Solution Engagement Series Regional Report:

Tri-County

Introduction

The Tri-County meeting was held at the Multnomah County Building on May 29th, 2025. Facilitated by APDC Commissioner and Executive Director 4D Recovery, Tony Vezina and attended by two APDC staff members: Wes Rivers, Mitch Doig, and Stephanie Condon. Participants included four workforce professionals and twenty-five community members, and the meeting examined the gaps and system barriers that exist in Oregon's most resourced and populated communities including the continuing work to expand culturally responsive programs.

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 Tri-County (Portland Metro) which is comprised of Multnomah, Washington, and Clackamas 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

"We recommend amending harm reduction to include drugs outside of opiates and NARCAN. Being able to talk about marijuana in this context is important…"

"We are in support of the priorities. But how do we meaningfully build access…"

"The infrastructure is missing but the priorities are right. Building a center of excellence is vital to anchoring the prevention solution across the state…"

…"

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

"Let's identify dead ends and stop pipelining people to resources that are in decay or no longer serving…"

"As providers we have better experiences with counties that clearly identified where they wanted to be going, the populations they wanted to serve, and a willingness to say no in order to create focus…."

"We lean on peers to work outside their scope and be experts in things outside of lived experience…"

"Lack of transparency is an issue, not understanding the certification of being a prevention specialist…"

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

"Can we take the data that's available and use it in a timely manner...."

"We are seeing our treatment population age. Our young adults spin out quickly because there just aren't services. Same for older adults...."

"In the past we had options for long term housing - years. And those programs had high efficacy rates..."

"One gap is understanding what primary prevention means. Separating it from overdose prevention…"

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 plan needs focus and a clear outcome, and it has to be a longer track than five years with some accountability built in..."

"How do we communicate across the continuum, including to the police …"

"Primary prevention has the ability to educate the masses. It's the least objectionable."

SUMMARY OF FINDINGS BY RECOVERY CONCEPT

Prevention

Prevention efforts in the Tri-County region are underfunded, misunderstood, and often conflated with treatment or overdose prevention. Stakeholders stressed the need to clearly define primary prevention and support it with its own infrastructure and culturally responsive delivery. Youth were highlighted as key partners—youth-led programming, youth councils, and authentic engagement are seen as the most promising prevention pathways. Language accessibility remains a challenge, with strong calls for Spanish-first outreach and programming. Schools and peer-led community events such as 'Familias en Portland' were identified as best practices.

Treatment

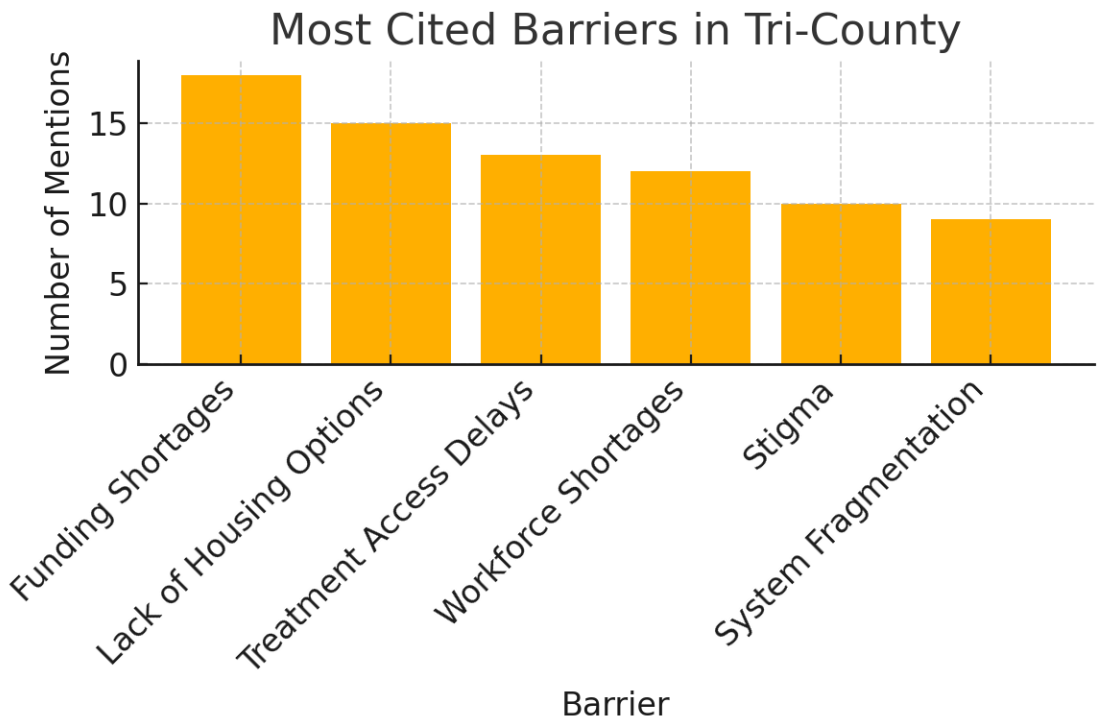
Treatment access remains a serious concern in Tri-County, especially for youth, older adults, and non-English speakers. Stakeholders expressed frustration that current models primarily serve a narrow demographic—typically middle-aged white men—and fail to retain younger or marginalized populations. Access to MOUD (medications for opioid use disorder) is inconsistent, and care transitions from emergency services or jails are often incomplete. Participants proposed cross-system coordination, expanded housing options during transitions, and more flexible, individualized treatment pathways tailored to community realities.

Recovery

The recovery system in Tri-County lacks long-term investment and infrastructure. Peer-led recovery support is often effective but underfunded, especially in culturally specific organizations. Transitional housing, interpreter access, and trauma-informed recovery support were cited as critical needs. Recovery Café and 4D Recovery were identified as best-in-class models due to their flexible hours and deep community engagement. Youth recovery access, particularly for ages 14–19, was flagged as both a bright spot and a funding gap. Participants emphasized a need to support all recovery pathways—not just abstinence-focused ones.

Harm Reduction

Harm reduction efforts are uneven across the Tri-County region, challenged by stigma, lack of sustained funding, and misunderstanding of harm reduction principles. Participants strongly advocated for expanding harm reduction into new domains, including cannabis and methamphetamine use. Programs such as the Naloxone door hanger project and culturally specific outreach by Royal Rose Foundation were highlighted as innovative models. Community education, especially targeting parents and decision-makers, was seen as key to building support for harm reduction. Providers called for a clearer distinction between harm reduction and 'enabling,' and emphasized the need for policy shifts to embed harm reduction throughout the continuum of care.



Recommendations to ADPC

1. Create and fund culturally specific prevention infrastructure that centers youth voices.
2. Support long-term, trauma-informed recovery programming with housing and Peer mentorship.
3. Increase MOUD access post-incarceration and during emergency transitions.
4. Invest in multilingual services across treatment, recovery, and harm reduction systems.
5. Promote cross-system integration (EMS, EDs, behavioral health) to avoid siloed responses.
6. Expand funding for peer-led and youth-centered harm reduction models.
7. Normalize all recovery pathways, including non-abstinence models, and support interpreter-inclusive programs.

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