End HIV/STI Oregon Statewide Planning Group (OSPG) Meeting Notes

November 19, 2025, 1:00 - 4:00 p.m.

Announcements

- Multnomah County will have a World AIDS Day recognition event and reception on December 3 at noon at 501 SE Hawthorne Blvd in Portland. Contact Derek Smith for details.
- HIV Alliance has several World AIDS Day events.
- CAP is recruiting for the Davis Street Community Advisory Board.
- The Oregon Viral Hepatitis Collective annual meeting is December 9.
    - Register for the meeting.
    - Share your story from the field.
    - Nominate your hepatitis hero for the Ann Thomas Hepatitis Leadership Award.

OSPG Survey Results & Looking Ahead to 2026

OSPG Planning Priorities Survey Results

In October, OSPG members and partners were invited to respond to a survey to help identify planning priorities. The survey had 21 respondents from across the state, including the Portland metropolitan area (10), Willamette Valley (3), the coast (1), Southwest Oregon (2), Central Oregon (2), and Eastern Oregon (3).

HIV/STI testing and prevention

Respondents' top service priorities in the area of HIV/STI testing and prevention were:

- Testing in community settings (e.g., street outreach, homeless camps)
- Access to syringe exchange & harm reduction services
- Integrated HIV/STI/VH testing in health care settings
- Testing in carceral settings
- Partner services/disease intervention specialists

Respondents' top priority populations for HIV/STI testing and prevention services were:

- Men who have sex with men (MSM)
- People who inject drugs (PWID)
- People diagnosed with syphilis or rectal gonorrhea

HIV/STI treatment

Respondents' top service priorities in the area of HIV/STI treatment were:

- Better systems to ensure rapid linkage to care for people newly diagnosed with HIV
- Expand access to mental health and behavioral health (e.g., SUD) resources for PLWH
- Expand access to basic needs, like food & transportation, for PLWH
- Expand access to housing for PLWH

Respondents' top priority populations for HIV/STI treatment services were:

- Latino/a/x people
- Black/African American people
- MSM
- People experiencing houselessness/ unstable housing
- PWID

HIV/STI response

Respondents' top priorities in the area of HIV/STI response were:

- Activities to reduce stigma
- Increasing HIV/STI awareness
- Health care provider training
- Responding to HIV outbreaks or clusters (supporting local areas of the state seeing increased cases)

Discussion

- Other valuable activities suggested by members and partners include:
    - Community college and university campus outreach would be great.
    - Mental health support
    - Same-day PrEP services
    - Insurance help for people whose insurance carrier changes coverage

What to Expect for 2026

In 2026, the OSPG will meet on April 8, June 3, September 16, and November 18.

Key planning dates:

- November 2025 - January 2026: Financial Services Inventory
- January - March 2026: OHA will schedule two town halls for providers and two town halls for clients (one in English, one in Spanish). Additional data collection will be conducted as needed.
- April 8: OSPG meeting

- May 1 - 22: Oregon's draft integrated plan for 2027-2031 will be available for review and comment.
- May 25 - 29: Integrate suggested revisions and document decisions.
- June 3: At this OSPG meeting, we will review final changes to Oregon's new integrated plan for 2027-2031. Voting members of the OSPG submit votes of concurrence, non-concurrence, or concurrence with reservations.
- June 24: Deadline for letters of concurrence from the OSPG and Part A Planning Council.
- June 30: Integrated plan due to CDC and HRSA

There will be some logistical changes in 2026:

- Shelley and Linda will serve as OSPG staff support.
- All four OSPG meetings will be online.
- Instead of issuing checks for $157, eligible members will receive $150 in gift cards. Some paperwork will continue to be required.
- Meeting invitations for 2026 will be cancelled & resent.

Discussion

- Amazon and Walmart gift cards were suggested for stipends. Other suggestions are welcome too.
- Q: Will members need to do anything to stay on the OSPG distribution list?
    - A: No. There is nothing members need to do. The distribution list will remain the same.
- Q: Will CBOs with contracts ending soon be able to continue participating in OSPG meetings?
    - A: Absolutely.

Oregon's Funding Inventory for HIV Care & Prevention Services

As a part of the development of Oregon's integrated plan for 2027-2031, a statewide financial services inventory must be completed. The purpose of the inventory is to help guide HIV prevention and care planning over the next five years. It's also an opportunity to identify any duplication of services and identify ways to work together more effectively. Many OSPG members will help with this assessment. We recognize that there is uncertainty related to funding; this will serve as a point-in-time assessment.

Oregon's HIV continuum is funded by multiple agencies and sources. The following agencies will be involved in producing the funding inventory:

- OHA for HIV Prevention/Surveillance, Ryan White Part B (31 counties outside the Portland metro area, AIDS Drug Assistance Program), HOPWA, Medical Monitoring Project (known locally as Your Voice Matters), and National HIV Behavioral Surveillance (known locally as Chime In)

- Multnomah County Health Department for Ryan White Part A (5 Oregon counties), Ryan White Part C, Ryan White Part D
- City of Portland for Housing Opportunities for Persons with AIDS (HOPWA)
- Oregon Primary Care Association for Ryan White Part F - AIDS Education and Training Center
- OHSU for Ryan White Part F - Dental Partnership & Dental Reimbursement
- Lane Community College for Ryan White Part F - Dental Reimbursement
- Other Ryan White subrecipients and direct recipients of local, state, and federal HIV services funding
- All for general fund or other funds for HIV services

Examples of key leveraged funding sources include:

- Oregon Health Plan
- Public Health Modernization
- Ending the HIV/HCV/Syphilis Epidemics in Indian Country (ETHIC)
- Reproductive Health Access Fund (RHAF)
- SNAP (food assistance)
- Measure 110
- Section 8 - Housing Choice Voucher

What will OHA include in the financial services inventory?

- OHA federal grants from:
    - HRSA, which funds 1) Ryan White Part B (services for PLWH in 31 counties) and 2) the statewide AIDS Drug Assistance Program
    - CDC, which funds 1) HIV Prevention and Surveillance, 2) the Medical Monitoring Project (a statewide needs assessment related to PLWH care and treatment), and 3) National HIV Behavioral Health Surveillance (NHBS, an assessment of prevention needs in the Portland metropolitan area, known locally as Chime In). It is uncertain whether NHBS funding will continue.
    - Housing and Urban Development (HUD), which funds statewide Housing Opportunities for Persons With AIDS (HOPWA) programs Oregon Carceral Engagement & Access Network (OCEAN), OSSCR, and Oregon Housing and Behavioral Health Initiative (OHBHI).
- OHA State General Funds, which support:
    - HIV Prevention (statewide testing, condom distribution, harm reduction and disease investigation in counties who have transferred their public health statutory authority to the state)
    - HIV care (Part B jurisdiction. Full cost OTC, eye care and medical care expenses not covered)
- Ryan White Part B Program income, which supports:
    - Oregon's AIDS Drug Assistance Program (CAREAssist)
    - HIV case management/support services in Part B jurisdiction (31 counties)
    - Enhanced statewide Ryan White services (since 2017)
        - HIV Early Intervention and Outreach (HIV/STI Statewide Services)

- HIV Supportive Housing and Behavioral Health, other Ryan White services
- Communications/Awareness activities
- Provider education

What is OHA program income? OHA's AIDS Drug Assistance Program (CAREAssist) is eligible for the federal 340B Drug Pricing Program. The 340B Drug Pricing Program is a program that requires manufacturers to provide discounted medications. The 340B Program enables covered entities to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. Many hospitals, health centers, and federal grantees across Oregon are also 340B covered entities (e.g., federally qualified health centers, specialized clinics, Ryan White, reproductive health, STI and TB clinics, hospitals).

How is OHA Program Income received? OHA administers CAREAssist, which serves approximately 4,000 people living with HIV annually. CAREAssist pays health insurance and dental premiums, copays, and deductibles for eligible clients. CAREAssist pays for some full cost services for uninsured people until they can enroll in coverage. Because CAREAssist purchases medications under the 340B Drug Pricing Program, the program can seek insurance and rebate reimbursements. Over 80% of the CAREAssist budget relies on annual reimbursements to fund the program. CAREAssist obtains reimbursements through a pharmacy benefits manager and its contract pharmacy model.

What are the federal rules? Program income is additive and must be used for the purposes for which the award was made. OHA must deliver services as outlined in the grant award and per HRSA guidance. Funds from program income must be used for Ryan White Part B allowable costs and prioritize the AIDS Drug Assistance Program. Program income may not be shared with other entities (e.g., other Ryan White recipients, marketplace plans, Medicaid, or any other state or federal program). However, OHA can issue contracts for enhanced Ryan White Part B services.

Is OHA Program Income sustainable? There are many factors that impact OHA Program Income, including the number of clients needing assistance (underinsured or uninsured); federal and state health programs and policy (OHP, Medicaid, Medicare); private and employer group health plan coverage (cost of insurance, drugs and medical services); 340B drug pricing program regulations and rules; manufacturer restrictions and lawsuits; and state drug pricing initiatives. There are also plans that do not work with ADAP, such as Kaiser; these plans require clients to use pharmacies outside of the CAREAssist network, which limit reimbursements to CAREAssist. For many years, pharmaceutical companies have been trying to end this program through contract pharmacy restrictions, lawsuits, and rebate only models. A variety of bills have been written by Congress to change the program. Most recently, many federal experts that run the 340B Drug Pricing Program have been let go by HHS. For all of these reasons, OHA states in contracts that funding is not guaranteed beyond the contract end date, and CAREAssist has priority over all Program Income funds.

How are these funds used to support the End HIV Oregon initiative? In 2011, CAREAssist changed its program model to maximize the 340B Drug Pricing Program. In 2016, the IPG (the previous name for the OSPG) developed the first five-year "Getting to Zero" plan, presented on World AIDS Day as the End HIV Oregon initiative. The plan was supported and introduced jointly in a media event by OHA and Multnomah County public health directors, planning co-chairs, and community partners. In 2017, OHA issued contracts for Ryan White Part B enhanced services for the first time, an action that aligned with End HIV Oregon priorities and surveillance data.

What enhanced services are funded with OHA Program Income? Due to the variability of OHA program income and associated risks, OHA must have received funds before issuing a contract. The OHA fiscal team forecasts approximately $12 million/year for enhanced services (sometimes lower/sometimes higher) after Ryan White Part B grant close-out. Multiyear contracts are issued to assist with the flux in reimbursements—which provides more time to earn the resources needed to maintain contracts, protects contractors from any fiscal volatility, and allows both OHA and contractors to plan ahead if changes are needed.

In 2026, OHA Program Income will be used to continue the following contracts:

- Statewide HIV Early Intervention and Outreach ($8.2 million annually)
    - HIV/STI Statewide Services (HSSS, previously known as EISO)
    - Money issued through an Intergovernmental Agreement with all Local Public Health Authorities
    - Conference of Local Health Officials (CLHO) approved funding formula
- Statewide HIV Housing and Behavioral Health Services ($7.3 million annually)
    - Intergovernmental Agreement with Multnomah County to serve the Part A jurisdiction
    - Direct OHA contracts with HIV Alliance and the Eastern Oregon Center for Independent Living to serve Part B jurisdiction
    - The HOPWA OCEAN (housing) project leveraging required by the grant and serves clients statewide

In 2026, OHA Program Income will be used to continue the following additional contracts:

- Statewide End HIV/STI Oregon Communications ($381,323 annually)
    - Coates Kokes
    - Contracts through competitive bid
- Statewide Provider Education ($600,000 annually)
    - AIDS Education and Training Center
    - Contracts through sole source (e.g., Oregon AETC is the only AETC in Oregon)

The 340B Program is heavily monitored. Requirements and the landscape are frequently changing and there is more scrutiny on all covered entities. CAREAssist maintains a contract with a 340B independent auditor to annually review the program, pharmacy

benefits manager and pharmacy network. CAREAssist is also a part of several national groups that monitor program changes/impacts. HRSA recently conducted a Ryan White Part B site visit and identified no findings in CAREAssist or in our fiscal/budget processes.

Discussion

- Q: Can the Portland TGA still receive CAREAssist funds?
    - A: CAREAssist is a statewide program, so people all over the state benefit from it. Program Income also supports some TGA programs.
- Q: What is the contract end date?
    - A: Different contracts have different end dates. The recipients are aware of these dates.
- In Oregon, public health authority is at the local level, not the state. Hence, CLHO represents those local public health authorities and makes decisions on their behalf.
- Q: Is HSSS funding allocated to counties based on the number of PLWHA in those areas?
    - A: The CLHO funding formula is based on HIV prevalence, HIV incidence, and social determinants of health.
- Q: If the 340B program went away, what would happen to program income?
    - A: OHA forecasting does not indicate any change. Though there is uncertainty, HST funding has been stable in recent years. Staff have made adjustments to mitigate negative impacts. If funds were in jeopardy, HST's top priority would be maintaining CAREAssist services with available funding. Supporting CAREAssist first is required by federal law and is supported by data that show viral suppression improves and lengthens the lives of PLWH while also preventing new transmissions.
- That CAREAssist dollar amount is significant. Prescriptions are getting expensive.
- CAREAssist is a vital lifeline for consumers.
- Q: How does the state help protect the 340B model?
    - A: There are many advocacy groups working to educate policymakers about 340B. The Oregon Primary Care Association (OPCA) has been a leading advocate for 340B protections. Contact Dayna if interested in learning more.
- The Oregon Department of Justice plans to defend the 340B covered entities in Oregon that are facing lawsuits. Other states have done so successfully.
- Federal rules prohibit some organizations from lobbying.
- The rebate pilot (approved by HHS) will be disruptive because it requires covered entities to pay the full cost for medications, then wait for reimbursement (which is supposed to occur within 10 days via direct deposit).
    - Prism Health will have to buy medications at huge cost and then wait to be reimbursed. This will have a major impact on cash flow.
    - There is concern about how this pilot will impact access to care in rural areas. Small health centers that serve folks with higher needs could be at risk of closing.

- Health insurance coverage allows PLWH to maintain jobs, move between jobs, and be insured.
- Without CAREAssist, we would go back to the 1990s. Lives would be destroyed.
- CAREAssist has done a lot of planning for the rebate pilot and does not expect to be impacted. OHA has plans in place to sustain CAREAssist for many years. ADAP is HST's top priority. The program is fully funded, and contracts for enhanced services are continuing into 2026.
- Takeaway: CAREAssist is OK and is not in any jeopardy right now! But maintaining this crucial program requires a lot of work and attention to multiple moving targets.

Save Lives Oregon Update

Save Lives Oregon was founded by OHA in partnership with a leadership team of organizations from across the state and Tribal communities. It was formed in 2020, as overdose rates soared against the backdrop of the devastation left by COVID-19 and the spread of fentanyl in Oregon's unregulated drug supply. As a collaborative of over 375 community organizations, treatment providers, and public and Tribal health agencies, Save Lives Oregon provides tools, resources and supplies that prevent and reverse overdoses, stop the spread of infectious disease and reduce the risk of additional harms of drug use.

The Save Lives Oregon Initiative has three key elements:

- A clearinghouse to equitably distribute free, state-funded supplies that prevent substance use related overdose, infections, and injuries to organizations that meet participant eligibility criteria
- Communications resources and materials to support partners in effectively explaining and promoting life-saving strategies for people who use drugs
- Training and education via learning collaboratives and technical assistance for organizations seeking to integrate life-saving strategies into their services, such as naloxone, wound care, and drug checking kit distribution

The Save Lives Oregon leadership team includes the following organizations:

- El Jardín (formally NW Instituto Latino)
- Miracles Club
- HIV Alliance
- Painted Horse Recovery
- Multnomah County Health Department
- Max's Mission
- Confederated Tribes of the Siletz Indians
- Clatsop County Health Department
- 4 D Recovery
- Outside In

Save Lives Oregon partners across the state have:

- Distributed more than 724,000 Naloxone doses
- Reversed more than 21,000 opioid overdoses
- Equipped more than 665,000 schools with opioid overdose reversal kits
- Distributed no-cost supplies to more than 380 community agencies

Partner agencies receiving state-funded supplies through the Clearinghouse include community organizations (57%), uniformed first responders (25%), and substance use treatment facilities (9%). The vast majority (96%) of partners distribute naloxone and more than two-thirds (approximately 70%) say Save Lives Oregon is their sole source for life-saving supplies. Other supplies distributed by partners include wound care supplies (distributed by 49% of partners), personal hygiene supplies (48%), sharps containers (39%), safer sex supplies (35%), fentanyl test strips (32%), and syringes and other safer use supplies (20%).

The 2024 Save Lives Oregon partner survey was completed by 168 (45%) of 375 partner agencies/organizations. The survey was available in English and Spanish. Key findings include:

- Save Lives Oregon partners serve communities in every county in the state.
- Partners provide culturally specific services (e.g., outreach, materials, interventions, and trained staff) to people who are unsheltered, housing insecure, or living in conditions that make them more vulnerable to environmental hazards (reported by 68% of partner respondents); LGBTQIA+ or gender minority people (55%); people who were recently incarcerated or involved with the legal system (50%); Hispanic or Latino/a/x/e communities (58%); American Indian or Alaska Native communities (34%); and Black or African American communities (32%).
- The vast majority (88%) of respondents said they learned something new as a Learning Collaborative that improved how they serve their community.
- Partners suggested a wide range of topics for future Learning Collaboratives, including substance use and overdose trends in Oregon, data collection methods and best practices, measuring the impact of harm reduction strategies, harm reduction in rural communities, and building harm reduction kits.
- The top five Save Lives Oregon tools, materials, or videos used by partner respondents include 1) a “How to give naloxone” video, 2) a nasal naloxone spray one-pager, 3) Oregon Good Samaritan Law wallet cards, 4) an “All About Naloxone” presentation, and 5) a “Get Naloxone Here” poster.

Resources:

- The Save Lives Oregon Resource Hub offers instructional guides and resources for agencies to download, print, and include in overdose response kits.
- Save Lives Oregon Learning Collaboratives take place on the 3rd Thursday of each month. Contact info@savelivesoregon.org to learn more.

Tips:

- Carry naloxone & know how to use it.

- There is no reversal agent for meth acute toxicity.
- Naloxone only works on opioids, but opioid co-use with meth is common, so always give naloxone. It won't hurt someone who hasn't taken opioids.
- There are many ways to access supplies, including but not limited to:
    - Save Lives Oregon Clearinghouse: Eligible entities can apply and access a specified amount of naloxone. Eligible entities also qualify for their own MMCAP account.
    - Pharmacies: Pharmacists can prescribe and dispense naloxone. Oregon has a statewide standing order. Insurance, including OHP, covers naloxone. VA Pharmacy covers naloxone.
    - Donations: Create lists of items that can be donated and seek donations of items from businesses and charitable organizations. Create a digital wishlist for your organization and share it regularly on social media or through your email list.
    - Purchasing from manufacturers: NASEN Buyers Club, Smoke Works, Direct Relief, Mckesson, Cardinal, and your agency's MMCAP accounts.

Save Lives Oregon receives funds from the Opioid Settlement Prevention, Treatment, and Recovery Board for Clearinghouse supplies only. Other funding sources initiative include SAMHSA State Opioid Response (SOR) grants; Behavioral Health General Funds; the SAMHSA Substance Use Prevention, Treatment & Recovery services (SUPTRS) Block Grant; and 2025-2027 biennium funding from the Governor's Office.

Discussion

- Dane is a fantastic ambassador for Save Lives Oregon!
- Save Lives Oregon does amazing work!
- Q: How do drug testing kits work?
    - A: To test drugs for fentanyl, people stick a test strip in the drugs. If one line appears on the test strip, there is fentanyl. If two lines appear, there is no fentanyl. Learn more here.
- As a county that received Narcan from Save Lives Oregon, I just want to say thank you so much!
- Q: Is fentanyl more potent now?
    - A: The fentanyl drug supply is volatile and unpredictable. Fentanyl and other fentanyl analogs are not resistant to naloxone. Opioids, including fentanyl and fentanyl analogs can stop breathing, so it's important to give naloxone, do rescue breathing, and do naloxone again if needed. Naloxone does not work instantly, and more naloxone does not work faster. It is also important to activate the EMS system by dialing 911.

Using Vending Machines for Prevention in Areas with Limited Access

North Central Public Health District

North Central Public Health District (NCPHD) is the public health agency that serves Wasco and Sherman counties. NCPHD first started using vending machines to distribute emergency contraception. It took about three years to bring this project from idea to implementation. This process involved ensuring sufficient funding, securing a location, selecting items, and obtaining a pharmacy license that allows for the distribution of up to six over-the-counter products.

Speaking with vendors was challenging as they often assumed a high level of knowledge about vending machines and the software involved. Stigma was also a challenge. It took some time to find a community partner who was willing to "host" the vending machine in a location that was both accessible and somewhat private. Some expressed concerns about vandalism. Ensuring vending machines of interest could fit the desired products was also a challenge.

After a few meetings, a local FQHC agreed to host the machine if it included Naloxone. The machine is now referred to as the "Wellness Vending Machine." At first, NCPHD was asked not to include emergency contraception in the machine. It was stocked with Naloxone, condoms, menstrual supplies, hygiene products, and pregnancy tests. Every item is provided at either no-cost or at-cost (substantially lower than retail price). The vending machine was purchased from VendTech for about $11,000. It is an outdoor, climate-controlled vending machine (with heating and cooling) that is protected and not easily vandalized. The prices of the products were low enough to allow the service to continue without additional grant funding.

The vending machine has been in place for about 6 months. NCPHD has plans to add COVID-19 test kits, emergency contraception kits, and fentanyl test sticks. The community's response has been overwhelmingly positive. The machine was in the local paper. There have been no issues with vandalism, and none of the fears people voiced have been actualized.

Discussion:

- Q: Is there a space in the machine for Take Me Home test cards?
    - A: We are exploring whether we might add home test kits.
- Wow, very innovative! Nice work

Clackamas County Sheriff's Office

The harm reduction vending machines in Clackamas County jails allow for low-barrier distribution of Narcan and other harm reduction materials. It took about two years to bring this project from idea to implementation. In 2021, the concept was researched and funding was identified. In 2022, the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant was extended, and some of the grant funds were used to support the vending machines. In 2023, the vending machines were ordered, designed, and set up. It took about seven months for Innovative Vending Solutions to build the custom vending machines and for the software to be tested. Other vending machine companies that offer custom set-ups include eVending, Intelligent Dispensing Solutions, and HRI Vending. Vending machine companies that offer stock machines include Illinois Supply Company, A&M Equipment Sales, VendTek Wholesale Equipment, and The Porch Box.

Clackamas County Jail budgeted approximately $45,000 for the project, which included $33,000 to purchase one large and two small machines that included custom wrap, software, and interior design. The large machines hold 72 boxes of Narcan ($23/box) and the small machines each hold 48 boxes of Narcan (supplied by Save Lives Oregon and by Project HOPE). The machines also contain condoms, HIV test kits, pregnancy tests, donated hygiene supplies (e.g., toothpaste, toothbrushes, soap, wet wipes) and rotating inventory (e.g., socks, ponchos, hand/foot warmers, emergency survival blankets). These items are provided by both the jail and by public health and harm reduction programs.

Challenges include data collection and keeping up with inventory needs and changing community needs. Volunteers help keep the vending machines stocked. Machines need maintenance when items get stuck, software stops working, there are power issues, and when inventory changes. If purchasing custom software, consider access fees, the number of allowable accounts, what types of reports can be generated, and how reports will be stored. To protect machines from theft, consider placing them in areas that are well lit and that have cameras.

Harm reduction vending machines are low-barrier, high impact, and versatile. People have traveled from other counties to access them.

Eastern Oregon Center for Independent Living (EOCIL)

EOCIL prepares harm reduction kits for dispensing on a daily basis. Kits contain sharps containers, gloves, cookers, hand sanitizer, 10-20 syringes, Naloxone, and more.

EOCIL staff use software to manage staff and client access to the vending machines across multiple counties. Team members meet with clients who visit frequently and ask if they would like to use the vending machine. When a client is interested, staff create a unique ID for the client and the client creates a passcode that allows them to access the

machine. Using the software, staff track supplies and limit clients' access if they are only using the machines and not interacting with staff.

Some clients have had challenges getting Naloxone out of the machines. In addition, some clients were getting sharps containers from the machines, but not bringing them back to EOCIL.

EOCIL purchased vending machines through Intelligent Dispensing Solutions (IDS), which provides custom vending machines that vary in size and that include temperature control. EOCIL purchased large ones for $14,000 and small ones for $8,560. These machines use IQ technology software ($600/year) to manage inventory and access. Internet service is required to communicate with the vending machines and track usage.

Discussion

- I am so grateful to see other agencies embracing the idea of vending machines for harm reduction.
- Recent research suggests that vending machine access + in-person harm reduction encounters = best outcomes when looking at service engagement.
- Tip: Always measure doors before ordering large vending machines. They might not fit!
- What a cool and innovative project. I am very curious how many machines like these are in Oregon for harm reduction
- Q: Is the additional cost for custom wrap on a vending machine beneficial? If supplies are free, why not just have them in a cabinet?
    - A: People feel less comfortable interacting with staff, who would need to monitor those items. This project has been cost-neutral for us. Before the vending machines were available, we sent all people discharged from jail home with a packet, but relatively few harm reduction kits were being taken. Staff would find them in garbage cans and overdoses were increasing. The number of people using the vending machines has exceeded our expectations.

Meeting Evaluation Results

Of 19 respondents:

- 100% agreed or strongly agreed that the information shared was useful and relevant to the OSPG's mission.
- 84% agreed or strongly agreed that there were enough opportunities for discussion; 16% felt neutral.