## Oregon Alcohol and Drug Policy Commission

# HEALTH AND SAFETY INTERVENTIONS

# AGENDA

**September 29th, 2026, 9:30 AM – 11:00 AM**

**ZOOM Meeting link:**
https://www.zoomgov.com/j/1601262995?pwd=Vjp7L48f2kuUbvs2TFYM44xPyd40QI.1Meeting ID:
Meeting ID: 160 126 2995
Passcode: 680443

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

Meeting ID: 160 126 2995

Find your local number: https://www.zoomgov.com/u/adMCsSH7PU

## SCHEDULE

| | | |
|---|---|---|
| 9:30 – 9:35 | Welcome and Organizational Business | Mara Sargent & Ashley Olsen |
| 9:35- 9:45 | Director's Updates | Director Dolph |
| 9:45-10:00 | New Membership Business | Mara Sargent |
| 10:00-10:45 | ADPC Financial Analysis | Director Dolph and Mara Sargent |

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| 10:45-10:55 | Agency Partner Updates | Agency Partners |
| 10:55 – 11:00 | Public Comment and Closing | Mara Sargent |

## 8.25.2026 ADPC HEALTH AND SAFETY INTERVENTIONS SUBCOMMITTEE RECAP NOTES:

# Director's Updates

**Presented by Director Dolph**

**Alcohol and Drug Policy Commission**

- The committee is reviewing state agency-designated spending across the full continuum of care. Findings and recommendations will be released publicly at upcoming meeting.

**Next meeting: September 14, 2026**

**Recovery Committee Update**

- Finalized a best-practice definition for Recovery Community Centers to be adopted by state agencies that fund RCCs.
- Developed plan for uniform metrics and reporting across RCCs to enable statewide tracking of the model.

**Next meeting: September 17, 2026**

**Treatment Committee Update**

- Discussing held on upcoming ASAM 4 rule implementation steps.
- Continued review of statewide treatment impacts and alignment with ASAM standards.

**Next meeting: September 16, 2026**

**Prevention Committee Update**

House Bill 3321 – Primary Prevention Assessment:

- A contractor completed a deep-dive statewide primary prevention assessment identifying who is doing what across Oregon and mapping funding streams at both the state and local levels.
- This will be presented to the Prevention Committee next week and at the next commission meeting.

**Next meeting: September 23, 2026**

**Oregon Youth Addiction Alliance**

Shared youth-specific recommendations for RCCs serving youth under 18 and young adults.

Presented to the Recovery Committee.

**Next meeting: September 16, 2026**

**Opioid Settlement Board Update:**

- Upcoming funding release: approximately $13.5 million in one-time funds for allowable uses aligned with the comprehensive plan.
- Expected to open in October; link to materials will be shared when available.
- Funding includes harm reduction and health/safety interventions, with no federal restrictions attached.
- Limited capital purchases allowed (e.g., vans, machines; no building purchases).
- Extra points available for proposals serving priority populations disproportionately affected by overdose.

**Committee Membership Updates**

- Four voting members stepped off the committee; two new proposed members introduced:
    - Juliana DiPietro (returning, Central City Concern)
    - Katie Knutson (Clackamas County Public Health)
- Formal voting on their membership will occur next month, with additional applications reviewed in January 2027.

# Legislation Feedback

**Presented by Senator Reynolds**

**Summary of Discussion:**

- Senator Reynolds' Chief of Staff opened with updates on the legislative concept for 2027 regulating mobile syringe service providers (SSPs).
- Proposed elements include:
    - Buffer zones around K–12 schools (1,000 ft urban / 500 ft rural as recommended by Coalition of Local Health Officers).
    - A registry for SSPs not under government contract.
    - Complaint-driven enforcement via OHA.
    - Needle collection and cleanup requirements.
    - Waiver options for public health emergencies.
- Senator Reynolds emphasized her goal: reducing needle debris near schools while preserving harm reduction access. She noted strong constituent pressure and school leadership support for guardrails.
- Multiple SSP and harm-reduction leaders shared concerns including:
    - Lack of syringe disposal funding.
    - Risk of reducing safe disposal and collection.
    - Narrowing access in rural communities.
    - Unequal registration requirements between nonprofit and government providers.
    - One-for-one exchange concerns.
- Senator Reynolds invited stakeholders to submit alternative bill language.

# Save Lives Oregon Survey Data

**Presented by Jude Leahy & Megan Murphy & Melissa Burgess**

**Overview of Findings Presented:**

- Save Lives Oregon (SLO) now works with *over 420 partner organizations statewide*, with naloxone distribution embedded across diverse service programs.
- Since 2020, SLO has distributed 770,000+ naloxone doses and partners have reported 27,000+ overdose reversals (likely undercounted).
- Most partners distribute naloxone through community outreach, not just SSPs.
- Syringe service program data:
    - 55% fixed site
    - 41% mobile
    - 34% street outreach
    - 17% delivery services
    - 14% folded into existing programs
- Populations reached include unhoused residents, recently incarcerated individuals, rural communities, LGBTQIA+ communities, and others disproportionately impacted by overdose.
- 87% of partners report having enough naloxone, largely due to SLO.
- 60% rely solely on SLO for supplies. Other supply sources are inconsistent - often based on donations, MMCAP access, or retail purchasing.
- Partners emphasized increased funding pressures and environmental challenges affecting distribution and outreach.
- SLO highlighted the importance of MMCAP accounts for agencies to reduce costs and improve supply reliability.

# Agency Partner Updates

**Presented by Agency Partners**

**Save Lives Oregon / Rural Health Transformation Update**
**Just in Case Oregon (New Naloxone-by-Mail Program**):

- Launching statewide September 1: funded by Rural Health Transformation grants.
- Designed for individuals, not agencies.
- Free, no ID, no insurance, no prescription required.
- Naloxone shipped discreetly; names and addresses removed after 30 days to protect privacy.
- Intended to complement (not replace) SLO and OTC/retail naloxone access.
- Soft launch focused on trusted partners rather than broad advertising.
- Expected delivery time: up to two weeks.
- Voluntary survey available for reporting overdose reversals.
- Community partners noted the program is simple, accessible, and expands reach in rural areas.

# Public Comment

**Presented by Chair**

No public comment submitted.

# ADJOURNMENT

Meeting adjourned at 11:00 AM.