Public Health Division

Behavioral Health Division

Opioid Settlement Implementation Team

Memorandum

To: Opioid Settlement Prevention, Treatment, and Recovery Board

From:
Dr. Sejal Hathi, MD, MBA
Director, Oregon Health Authority
Sejal.Hathi@oha.oregon.gov

Ashley Thirstrup, MPA
Chief of Staff/External Relations Division Director
Oregon Health Authority
Ashley.thirstrup@oha.oregon.gov

Date: August 30, 2024

Subject: Implementation plan for allocation of opioid settlement funds

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Contacts
Lisa Shields
Interim Opioid Settlement Implementation Manager
Public Health Division, Injury and Violence Prevention Program
Lisa.m.Shields@oha.oregon.gov

Nicole Corbin
Addiction Treatment, Recovery, and Prevention Services Manager
Behavioral Health Division
Nicole.Corbin@oha.oregon.gov

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800 NE Oregon St. Suite 705, Portland, OR 97232 | Voice: 971-258-4995 | E-Fax: 971-673-0990

OHA.OpioidSettlement@odhsoha.oregon.gov | Oregon.gov/opioidsettlement

Purpose

This document fulfills the Opioid Settlement Prevention, Treatment, and Recovery Board (OSPTRB) request of Oregon Health Authority (OHA) to provide an implementation plan for approval no later than September 1, 2024.

The plan summarizes OHA's plans to administer opioid settlement funds allocated by the Opioid Settlement Prevention, Treatment, and Recovery Board (OSPTRB) for substance use prevention, treatment, and recovery allocations as recommended to the OSPTRB by the Alcohol and Drug Policy Commission (ADPC).

It demonstrates how OHA will administer opioid settlement funds in compliance with OSPTRB allocation decisions and the terms of the settlements (Exhibit E), ensuring engagement, expedience, transparency, and accountability.

Plan Categories

As requested, this plan addresses the following categories for each funded strategy:

- Staff roles and responsibilities
- Partner engagement process
- Grant recipient names, project timelines, and scopes of work if available
- High-level budgets or funding formulas for recipients
- Allowable expenditures
- Reporting and monitoring requirements
- Additional funding sources

Key Partners

OSPTRB; ADPC and the ADPC Prevention, Treatment, and Recovery Subcommittees; grantees such as local public health authorities, Regional Health Equity Coalitions, community-based organizations, opioid treatment programs, and community recovery centers; community members; OHA Behavioral Health Division (BHD) and Public Health Division (PHD) staff.

Additional Funding Sources

The OHA administers state and federal funds, including the SAMHSA State Opioid Response grants, CDC Overdose Data to Action in States grant, and other substance use prevention, treatment, and recovery grants which fund initiatives that are complementary to the priorities of the OSPTR Board. The budgets for these grants are set in advance of the application process and are fully allocated for the current and next funding cycles. This implementation plan will enhance and expand, but not supplant, existing funding sources.

Questions

No questions currently.

Section 1: Implementation Plan for Primary Prevention Investments

Primary prevention motion passed May 8, 2024:

$13,706,000 for primary prevention of substance use disorder prevention, to be allocated as follows:

- **$9.5 million** to evidence-based, primary prevention capacity and workforce in counties.
- **$3.8 million** to increase community and culturally-linguistically specific/responsive capacity for primary prevention in community-based organizations.
- **$450,000** to support the Oregon Coalition of Prevention Professionals/Oregon Council for Behavioral Health to train and certify two cohorts of 25 Certified Prevention Specialists per year for two years.

  This allocation is subject to the following conditions:
  - Prior to awarding any funding, OHA must engage the partners listed in the proposal and provide a proposed funding formula and implementation plan, including identification of specific grantees, to the Board for approval no later than September 4, 2024.
  - OHA must pass through these funds to the grantees listed in the Board-approved implementation plan in the amounts specified in the proposal.
  - OHA must ensure that funds are expended in accordance with Exhibit E (Approved Strategies).
  - OHA must monitor grantees receiving Board-allocated funding.
  - OHA will periodically provide reports to the Board.

Core team roles and responsibilities – Public Health Division

Lisa Shields: Overall project management, Co-chair liaison, contracts and agreements administrator

Courtney Fultineer: Staff manager, PHD Leadership liaison, Co-lead for county/RHEC/CBO funding

Jen Chandler: Regional Health Equity Coalitions (RHECs) lead and OHA Equity and Inclusion (E&I) Division liaison; Co-lead for county funding

Amanda Cue: Co-lead for county funding, Alcohol & Drug Prevention Education Program (ADPEP) liaison

Tammy Kelly: Fiscal lead

Tatiana Dierwechter: Cross-agency communications, Leadership liaison, ADPC prevention subcommittee, Council of Local Health Officials (CLHO), Fentanyl/Polysubstance Use Community Listening Sessions

Ashwaq Omar: CBO health equity team

PHD leadership support: Naomi Adeline-Biggs, Public Health Director; Kirsten Aird, Deputy Public Health Director; Tim Noe, Center Administrator for Prevention and Health Promotion; Laura Chisholm, Injury and Violence Prevention Program Section Manager; Tameka Brazile Miles, Health Promotion and Chronic Disease Prevention Section Manager

OHA Lead Legal Counsel: Shannon O'Fallon, Department of Justice

Funding to counties for primary prevention ($9.5 million)

Engagement

The ADPC proposal directs OHA to engage specific partner networks to recommend a distribution formula for OSPTR Board approval. OHA implemented an ambassador model to guide allocation recommendations for Oregon counties. The ambassador team was comprised of 16 representatives from the Conference of Local Health Officials (CLHO), local public health authorities, grantee nonprofit organizations, the Alcohol and Drug Policy Commission (ADPC) Prevention Subcommittee, the Addictions and Mental Health Planning and Advisory Council (AMHPAC), and OSPTR Board liaisons.

The team was tasked with developing a funding formula for counties. They were expected to engage with partner networks to inform their representation during Ambassador Team discussions.

Meetings were facilitated by contractor PRR, Inc. Ambassadors whose hours were not covered by an employer were eligible for a stipend of $500.

To help expedite decision-making, OHA prepared a variety of funding scenarios as examples for the ambassador team to consider, or to help inform their own funding scenarios. OHA prepared and shared additional background information and data prior to each meeting.

The team met six times in June and July 2024 to develop a county funding formula. The CLHO Health Promotion & Prevention Subcommittee recommended the formula on August 1. The formula was presented and approved with consensus by local health officials on August 15 at the Conference of Local Health Officials (CLHO) meeting.

County partner engagement and implementation timeline

May 12 – 18, 2024	Notify Local Public Health Authority (LPHA) Administrators via email; present information at ADPEP grantee and Conference of Local Health Officials (CLHO) meetings
May 19 – 25, 2024	Execute PRR, Inc. work order amendment to facilitate Ambassador Team; begin planning Ambassador Team meetings with PRR.
May 26 – June 10, 2024	Finalize membership for Ambassador Team
June 17, 2024	Ambassador Team Kickoff Meeting
June 18 – 23, 2024	*Ambassadors loop back to partner networks*
June 24, 2024	Ambassador Team Meeting #2
June 25 – July 9, , 2024	*Ambassadors loop back to partner networks*
July 10, 2024	Ambassador Team Meeting #3
July 11 – 16, 2024	*Ambassadors loop back to partner networks*
July 17, 2024	Ambassador Team Meeting #4
July 18 – 23, 2024	*Ambassadors loop back to partner networks*
July 24, 2024	Ambassador Team Meeting #5
July 25 – 30, 2024	*Ambassadors loop back to partner networks*
July 31, 2024	Ambassador Team Meeting #6

Aug 1, 2024	Present funding formula to CLHO Health Promotion & Prevention Subcommittee for approval
Aug 15, 2024	Present funding formula to CLHO for consideration
Sept 4, 2024	Present funding formula and implementation plan to OSPTR Board for final approval
September 5, 2024	Present program element (PE, PHD/Local Public Health Authority grant mechanism) language revisions to CLHO HPP
September 18, 2024	Present PE language revisions to CLHO
October 1, 2024	Funding start date
Oct – Dec, 2024	Grantee workplan and budget development and submission to OHA for review and approval.

Grant Recipients

- Each of the 36 counties has one eligible grantee, which is either a county government or community partner organization that currently holds Alcohol and Drug Prevention Education Program (ADPEP) grant agreements with OHA.

Timeline

- Timeline: Funding will begin October 1, 2024.
- Carryover is allowed until funds are expended.

Scopes of work

- PHD implementation team will meet with recipients from September – December to review and approve work plans.

Funding formulas for recipients

- All funds will be distributed using the standard Public Health Modernization Formula, which factors in equity and overall health status of each county as well as FTE consideration. The Modernization Formula includes both a fixed floor amount and a county-specific amount based on a variety of county health indicators.
- The Ambassador Team recommended that the fixed floor amount be equalized across all grantees so that small counties will receive the same base as large counties.
- For this funding, the recommended fixed floor amount is $51,667 for each grantee.

Primary Prevention Allocations to Counties

The table below reflects funding allocations to all recipient organizations in each county that hold ADPEP grant agreements with OHA in each county.

The Modernization base funding of $51,667 for each county comprises 19.58% of the $9.5 million award. The remaining 80.42% of the total allocation is determined by the following indicators: burden of disease, health status, racial/ethnic diversity, rurality, poverty, education, and limited English proficiency.

Ambassador Group Funding Proposal Funding Distribution for Primary Prevention Allocation		
GRANT AGREEMENT ENTITY	**COUNTY**	**Primary Prevention Allocation**
New Directions NW Inc	Baker	$81,426
LPHA - Benton County Health Services	Benton	$201,294
Clackamas County-Children, Family and Community Connections	Clackamas	$619,701
LPHA - Clatsop County	Clatsop	$126,341
LPHA - Columbia County Public Health	Columbia	$142,487
LPHA - Coos County Health and Wellness	Coos	$182,980
LPHA - Crook County Health Department	Crook	$99,482
Curry County Juvenile Department	Curry	$102,128
LPHA - Deschutes County Public Health	Deschutes	$342,657
ADAPT	Douglas	$260,659
LPHA - Gilliam County Public Health	Gilliam	$57,753
Grant County - Community Counseling Services	Grant	$72,420
Symmetry Care	Harney	$66,289
Hood River County - Prevention Dept.	Hood River	$122,475
LPHA - Jackson County	Jackson	$408,898
Bestcare Treatment Services	Jefferson	$128,941
Josephine County Prevention & Treatment Services	Josephine	$228,848
Klamath Basin Behavioral Health	Klamath	$204,313
LPHA - Lake Health District	Lake	$78,642
LPHA - Lane County Public Health	Lane	$641,795
LPHA - Lincoln County Health and Human Services	Lincoln	$151,328
Linn County Alcohol and Drug Program	Linn	$292,501
Lifeways, Inc.	Malheur	$157,884
LPHA- Marion County	Marion	$896,132
Morrow County - Community Counseling Services	Morrow	$110,992

Multnomah County- Behavioral Health Div.	Multnomah	$1,382,731
Polk County	Polk	$199,272
Sherman County - Prevention Program	Sherman	$99,317
Tillamook Family Counseling Services	Tillamook	$116,598
LPHA - Umatilla County	Umatilla	$252,710
LPHA - Center for Human Development	Union	$98,936
Building Healthy Families	Wallowa	$70,615
Wasco County - Youth Think	Wasco	$99,317
Washington County Health and Human Services	Washington	$1,086,688
Wheeler County- Community Counseling Services	Wheeler	$55,869
LPHA - Yamhill County HHS-Public Health	Yamhill	$259,583
	TOTAL	**$9,500,000**

ADPEP Background

The Alcohol and Other Drug Prevention Education Program (ADPEP) provides funding to governments and non-profit organizations in all 36 counties.

ADPEP program goals are to 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 drugs. 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.

Allowable expenditures

OHA's ADPEP program enables counties to implement a wide variety of evidence-based substance use prevention activities tailored to local needs, including but not limited to community needs assessment, public education and awareness, community programming, coalition building, local policy development, and community-school partnerships.

The allowable activities for these existing programs align with their federal funding priorities. OHA's existing grant agreements with ADPEP grantees make it feasible to expand the scope and breadth of ADPEP grantees' primary prevention interventions beyond the existing ADPEP program activities.

In accordance with the Board-approved proposal, these funds are intended to support local implementation of evidence-based primary prevention strategies in alignment with: 1) the Substance Abuse and Mental Health Services Administration – Center for Substance Abuse Prevention (SAMHSA-CSAP) Strategies and Programs to Prevent Substance Use; 2) Centers for

Disease Control and Prevention's (CDC) recommendations for comprehensive primary prevention programs; and 3) allowable opioid abatement uses per the terms of the settlements (Exhibit E).

Grantees will have flexibility in how they use the funds to increase their prevention capacity, including but not limited to:

- Salary and wages for new/existing preventionists
- Training and education for workforce
- Contracting
- Workforce assessment and planning
- Staffing/convening of local alcohol and drug planning committees and coalitions
- Blended strategies in implementing evidence-informed risk and protective factors-focused programs
- Services/supplies needed by a preventionist to fulfil their role with respect to evidence-based strategies

Reporting and monitoring

OHA/PHD Health Promotion and Chronic Disease Prevention (HPCDP) currently administers ADPEP awards and conducts grantee interviews twice a year to track successes around the state, monitor grant compliance, prevention plan activities, and collect information to maintain secure funding.

ADPEP grantees submit written reports to OHA twice a year using online forms and procedures prescribed by OHA describing local ADPEP's progress in achieving and working towards the goals, objectives and strategies set forth in their workplans. Reports are due within 30 days following the end of the reporting period. All ADPEP grantees must complete four reports throughout each biennium.

For this funding, grantees will be required to report primary prevention activities implemented with these funds as part of their regularly scheduled reporting requirements. Reporting activities will align with federal funding and program requirements through online reporting submissions and will be included in the OHA-DOJ Annual Opioid Settlement Spending Report. In addition, OHA will also present this information at monthly OSPTR Board meetings on request. Opioid settlement prevention investments may be carried over until expended, pending OHA approval of primary prevention budgets and workplans.

Additional funding sources for recipients

ADPEP grantees are currently funded by SAMHSA (Substance Abuse and Mental Health Services Administration) Substance Abuse Prevention and Treatment Block Grants (SAPT BG). Opioid settlement funding will increase grantee capacity to implement primary prevention strategies.

Culturally and linguistically specific primary prevention supports ($3.756 million)

Regional Health Equity Coalitions (RHECs) and Community-based Organizations (CBOs)

The Board-approved proposal includes a $3,756,000 allocation to RHECs and CBOs to increase primary prevention initiatives among populations disproportionately impacted by substance use and overdose. This investment prioritizes workforce development, workforce diversity, and the combination of evidence-based, cultural, and community-based practices.

Background

Regional Health Equity Coalitions (RHECs)

RHECs are made up of grassroots community members and representatives from culturally specific community-based organizations who work to identify what the most pressing health equity issues are in their region. Once they identify those priorities, then they work to develop solutions to these barriers and challenges at the policy, systems and environment change levels. These efforts focus on issues impacting priority populations including communities of color, Tribal communities including the nine federally recognized Tribes in Oregon and other American Indians and Alaska Natives people, immigrants, refugees, migrant and seasonal farmworkers, individuals and families with low-income, people with disabilities, and LGBTQ communities, with issues impacting communities of color as the leading priority.

There are eight RHECs representing 20 counties currently funded by Public Health Division Health Promotion and Chronic Disease Prevention (HPCDP) grants:

1. Eastern Oregon Health Equity Alliance (Malheur, Umatilla, Morrow and Union Counties)
2. Linn Benton Lincoln Health Equity Alliance (Linn, Benton, and Lincoln Counties)
3. Mid-Columbia Health Equity Advocates (Hood River and Wasco Counties)
4. Oregon Health Equity Alliance (Clackamas, Multnomah, and Washington Counties)
5. Regional Health Equity Coalition of Marion, Polk and Yamhill Counties (Marion, Polk and Yamhill Counties)
6. RISE (Regional Intersectional System-change for Equity of the Umpqua and Willamette Valley Lane and Douglas Counties)
7. SO Health-E (Jackson and Josephine Counties)
8. South Coast Equity Coalition (Coos and Curry Counties)

Oregon Health Authority Funding for Community Based Organizations

OHA funds work by community-based organizations (CBOs) to help eliminate health inequities by 2030. To reach culturally and linguistically specific communities with these primary prevention funds, currently funded OHA CBO grantees serving priority populations who are able to work in the area of substance prevention will have the opportunity to receive additional funding to work on primary prevention.

OHA recognizes the essential role of CBOs in community-driven, culturally, and linguistically responsive public health service. Our commitment to eliminating health inequities by 2030 relies

upon building trusted relationships with CBOs from every county and supporting their efforts to uplift community health priorities that are grounded in equity and accessibility.

OHA acknowledges that racism, settler colonialism and historic and contemporary injustices have created policies and programs that have led to unfair and unjust health inequities over time. In centering community strengths and wisdom for health, this grant opportunity supports community-based organizations as an important part of Oregon's public health system, working toward equity in communities of color, Tribal communities, disability communities, immigrant and refugee communities, undocumented communities, migrant and seasonal farmworkers, LGBTQIA+ communities, faith communities, older adults, houseless communities, and others.

Please follow these links to see the complete list of current Public Health Equity grantees and the Measure 110 Behavioral Health Regional Network Dashboard, which includes grantees and allocations paid to date. Funded non-governmental CBO grantees from these lists currently serving priority populations and working in substance use programming and/or prevention efforts will be eligible for additional funds from the Opioid Settlement Prevention, Treatment and Recovery Board's allocation focused on primary prevention.

Engagement

In accordance with the Board-approved proposal, OHA engaged RHECs and CBOs in coordination with County, ADPC, and OSPTR Board liaisons to recommend a funding formula and implementation plan. OHA conducted this engagement in a two-step process:

> **Step 1: RHEC Engagement:** In June, OHA began engaging the eight-member RHEC network to assess interest and capacity for initiating or expanding primary prevention interventions among populations most harmed by overdose. OHA staff hosted two RHEC meetings in June and July and hosted additional office hours with RHECs throughout July and August. OHA administered a survey to hear from RHECs their funding preferences; the final funding formula was decided by majority vote. Responses were submitted by August 16.
>
> **Step 2: CBO Engagement:** Concurrently with the RHEC engagement, OHA engaged the Public Health Division's Community Engagement Team's CBO Advisory Group, Behavioral Health Equity Community Partnership team, CBO representatives serving Black/African American communities, and CBO representatives serving Hispanic/Latino communities to help inform funding priorities and processes for the remaining available funds.

OHA prepared presentations and a packet of materials for CBO and RHEC representative consideration, including information on Oregon's substance use overdose and access to treatment disparities, OHA's funding landscape, and findings from OHA's 2024 community listening session series.

Representatives from the Opioid Settlement Implementation Team worked closely with OHA Public Health Division's Community Engagement Team (CET) and the Behavioral Health Equity &

Community Partnerships Team to strategize how to leverage OHA's existing CBO grants mechanisms and funding streams to distribute the opioid settlement funding allocation. Representatives from the Opioid Settlement Implementation Team also worked closely with RHEC program staff in OHA's Equity & Inclusion Division and the PHD Health Promotion & Chronic Disease Prevention Program to strategize about the RHEC funding process.

OHA engaged the CET's CBO Advisory Board to help inform funding priorities and processes for the prevention funding. Opioid Settlement Implementation team staff attended CBO Advisory Board meetings in June and July. OHA conducted a series of fentanyl/polysubstance community listening sessions with representatives from Black and African American communities as well as Latino, Latina, Latinx and Hispanic communities. Feedback from the listening sessions further informed CBO implementation strategies.

OHA compiled partner recommendations to develop the proposed funding formula and implementation plan for the full $3.756 million allocation.

Technical assistance
OHA's RHEC program, the PHD Community Engagement Team (CET) Public Health Equity Grants program, OHA BHD Health Equity & Community Partnerships Program (HECPP) and technical assistance partners will help identify technical assistance needs among these partners. OHA will begin preparing technical assistance and capacity-building resources in anticipation of program implementation in Fall 2024.

RHEC and CBO engagement and implementation timeline

Dates	Activities
May 12 – 25, 2024	Assemble core team to begin planning; translate funded ADPC recommendations into Spanish. Meet with PHD Community Engagement Team (CET)
May 26 – 31, 2024	Notify CBO Health Equity Grantees of upcoming opportunity via CET Newsletter in English and Spanish.
June 1 – 15, 2024	Meet with OHA Equity & Inclusion (E&I) to plan RHEC funding. Begin weekly planning meetings with CET
June 16 – 22, 2024	Convene CBO Advisory Board to better understand CBO capacity, priorities, and needs.
June 23 – 29, 2024	Convene RHEC subcommittee to strategize RHEC funding Notify RHECs through Equity and Inclusion Division (E&I) Administer survey to RHECs on funding preferences.

July 7 – 13, 2024	Convene county, ADPC, and OSPTR liaisons to debrief on CBO Advisory Board engagement and to inform implementation strategies.
July 18 – Aug 5, 2024	Re-convene CBO Advisory Board to further refine CBO funding formula and implementation plan. Re-convene RHEC subcommittee to finalize funding proposal. Host open office hours for RHECs
Aug 11 – 17, 2024	Re-convene CBO Advisory Board to refine CBO funding formula and implementation plan. RHEC survey responses due.
August 22, 2024	Re-convene CBO Advisory Board to finalize CBO funding formula and implementation plan.
Sept. 4, 2024	Present funding formula and implementation plan to OSPTR Board for final approval
Sept. 9, 2024	Finalize CBO funding criteria
Sept. 13 – 27, 2024	Informational webinars for potential grantees
October 18, 2024	CBO applications due
November 30, 2024	CBO grantees selected
December 4, 2024	Present CBO grantee list to OSPTR Board for approval
January 1, 2025	CBO and RHEC funding start date; grantee kickoff meeting to follow.

Budgets and funding formulas for CBOs and RHECs

The intent of this funding is to increase culturally and linguistically appropriate primary prevention initiatives to address the disproportionate harms among communities of color and other populations experiencing substance use and overdose health inequities.*

* The Board-approved proposal specifically highlights inequities among American Indian/Alaska Native and Black/African American populations and the inadequate availability of resources for people who speak languages other than English.

Funding amounts and mechanisms
RHECs determined that their funding amount will be $1,280,000, or $160,000 for each of the eight RHECs. After the RHEC set-aside, the remainder of the $3.756 million ($2.476 million) will be allocated to CBOs through a mini-grant process in Fall 2024.

RHEC funding will be awarded through existing Health Promotion and Chronic Disease Prevention (HPCDP) grant agreements. All RHECs currently funded by OHA are eligible to receive these funds. RHECs will have until June 30, 2027, to spend their opioid settlement funds.

CBO funding will be awarded through existing OHA grant agreements. OHA will collect data, develop eligibility criteria, and strategize an approach to fund CBO grantees for primary prevention activities. Eligibility criteria will include current OHA contractor status, populations served, and readiness to implement primary prevention strategies for opioids and other substances.

In a parallel process, OHA is working to identify a funding source to launch a capacity-building mini-grant opportunity for CBOs who are not current OHA contractors, to help prepare them for future funding opportunities.

RHEC grant agreement process

OHA's Health Promotion & Chronic Disease Prevention (HPCDP) Program supports eight RHECs serving 21 counties in Oregon through grant agreements. OHA can amend existing HPCDP grant agreements with RHECs to add the opioid settlement funding and scope of work upon the OSPTR Board's approval.

The RHEC funding timeline will be based around a June 30, 2027, deadline for RHECs to expend settlement funds. This timeline aligns with the HPCDP grant agreement timeline. The program start date will be January 1, 2025. OHA staff will work closely with the RHECs to incorporate opioid settlement funding primary prevention activities into their HPCDP workplans.

CBO grant agreement process

The Community Engagement Team (CET) within OHA's Public Health Division (PHD) and the Equity & Community Partnerships program in the Behavioral Health Division, which includes the Measure 110 Drug Addiction Treatment and Recovery Act Grants Program, support an extensive network of CBOs across Oregon.

Given the urgency for this funding, OHA's organizational capacity, and OHA's grants and contracting infrastructure, eligibility for opioid settlement primary prevention funds will be limited to CBOs in OHA's current funding network.

For the primary prevention funding through the OSPTRB, OHA will develop a funding opportunity open to CBOs with current OHA grant agreements in Fall 2024, develop eligibility criteria, select grantees in late 2024, and fund grantees for primary prevention in January 2025.

In response to listening sessions about prevention funds, community partners not currently funded also asked for access to opioid prevention resources. As noted above, OHA is working to identify other capacity building funds to provide for new Behavioral Health and Public Health CBO partnerships through a capacity-building mini-grant opportunity.

Allowable expenditures

In alignment with Exhibit E, examples of allowable activities and budget line items for RHECs and CBOs include but are not limited to:

- Supporting community-based prevention strategies, education, or intervention services for families, youth, and adults to prevent substance misuse and substance use disorder
- Increasing access to mental health services and supports for children, youth, and young adults who may be at risk for drug use
- Implementing community-based prevention education or intervention services for families, youth, or adolescents to prevent substance use disorder or co-occurring mental health conditions
- Implementing strategies that target affordable housing, education, and employment to reduce substance use disorders
- Developing targeted media campaigns to prevent substance misuse
- Increasing organizational capacity for primary prevention through workforce development and training
- Purchasing capital investments that are directly tied to primary prevention initiatives

Reporting and monitoring

In Fall 2024 OHA will work with RHEC grantees to approve workplans, budgets, and timelines in alignment with the HPCDP grant reporting timeline.

Following grantee selection in November 2024, OHA will work with CBOs to approve final workplans, budgets, and timelines in alignment with Exhibit E allowable uses and OSPTRB primary prevention priorities.

Additional funding sources for recipients

OHA provides CBO funding through CET and BHD grant agreements with multiple funding sources through a complex funding infrastructure. This funding will be another source to add to this infrastructure in support of grant opportunities.

RHECs are funded by PHD federal grants. This funding will increase RHEC capacity to implement primary prevention strategies.

Preventionist training and certification ($450,000)

The ADPC proposal directs OHA to administer a grant agreement with the Oregon Coalition of Prevention Professionals, through the Oregon Council for Behavioral Health (OCBH) to provide training, technical assistance, and support to certify 100 additional Prevention Specialists over two years.

Although OHA's Behavioral Health Division has an existing agreement with OCBH, the state Office of Contracts & Procurement (OC&P) recommended creating a new agreement as opposed to amending the existing agreement given the different spending authorities and project deliverables.

Oregon Council for Behavioral Health (OCBH) engagement and implementation timeline

May 12 - 18	Meet with OHA-Behavioral Health Division team managing the existing agreement with OCBH; engage OC&P to advise on grant agreement process
May 19 - 25	Initiate process for new grant award with OCBH
May 30	Meet with OCBH to initiate grant award process
July 22	Budget and scope of work (SOW) due from OCBH
July 18 - 23	Meet with OCBH to coordinate agreement scope of work and expectations
July 24 – Aug 1	Review and approve agreement and SOW
August 2 - 31	Submit Agreement Request and supporting documentation to OC&P
November 30	Agreement execution goal date

Oregon Council for Behavioral Health Scope of Work Summary

Grant Award Title: Preventionist training and certification
Agreement Administrator: Lisa Shields, Public Health Division
Recipient: Oregon Council for Behavioral Health (OCBH)
Not-to-exceed Amount: $450,000
Funding Source: OSPTR Fund – Prevention
Project period: October 1, 2024-September 30, 2026

1. Purpose

To expand and enhance Oregon's Certified Preventionist workforce in support of the primary prevention allocations made by the OSPTRB, OHA was directed to administer a grant agreement with the Oregon Council for Behavioral Health (OCBH) as the fiscal agent, in partnership with Oregon Coalition for Prevention Professionals (OCPP - the subject matter experts) to deliver a statewide Preventionist Training and Credentialing program.

The 2022 OHSU Oregon Substance Use Disorder Services Inventory and Gap Analysis estimated a 94 percent gap in the Certified Prevention Specialist workforce. This is an extreme shortage statewide requiring immediate action. To address this gap and to support the additional workforce capacity needed in counties and CBOs, this scope of work proposes to increase the number of Certified Prevention Specialists available to support evidence-based prevention strategies in Oregon communities. With expanded professional development opportunities, the state can solidify the foundation for a pipeline of trained local preventionists. Preventionists are a critical component in Oregon's vision to irradicate health inequity and address the statewide substance use crisis. The building of this workforce will enhance existing infrastructure for workforce development and related programming. The OSPTRB's commitment to addressing overdose and alcohol related health inequities lays the foundation for future investments. This supports Oregon's long-term goals of decreasing substance use/overdose and increasing health equity, youth and community

engagement, individual/community resilience, and mental and social well-being, as well as the OHA 2030 goal of eliminating health inequities.

Specifically, OCBH and OPPC shall:

a. Develop and implement a prevention training program based on the standards of Federal Substance Abuse Prevention and Treatment (SAPT) Block Grants (SAPTS), PCC & required Ethics.
b. The training program will train and prepare for credentialling 100 individuals by the end of two years.
c. The program will commence October 1.
d. Trainings will occur in a cohort model over two years.

Services to be provided**:**

a. The training program will require a full-time coordinator and a part time technical assistant support staff person.
b. The program will fund the training costs of the participants.
c. The program will fund the credentialing costs and testing costs of the participants.
d. The program will provide trainees with an in-person stipend for travel, lodging and per diem.
e. The program will conduct targeted outreach to Tribal communities and CBOs not currently funded to build pathways for future community supports.
f. Training will be divided into two cohorts of 25 annually, totaling four cohorts with total project capacity of 100 trainees over the two-year period.
g. The training program will provide education and meet credentialing requirement for SAPST & PCC including ethics training.

Support for the SPF Application for Prevention Success Training (SAPST): National PTTC Network. The goal of the SAPST is to develop the basic knowledge and skills needed by substance misuse prevention practitioners to plan, implement, and evaluate effective, data-driven programs and practices that reduce behavioral health disparities and improve wellness. The SAPST is intended as an introductory level course; throughout the course of their careers, prevention practitioners will need additional and more advanced workforce development opportunities beyond the SAPST.

Prevention Core Competencies (PCC): The in-person version of the Introduction to the Prevention Core Competencies consists of three full days of training covering six different modules.

Course Goals and Objectives

Goal 1: Provide an overview of prevention science and its application to practice.
Goal 2: Strengthen understanding of the knowledge and skills required to do effective planning and implementation of prevention interventions and services.

Goal 3: Raise awareness about training and credentialing needs.
Goal 4: Encourage the pursuit of further, more specialized training to enhance skills and competencies.

Learning Objective 1: Describe the key elements of prevention planning and evaluation.
Learning Objective 2: Understand the core prevention professional knowledge, skills and competencies.
Learning Objective 3: Understand the theories and processes that support prevention interventions and policies.
Learning Objective 4: Describe evidence-based prevention strategies delivered across settings including the family, school, media, community, or workplace.

Payments and financial reporting

Upon agreement execution, Grantee shall be paid $450,00.00. Grantee shall submit financial reports no later than January 31, 2025, and January 31, 2026.

Reporting and monitoring

Grantee shall submit a progress report on the training program, identifying successes, goals, and barriers to the grant objectives to OHA and the OSPTRB annually. The reports shall be electronically submitted to the Agreement Administrator.

Section 2: Implementation Plan for Recovery Center Investments

Recovery motion passed June 5, 2024:

$13,080,000 for substance use disorder recovery infrastructure and services, consistent with the ADPC recovery funding recommendation provided to the Board on June 5, 2024, as follows:

- **$2,000,000** to be granted to the Gorge Recovery Center in Wasco County
- **$2,360,000** to be granted to the Bay Area First Step Recovery Center in Curry County
- **$2,390,000** to be granted to the Painted Horse Recovery Center in Douglas County
- **$5,000,000** for a Recovery Center in Josephine County and a Recovery Center in Klamath County, to be identified by the ADPC Recovery Subcommittee in collaboration with OHA and relevant partners.
- **$500,000** to Oxford House for personnel support, as described in the ADPC recommendations.
- **$830,000** for the expansion of culturally specific and youth services in existing Recovery Community Centers throughout the state, to be identified by the ADPC Recovery Subcommittee in collaboration with OHA and relevant partners.

Prior to administering the funds, the Board requests OHA do the following by September 1, 2024:

- Provide the Board with an implementation plan to include grantee names, timeline, and scopes of work for entering into agreements with the Gorge Recovery Center, Bay Area First Step Recovery Center, Painted Horse Recovery Center, Oxford House; culturally specific and youth services; and grantees to be named in Josephine and Klamath Counties.

Core team roles and responsibilities – Behavioral Health Division

LaDonna Lofland: Staff manager, Behavioral Health Investments unit. Lead for funding to be used for capital investments

Brittany Wake: Interim staff manager, Behavioral Health Equity and Community Partnerships; Co-lead for funding with grantees to be identified in collaboration with the ADPC recovery subcommittee

Beau Rappaport: Interim staff manager, Office of Recovery and Resilience; Co-lead for funding with grantees to be identified in collaboration with the ADPC recovery subcommittee

Regan Dugger: Contracts Strategy & Coordination manager

Greg Bledsoe: Recovery subject matter expert

Bernardino De La Torre: Child and family SUD subject matter expert

Shannon O'Fallon: Department of Justice, Lead OHA Legal Counsel

BHD leadership support: Sam Byers, Adult Behavioral Health Director; Nicole Corbin, Addiction Treatment, Recovery, and Prevention Manager; Christa Jones, Strategic Projects Director; Jessie Eagan, Child and Family Behavioral Health Manager

Funding to expand Recovery Community Centers into counties with greatest need ($11.75 million) and Expansion of Culturally Specific and Youth Recovery Services in Recovery Community Centers ($830,000)

Background

Recovery Community Centers are substance use disorder peer-run drop-in centers for people in recovery from substance use disorder (SUD), serving as social "recovery hubs" that increase recovery capital (e.g., employment, housing) by providing resources that clinical care does not provide. The centers maintain daily community-based and peer-run recovery supportive activities and one-on-one peer support services.

Recovery Center engagement timeline

Date	Activity
July 16, 2024	OHA staff met with OSPTR Board Co-Chair/ADPC Executive Director Annaliese Dolph to clarify expectations of recovery investments.
July 18, 2024	OHA staff met with executive directors of Gorge Recovery Center and Bay Area First Step Recovery Center. Discussed funding objectives and expectations; funds are one-time, pass-through dollars. Grantees identified that funds are requested for capital expenses, including purchase and remodeling of property or leasing of property. Explored reporting and outcomes options.
July 18, 2024	OHA staff attended ADPC recovery subcommittee meeting; reviewed initial plan draft and sought clarity on intent of recommendations.
July 2024	Consulted with OHA/ODHS Office of Contracts and Procurement; confirmed that funding directed by OSPTR Board can be directly awarded and does not need to go through a solicitation process.
August 12, 2024	OHA staff met with executive director of Painted Horse Recovery Center. Discussed funding objectives and expectations; funds are one-time, pass-through dollars. Grantees identified that funds are requested for capital expenses, including purchase and remodeling of property. Explored reporting and outcomes options.
August 15, 2024	OHA staff attended ADPC recovery subcommittee meeting to present draft plan for approval. Committee requested addition of RFI (request for information) for recovery centers to be developed in Klamath and Josephine Counties, and a second

	RFI to determine grantees for the funds identified for culturally specific/youth recovery centers.
August/September 2024	OHA staff, in partnership with ADPC Recovery subcommittee, will engage with providers of culturally specific and youth services to identify grantees for the expansion of culturally specific and youth services in existing Recovery Community Centers and develop a budget for each entity. OHA staff in partnership with the ADPC recovery subcommittee will identify entities to develop a Recovery Center in Josephine County and a Recovery Center in Klamath County and develop a budget for each entity. After consulting with the ADPC recovery subcommittee, OHA staff will issue an RFI (request for information) for the Recovery Centers to be developed in Klamath and Josephine counties. After consulting with the ADPC subcommittee, OHA staff will issue an RFI for existing culturally specific and youth recovery centers. Both RFIs will be open to recovery service providers statewide.
September 4, 2024	Present initial implementation plan to OSPTR Board for approval.
September 2024	OHA staff will review results of RFIs with ADPC recovery subcommittee. OHA and ADPC recovery subcommittee will collaboratively decide upon methodology to select grantees. OHA staff will notify grantees of awards.
October 2024	Grant administrators will schedule meetings with all grantees to review and clarify reporting requirements. These meetings will ensure that grantees fully understand the expectations and deadlines associated with their reports. We will also use this time to address any questions or concerns and to finalize any details related to the reporting process. The goal is to establish clear communication and to facilitate a smooth and efficient reporting experience for all parties involved.
October, 2024	Report to board selected recipients, site locations, and type of programs (culturally specific, youth, new recovery center) Review, negotiate and approve budgets for each site location.
October/November 2024	Draft and finalize grant agreements
October/November 2024	Approve project plan and implementation timeline for each awardee. Develop reporting and evaluation requirements for each awardee.
November 6 2024	Present funding formula and implementation plan to OSPTR Board for final approval.

October 2024 – January 2025	Provide Technical Assistance to awardees for successful implementation- October-December.
January 2025	Review initial awardee reports.

Grantee Names

- *$2,000,000* to be granted to the Gorge Recovery Center in Wasco County; Derek Greenwood, Executive Director
- *$2,360,000* to be granted to the Bay Area First Step Recovery Center in Curry County; Steve Sanden, Executive Director
- *$2,390,000* to be granted to the Painted Horse Recovery Center in Douglas County; Jerrod Murray, Executive Director
- For remaining funds where the Board has not specified the grantees, OHA will collaborate with partners to determine grant recipients within the parameters set by the Board. This work will be led by the Offices of Recovery and Resilience and Equity and Community Partnerships. We will implement feedback shared by community during the Fentanyl/Polysubstance Use listening sessions, as well as prioritize communications with community partners that are not currently funded. Recipients will establish services within the board-approved geographic locations that have been targeted due to being high need areas of the state.

Scope of Work for Grantmaking

- Assigning Grant Administrators
- Developing agreed upon project budget, scope of work, and reporting requirements with grantees
- Moving grant through statutorily mandated process

Allowable Expenses

- Purchase of real property
- Remodeling/improvements of real property
- Personnel/staffing expenses
- Purchasing of needed equipment, computers, furniture, office supplies
- Capital expenditures (such as purchase or remodeling of property) and program expenses (including staffing, furniture, fixtures, and equipment) may need to be awarded in separate grants due to contracting statutes
- Vehicle purchase and maintenance costs
- Other potential expenses as needed based on project plan

Reporting and monitoring

Grantees shall submit an annual progress report to OHA identifying expenditures, successes, goals, and barriers to the grant objectives. The reports shall be electronically submitted to the

Agreement Administrator. This information will be included in the Annual Opioid Settlement Spending Report and shared at OSPTRB meetings on request.

Oxford House Administrative Support ($500,000)

Engagement timeline

August 20 - 31, 2024	Meet with Oxford House liaison to discuss agreement scope and expectations
September 20, 2024	Budget and scope of work due from Oxford House
Sept 21 - 30, 2024	Review and approve agreement and SOW
October 1 - 31, 2024	Submit Grant Agreement Request and supporting documentation to OC&P
November 30, 2024	Agreement execution goal date

Grant Award Summary

Grant Award Title: Oxford House personnel support
Agreement Administrator: Gregory Bledsoe, Behavioral Health Division
Recipient: Oxford House
Not-to-exceed Amount: $500,000
Funding Source: OSPTR Fund – Recovery
Project period: December 1, 2024 - November 30, 2025

Purpose

Support five personnel for one year to provide services including but not limited to outreach, reentry, training and education, and regional management.

Payments and financial reporting

Upon agreement execution, Grantee shall be paid $500,000.00. Grantee shall submit financial report no later than December 31, 2025.

Reporting and monitoring

Grantee shall submit a final report identifying successes, goals, and barriers to the grant objectives to OHA and the OSPTRB no later than December 31, 2025. The report shall be electronically submitted to the Agreement Administrator.

Section 3: Implementation Plan for Treatment/Opioid Treatment Program Expansion Investments

Treatment motion passed July 10, 2024 and amended August 7, 2024:

$14,329,000[1] for substance use treatment infrastructure and services, consistent with the ADPC treatment funding recommendation provided to the Board on July 10, 2024, as follows:

Up to **$3.9 million** to fund:

- Two mobile or non-mobile medication units in Clackamas County serving Oregon City and rural Clackamas County; and
- An opioid treatment program or a mobile or non-mobile medication unit in Multnomah County serving the geographic areas of the county with the highest unmet need.

Up to **$10.3 million** to fund a total of eight opioid treatment programs or mobile or non-mobile medication units, specifically:

- Two in Northeastern Oregon;
- One in The Mid-Gorge region;
- One in Klamath county;
- Two in underserved Coastal areas
- One in Eastern Lane County; and
- One in Redmond ($1,246,000 from the Emerging Issues allocation category 8/7 amendment)

Note: To be eligible for funding, a mobile or non-mobile medication unit or an opioid treatment program must be currently certified by OHA.

Up to **$250,000** to Oregon Health & Science University (OHSU) to provide technical assistance to jails and to foster collaboration between opioid treatment providers and jails.

Prior to administering the funds, the Board requests OHA do the following by September 1, 2024:

- Provide the Board with an implementation plan that includes potential grantees, grantees' budgets, timelines, allowable costs for the grants, additional funding sources, scopes of work for entering into agreements with identified potential grantees, based on recommendations by OHA subject matter experts and relevant program partners; and
- Provide the Board with the scope of work for an Interagency Agreement with OHSU and the timeline for entering into such an agreement.

Core Team Roles and Responsibilities – Behavioral Health Division

Regan Dugger: Contracts Strategy & Coordination manager

Nicole Corbin: Addiction Treatment, Recovery, and Prevention manager

[1] Motion to allocate $14,350,000 is an estimated amount. Actual expenditures shall total no more than$14,329,000.

Dana Bowman: Grants Administrator, subject matter expert; SUD Delivery System, SUD/MAT & SOTA Alternate
John McIlveen: State Opioid Treatment Authority (SOTA) & SUD/MAT subject matter expert
Evan Olsen: Fiscal/Budget
Shaun Crossett: Fiscal/Budget
Shannon O'Fallon: Department of Justice, OHA Lead Legal Counsel

Three Opioid Treatment Program (OTP) Medication Units in Metro Region and eight OTP Units outside of Metro Region ($14.08 million)

Background

Opioid Treatment Programs (OTPs) provide multidisciplinary, outpatient-based care of patients with opioid use disorder (OUD), utilizing all three FDA- approved medications (typically methadone or buprenorphine). OTPS operate under regulations and certifications from the Federal (SAMHSA and DEA) and state governments (OHA).

Under federal law, patients may be treated with methadone for maintenance treatment of opioid use disorder only via medication ordered and dispensed from an OTP. No "prescription" is filled – medications are ordered and dispensed from the OTP.

New federal flexibilities allow for greater reach through mobile and non-mobile "medication units", extended take- homes, and tele-assessment for more rapid access at multiple points of care.

There are currently 29 OTPs in Oregon, including Federal prison and Veterans Affairs.

Grant Recipients

OHA/BHD will be awarding $1,246,000 to the Oregon Recovery & Treatment Centers (ORTC) in Redmond. The funds will be utilized to staff a non-mobile medication unit with an end date of 11/26/2026.

OHA/BHD staff is currently receiving and reviewing proposals for all other targeted expansion sites determined to be high need areas of the state, with the key consideration being geography/distance to treatment.

Timelines for Engagement and Scopes of Work

July – September 2024	Review grantee proposals
August 2024	Assign OHA Grant Administrator- (Dana Bowman selected) Establish financial allocation coding for OHA grants and contracting (Evan Olson, Shaun Crossett to inform Dana Bowman once established)

August – September 2024	Draft and Finalize Redmond Grant Agreement
September 2024	Report to board selected recipients, site locations, and type of programs (OTP, Mobile, Non-Mobile Medication Units) Review, negotiate and approve budgets for each site location
September – October 2024	Draft and finalize remaining nine Grant Agreements
October 2024	Approve project plan and implementation timeline for each awardee Develop reporting and evaluation requirements for each awardee
October – December 2024	Provide Technical Assistance to awardees for successful implementation- October-December
December 2024	Review initial awardee reports- December

Funding Formulas

- Grant agreements will be directly awarded by OHA to selected recipients. The Office of Contracts and Procurement (OC&P) has confirmed that grants can be directly awarded and do not need to go through an open competitive solicitation process.
- Recipients will be selected from within the board approved geographic locations that have been targeted due to their high need areas of the state.
- Approximately $13.1 million total for OTP expansion – 10 new sites to be funded.
- Each site will submit a budget necessary for implementation, the budget will be reviewed and negotiated with OHA to ensure scope of work and use of funds is within guidance of Exhibit E.

Allowable Expenditures

- Purchase of real property
- Remodeling/improvements of real property
- Personnel/staffing expenses
- Purchasing of needed equipment, computers, furniture, office supplies
- Capital expenditures (such as purchase or remodeling of property) and program expenses (including staffing, furniture, fixtures, and equipment) may need to be awarded in separate grants due to contracting statutes
- Vehicle purchase and maintenance costs
- Other potential expenses as needed based on project plan

Reporting and monitoring

Accreditation is a peer-review process that evaluates an OTP against SAMHSA's opioid treatment standards and the accreditation standards of SAMHSA-approved accrediting bodies. The accreditation process includes onsite visits by specialists with experience in opioid treatment medications and related treatment activities. The purpose of site visits is to ensure that OTPs meet specific, nationally accepted standards for OTPs. Once certified, OTPs must renew certification annually or every three years depending on the accreditation timeframe awarded.

In addition to providing information required during site visits, opioid settlement grantees shall submit a quarterly progress report to OHA identifying expenditures, successes, goals, and barriers to the grant objectives. The reports shall be electronically submitted to the Agreement Administrator. This information will be included in the Annual Opioid Settlement Spending Report and shared at OSPTRB meetings on request.

Additional Funding Sources

No funding will be awarded for expansion costs.

Opioid Treatment is a covered OHP/Medicaid Benefit. It includes but not limited to medication, counseling, transportation, acupuncture, withdrawal management, peer services, case management, care coordination, and other wrap-around services for recovery support.

State funds have historically never been used to expand OTPs in Oregon; the Oregon Legislature could potentially invest money in future expansion efforts, as the need is great.

All OTP expansion efforts over the past decade have been possible through competitive federal grants awarded to OHA.

Technical assistance for Jails ($250,00)

OHSU engagement timeline

July 26	Met with Daniel Hoover, MD, Assistant Professor of Medicine, to discuss Intergovernmental Agreement (IGA) scope and expectations
August 8	Budget and scope of work due from OHSU
August 12	Review and approve IGA and SOW
August 15 – September 30	Submit IGA Request and supporting documentation to OC&P
November 1	IGA execution goal date

OHSU Scope of Work Summary

IGA Title: Technical Assistance (TA) for Jail-Based Medication for Opioid Use Disorder Programs
Agreement Administrator: Lisa Shields, Public Health Division
Recipient: Oregon Health & Science University
Not-to-exceed Amount: $250,000
Funding Source: OSPTR Fund – Treatment

Project period: November 1, 2024-October 31, 2026

Purpose

The purpose of this agreement is to support Oregon's local jails to establish or improve their medication for opioid use disorder (MOUD) services, including the provision of methadone, buprenorphine formulations, or ER-naltrexone. In the 2019 Census of Jails nationally, 15% screened positive for opioid use disorder. In two weeks following release from incarceration, risk of death from synthetic opioid overdose is at least 50 times greater than in the general population. MOUD provided in jail settings is known to be effective to increase post-release community treatment rates, reduce post-release illicit opioid use, and reduce odds of post-release overdose. However, delivering MOUD in jails is complex, requiring overcoming multiple systems barriers and clinical barriers to implementation. This technical assistance proposal is designed to help Oregon's jails take advantage of the upcoming MOUD program funding opportunities, first through the Oregon Criminal Justice Commission's Jail MOUD grant program, and second through Oregon's Medicaid 1115 Waiver demonstration for carceral settings. This technical assistance (TA) program is intended to help overcome hesitancy by local jails to start programs using the new funding, and to help jails wisely spend the funding on evidence-based addiction medicine care to have maximal impact.

Project Structure

Subject matter experts (SME) within the Section of Addiction Medicine under OHSU's Department of General Internal Medicine will lead the TA and meet with local jails and their community partners to develop MOUD programs in multiple Oregon jails over the 2-year project period. OHSU Addiction Medicine SME will facilitate at least monthly meetings to develop programs with interested jails prior to program launches, and in the background generate program materials such as guiding operational procedures and clinical care protocols. After jail MOUD program launches, OHSU Addiction Medicine will continue to provide clinical advising to jail-based MOUD providers, either by continued connection to the development SME, or use of the OHSU Addiction Consult Line.

The allocation of staff time per jail is flexible depending on the number of jails interested and the level of the needs of individual jails. Jails starting a brand new MOUD program would be considered to have high TA needs with expectation of a 1-year duration. Jails augmenting existing MOUD services, such as adding the capacity to use injectable MOUD, may require less assistance or for shorter durations. The estimate provided to the Opioid Settlement Prevention, Treatment, and Recovery Board is that this TA can serve up to four high-needs jails in year one, and three high-needs jails in year two. The goal is that each jail could grow beyond the need for TA after up to one year of program development work guided by the OHSU Addiction Medicine SME, and that a portion of this one-year period would include at least two months of early quality improvement consultation after launching the program.

Other SMEs outside of OHSU Addiction Medicine may be consulted in a support role depending on the needs of local jails, such as a pharmacist SME, an opioid treatment program SME, and a jail nurse manager SME.

Limited travel to local jails is anticipated, with the intention to provide MOUD program education to healthcare and officer staff in an interactive workshop format, and to map workflows based on the physical layout of the local jails.

Payments and financial reporting

Upon agreement execution, Grantee shall be paid $125,000.00. Grantee will receive the second disbursement of $125,000 no later than September 30, 2025. Grantee shall submit financial reports no later than January 31, 2025 and January 31, 2026.

Reporting and monitoring

Grantee shall submit a progress report identifying successes, goals, and barriers to the grant objectives to OHA and the OSPTRB annually. The reports shall be electronically submitted to the Agreement Administrator.