

OREGON'S OPIOID SETTLEMENT FUNDING

Program Monitoring Report

June 2026

Prepared by



Prepared for



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TABLE OF ABBREVIATIONS

Abbreviation	Definition
ADPC	Alcohol and Drug Policy Commission
ADPEP	Alcohol and Drug Prevention Education Program
BHRN	Behavioral Health Resource Network
CBO	Community-based organization
CCO	Coordinated care organization
CJC	Criminal Justice Commission
CM	Contingency management
CPS	Certified Prevention Specialist
MAT	Medications for addiction treatment
MOUD	Medications for opioid use disorder
NARA NW	Native American Rehabilitation Association of the Northwest, Inc.
OCBH	Oregon Council for Behavioral Health
OHA	Oregon Health Authority
OHSU	Oregon Health & Science University
OD	Opioid use disorder
ORCPP	Oregon Coalition of Prevention Professionals
OSPTR	Opioid Settlement Prevention, Treatment, and Recovery
OTP	Opioid treatment program
OYA	Oregon Youth Authority
PHOCUS	Promoting Healthy Outcomes with Culturally Unique Solutions
RHEC	Regional Health Equity Coalitions
RCC	Recovery community centers
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, brief intervention, and referral to treatment
SUD	Substance use disorder
SUPTRS	Substance Use Prevention, Treatment, and Recovery Services
UIHP	Urban Indian Health Program

OREGON'S OPIOID SETTLEMENT FUNDING

PROGRAM MONITORING REPORT SUMMARY | JUNE 2026

Established by House Bill 4098 (2022), Oregon's Opioid Settlement Prevention, Treatment and Recovery (OSPTR) Board allocates the State's share of opioid settlement funding. The Oregon Health Authority (OHA) receives up to 5% of the OSPTR fund to administer the fund, support the Board, and manage all related grants and projects. As of April 2026, the OSPTR Board has allocated \$114.3 million across spending categories. OHA contracted with Comagine Health to collect program monitoring data to document how funding is being used and the significance of the funding to Oregon communities.

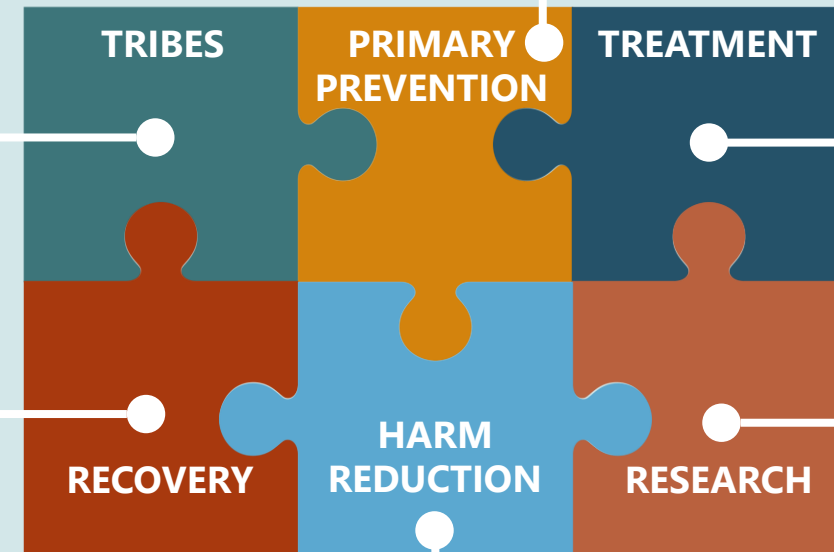
\$114.3 → **90** **36** **9**
million allocated **grantees** **counties** **Tribes**

"Because of the new training and the expanded care-coordination workflows funded in Year 1, the provider was able to recognize the Elder's concerns, initiate a warm handoff to the behavioral health team, and offer immediate support."

"This investment helped us meet urgent community needs while advancing long-term prevention goals rooted in equity, inclusion, and community voice."

"We were able to utilize team members and leadership from other sister treatment centers to train team members, provide leadership, fill in service gaps, and assist in outreach in the community."

"The capital funds allowed us to convert that entire space from a garage to a center. We were able to get things to make it less clinical and more of a club type of feel—couches, plants. The meeting space is so malleable: we can host recovery meetings, throw events, grill hot dogs for a Super Bowl party."



"Without supplies from SLO [Save Lives Oregon] we would continue to distribute supplies but our ability to do so would be severely compromised as we don't have the funds to purchase the scale of harm reduction supplies that are offered through SLO."

"I have a better understanding of fundamentals of SUD [substance use disorder] care that has made significant change in how I explain plan/treatment to patients."

TRIBAL GRANTEES

Focus: Implementing culturally specific strategies across the continuum of care



Increased access to care by opening new **opioid treatment programs and withdrawal management** facilities

- ✓ Increased access to harm reduction supplies and resources through vending machines and in Tribal-owned buildings
- ✓ Improved service coordination and increased community connectedness
- ✓ Supported community's basic needs, including by renovating and building housing facilities



PRIMARY PREVENTION GRANTEES

Focus: Increasing protective factors and reducing risk factors for substance use in communities

65

People participated in certified prevention specialist (CPS) training sessions

Primary prevention grantees implemented activities in:

 Cultural and community activities	 Community organizing and strategic planning	 Education and skill development
 Community information dissemination	 Problem identification and referral	 Environmental and policy change



TREATMENT GRANTEES

Focus: Expanding access to medications and other evidence-based practices to treat OUD

4

New OTP sites funded

→ **2**

New OTP sites provided services

229

Individuals received MOUD treatment through OTP sites

- ✓ The Technical Assistance in Jails Program provided support to establish MOUD services in local jails and **trained 42 staff members**



HARM REDUCTION GRANTEE

Focus: Promoting access to naloxone and other harm reduction supplies and practices

During the OSPTTR Board Funding Period...

581,000+

Naloxone doses distributed



17,000+

Opioid overdose reversals reported

669+

Schools equipped with opioid overdose reversal kits

420+

Community agency partners distributing supplies



RECOVERY GRANTEES

Focus: Supporting expansion of evidence-based recovery services for underserved populations

- ✓ Increased engagement by **expanding recovery services to new sites and populations**

5

New recovery community centers funded in previously underserved areas

- ✓ Served culturally specific and minoritized communities across the recovery continuum
- ✓ Supported additional Oxford House staff to expand access to recovery housing



RESEARCH GRANTEES

Focus: Developing and evaluating interventions to improve access to addiction treatment

- ✓ **Implemented first-of-its-kind training program** to educate chief residents and fellows across diverse disciplines in addiction medicine so they can spread information within their networks.

- ✓ **Piloted a contingency management program**, informed by subject matter experts and people with lived experience, to retain people in SUD treatment post release from incarceration.

INTRODUCTION

This project was funded by the Oregon Health Authority (OHA) as part of Oregon's opioid settlement administrative funding. OHA contracted with Comagine Health to collect program monitoring data to document how opioid settlement funding is being used by funded grantees and the significance of the funding to Oregon communities.

Data reporting timeframes varied by grantee type, based on when funding allocations were made and contracts were executed and, in some cases, when existing data collection was scheduled.

BACKGROUND

Oregon is among the jurisdictions awarded compensatory restitution from damages that resulted from opioid manufacturers', distributors', and pharmacies' criminal actions. Over 16 years, Oregon will be awarded more than \$700 million through opioid settlement agreements. Oregon's settlement funds are divided between the State of Oregon (45%) and local jurisdictions (55%). The approved uses of these funds are outlined in the settlement agreement's [Exhibit E. List of Opioid Remediation Uses](#) and include the following core strategies:

- Broaden access to naloxone
- Increase use of medications for opioid use disorder (MOUD)
- Provide treatment and support during pregnancy and the postpartum period
- Expand services for neonatal opioid withdrawal syndrome
- Fund warm hand-off programs and recovery services
- Improve treatment in jails and prisons
- Enrich prevention strategies
- Expand harm reduction programs
- Support data collection and research

Oregon's Opioid Settlement Prevention, Treatment, and Recovery (OSPTR) Board directs funding allocations from the State's share of opioid settlement payments.¹ As of April 2026,² the Board has allocated \$114.3 million across multiple spending categories. In honoring the government-to-government relationship between the State and Tribes, the Board established a Tribal set-aside, committing 30% of all state-allocated funds to the Nine Federally Recognized Tribes in Oregon. Of the \$40.3 million designated for Tribal Governments through the 2025-2027

¹ Oregon Health Authority. (n.d.). *Oregon Opioid Settlement Funds*. State of Oregon. Retrieved May 7, 2026, from <https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/settlement-funds.aspx>

² Oregon Health Authority. (2026). *OSPTR Board Slide Deck May 6, 2026*. Retrieved May 7, 2026, from <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/OSPTRboarddocuments/osptrb-slide-deck-2026-0506.pdf>

biennium, \$27.7 million has been disbursed to date. The remaining \$12.6 million is planned for distribution by June 30, 2027. The remaining balance of statewide funding has been allocated across the following categories:

- Harm reduction and overdose prevention (\$18.8 million)
- Treatment (\$14.5 million)
- Primary prevention (\$13.7 million)
- Recovery (\$13.3 million)
- Behavioral Health Resource Networks (BHRNs) (\$13.0 million)
- Research and evaluation; data systems development (\$750,000)

OHA is permitted to spend up to 5% of state-allocated funds for administrative costs; however, OHA has spent only 3% for this purpose, including for leadership, planning, coordination, and **funding for this report and associated program monitoring activities.**

DATA COLLECTION

Program monitoring is the ongoing process of reviewing progress and performance related to funded initiatives to ensure contract requirements are met. Program monitoring often incorporates approaches to improve the quality of implementation. For this report, Comagine Health collected information from Tribes and funded grantees to inform OHA, the OSPTR Board, and the Oregon Department of Justice of progress on funded activities.

Comagine Health collected information from Tribes and grantees whose contracts were executed by February 2026 to answer the following program monitoring questions:

- How were OSPTR Board allocated funds used?
- What happened because of OSPTR Board funding?
- How did OSPTR Board funding expand existing capacity and effort?
- What partners were engaged?
- What populations were reached?
- What challenges or barriers were experienced?

Comagine Health worked with OHA staff and funded grantees to collect required data with minimal reporting burden. Data collection by grantee type is outlined in **Exhibit 1**. Data reporting timeframes varied by grantee type, based on when funding allocations were made and contracts were executed and, in some cases, when existing data collection was scheduled. For funded grantees that have completed their funded activities and are no longer receiving OSPTR Board funding, we note their contract end date which also serves as their reporting period end date. Most funded grantees are still implementing activities. For those entities, this report reflects activities completed through March 2026.

Exhibit 1. Data Collection by Grantee Type

Grantee Type	# of Grantees	Program Monitoring Data Collection Activity
Tribes	9*	Collaborated on data collection questions
Primary Prevention	58	Collaborated on data collection questions Collected annual progress reports
Treatment	12	Conducted survey
Harm Reduction	1	Collated information provided by grantee
Recovery	9	Conducted survey and interviews
Research	1	Collected annual progress reports

*Some Tribes elected to share funding with the Urban Indian Health Program, Native American Rehabilitation Association of the Northwest, Inc.

The following sections are organized by grantee type and provide details about funding allocations and activities, data collection and analysis, and findings across funded grantees.

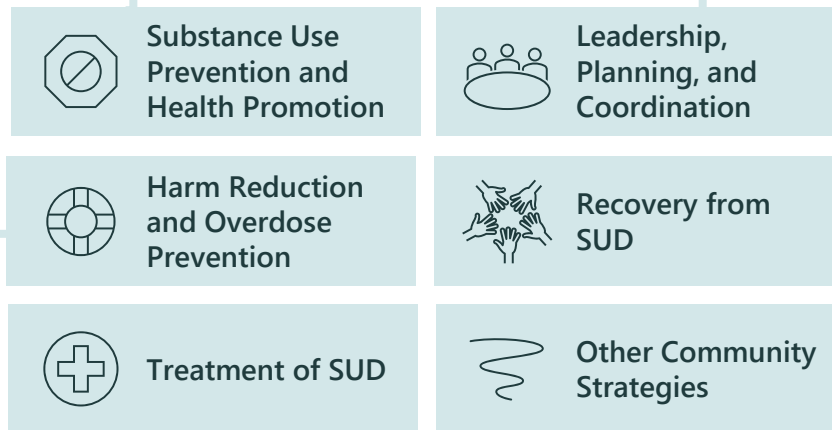


TRIBAL GRANTEES

In January 2024, in honoring the government-to-government relationship between the State and Tribes, the OSPTR Board established a Tribal set-aside, committing 30% of all state-allocated funds to the Nine Federally Recognized Tribes of Oregon. Some Tribes elected to share a portion of this funding with NARA NW. Grants are administered through OHA Tribal Affairs and agreements end in 2038. Of the \$40.3 million designated for Tribal Governments through the 2025-2027 biennium, \$27.7 million has been disbursed to date.

\$27.7 → **9**
million disbursed **Tribes**

FUNDED ACTIVITIES



"Youth events were a key focus, creating opportunities to build connections, increase awareness, and provide early prevention messaging in a culturally supportive environment."

"That connection led the individual to engage in MAT, peer support, and other services."

"OTP staff successfully engaged pregnant patients in treatment, coordinated safe housing placements, and facilitated transitions into appropriate inpatient levels of care when clinically indicated."

"We strengthened coordination across Behavioral Health, Social Services, peer support, and community partners to improve communication and streamline service delivery."

"This work reflects our commitment to taking care of our people by creating culturally grounded spaces for healing, stability, and long-term recovery within the [Tribe's] community."

"Collaboration and historical connections are key to moving a project forward."

SUCCESSES



CHALLENGES



TRIBAL GRANTEES

BACKGROUND

In January 2024, in honoring the government-to-government relationship between the State and Tribes, the OSPTR Board voted to allocate 30% of the state's portion of opioid settlement funds to the Nine Federally Recognized Tribes of Oregon as a Tribal set-aside (see [Exhibit 2](#)). Some of the Tribes elected to share a portion of this funding with NARA NW, the designated Urban Indian Health Program (UIHP), which provides education, social services, and a full range of physical, dental, mental health, and substance use disorder (SUD) services for American Indians and Alaska Natives in the Portland metro region.

Exhibit 2. Nine Federally Recognized Tribes of Oregon by Location



As of January 2025, Tribal Governments have received \$27,701,345, which is administered through OHA Tribal Affairs. Agreements end in 2038.

Tribal Governments are using funding to implement activities in substance use prevention and mental health promotion; harm reduction and overdose prevention; treatment of SUD; recovery from SUD; leadership, planning, and coordination; research and evaluation; and other strategies to address the impacts of opioids and other drugs on their communities.

DATA COLLECTION & ANALYSIS

Tribes reported on the following categories:

- **Activities.** What work has been done during the reporting period (1/1/25-12/31/25)?
- **Accomplishments.** What accomplishments have been achieved for this strategy?
- **Challenges.** What challenges have you faced, if any?
- **Successes.** Is there a story on how these funds have impacted the Tribe's community that you would like to highlight?

Comagine Health reviewed reports and conducted a thematic analysis by type of strategy implemented (i.e., prevention of initiation of substance use and SUD/mental health promotion; harm reduction and overdose prevention; SUD treatment; recovery from SUD; leadership planning and coordination; and other).

Due to later start dates and staffing changes within some Tribes, not all partners' data are included in this report. During this reporting period, Tribes made progress in several funded strategies (see [Exhibit 3](#)). In the future, several Tribes will implement activities in additional strategy areas, based on their workplans.

Exhibit 3. Tribal Grantees by Strategies Planned or Implemented

Strategy	Number of Tribes Implementing Activities
Substance Use Initiation and SUD Prevention and Mental Health Promotion	2
Harm Reduction and Overdose Prevention	3
Treatment of SUD	6
Recovery from SUD	3
Leadership, Planning, and Coordination	3
Other	1

FINDINGS

Substance Use Initiation and Substance Use Disorder Prevention and Mental Health Promotion

Activities

“Youth events were a key focus, creating opportunities to build connections, increase awareness, and provide early prevention messaging in a culturally supportive environment.”

Tribal Grantee

Tribes are implementing prevention strategies by:

- **Hosting and participating in community awareness events**, including cultural and youth-focused events, to increase awareness and provide education in a culturally supportive environment on opioid misuse prevention, emotional wellness, and available behavioral health and SUD services; promote the use of healthy decisions and increase coping skills; build connections and answer questions; and offer resources and distribute supplies to reduce overdose deaths.
- **Distributing information** by disseminating pamphlets and flyers, hanging banners in the community, installing an electronic reader board to display dynamic messages, working with the community radio station to run public service announcements, and printing monthly flyers in the newspaper.
- **Improving community amenities** by offsetting costs to remodel public bathrooms at the baseball field, increasing the appeal of prosocial, drug- and alcohol-free spaces in the community.

Accomplishments

Based on these activities, Tribes reported:

- **Increasing community awareness** of topics to prevent substance use and promote mental health.
- **Reducing stigma.**
- **Improving access to prevention services.**
- **Increased access to safe and healthy environments** for youth and families.

Challenges

One Tribe reported that a piece of equipment they installed was difficult to operate; however, staff are working on improving this process.

Successes

Successes included:

- **Developing relationships** with community agencies to offer more resources and connection to prevention services for at-risk youth.
- **Engaging with community members** and creating meaningful connections.
- **Hosting events** and providing information and branded items to community members to engage them in conversations about opioid use, recovery, and naloxone use.
- **Reducing stigma** around the opioid crisis and naloxone use.

Harm Reduction and Overdose Prevention

Activities

During the reporting period, Tribes provided culturally grounded harm reduction and overdose prevention services to the community by:

- **Distributing harm reduction supplies**, including naloxone, syringes, sharps containers, and wound care kits, and educating community members about overdose prevention through outreach efforts, community events, and through partnerships with social services, MOUD programs, and behavioral health programs.
- **Providing naloxone training and community education** events to community members and staff on the use and benefits of naloxone and harm reduction supplies to increase awareness and ensure individuals are prepared to respond to overdoses.
- **Equipping all department vehicles with overdose response kits**, including gloves, naloxone, a pulse oximeter, and a non-rebreather face mask.
- **Installing two harm reduction vending machines** in the community, which contained hygiene products, naloxone, and fentanyl test strips.
- **Improving community amenities** by offsetting costs to pave the parking lot next to the pavilion and installing cameras, increasing the appeal of prosocial, drug- and alcohol-free spaces in the community.

Accomplishments

Accomplishments for this strategy have been:

- **Expanded access to harm reduction resources** in the community.
- **Increased community education and awareness** of harm reduction strategies, improved readiness to respond to overdoses, and improved ability to provide immediate support in emergency situations.
- **Developed stronger engagement** with individuals not previously connected to Tribal behavioral health services.
- **Increased community resource accessibility** by paving the pavilion parking lot.

Challenges

- **Stigma** around harm reduction services.
- **Limited staff capacity.**
- **Challenges reaching people** across a large service area.
- **Difficulty keeping harm reduction supplies stocked** for community access.
- **Difficulty meeting reporting requirements.**
- **Limited participation** in informational sessions for the community on opioid topics.

Successes

"Naloxone from the [...] Community Health Clinic MAT [medications for addiction treatment] and Behavioral Health Program was used to save a life in our community. That connection led the individual to engage in MAT, peer support, and other services. This funding has also brought Behavioral Health, Medical, and MAT teams together, helping us respond more strongly and work as one system to care for our people."

Tribal Grantee

Tribes discussed successes, including:

- **Increasing access to naloxone** by placing overdose response kits in all department vehicles and in all Tribally owned buildings and installing harm reduction vending machines.
- **Saving lives** and continuing to engage people in other SUD services.
- **Bringing staff together** to help the Tribes work systematically to care for the community.
- **Increasing use of community space**, including the pavilion, for events.

Treatment of Substance Use Disorder

Activities

"This work reflects our commitment to taking care of our people by creating culturally grounded spaces for healing, stability, and long-term recovery within the [Tribe's] community."

Tribal Grantee

Through opioid settlement funding, Tribes:

- **Prepared to open a new withdrawal management program** by building the facilities, hiring staff, and developing policies, procedures, and workflows to operate in compliance with standards and requirements upon opening.
- **Prepared to open a new opioid treatment program (OTP)** by constructing and renovating infrastructure.
- **Planned to open new treatment and recovery housing**, including men's transitional housing, women's housing, and step-up recovery homes.
- **Provided a full continuum of care** for individuals experiencing co-occurring SUD and mental health conditions. These services included outpatient treatment, including individual and group counseling; integrated mental health services, including psychiatric medication management, coordinated referrals to inpatient treatment, and follow-up support upon discharge; peer support, case management, and wrap-around services, including transitional housing, transportation, employment support, and access to food and emergency resources; and culturally responsive services, including cultural mentorship, recovery support that integrates traditional practices, and Wellbriety groups.
- **Supported clients seeking MOUD** by providing treatment, including through Tribal OTPs, and recovery support services, assisting people with treatment enrollment, care coordination, and connection to resources, and referring people to specialized treatment at partner organizations.
- **Trained medical providers** to increase comfort in prescribing MOUD.
- **Hired staff** to coordinate and implement program activities.

Accomplishments

Accomplishments noted by Tribes included:

- **Building a stronger, more connected system of care** that supports healing, stability, and long-term recovery, rooted in Tribal values.
- **Increasing access to behavioral health and support services** through a comprehensive, culturally centered continuum of care.
- **Improving coordination between departments** and external providers, resulting in more timely referrals and smoother transitions between levels of care.
- **Opened a withdrawal management center.**
- **Opening a Tribal OTP** and beginning to provide services.
- **Increasing the number of people treated for opioid use disorder (OUD)**, improving retention in treatment, and increasing the rate of people entering withdrawal management through peer support, case management, and wrap-around services.
- **Decreasing rates of opioid overdoses** in the community.

Challenges

“While referrals to community providers are in place, building internal capacity requires additional provider training and system development. Recruitment and retention of qualified staff and managing high service demand have also presented ongoing challenges.”

Tribal Grantee

Tribes implementing treatment-related strategies experienced challenges, including:

- **Difficulty managing a high demand** for services.
- **Lack of supportive services**, including housing, for clients who engage in treatment.
- **Limited access to behavioral health treatment** for clients with co-occurring disorders.
- **Lack of internal providers** prescribing MOUD.
- **Difficulty recruiting** and retaining qualified staff.
- **Long construction timelines**, difficulty planning for construction and land clearance, and difficulty coordinating with architecture and engineering firms.
- **Difficulty navigating requirements** for funding and development.

Successes

Several Tribes implementing treatment strategies discussed successes, including:

- **Providing opioid treatment** through Oregon’s first Tribal OTP and expanding access to MOUD to clients who previously did not meet outpatient program criteria and opening a new OTP, a withdrawal management center, and treatment and recovery housing units.
- **Demonstrating meaningful impact** in the lives of individuals with severe OUD, many of whom had previously experienced long-term homelessness, complex medical needs, and limited access to care.
- **Addressing the complex medical, housing, and social needs** that often accompany OUD in the community.
- **Enabling rapid response** to serious medical conditions.

*"Upon engagement with the OTP, the patients were stabilized on medication-assisted treatment and connected to intensive case management services. Through coordinated efforts with community partners, the program successfully helped the individuals secure stable housing, **representing the first time in a decade that some patients have had a safe place to live.**"*

*"Multiple patients entered treatment with advanced wound infections, including cases of significant lower-extremity gangrene associated with prolonged injection drug use and untreated medical issues. Through close collaboration between medical, nursing, and behavioral health staff, **patients were quickly linked to wound care services, infections were treated, and further medical deterioration was prevented.**"*

*"Through the integration of behavioral health, peer support, and wrap-around services, **several Tribal members were able to successfully engage in treatment, maintain sobriety, and transition into stable housing.**"*

*"The program has also prioritized high-risk populations, including pregnant individuals with opioid use disorder. During the reporting period, **OTP staff successfully engaged pregnant patients in treatment, coordinated safe housing placements, and facilitated transitions into appropriate inpatient levels of care** when clinically indicated. These efforts support both maternal stabilization and improved neonatal outcomes."*

"A Tribal member in recovery was able to access supportive housing and peer support, stay engaged in MAT, and begin rebuilding stability in their life.

Through these services, they remained connected to the community, strengthened their recovery, and began moving toward independence—showing the impact of culturally grounded, wrap-around support for our people."

*"One individual, after completing inpatient treatment, utilized transitional housing, participated in cultural recovery groups, and received ongoing support through case management. **They have since maintained sobriety, secured employment, and now actively participate in groups to support others in their recovery journey.** This reflects the positive impact of providing comprehensive, culturally grounded services that support long-term healing and stability."*

Recovery from Substance Use Disorder

Activities

During the reporting period, Tribes implemented the following activities to support recovery in their communities:

- **Provide comprehensive, culturally responsive support** for individuals in recovery and with co-occurring SUD and mental health conditions, including transitional housing, case management, peer support, MOUD, counseling, transportation, employment support, and basic needs assistance.

- **Fund emergency hotel stays and transportation** to increase clients' access to treatment and other support.
- **Remodel transitional housing** facilities.

Accomplishments

Accomplishments for this strategy have been:

- **Renovating housing units**, improving living conditions, and maintaining and expanding transitional housing services, which enhanced unit safety and functionality.
- **Decreasing houselessness and housing instability** by increasing access to housing and peer support.
- **Increasing engagement and retention in recovery programs** and treatment and supporting people to progress in long-term stability by engaging them in recovery services, peer support, and case management.
- **Strengthening recovery-oriented environments** and developing stronger coordination between behavioral health, MOUD providers, and medical teams to foster connection, cultural engagement, and ongoing participation in services.

Challenges

Challenges discussed by Tribes implementing recovery support strategies included:

- **Growing demand** for housing and recovery services with limited housing capacity and challenges with staffing.
- **Difficulty coordinating resources** to meet clients' needs.
- **Difficulty supporting individuals with complex needs** while providing consistent services across a large service area.

Successes

Tribes implementing recovery support services discussed successes, including:

- **Building a referral system** for clients who do not meet internal program eligibility so they can be treated at partner organizations.
- **Integrating housing and recovery mentorship** with outpatient treatment programs.
- **Helping to stabilize individuals in early recovery** with transitional housing and wrap-around services.

Related to these successes, Tribal grantees said:

*“One individual entered the program without stable housing and was struggling with substance use. Through access to safe housing, consistent case management, and participation in culturally grounded recovery services, **they were able to maintain sobriety, secure employment, and transition into independent housing.** They now remain engaged in recovery services and serve as a positive example for others entering the program, demonstrating the long-term impact of providing comprehensive, culturally centered support.”*

*“A Tribal member in recovery was able to access supportive housing and peer support, stay engaged in MAT [medications for addiction treatment], and begin rebuilding stability in their life. Through these services, **they remained connected to the community, strengthened their recovery, and began moving toward independence**—showing the impact of culturally grounded, wrap-around support for our people.”*



Leadership, Planning, and Coordination

Activities

“We strengthened coordination across Behavioral Health, Social Services, peer support, and community partners to improve communication and streamline service delivery. Ongoing staff training and collaboration supported a more integrated approach to prevention, treatment, and recovery services. We also continued to build infrastructure and staffing capacity to support these efforts and improve overall service delivery.”

Tribal Grantee

To improve leadership, plan strategies, and coordinate, Tribes:

- **Participated in community planning efforts** to better understand root causes of substance use and overdose and to ensure strategies remain responsive to the needs of the community.
- **Improved communication and streamlined service delivery** by strengthening coordination across behavioral health, social services, peer support, and community partners; building infrastructure; and supporting an integrated approach to prevention, treatment, and recovery services.
- **Provided ongoing staff training** and increased staff capacity.
- **Expanded access to behavioral health care** through the health center by securing additional space; modeling and planning to deliver comprehensive SUD treatment, including MOUD, group therapy, care coordination, clinical pharmacist workflows, and psychiatric services; and developing staffing models for two SUD counselors, two behavioral health specialists, one clinical pharmacist, one psychiatric mental health nurse practitioner, and six support staff.

- **Provided technical support to providers** by training them on opioid prescribing and deprescribing; developing policies, procedures, and clinical guidelines; strengthening warm-handoff pathways to behavioral health and SUD services; and preparing accreditation, compliance, and policy infrastructure (e.g., workflows, referral pathways, documentation standards, billing readiness).
- **Linked individuals to care** through community outreach, early behavioral health screening, and integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- **Customized the NextGen electronic health record** to better reflect Tribal services such as peer support, outreach, and culturally grounded activities, while improving documentation processes for staff.

Accomplishments

Tribes implementing leadership, planning, and coordination activities discussed several accomplishments, including:

- **Enhancing cross-system collaboration**, resulting in improved coordination of care, more efficient connections to services, and increased efficiency in systems of care for clients.
- **Aligning prevention, treatment, and recovery efforts**, leading to increased engagement and access to culturally responsive services.
- **Improving coordination across programs**, increasing the ability to track and report Tribal-specific services and reducing documentation burden on staff.
- **Improving staff capacity and collaboration**, allowing for a more unified and effective response to opioid-related needs within the community.
- **Implementing pain management training** for medical providers.
- **Engaging the community** and conducting outreach around expanding behavioral health and SUD services.
- **Expanding behavioral health services**, testing internal workflows for mental health and SUD referrals, and completing a conceptual floor plan to expand behavioral health and dental service lines, community health programs, care coordination, and interdisciplinary team operations into existing infrastructure.

Challenges

- **Ongoing staffing limitations**, workforce recruitment, and market competition.
- **Limited infrastructure** to fully develop system-wide coordination.
- **Challenges with aligning multiple departments** and partners to ensure consistency in processes and service delivery.
- **Limited time and capacity** to customize systems, train staff, and implement activities while continuing daily service delivery.

Success

Tribes implementing leadership, planning, and coordination strategies shared their successes:



*"Through strengthened coordination between behavioral health, social services, and peer support, individuals seeking help have been able to access services more quickly and with fewer barriers. [...] One Tribal member was able to be rapidly connected to treatment, housing support, and ongoing recovery services through coordinated efforts across departments. **This streamlined approach reduced delays in care and provided the individual with the support needed to stabilize and engage in recovery,** highlighting the impact of a unified and culturally responsive system of care."*

*"One of the most powerful examples comes from the early integration of pain-management education and warm-handoff workflows at [a health center]. Shortly after [the] medical team received training from the contracted pain management consultant, a Tribal Elder came in for a routine primary care visit. This Elder had been managing chronic pain for years and had grown increasingly worried about the long-term effects of opioid medications but didn't know where to turn for support. Before this project, providers often lacked the time, space, and coordinated pathways to connect patients to behavioral health or substance use resources in the moment. **Because of the new training and the expanded care-coordination workflows funded in Year 1, the provider was able to recognize the Elder's concerns, initiate a warm hand-off to the behavioral health team, and offer immediate support.** The Elder met with a behavioral health specialist the same day in the newly secured expansion space, a setting that offered privacy, cultural sensitivity, and enough room for a meaningful conversation."*

Other

Activities

One Tribe is using opioid settlement funds to help cover the costs of constructing a new facility that will strengthen local first responder capacity, recognizing that these responders frequently encounter the effects of substance use and overdose. Once this Tribe completes their comprehensive plan, they also intend to expand harm reduction efforts by purchasing additional harm reduction vending machines, providing supplies to clients enrolled in trade programs, and contracting with NPC Research.

Accomplishments

Specific accomplishments included:

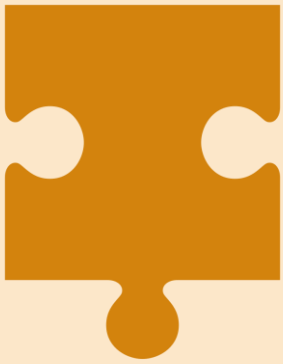
- **An initial design for the new facility has been created**, after the fire and safety chief met with the engineers.
- **The location of the facility has been determined**, and the land has been cleared.
- **Additional funding for the new facility** has been approved.

Challenges

Challenges included a shortfall in funds and lack of available contractors to build the new facility.

Successes

Successes included robust collaboration and historical connections that supported moving the project forward.



PRIMARY PREVENTION GRANTEES

In May 2024, the OSPTR Board approved the Alcohol and Drug Policy Commission (ADPC) primary prevention recommendations. Funds were distributed across four groups: 1) County Alcohol and Drug Prevention Education Programs (ADPEPs), 2) Regional Health Equity Coalitions (RHECs), 3) Promoting Healthy Outcomes with Culturally Unique Solutions (PHOCUS) Grantees, and 4) Oregon Council for Behavioral Health (OCBH) and Oregon Coalition of Prevention Professionals (ORCPP).

\$13.7

million allocated



58

grantees

36

counties



ADPEPs

\$9.5 million allocated
36 grantees
36 counties

"Sources of Strength implementation continued to expand at [local high schools]. [A high school], a new site this school year, exceeded expectations with 45 students trained as peer leaders."



PHOCUS

\$2.5 million allocated
13 grantees
6 counties

"PHOCUS funding did not create new systems in isolation but rather amplified and strengthened existing, community-trusted initiatives, allowing [us] to expand [our] prevention footprint in a way that is sustainable, culturally responsive, and aligned with community-defined priorities."



RHECs

\$1.3 million allocated
8 grantees
21 counties

"This investment helped us meet urgent community needs while advancing long-term prevention goals rooted in equity, inclusion, and community voice."



OCBH/ORCPP

\$450,000 allocated
1 grantee
18 counties

"This regional training series provides 75 hours, or half of the education hours one would need to be well on their way to becoming a certified CPS."

FUNDED ACTIVITIES

- ✓ Informed policy
- ✓ Increased organizational capacity
- ✓ Collaborated with partners
- ✓ Collected data
- ✓ Disseminated information
- ✓ Held community events
- ✓ Provided community, substance-free activities
- ✓ Provided social support
- ✓ Increased drug disposal
- ✓ Reduced barriers to care
- ✓ Provided resources to individuals
- ✓ Trained professionals in substance use prevention topics
- ✓ Supported the needs of people disproportionately affected by the overdose crisis

SUCCESSES



Increased community knowledge



Trained the workforce



Increased access to care and services



Supported org. development



Increased access to prosocial activities



Established partnerships

CHALLENGES



Reaching service populations



Stigma



Staff burnout and turnover



Changes in the federal landscape



Developing org. structure



Funding uncertainty

PRIMARY PREVENTION GRANTEES

BACKGROUND

In November 2023, the OSPTR Board outlined the following ADPC-recommended goals for the primary prevention portion of funds:

- **Expand access to prevention resources** with a special focus on populations disproportionately impacted by SUD.
- **Support programs and efforts to increase resilience** in communities by encouraging environments (physical, social, cultural) and conditions that allow community members, families, and youth to build strong connections and flourish.
- **Support and train a robust prevention and health care workforce** dedicated to preventing and treating SUD and OUD, including medical professionals, behavioral health specialists, recovery specialists, public health preventionists, and peer counselors.
- **Work to reduce stigma** related to SUD.

In May 2024, the OSPTR Board approved the allocation of opioid settlement funds for primary prevention strategies. In total, the OSPTR Board allocated \$13,706,000 to prevention programs between 2024 and 2027.

Funded Programs

Funds were distributed across **58 entities** within four groups: 1) County Alcohol and Drug Prevention Education Programs (ADPEPs), 2) Regional Health Equity Coalitions (RHECs), 3) Promoting Healthy Outcomes with Culturally Unique Solutions (PHOCUS) Grantees, and 4) Oregon Council for Behavioral Health (OCBH) and Oregon Coalition of Prevention Professionals (ORCPP). For a list of prevention grantees, see [Appendix A](#).

Alcohol and Drug Prevention Education Programs

Funding period: October 1, 2024 to June 30, 2027

ADPEPs plan, implement, and evaluate strategies that prevent substance use across the lifespan by reducing risk factors and increasing protective factors associated with alcohol, tobacco, and other drug use. ADPEP grantees implement activities across six substance use strategies: information dissemination; prevention education; alcohol, tobacco and other drug-free alternatives; community-based processes; environmental/social policy; and problem identification and referral. ADPEPs exist in all 36 Oregon counties.

Regional Health Equity Coalitions

Funding period: January 1, 2025 to June 30, 2027

RHECs include community members and representatives from culturally specific community-based organizations (CBOs). RHECs identify the most pressing health equity issues in their regions and develop solutions through changing policies, systems, and environments. These efforts focus on issues impacting priority populations including communities of color, Tribal communities, immigrants, refugees, migrant and seasonal farmworkers, individuals and families with low-incomes, people with disabilities, and LGBTQ2S+ communities. Eight funded RHECs represent 21 counties.

Promoting Healthy Outcomes with Culturally Unique Solutions Grantees

Funding period: January 1, 2025 to June 30, 2027

Thirteen CBOs that previously received either a Public Health Equity Grant or Ballot Measure 110 Behavioral Health Resource Network (BHRN) grant were eligible to receive a PHOCUS grant, which offered the opportunity to increase their capacity to implement culturally and linguistically specific primary prevention activities. The goal of PHOCUS grants is to build community-based strategies, partnerships, and programming to reduce and prevent the initiation of substance use and SUDs in communities disproportionately impacted by harms related to opioids and other drugs.

Oregon Council for Behavioral Health and Oregon Coalition of Prevention Professionals

Funding period: March 1, 2025 to February 28, 2027

OCBH is a statewide trade association that collaborates to unite prevention, education, and treatment providers with mainstream health care, other behavioral health and social service providers, the criminal legal system, state agencies, and organizations that share their vision of reducing the stigma of substance use and mental health disorders.

ORCPP is a coalition of prevention professionals in Oregon, established in 2012. They work together to advance the field of community-based prevention and support healthy, safe, and thriving communities through strategic planning, leadership, and advocacy.

For this project, OCBH collaborated with ORCPP to provide education hours to individuals to help fulfill the requirements of the Certified Prevention Specialist (CPS) credential. To obtain a CPS credential, individuals must:

- Obtain 150 education hours.
- Log 2,000 supervised experience hours in prevention.
- Participate in 120 hours of experiential learning and evaluation.
- Pass the Prevention Specialist Certification Exam.

Into the funding period, OHA contributed an additional \$315,000 of unallocated Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) funding to OCBH's contract to train 25 additional people, bringing the total number of expected people trained to 125.

See [Exhibit 4](#) for the funding amount by entity type and [Exhibit 5](#) for a timeline of primary prevention funding allocations.

Exhibit 4. Funding Allocations to Implement Primary Prevention Strategies

Entity Types	Purpose	# of Entities	Amount
ADPEPs	Increase evidence-based primary prevention capacity and workforce	36	\$9,500,000
PHOCUS Grantees	Increase community and culturally and/or linguistically specific/responsive capacity for primary prevention	13	\$2,476,000
RHECs		8	\$1,280,000
OCBH/ORCPP	Train and certify 125 certified prevention specialists	1	\$765,000 (\$450,000 from OSPTR Board + \$315,000 from SUPTRS)

Exhibit 5. Timeline of Primary Prevention Funding Allocations

May: OSPTR Board approved allocation	October: ADPEP funding allocated	January: RHEC and PHOCUS funding allocated	March: OCBH / ORCPP funding allocated
2024		2025	
	September: OSPTR Board approved implementation plans Ambassador team developed ADPEP funding formula RHECs completed a survey to decide on their funding formula		

DATA COLLECTION & ANALYSIS

Data Sources

ADPEPs, PHOCUS grantees, and RHECs reported primary prevention activities implemented with OSPTR Board funds as part of their regularly scheduled reporting requirements. Comagine Health worked with grant managers to add questions to existing grantee data collection. We received the information through survey output or grant managers' check-in notes.

OCBH submitted responses to a brief questionnaire, which included program monitoring questions, registration information for training participants, and results from evaluation surveys conducted for two training sessions. See [Exhibit 6](#) for the type of data collection and the time period covered for each grantee type.

Exhibit 6. Data Sources by Primary Prevention Grantee

Grantee Type	Secondary Data Type	Period Covered by Data Collection
ADPEPs	Bi-annual survey	10/2024-6/2025, 7/2025-12/2025
PHOCUS and RHECs	Annual check in notes	1/2025-6/2025
	Quarterly check in notes	4/2025-6/2025 (PHOCUS only), 7/2025-9/2025, 10/2025-12/2025, 1/2026-3/2026 (RHEC only)
	Final check-in notes (<i>for grantees who have spent all funds</i>)	1/2025-project end date
OCBH/ORCPP	Questionnaire	3/2025-4/2026
	Registration information and participant survey output	

FINDINGS

Alcohol and Drug Prevention Education Programs

How were OSPTR Board allocated funds used?

Among ADPEPs, OSPTR Board funds were utilized to:

Increase Organizational Capacity

- **Hire staff** including a behavioral health prevention specialist, prevention outreach coordinator, ADPEP-opioid staff member, and part-time health educator.
- **Invest in workforce development** opportunities including conferences and trainings to strengthen staff capacity to deliver evidence-based, culturally responsive prevention services (funds covered entrance fees, hotel, travel, and staff time).
- **Create an internship position** for an MPH (Master of Public Health) student to increase capacity in local prevention activities and community engagement.
- **Lease a vehicle** to provide staff the ability to travel and serve communities and schools across a large county.
- **Develop and implement an application and submission tool** to identify and fund community initiatives related to primary prevention.

Collect data

- **Collect qualitative data** through community forums and listening sessions to inform prevention projects and priorities.
- **Interview** high school students to inform future youth substance use prevention priorities.

- **Hire a contractor** to identify community substance use risk factors and protective factors.
- **Review administrative data** on community-level health and substance use.

Implement Environmental Strategies

- **Purchase drug disposal kits** for dissemination throughout local communities.
- **Fund and disseminate media and marketing campaigns**, including Friends for Life, via social media, radio, print, and partner networks to raise awareness of opioid overdose and deliver prevention education to youth and families.

Provide Resources to Individuals

- **Fund resource fairs and community events** that provide education, resources, and support services to individuals and families impacted by substance use, including an annual recovery celebration.
- **Provide a college scholarship** to high school seniors living an alcohol and drug free lifestyle.
- **Support basic needs for youth and families**, including a care closet in the local schools stocked with food, hygiene products, and other basic needs supplies.
- **Provide financial support** for youth to access the YMCA.

What happened because of OSPTR Board funding?

“Sources of Strength implementation continued to expand at [local high schools]. [A high school], a new site this school year, exceeded expectations with 45 students trained as peer leaders. [A high school] trained 35 student mentors and hosted two outreach events that **engaged more than 1,400 students combined, strengthening peer-led prevention efforts and increasing school-wide engagement.**”

ADPEP representative

Through opioid settlement funding, ADPEPs:

- **Collaborated with local school systems.** ADPEPs deepened partnerships with local school systems; purchased a vehicle to reach rural schools and communities; conducted a school substance use prevention needs assessment; implemented age-appropriate, evidence-based prevention programming, lessons, and materials for students; and created a presentation focused on overdose prevention, harm reduction, and general substance use intervention with speaker notes and resources for local health teachers to use in prevention lessons.
- **Better understand the opioid-related services landscape**, including challenges, concerns, resources, opportunities, community needs, outcomes of funded activities, and high school students’ perceptions and attitudes about youth substance use and prevention education.

- **Disseminated prevention information.** ADPEPs developed media campaigns on opioid overdose, impaired driving, safer medication storage and disposal, information for parents talking to youth about substance use, substance use and overdose among older adults, and other substance use prevention messaging; created opioid prevention fact and resource sheets; and created culturally specific, substance use prevention resources to distribute among partners.
- **Hosted and engaged in community events.** ADPEPs hosted and participated in community events to provide prevention education and resources, dispose unused medications, distribute safer medication storage information, and encourage prosocial, substance-free, family-friendly events.
- **Established and expanded partnerships.** ADPEPs expanded and improved partnerships with other SUD professionals, school districts, municipal departments and agencies, organizations serving youth and families, and many others; engaged with community partners to inform and implement prevention strategies; developed a workgroup to address stigma surrounding substance use disorders; engaged and reengaged with a local coalitions; developed processes for within-partner information sharing and decision making; and convened partners across counties to learn about current primary prevention efforts, align media and communications, receive regional training and technical assistance, and address overlapping priorities.
- **Implemented local prevention initiatives.** ADPEPs developed and expanded prevention initiatives and awarded funds to local organizations to address risk factors for substance use (i.e., food insecurity, housing instability, social isolation, lack of culturally relevant support systems).
- **Provided alternative activities for youth and families.** ADPEPs increased youth access to the YMCA, encouraging safe, prosocial activities; provided career development and mentorship opportunities for youth; and supported youth to develop life skills.
- **Provided substance use prevention training and resources.** ADPEPs offered guidance to partners on language use to reduce stigma; led trainings in English and Spanish to recognize and address early signs of substance use for community members and youth-serving professionals; trained middle and high school health teachers on implementing the new Oregon Department of Education Opioid/Overdose Prevention lessons; hosted health provider workshops on SUDs; and created resources in multiple languages for health care providers, their patients, and the public to reduce OUD.



Harvest Fest in Sherman County organized by the county's ADPEP.

How did OSPTR Board funding expand existing capacity and effort?

“These funds supported a paid internship position for an MPH [Master of Public Health] student... she designed a structured interview guide and procedure manual for collecting qualitative data regarding student perceptions and attitudes about youth substance use and prevention education. Since the ADPEP program in [the county] only has one full-time staff member, **this project was an enormous help in expanding capacity.** I would not have had the time to do this project on my own.”

ADPEP Representative

- **Expanded existing partnerships** with other ADPEPs, local partners, and historically underserved communities.
- **Expanded capacity within schools**, health care, and other settings to disseminate prevention messaging and implement evidence-based practices to prevent SUD.
- **Strengthened community prevention networks** and leveraged existing resources.
- **Increased access** to afterschool, prosocial, and family-friendly activities that promote protective factors against substance use.
- **Increased community awareness** of and skills to prevent substance use, SUD, and overdose.

What partners were engaged?

ADPEPs collaborated with a range of partners to develop and implement prevention initiatives, including:

- **Linguistically and culturally specific community groups**, including those that provide services to Chinese, Slavic, Black or African American, Hispanic or Latino/a/x, immigrant, and rural communities.
- **Health care and behavioral health partners**, including health care providers, pharmacists and coordinated care organizations (CCOs).
- **Universities, school districts, and youth-serving groups**, including early childhood development organizations and youth advisory councils or boards.
- **Municipal agencies**, including law enforcement, local public health authorities, fire departments, EMS (emergency medical service) agencies, city administrators, and the Chamber of Commerce.
- **People impacted by substance use** and their families and the recovery community.
- **Other organizations**, including coalitions, senior centers, senior living communities, YMCAs, tobacco prevention groups, cannabis licensing commissions, and media and marketing agencies.

What populations were reached?

“Our team developed and launched the social media campaign 'Free to Be' on TikTok and Instagram. **It is a youth-driven campaign designed to highlight what students can achieve when they live substance-free lives.** So far, the campaign's TikTok page has gained 151 followers, and the Instagram page has 394 followers.”

ADPEP Representative

ADPEPs highlighted efforts to reach rural communities, people who speak a language other than English, youth and young adults, communities of color, older adults, veterans, school staff, and local health care providers with prevention information and resources through direct outreach, collaboration with local organizations, and media campaigns.

What challenges or barriers did grantees experience?

ADPEPs described challenges related to engagement, coordination, staff turnover, stigma and technology.

- **Engagement with youth and schools** was challenging due to differences in structure, priorities, and points of contact at schools and school staff turnover. ADPEPs also spent significant time reviewing and adapting substance use prevention education materials to ensure that language, content, and framing are relevant to different age groups. ADPEPs have focused on building relationships and trust with local schools to align youth prevention education initiatives.
- **Partner coordination**, including developing and approving messaging across multiple partners, which requires extensive iterative communication, sometimes delaying implementation. ADPEPs are working to streamline coordination and communication processes across partners.
- **Staff turnover and delays in hiring** led to modifications in organizational structures, capacity, and scopes of work and increased time needed to onboard new staff.
- **Stigma** impacted ADPEP's ability to engage in the community and the community's access syringe service programs, and readiness to implement substance use and overdose prevention related initiatives. ADPEPs are trying to engage in open communication and provide education and training to address community misconceptions that lead to stigma.
- **Technology delays** that impacted ADPEPs' abilities to launch media campaigns on websites and through newsletters. ADPEPs have adjusted by sharing information through other outlets such as social media and billboards.

Promoting Healthy Outcomes with Culturally Unique Solutions Grantees

How were OSPTR Board allocated funds used?

Among PHOCUS grantees, OSPTR Board funds were utilized to:

- **Support community events, including youth-focused or cultural-based activities** and events, including school-based events and afterschool clubs, family events, community gardening and farming, summer events, youth leadership training, and other events that incorporate discussion, intergenerational connection, community healing, basic needs support, resources, and substance use prevention messaging.
- **Provide opportunities for peer support**, social support, group mentorship, and substance use prevention coalition engagement.
- **Educate the community** through outreach, community events, social media, newsletters, websites, flyers, community lectures, and a Spanish-language video podcast to reduce stigma and provide information on substance use prevention and evidence-based, evidence-informed, or culturally specific non-opioid pain treatment alternatives.
- **Support staff to implement prevention initiatives** by hiring additional staff, providing stipends to individuals implementing prevention initiatives, purchasing staff supplies (i.e., laptop, cell phone), and fund staff to attend trainings and conferences related to providing culturally specific programming (i.e., Wellbriety).
- **Gather information** through community listening sessions and surveys to assess community needs and substance use prevention program quality and impacts to make improvements.
- **Partner with local organizations**, including schools, to develop prevention education and network with the community.



After school clubs, programs, and activities offered through Todos Juntos (All Together)

PHOCUS grantees shared the following impacts of the OSPTR Board funding:

*"Because of the support this grant has given, we have been able to offer stipends to the four podcast creators. This **allows them to keep producing podcasts on incredibly important topics that are often not openly discussed in the Spanish speaking Latino population.**"*

*"[Our] hiring of a PHOCUS Health Coordinator from within the Marshallese community **helped ensure that all activities were culturally competent and linguistically accessible.** The coordinator worked closely with board members, volunteers, and youth leaders to keep community ownership central to the rollout process."*

*"Youth are showing up, staying involved, and bringing others with them, **especially in activities where prevention messaging is part of the environment. We are also noticing more openness to conversations** around youth behavior and vaping during community and church gatherings. While substance use is still not openly discussed, there is growing awareness and willingness to listen and engage."*

What happened because of OSPTR Board funding?

*"[We] implemented an integrated, culturally responsive model that addressed root causes of **substance use**, including social isolation, mental health stigma, chronic pain, and food insecurity... Overall, the project strengthened protective factors, reduced risk factors for substance use, and built long-term community resilience."*

PHOCUS Grantee

Through the OSPTR Board funding, PHOCUS grantees:

- **Built community connection and resilience** by strengthening social connection, family relationships, and cultural identity and promoting positive coping strategies, cultural pride, and social connection.
- **Increased connections** with partners, local organizations, and the community.
- **Increased workforce development opportunities** related to primary prevention.
- **Reduced stigma** toward people who use drugs.
- **Improved access to community resources and support** and increased community knowledge of substance use topics.
- **Increased access to safe, structured, and cultural environments for youth** to reduce risk factors and increased protective factors associated with substance use, including substance use knowledge, leadership skills, and emotional wellness.
- **Developed community-led, culturally rooted prevention** programs and activities.

"A parent from our Active Parenting Teens class shared that their child who had previously been disengaged, began attending multiple events. That shift sparked by our consistent support highlights the positive impact of community-based prevention efforts. We've also seen strong student leadership emerge in our soccer club and an overall rise in participation across all programming... **The success of our wraparound prevention model shows that consistent, culturally responsive programming in schools and communities makes a measurable difference.**"

PHOCUS Grantee

How did OSPTR Board funding expand existing capacity and effort?

"PHOCUS funding did not create new systems in isolation but rather **amplified and strengthened existing, community-trusted initiatives**, allowing [us] to expand [our] prevention footprint in a way that is sustainable, culturally responsive, and aligned with community-defined priorities."

PHOCUS Grantee

The OSPTR Board funding provided PHOCUS grantees the opportunity to:

- **Expand culturally relevant prevention programming and initiatives** by building trust with community members, hosting cultural events to connect community members to resources and information, and dedicating time to adapting and strengthening existing cultural programming with a prevention focus.
- **Increase participation and engagement** by extending outreach capacity to rural communities, engaging disconnected community members in services and cultural events, translating materials and workshops to meet language needs, and engaging youth in student leadership and community-based prevention efforts.
- **Strengthen partnerships and collaboration** by creating deeper connections between traditional leaders, youth volunteers, and faith-based partners; aligning priorities and initiatives across programs; and building networks of support across community members and local partners.
- **Support and expand the workforce** by training additional staff, stabilizing workforce capacity during periods of transition, strengthening the peer workforce infrastructure, and training additional staff to deliver culturally specific services.



Community outreach through the Tayas Yawks program

What partners were engaged?

“**Trust-based engagement** through church leadership allowed prevention messaging to reach individuals and families who may not otherwise engage with formal systems. This approach helped create safe spaces for information sharing while respecting cultural norms and privacy.”

PHOCUS Grantee

PHOCUS grantees partnered with a range of organizations and agencies including:

- **Community leaders**, including Tribal leadership, local advocates and coalitions, youth mentors and volunteers, and other trusted community members.
- **Health care and behavioral health partners**, including local health care clinics, mental health professionals, and CCOs.
- **State and municipal agencies**, including schools, local libraries, fire districts, county health departments, state prisons, the state health department, and the Save Lives Oregon Harm Reduction Clearinghouse.
- **Other local organizations**, including affordable housing providers, emergency shelters, faith communities and local churches, small businesses, and youth- and family-serving organizations.

What populations were reached?

“It is not easy to do this work without understanding the culture and language of the community. **Being able to engage in a culturally and linguistically appropriate way helped us reach the grassroots level**, especially through churches and community gatherings where people already feel comfortable. When we shared information about issues happening in the state that may be affecting our youth and families, we saw that people felt safe asking questions and engaging in conversation with us. That level of comfort and trust has been important and continues to shape how we approach this work moving forward.”

PHOCUS Grantee

PHOCUS grantees reported reaching a range of communities, including youth, families, Hispanic or Latino/a/x; Black and African American; American Indian, Alaska Native, and Indigenous; Asian; Pacific Islander; Eastern European; immigrant and refugee; rural; faith-based; and LGBTQ2S+ communities and people experiencing houselessness, people with disabilities, and individuals who are currently or were previously incarcerated.



Community events and activities through the Youth Program and Community Based Health Program at the Filipino Bayanihan Center

What challenges or barriers did grantees experience?

PHOCUS grantees described challenges related to language barriers, partner coordination, staffing, safety concerns, stigma, sustainability, and transportation.

- **Language barriers** related to resources and materials.
- **Partner scheduling conflicts** that caused delays and challenges.
- **Staff turnover and hiring challenges** that cause barriers to implementing activities.
- **Safety concerns** due to impacts of immigration enforcement, reducing participation in in-person community programs and events.
- **Stigma** related to substance use, which required PHOCUS grantees to be flexible in outreach, strengthen communication methods, and build relationships through trusted community networks.
- **Funding uncertainty**, decreasing sustainability of prevention programs.
- **Lack of transportation**, especially in rural areas, impacting participation in activities and services.

Regional Health Equity Coalitions

How were OSPTR Board allocated funds used?

"In alignment with primary prevention goals, [we] used opioid settlement funding to **strengthen the infrastructure of community-based organizations serving populations most impacted by health inequities** and systemic barriers. We conducted a regional scan to identify partners at risk of losing critical programming due to funding gaps. After engaging directly with these organizations to assess their needs, we distributed \$35,000 in targeted subgrants to stabilize and sustain culturally specific, community-driven prevention efforts."

RHEC Grantee

Among RHEC grantees, OSPTR Board funds were utilized for:

- **Informing and participating in statewide policy** by serving on workgroups, including the Governor's Racial Justice Council, the State Health Improvement Plan Steering Committee, Universal Health Plan Governance Board, Partners for a Healthier Oregon Policy Roundtable, and the Jackson Care Connect Community Advisory Council; tracking legislation; speaking to legislators; conducting community advocacy training and events; visiting the Capitol, and providing testimony on legislation.
- **Supporting specific populations** by holding cultural events, lunch and learns, and cultural education movie screening events to educate about and celebrate culture; supporting youth by working with schools to reduce disciplinary action rates and promote restorative strategies, developing a youth advisory group, holding after school and STEM (science, technology, engineering, and mathematics) activities for youth, and providing mentorship to Black and at-risk youth; and supporting the legal rights of immigrant communities by disseminating know-your-rights cards and holding trainings and developing immigration resources and rapid response teams.
- **Collecting information** through community-led research, event-based feedback, and through public data sources to identify the root causes of community issues, conduct community health assessments related to reproductive health and health equity, develop environmental scans and needs assessments, identify emerging issues, assess impacts of activities, and adapt programming. They also distributed reports developed by the state and federal governments and hosting community data sense-making sessions to provide additional context to results.
- **Developing organizational infrastructure** by opening second locations, hiring staff, creating mission and vision statements, and hiring a consultant to support organization development; planning strategies by developing strategic plans and workplans, compiling a list of prevention contacts, and forming partnerships; and disseminating information about RHECs' work by presenting at conferences on youth engagement and vaping, distributing information through newsletters and social media, and conducting community outreach to share information about the work.
- **Increasing capacity of local non-profit and CBOs** by subgranting funds to organizations including African American Youth Leadership Coalition, Partnership Against Alcohol and Drug Abuse, Arcoiris Cultural, Rogue Valley Mentoring, Samoa Pacific Development Corporation – Southern Oregon Chapter, Academia Latina, Black Alliance and Social Empowerment (BASE), and Black Southern Oregon Alliance.
- **Reducing barriers to care** by increasing access to childcare by developing business communications and marketing plans to convert an in-home daycare to a childcare center, offering childcare scholarships, and offering interpretive services in childcare settings; increasing access to health care by offering interpretive services in health care settings and connecting community members to resources and programs, including cancer screening, gender affirming care, and other care; increasing access to food by

opening a food bank; receiving donations for fresh, culturally specific foods; creating a community garden; and delivering food to community members.

- **Reducing risk factors** by supporting community behavioral health by offering suicide prevention training, mental health support and stress management training, and linking community members to behavioral health resources; protecting community members from disasters by disseminating emergency response resources and personal protection equipment to the community, organizations, and institutions; and improving community safety by moving events to indoor, safer, air-conditioned spaces and shopping and running errands for individuals and families who were afraid to leave their homes.
- **Increasing protective factors** by disseminating information to prevent substance use and related harms, including through statewide campaigns (i.e., Rethink the Drink and Smokefree Oregon) and increasing community workforce development opportunities by holding career events, offering civic and leadership training, discussing career development, and sharing financial resources.

What happened because of OSPTR Board funding?

RHECs grantees reported:

*"Our LGBTQ+ Equity Workgroup, composed of over 40 community members and partners, meets monthly to **plan culturally responsive events that foster connection, visibility, and wellbeing** for queer and trans individuals in Southern Oregon."*



*"[We] **reduced barriers to health and social services** through direct engagement with trusted, affirming providers in a culturally safe environment."*

With the support of opioid settlement funding, RHECs:

- **Increased access** to food, transportation, childcare, health care, and basic need services.
- **Increased health care providers' confidence** to respond to the needs of people who speak languages other than English.
- **Increased organizational and community capacity** and readiness for change.
- **Improved understanding** of community needs and barriers and impacts of funding cuts.
- **Expanded service reach** and increased collaboration across service areas.
- **Increased organizations' presence** in the community, developed personal connections with people in the community, and offered social support.
- **Improved organizational functioning** and received 501(c)(3) status.

- **Increased professional development opportunities** for staff by supporting staff to obtain community health worker and personal health navigator certifications and offering staff training in health equity, antiracist strategies, community organizing, and de-escalation.
- **Increased youth connections** by offering youth leadership training, supporting youth advisory councils, and holding school-based presentations and events.
- **Improved collaborations** with other organizations that increased the community's ability to address substance use and health disparities and implement deflection.
- **Increased availability of community education** related to naloxone administration, English as a second language (ESL), citizenship, nutrition, and exercise.
- **Increased advocacy on policy** to reflect community priorities that decrease risk factors and improve protective factors for populations disproportionately affected by the overdose crisis.
- **Increased community connection** and improved long-term health outcomes.

How did OSPTR Board funding expand existing capacity and effort?

"Opioid settlement funding allowed us to deepen our capacity by supporting culturally specific outreach, strengthening partnerships with frontline organizations, and providing flexible resources to stabilize critical programming. This investment helped us **meet urgent community needs while advancing long-term prevention goals rooted in equity, inclusion, and community voice.**"

RHEC Grantee

OSPTR Board funding allowed RHECs to:

- **Develop organizational guidance** and policy documents to direct services.
- **Strengthen partnerships** with community-serving organizations to increase capacity to implement strategies.
- **Educate** staff and the community.
- **Increase childcare providers' capacity** to care for more children in the community by helping write grants to hire more staff.
- **Increase behavioral health and medical health care** provider capacity to meet the needs of patients who speak languages other than English.
- **Hire staff** for policy and legislative work, increasing organizational capacity to advocate for policy to improve protective factors and reduce risk factors for people disproportionately affected by the overdose crisis.
- **Document partner organizations** in the area to increase capacity to collaborate and share resources.
- **Promote a previous intern to a fellowship position** to develop communications and support youth peer support services.

What partners were engaged?

“Nine coalition members participated [in a virtual legislative meeting with three state legislators], representing our Policy Committee, Steering Committee, and Equity, Diversity, and Inclusion (EDI) Workgroup. Topics included our regional community needs assessment, impacts of Measure 110 recriminalization on communities of color and low-income residents, and the importance of continued investment in the RHEC program.”

RHEC representative

RHECs routinely engage with community members and organizations within and outside their coalition to support the unique needs of the populations they work with. RHECs engaged:

- **Internal coalition members**, steering committees, and advisory committees.
- **State partners**, including the Oregon Department of Environmental Quality, Oregon Department of Human Services, Oregon Department of Transportation, Oregon Department of Land Conservation and Development, Oregon Department of Consumer Services.
- **Organizations supporting access to basic needs services** including Oregon Food Bank, ACCESS, Housing Authority of Jackson County, housing commissioners, and 1000 Friends of Oregon.
- **Private partners** and businesses including Dollar General, Toys for Tots, Harry and David, childcare providers, and gardeners.
- **Legal partners** including Legal Aid of Oregon and Remo Law Solutions.
- **Churches** and religious institutions.
- **Education-based organizations**, K-12 schools, colleges, and universities, including Marshfield High School, Salem School District, Silverton School District, West Lynn School District, Wilsonville School District, Molalla School District, Treasure Valley Community College, Chemeketa Community College, Southern Oregon Education Services District, Southern Oregon University, Oregon Health & Science University's School of Nursing and Extension Center, and Frontier STEM.
- **Culturally specific, non-profit organizations** and coalitions including, Oregon Black Brown Indigenous Advocacy Coalition, Coalition Salud es Poner, Protect Oregon, Oregon Rural Action, Doulas Latinas, United for Immigrant Justice, Upstream Access, Unidos Bridging Community, Painted Horse Recovery, Centro, One Community Health, Rogue Action Center, La Clinica, Unete, Black Alliance and Social Empowerment (BASE), Samoa Pacific Development Corporation, Rogue Valley Pepper Shakers, Coalicion Fortaleza, and immigration rapid response groups.
- **Medical and behavioral health-related partners** including health care providers, community health workers, counselors, and health and behavioral health-based organizations including HIV Alliance, Northeast Oregon Network (NEON), AllCare Health, ColumbiaCare, Greater Oregon Behavioral Health Inc (GOBHI), White City Veteran Affairs

Medical Center, Rogue Community Health, Options for Southern Oregon, Asante, and Ashland Community Hospital Foundation.

- **National associations** including the National Association for the Advancement of Colored People (NAACP).
- **Other RHECs.**
- **Tribes** including Confederated Tribes of the Umatilla Indian Reservation and the Confederated Tribes of Siletz Indians.
- **Transportation based entities** including Columbia Area Transit and Rogue Valley Transportation District.
- **City and County staff** from programs and offices including Tobacco Prevention and Education Program (TPEP), sheriff's offices, jails, deflection programs, public health departments, and county prevention divisions.
- **Youth-serving, non-profit organizations** including Project Youth, Compass House, and Rogue Valley Mentoring.
- **Organizations serving people experiencing domestic violence** and sexual assault including Community Works and sexual assault teams.
- **CCOs**, including Jackson Care Connect.
- **Advisory bodies**, including the Rogue Valley Council of Governments Senior Advisory Committee and youth advisory councils.
- **Interpretation services** including Linguava.
- **Elected officials** including state legislators and sheriffs.

What populations were reached?

RHECs serve populations who experience health inequities including:

- Asian communities
- Black and African American communities
- Native American, American Indian, Alaska Native, and Indigenous communities
- Native Hawaiian and Pacific Islander communities
- Hispanic, Latino/a/x, migrant, and Spanish-speaking communities and farm workers
- Southwest Asian and North African communities
- White communities
- Refugee and immigrant communities
- LGBTQ2S+ communities
- Low-income families and Oregon Health Plan (OHP) recipients
- People living with disabilities
- People living in rural communities
- Elders

- Youth
- Wildfire survivors

What challenges or barriers did grantees experience?

“We have partners doing critical prevention work with at-risk youth, with LGBTQIA2S+ populations, rural communities, low income and houseless communities, who are **losing funding right now and at risk of having to lay off more staff or cut back services**. We hope that a CBO grant funding opportunity can be made available to stabilize these critical CBOs doing outreach and holding trust with communities that really need them.”

RHEC Grantee

RHECs faced several challenges and barriers including:

- **Difficulty reaching service populations**, including youth and immigrant communities, due to distrust, safety concerns, or other reasons.
- **Staff burnout** and limited organizational resources, capacity, and operational budgets.
- **Difficulty developing organizational structure**, including identifying organizational priorities; engaging, recruiting, and retaining staff, coalition members, and partners; and failing to offer leadership training and development opportunities for staff.
- **Perception of being viewed as competitor** instead of partner by other organizations with similar missions.
- **Delays in contracting** and funding disbursements and difficulty planning for sustainability without knowing how much funding will be allocated.
- **Changes in the federal landscape**, including cuts to funding, shifts in political environment and cultural acceptance, increased negative rhetoric, and fear of immigration enforcement and deportation.
- **Inability to inform the public** with plain-language documents when policies are rapidly changing.
- **Difficulty promoting substance use prevention** when communities’ basic needs are not being met.
- **High community needs** and community service access issues, including low wages; lack of transportation; language barriers; limited access to grocery stores and fresh, culturally appropriate foods; limited access to pharmacies; and lack of community infrastructure (e.g., no sidewalks or bike lanes).
- **Lower availability of care** for people with disabilities, lack of trauma-informed services, and difficulty filling gaps in services exacerbated by COVID.

Oregon Council for Behavioral Health and Oregon Coalition of Prevention Professionals

How were OSPTR Board allocated funds used?

Funds were used to implement CPS training sessions and build ORCPP's organizational capacity.

Supported CPS Trainings

- Completed one training series in Portland
- Started a second training series in Central Oregon

OCBH completed the first training series and began the second training series during this reporting period, providing a total of 92 education hours.

Each series includes a maximum of 74.5 education hours (nearly half of the education hours required to obtain a CPS credential) in four training sessions:

- Prevention Core Competencies
- Community Mobilization
- Prevention Ethics (virtual)
- Substance Abuse Prevention Skills Training

All training sessions were delivered in person, except Prevention Ethics, which was delivered virtually.

OCBH plans to implement two additional training series in the Central Oregon Coast region and in Eastern Oregon, and they are assessing their capacity to offer CPS test preparation courses and one-on-one coaching.

Built ORCPP's organizational capacity

With this funding, ORCPP developed their brand and website, recruited members to their coalition, and hired a consultant to develop their organizational structure and assist them in gaining their non-profit status.

What happened because of OSPTR Board funding?

Sixty-five individuals participated in at least one training session, 45 in the Portland series and 20 in the Central Oregon series.

Exhibit 7. Training Sessions by Number of Participants

Series	Session	Hours	# of Participants
Portland	Prevention Core Competencies	17.5	26
	Community Mobilization	20	27
	Prevention Ethics (virtual)	6	9
	Substance Abuse Prevention Skills Training	31	22
Central Oregon	Prevention Core Competencies	17.5	20

Across both training series, participants represented 36 employers, including:

- **Counties.** Clackamas County Public Health, Clatsop County Juvenile Department, Clatsop County Public Health, Deschutes County Health Services, Hood River County, Multnomah County, and Multnomah County Health Department.
- **Tribes and Tribal organizations.** Burns Paiute Tribe; Confederated Tribes of Grand Ronde; Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians; Confederated Tribes of Siletz Indians; Siletz Community Health Clinic; The Confederated Tribes of Grand Ronde; and Yellowhawk Tribal Health Center.
- **Schools.** Oregon City School District and West Linn School District.
- **Community coalitions.** Big Village, Community Living Above, Union County Safe Communities Coalition, and Oregon City Together.
- **Non-profit or community-based organizations.** Adult & Teen Challenge, BestCare Treatment Services, Central City Concern, De Rose Community Bridge Holistic and Wellness, Douglas Public Health Network, Lines for Life, The Peer Company, New Narrative Pdx, Northwest Family Services, Project Patchwork, Slavic Community Center of NW, Sunstone Way, Todos Juntos, and Upstream Public Health.
- **Other.** Training To Impact LLC.

Portland Series

Among the 45 Portland series participants, 7% attended all four sessions (see [Exhibit 8](#)). On average, participants in the Portland series received 35 education hours.

Exhibit 8. Percentage of Portland Series Participants by Number of Sessions Attended

Nearly half of participants in the Portland cohort attended **one session**.



How did OSPTR Board funding expand existing capacity and effort?

Increased Skills and Knowledge to Obtain CPS

OCBH was not aware of any participants who obtained their CPS because of the training series; however, they are beginning to monitor intent to obtain the CPS among registrants. Among individuals that registered for the Central Oregon series (n = 23), 78% reported they were pursuing their CPS.

Based on responses from the post-training survey that ORCPP developed and administered, respondents reported gaining skills or knowledge in the following areas:

- Describing prevention
- Maintaining a clear scope of work
- Developing action plans and community mobilization plans
- Assessing community readiness and building capacity for change
- Identifying community partners and collaborating with them
- Understanding data, trends, and evaluation principles

Built ORCPP's Organizational Capacity

Hiring a consultant assisted ORCPP to become a business entity in Oregon and continued to build their capacity to offer professional development and networking opportunities to support Oregon's primary substance use prevention workforce.

What partners were engaged?

ORCPP engaged a variety of organizations and partners to plan sessions, recruit participants, and facilitate trainings (see [Exhibit 9](#)).

Exhibit 9. Organizations Engaged by ORCPP to Conduct Training Sessions

Support	Organization
Provided consultation for training types and suggested trainers	Mental Health and Addictions Certification Board of Oregon (MHACBO) and Pacific Technology Transfer Center (PTTC)
Shared training information and recruited participants	OCBH, MHACBO, PTTC, Tribes, county health and wellness programs, and local behavioral health agencies
Facilitated training sessions	OCBH

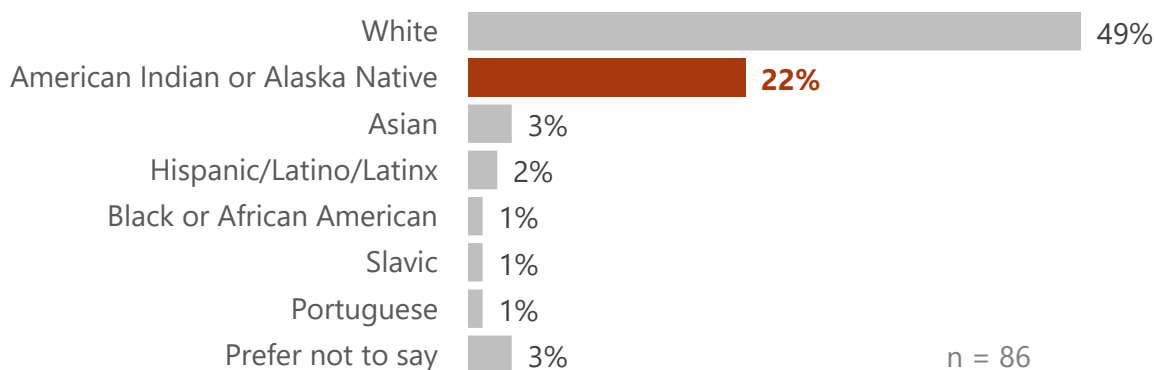
What populations were reached?

Ninety-eight individuals registered for, and 65 people attended, at least one training session.

Race and Ethnicity

Exhibit 10. Race and Ethnicity of Training Session Registrants

More than one in five training session registrants identified as **American Indian or Alaska**



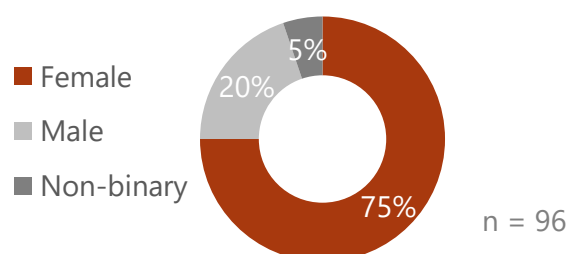
Gender and Sexual Orientation

Most of the training registrants identified as female, see [Exhibit 11](#).

Nearly one-third of registrants identified as a member of the LGBTQ2S+ community.

Exhibit 11. Percentage of Registrants by Gender

Most registrants identified as **female**.



Geography

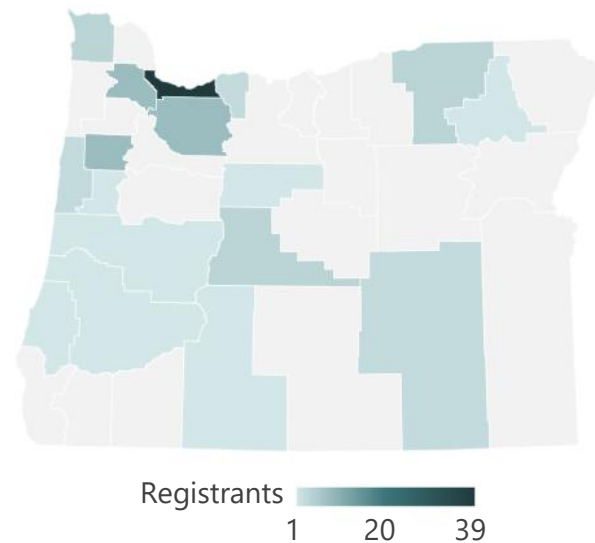
Ninety-eight individuals registered for at least one CPS training session. Registrants represented 30 Oregon cities in 18 counties, see **Exhibit 12**.

Preferred Language

Nearly 5% of registrants identified a preferred language other than English, including Spanish, Russian, and Arabic.

Exhibit 12. Number of Registrants by County

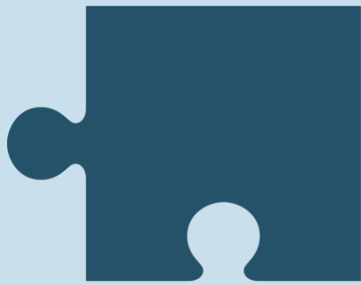
Registrants represented 18 counties.



What challenges or barriers did grantees experience?

ORCPP and OCBH reported limitations in identifying individuals to participate in training sessions. In the future, they hope to gain community buy-in to increase the number and diversity of training session participants by:

- **Continuing to cultivate a network** of training series attendees to maintain connections.
- **Continuing to contact partners**, including key leaders in the substance use prevention field and those in county health departments, to help with marketing trainings.
- **Developing contact lists** of individuals for future training series.



TREATMENT GRANTEES

In May 2024, the OSPTR Board approved the Alcohol and Drug Policy Commission (ADPC) treatment allocation recommendations. Oregon Health Authority has been in conversation with 6 organizations to provide opioid treatment program (OTP) treatment infrastructure and services at 11 sites. As of reporting, eight OTP sites have executed contracts totaling \$10,480,000. The OSPTR Board has also funded technical assistance to foster collaboration between opioid treatment providers and jails. Data included in this report represent OTP grantees whose contracts were executed as of December 2025 (N = 4) and the Technical Assistance in Jails Program (N = 1).

\$14.5
million allocated



12
grantees

12
counties

Opioid Treatment Program (OTP Grantees)

Provides outpatient care for patients with opioid use disorder (OUD).

Funding supported needs related to securing new OTP sites, including

- ✓ Capital expenditures
- ✓ Staff expenses
- ✓ Property, vehicles, and equipment

FUNDED ACTIVITIES

Technical Assistance in Jails Program Grantee

Provides support to Oregon's local jails to establish or improve their medications for opioid use disorder (MOUD) services.

Funding supported

- ✓ Staff training
- ✓ Resource development
- ✓ Clinical advising
- ✓ Infrastructure support
- ✓ Connections to MOUD

4

new OTP sites funded

2

new OTP sites started providing services

229

patients have received MOUD treatment

SUCCESSES

42

staff members trained

4

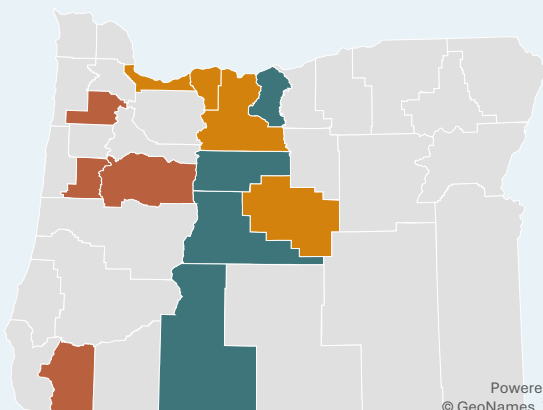
jails launched new MOUD programs

3

jails improved existing MOUD services

Counties Served by OSPTR Board Treatment Grantees

Technical Assistance in Jails Program OTP Grantees Both



CHALLENGES



Staffing shortages



Funding uncertainty



Stigma



Training needs



Licensure delays



Infrastructure requirements

TREATMENT GRANTEES

BACKGROUND

In November 2023, the OSPTR Board outlined the following goals for the treatment portion of funds:

- **Expand access to and the use of medications and other evidence-based practices** to treat OUD at OTP, doctor's offices, clinics, the carceral system, residential treatment facilities, pharmacies, and wherever people with OUD are encountering health care providers.
- **Expand access for identified underserved populations** to evidence-based treatment services, peer and other support specialists, health care providers and facilities.
- **Connect people to the help they need in a coordinated way**, starting at the initial encounter(s) through to a warm hand-off to facilitate the transition to recovery services.
- **Support expansion of the SUD workforce**, including health providers, behavioral health specialists, social workers, counselors, peer counselors and others, to allow for increased access to treatment resources.

In May 2024, the OSPTR Board approved the allocation of opioid settlement funds to implement ADPC-recommended treatment strategies. As of reporting, the OSPTR Board allocated \$14,450,000 for treatment strategies.

OHA has been in conversation with 6 organizations to provide opioid treatment program (OTP) treatment infrastructure and services at 11 sites. As of reporting, eight OTP sites have executed contracts totaling \$10,480,000. The OSPTR Board also funded technical assistance to foster collaboration between opioid treatment providers and jails. See [Exhibit 13](#) for the funding amount by funded entity.

Exhibit 13. Funding Allocations to Implement Treatment Strategies

Organization, location	Funding Amount	Contract Status	Start	End
OHSU (Technical Assistance in Jails Program)	\$250,000	Contract executed (providing services)	10/2024	09/2026
Oregon Recovery and Treatment Centers (ORTC), Redmond (OTP)	\$1,246,000	Contract executed (serving clients)	10/2024	09/2026
ORTC, The Dalles (OTP)	\$1,050,000	Contract executed (serving clients)	08/2025	12/2026
ORTC, Klamath Falls (OTP)	\$1,184,000	Contract executed (serving clients)	08/2025	12/2026

Organization, location	Funding Amount	Contract Status	Start	End
New Season, Gresham (OTP)	\$1,800,000	Contract executed (not serving clients)	12/2025	12/2027
Acadia NW, Tillamook (OTP)	\$1,300,000	Contract executed (not serving clients)	01/2026	02/2029
ORTC, Eastern Lane County Mobile Unit (OTP)	\$1,800,000	Contract executed (not serving clients)	05/2026	05/2029
CRC, Rural Linn County Mobile Unit (OTP)	\$1,050,000	Contract executed (not serving clients)	06/2026	06/2029
CODA, Oregon City (OTP)	\$1,050,000	Contract executed (not serving clients)	07/2026	07/2028
Lane County Treatment Center, Florence (OTP)	\$1,325,000	Contract in progress	09/2026	03/2029
ORTC, LaGrande (OTP)	\$1,197,500	Contract in progress	Not applicable	
ORTC, Ontario (OTP)	\$1,197,500	Contract in progress	Not applicable	

Opioid Treatment Program Grantees

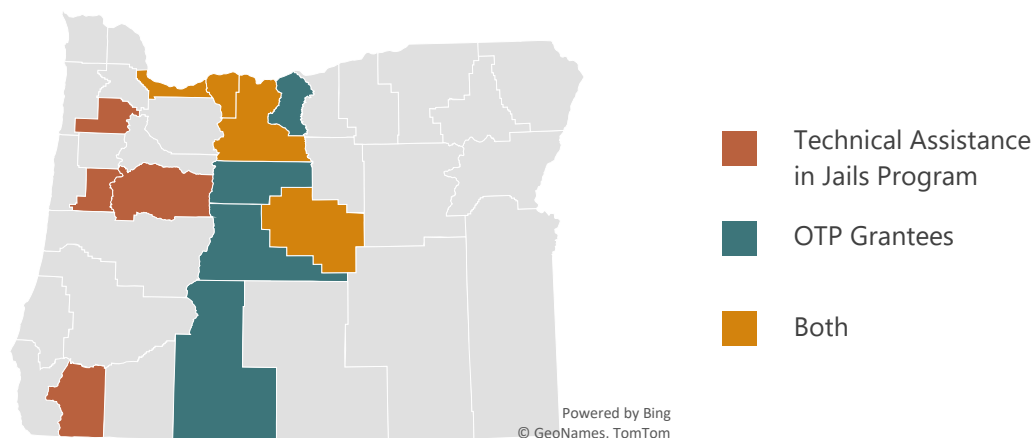
Funded OTP grantees provide outpatient care for patients with OUD. Grantees can fund capital expenditures; purchase property, vehicles, and equipment; recruit and hire staff; or expend as needed based on their project plans.

Technical Assistance in Jails Program Grantee

The Technical Assistance to Jails Program provides support to Oregon's local jails and other carceral settings to establish or improve their MOUD services, including the provision of methadone, buprenorphine formulations, or extended-release naltrexone. Subject matter experts from the section of Addiction Medicine at Oregon Health and Science University (OHSU) Department of General Internal Medicine meet with local jails and community partners to develop MOUD programs. The program also includes additional implementation support and clinical advising to jail-based MOUD providers.

The map in [Exhibit 14](#) shows the counties served by the eight OSPTR Board treatment grantees with executed contracts. The Technical Assistance in Jails Program also provides statewide support through the Oregon Youth Authority (OYA) and the Oregon Department of Corrections.

Exhibit 14. Counties Served by OSPTR Board Treatment Grantees



DATA COLLECTION & ANALYSIS

Surveys were distributed in March 2026 to OTP grantees whose contracts were executed as of December 2025 (N = 4) and the Technical Assistance in Jails Program (N = 1). OTP grantee surveys explored services provided, community partnerships developed, implementation barriers encountered, and OHA's and the OSPTR Board's role in site operations. The Technical Assistance in Jails Program grantee survey focused on the use of OSPTR Board funding, OHA's and the OSPTR Board's role in supporting the program, the development of community partnerships, and barriers to implementation. Surveys were completed via Qualtrics and took approximately 10 minutes to complete.

The Technical Assistance in Jails Program also conducted a survey with participating program staff. Responses were received from 23 staff members that received technical assistance at nine carceral facilities. Responses were anonymous and collected between February and March 2026. Participants were asked about length of program participation, types of MOUD the program helped provide, their facilities' readiness to treat OUD, and satisfaction with the program. The Technical Assistance in Jails Program grantee presented survey findings at the monthly MOUD Jails Collaboration meeting and provided deidentified individual-level data to Comagine Health.

FINDINGS

Opioid Treatment Program Grantees

Findings represent 2 years of implementation, from October 2024 through March 2026. OTP grantees surveyed (N = 4) represent four new OTP sites, two of which have started serving clients.

How were OSPTR Board allocated funds used?

OTP grantees used OSPTR Board funding to secure new OTP sites. OTP grantees needed three to ten months to secure sites. One OTP grantee experienced an eight-month delay between securing the site and starting construction because a waiver from the city was required.

What happened because of OSPTR Board funding?

All four OTP sites were only able to open new sites because of OSPTR Board funding.

“We could not have taken on this project without the funding provided.”

OTP Grantee

Sites reported receiving support and resources from OHA as part of the OSPTR Board funding.

- All sites reported being very prepared to start serving **new patients, assess patients for OUD, diagnose OUD, and obtain MOUD.**
- Three sites reported being very prepared and one site reported being moderately prepared to **receive certification.**
- The two sites currently providing services **wanted continued support** for staffing sites and flexibility to provide non-behavioral health resources.

How did OSPTR Board funding expand existing capacity and effort?

Sites reported using existing resources and staff to assist in setting up the OTPs.

“We were able to utilize team members and leadership from other sister treatment centers to train team members, provide leadership, fill in service gaps, and assist in outreach in the community.”

OTP Grantee

Sites leveraged existing community relationships and connections to establish new partnerships in the expanded service areas.

What partners were engaged?

All four sites reported engaging with a variety of partners in this work, including recovery organizations, hospitals/medical providers, emergency departments, law enforcement, behavioral health or treatment providers, housing or shelter providers, culturally specific organizations, and local public health or government partners. Three sites reported engaging with OHA. Three sites reported providing continuing education or other training to clinicians.

What populations were reached?

Two sites have started providing services and **229 patients across sites have received MOUD treatment**, 225 patients received methadone and four patients received buprenorphine. After receiving OSPTR Board funding, sites took between seven and 17 months to start providing services. All four sites anticipate providing MOUD treatment services to an estimated 59 to 200 patients in the next year.

What challenges or barriers did grantees experience?

Sites reported experiencing several challenges to providing services and opening their medication units, including:

- Staffing shortages
- Community pushback (e.g., not wanting OTPs located in their community)
- Licensure delays
- Building infrastructure requirements, specifying the ORS 430.590 OTP siting restrictions/waiver³

Technical Assistance in Jails Program

Findings represent 1.5 years of implementation, from October 2024 to March 2026.

How were OSPTR Board allocated funds used?

The Technical Assistance in Jails Program grantee used approximately 25% of OSPTR Board funding for staff training and education, 25% for resource development, 20% for clinical advising, 15% for infrastructure support, and 15% for connections to MOUD.

The Technical Assistance in Jails Program survey respondents (N = 23) reported the program helped their setting provide a variety of MOUD options, including:

- Sublingual buprenorphine (e.g., Suboxone) (65%)
- Extended-release buprenorphine (48%)
- Methadone (17%)
- Extended-release naltrexone (13%)

What happened because of OSPTR Board funding?

The Technical Assistance in Jails Program provided services to jail systems in nine counties. OHA's designated OSPTR Board representative played an important role in convening state agency teams who interact with carceral facilities and serve criminal-legal involved populations.

³ ORS 430.590 regulates the location of OTPs in Oregon. OTPs cannot be located within 1,000 feet of an existing public or private school attended primarily by minors or within 1,000 feet of an existing licensed childcare facility. This regulation can be waived by local public health authorities to remove unreasonable barriers to patients.

The Technical Assistance in Jails Program survey respondents reported receiving technical assistance for between three months and two years, with an average of 11 months. When asked what they liked best about the program, one respondent said:

“Responsive. Knowledgeable. Consistent. Our team appreciates the expertise and networking that has come with our TA relationship.”

Carceral Facility Administrator

How did OSPTR Board funding expand existing capacity and effort?

The program expanded capacity in the jails by **providing training to 42 staff members**, including three at the Benton County Jail, six at Crook County Jail, 15 at Multnomah County Jails, four at Northern Oregon Regional Correctional Facilities (NORCOR), and 14 at OYA.

The Technical Assistance in Jails Program survey respondents reported their facilities’:

- **Readiness to treat opioid withdrawal** increased or increased substantially (67%)
- **Capacity to meet demand for MOUD services** increased or increased substantially (71%)

What partners were engaged?

The Technical Assistance in Jails Program has engaged with a variety of partners, including:

- Recovery organizations
- Hospitals/medical providers
- State agencies: OHA, Alcohol and Drug Policy Commission (ADPC), Criminal Justice Commission (CJC), Save Lives Oregon, Oregon Department of Corrections, and OYA
- BHRN
- Behavioral health and treatment providers
- Local public health and local government partners

Most (78%) of the Technical Assistance in Jails Program survey respondents agreed the program helped them build new or strengthen existing partnerships for their carceral MOUD program.

What populations were reached?

The Technical Assistance in Jails Program helped four jails launch new MOUD programs and three jails improve existing MOUD services. The Technical Assistance in Jails Program is currently supporting two jails that are not CJC Jail-MOUD grant recipients launch MOUD programs.



Training events and site tours through the Technical Assistance in Jails Program

What challenges or barriers did grantees experience?

The Technical Assistance in Jails Program described several barriers, including:

- **OSPTR Board funding for the Technical Assistance in Jails Program ends in September 2026.** Training needs still exist, especially for CJC Jail-MOUD grantees.
- **Jail staff are uncertain about the future funding for MOUD programs,** in part because of the federal funding cuts that prompted the state to decline to proceed with applying for the 1115 Medicaid waiver for carceral programs.

Allocations to the Technical Assistance in Jails Program did not include funds to collect or analyze data about in-jail services and impacts on health and criminal legal system outcomes post-release. In addition, the Technical Assistance in Jails Program would benefit from additional pharmacy assistance for some of the jail facilities.

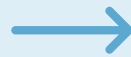


HARM REDUCTION GRANTEE

In March 2023, the harm reduction and overdose prevention portion of Oregon's OSPTR Board funds were allocated to Save Lives Oregon. Save Lives Oregon has been awarded \$18.8 million by the OSPTR Board, \$13.7 million awarded during the 2023-2025 biennium and \$5.1 million awarded during the 2025-2027 biennium.

\$18.8

million allocated



1

grantee

36

counties

FUNDING SUPPORTED



Harm reduction supplies

Save Lives Oregon has been crucial to improving access to naloxone across the state. OSPTR Board funding has enabled Save Lives Oregon to continue distributing naloxone, increase opioid overdose reversals, equip schools with opioid overdose reversal kits, and meet the growing demand for supplies as new community organizations join the initiative and expand overdose prevention efforts in their communities.

Save Lives Oregon received funding from other sources, including SAMHSA grants, to **support the following other key elements of Save Lives Oregon:**

- ✓ Staff time
- ✓ Leadership Team agency contracts
- ✓ Partner support and communications
- ✓ Educational tools and materials
- ✓ Naloxone training videos
- ✓ Monthly learning collaboratives

Save Lives Oregon Partner Agencies Serve as Trusted Community Connectors, Linking People to Services and Supports Such As:



Daily living resources



Employment support



Physical and behavioral health care



Culturally specific services



Substance use treatment



Syringe services



Recovery support service



Telemedicine treatment

SUCCESSES



Naloxone distributed



Partnerships developed



People connected to care



Infectious diseases screened for and prevented



Schools equipped with reversal kits



Overdoses reversed

CHALLENGES



Increased naloxone demand



Limited funding for staff time



Funding instability

"Without supplies from SLO [Save Lives Oregon] we would continue to distribute supplies, but our ability to do so would be severely compromised as we don't have the funds to purchase the scale of harm reduction supplies that are offered through SLO."

HARM REDUCTION GRANTEE

BACKGROUND

In November 2023, the OSPTR Board outlined the following goals for the harm reduction and overdose prevention portion of funds:

- Make naloxone or other FDA-approved drug to reverse opioid overdoses more easily available to more people in more places.
- Support safer use supplies and sites, hepatitis C screening, safer use practices, and other harm reduction programs and practices.
- Support and encourage ways to meet people with OUD, or OUD and any co-occurring SUD or mental health needs, where they are and connect them to wrap-around services and treatment.

In March 2023, the harm reduction and overdose prevention portion of Oregon's OSPTR Board allocations were awarded to [Save Lives Oregon](#). Save Lives Oregon has been awarded \$18.8 million by the OSPTR Board, \$13.7 million awarded during the 2023-2025 biennium and \$5.1 million awarded during the 2025-2027 biennium.

Save Lives Oregon began spending in January 2024 and identified OSPTR Board funding as its most stable funding source.

DATA COLLECTION & ANALYSIS

The harm reduction and overdose prevention grantee (N = 1), Save Lives Oregon, staff collect and maintain detailed supply ordering and distribution records. They also contract with Tabor North Communications to support communications, data visualization and administer and analyze an annual partner survey. All data and supporting information were organized and shared in aggregate with Comagine Health staff to answer the program monitoring questions.

FINDINGS

Findings represent 2 years of implementation, from January 2024 to December 2025.

How were OSPTR Board allocated funds used?

Save Lives Oregon began spending the OSPTR Board funds in January 2024. Save Lives Oregon uses OSPTR Board funds **for supplies only**. Save Lives Oregon received funding from other sources, including SAMHSA grants, to support the following other key elements of Save Lives Oregon:

- Staff time
- Leadership Team agency contracts

- Partner support
- Educational tools and materials (e.g., fentanyl test strip fact sheets)
- Naloxone training videos
- Monthly learning collaboratives
- Partner communications

What happened because of OSPTR Board funding?

Between January 1, 2024 and December 31, 2025, OSPTR Board funding supported supply purchases through MMCAP vendors:

- MMCAP Cardinal Express: \$9,742,983.59
- MMCAP Henry Schein: \$78,756.09

An additional \$2,600,906 in SAMHSA SUPTRS funding was approved specifically for naloxone purchases during this same period.

Save Lives Oregon has been crucial to improving access to naloxone across the state. In the Save Lives Oregon 2025 partner survey:

- **87% of respondents say they have enough naloxone** to meet the needs of the people they serve who are at risk of an opioid overdose (item n = 181)
- **78% of respondents say people at risk of an opioid overdose can get naloxone** easily when they need it (item n = 181)

How did OSPTR Board funding expand existing capacity and effort?

Since Save Lives Oregon's launched in 2020, the cumulative impact in Oregon has been substantial. OSPTR Board funding allowed Save Lives Oregon to continue to distribute large amounts of naloxone, increase opioid overdose reversals, equip schools with opioid overdose reversal kits, and sustain the number of community agency partners distributing supplies. See [Exhibit 15](#) for Save Lives Oregon's cumulative impact and [Exhibit 16](#) for Save Lives Oregon's impact during OSPTR Board funding period (Graphics developed by Tabor North Communications).

Exhibit 15. Save Lives Oregon's Cumulative Impact (January 2020 to December 2025)

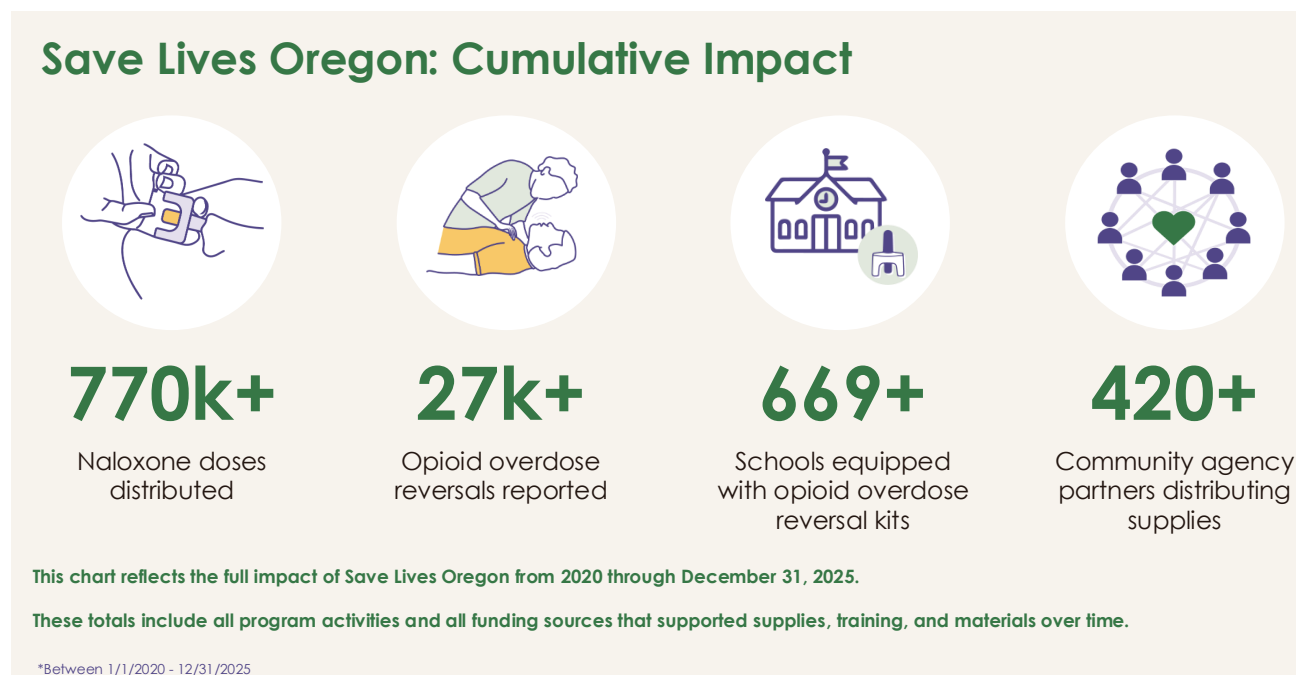
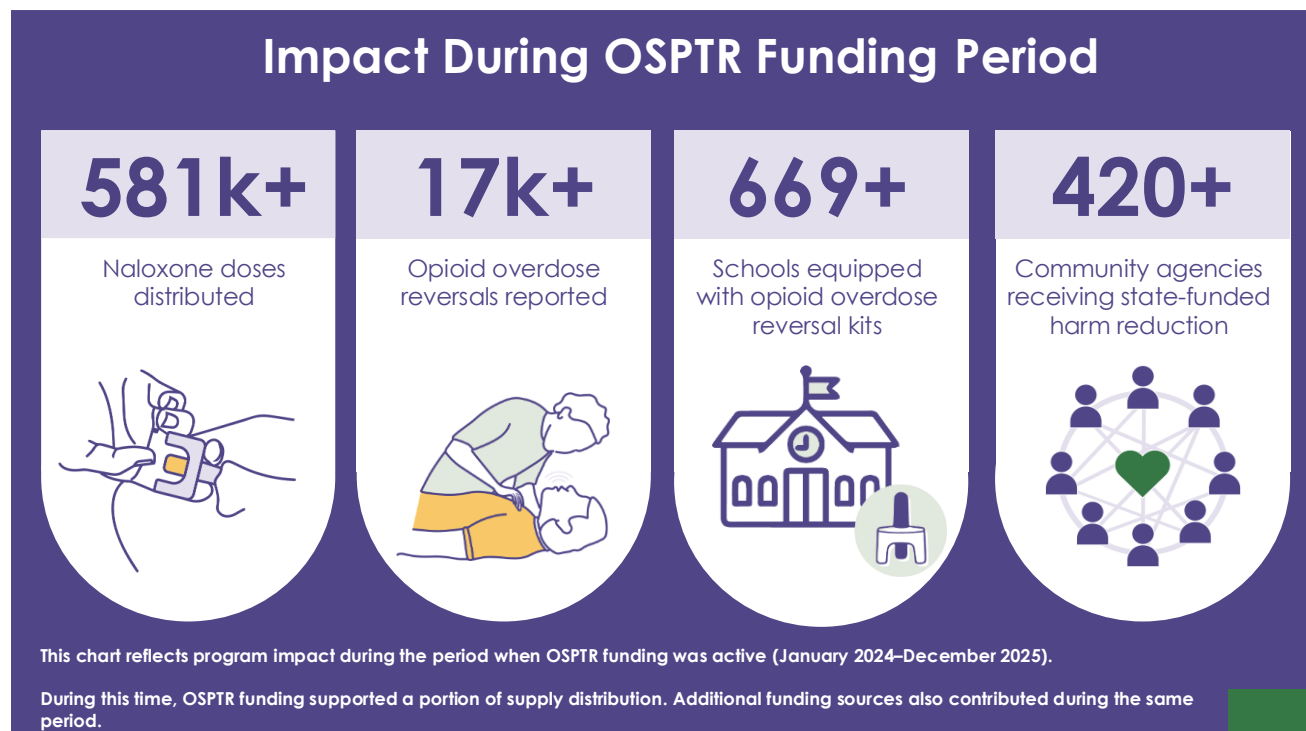


Exhibit 16. Save Lives Oregon's OSPTR Board Funding Period Impact (January 2024 to December 2025)



Supplies are essential. As part of Save Lives Oregon’s comprehensive approach, organizations who meet eligibility criteria can receive free, life-saving supplies through the Clearinghouse. For many community agency partners, supplies provided by Save Lives Oregon make their work possible. In the Save Lives Oregon 2025 partner survey:

- **97%** of respondents said supplies received through Save Lives Oregon enable their organization to better meet the needs of their communities (item n = 173)
- **Nearly 60%** of respondents said Save Lives Oregon is their only source of supplies (item n = 178)

Save Lives Oregon staff efficiently process high volumes of orders to meet the needs of Oregon communities. Despite limited funding, Save Lives Oregon staff have processed over 2,800 orders for community partner agencies since July 2024. In addition to the 581,003 doses of naloxone ordered, community partners ordered 217,180 fentanyl drug checking strips and 10,105 xylazine drug checking strips.

This work goes beyond overdose response. Community partner agencies support broader health and stability by:

- Connecting people to treatment and care
- Supporting housing access and employment support services
- Preventing infectious disease
- Building long-term relationships

Save Lives Oregon community agency partners are important points of connection to other services (see [Exhibit 17](#)).

Exhibit 17. Save Lives Oregon Community Partner Agencies Reported Services Provided



Note: Based on 2025 partner survey question: “During 2025, what types of support did your organization help community members find or access?” (n = 167)

"We've supported people in getting onto the central waitlist and in to housing, advocated for a client to get his hip replaced and who is now housed, supported 10 pregnant people through their births and transitioning into treatment and housing, connected people to set them up with PCPs, gotten people connected to MAT services...so much!"

Save Lives Oregon Community Partner Agency Staff

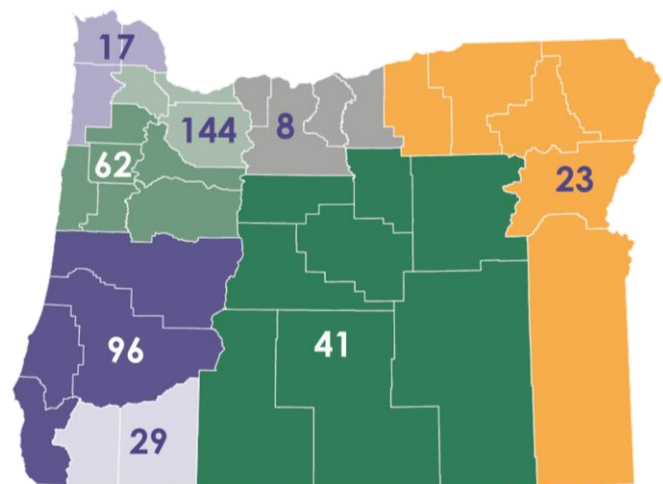
What partners were engaged?

Save Lives Oregon is a statewide network and serves communities in every county in the state (see [Exhibit 18](#) for community partner agency locations by county). According to Save Lives Oregon staff, **partners are the backbone of this work**. Community partner agencies include:

- 192 CBOs
- 103 uniformed first responders
- 39 SUD facilities
- 51 syringe service / harm reduction programs
- 22 health centers / emergency departments
- 13 special district groups
- 669+ schools, colleges, universities and school-based health centers across the state received opioid overdose reversal kits

Exhibit 18. Save Lives Oregon Community Partner Agencies by County

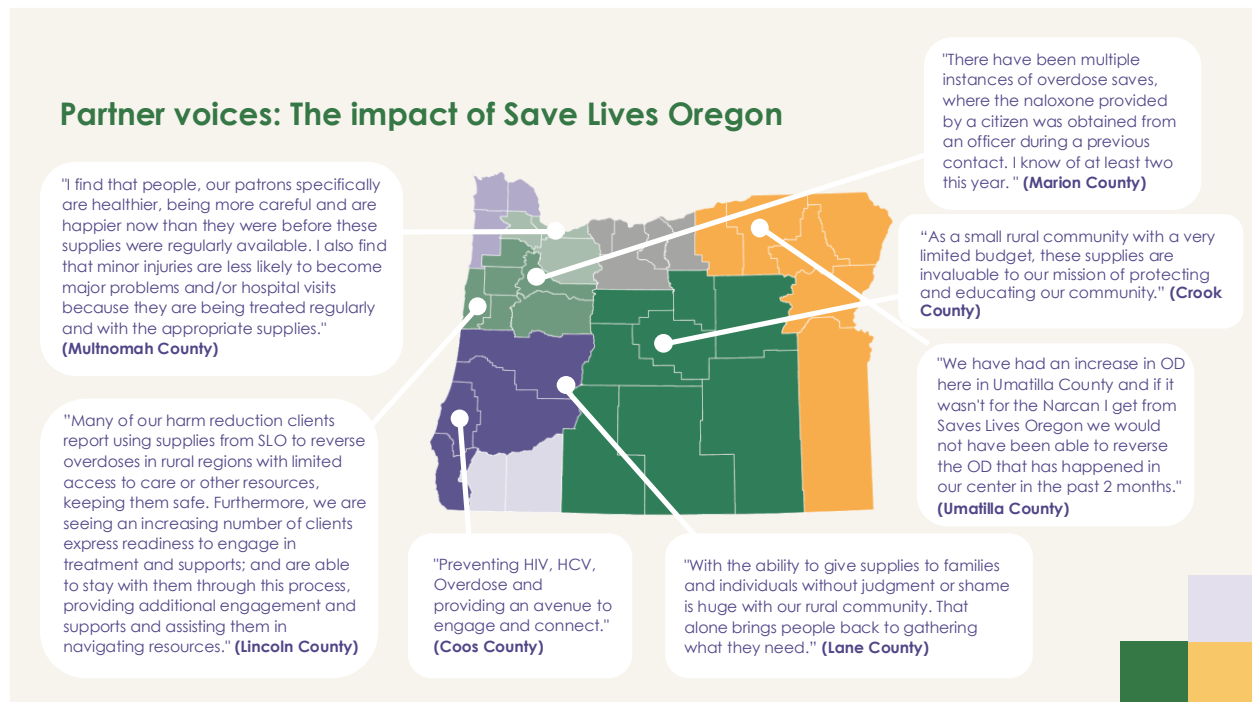
- ▶ Graphic developed by Tabor North Communications.
- ▶ Schools, colleges, universities, and school-based health centers are not included in the graphic.



*Where Save Lives Oregon partners are located as of 3/31/2026

Community partner agencies have voiced the impacts of Save Lives Oregon on their communities and the populations they serve (see [Exhibit 19](#); graphic developed by Tabor North Communications).

Exhibit 19. Community Partner Agencies Describe Impact of Save Lives Oregon

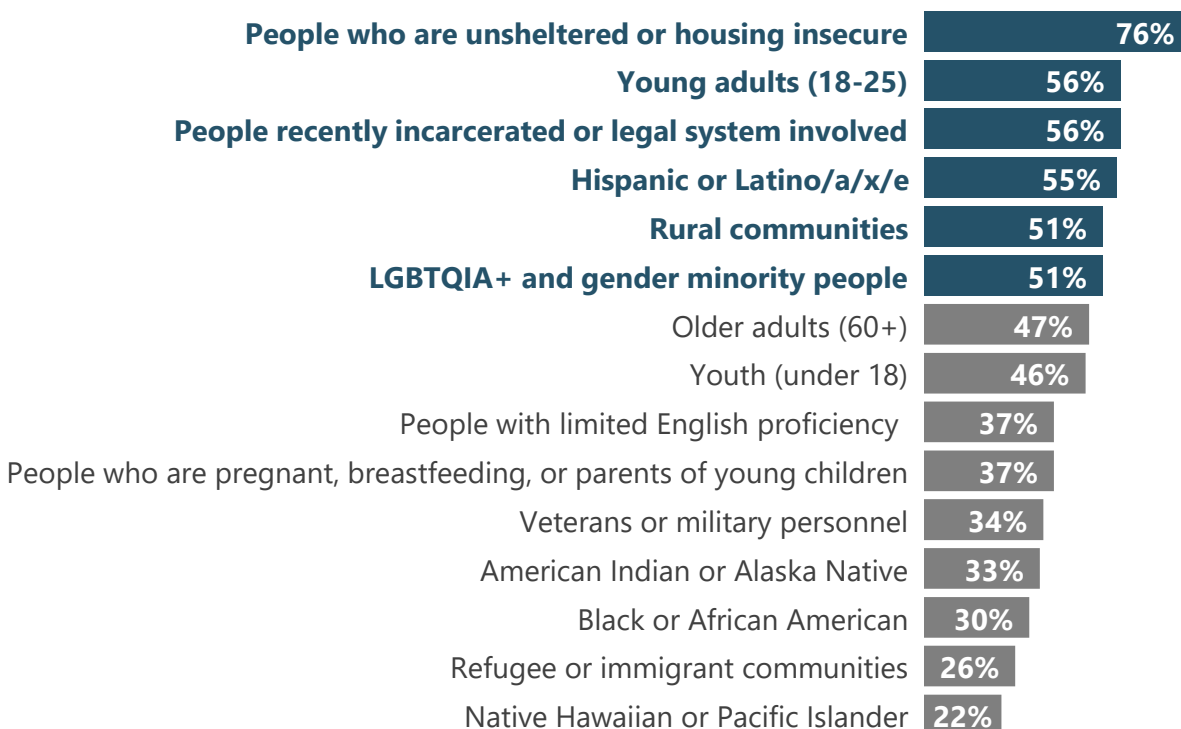


What populations were reached?

In the Save Lives Oregon 2025 partner survey, community partner agencies reported serving a variety of communities, including communities most impacted by overdose (See [Exhibit 20](#)). Most community partner agencies reported serving the following communities:

- People who are unsheltered or housing insecure (76%)
- Young adults (56%)
- People recently incarcerated or involved with the criminal-legal system (56%)
- Hispanic or Latino/a/x (55%)
- Rural communities (51%)
- LGBTQ2S+ and people who identify as a minority gender (51%)

Exhibit 20. Populations Save Lives Oregon Community Partner Agencies are Reaching



Note: Based on 2025 partner survey question: "Does your organization provide culturally specific services? This means providing culturally specific outreach, materials or interventions, and ensuring staff has capability to provide quality care, for any of the following populations? Check all that apply." (n = 169)

What challenges or barriers did grantees experience?

For many community partner agencies, **access to naloxone still depends on Save Lives Oregon**, which highlights the necessity of continuous and stable funding.

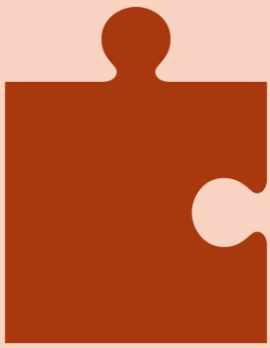
"Without supplies from SLO [Save Lives Oregon] we would continue to distribute supplies but our ability to do so would be severely compromised as we don't have the funds to purchase the scale of harm reduction supplies that are offered through SLO."

Save Lives Oregon Community Partner Agency Staff

Save Lives Oregon staff report that partners are navigating increasing pressure. Many partners are operating with fewer resources due to funding instability and program reductions, which has **increased demand for supplies and support from Save Lives Oregon**.

Save Lives Oregon has **limited funding for staff time**, but they continue to meet a critical and ongoing need in Oregon communities by:

- Supporting community partner agencies serving communities across the state
- Providing supplies, tools, and training
- Strengthening the broader system of care for people who use drugs



RECOVERY GRANTEES

In June 2024, the OSPTR Board approved the Alcohol and Drug Policy Commission (ADPC) recovery allocation recommendations to expand peer-led, community-based recovery services in rural counties and underserved populations across Oregon. The \$13.3 million investment was informed by the 2022 OHSU SUD Gaps Analysis and ADPC Recovery Committee recommendations, prioritizing recovery community centers (RCCs) as a significant unmet service need. RCCs are peer-led, non-clinical spaces that provide a range of supportive services and activities for individuals in or seeking recovery from substance use.

\$13.3

million allocated



9

grantees

8

counties

FUNDED ACTIVITIES

- ✓ Launch new RCCs in rural and underserved communities.
- ✓ Expand culturally specific recovery services in existing RCCs.
- ✓ Support statewide recovery housing through Oxford House

RCCs funded through OSPTR Board provide:



Formal Programs

- ▶ Mutual aid groups
- ▶ Healing circles
- ▶ Culturally specific groups
- ▶ Skill-building groups



Informal Space

- ▶ Drop in hours
- ▶ Meals & food
- ▶ Events & celebrations
- ▶ Basic needs



Early Recovery

- ▶ Peer mentoring
- ▶ Resource navigation
- ▶ Referrals
- ▶ Harm reduction



Long-term Recovery

- ▶ Peer workforce development
- ▶ Leadership pathways
- ▶ Recovery housing
- ▶ Giving back & service

SUCCESSSES

- ✓ Supported five new RCCs in underserved areas
- ✓ Expanded existing recovery models and culturally specific services
- ✓ Closed the post-treatment support gap
- ✓ Increased participation and community connection to recovery services
- ✓ Inspired individual-level changes in clients
- ✓ Increased access to recovery housing across the state

"I'm a person in long-term recovery, and what I understand very clearly is that early recovery is very hard. A person has to change everything. When we say 'you can't go around the people you used with, you can't hang out in those places anymore'— basically, we're telling them to go sit in a corner by themselves and grin and bear it until life gets better. That's one of the reasons self-help support groups are so vital. It gives people a place to connect with others who have been there, done that. It can be a really lonely time and also a time of tremendous growth, where people are challenging their beliefs and changing their behaviors, and doing that alone can feel impossible. The Recovery Community Center is a place where they can connect with people who know how to walk through those different things and rebuild their lives around a recovery-oriented system, whatever that means for the individual."

CHALLENGES



Staffing capacity and burnout



Program sustainability



Securing physical space



Community level challenges

RECOVERY GRANTEES

BACKGROUND

In November 2023, the OSPTR Board outlined the following goals for the recovery portion of funds:

- **Support full continuum of care and comprehensive wrap-around services** to individuals with OUD and any co-occurring SUD/mental health conditions from initial contact through the recovery process.
- **Expand access to evidence-based recovery services for identified underserved populations**, including Tribal communities, pregnant and parenting people, people in or transitioning out of the carceral system, people identifying as LGBTQ2S+, rural or other geographically underserved populations, people experiencing housing instability, people with disabilities, young people transitioning to adulthood, people with co-occurring SUD/mental health conditions.
- **Support expansion of the SUD workforce**, including health providers, behavioral health specialists, social workers, counselors, recovery support managers, peer counselors and others, to allow for increased access to recovery resources. Support could include workforce development, recruitment, training, retention incentives, mental health resources, and otherwise meeting the needs of members of the SUD workforce.

In June 2024, the OSPTR Board approved the allocation of opioid settlement funds to implement recovery strategies to **expand peer-led, community-based recovery services in rural counties and underserved populations across Oregon**. The \$13.3 million investment was informed by the 2022 OHSU SUD Gaps Analysis and ADPC Recovery Committee recommendations, prioritizing recovery community centers (RCCs) as a significant unmet service need.

RCCs are peer-led, non-clinical spaces that provide a range of supportive services and activities for individuals in or seeking recovery from substance use. They offer **inclusive, welcoming environments that foster connection, reduce stigma, and support long-term recovery**. RCCs often provide peer mentorship, recovery coaching, harm reduction supplies, life skills classes, housing and employment navigation, cultural and community-building events, and referrals to treatment or social services. Unlike treatment centers, RCCs do not require a clinical diagnosis or abstinence and are grounded in lived experience, self-determination, and mutual aid.

Funded Programs

The recovery funding allocation includes:

- **\$500,000 to Oxford House, Inc.** to support three administrative personnel statewide to conduct reentry coordination, training and education, and regional outreach.
- **\$2.39 million to Painted Horse Recovery** to open a recovery center in Douglas County.
- **\$2.32 million to Bay Area First Step** to open a recovery center in Curry County.

- **\$2.4 million to True Colors Recovery** to open the Rogue Recovery Center in Josephine County.
- **\$2 million to the Gorge Recovery Center** to open a recovery center in Wasco County.
- **\$2.5 million to Transformation Wellness Center** to open a recovery center in Klamath County.
- **\$1.07 million to existing RCCs**, El Jardín, Medford Recovery Café, and Miracles Club, to expand culturally specific recovery services. Funding supports workforce support, interpreter contracts, and basic needs assistance for participants.

These programs aim to reduce overdose deaths, increase access to culturally and geographically responsive recovery supports, and strengthen community resilience. Grantees include peer-run organizations, culturally specific providers, and long-established recovery housing networks. See [Exhibit 21](#) for a map of the locations of recovery services supported by OSPTR Board funding and [Exhibit 22](#) for recovery grantee contract details, including funding start and end dates.

Exhibit 21. Location of Recovery Services Supported by OSPTR Board Funding

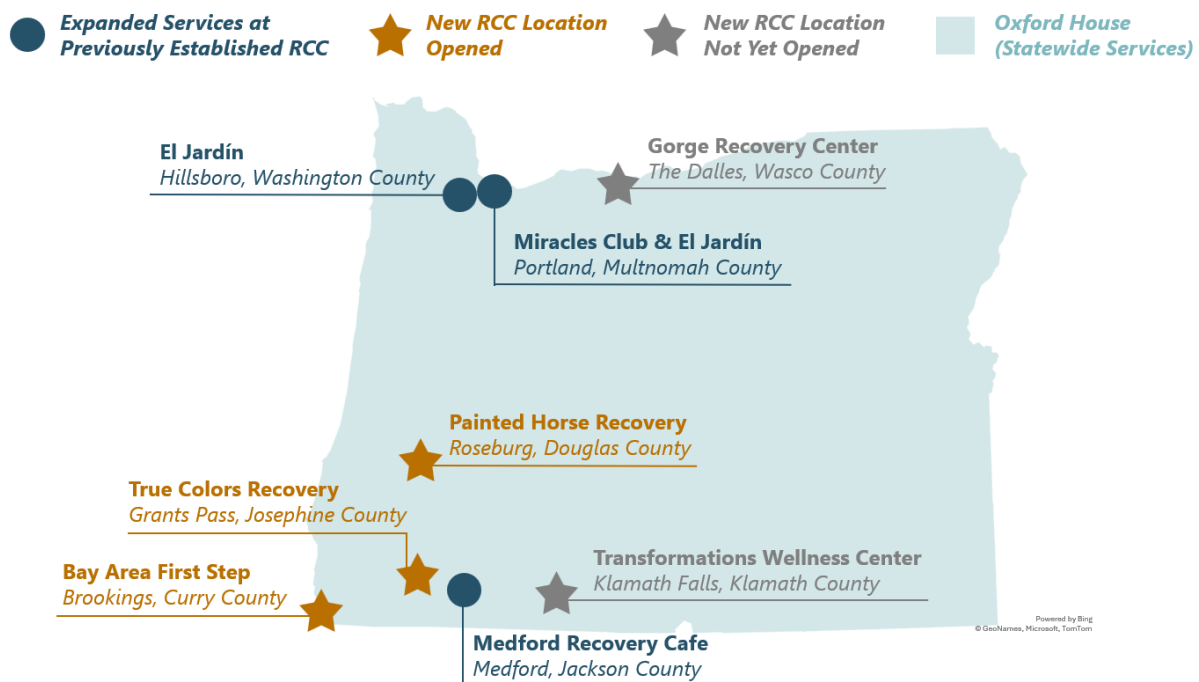


Exhibit 22. Recovery Grantee Contract Details

Organization	Funding Amount	Status	Start	End
Oxford House	\$500,000	Contract complete	11/21/2024	12/31/2025
Painted Horse Recovery	\$2,388,585	Contract executed (serving clients)	2/1/2025	1/31/2028

Organization	Funding Amount	Status	Start	End
Reclaiming Lives-Recovery Café	\$167,000	Contract complete	4/1/2025	3/31/2026
Bay Area First Step	\$2,318,649	Contract executed (serving clients)	4/1/2025	3/31/2028
True Colors Recovery	\$2,399,292	Contract executed (serving clients)	4/1/2025	3/31/2028
El Jardín	\$700,000	Contract executed (serving clients)	5/1/2025	3/31/2028
Gorge Recovery Center	\$2,000,000	Contract executed (not serving clients)	5/1/2025	4/30/2028
The Miracles Club	\$200,000	Contract executed (serving clients)	6/1/2025	5/31/2027
Transformations Wellness Center	\$2,500,000	Contract executed (not serving clients)	7/1/2025	6/30/2028

DATA COLLECTION & ANALYSIS

Comagine Health utilized a mixed-methods design, incorporating data collected from a program document review, a survey, and a small group interview with each recovery grantee organization. All nine recovery grantees participated in data collection.

Program documents, including contract overview and grantee reports, were reviewed to track activities, timelines, and resource allocation. This review supplemented interviews and surveys to provide a comprehensive view of the program context and progress.

Surveys were conducted through Qualtrics and distributed via email to each grantee organization (N = 9). Survey questions explored how funds were used, what grant activities occurred, who was engaged and reached, and what challenges remained as of March 2026. Responses were used to inform and contextualize the interviews.

Small group interviews were conducted with each grantee organization in March 2026. Each session involved one to three staff members (N = 17), including peers and program leadership. These conversations explored implementation models, service delivery, successes, and challenges. Interviews were conducted via Zoom and lasted approximately one hour. Audio recordings were transcribed using Rev, a professional transcription service. Responses were analyzed using thematic coding process in Atlas.ti.

FINDINGS

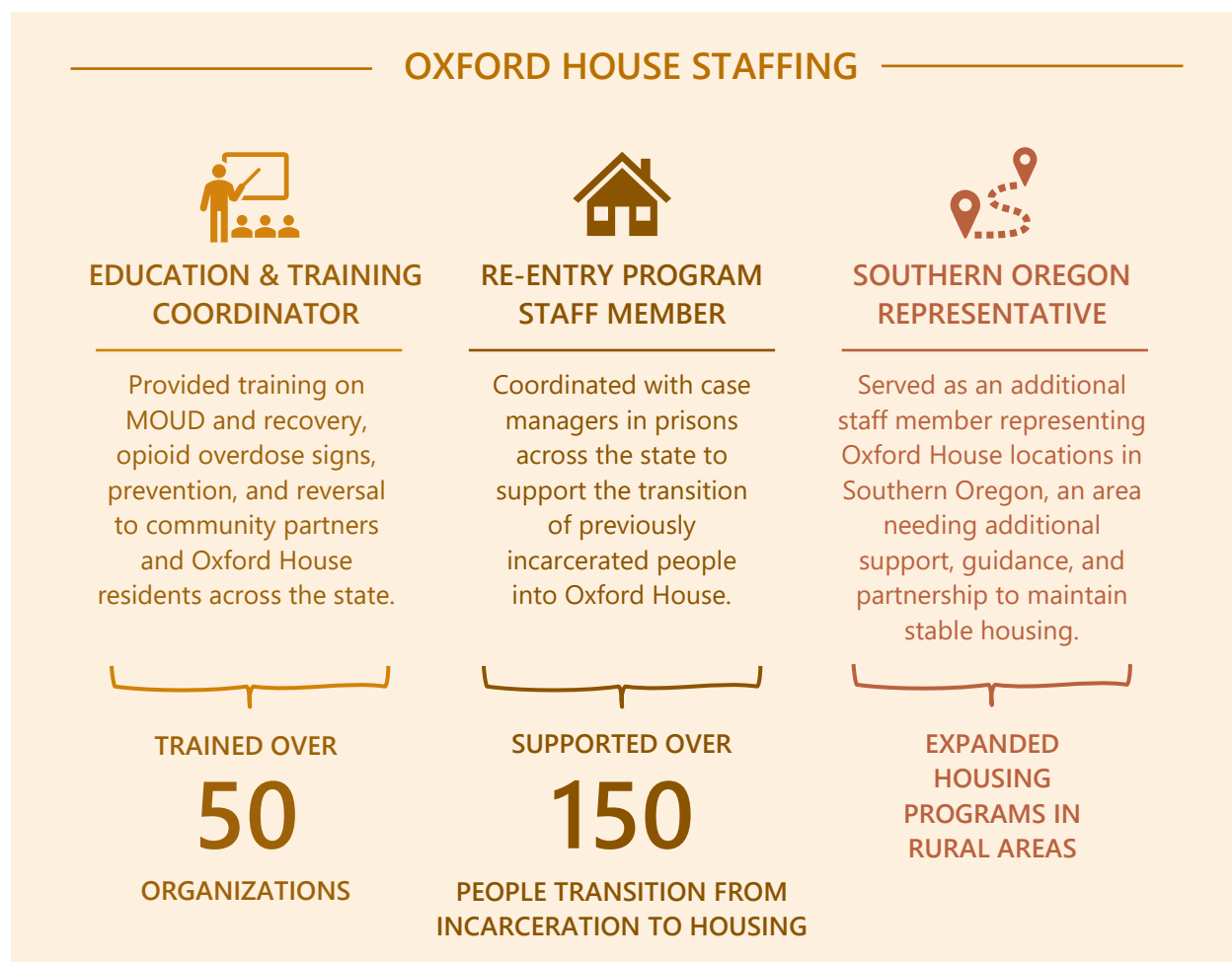
Findings reflect the first year of implementation, from contract start (see [Exhibit 22](#)) through March 2026.

How were OSPTR Board allocated funds used?

Grantees used funds across four primary areas: (1) staffing and workforce development, (2) physical space and capital improvements, (3) programming and activities, (4) direct basic needs support for participants.

Staffing and workforce development. Organizations hired peer support specialists and trained and certified new peer staff. Funding also supported culturally responsive workforce development. For Oxford House, a statewide recovery housing program, grant funding supported three dedicated staff, a training and education coordinator, a reentry coordinator, and a Southern Oregon representative, deepening their existing organizational capacity and extending their reach (see [Exhibit 23](#)).

Exhibit 23. Oxford House Added Dedicated Staff to Expand Capacity and Reach



Recovery grantees shared the impacts of peers and increased staffing:

*"We were able to specifically have somebody that worked directly with the people in incarceration, **making the path to being able to access housing a lot easier, working with case managers throughout the state** from different prisons."*



*"[Peers] are the face, they're the person that's here most of the time. That's a very important job [...] **it's not just like, 'I work at the front desk.' It's like, 'I'm here.'**"*

*"When I came here for the first time, I was coming out of prison with nothing, not even a jacket. The first thing they offered me was, 'Do you want something to eat?' **My first thought was: I want to do your job [as a peer]. Because it feels like home — it feels like something our people need.**"*

Physical space and capital improvements. Uses included securing leases and completing renovations like converting buildings into multiple meeting and office spaces and installing safe bathrooms. Several grantees converted non-clinical spaces into welcoming, flexible community hubs. Others invested in culturally specific design like artwork and cultural objects to reflect the identities of the communities served.

"The capital funds allowed us to convert that entire space from a garage to a center. We were able to get things to make it less clinical and more of a club type of feel— couches, plants. The meeting space is so malleable: we can host recovery meetings, throw events, grill hot dogs for a Super Bowl party."

Recovery Grantee



*New RCC opened through
True Colors Recovery*

Expansive programming and activities. Funds supported peer-to-peer sessions, community events, cultural celebrations, mutual aid meetings, skill-building workshops, harm reduction supply distribution, naloxone training, outreach events, and workforce development trainings. Culturally specific programming like Day of the Dead celebrations, Posadas, Resi-Clause holiday gifts, and Pride events served as both community outreach and core program content, making it visible that centers were built for and by the communities they serve. RCCs offer a blend of

structured programming and informal community space. Grantees described their centers as intentionally offering peer services, recovery meetings, and structured groups alongside unstructured drop-in time where people could simply be present. The informal dimension was central to how people built trust, found belonging, and stayed connected between formal service contacts.

"People come and they watch TV, they watch movies, they drink coffee, they access our internet so they can do job search. People are here all day, all the time, and we want to have our doors open for that."

Recovery Grantee

"The space itself, they walk in, there's chips and salsa on the table. Everybody's hanging out. The music's playing... it's not just a come in and get a chair and, 'Okay, we're going to start group now.' It's just very popping off. It's cool."

Recovery Grantee

Direct basic needs support. Participant assistance included meals, clothing, work uniforms, transportation, bus passes, vehicle maintenance, citizenship fees, mattresses, housing navigation, and emergency items. Staff consistently described these as core recovery services because practical stability directly enables people to sustain recovery.

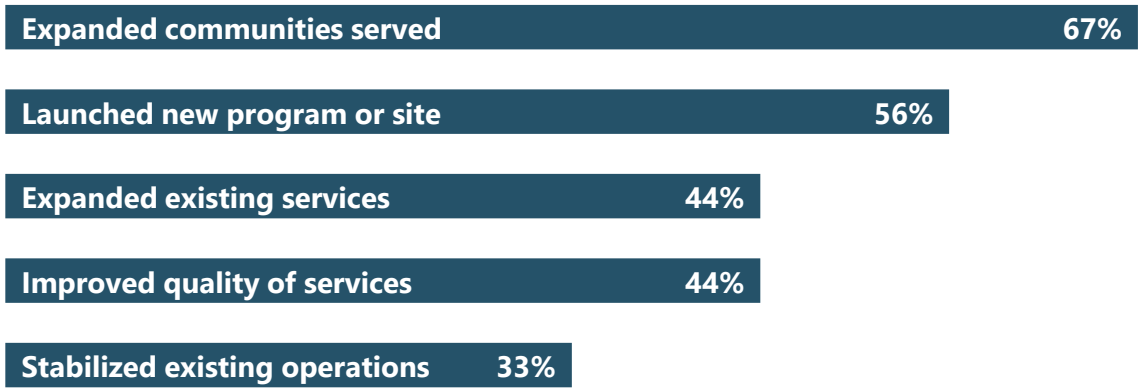
"We've used the funds to help somebody with clothes and work boots, furniture, a mattress, EMT [emergency medical technician] class uniforms, citizenship fees. It's really imperative to have these financial assistance dollars— because when people find recovery, sometimes the things that help them get to the job, or stay in the job, or get a good night's rest— that's helping their long-term recovery."

Recovery Grantee

What happened because of OSPTR Board funding?

Funding enabled grantees to launch or substantially expand services that either did not previously exist in their communities or were critically under-resourced. This funding led to new services in underserved areas, increased participation and community connection, and individual-level changes in clients.

Exhibit 24. Impacts of OSPTR Board Recovery Grantee Funding



Note: Based on 2025 recovery grantee survey question: “Overall, how would you describe what this funding has made possible? Select all that apply.” (N = 9)

New services in underserved areas. Multiple grantees opened RCCs in counties with little to no prior recovery community infrastructure. Several described being the only recovery community space open evenings, weekends, and during holidays— a gap that previously left people in recovery with nowhere to go during times when support is critical.

“The most meaningful impact is bringing connection and recovery to rural Oregon that it didn’t have before— letting people do their own person-centered thing and meeting where they’re at. The funding has been huge for rural Oregon where it’s never really had the services that it has now.”

Recovery Grantee

Increased participation and community connection to recovery services. Grantees serving clients reported robust participation. One center enrolled 19 individuals in peer mentoring within 11 days of launch and processed over 200 referrals and logged more than 600 individual encounters in approximately six months— reflecting both the depth of engagement and the local need. Another center reported drawing in 50-70 attendees in weekly meetings, becoming the largest recovery meeting in the county.

Inspired individual-level changes in clients. Grantees described the deeper value of what RCCs offer clients. Grantees serving clients documented meaningful outcomes across housing, employment, family reconnection, and sustaining recovery.

“Coming from a clinical background, the most important thing I’ve seen is that there are people who have sustained their sobriety longer and more meaningfully than they ever have in their lives because of this place. To me, that’s huge. Those are the outcomes that make me show up every day.”

Recovery Grantee

How did OSPTR Board funding expand existing capacity and effort?

Five grantees opened RCCs in communities their organization previously did not serve. Other grantees expanded or stabilized existing programs by expanding on existing models, increasing community connections, and closing the post-treatment support gap.

Expanding on existing models. Several grantees entered the grant period with an established program model and used OSPTR Board funding to extend into new geographic areas or grow beyond prior capacity. For example, True Colors Recovery adapted their successful Portland-based RCC model to a resource-scarce Southern Oregon county, drawing on existing organizational infrastructure, leadership, and a fiscal partnership with 4D Recovery to begin operations and start serving clients within 30 days.

Increasing community connections. Organizations with staff rooted in the communities they served were able to mobilize partner networks, gain community trust, and launch faster than would have been possible for outside organizations. For culturally specific programs, OSPTR Board dollars provided the resources to formalize and expand what communities had already been doing informally: sharing meals, practicing ceremony, and supporting family and neighbors. The funding gave those efforts stability, staffing, and a physical home.

Closing the post-treatment support gap. Across grantees, a consistent theme was that funding addressed a specific and well-documented gap in the recovery continuum: what happens after treatment when clients often face a sudden drop-off in structured support.

“We need treatment, we need treatment providers, but what do people do after treatment? And this was the question that I asked when I became a counselor more than a decade ago. I was like, ‘Where are these people going to go?’ The meetings are great, but they’re just sporadic throughout the day. And a lot of people don’t have ways and means to get from Point A to Point B. But here, having a center, I saw right away that therapeutic value of one addict helping another.”

Recovery Grantee

What partners were engaged?

Grantees engaged a broad set of partners to support program delivery, expand reach, and connect participants to the full continuum of care. Partner relationships spanned the recovery community, including treatment and behavioral health systems, the legal or carceral systems, Tribal Governments, fiscal sponsors, and community volunteers.

Treatment and behavioral health providers. Grantees established active referral relationships with outpatient and residential treatment providers, mental health centers, sobering centers, and harm reduction organizations. Several worked to streamline referral processes with partner

agencies to reduce administrative barriers to coordination. One organization leased part of its building to an outpatient treatment provider, expanding the continuum of care under one roof.

Criminal legal system. Multiple grantees developed partnerships with parole and probation departments, deflection programs, jails, and prisons.

Tribal Governments and cultural leadership. Programs serving Native American communities described deep integration with Tribal Governments and cultural leadership. Tribal Chairs participated in center openings and provided public endorsement, which grantees described as foundational to credibility and community trust.

Fiscal sponsors. Several newer organizations operated under the fiscal sponsorship of 4D Recovery, which provided administrative infrastructure and advanced access to funds before contracts were executed. This fiscal sponsorship was essential to serving clients quickly.

Community members and volunteers. Clients and community members played an active partner role at many centers, facilitating meetings, volunteering at events, and contributing to operations. Several grantees described this as intentional — positioning the center as belonging to the community, not the organization, cultivated a sense of shared ownership that strengthened engagement.

“It’s amazing how the community pitches in. From Day One, I’ve always said: this is not my center, this is not my drum. Those possession words aren’t even in our language. These are our things. This is our space. Having that mindset, people really chip in. ‘Where’s that mop? Where’s a broom? Let me help.’ Never deny someone the opportunity to be of service.”

Recovery Grantee

What populations were reached?

Grantees served diverse populations across geographic and demographic dimensions. Programs operated without diagnostic or abstinence requirements, making them accessible at all points in the recovery journey.

Rural and geographically underserved communities. Several grantees opened centers in counties with limited prior recovery community infrastructure. As one grantee described, in some communities, few limited resources had existed for years, creating excitement and interest in the new centers. Among grantees that had been serving clients for at least six months, the scale of access was notable. One rural RCC averaged over 100 individuals visiting daily and hosted 184 mutual aid meetings in its first six months.

“I think what I’ve seen is that whereas before there really wasn’t any hope for the people struggling down there[...] So I feel like we’ve brought hope to the culture change that is happening down there.”

Recovery Grantee

People across the recovery continuum, from early to long term recovery. Grantees served people throughout their recovery journeys, from people using drugs accessing harm reduction services to people initiating recovery. Programs are low-barrier, person-centered with no abstinence requirements or clinical intakes. One grantee referred to the front desk as a touchpoint— connecting people to immediate resources, same-day referrals, and social support with a path toward services when clients are ready. Clients in long-term recovery were not only participants in RCC programs, at many centers they were instrumental in building them. Members of the recovery community showed up before doors opened, ran meetings, mentored newcomers, and helped establish the culture of the centers.

“We wouldn’t be the community center that we are right now if it wasn’t for the meetings of Narcotics Anonymous and members in the community that have substantial recovery time coming to our center and giving back to the people and educating individuals on how to navigate early recovery.”

Recovery Grantee

“We work with a wide range of different clients and where they find themselves in their recovery. If it's a harm reduction client, they can utilize the center to be in a warm place— if they are still in active addiction, the goal is to address the harms associated with substance use. A client in short-term to long-term recovery will come and meet their peer, address different goals, get emotional support... This is where the phrase ‘meet the client where they're at’ is really applicable.”

Recovery Grantee

Culturally specific and minoritized communities. Several grantees built programs from within the communities they served, with staff who shared cultural identities and recovery experiences with participants, see **Exhibit 25**. The Miracles Club in Portland serves Black and African American community members through peer support, rooted in shared experience. Painted Horse Recovery in Douglas County centered Native American culture as the foundation of recovery services. El Jardín in Portland and Hillsboro and El Camino Seguro in Medford offer Spanish-language circles designed around the specific cultural context of harm reduction and recovery in Hispanic or Latino/a/x communities.



*Canoe building activity
through Painted Horse
Recovery*



Grantees shared the ways their programs are designed to meet the needs of the communities they serve:

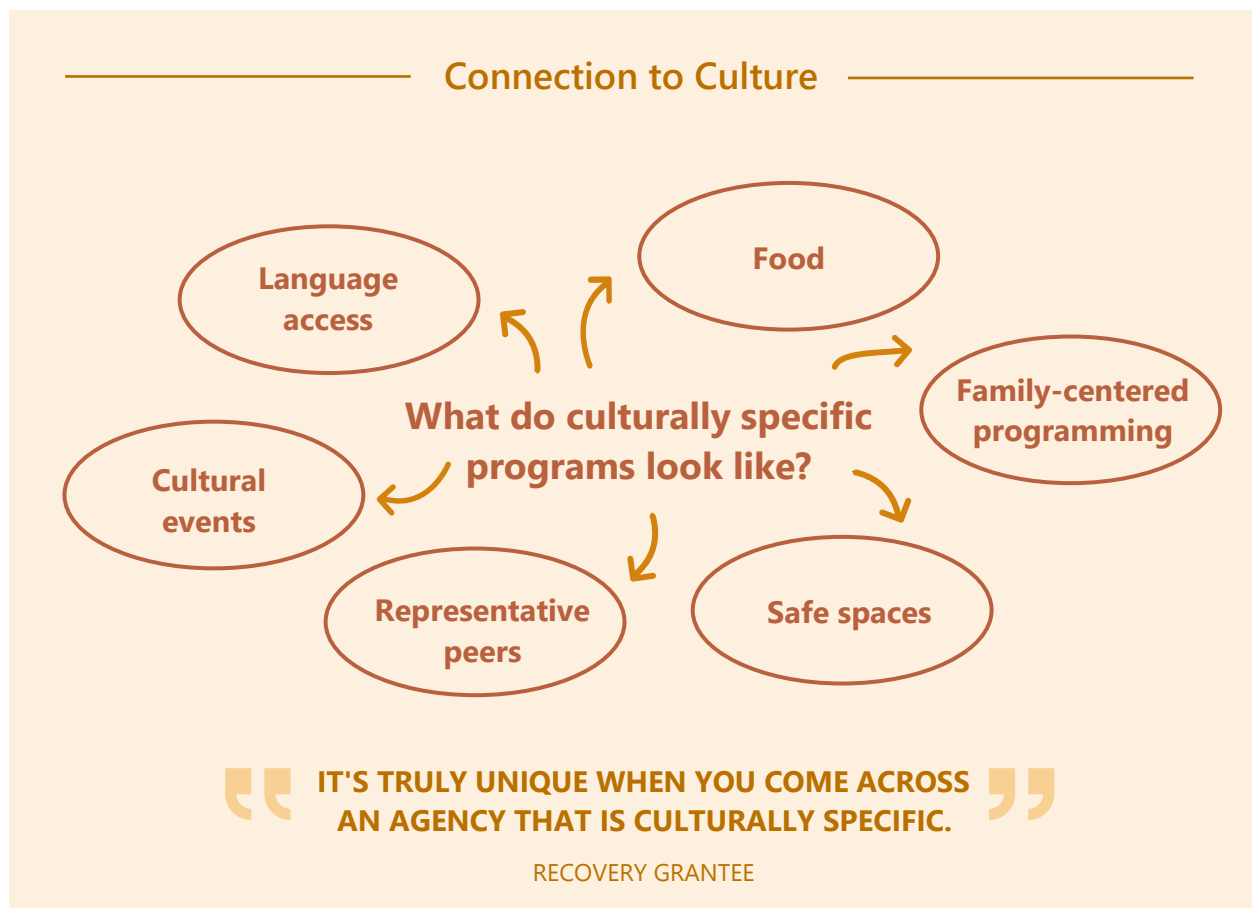


"What I train the mentors on is it should be an individualized approach. Because we all identify as Black or African-American, and Portland is so small, a lot of us go through similar things like the death rate, the shootings, the overdoses. A lot of us already know the same people, so we have a deeper understanding for what each other's going through... I know, from my experience when I had mentors, I connected more with the person that had a similar walk of life as me."

"When we first opened, we noticed that a lot of times women would bring the brother or the husband and say, 'This person needs help.' They would never come alone, it was always with a family member. So, we created this Al-Anon group for the family members to be part of while their person who's struggling with substance abuse goes to the circle, and that has been really effective for us. They all can eat dinner together, and then they go to their individual meeting rooms to do the pieces that resonate the most with them."

"We're able to meet the needs of the Latino community in a way that most places won't be able to understand. We address the social stigma and the cultural taboos tied to recovery services and accessing them — making sure that folks don't feel rejection and shame, but feel in community in these spaces specifically. Our recovery mentors, harm reduction specialists, and case managers are able to really advocate and support our clients in different social settings, but they're still able to come back to the center and feel in community and less isolated."

Exhibit 25. Culturally Specific Recovery Grantees Built Programs Around Shared Identity



Culturally grounded programs open to everyone. A consistent finding across culturally specific grantees was that centering culture and creating an inclusive RCC drew in people from outside that community who had never found a space where they felt they belonged. True Colors Recovery made clear from the start of Rogue Recovery Center that everyone was welcome.

“Right in our logo, it makes us visibly a queer organization. And so, people started to come in and they were able to experience safety in the center, to know that it is a safe place for all. We take an ‘all are welcome, all are wanted, all are needed’ approach. It’s been a beautiful experience that we can all coexist together. We were created on the idea of recovery for everyone, and we absolutely mean it.”

Recovery Grantee

Painted Horse Recovery found their circles and cultural gatherings drew people from across the region, Native and non-Native alike.

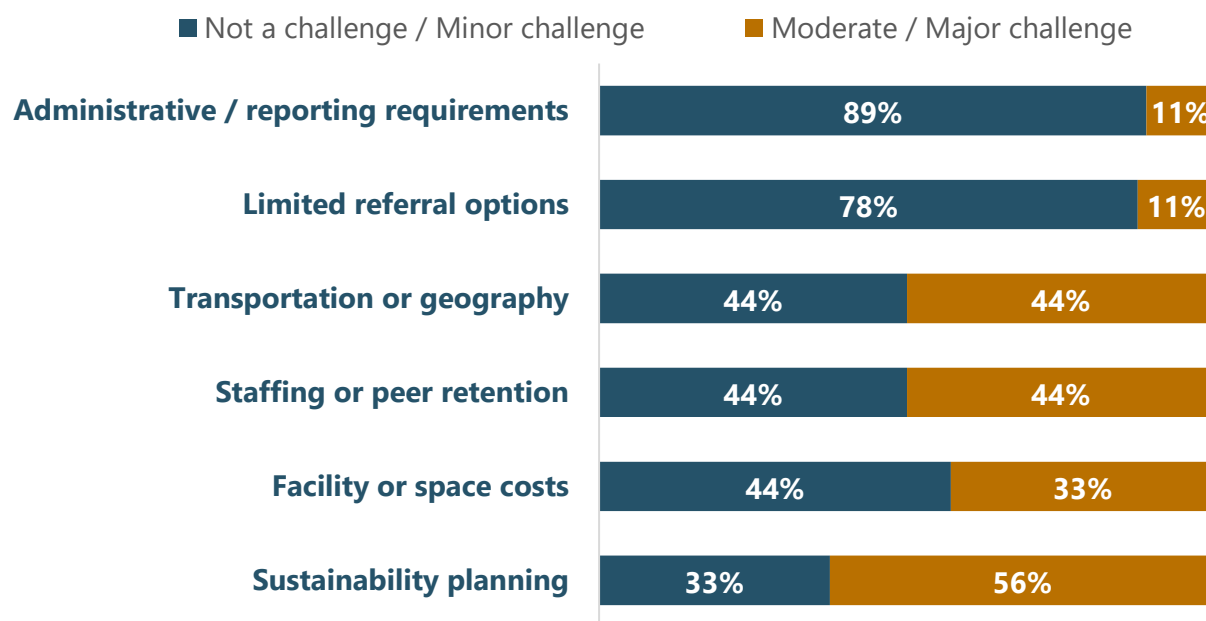
"All of our meetings are culturally based, which means we smudge the circle down, we pray... it's actually a healing ceremony. And there are people that come to our circles, our gatherings, that have never even had a problem with substance use, but they come to the circle for that healing that takes place, because we're all healing from something... the twist on it is, it's cultural, but it's also open to all."

Recovery Grantee

What challenges or barriers did grantees experience?

Grantees identified several recurring challenges across staffing capacity and burnout, community context, and external funding and policy environments.

Exhibit 26. How OSPTTR Board Recovery Grantees Rated Implementation Challenges



Note: Based on 2025 recovery grantee survey question: "How challenging have the following been?" "Not applicable" responses excluded. (N = 9)

Staff capacity and burnout. Most grantees reported operating with small teams, relative to demand. Staff described burnout from the pace and emotional weight of peer support work. Several noted that one or two additional staff members would meaningfully change their ability to sustain operations and expand rural outreach. Several grantees also experienced significant staffing reductions due to federal funding changes that created cascading cuts at the state and local level.

"It can definitely cause burnout within our direct service staff. They're so malleable and things can happen at the drop of a dime. Having one or two more people on staff would really change the game when it comes to feeling that immediate burnout so quickly."

Recovery Grantee

"We're a small team, and how thinly can we stretch without breaking? Figuring out how to safely scale is what we're doing now."

Recovery Grantee

Community level challenges. Grantees identified multiple community-level barriers. For programs serving Hispanic or Latino/a/x communities, fear of immigration enforcement was a significant barrier to new enrollment despite grantees updating security protocols and reinforcing that centers were safe spaces. Other challenges included skepticism or resistance from neighbors and businesses near new centers and the time required to build genuine community understanding and trust.

"One of the things that I am concerned about is that people are going to get the wrong idea of what we're trying to do. A lot of the time when some people hear the word 'recovery,' it leaves a bad taste in their mouth— maybe they think people are going to be actively using, that there's going to be drugs on site. So, a potential challenge is making sure the community knows that's not going to be like that."

Recovery Grantee

"Even when something's new and it's culturally specific, if you don't have rapport or trust in the community, people are not going to come. And so that also takes time. So, in our efforts with doing community outreach, you are building that trust, and there's going to be a little bit of a delay."

Recovery Grantee

Securing physical space. For grantees still establishing centers, finding and securing appropriate spaces was consistently described as the most significant barrier to launching services. Challenges included limited availability of suitable buildings in rural communities, parking constraints, renovation timelines, and zoning considerations.

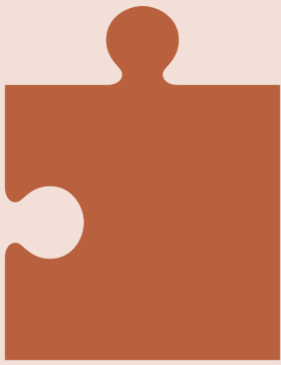
"Finding the right space has been really important— accessible, appropriately sized, non-clinical in feel, and located where the community actually is. Having something for people to come to is going to be the biggest, most crucial piece in what we're doing."

Recovery Grantee

Sustainability and funding. Grantees were uncertain about sustainability after OSPTR Board funding ends and concerned about shifts in the federal funding landscape. Opioid settlement funding filled gaps in communities where recovery resources have been scarce, and where other funding streams are unlikely to expand. For programs serving rural, culturally specific, and otherwise underserved communities, the prospect of funding discontinuation raised questions about program and staff cuts and about the future of people who rely on these services.

“The opioid settlement dollars really kept the program sustainable. Culturally specific programming is very needed and valued [...] I know that there are men and women [accessing] our organization that have been with us for two years that if these dollars went away and we didn't have our doors open, I don't know if they would still be clean and sober or even alive.”

Recovery Grantee



RESEARCH GRANTEE

Between July 1, 2025, and June 30, 2028, two projects delivered by Oregon Health & Science University (OHSU) researchers were funded: 1) Reentry Incentives and Support for Engagement with Contingency Management (RISE-CM) and 2) Chief Resident and Fellows Addiction Medicine Champion Program (CHAMP).

\$723,897

allocated



1

grantee

2

programs



RISE-CM

\$398,297

OHSU is implementing and evaluating RISE-CM, a contingency management (CM) program, to improve post-release engagement in treatment with medications for opioid use disorder (MOUD) and substance use disorder-related outcomes upon community reentry from the Clatsop County Jail. In partnership with Clatsop Behavioral Health and the Clatsop Sheriff's Office, OHSU adapted CM protocols for the jail setting and incentivized participation in outpatient MOUD programs after release.



CHAMP

\$325,600

OHSU created and is evaluating CHAMP to address gaps in addiction care and improve training of residents across specialties. OHSU conducted a needs assessment of current training gaps, developed a curriculum, and recruited chief residents and fellow champions to receive specialized addiction medicine training. OHSU intends for program participants to serve as leaders, educators, and change agents within their clinical specialties, promoting addiction-informed care across OHSU and throughout Oregon.

Funding supported



Staff time



Incentives for CM

FUNDED ACTIVITIES

Funding supported



Staff time



Food and materials

- ✓ Convened a steering committee
- ✓ Conducted qualitative interviews
- ✓ Developed research protocols and surveys
- ✓ Enrolled nine participants

SUCCESSES

- ✓ Developed training sessions
- ✓ Held bi-weekly office hours
- ✓ Held monthly dinners
- ✓ Held lectures and discussions
- ✓ Recruited 13 residents/fellows

To improve RISE-CM, OHSU will:

- ✓ Improve research processes
- ✓ Collaborate with community partners
- ✓ Collect data on key barriers to participation

CHALLENGES

To improve CHAMP, OHSU will:

- ✓ Add additional training
- ✓ Support the development of quality improvement plans
- ✓ Continue office hours and alumni engagement

RESEARCH GRANTEE

BACKGROUND

In November 2023, the OSPTR Board outlined the following goals for the research and evaluation portion of funds:

- **Develop and support a unified and evidence-based state system** for collecting, analyzing, and publishing data on the availability and efficacy of substance use prevention, treatment, and recovery services statewide.
- **Support efforts to understand the extent of the opioid epidemic** and to explore how to abate it through research, data collection and evaluation, non-opioid chronic pain research, novel harm reduction and prevention efforts, innovative supply-side enforcement efforts, epidemiological surveillance, and geospatial analysis.
- **Assess impact** of allocation strategies by investing in comprehensive evaluation.

Funded Programs

Between July 1, 2025, and June 30, 2028, two projects delivered by OHSU researchers were funded: 1) Reentry Incentives and Support for Engagement with Contingency Management (RISE-CM) and 2) Chief Resident and Fellows Addiction Medicine Champion Program (CHAMP).

Reentry Incentives and Support for Engagement with Contingency Management

OHSU was allocated \$398,297 by the OSPTR Board to implement RISE-CM, with Dr. Linda Peng providing an additional \$68,709 of in-kind time. Through RISE-CM, OHSU is implementing and evaluating a contingency management (CM) program to improve post-release engagement in MOUD and improve SUD-related outcomes among individuals re-entering the community from the Clatsop County Jail. In partnership with Clatsop Behavioral Healthcare and the Clatsop Sheriff's Office, OHSU adapted CM protocols for the jail setting and incentivized participation in outpatient MOUD programs after release.

Chief Resident and Fellows Addiction Medicine Champion Program

OHSU was allocated \$325,600 by the OSPTR Board to implement CHAMP, a program OHSU created and is evaluating to address gaps in addiction care and improve training of residents across specialties. OHSU conducted a needs assessment of current training gaps, developed a curriculum, and recruited chief residents and fellow champions to receive specialized addiction medicine training. OHSU intends for program participants to serve as leaders, educators, and change agents within their clinical specialties, promoting addiction-informed care across OHSU and throughout Oregon. If successful, OHSU hopes to expand the program to other health care professionals, impacting the statewide physician workforce into the future.

DATA COLLECTION & ANALYSIS

OHSU submitted progress reports based on identified program monitoring questions to Comagine Health.

FINDINGS

Reentry Incentives and Support for Engagement with Contingency Management

How were OSPTR Board allocated funds used?

For RISE-CM, funding supported OHSU research staff time, SUD counselors at Clatsop Behavioral Healthcare staff time, and gift card incentives for CM.

What happened because of OSPTR Board funding?

During the funding period, OHSU:

- **Convened a steering committee** of Clatsop County Jail and Clatsop Behavioral Healthcare staff to adapt a CM intervention for people with OUD reentering the community from jail, with the goal of improving retention on MOUD upon release.
- **Conducted qualitative interviews** with individuals with lived experience of incarceration and OUD to inform the intervention.
- **Developed research protocols and surveys** to evaluate the intervention's effectiveness, while maintaining rigorous research ethics standards.
- **Enrolled nine participants** who are currently engaging in the RISE-CM intervention.

OHSU aims to enroll 100 participants over a 12-month period and evaluate the effectiveness of the CM program.

How did OSPTR Board funding expand existing capacity and effort?

This funding built on Clatsop County's existing infrastructure to support the health of individuals with SUD who are incarcerated.

Before this funding, Clatsop County Jail and Clatsop Behavioral Healthcare partnered to implement an MOUD program in the jail, which integrated a peer, nurse, and counselor and supported transition planning after release for people being treated with MOUD.

Despite their efforts, county partners faced persistent challenges in retaining people in treatment and keeping them engaged with MOUD after release. RISE-CM aims to address those gaps and strengthen retention in care through CM.

What partners were engaged?

- **Clatsop County Jail staff:** jail commander, jail sergeants, and the MOUD program staff (nurse, counselor, and peer).
- **Clatsop Behavioral Healthcare staff:** peers, peer counselors, and behavioral health care leadership.

What populations were reached?

Adults incarcerated at Clatsop County Jail who are receiving MOUD.

What challenges or barriers did grantees experience?

OHSU is working to:

- **Improve the efficiency of research processes,** particularly consent and survey administration.
- **Collaborate with community partners** to strengthen recruitment so that all eligible individuals are offered an opportunity to participate in the program.
- **Collect data on key barriers** to program participation to address them.

Chief Resident and Fellows Addiction Medicine Champion Program

How were OSPTR Board allocated funds used?

CHAMP is a first-of-its-kind training program to build addiction medicine CHAMPions (CHAMP participants) among chief residents and fellows across diverse disciplines. Funds were used to:

- **Support faculty and staff time** to develop and implement CHAMP.
- **Provide food and materials** for in-person events.

What happened because of OSPTR Board funding?

Core activities include subspecialty-specific, addiction medicine education, longitudinal mentorship, and community of practice facilitation through monthly dinner meetings. Specifically, funding allowed OHSU to:

- **Recruit 13 chief residents and fellows** across diverse disciplines from OHSU's hospital and the Hillsboro Medical Center. Chief residents and fellows are leaders in direct patient care and provide physician education.



CHAMPions and faculty from Internal Medicine, OB-GYN, Family Medicine, Psychiatry, at OHSU and Hillsboro Medical Center.

- **Develop education sessions** to improve evidence-based education and clinical implementation, advancing care for people with SUDs across Oregon.
- **Develop two full-day trainings** focused on building CHAMPions' addiction medicine-focused clinical, educational, and leadership skills.
- **Hold bi-weekly office hours** for powerful, at-the-elbow support in evidence-based addiction care.
- **Hold monthly dinners** to support long-lasting, interdisciplinary relationships to promote learning, collaboration, and coaching over time.
- **Invite addiction faculty to join department-specific lectures** and case discussions about substance use to help change attitudes and improve care for people with SUDs.



CHAMP monthly dinner

Full-day trainings included:

- ▶ Small group, case-based education to improve knowledge application and integration into clinical practice.
- ▶ Workshops on harm reduction and naloxone administration to decrease fatal overdose.
- ▶ Workshops on implementing education into daily clinical practice to build skills.
- ▶ Q&A with peers to learn from those with lived experience with SUD.

CHAMPions reported improved confidence and skills to deliver SUD care and provide addiction-focused training. They also gave lectures and bedside teaching across inpatient, outpatient, and diverse community settings (e.g. Planned Parenthood and psychiatry supervision) on wide-ranging topics tailored to their disciplines (e.g. MOUD, medications for alcohol use disorder (AUD), and perinatal trauma-informed SUD care).

"I have a better understanding of fundamentals of SUD care that has made significant change in how I explain plan/treatment to patients"

CHAMP Participant

How did OSPTR Board funding expand existing capacity and effort?

This funding builds on OHSU Improving Addiction Care Team's (IMPACT) experience developing and evaluating innovative programs and training non-addiction specialists to implement best practices in addiction care. OHSU is recruiting for the next CHAMP cohort and is developing a plan to incorporate CHAMP alumni – in response to interest from current CHAMPions. In the future, this program will improve providers' abilities to care for people with SUDs across Oregon.

What partners were engaged?

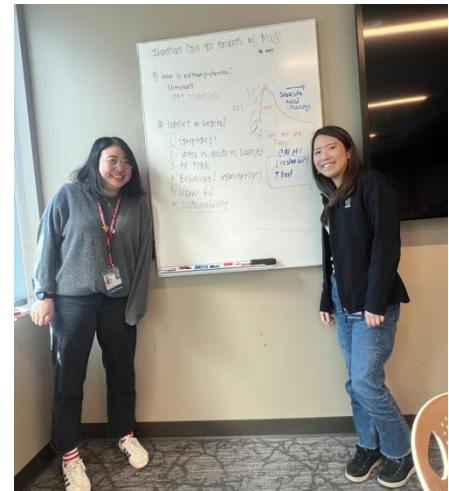
Peers, social workers, doctors, and other addiction medicine specialists from OHSU's IMPACT program bring connection and support to hospitalized patients with SUDs.

What populations were reached?

13 chief residents and fellows from diverse subspecialties including OB/GYN, dentistry, family medicine, internal medicine, and psychiatry participated in CHAMP.

By training specialty-specific SUD CHAMPions, the program has:

- **Reached hundreds of medical trainees and faculty** across OHSU and the greater community through CHAMPions' teaching, case conferences (e.g. morbidity and mortality conferences), and formal lectures tailored to their specialty on topics they learned in CHAMP.
- **Initiated research and quality improvement projects** to improve specialty-specific SUD care (e.g. standardizing electronic health record documentation to promote evidence-based care).
- **Directly improved patient care.**



CHAMPions develop and give SUD educational workshop

"I have better patient interactions because of CHAMP."

CHAMP Participant

What challenges or barriers did grantees experience?

Although specific challenges were not noted, to continue to develop and improve CHAMP, OHSU will:

- Add an additional full-day, in-person training to the upcoming September 2026 cohort, totaling three days of training.
- Invite CHAMP alumni to CHAMP dinners.
- Continue office hours to sustain real-time teaching and educator support.
- Support CHAMPions to develop local, specialty-specific, quality improvement projects.
- Move the didactic, CHAMPion-developed SUD-focused talks earlier in the year.



Small group case-based learning

APPENDIX A: PRIMARY PREVENTION GRANTEES

Grantee	Amount
County Alcohol and Drug Prevention Education Programs (ADPEPs): Evidence-based primary prevention capacity and workforce enhancement	\$9,500,000
▶ New Directions NW Inc (Baker)	▶ \$81,426.00
▶ LPHA - Benton County Health Services	▶ \$201,294.00
▶ Clackamas County-Children, Family and Community Connections	▶ \$619,701.00
▶ LPHA - Clatsop County	▶ \$126,341.00
▶ LPHA - Columbia County Public Health	▶ \$142,487.00
▶ LPHA - Coos County Health and Wellness	▶ \$182,980.00
▶ LPHA - Crook County Health Department	▶ \$99,482.00
▶ Curry County Juvenile Department	▶ \$102,128.00
▶ LPHA - Deschutes County Public Health	▶ \$342,657.00
▶ ADAPT (Douglas)	▶ \$260,659.00
▶ LPHA - Gilliam County Public Health	▶ \$57,753.00
▶ Grant County - Community Counseling Services	▶ \$72,420.00
▶ Symmetry Care (Harney)	▶ \$66,289.00
▶ Hood River County - Prevention Dept.	▶ \$122,475.00
▶ LPHA - Jackson County	▶ \$408,898.00
▶ BestCare Treatment Services (Jefferson)	▶ \$128,941.00
▶ Josephine County Prevention & Treatment Services	▶ \$228,848.00
▶ Klamath Basin Behavioral Health	▶ \$204,313.00
▶ LPHA - Lake Health District	▶ \$78,642.00
▶ LPHA - Lane County Public Health	▶ \$641,795.00
▶ LPHA - Lincoln County Health and Human Services	▶ \$151,328.00
▶ Linn County Alcohol and Drug Program	▶ \$292,501.00
▶ Lifeways, Inc. (Malheur)	▶ \$157,884.00
▶ LPHA- Marion County	▶ \$896,132.00
▶ Morrow County - Community Counseling Services	▶ \$110,992.00
▶ Multnomah County- Behavioral Health Div.	▶ \$1,382,731.00
▶ Polk County	▶ \$199,272.00
▶ Sherman County - Prevention Program	▶ \$99,317.00
▶ Tillamook Family Counseling Services	▶ \$116,598.00
▶ LPHA - Umatilla County	▶ \$252,710.00
▶ LPHA - Center for Human Development (Union)	▶ \$98,936.00
▶ Building Healthy Families (Wallowa)	▶ \$70,615.00
▶ Wasco County - Youth Think	▶ \$99,317.00

▶ Washington County Health and Human Services	▶ \$1,086,688.00
▶ Wheeler County- Community Counseling Services	▶ \$55,869.00
▶ LPHA - Yamhill County HHS-Public Health	▶ \$259,583.00
Community-based organizations: Increase community and culturally and/or linguistically specific/responsive capacity for primary prevention	\$3,756,000
Promoting Healthy Outcomes with Culturally Unique Solutions (PHOCUS) Grant recipients	\$2,476,000
▶ De Rose Community Bridge and Holistic Wellness	
▶ Doulas Latinas International	
▶ Latino Network	
▶ The Next Door, Inc.	
▶ Todos Juntos	
▶ Ukrainian Foundation	
▶ Upstream Public Health	
▶ Family Nurturing Center	
▶ Red Lodge Transition Services	
▶ Marshallese American Network for Interacting Together	
▶ Native American Youth & Family Center (NAYA)	
▶ Filipino Bayanihan Center	
▶ Tayas Yawks	
Regional Health Equity Coalitions (RHECs)	\$1,280,000
▶ Eastern Oregon Health Equity Alliance (Malheur, Umatilla, Morrow and Union Counties)	▶ \$160,000.00
▶ Linn Benton Lincoln Health Equity Alliance (Linn, Benton, and Lincoln Counties)	▶ \$160,000.00
▶ Mid-Columbia Health Equity Advocates (Hood River and Wasco Counties)	▶ \$160,000.00
▶ Oregon Health Equity Alliance (Clackamas, Multnomah, and Washington Counties)	▶ \$160,000.00
▶ Regional Health Equity Coalition of Marion, Polk and Yamhill Counties (Marion, Polk and Yamhill Counties)	▶ \$160,000.00
▶ RISE (Regional Intersectional System-change for Equity of the Umpqua and Willamette Valley Lane and Douglas Counties)	▶ \$160,000.00
▶ SO Health-E (Jackson and Josephine Counties)	▶ \$160,000.00
▶ South Coast Equity Coalition (Coos and Curry Counties)	
Oregon Council for Behavioral Health: Train and certify 100 certified prevention specialists (two cohorts of 25 per year for two years)	\$450,000
▶ Conducted two trainings: Core Competencies and Community Mobilization	

This report was prepared by Comagine Health (Alexis Cooke, Danielle Good, Stephanie Pustejovsky, Ariel Slifka, and Erin Stack), funded by Oregon Health Authority as part of Oregon's opioid settlement administrative funding. Comagine Health staff worked in partnership with Oregon Health Authority to develop data collection processes and collate information presented in this report.



The Oregon Health Authority administers the Opioid Settlement Prevention, Treatment and Recovery (OSPTR) fund, supports the Board, and manages Board-funded programs.

➤ [Oregon.gov/opioidsettlement](https://oregon.gov/opioidsettlement)



Comagine Health's Research and Evaluation Team informs program, practice, and policy improvement at the organizational, local, state, and national level. With our partners, we work to improve health and create a better health care system so that people and communities will flourish.

➤ <https://comagine.org/service/research-evaluation>