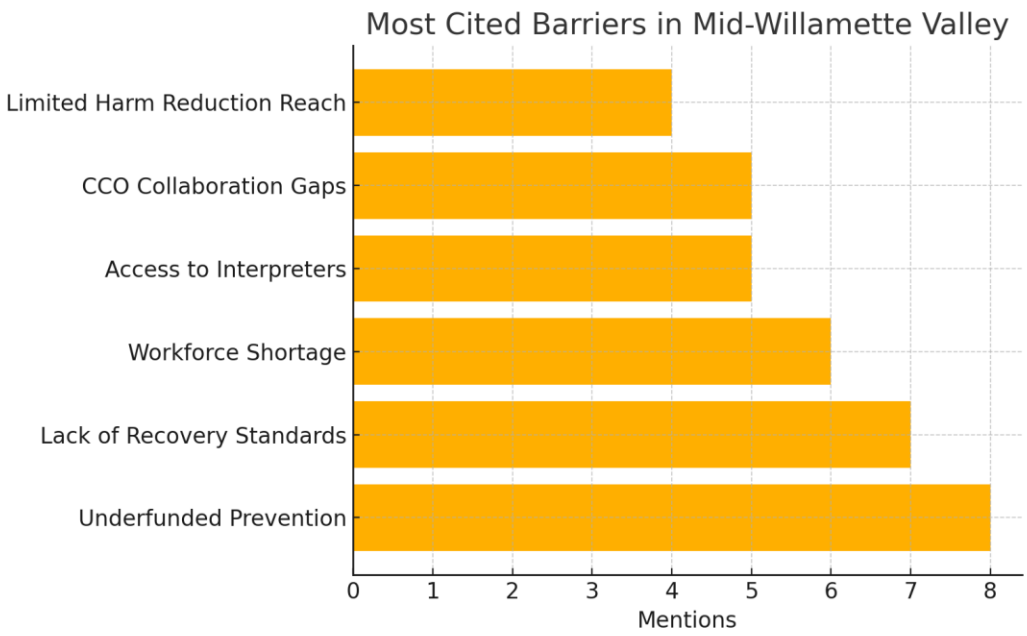
into treatment. There is a need for client-centered, culturally sensitive treatment models that accommodate non-abstinence goals and actively include people with lived experience in care design and delivery.

Recovery

Recovery services are viewed as limited and uneven across the Mid-Willamette Valley. Low-barrier recovery housing often lacks oversight or standards, leading to inconsistent quality. Participants stressed the importance of NARR accreditation for recovery housing and peer-led services. Access to interpreters, culturally appropriate support, and transportation remain significant barriers. There is also a push to recognize and fund nontraditional recovery paths, reduce stigma, and support local recovery leaders in small communities.

Harm Reduction

Harm reduction advocates called for a more comprehensive approach beyond naloxone and syringe access. There is a need for culturally specific education, youth-centered services, and third-space models that provide safe environments for honest conversations. Survivorship bias, stigma from both within and outside of recovery communities, and lack of training for providers were all highlighted. Many expressed frustration at abstinence-only approaches dominating treatment and recovery spaces, with calls for expanded SSPs, proper naloxone training, and support for people who use drugs without requiring abstinence.



Recommendations to ADPC

1. Increase prevention funding to support culturally specific and nontraditional community programming.
2. Establish regional coalitions to support treatment workforce development and coordination with CCOs.
3. Require NARR accreditation for recovery housing and increase interpreter access.
4. Expand harm reduction education across sectors and fund third-space peer support models.
5. Ensure Medicaid and public funding support non-abstinence treatment and recovery options.
6. Track and reduce client expulsion rates from programs based on punitive or exclusionary criteria.
7. Fund regional transit and pet care solutions that support treatment access and retention.

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