

Opioid Settlement Funds

Proposed Collaborative
Strategies for Opioid
Settlement Activities



Acronyms & Abbreviations

- **OD** = Overdose
- **OUD** = Opioid Use Disorder
- **MH** = Mental Health
- **SUD** = Substance Use Disorder
- **BHRN** = Behavioral Health Resource Network – grant to fund services to those targeted by M110
- **DCSC** = Deschutes County Stabilization Center
- **PH** = Public Health Program
- **BH** = Behavioral Health Program
- **CCBHC** = Certified Community Behavioral Health Clinic (primary care integration)
- **MAT** = Medically Assisted Treatment (Buprenorphine) for OUD
- **COOPR** = Central Oregon Opioid Prevention & Response



Background

The Opioid Crisis

Over 500,000 USA opioid related deaths since 2000

Deaths **highest for those age 24 - 35**

Opioid OD deaths **contributed to USA life expectancy decline** since 2014

Opioid crisis resulted in **lost wages and other health impacts and costs** for individuals, families & communities

Litigation

States & Counties bore the brunt of the cost

Litigants claimed the industry “grossly misrepresented the risks of long-term use...for persons with chronic pain,” and “failed to properly monitor suspicious orders of those prescription drugs - all of which contributed to the current opioid epidemic.”

Settlement

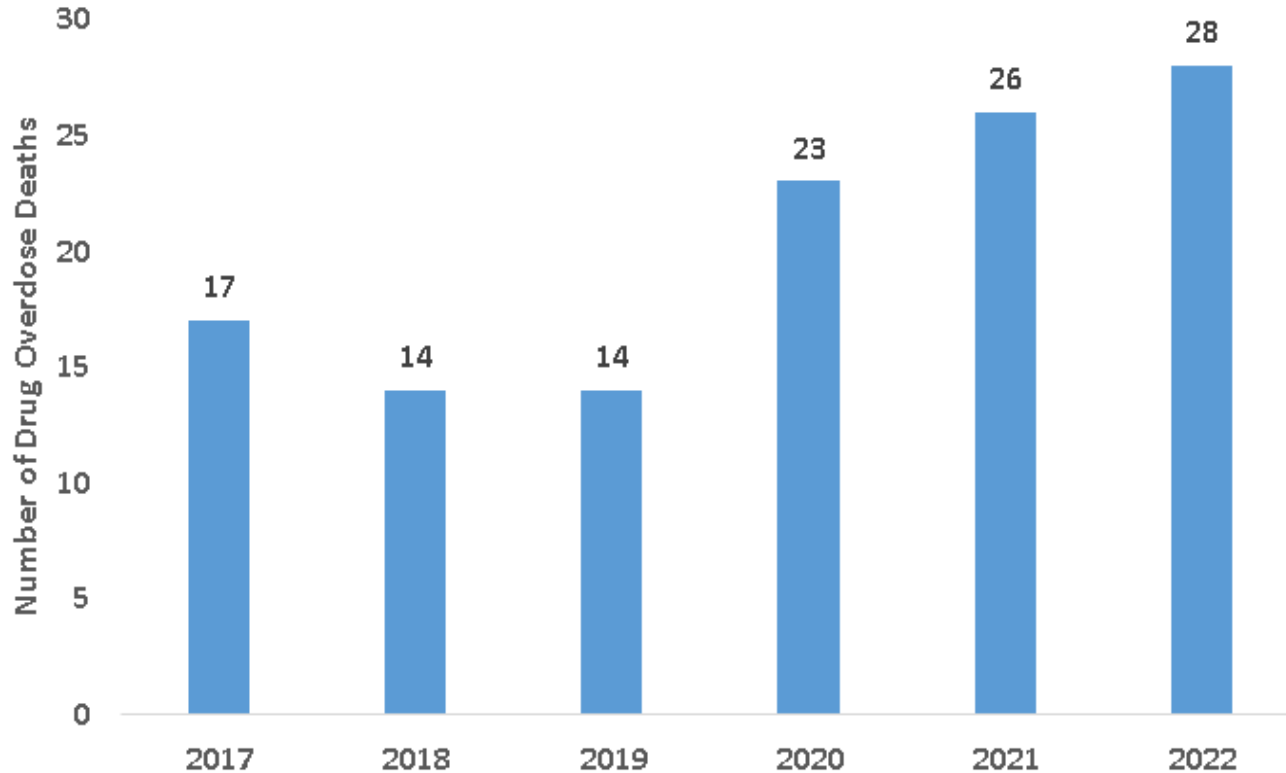
In 2021, nationwide settlements resolved all opioids litigation brought by states and local political subdivisions

\$26 Billion awarded to be **distributed over 18 years**

Deschutes County slated to receive **~\$7.1 Million over 17 yrs.**



Central Oregon Picture: OD Deaths

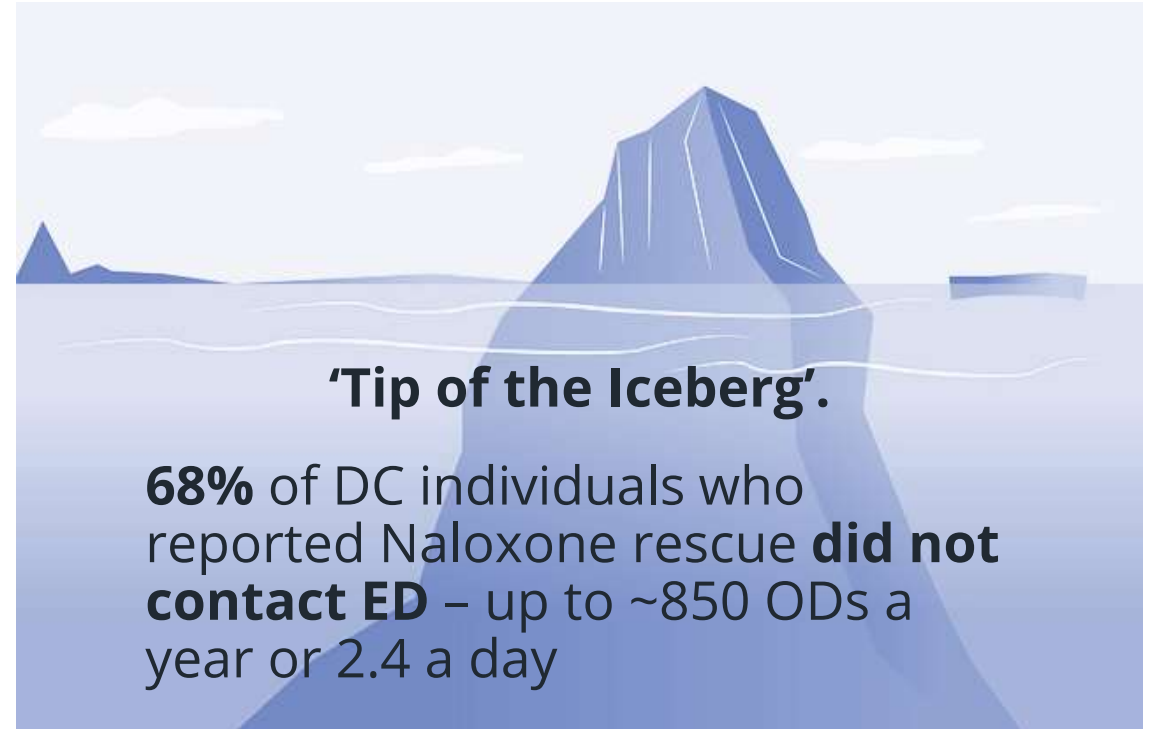


Between 2018 & 2021 the rate of overdose deaths in CO increased by 85%. Preliminary 2022 data puts CO on track for a 100% increase.



Central Oregon Picture: ED Visits

- There were **273 ED visits** for opioid OD in 2022.*
- **161 ED visits** for opioid OD Jan-June 2023
- **185** were Deschutes County residents in 2022. Of those **44** involved **Fentanyl**.
- **36 Fentanyl ED visits** in first six months of 2023 for Deschutes County residents
- Statewide, **64%** of OD related deaths involved Fentanyl.
- Naloxone required for rescue increased from **1.7 to 3.2 doses**.



* Preliminary COOPR data may change



Conclusions: Drug Overdose Deaths and Fentanyl are Increasing in Oregon and Central Oregon

1. Early Identification of a drug overdose mortality spike is critical to timely prevention outreach and reducing death risk
2. Several communities in Oregon have seen a drug overdose mortality spike in recent years
3. Fentanyl overdose deaths are increasing substantially every year in Oregon 2019, 2020, 2021, 2022
4. Central Oregon drug overdose deaths are also increasing along with fentanyl
5. Timely access to drug overdose death data and timely prevention outreach are needed to respond to a spike



Current Effective Strategies

Pain Standards Task Force:

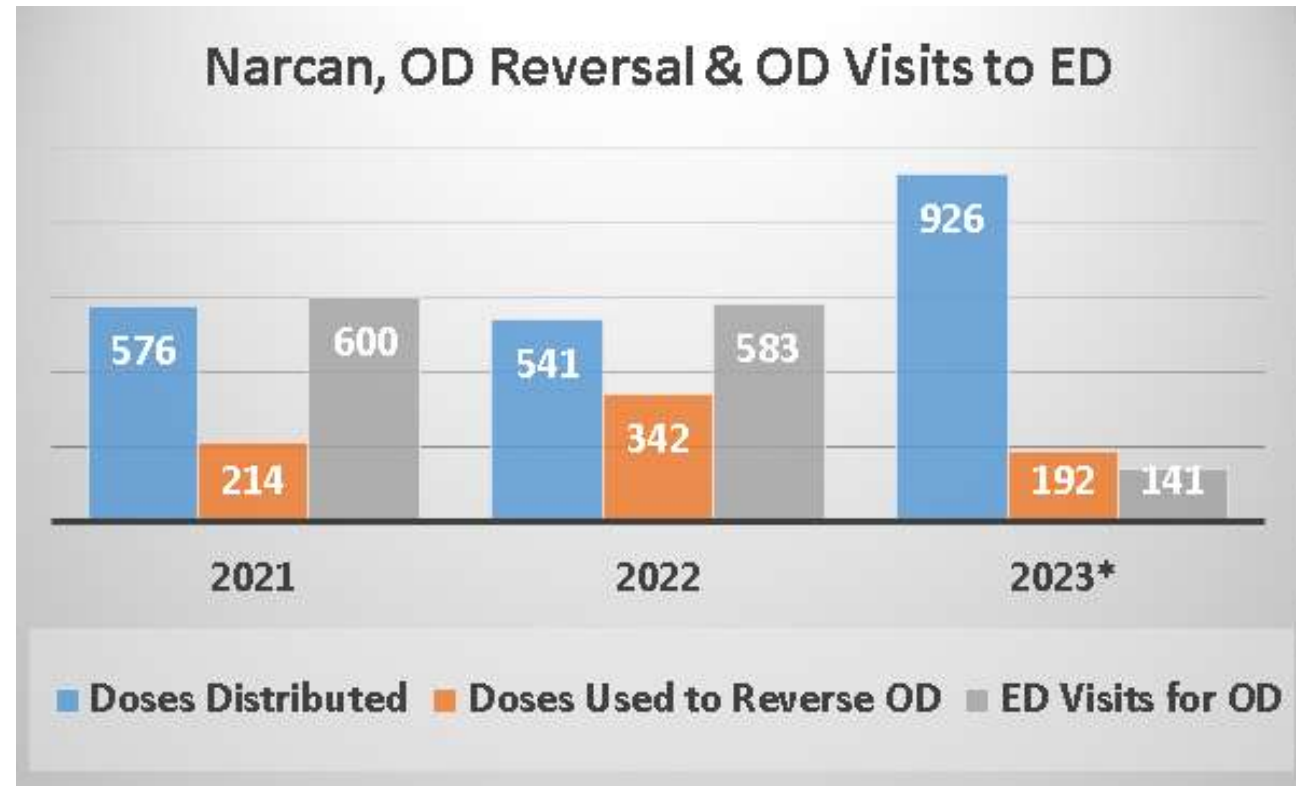
- **Problem prescribing down 41%** since 2013

Harm Reduction:

- Overdose reversal **trending up**
- ED visits for OD **trending down**

DCSC:

- **40.2%** of visits include those with a co-occurring MH & SUDs; **21.9%** of encounters had active intoxication upon arrival
- **80%** of those scheduled with follow up show for intake appointment
- **60% reduced recidivism** for those served by DCSC Forensic Diversion program



* 2023 = January through July data (7 months)



Current Effective Strategies

Community Justice: Three Poles of Recovery Support

**Culture: Culturally rich activities;
communication and trust;
cultural resources**

**Community: Partnerships and
collaboration; family
engagement; crisis prevention**

**Connection: Relationship building,
person-centered; conflict
resolution; teaching accountability**

- Recovery mentors with lived experience improve engagement, treatment and post treatment completion and quality of life
- Recovery mentors who represent client's social identities and experiences create strong professional and meaningful community relationships
- Studies demonstrate reduced relapse, increased treatment retention, improved relationship with providers and supports*

* Reif et al, 2014: Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence



Multi-Strategy 5-Year Collaboration

Proposed investments add capacity and expand reach of existing efforts:

- Add targeted expert OUD prevention
- Expand coordination of surveillance & overdose prevention activities
- Sustain existing crisis interventions
- Add direct case management and coordination for forensic population
- Add Recovery Peer Intervention Services



Targeted Prevention, Surveillance, & Coordination Strategy

Goals:

- **Improve awareness** and utilization of resources and effective strategies
- **Prevent and reduce** adolescent & young adult drug use
- **Improve coordination** with internal & external entities working to reduce overdose death and harms
- **Ensure real time surveillance** system to quickly respond to overdose emergencies

Cost:

- \$751,542 1.0 FTE Community Health Specialist III (*New FTE*) over 5 Years
- \$156,798 .20 FTE Health Services Supervisor (*Existing FTE with new duties assigned*)
- \$446,334 Prevention Strategies, Supplies & Equipment, and Indirect

Allowable Use

Prevent Misuse of Opioids; Prevent Overdose Deaths & Other Harms (PART TWO, Section G & H)

- Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies
- Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies



Targeted Prevention & Surveillance Activities

- Education & training to organizations who serve high-risk individuals, parents and families as well as general community awareness on drug disposal messaging, resources, etc.
- Assess and ensure access to naloxone in the community and naloxone training.
- Collaborate across-systems to prevent drug overdose and encourage pathways to treatment
- Develop real-time surveillance & risk communication to quickly respond to overdose deaths (similar to post-vention suicide system)
- Epidemiological surveillance of OUD-related behaviors in critical populations
- Local and regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment



Targeted Prevention & Surveillance Measured Outcomes

(all by June 30, 2024 unless specified)

- On-going communication and awareness through multiple media strategies and audiences ensuring widespread Deschutes County reach.
- Overdose education to a minimum of 10 organizations who engage with high risk populations to promote resources and access to Narcan.
- Develop a website on how to receive naloxone training and where to access naloxone and other important information and resources by October 2023.
- Develop a network of agencies who provide naloxone and ensure access to naloxone in the community.
- Develop surveillance tool to communicate overdose deaths in timely manner November 2023.
- Develop an internal coordination plan for real-time surveillance and response to overdose alerts in Deschutes County by November 2023.



Intervention Strategy

Goals:

- **Divert individuals** from the ED and/or criminal justice system
- **Prevent death** by overdose or suicide
- **Connect individuals with treatment** and help them stabilize in their community to improve quality of life
- **Coordinate services to Community Justice** population, provide focused case management to warm hand-off referrals

5 Year Cost (FY24 – FY28):

- \$1,847,047
- Includes add of 1.0 FTE BHS I beginning FY25 to coordinate forensic service population and indirect

Allowable Use

CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED

(Part One, Section C.8)

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



Intervention Strategy

Goals:

- **Increase pre-and post-release access** to peer-based reentry support for those returning from prison
- **Ensure cultural responsiveness of services** through training and professional support of community-based peer support specialists
- **Reduce visits** to DCSC, Emergency Services and Jail

5 Year Cost (FY24 – FY28):

- \$160,000 Contracted Peer Services – Administered by Community Justice

Allowable Use

CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED

(Part One, Section C.10)

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



Intervention Activities

- Stabilization Center provides crisis services to community including: crisis walk-in, adult respite services, Forensic Diversion, peer support, substance use assessments, and case management.
- Specific to substance use disorders this includes:
 - walk-in SUD assessment and case management
 - naloxone and fentanyl test strip distribution
 - referrals for SUD and mental health treatment
 - after hours and weekend Behavioral Health Resource Network (BHRN) drop-in services

Measured Outcomes:

- DCSC will develop an Epic workflow to document Crisis Substance Abuse treatment related referrals
- DCSC will establish a Crisis SUD referral baseline in 2025 and develop an improvement target in 2026



Intervention Activities

- DCSC Case Manager will support shared clients between DCSC and P&P by assisting individuals to access entitlements, basic needs supports and referrals to treatment.
- Position will also act as liaison and point of contact for P&P in order to enhance collaboration and coordination for shared clients.
- Community Justice Peer Services Contract will increase capacity for culturally responsive peer reentry support for individuals with SUD's who are releasing from jail and prison, including:
 - pick up at prison;
 - pre-release medication, services and housing coordination;
 - post-release transport to meetings, appointments and community / cultural activities;
 - accompany to health and SUD related appointments and needs;
 - connect with employers open to working with returning community members

Measured Outcomes:

- DCSC case manager will engage with 30 shared clients in FY25 and increase by 5% each year thereafter
- Reduce visits to DCSC, Emergency Services and Jail



Leveraging Existing Efforts

Pain Standards Taskforce: Provider education; alternative methods for pain management

COOPR: Naloxone distribution & education; regional surveillance & epidemiology data

PH Prevention: [Take Meds Seriously Oregon](#) [UpShift Program](#) [Shared Future Coalition](#)
Healthy Schools

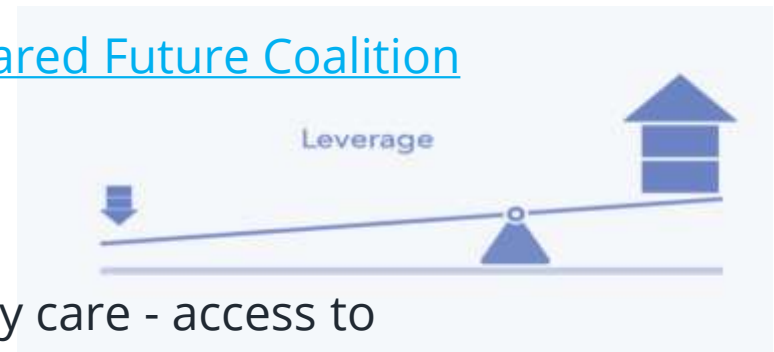
Emergency Preparedness: Managing Health Alerts

CCBHC: Comprehensive MH & SUD services, integrated with primary care - access to MAT - referrals to SUD detox and treatment

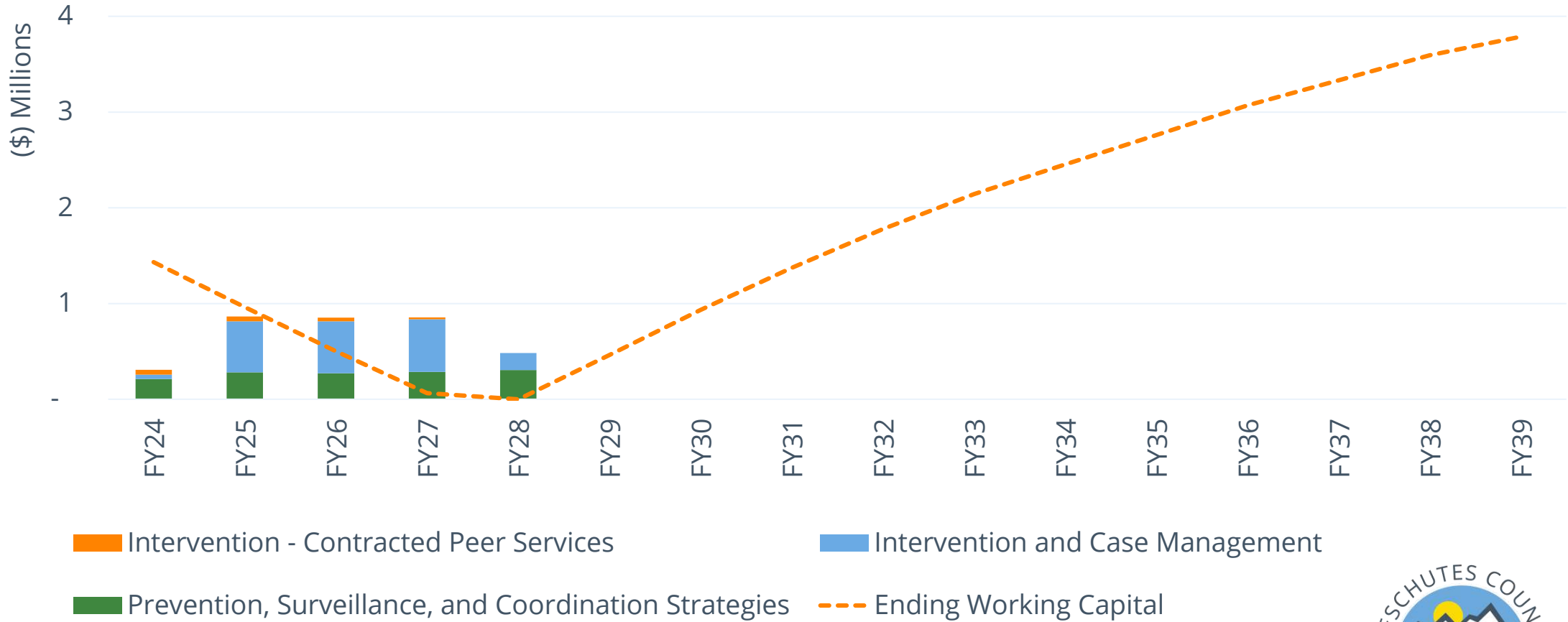
Harm Reduction Program: Naloxone distribution - syringe exchange - hepatitis C outreach

HOST: Intensive community based engagement, assessment and referrals

Community Justice: Probation and parole supervision - culturally responsive services



Proposed Budget - FY24 to FY39



Questions



References

- The Opioid Crisis and Recent Federal Policy Responses, September 2022
<https://www.cbo.gov/system/files/2022-09/58221-opioid-crisis.pdf>
- National Opioids Settlement Webpage
<https://nationalopioidsettlement.com/>
- Overdose Detection Mapping Application Program
<https://www.odmap.org:4443/>
- Oregon ESSENCE - Electronic Surveillance System for the Early Notification of Community-Based Epidemics
<https://www.oregon.gov/oha/ph/diseasesconditions/communicablediseases/preparednesssurveillanceepidemiology/essence/pages/index.aspx>

