



OREGON HEALTH AUTHORITY  
OVERDOSE RESPONSE TEAM  
LISTENING SESSION SUMMARY

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Version 2.0  
July 2024

Dear Colleague,

The Oregon Health Authority is grateful for your continuing efforts and support as we respond to the opioid/polysubstance and overdose crisis and address its disproportionate impacts on Tribal communities, communities of color and communities experiencing low income across the state. In late 2023 and early 2024, OHA held a 90-day cross-division focused effort to undertake four [Goals for Immediate Action](#), including enhancing naloxone distribution, public communications and prevention messaging and increasing harm reduction services. As a core part of this effort, OHA completed a first round of ongoing statewide listening sessions where providers, partners, and members of impacted communities shared insights about the crisis and provided recommendations on how OHA can improve its response.

Listening session participants' invaluable feedback, summarized in the following report, is already being used by OHA to enhance current and future efforts. Hearing requests to increase the availability of naloxone based on evolving community needs, the Save Lives Oregon Harm Reduction Clearinghouse is providing a \$1 Million "Focused Naloxone Distribution Effort" for participating organizations that have spent their supply budget. Following recommendations to share program successes, OHA and Measure 110 Behavioral Health Resource Networks will continue to [promote examples of new and expanded Substance Use Disorder \(SUD\) treatment and withdrawal management services throughout Oregon](#).

Feedback from the listening sessions is also informing OHA's longer-term strategies. Streamlining the intake process and eliminating administrative burden for partners were consistent listening session themes and will shape future priorities. Feedback on the importance of peer support services, particularly in connection to care coordination of Medication Assisted Treatment (MAT), as well as primary prevention, will be focus areas for overdose response efforts. OHA recently completed additional community-focused listening sessions (see Appendix A), and the feedback from these sessions will further refine our work to ensure our statewide approach is meaningfully focused on eliminating health inequities that are unfair, unjust and avoidable.

We want to close by reaffirming our gratitude to listening session participants for your commitment and critical insights, and we look forward to continued collaboration to support the health of all Oregonians.

Respectfully,

Ebony Clarke, Cara Biddlecom, and David Baden

## I. Background

Low cost and widespread availability of illicit fentanyl and other substances, layered on centuries of inequitable access to housing, health care, employment and education due to systemic racism and oppression has led Oregon to the current opioid/polysubstance and overdose crisis with disproportionate impacts on Tribal communities, communities of color, and people experiencing low income. The Oregon Health Authority (OHA) has responded with the Overdose Response Team (ORT) [Goals for Immediate Action](#). These four goals include: **1) engaging communities for action, 2) adjusting naloxone distribution, 3) enhancing public awareness and education, and 4) increasing outreach, harm reduction and access to treatment.**

For ORT Goal 1, in November and December 2023, OHA held statewide listening sessions to speak directly with behavioral health (BH) service providers and impacted community members. Following each listening session, a summary of comments and related next steps was compiled and shared with participants for feedback. These summaries were then analyzed to identify recurring issues raised by participants and related opportunities to improve OHA's overdose response. Additionally, feedback from a public health partner listening session is included in this summary report.

Eight key tactics emerged as opportunities for OHA to enhance its overdose response:

- A. Expand Naloxone Provider Network and Optimize Allocation Based on Evolving Need
- B. Communicate Substance Use Disorder (SUD) Program Success to Promote Awareness and Increase Transparency

- C. Develop Culturally and Linguistically Responsive Materials Focused on, Education, Prevention and Resource Promotion
- D. Support Behavioral Health (BH) Workforce Retention Through Streamlining Oversight and Targeted Investments
- E. Removing SUD-Specific Barriers to Housing and Prioritizing SUD-Focused Development
- F. Expand Peer Support and Eliminate Clinical, Billing, or Other Barriers to Service Integration
- G. Improve Access/Continuity of SUD Services During Incarceration and Reentry
- H. Expand and Enhance Intentional Collaboration Across the Care Delivery System

## II. Key Tactics

Each key tactic summarizes a recurring issue raised by participants and specific opportunities to enhance OHA's overdose response SUD service provision.

### **A. Expand Naloxone Provider Network and Optimize Allocation Based on Evolving Need**

Naloxone remains a vital tool for preventing opioid overdose deaths. Opportunities to improve naloxone provision through the Save Lives Oregon Harm Reduction Clearinghouse include expanding eligibility thresholds for Local Public Health Authorities (LPHAs) to receive naloxone, reducing the financial burden of procuring naloxone, and optimizing naloxone allocation based on changing needs.

### **B. Communicate SUD Program Success to Promote Awareness and Increase Transparency**

Clearly communicating program accomplishments is critical to program success. Opportunities to improve communication include sharing success stories about effective programming, Behavioral Health Resource Network (BHRN) services impacts, managing expectations around M110, and increasing awareness around the specific benefits of harm reduction.

### **C. Develop Culturally and Linguistically Responsive Materials Focused on Education, Prevention and Resource Promotion**

Education materials based in evidence, and culturally and linguistically tailored to impacted communities are critical for overdose prevention. Opportunities exist to improve overdose prevention include education for at-risk populations including youth and people experiencing generational substance use disorder; identification of available resources and associated providers; and demystification of harm reduction and associated stigmas.

### **D. Support BH Workforce Retention Through Streamlining Oversight and Targeted Investments**

Oregon's BH workforce is in crisis due to challenges in recruitment and retention and key gaps in cultural competence and language proficiency. Opportunities to support the BH workforce include reducing administrative burden, allowing more flexibility in how funds are spent, and supporting key staff like the overdose prevention coordinator role.

### **E. Removing SUD-Specific Barriers to Housing and Prioritizing SUD-Focused Development**

Access to stable housing is a critical element of effective overdose prevention and treatment for SUD. Opportunities to improve access to housing include clarifying or removing funding restrictions and barriers that limit housing access for people with SUD, building more long-term transitional and recovery residences, and conducting an economic analysis on future funding strategy.

### **F. Expand Peer Support and Eliminate Clinical, Billing, Other Barriers to Service Integration**

Peers play an essential role connecting people to services, constitute a critical community supporting people who use drugs, and are in demand. Opportunities exist to improve the integration of peer services by streamlining or waiving clinical certification/experience requirements; providing clarity on billing for peer services; and providing guidance on peer service provision in correctional settings.

### **G. Improve Access/Continuity of SUD Services During Incarceration and Reentry**

Individuals exiting incarceration have an overdose risk 10X the general population. Opportunities exist to improve SUD support during/following incarceration including proactive insurance coverage and provider assignments, transitional harm reduction services, and increased Medication-Assisted Treatment (MAT) access.

**H. Expand and Enhance Intentional Collaboration across the Care Delivery System**

Oregon’s BH System of care can be strengthened through increased formal coordination between government (Governor’s office and Counties), OHA, Tribal, and community providers across the care continuum. Opportunities exist to improve coordination through intentional gatherings, centralized reporting, and formalized coordination anchored in accountability and equity.

**III. Mapping to 90-Day ORT Goals**

In November 2023, OHA began a 90-day implementation of four ORT Goals for Immediate Action, the first of which to host the statewide listening sessions. The table below shows how six of the eight tactics from the listening sessions map to the ORT goals and will help guide planning next steps and future action.

90-Day ORT Goals	Listening Session Key Tactics
1. Engage communities for action	H. Expand & Enhance Intentional Collaboration Across the Care Delivery System
2. Adjust naloxone distribution	A. Expand Naloxone Provider Network and Optimize Allocation Based on Evolving Need
3. Enhance public awareness and education	B. Communicate SUD Program Success to Promote Awareness & Increase Transparency C. Develop Educational Materials for Specific At-Risk Populations and to Improve Awareness of Key Resources

4. Outreach, harm reduction and access to treatment	<p>F. Expand Peer Support and Eliminate Clinical/Correctional, or Billing Barriers to Effective Service Integration</p> <p>G. Improve Access/Continuity of SUD Services During Incarceration and Reentry</p>
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The remaining two tactics that did not align to an ORT goal included, **D) Support BH Workforce Retention Through Streamlining Funding/Clinical Oversight**, and **E) Removing SUD-Specific Barriers to Housing & Prioritizing SUD-Focused Development**. In all the listening sessions, administrative burden, which is part of Tactic D, was a consistent issue flagged for next step follow-up. Tactic E, housing, continues to be a prominent issue that should also be considered as part of future strategy.

#### IV. Next Steps Identified During Listening Sessions

Listening session attendees were provided, after each session, a summary of the discussion including a *Next Steps* section. The table below illustrates how these Next Steps from each listening session aligns to the ORT Goals for Immediate Action and/or Key Tactics.

Listening Session	Next Steps
Eastern Oregon (December 13, 2023)	<ul style="list-style-type: none"> <li>• OHA staff to work with OHA communications team on public materials clarifying harm reduction definitions (<b>Goal 3, Tactic C</b>)</li> <li>• OHA Behavioral Health staff are looking into current intake rules at the point of entry to treatment (<b>Tactic D</b>)</li> </ul>
Lane and Douglas Counties (November 15th, 2023)	<ul style="list-style-type: none"> <li>• OHA staff to work with OHA communications team on elevating M110 success stories in communities (<b>Goal 3, Tactic B</b>)</li> </ul>

	<ul style="list-style-type: none"> <li>• OHA Behavioral Health staff are looking into current rules at the point of entry to treatment <b>(Tactic D)</b></li> </ul>
Southern Oregon (November 9th, 2023)	<ul style="list-style-type: none"> <li>• OHA to share positive stories from BHRN partners to demonstrate impact of measure 110 funding <b>(Goal 3, Tactic B)</b></li> <li>• OHA staff to work on alleviating administrative burden tied to multiple funding sources <b>(Tactic D)</b></li> </ul>
Mid-Willamette (November 8th, 2023)	<ul style="list-style-type: none"> <li>• OHA staff to work with OHA communications team on elevating success stories in communities <b>(Goal 3, Tactic B)</b></li> <li>• OHA staff to work on alleviating administrative burden tied to multiple funding sources <b>(Tactic D)</b></li> <li>• Identify ways to support primary prevention (Tactic C)</li> </ul>
Portland Metro (October 25th, 2023)	<ul style="list-style-type: none"> <li>• OHA Behavioral Health staff are looking into current rules at the point of entry to treatment to see what might be adjusted or streamlined to remove barriers identified <b>(Tactic D)</b></li> <li>• OHA’s Public Health Division is following up to determine how OHA can provide additional training for prevention partners</li> </ul>

## V. Tribal and Community-Focused Listening Sessions

In addition to the listening sessions summarized above, OHA hosted additional opportunities to hear from Tribal communities, and other culturally specific communities experiencing disproportionate impacts of fentanyl/overdose in Oregon. In December 2023, OHA’s Office of Tribal Affairs conducted listening sessions with impacted tribal communities. From March through May 2024, OHA conducted five additional community-specific listening sessions whose feedback is summarized in Appendix A.



## Appendix A

Oregon Health Authority conducted five additional community-specific listening/information sessions in Spring 2024, partnering with the Native Public Health Coalition on March 13; the African American & Black Behavioral Health Providers Group on March 26; the Coalition of African & African American Pastors/Imams on April 5; the Black COVID Strategy Group on May 22; and the Multnomah County REACH/ACHIEVE Coalition on May 23.

Over 350 community members participated across the five sessions, discussing several of the Key Tactics (section II) from the statewide listening sessions, but also identifying additional needs and priorities. Additional community-specific themes raised by participants are captured below:

- **Expand partnerships and funding to community-based organizations:** Participants noted that Measure 110 funding provided the African American/Black community with critical resources and funding, enabling organizations that serve communities of color to demonstrate that they can interrupt the addiction cycle and ultimately decrease overdoses. Funding for these organizations, particularly smaller community based organizations (CBOs), must continue to equitably address the overdose crisis.
- **Prioritize the African American/Black community:** Participants voiced concern that Black people will be disproportionately harmed following changes to Measure 110 in the 2024 legislative session, and that the Winter 2024 downtown fentanyl response plan was not designed to benefit African American/Black communities. Participants expressed concern that focusing only on downtown Portland leaves out many people in the Black community most impacted by fentanyl/overdose.
- **End systematic racism and trauma:** Participants described drug use as a response to systemic racism and violence, and that more focus is needed to heal racial trauma in culturally-appropriate ways and address “escapism” in drug use.

- **Hear directly from people who use drugs:** Participants emphasized the need to hear directly from people who use drugs because their input is essential to design and implement successful solutions.
- **Utilize faith leaders as a resource:** Participants requested that OHA increase collaboration with faith leaders and provide them with the tools needed to serve their communities.
- **Enhance and expand culturally-specific services:** Participants noted a critical need to invest in prevention and treatment programs that eliminate stigma and address issues from a culturally and linguistically-responsive lens.
- **Clearly communicate and share critical resources:** Participants requested information on a variety of different resources including harm reduction, organization and workforce funding, and crisis management training.

As with the previous statewide listening sessions, OHA shared a summary of community-specific listening sessions with attendees, including Key Next Steps and recommendations. The table below recaps Next Steps from each listening session.

Listening Session	Next Steps
Native Public Health Coalition (March 13, 2024)	<ul style="list-style-type: none"><li>• In October 2024, OHA will follow up with Healthier Together Oregon regarding their Community Health Workers (CHW) scholarships.</li><li>• OHA Behavioral Health Division will confirm if BHRN providers can cover services for grief support circles.</li><li>• OHA will circulate its naloxone administration video to Tribal communities once finalized.</li></ul>

	<ul style="list-style-type: none"> <li>• OHA will explore opportunities for partnership on an Urban Native Opioid Summit or meeting.</li> </ul>
<p>African American &amp; Black Behavioral Health Providers (March 26, 2024)</p>	<ul style="list-style-type: none"> <li>• OHA will follow up on ways to build a more culturally specific workforce including trainings.</li> <li>• OHA will seek ways to productively re-engage with Multnomah County on SUD service challenges facing the African American/Black community.</li> <li>• OHA will ensure its M110 team received the feedback from this forum specifically on the importance of long-term funding for African American/Black serving community organizations.</li> </ul>
<p>Coalition of African &amp; African American Pastors/Imams (CAAAP) (April 5, 2024)</p>	<ul style="list-style-type: none"> <li>• OHA will create a plan of action based on the conversations, and then will reach out to CAAAP to review the plan.</li> <li>• OHA will work with CAAAP to explore resources for supporting Soul-to-Soul and Trauma Healing events.</li> <li>• OHA will share how they measure success for organizations receiving funding.</li> <li>• OHA will share resources regarding rental assistance and other supports to prevent houselessness (e.g., Miracles Club and Fresh Out Community Based Reentry Program).</li> </ul>
<p>Multnomah County REACH/ACHIEVE Coalition (May 23, 2024)</p>	<ul style="list-style-type: none"> <li>• OHA will share the OregonBuys webinar that provides step-by-step information on how to utilize the platform.</li> </ul>

	<ul style="list-style-type: none"><li>• OHA will share funding and training and technical assistance opportunities that are currently available to CBOs.</li><li>• OHA will identify opportunities for CBOs to provide input into new funding allocation through the Opioid Settlement Prevention, Treatment and Recovery (OSPTR) Advisory Board with a focus on reducing barriers for new CBOs to be eligible for funding.</li><li>• OHA will clarify OSPTR Board decision making process related to federally-recognized Tribes and why funding is only one-time.</li><li>• OHA will share the names of CBOs that have received funding to support immigrants and refugees.</li><li>• OHA will increase awareness of currently available community resources, including prevention activities with youth and families.</li><li>• OHA will support closer collaboration between hospital systems and overdose prevention and response efforts.</li><li>• OHA will continue to work with REACH/ACHIEVE Coalition to host additional information and planning sessions to review data, address questions, and plan action steps.</li></ul>
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