

Health Services Department

Opioid Settlement Funds

Proposed Strategies for
Consideration



Agenda



- **Background**
- **Proposed Strategies**
- **Alignment**
- **Budget Big Picture**
- **Q&A**



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

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

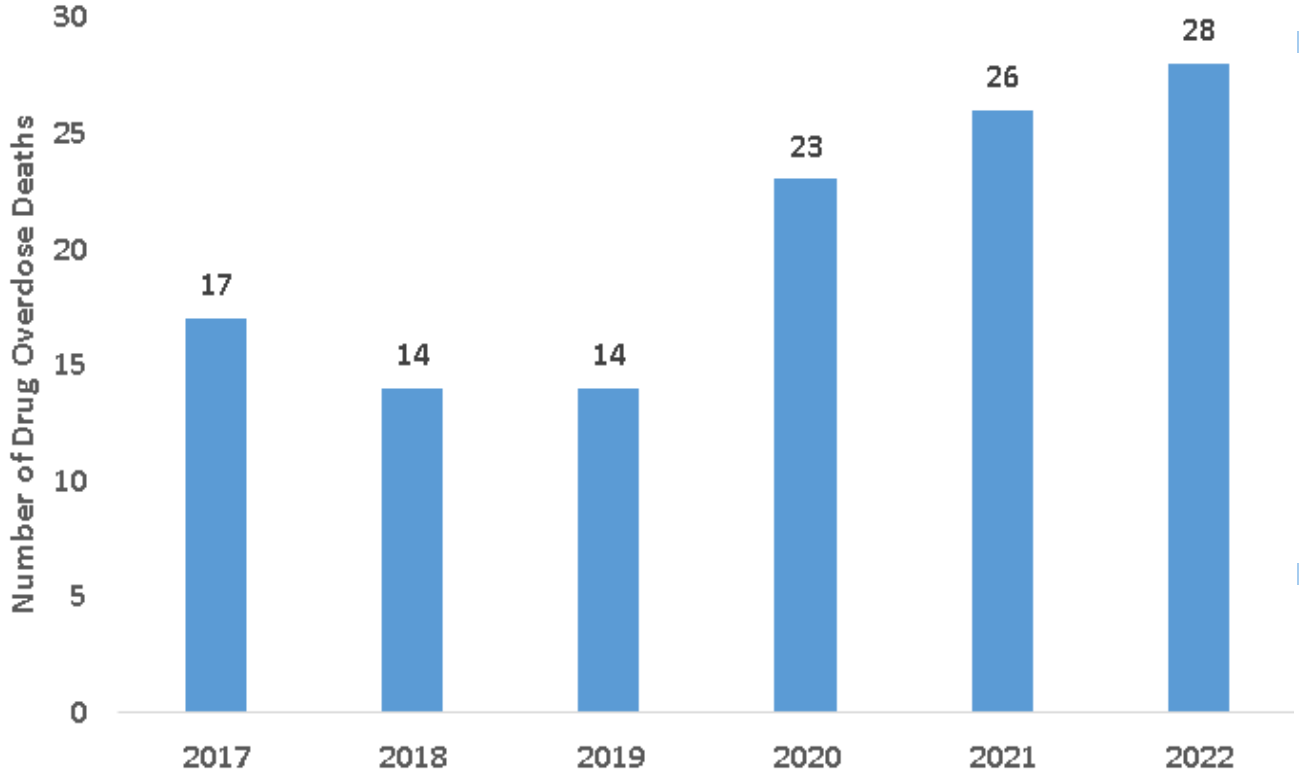
In 2021, nationwide settlements resolved all opioids litigation brought by states and local political subdivisions

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

Deschutes County slated to receive **~\$6.7 Million over 17 yrs.**



Central Oregon Picture: OD Deaths



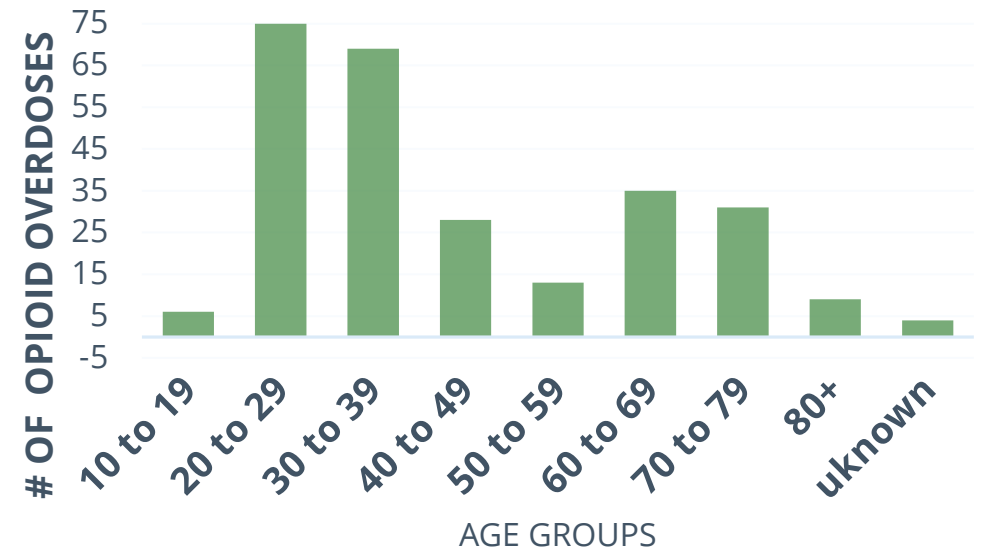
Between 2018 & 2021 the rate of overdose deaths in CO increased by 85%. Preliminary 2022 data puts CO on track for a 100% increase.



Central Oregon Picture: ED Visits

- There were **273 ED visits** for Opioid OD in 2022.*
- **185** of those were Deschutes County residents. Of those **44** involved **Fentanyl**.
- Statewide, **64%** of OD related deaths involved Fentanyl.
- Naloxone required for rescue increased from **1.7 to 3.2 doses**.
- CO age distribution is consistent with national trends.
- Data represents the 'Tip of the Iceberg' – **68%** of DC individuals who reported Naloxone rescue did not contact ED – up to **~850 ODs a year or 2.4 a day**

**2022 Central Oregon
Emergency Department (ED)
Visits for Opioid Overdose
by Age Group**



* Preliminary COOPR data may change



Current Effective Strategies

Pain Standards Task Force:

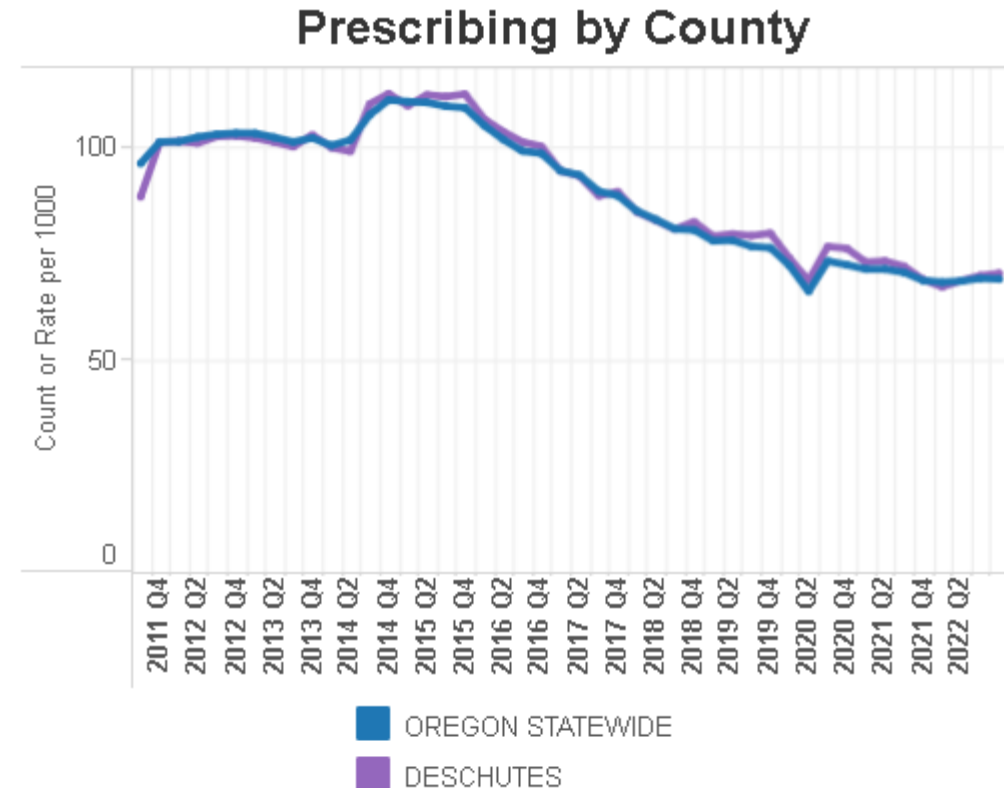
- Problem prescribing trending down

Harm Reduction:

- **98** Naloxone rescue events reported in 2022 (doubled since 2018)

DCSC:

- **40.2%** of DCSC encounters had co-occurring MH & SUDs
- **21.9%** of encounters had active intoxication upon arrival



Multi-Strategy Approach



Proposed investments add capacity and expand reach of existing efforts by:

- Adding targeted expert OUD prevention
- Increasing coordination of surveillance & efforts
- Sustaining existing interventions



Targeted Expert Prevention Strategy

Goals:

- Improve awareness and utilization of effective opioid and other drug prevention knowledge and skills
- Prevent and reduce adolescent drug use

Cost:

- \$135,396 1.0 FTE Community Health Specialist III (*Existing FTE with new duties assigned*)
- \$20,000 Materials/Services

Allowable Use

Prevent Misuse of Opioids

(PART TWO, Section G)

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies



Targeted Prevention Activities

- Review, recommend, and support community implementation of effective, opioid and other drug prevention programs including training as appropriate (e.g. churches, youth serving organizations, etc.)
- Coordinate age appropriate opioid and other drug prevention education and awareness to parents and families across the age spectrum (5-24 years)
- Develop and distribute communications for sustained community awareness (e.g. general awareness messaging, drug disposal messaging, talk with your kids messaging, resources messaging, etc.)
- Support data collection and provide regular summaries of data



Targeted Prevention Measured Outcomes

- Develop and deliver a minimum of 10 opioid & other drug prevention workshops for parents by June 30th, 2024.
- Conduct outreach and provide opioid and other drug prevention technical assistance and training to a minimum of 10 organizations that serve high risk youth by June 30th, 2024.
- Develop and provide opioid and other drug prevention awareness and education through multiple communication strategies that reach a minimum of 500 families by June 30th, 2024.



Surveillance & Coordination Strategy

Goals:

- Improve coordination with internal & external entities working to reduce OD and Opioid use harms
- Ensure real time surveillance system to quickly respond to overdose emergencies

Cost:

- \$28, 218 .20 FTE Health Services Supervisor (*Existing FTE with new duties assigned*)

Allowable Use

Prevent Overdose Deaths & Other Harms (PART TWO, Section H)

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



Surveillance & Coordination Activities

- Infrastructure and staffing for collaborative, cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUS and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy
- Monitoring, surveillance, data collection and evaluation of programs and strategies described in exhibit
- Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including but not limited approaches modeled on Arrestee Drug Abuse Monitoring system
- Statewide, regional, local or community 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

Measured Outcome:

- Develop an internal coordination plan for responding to overdose health alerts in Deschutes County by Dec. 31st 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

Cost:

- \$650,000 FY 25 & FY 26
- \$150,000 or less in subsequent years
- *No new FTE – Supports DCSC response*

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 Activities

- Stabilization Center provides a wide array of crisis services to community including: crisis walk-in appointments, adult respite services, Forensic Diversion Programs, peer support, ASAM's, and case management.
- Specific to substance use disorders this includes:
 - walk-in SUD use disorder assessment and case management
 - naloxone and fentanyl testing 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



Alignment: Targeted Regional Efforts

Pain Standards Taskforce

- Provider education (overprescribing, training, etc.)
- Improving alternative methods to pain management

Central Oregon Overdose Prevention and Response (COOPR)

- Naloxone distribution, education and training
- Regional surveillance and coordination
- Regional Epidemiologist (ESSENCE (ED data) and [ODMAPS](#))



Alignment: Existing PH Efforts

Prevention and Health Promotion

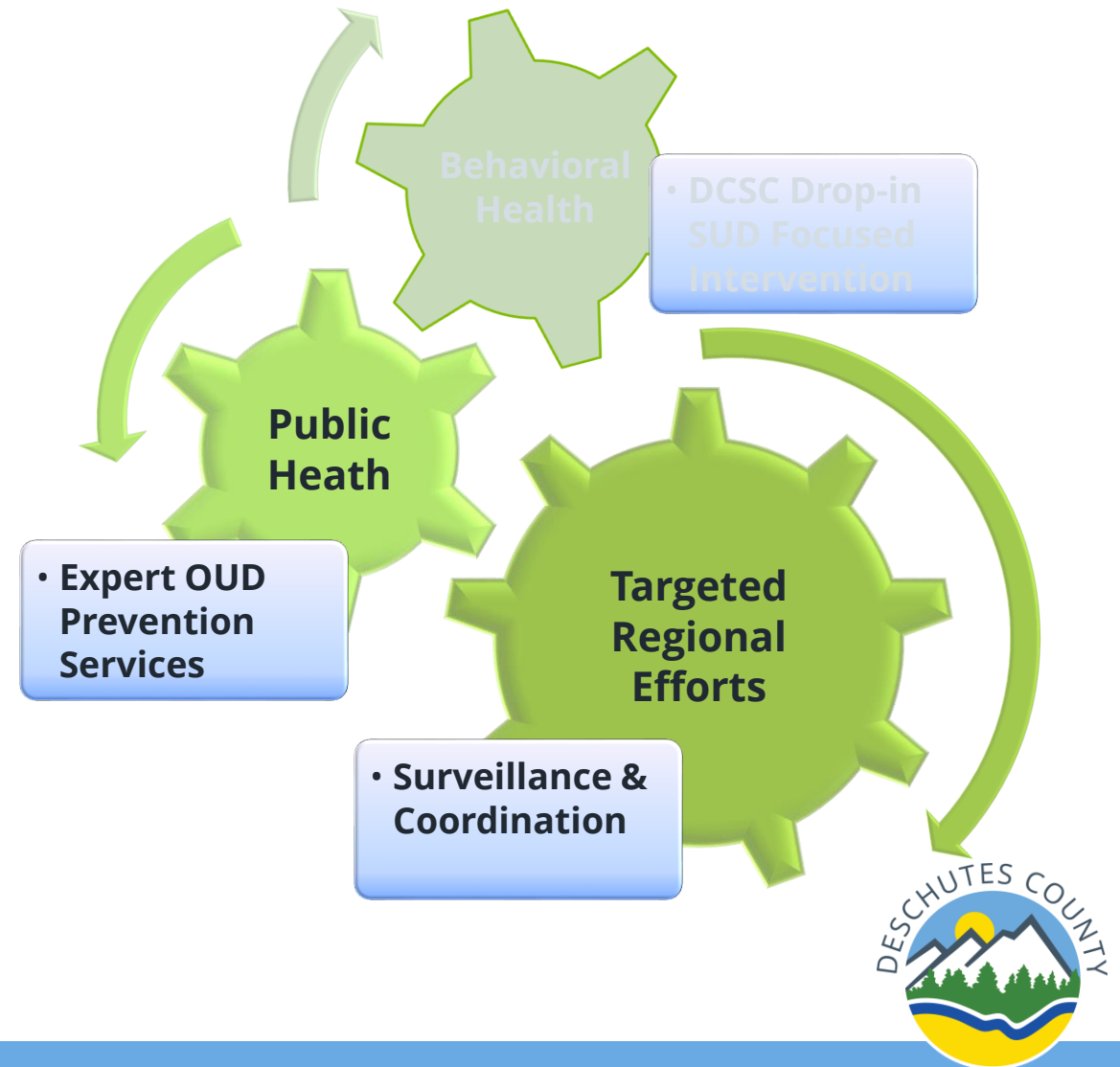
- [Take Meds Seriously Oregon](#) website (development and management)
- [UpShift program](#): provides prevention intervention or treatment pathway for students either in violation of school drug policy or referred for risk behavior
- [Shared Future Coalition](#)
- Healthy Schools, School Based Health Centers, Suicide Prevention
- COHC RHIP workgroup: BH Access and Coordination

Data for Action

- Epidemiologist working on COOPR Surveillance team

Emergency Preparedness Coordinator

- Managing Health Alerts



Alignment: Existing BH Efforts

CCBHC Services

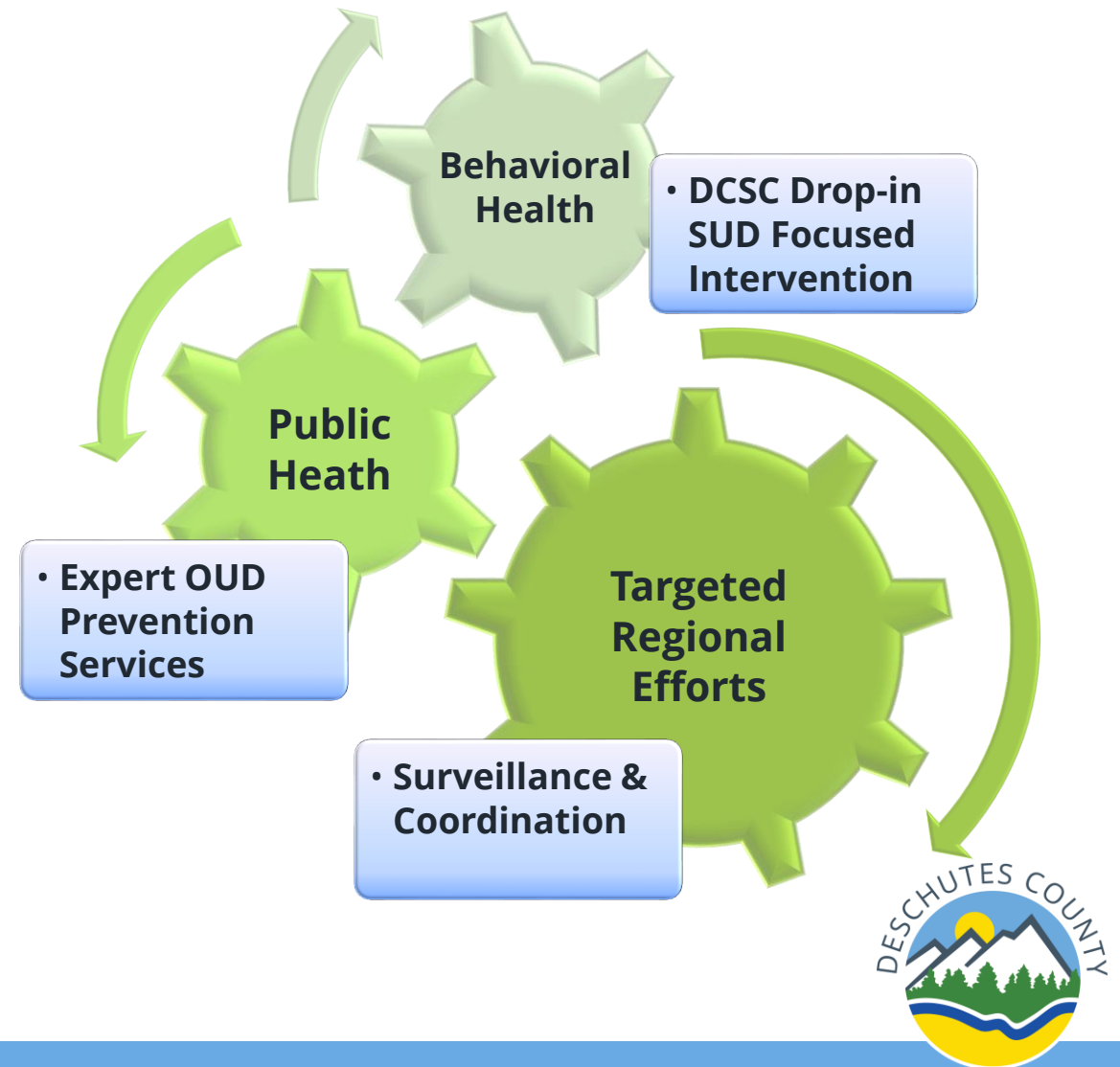
- Comprehensive MH & SUD outpatient care
- Integration with primary care (access to MAT)
- Referrals to SUD detox and treatment

Harm Reduction Program

- Naloxone distribution, education and training
- Outreach (vulnerable populations)
- Hepatitis C outreach
- Syringe exchange

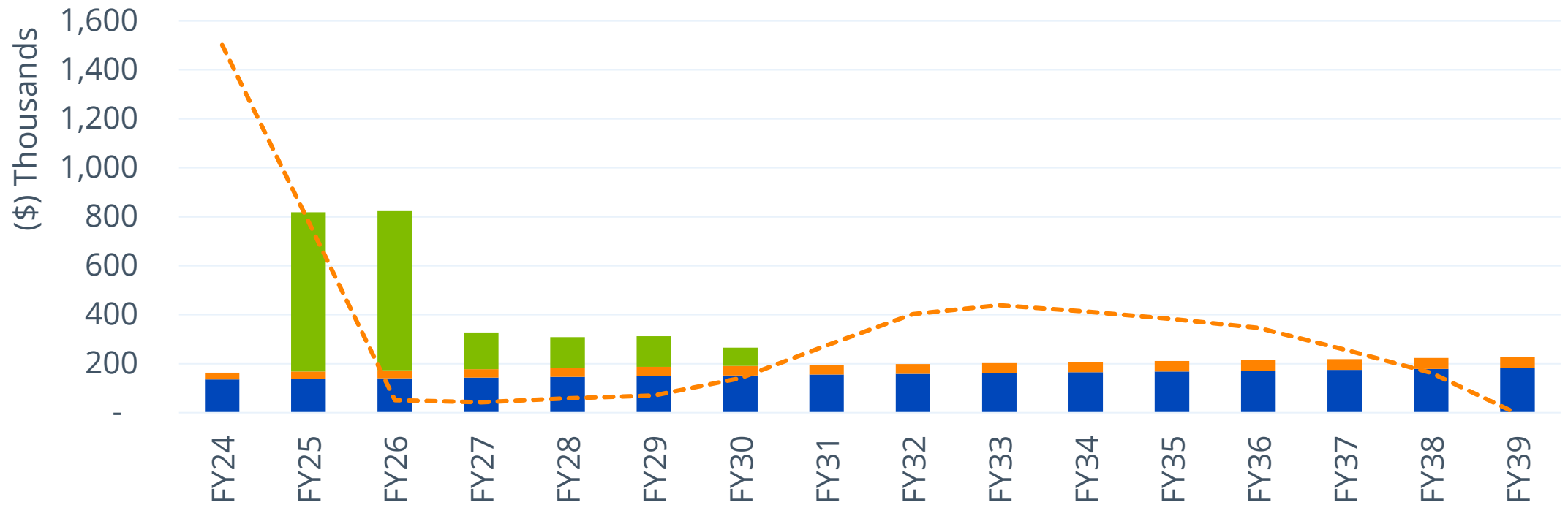
Homeless Outreach Services Team (HOST)

- Intensive community based engagement, assessment and referrals



Proposed Budget - FY24 to FY39

■ Prevention ■ Surveillance & Coordination Activities ■ Intervention - - - Ending Working Capital



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>

