

# Opioid Settlement

## Prevention, Treatment and Recovery Board Meeting

- Date:** July 10, 2024
- Locations:** Zoom (link at end of agenda)
- Time:** 10:00 a.m. – 1:00 p.m.
- Attendees:**
1. April Rohman
  2. David Hart
  3. John McIlveen
  4. Tami Kane-Suleiman
  5. Annaliese Dolph (Co-chair)
  6. Zebuli Payne
  7. Nicholas Ocón
  8. Laurie Trieger
  9. Skyler Broucker-Knapp
  10. Joann Linville
  11. Julia Hajduk
  12. Carrie Brogoitti
  13. Rick Treleaven
  14. Fernando Peña
  15. Captain Lee Eby (Co-chair)
  16. Rep. Maxine Dexter (non-voting)
  17. Sen. Lew Frederick (non-voting)
  18. Judge Ann Lininger (non-voting)

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### Meeting objectives

- Learn about treatment funding needs, constraints and opportunities from OTP providers and those with lived experience
- Hear ADPC’s proposal to fund Treatment category dollars
- Discuss and decide on Treatment funding

TIME	ITEM	LEAD
10:00 a.m.	Welcome and roll call - Review meeting objectives	Lee
10:05 a.m.	Board business <ul style="list-style-type: none"> <li>• Funding update</li> <li>• Data subcommittee updates</li> </ul>	Lisa/David

<p><b>10:15 a.m.</b></p>	<p>Presentations by Treatment professionals, providers and representatives with lived experience:</p> <p style="padding-left: 40px;">Treatment funding OTP applicant: Matt Owen, Kirsi Kirk-Lewis, ORTC</p> <p style="padding-left: 40px;">Lived experience: Mishiah Doig, Mary McIlvain</p> <p style="padding-left: 40px;">Medications for Opioid Use Disorder (MOUD) in jails: Dan Hoover, OHSU Addiction Medicine Division</p>	<p>John Mcilveen, Kati Jokinen, Mary McIlvain, Mishiah Doig, Matt Owen, Kirsi Kirk-Lewis, Dan Hoover</p>
<p><b>11:15 a.m.</b></p>	<p>Break</p>	
<p><b>11:25 a.m.</b></p>	<p>ADPC Treatment memo presentation Board Q&amp;A</p>	<p>John Mcilveen/Kati Jokinen</p>
<p><b>12:10 p.m.</b></p>	<p>Public comment</p>	
<p><b>12:20 p.m.</b></p>	<p>Proposal discussion; decision and direction to OHA</p>	<p>Jenny Thacker</p>
<p><b>1:00 p.m.</b></p>	<p>Adjourn</p>	

Zoom Meeting Link (accessible for public observation):

<https://www.zoomgov.com/j/1617563940?pwd=cUxvNGROODZQS2RxUEE0U21vNVJEUT09>

Meeting ID: **161 756 3940** Passcode: **060230**

Dial by your location +1 669 254 5252 US (San Jose) +1 646 828 7666 US (New York)

## **ADPC Treatment Committee Recommendations to the Opioid Settlement Prevention, Treatment and Recovery Board**

This proposal outlines treatment recommendations for the Opioid Settlement Prevention, Treatment, and Recovery Board (OSPTRB). The OSPTRB allocated 30% of the total of all Oregon settlement funds to the nine Federally Recognized Tribes in Oregon, totaling \$27.7 million for the biennium 2023-2025, to spend on approved prevention, treatment, and recovery strategies. Following the Tribal set-aside, the OSPTRB allocated \$13,083,000 for treatment services for the biennium 2023-2025.

The OSPTRB requested recommendations from the ADPC for prioritized investments to add medication units to existing Opioid Treatment Programs (OTPs) in the state, in line with the ADPC Recommendations to Reduce Deaths Related to Overdose in 2024. The Treatment committee discussed options for funding over the course of several monthly meetings: March 13, 2024 (OTP overview in Oregon from Dr. John McIlveen, Oregon SOTA); April 10, 2024 (Information from 3 current OTP medication unit providers); May 8, 2024 (Review cost range information from providers and discuss funding allocation); and June 12, 2024 (Finalized Recommendation for funding allocation). This funding proposal aligns with the funding and strategic direction laid out by the legislature in HB 4002 (2024), including the directive to the ADPC to study barriers to Medications for Opioid Use Disorder (MOUD) treatment, and funding through the Criminal Justice Commission to expand access to MOUD in jails throughout the state. It also aligns with the OHA overdose response plan.

The ADPC Treatment committee, in consultation with Board members Fernando Pena, Annaliese Dolph and John McIlveen, recommend investing the \$13.083 million allocated for Treatment to expand mobile and non-mobile medication units of Opioid Treatment Programs by covering the cost of One-time Startup costs, including building/vehicle, security, staff recruitment costs. The below table shows the recommended investments and geographic coverage.

	<b>Fund 3 OTP Medication Units in Metro Region (\$3.9 mil)</b>	<b>Fund 7 OTP Units outside of Metro Region (\$9.1 mil)</b>	<b>Fund TA for Jail MOUD (\$250,00)</b>	<b>TOTAL</b>
<b>OSPTR Board Proposal</b>	Fund two units in Clackamas county serving Oregon City and rural Clackamas county + one additional OTP or medication unit in Multnomah county that will address geographic areas with highest unmet need.	The Committee recommends OTP or medication units to cover Eastern Oregon, in particular Northeastern Oregon (2); the Mid-Gorge region; Klamath; underserved Coastal area (2); and Eastern Lane county.	Fund OHSU to provide Technical Assistance to jails and foster collaboration between OTP providers and jails.	<b>\$13,250,000</b>

## Background on OTP Medication Units

### Changing regulatory framework

Opioid Treatment Programs (OTPs) provide MOUD, including methadone, to patients with Opioid Use Disorder. OTPs may establish medication units to administer or dispense medication therapy. Such a unit is intended to facilitate access to medication-assisted treatment for patients who would otherwise have to travel great distances.

Significant changes were made to federal rules in early 2024 to increase access to OTP services, including the elimination of 1-year opioid addiction history requirement before MOUD is prescribed, the expansion of criteria that qualify someone to be able to take home doses of methadone, the allowance for initiating treatment with buprenorphine via telehealth (and methadone in certain circumstances), a scope of practice expansion allowing Nurse Practitioners and Physician Assistants to order MOUD, and accreditation measures to improve monitoring and allow continuity of operations if compliance issues arise.

### Start-Up and One Year of Operating Cost Estimates

The Treatment Committee collected data from the three existing Oregon Opioid Treatment Programs that operate mobile and non-mobile medication units. While costs will vary by region, the Committee estimates \$1.3 million per unit, whether mobile or non-mobile, for start-up and operating costs.

The Committee estimates one-time start-up costs up to \$500,000. These costs include: purchase or lease of building/vehicle built to DEA standards, security, staff recruitment and retention, equipment, furniture and initial medication order. These costs will depend on the size of the unit and local market.

The Committee estimates an average of \$800,000 for one year of operating costs. This includes Personnel (Admin support/driver, nurse, nurse supervisor, medical provider, counselor, CM/peer support) and Operation expenses (IT, vehicle registration, fuel, other supplies).

## Proposed Funding Allocations

[Aspirational Goal: 90% of Oregonians will have access to methadone within 15-50 minutes.](#)

### Guiding Principles for Recommendations

The Treatment Committee reviewed overdose event data, along with existing OTP locations, for Oregon's 36 counties to aid in identifying locations for potential expansion of services. Overdose event data included data on overdose deaths, overdose emergency department visits, and overdose hospitalizations. The Committee also recommends the following conditions for funding:

- Collaboration with jails in service area
- Collaboration with community providers in the service area
- Collaboration with hospitals in the service area
- Pay at least median income in the region

- Plan for extended hours to increase access to care

### Metro Region (Multnomah, Clackamas and Washington county) Medication Units (3)

Prioritizing projects that are ready and will meet the highest need, it is recommended that OHA provides funding for three total units in the Metro area:

- One OTP or mobile/non-mobile medication unit in Clackamas county serving Oregon City,
- One OTP or mobile/non-mobile medication unit in Clackamas county serving rural Clackamas county, and
- One OTP or mobile/non-mobile medication unit in East Multnomah county or North Portland that will address a geographic area with highest unmet need, considering all overdose data and disparate health impacts experienced by marginalized populations.

### Non-Metro Region Medication Units (7)

Based on the information available through the June 12 meeting, the Committee recommends OHA funding to existing OTP providers, prioritizing projects that are ready and will meet the highest need, for OTPs, mobile or non-mobile medication units to provide services to the following areas of Oregon:

- Two OTP or mobile/non-mobile medication units serving Eastern Oregon, in particular Northeastern Oregon,
- One OTP or mobile/non-mobile medication unit serving the Mid-Gorge region,
- One OTP or mobile/non-mobile medication unit serving Klamath county,
- Two OTP or mobile/non-mobile medication units serving underserved Coastal area, and
- One OTP or mobile/non-mobile medication unit serving Eastern Lane county.

The committee proposes that OHA work with current providers to identify willing programs that can meet the unmet need, and propose identified vendors to the OSPTRB on a rolling basis from July to October.

### \$250,000 for Technical Assistance

Communities throughout the state will begin to see the services funded by this package concurrent to additional funding allocated to jails to improve access to MOUD. Technical Assistance and Training for jails as well as a learning collaborative for both jails and OTP providers will help ensure successful rollout and sustainability. The Committee recommends a direct contract with OHSU for this Training and Technical Assistance.

### Recommendations for Support of Implementation

The Committee recommends that the ADPC and the OSPTRB engage CCOs to ensure sustainable funding for the OTP units.

The Committee also recommends that OHA consider including specific parameters for data collection and evaluation, including services to individuals who are uninsured and other reimbursed care; Issuance of technical assistance to address workforce sharing, potential overnight parking barriers and continuing education.

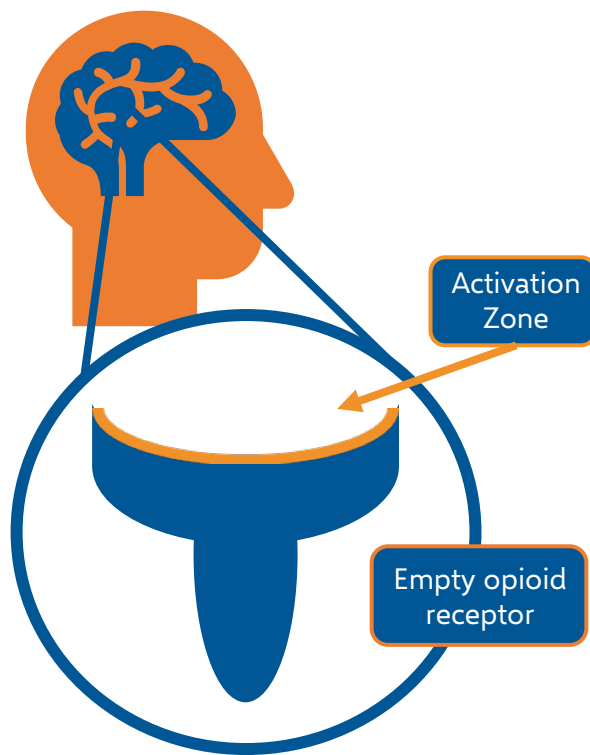
# A QUICK INTRODUCTION TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD)



- ▶ Also called Medication-assisted Treatment (MAT), includes FDA-approved medications
- ▶ Gold standard treatment approach for Opioid Use Disorder (OUD)
- ▶ In response to COVID-19, providers can prescribe buprenorphine via telehealth

- ▶ Delivered in Office-based Opioid Treatment (OBOT) or Opioid Treatment Program (OTP) setting
- ▶ Substance Abuse and Mental Health Services Administration (SAMHSA) certifies OTPs
- ▶ Decreases risk of infectious disease, reduces risk of opioid overdose, and increases an individual's overall well-being

## HOW MOUD WORKS IN THE BRAIN

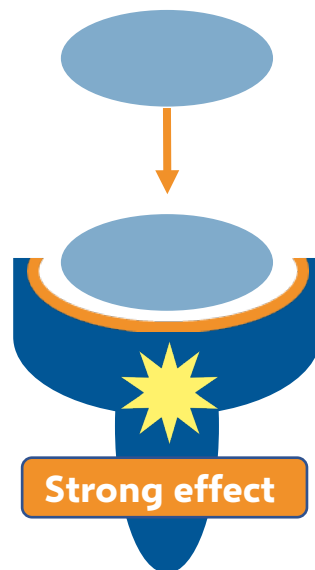


MOUD reduces opioid use and craving by attaching to the opioid receptors and blocking opioid activity in the brain

## METHADONE

Dispensed only at **certified OTPs**

**Daily** liquid or tablet  
**Brand names:** Methadose, Dolophine

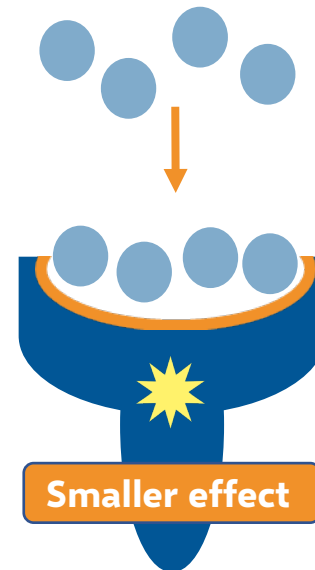


**Full agonist:** Generates full opioid effect

## BUPRENORPHINE

Prescribed in **any general medical setting**, including OBOTS, dispensed at OTPs

**Monthly** injection or **Daily** tablet or film  
**Brand names:** Subutex, Suboxone, Sublocade

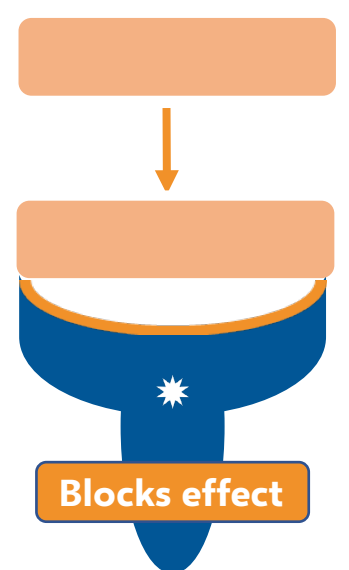


**Partial agonist:** Generates partial opioid effect

## NALTREXONE

Prescribed in **any general medical setting**, including OBOTS, dispensed at OTPs

**Monthly** injection or **Daily** tablet  
**Brand names:** Vivitrol, Revia



**Full antagonist:** Blocks effect of opioids

## BUPRENORPHINE CERTIFICATION UPDATE

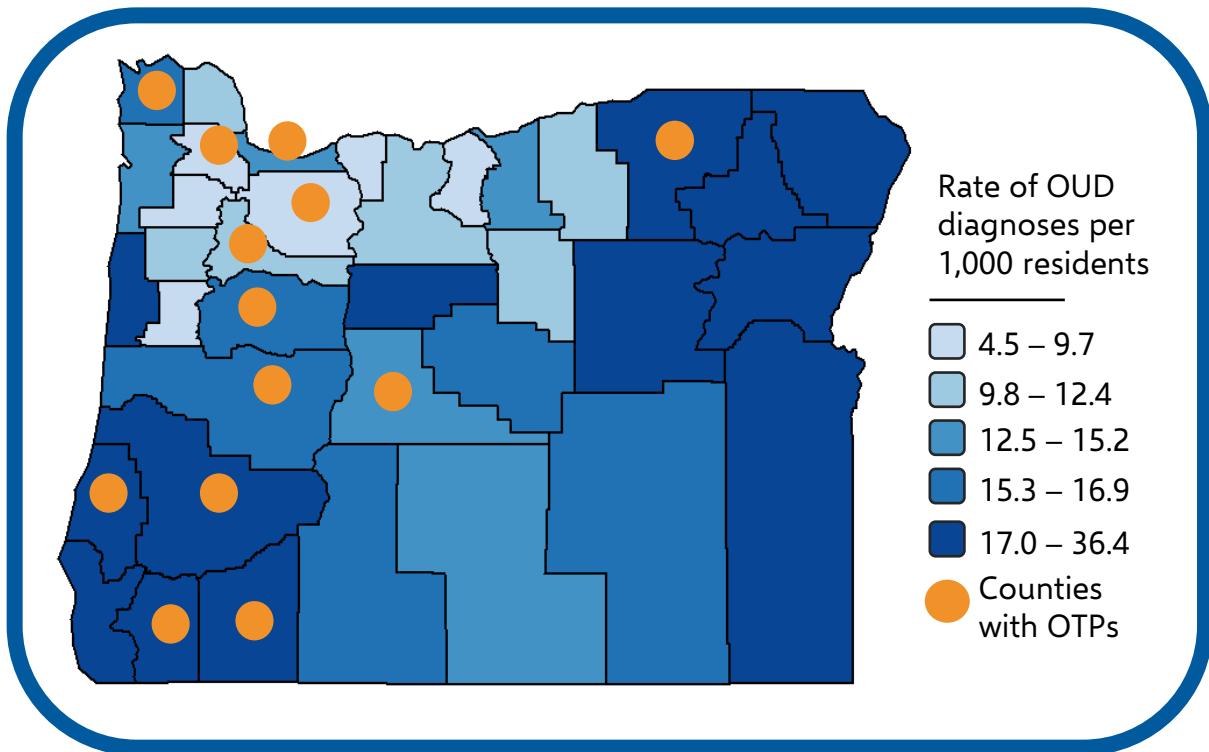
Previously, providers were required to fulfill training requirements and apply for a Drug Enforcement Agency (DEA)-approved [X-waiver](#) certification from [SAMHSA](#) to prescribe buprenorphine. With the passing of [the omnibus bill](#), the U.S. Department of Health and Human Services (HHS) has eliminated the need for training and [repealed X-waiver requirements](#). The legislation will expand universal access to MOUD treatment. **Effective now**, any clinician with a current DEA registration may now prescribe buprenorphine.

## METHADONE AND OTP UPDATE

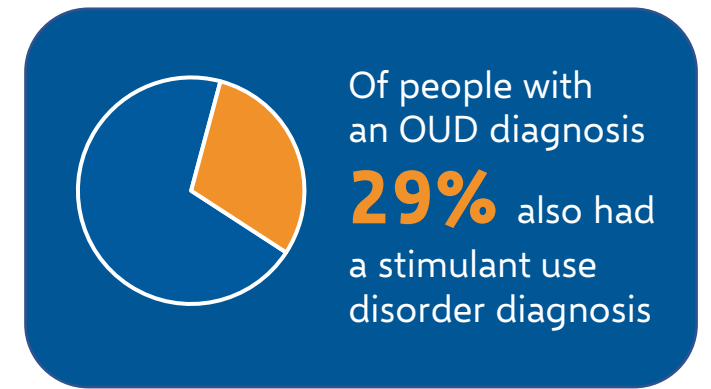
In response to COVID-19, the DEA and SAMHSA adopted [policies](#) to allow OTPs to increase methadone take-home dosing up to 28 days for stable patients and 14 days for less stable patients. With evidence that flexible take-homes has enhanced and encouraged the use of OTP services, [SAMHSA has extended the exemption](#) for one year following the end of COVID-19 emergency.



# OPIOID USE DISORDER COUNTS & OPIOID TREATMENT PROGRAMS



Among Oregonians who used medical services from January – December 2021, **57,366** had an OUD diagnosis.



Most OTPs are concentrated along the Interstate-5 (I-5) corridor serving Oregon’s 4 largest metro areas – Portland, Salem, Eugene, and Medford. **Coastal, rural, and frontier communities in Oregon are severely lacking in access to MOUDs and other OUD treatment.**

## MEDICATIONS FOR OPIOID USE DISORDER DATA

### METHADONE

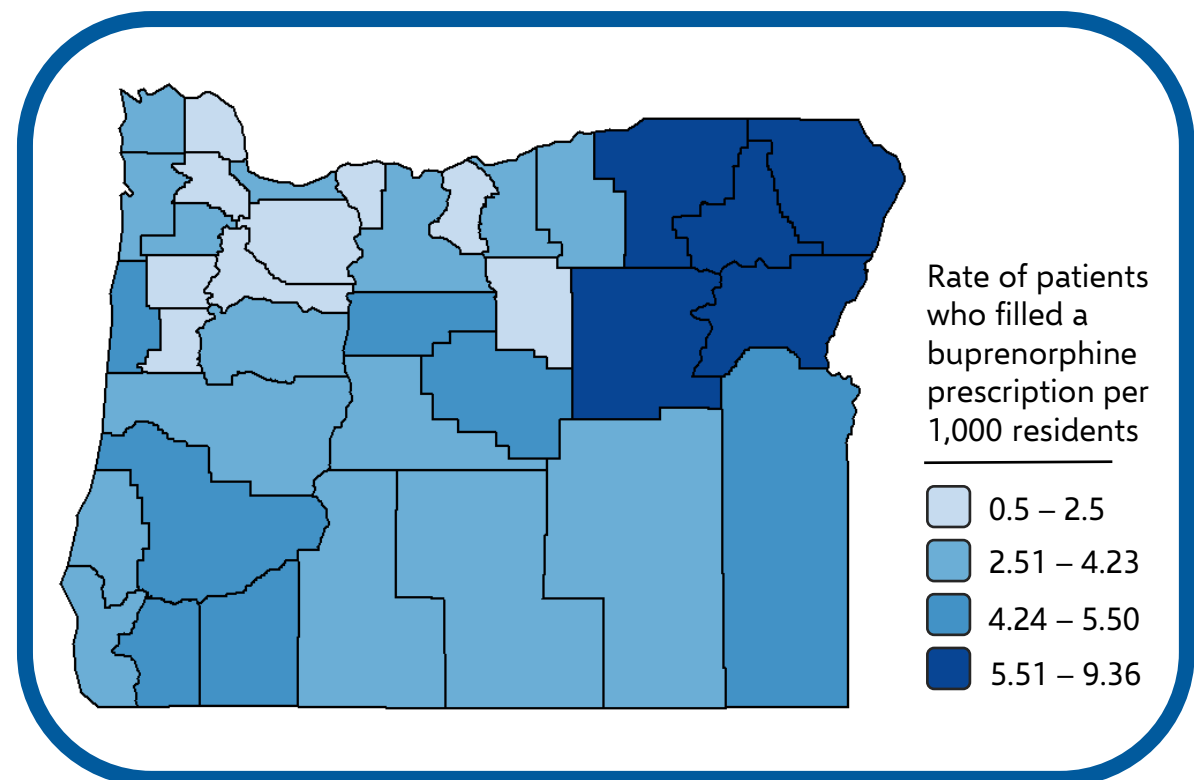
- ▶ As of spring 2022, there are more than 10,000 active methadone patients at Oregon OTPs

### BUPRENORPHINE

- ▶ While the X-waiver requirement was still active from Jan. – Dec. 2021, only half (54.5%) of X-waivered providers in Oregon dispensed a buprenorphine prescription. Of those prescribing, only 39.3% wrote more than one prescription
- ▶ Among the 57,366 people diagnosed with OUD from January – December 2021, 13,450 (23.4%) patients were dispensed buprenorphine, a 1.7% increase from the previous year

### NALTREXONE

- ▶ Prescribed for opioid use disorder and alcohol use disorder
- ▶ Among the 57,366 people diagnosed with OUD from January – December 2021, 1,454 (2.5%) patients were dispensed oral naltrexone, a 0.1% increase from the previous year



## TAKE AWAYS

- ▶ Rates of OUD and co-occurring OUD and stimulant use disorder are high in Oregon
- ▶ MOUD is proven effective and national policies are being implemented to improve access
- ▶ MOUD is underutilized in Oregon. More patients with OUD could benefit from expanded access to MOUD, including methadone, buprenorphine, and naltrexone