CLACKAMAS COUNTY

OFFICE OF THE COUNTY ADMINISTRATOR
PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

MEMORANDUM

TO: Clackamas County Board of County Commissioners
Gary Schmidt, County Administrator

RE: Recovery Campus Funding Options: Implications for Opioid and Metro Administrative Funding

DATE: November 12, 2025

REQUEST: Board direction on which financing sources to pursue for the Recovery Campus.

Staff provided a design update and review of the financial plan for the Recovery Campus on Tuesday, November 4. Today staff will provide the Board with a full overview and presentation on two funding sources under consideration for use in this project: Opioid Settlement Funds and Supportive Housing Services Metro administrative funds.

1. Recovery Campus Financial Plan and Options - Cindy Becker and Mary Rumbaugh

Staff will review the existing financial plan, costs, resources and funding options. See **Attachment A** Recovery Campus Financial Plan policy session worksheet and supporting documents.

2. Opioid Settlement Funding Update – Mary Rumbaugh and Kim La Croix

Staff will review the existing allocations, partners and outcomes of the Opioid Settlement Funds. See **Attachment B** Opioid Settlement Funding Update policy session worksheet and supporting documents.

3. Request for Supportive Housing Services (SHS) Metro administrative funds – Mary Rumbaugh and Vahid Brown

Clackamas County may request SHS administrative funds from Metro. Staff will present options for possible uses of this funding. See **Attachment C** Request for Supportive Housing Services (SHS) Metro Admin Funding policy session worksheet and supporting documents.

Following these presentations, staff will be seeking specific direction from the Board, on the following:

SHS Metro Admin funding:

1. Utilize all funds for the Recovery Campus.
2. Utilize none of these funds for the Recovery Campus and direct staff to proceed with the shelter proposal.
3. Utilize none of these funds for Recovery Campus and direct staff to proceed with an alternate proposal.

Opioid Settlement funds:

1. Utilize all the funds for the Recovery Campus.
2. Utilize some of the funds for the Recovery Campus and direct staff to return with recommendations on the remainder of funds for future Opioid Settlement investments.
3. Do not utilize any funds for the Recovery Campus and direct staff to return with recommendations for future Opioid Settlement investments.

Recovery Campus

1. Proceed with Building 1 and select a funding package .
2. Proceed with Building 1 and select other funding sources.
3. Complete design, demolition and pause the Recovery Campus project.

ATTACHMENT A

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Policy Session Worksheet

Presentation Date: November 12, 2025 **Approx. Start Time:** 1:30 PM **Approx. Length:** 30 min.
Presentation Title: Recovery Campus Financial Plan
Department: County Administration; Health, Housing and Human Services (H3S)
Presenters: Cindy Becker, Project Coordinator and Mary Rumbaugh, H3S Director

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Board direction on funding options for construction of the Recovery Campus first building.

EXECUTIVE SUMMARY:

Currently, there are not sufficient resources to fund construction of the entire Recovery Campus as envisioned.

On November 4, the Board discussed the possibility of demolishing the existing structure and proceed with building only the first structure of the campus. This would reduce the investment required at this point and allow time to develop additional sources of funds for the second structure. This plan is feasible but still requires Board direction on which combination of funding sources should be used for the first building (the clinical facility).

The total cost of Building 1 is estimated at $25.76 million and available resources are approximately $11 million. As a result, the Board must identify $14.76 million to allocate towards construction of the first building.

Attachment A1 provides sources and potential combinations for Board consideration to address this funding gap, should the Board choose to proceed with demolishing the existing structure and building only the first structure of the campus. If the Board does not decide on a funding source at this juncture, staff will need to modify the construction timeline and delay the project completion date.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? ☐ YES (**partial**) ☐ NO

What is the cost?
Building 1 total cost is $25,756,000
Building 1 current gap is $14,726,000

What is the funding source?

To date, sources have included:
Supportive Housing Services (SHS)
American Rescue Plan Act (ARPA)
Behavioral Health Settlement Funds

STRATEGIC PLAN ALIGNMENT:

How does this item align with the County's Performance Clackamas goals?
Ensure Safe, Healthy, and Secure Communities

How does this item align with your Department's Strategic Business Plan goals?
Improved Community Safety and Health

LEGAL/POLICY REQUIREMENTS:

Staff are working closely with County Counsel on all legal requirements.

PUBLIC/GOVERNMENTAL PARTICIPATION:

Staff established Good Neighbor Group with neighboring residents and businesses.

OPTIONS:

1. Proceed with Building 1 and select a funding package.
2. Proceed with Building 1 and select other funding sources.
3. Complete design, demolition and pause the Recovery Campus project.

RECOMMENDATION:

None – Staff stands ready to proceed with Board direction.

ATTACHMENTS:

Attachment A1: Recovery Campus First Building Funding Options

SUBMITTED BY:

Department Director/Head Approval _____

County Administrator Approval _____

For information on this issue or copies of attachments, please contact Cindy Becker @ 503-930-6894

RECOVERY CAMPUS FINANCING OPTIONS

PROJECT COMPONENT	$	Comments
PROPERTY PURCHASE		
Cost	3,500,000	Sources: ARPA, BH Settlement, SHS
Available Funds	3,500,000	
GAP	**0**	Costs minus Available Funds

BUILDING 1 (Clinic)	$	Comments
Construction Costs		
Demolition	767,000	
Pre-Construction	1,830,000	
Construction	23,159,000	
TOTAL COSTS	25,756,000	
Available Funds		
Pre-Construction	1,830,000	Sources: Trillium, SHS, Opioid
Unallocated SHS	9,200,000	
TOTAL Available Funds	11,030,000	
GAP	**14,726,000**	Costs minus Available Funds

OPTIONS TO FILL GAP in BUILDING 1	OPTION 1	OPTION 2	OPTION 3	COMMENTS
Opioid Settlement	8,126,000	9,500,000	8,126.000	Requires loan to use funds immediately and repay with Opioid funds
CDBG Loan (term: 10 years @ 5%)	6,600,000	5,226,000	0	GF Repayment for CDBG Loan: • Option 1: ~$860,000/year • Option 2: ~$680,000/year
SHS	0	0	6,600,000	County needs to apply /prioritize RC
TOTAL	**14,726,000**	**14,726,000**	**14,726,000**	

BUILDING 2 (Housing and Outpatient)	$	Comments
Construction Costs		
Pre-Construction	978,000	
Construction	14,655,000	
TOTAL COST	15,633,000	
Available Funds		
Pre-Construction	978,000	Sources: Trillium, SHS, Opioid
GAP	**14,655,000**	Costs minus Available Funds

POTENTIAL ADDITIONAL FUNDS	$	Comments
Federal Earmark	2,500,000	Applied, approved, but not received
Energy Grant	300,000	Applied but won't know outcome until early 2026
State Funding	10,000,000	Request Lottery $ during 2026 Leg. session
Private Fundraising	TBD	Work w/Fora Health to set up acct. for donations

ATTACHMENT B

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Policy Session Worksheet

Presentation Date: 11/12/2025 Approx. Start Time: 2:00pm Approx. Length: 30 minutes

Presentation Title: Opioid Settlement Funding Update

Department: Health, Housing & Human Services

Presenters: Mary Rumbaugh, H3S Director and Kim La Croix, Public Health Division Director

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Board direction on investment of additional Opioid Settlement funds.

EXECUTIVE SUMMARY:

Currently, there are not sufficient resources to fund construction of the entire Recovery Campus as envisioned. Opioid Settlement Funding is a potential source.

Background

Clackamas County and several cities have continued to receive funding allocations to mitigate harms associated with the opioid and other drug crisis impacting our county and the nation. Approximately $10.9 million of National Opioid Settlement funding has been received to date, $7.2 million has been committed, and approximately $3.6 million is now available for continued investments that will save lives and support our residents, communities, and institutions impacted by substance use.

H3S, the Juvenile Department, the District Attorney's Office and Sheriff's Office have been working to carry out projects that received initial opioid settlement funds. In 2024, a Notice of Funding Opportunity went out providing the opportunity for external organizations to apply for a portion of the funds. Current investments are aligned with the BCC's Recovery-Oriented System of Care and support work across the continuum of care. As a result, Clackamas County has seen many positive outcomes and successes that benefit residents and support ongoing collaboration across County Divisions and Departments.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? ☒YES ☐NO

What is the cost? See executive summary What is the funding source? Opioid Settlement Funds

STRATEGIC PLAN ALIGNMENT:

- **How does this item align with your Department's Strategic Business Plan goals?**
  Improve community safety & health
- **How does this item align with the County's Performance Clackamas goals?**
  The proposed investments align with the Performance Clackamas Healthy People goal to create a recovery-oriented system of care (ROSC) that addresses homelessness, mental health and substance use disorders across a continuum of care.

.

Clackamas County's Opioid Settlement Framework aligns with the goal, to *Build Public Trust in Good Government*, by embedding community engagement, transparency, and accountability in all processes. This includes collecting feedback from stakeholders and residents through listening sessions, focus groups and interviews to identify service gaps and priorities for settlement funding.

LEGAL/POLICY REQUIREMENTS:

Clackamas County will receive approximately $29 million as part of the Pharmaceutical and Distributor Settlements. In the National Settlement Agreement, local governments commit to use all funds, except Backstop Funds, for future opioid abatement per Exhibit E of the national settlement agreements ("Approved Abatement Uses"). Exhibit E details approved use of funds.

PUBLIC/GOVERNMENTAL PARTICIPATION:

The Clackamas County Opioid Settlement Framework approved by the BCC in September of 2022 includes Community Engagement as a key area to ensure transparent and equitable funding distribution. The below listing outlines public participation to date and next steps:

- Over 50 stakeholders serving Clackamas County residents were invited to attend listening sessions to identify service gaps and priorities for settlement funding.
- Staff met with City Councils that signed onto the National Settlement agreement: Gladstone, Happy Valley, Sandy, and Wilsonville City Councils.
- Staff presented to local advisory boards and community coalitions and gathered feedback from community partners regarding settlement funding.
- Staff hosted focus groups to engage residents with lived experience. Service gaps and priorities for settlement funding were identified.
- January 2024: The BCC awarded $1,000,000 in opioid settlement funding through a community grants process that supports the priorities of the BCC to address urgent needs related to substance use across the community and alignment with a recovery-oriented system of care (ROSC).

OPTIONS:

1. Utilize all the funds for the Recovery Campus.
2. Utilize some of the funds for the Recovery Campus and direct staff to return with recommendations on the remainder of funds for future Opioid Settlement investments.
3. Do not utilize any funds for the Recovery Campus and direct staff to return with recommendations for future Opioid Settlement investments.
4. Take no action at this time.

RECOMMENDATION:

None - staff stand ready to proceed with Board direction.

ATTACHMENTS:

Attachment B1: PowerPoint Slides- Opioid Settlement Funding and Planning Update
Attachment B2: Exhibit E: Allowable Uses of Opioid Settlement Funds
Attachment B3: County Opioid Settlement Project Outcomes Report 2024

Clackamas County Opioid Settlement Website: https://www.clackamas.us/publichealth/opioid-settlement

SUBMITTED BY:
Division Director/Head Approval _____
Department Director/Head Approval _____
County Administrator Approval _____

For information on this issue or copies of attachments, please contact Kim La Croix @ 971-806-0004

Opioid Settlement Funding and Planning Update

November 12, 2025

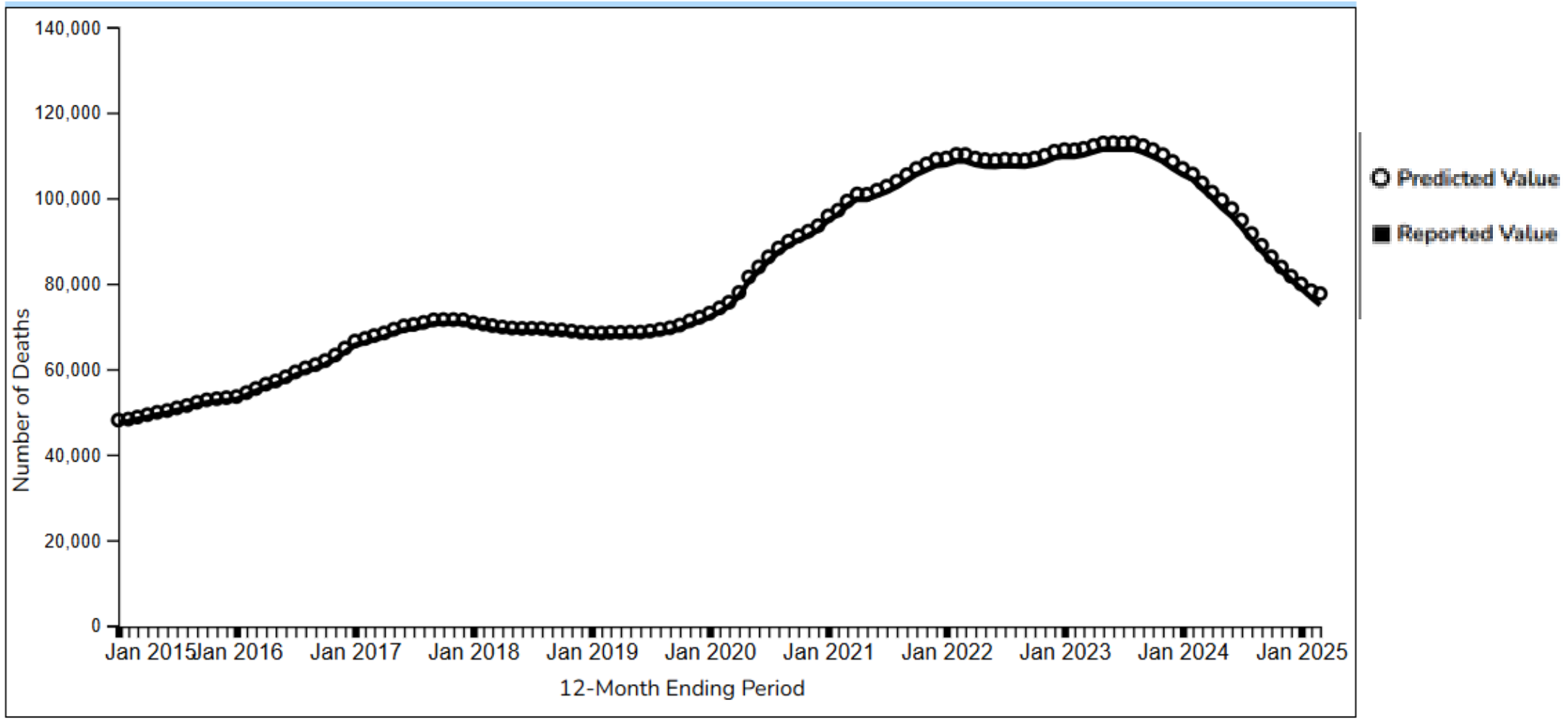
Health, Housing & Human Services
CLACKAMAS COUNTY

Opioid Settlement Funding Opportunity

- Clackamas County and Cities are receiving funding from the National Opioid Settlement to **mitigate** harms associated with the opioid and other drug crisis.
- This funding provides an opportunity to make strategic investments in evidence-based approaches that **strengthen our communities, prevent opioid misuse, and stem the rising number of overdose deaths.**

12-Month ending Provisional Counts of Drug Overdose Deaths: United States

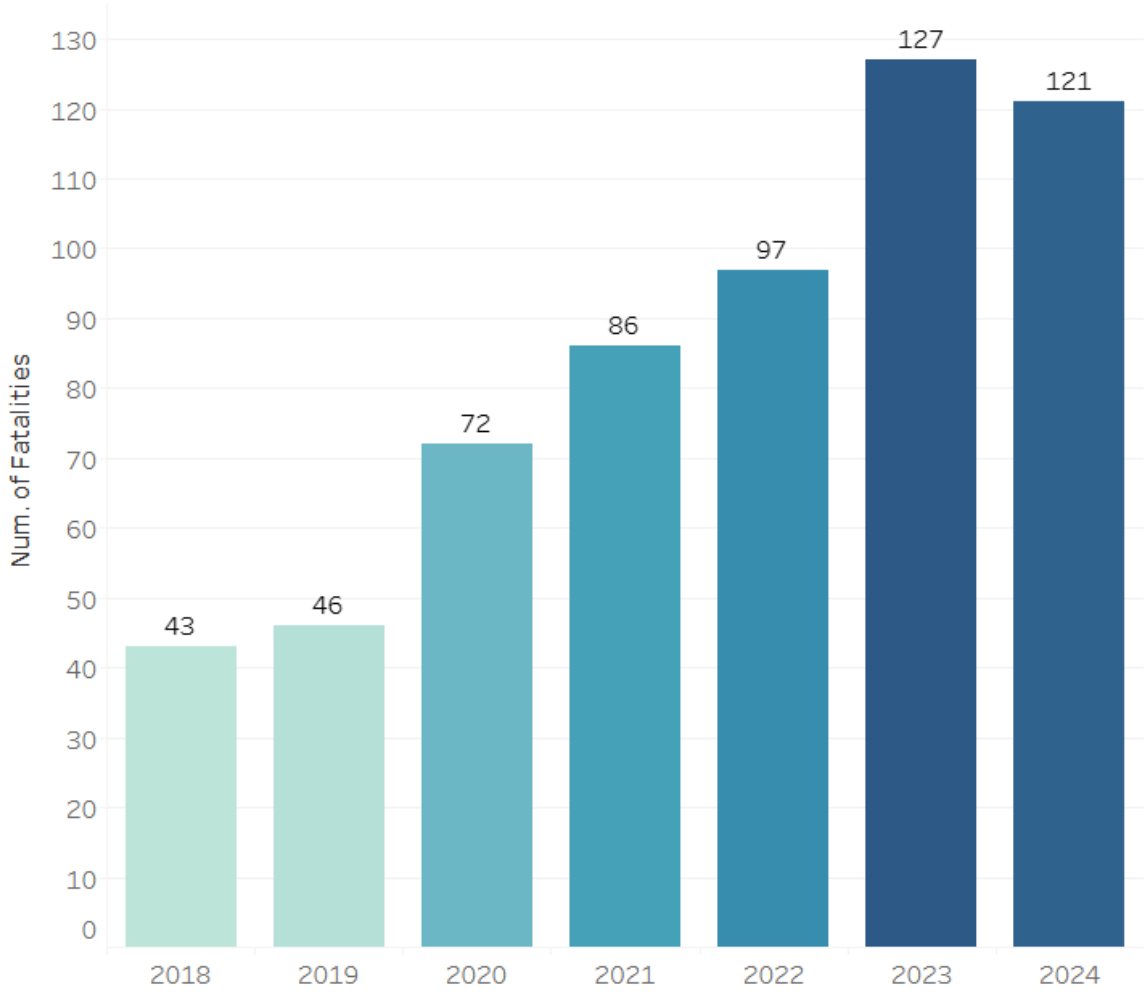
*Provisional counts may not include all deaths that occurred during a given time period



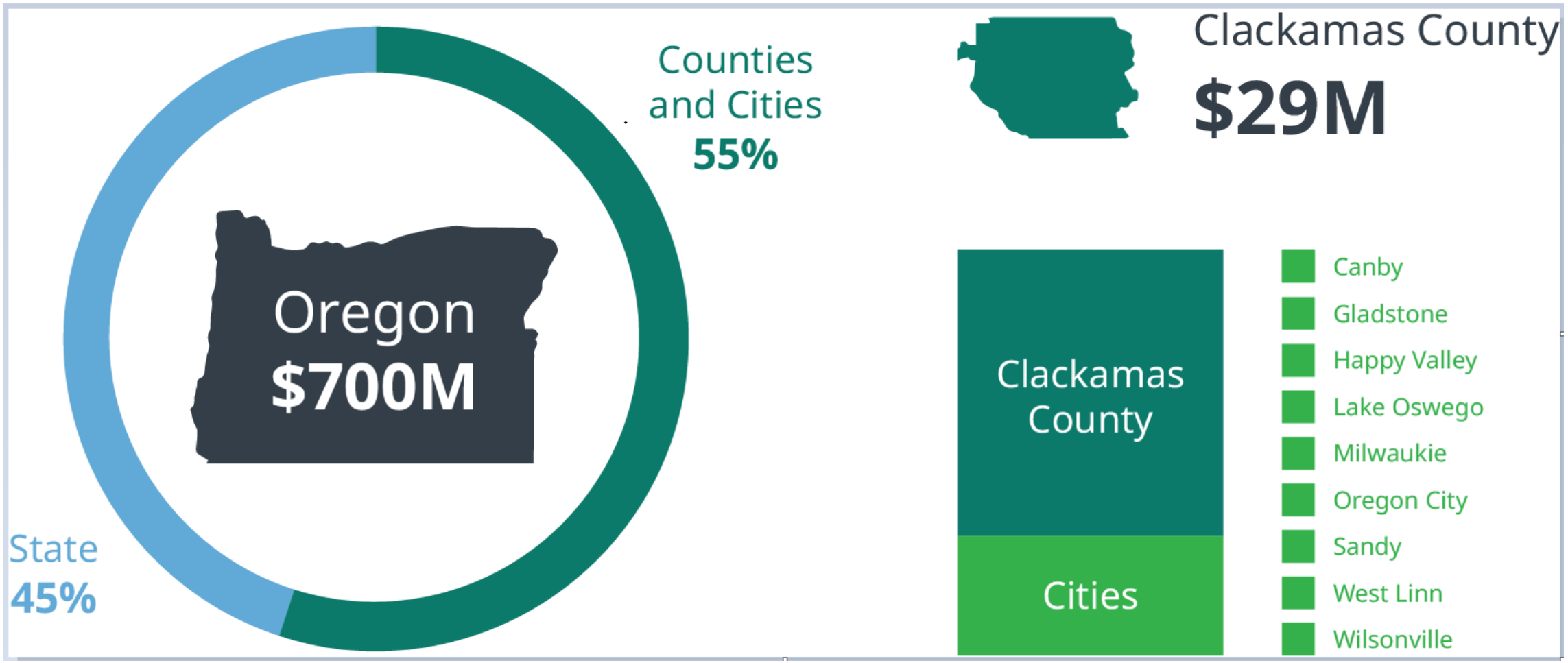
Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Number of Drug-Induced Fatalities in Clackamas County by Year

Source: CDC Wonder, Vital Statistics
Created by Clackamas County Public Health Division
Updated 10/8/25



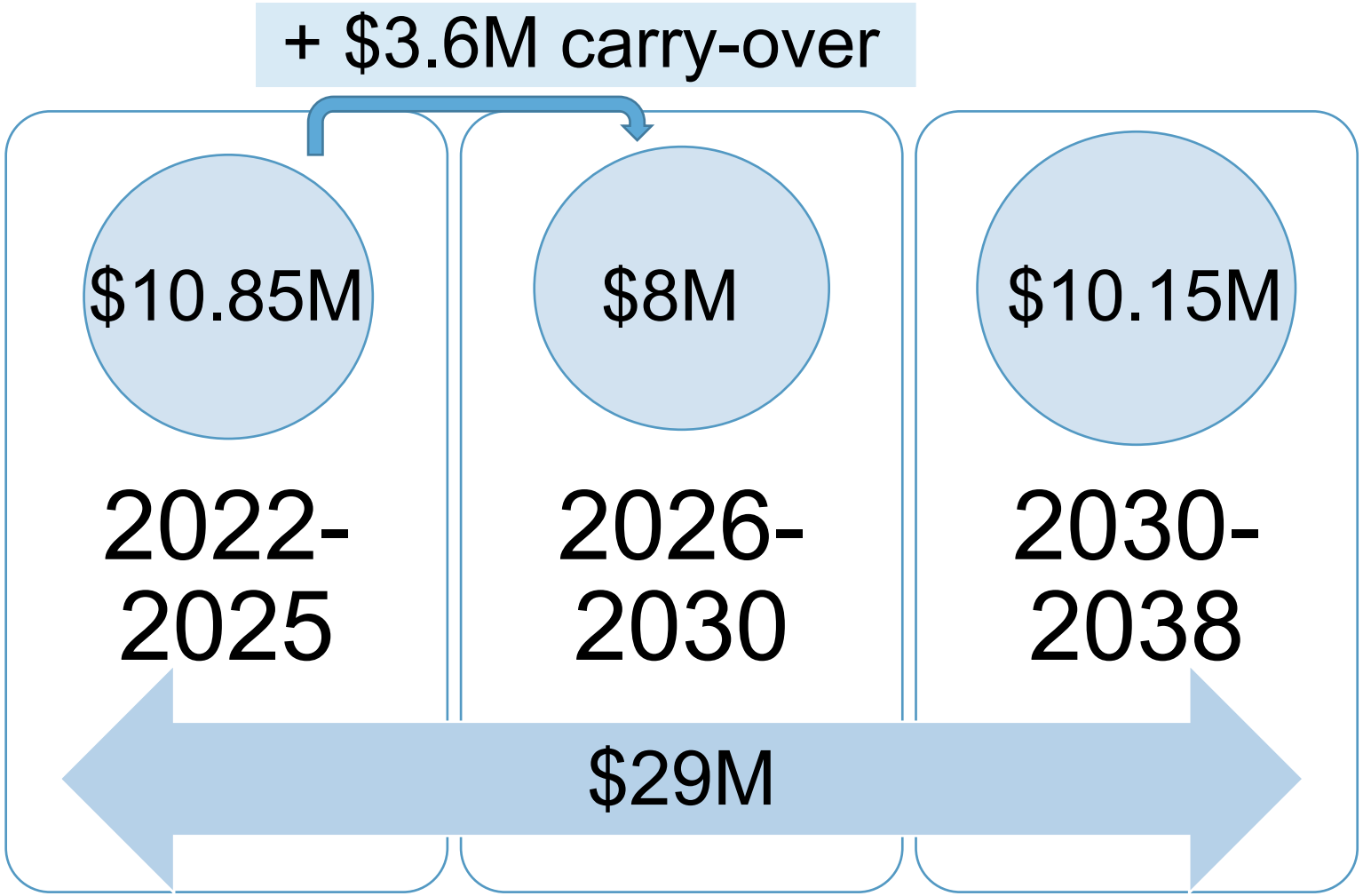
Settlement Agreement Background



Budget Update

Payments Received, Allocated and Remaining	
Total amount received to date: **Attorney fees:** **Total received after attorney fees as of 10/3/25:**	**$10,941,659.25** **-$90,636.35** **$10,851,022.90**
Total opioid settlement funding committed for 2023-2026:	
8/9/23: First allocation to county programs and services that address substance use prevention, early intervention, treatment and recovery including planning for the future Recovery Center	$1,500, 000
3/5/24: BCC priority projects ($750,000) and H3S Planning, Coordination and Evaluation ($215,000)	$965,000
7/1/24: Community grants	$1,000,000
10/23/24: Second allocation to county programs and services that address substance use prevention, early intervention, treatment and recovery ($1.625M) and the Recovery Center ($2.14M)	$3,765,000
Total amount invested to date:	**$7,230,000.00**
Remaining balance: ***Updated 10.3.25**	**$3,621,022.90**

Timeline of Settlement Payments



Clackamas County Opioid Settlement Funding Framework

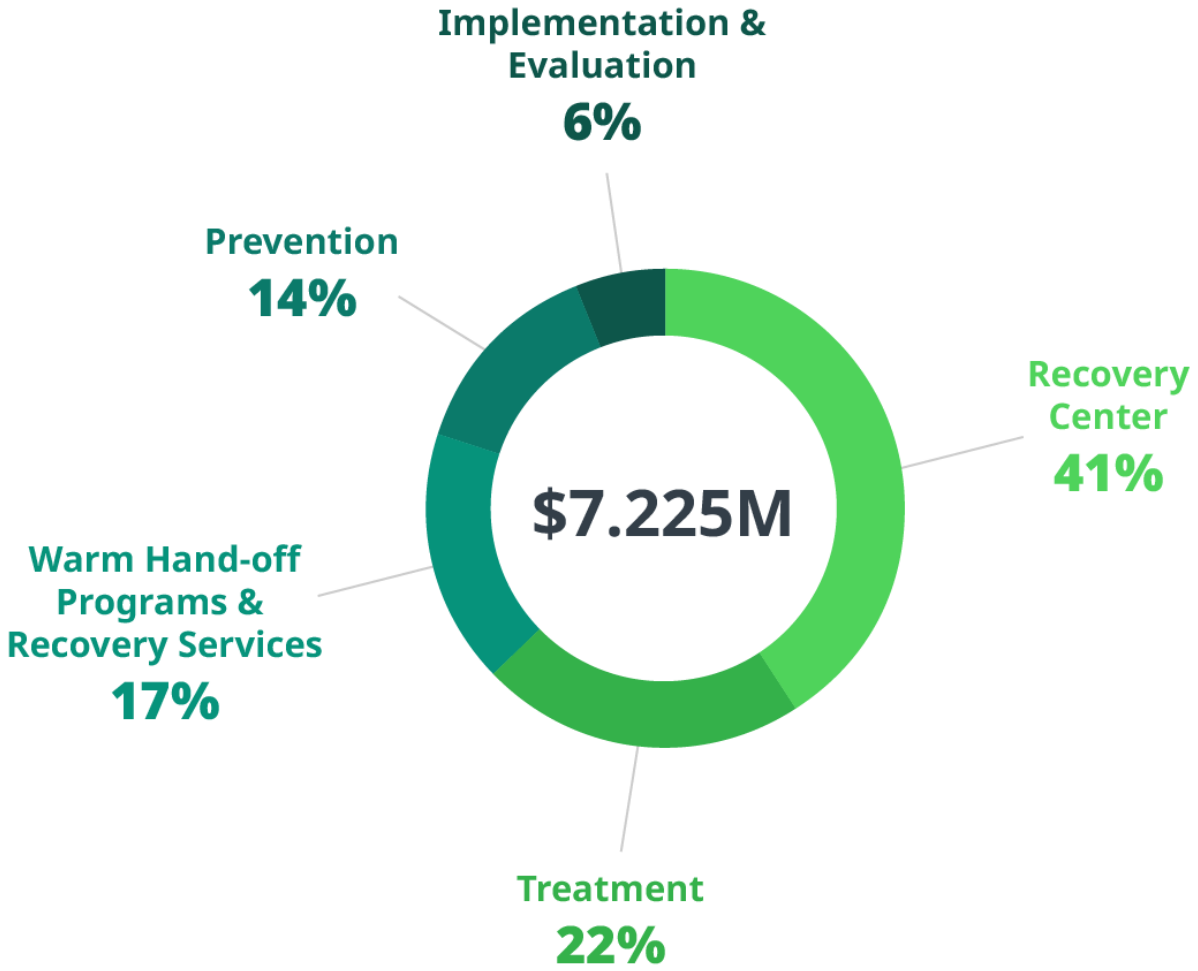
Assessment	Community Engagement	Funding Distribution	Implementation & Evaluation
2022	2022-2023	2023-2024	2024-2026
• Public Health Opioid Dashboard Indicators • OHSU Inventory of Substance Use Disorder resources • M110 and other investments	• Community stakeholder listening sessions • Presentations to City Councils and Community groups • Strengthened collaboration between H3S, Sheriff's Office, Juvenile Department & District Attorney	• Funding recommendations approved by BCC • Funding allocations distributed to support county programs and services through 6/2026 • Community grants process awards $1M in funding to prevention, treatment and recovery	• Monitor progress and measure outcomes • Annual reporting and sharing outcomes • Revisit framework process as new data is available and new funding is received

Clackamas County Guiding Principles

Clackamas County Opioid Settlement Web Page

- Using Evidence to Guide Investments
- Support Collaboration
- Lift Up Health Equity
- Transparency & Accountability

Current Investments Support a Recovery-Oriented System of Care



13 funded projects (7 internal, 6 external):

Average # of individuals served per quarter across all programs: 1,702

High Level Outcomes of the Funded Projects

+ Access to pre & postnatal care for pregnant people with SUD

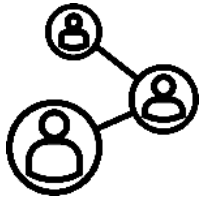
+ Access to naloxone

+ Programs in schools to reduce risk factors for youth substance use

Recovery Oriented system of Care

+ Access to medication for opioid use disorder (MOUD) in jail & community settings

+ Access to alternative pain management for SUD



+ Street outreach and connecting people with SUD's to treatment, housing and recovery supports

Discussion and Next Steps

Options:

1. Direct staff to come back with recommendations for future opioid settlement investments
2. Direct County staff on an alternative approach.

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[15]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

Jail-Based Medication Assisted Treatment (MAT) Coordinator

Clackamas County Sheriff's Office

Project Highlights

586 Adults in Custody (AIC) received new treatment or intensive case management for opioid use disorder, with **2,659** individual encounters recorded.

Encounters included:

- Peer/Recovery mentor connections
- Referrals to Clackamas County Project Hope
- Medication injections and prescriptions for release
- Care coordination with community partners
- Prevention and treatment of syphilis and other sexually transmitted diseases

Project Successes:

- Expanded capacity for care coordination with adults in custody, particularly those with shorter stays
- Increased number of individuals starting new MAT services before release
- Growth in referrals to Peer mentors and Project Hope
- Higher volume of release medication orders processed
- Daily availability of all services

Population(s) Served:

Individuals with substance use disorders, people with mental health challenges, houseless individuals, Justice-involved populations, rural communities, LGBTQIA+ individuals, immigrants and refugees.

Program Metrics	Number Served
Total clients served thru Jail MAT Program	586
Total Patient Encounters *	2,659
Pregnant Patients	7
Patients on Methadone	90
Patients on Naltrexone (Oral)	105
Patients on Vivitrol	17
Patients on Buprenorphine	384

**MAT RN, Injections, Methadone, MAT, total pregnant patients, Alcohol Use/Substance Use Disorder (AUD/SUD), evaluations, follow-ups, peer referrals, community referrals*

Project Hope

Clackamas County Public Health Division

Project Highlights

Increased referrals and support for opioid overdose survivors through increase funding for a full-time **Case Manager** and a full-time **Peer Recovery Mentor**.

Project Hope highlights include:

- Collaboration with **Tualatin Valley Fire and Rescue's Community Paramedic Program**, launched in January 2024.
- Partnership with county EMS to launch the **Clackamas County's EMS Buprenorphine** Project, providing immediate access to Buprenorphine for opioid overdose survivors.
- Increased support for **local Emergency Departments** providing support to those with a substance use disorder.

Project Successes:

- Peer Recovery Mentoring: 160 unique individuals received this service
- Case Management: 65 unique individuals received this service

Population(s) Served:

Individuals with substance use disorders, mental health issues, those experiencing homelessness, justice-involved individuals, rural communities, LGBTQIA+ individuals, immigrants and refugees.

Program Metrics	Number Served
Total referrals to Project Hope	300
Connections to Overdose Prevention Services	20
Connections to Treatment	78
Connections to Housing	134
Connections to Employment	18
Connections to Primary or Behavioral Healthcare	11
Assistance with basic needs (transportation, food, clothing, medication)	118

PreventNet

Clackamas County Children, Families and Community Connections

Project Highlights

Todos Juntos and Northwest Family Services (NWFS) delivered school-based programs to over 60 students in Estacada, Sandy, and Milwaukie.

- Collaborated with schools to identify students in need of support, such as those facing academic challenges, family issues, poverty, or negative peer influences.
- Provided weekly group sessions and individualized case management at Estacada, Cedar Ridge (Sandy), and Rowe (Milwaukie) Middle Schools, focusing on self-esteem, resilience, academic and life skills.

Project Successes:

- Improved attendance and academic performance observed in most students.
- Integrated substance use prevention education into all 6th-grade health classes at Cedar Ridge Middle School to empower students to make healthy decisions.
- Focused support for 8th graders transitioning to high school and 6th graders, addressing critical developmental stages to reduce the risk of substance use.
- Promoted engagement in pro-social activities to strengthen positive peer connections and community involvement.

Population(s) Served:

Youth with identified risk factors such as chronic absenteeism, poor academic performance, unmet needs, and youth living in rural communities.

Program Metrics	Number Served
Total number served	60
Received Homework Assistance	63%
Participated in Afterschool Activities	53%
Improved/Maintained Attendance	61%
Improved/Maintained Grades	65%

Data covers only a six-month period and includes all students who received case management services. We anticipate that continued engagement with programs and services will lead to even greater improvements over a longer duration.

School-Based Screening, Brief Intervention, and Referral to Treatment Program

Clackamas County Juvenile Department, Restoring Individuals, Communities, and Hope (RICH Diversion Program)

Project Highlights

Expansion of evidence-based online, school-based Screening Brief Intervention and Treatment (SBIRT) program into Gladstone Middle School. Provided screening, brief intervention, family navigation services, referrals to treatment and warm handoffs to community providers for students in the Gladstone School District and youth identified through the Juvenile Intake Assessment Center (JIAC).

Other highlights:

- **480** unique individuals screened.
- **60** referrals to treatment, counseling, and other supportive services.
- Family navigation provided connections to housing, food, immigration support, OHP enrollment, medical services, and accompaniment to assessments.

Project Successes:

Substance Use Prevention:

- Universal Screening: 480 individuals screened (annually in schools; at intake in JIAC)
- Brief Intervention: 391 individuals received interventions
- Connection to Counseling/Treatment: 60 referrals made
- Family Navigator Services: 25 families supported with referrals to services such as housing, food, and healthcare

Connections to Care:

- Referrals: 60 connections made to treatment/counseling
- Family Navigation: 25 individuals received ongoing support.

Population(s) Served:

Individuals with SUD, People experiencing mental health issues, Houseless, Justice-involved, rural community, LGBTQIA+, Immigrants and refugees, and Youth.

Program Metrics	Number Served
Screenings	480
Unique Individuals	480
Brief Interventions	391
Referrals	107
Youth/Families receiving Family Navigation Services	25

Specialty Behavioral Health & Primary Care

Clackamas County Health Centers (CHC)

Project Highlights

Clackamas Health Centers (CHC) provided **comprehensive social determinants of health support** for patients with opioid use disorder (OUD), helping reduce barriers to care and enabling patients to rebuild their lives.

Additionally, funding allowed CHC to invest in **infrastructure** for the continued prescribing of long-acting injectable buprenorphine, an essential medication for OUD treatment.

Project Successes:

CHC invested in staff training to enhance knowledge of OUD treatment and emerging research, ensuring that staff are equipped to deliver the most up-to-date, evidence-based care for patients.

Population(s) Served:

Individuals with SUD and People experiencing mental health issues.

Program Metrics	Number Served
Opioid Use Disorder/Medication Assisted Treatment (average seen per quarter)	352
Client supports to assist in recovery (Stock items such as lock boxes for safe medication storage, clothing assistance and food assistance, phones, transportation)	152 items
Client Supports to assist in recovery (specific to housing and housing related needs)	47

CRIMINAL JUSTICE

Specialty Courts: Adult Drug Court, Mental Health Court, and Community Court*

Clackamas County District Attorney's Office

Project Highlights

The addition of a **paralegal** to the staff, intended to improve efficiency in handling cases, required the creation of a new classification and extensive hiring processes. The paralegal began their role on September 4th, which is expected to enhance court operations.

TREATMENT

Project Quest for Non-Opioid Pain Management Services*

Clackamas County Behavioral Health Division

Project Highlights

Quest has recently on-boarded a **WISH Peer and Engagement Specialist** and will expand services to five days a week starting September 13, 2024. A part-time **acupuncturist** has also been added to increase service capacity.

Additionally, Quest has acquired new **IT equipment** and made significant upgrades to the clinical space.

** These projects experienced delays due to contracting and hiring new staff- outcomes will be reported at a later date.*

ATTACHMENT C

HOUSING AUTHORITY OF CLACKAMAS COUNTY
BOARD OF COMMISSIONERS

Policy Session Worksheet

Presentation Date: November 12, 2025 **Approx. Start Time:** 2:30PM **Approx. Length:** 30 minutes

Presentation Title: Request for Supportive Housing Services (SHS) Metro Admin Funding

Department: Health, Housing, and Human Services

Presenters: Mary Rumbaugh, Director of Health, Housing & Human Services and Vahid Brown, Deputy Director of the Housing and Community Development Division

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Permission to submit a request to Metro for one-time Supportive Housing Services administrative funds.

EXECUTIVE SUMMARY:

Currently, there are not sufficient resources to fund construction of the entire Recovery Campus as envisioned. SHS Metro Administrative Funds is a potential source.

Background

In May of 2024, the Metro regional government began to publicly consider distributing its accumulated surplus of $30M to local jurisdictions to support strategic investments in the homelessness response system. Metro receives 5% of all Supportive Housing Services (SHS) tax receipts, and its administrative costs have been much lower than the revenue they have received, which generated this surplus. In May, the Metro Council voted to distribute $15M of this surplus to Multnomah County, which passed these dollars through to the City of Portland to support an expansion of shelter infrastructure. Metro has also indicated to Clackamas and Washington counties that these respective jurisdictions can also put forward proposals for strategic investments from Metro's administrative funding surplus. Clackamas County's proportional share, per the distribution percentages of the SHS revenue, is 21.3%, or $6.6M, though Metro staff have indicated to county staff that distributions to the other two counties may not align precisely with the distribution percentages and would be considered on a proposal-by-proposal basis.

Proposal

H3S sees the highest and best use of these one-time resources in the purchase of a property for use as a full-time shelter. Housing and Community Development (HCDD) currently funds a transitional shelter program that utilizes contracted rooms at area hotels. In FY 25-26, this hotel-based shelter program is budgeted at approximately $4M, half of which pays for the room rents, and half of which funds the supportive services and case management through a community-based organization partnering with the county. Under the existing contracts, these funds secure 40 hotel rooms year-round. If a property was purchased that could accommodate a similar number of households, it would allow HCDD to discontinue renting hotel rooms on a nightly basis, netting an annual savings of $2M through the life of the SHS measure, or $12M through FY 30-31 for reinvestment in SHS program priorities or to offset any unanticipated revenue shortfalls in SHS collections. The supportive services and case management currently supporting the hotel program could be relocated to serve a purchased facility, potentially with cost savings there as well.

If this request were approved, HCDD would initiate a site-search for a property suitable for the construction of another village-style shelter community, while at the same time soliciting for expressions of interest for existing, shelter-ready property that could serve as a congregate shelter. The intent would be to 1) pursue a suitable property for the development of a village shelter and 2) surface through a request for expressions of interest (RFEI) whether there is an ideally suitable, shelter-ready building within the constraints of available funding. If the RFEI were to result in such a property, staff would bring options back to the Board for consideration. If it did

not, staff would continue to proceed with the plan to develop a village-style shelter community. Clackamas County has been very successful with the village model, and at the cost for the development of the Clackamas Village, could replace all 40 units of current motel shelter with a 40-unit village with the Metro admin funds. HCDD and our community partners also recognize a need for congregate shelter as part of our continuum of shelter services. With the exception of severe weather shelter, all of the county-funded shelter programs are non-congregate, with each person or households occupying a separate dwelling unit, be that a pod structure at Clackamas or Veterans Village, or a hotel room in the hotel program. Non-congregate shelter is an excellent model for some but not for all households and is especially well suited to families experiencing homelessness and people with some complex medical needs. For single adults experiencing homelessness, congregate shelter can provide structured environments and increased engagement between guests and case management staff, which can shorten stays in shelter and increase progress by participants towards identified goals, including entering recovery and obtaining housing.

H3S' top priority for a strategic use of these one-time Metro administrative dollars would then be to purchase property suitable for the operation of congregate shelter, for 40 or more participants. If approved, staff will submit a formal request to Metro Council, draft and publish a Request for Expressions of Interest, and initiate site search. This investment would enrich Clackamas County's shelter continuum with a model of shelter best suited to some of the population experiencing homelessness that is currently lacking and would generate significant savings – in excess of $10M – over the life of the measure, savings that could instead be invested to meet other needs.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? ☐ YES ☒ NO

What is the cost? $6.6M-$7M

What is the funding source? Metro Administrative Funds (Supportive Housing Services)

STRATEGIC PLAN ALIGNMENT:

- How does this item align with your Department's Strategic Business Plan goals?

  This item aligns with the following Department strategic priorities:
  - Assist individuals and families in need to be healthy and safe
  - Increase self-sufficiency
  - Increase community safety and health
  - Continually improve the efficiency and effectiveness of services

- How does this item align with the County's Performance Clackamas goals?

  This item aligns with the following County strategic priorities:
  - Ensure safe, healthy, and secure communities
  - Grow a vibrant economy
  - Build public trust through good government

LEGAL/POLICY REQUIREMENTS: N/A

PUBLIC/GOVERNMENTAL PARTICIPATION:
On June 18, 2025, the Board of County Commissioners formally adopted the FY 25-26 budget, including the budget for the Department of Health, Housing, and Human Services. The action followed a series of public meetings and hearings by the county's budget committee.

OPTIONS:

1. Utilize all funds for the Recovery Campus.
2. Utilize none of these funds for the Recovery Campus and direct staff to submit a request to Metro for one-time administrative funds for a shelter investment.
3. Utilize none of these funds for Recovery Campus and direct staff to submit a request to Metro for one-time administrative funds for an alternative use.
4. Direct staff do not submit a request to Metro for the administrative funds at this time.

RECOMMENDATION:

None - staff stand ready to proceed with Board direction.

ATTACHMENTS:

Attachment C1: Presentation Slides

SUBMITTED BY:

Division Director/Head Approval ___Shannon Callahan_
Department Director/Head Approval __Mary Rumbaugh__
County Administrator Approval _____

For information on this issue or copies of attachments, please contact _____@ 503-_____

Metro Admin Funding Request

November 12, 2025

CLACKAMAS COUNTY

HOUSING AND COMMUNITY DEVELOPMENT DIVISION

Priority Capital System Need:

Permanent General Population Shelter

- Motel shelter leasing drains $2M per year
- A permanent shelter would decrease costs, mitigate pressures of declining revenue
- Eases expansion for increased capacity in severe weather

Balancing Capacity Across the Continuum

Eviction Prevention

1,821 households
FY 24-25

Outreach

801 households
FY 24-25

Shelter

238 total beds

189 year-round beds
- Pod villages
- Family non-congregate
- Motel rentals

49 severe weather beds

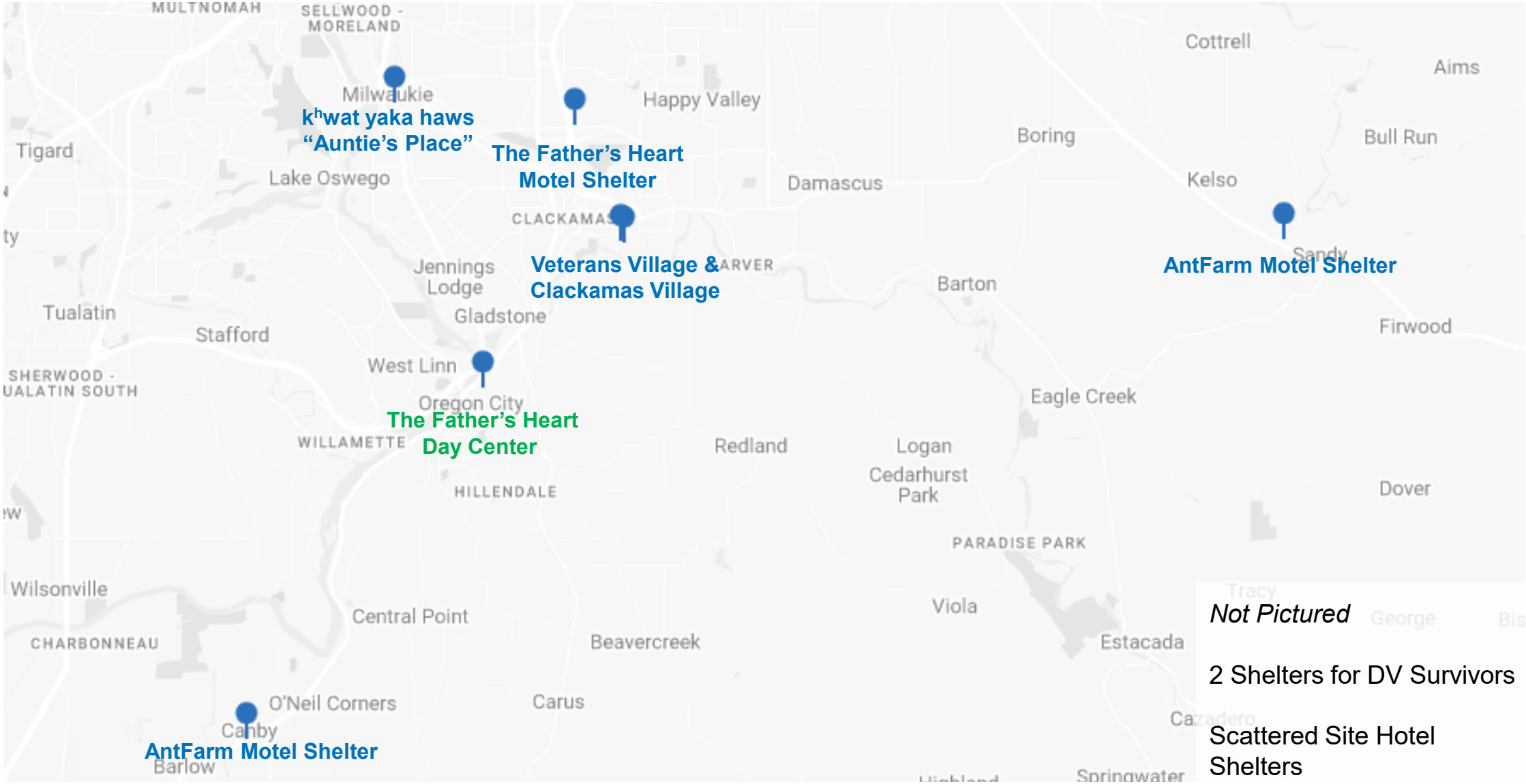
Shelter

Permanent Housing

1,153 households
FY 24-25

Housing Retention

1,197 households
FY 24-25



Not Pictured

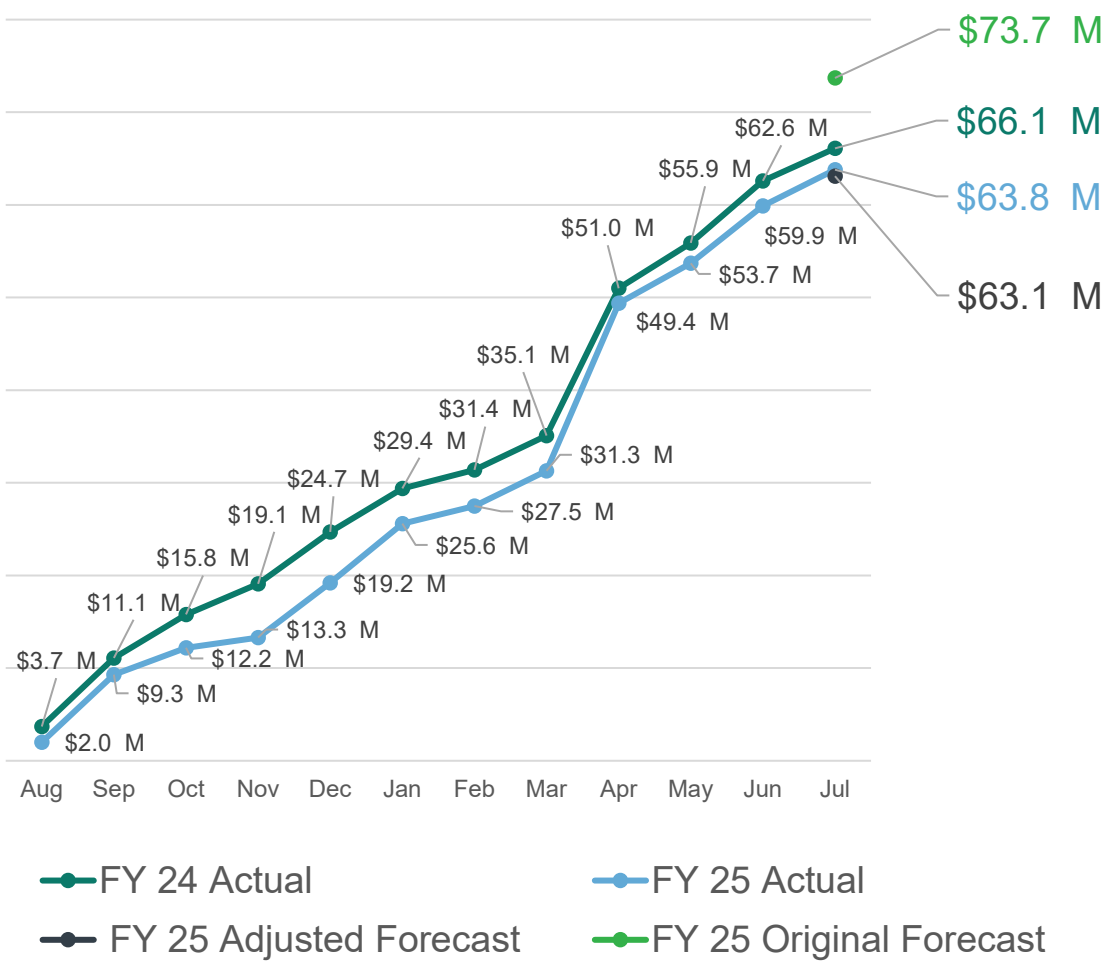
2 Shelters for DV Survivors

Scattered Site Hotel Shelters

Clackamas County Cumulative SHS Revenue
Fiscal Years 24 & 25

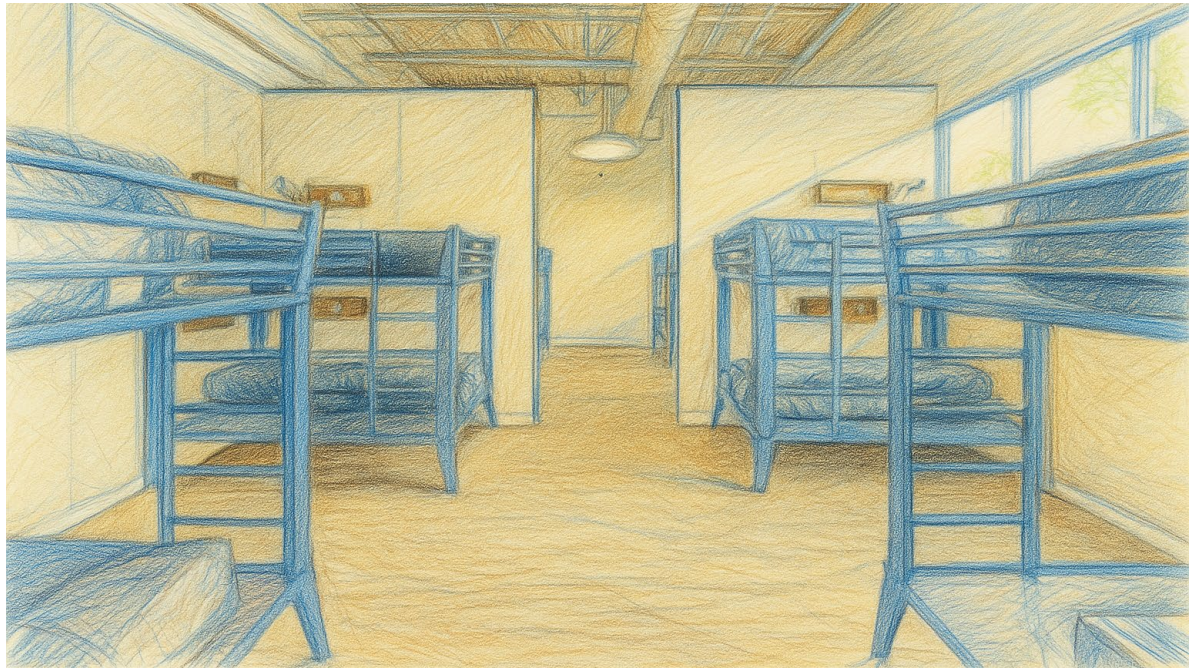
"In this case, prioritization could mean ranking programs based on the ultimate goal of the program such as reductions in chronic homelessness, service engagement rates, and housing stability, as well as protecting programs that provide long-term cost savings and social return on investment."

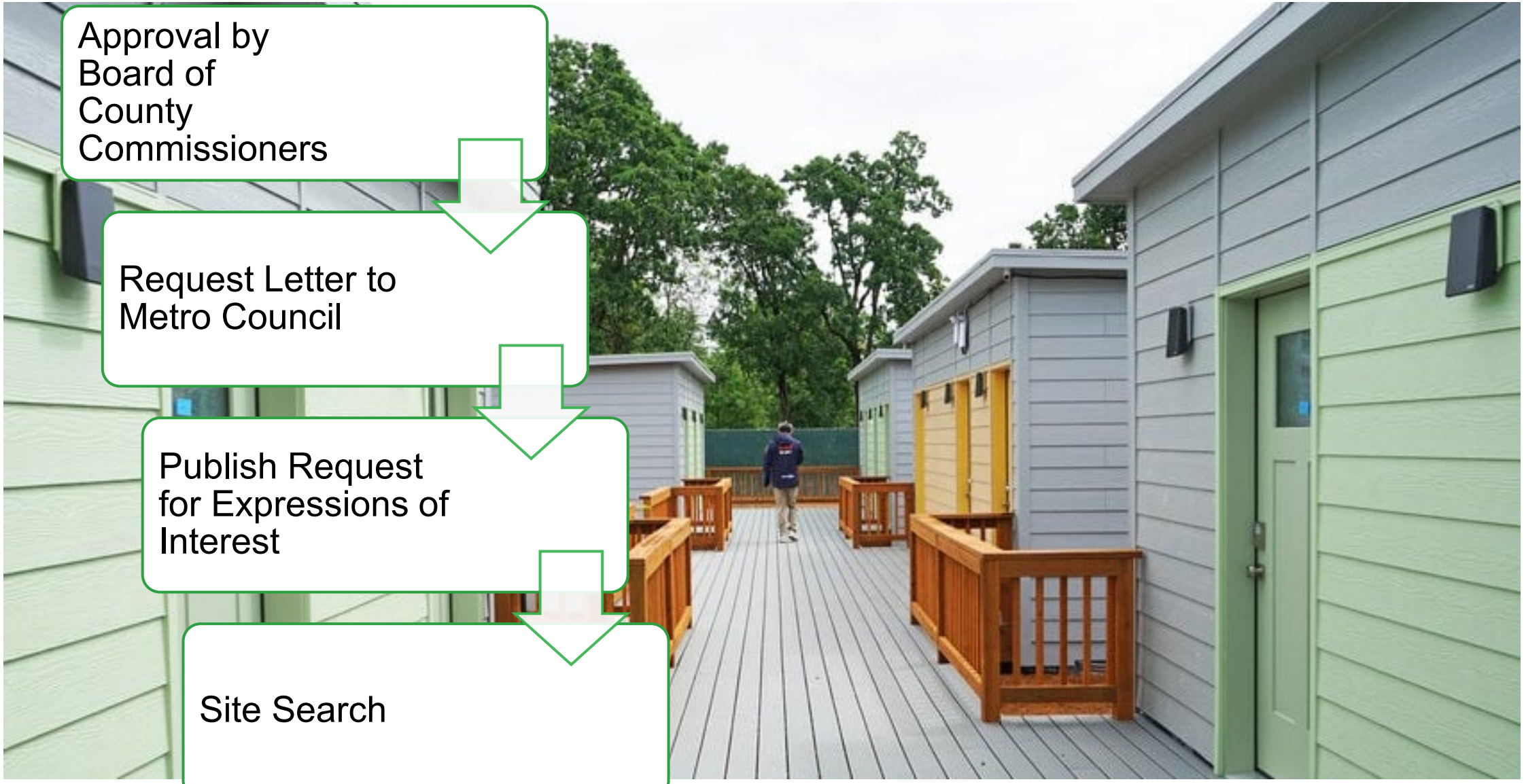
Metro FY 24-25 Revenue Year-End Summary



Transitioning from Motel Leasing to Shelter Ownership

$2M/year Savings




Approval by Board of County Commissioners
Request Letter to Metro Council
Publish Request for Expressions of Interest
Site Search