CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS
Sitting/Acting as Board of Health

Policy Session Worksheet

Presentation Date: 10/30/2024 **Approx. Start Time:** 11:00am **Approx. Length:** 30 minutes

Presentation Title: Opioid Settlement Project Updates & Requests for Funding

Department: Health, Housing & Human Services

Presenters: Rodney Cook, H3S Director and Philip Mason-Joyner, Public Health Division Director

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Staff will present an update on opioid settlement investments, with a focus on projects that addressed internal County department needs. Staff requests approval for use of an additional $1.625 million in opioid settlement funds to sustain current efforts and an additional $2.14 million to support the Clackamas County Recovery Campus.

EXECUTIVE SUMMARY:

Clackamas County has received approximately $7.3 million to date of National Opioid Settlement funding to address the opioid and other drug crises affecting the County. $3.465 million has been committed and approximately $3.8 million is now available for continued investments that will save lives and support our residents, communities and institutions harmed by substance use.

H3S, in collaboration with the Juvenile Department, the District Attorney's Office and the Sheriff's Office, suggest investment in 7 programs and activities:

- A peer recovery mentor and case manager for Project Hope
- Embedded drug and alcohol prevention staff in schools for PreventNet
- A nurse coordinator for opioid treatment in the Clackamas County Jail
- Client support and pharmaceutical research at the Clackamas Health Centers
- Gladstone School District Diversion Program
- Deterra drug deactivation and disposal pouches
- Planning, implementation, and contract administration costs at H3S

Staff also recommends the Board commit $2.14 million for capacity building at the Clackamas County Recovery Campus. The Board previously allocated $750,000 of settlement funds for the Recovery Campus. The Board may also consider future opioid settlement funding for this effort.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? ☒YES ☐NO

What is the cost? $3,765,000 What is the funding source? County opioid settlement funds

STRATEGIC PLAN ALIGNMENT:

- **How does this item align with your Department's Strategic Business Plan goals?** Improve Community Safety & Health

- **How does this item align with the County's Performance Clackamas goals?**

  The proposed investments align with the Performance Clackamas goal to *Ensure Safe, Healthy and Secure Communities*, by addressing several social determinants of health: addiction, homelessness, lowering crime, employment, and links to critical behavioral health services.

  .

  Clackamas County's Opioid Settlement Framework aligns with the goal, to *Build Public Trust through Good Government*, by embedding community engagement, transparency, and accountability in all processes. This includes collecting feedback from stakeholders and residents through listening sessions, focus groups and interviews to identify service gaps and priorities for settlement funding.

LEGAL/POLICY REQUIREMENTS:

Clackamas County will receive a total of approximately $24 million as part of the Pharmaceutical and Distributor Settlements over the next 15 years. In the National Settlement Agreement, local governments commit to use all funds as outlined in Exhibit E, which details the approved use of funds.

PUBLIC/GOVERNMENTAL PARTICIPATION:

The Clackamas County Opioid Settlement Framework approved by the Board in September of 2022 includes Community Engagement as a key area to ensure transparent and equitable funding distribution. The below listing outlines public participation to date and next steps:

- Over 50 stakeholders who serve Clackamas County residents were invited to attend listening sessions that identify service gaps and priorities for settlement funding.
- Staff met with 5 city councils that signed onto the National Settlement Agreement: Gladstone, Happy Valley, Sandy, and Wilsonville.
- Staff presented to local advisory boards and community coalitions to gather feedback from community partners regarding settlement funding.
- Staff hosted focus groups that engaged residents with lived experience. Service gaps and priorities for settlement funding were identified.
- In Spring 2024, the Board awarded $1,000,000 in County Opioid Settlement funding through a competitive community grants process for programs across the Recovery-Oriented System of Care. Additionally, $750,000 has been set aside to support the Board's priority projects.

OPTIONS:

1. Approve $3.765 million of opioid settlement funds, including $1.625 million for the requests specified in Attachment C and $2.14 million to support the Clackamas County Recovery Campus.
2. Approve a commitment with other modifications.
3. Direct County staff to return with new information and/or options.

RECOMMENDATION:

Staff respectfully recommends the Board select Option #1: Approve $3.765 million of opioid settlement funds, including $1.625 million for the requests specified in Attachment C and $2.14 million to support the Clackamas County Recovery Campus.

ATTACHMENTS:

- Attachment A: Opioid Settlement Progress Presentation (PowerPoint Slides)
- Attachment B: County Opioid Settlement Project Outcomes Report
- Attachment C: Internal County Opioid Settlement Funding Request Package
- Attachment D: Allowable Uses of Opioid Settlement Funds ("Exhibit E")

SUBMITTED BY:

Division Director/Head Approval ___________________
Department Director/Head Approval Rodney A. Cook
County Administrator Approval ___________________

For information on this issue or copies of attachments, please contact Philip Mason-Joyner @ 503-742-5956

Jail-Based Medication Assisted Treatment (MAT) Coordinator

Clackamas County Sheriff's Office

Project Highlights

586 Adults in Custody (AIC) received new treatment or intensive case management for opioid use disorder, with 2,659 individual encounters recorded.

Encounters included:

- Peer/Recovery mentor connections
- Referrals to Clackamas County Project Hope
- Medication injections and prescriptions
- Care coordination with community partners
- Prevention and treatment of syphilis and other sexually transmitted diseases for release

Project Successes:

- Expanded capacity for care coordination with adults in custody, particularly those with shorter stays
- Increased number of individuals starting new MAT services before release
- Growth in referrals to Peer mentors and Project Hope
- Higher volume of release medication orders processed
- Daily availability of all services

Population(s) Served:

Individuals with substance use disorders, people with mental health challenges, houseless individuals, Justice-involved populations, rural communities, LGBTQIA+ individuals, immigrants and refugees.

Program Metrics	Number Served
Total clients served thru Jail MAT Program	586
Total Patient Encounters *	2,659
Pregnant Patients	7
Patients on Methadone	90
Patients on Naltrexone (Oral)	105
Patients on Vivitrol	17
Patients on Buprenorphine	384

**MAT RN, Injections, Methadone, MAT, total pregnant patients, Alcohol Use/Substance Use Disorder (AUD/SUD), evaluations, follow-ups, peer referrals, community referrals*

Project Hope

Clackamas County Public Health Division

Project Highlights

Increased referrals and support for opioid overdose survivors through increase funding for a full-time Case Manager and a full-time Peer Recovery Mentor.

Project Hope highlights include:

- Collaboration with **Tualatin Valley Fire and Rescue's Community Paramedic Program**, launched in January 2024.
- Partnership with county EMS to launch the **Clackamas County's EMS Buprenorphine** Project, providing immediate access to Buprenorphine for opioid overdose survivors.
- Increased support for **local Emergency Departments** providing support to those with a substance use disorder.

Project Successes:

- Peer Recovery Mentoring: 160 unique individuals received this service
- Case Management: 65 unique individuals received this service

Population(s) Served:

Individuals with substance use disorders, mental health issues, those experiencing homelessness, justice-involved individuals, rural communities, LGBTQIA+ individuals, immigrants and refugees.

Program Metrics	Number Served
Total referrals to Project Hope	300
Connections to Overdose Prevention Services	20
Connections to Treatment	78
Connections to Housing	134
Connections to Employment	18
Connections to Primary or Behavioral Healthcare	11
Assistance with basic needs (transportation, food, clothing, medication)	118

PreventNet

Project Highlights

Todos Juntos and Northwest Family Services (NWFS) delivered school-based programs to over 60 students in Estacada, Sandy, and Milwaukie.

- Collaborated with schools to identify students in need of support, such as those facing academic challenges, family issues, poverty, or negative peer influences.
- Provided weekly group sessions and individualized case management at Estacada, Cedar Ridge (Sandy), and Rowe (Milwaukie) Middle Schools, focusing on self-esteem, resilience, academic and life skills.

Project Successes:

- Improved attendance and academic performance observed in most students.
- Integrated substance use prevention education into all 6th-grade health classes at Cedar Ridge Middle School to empower students to make healthy decisions.
- Focused support for 8th graders transitioning to high school and 6th graders, addressing critical developmental stages to reduce the risk of substance use.
- Promoted engagement in pro-social activities to strengthen positive peer connections and community involvement.

Population(s) Served:

Youth with identified risk factors such as chronic absenteeism, poor academic performance, unmet needs, and youth living in rural communities.

Program Metrics	Number Served
Total number served	60
Received Homework Assistance	63%
Participated in Afterschool Activities	53%
Improved/Maintained Attendance	61%
Improved/Maintained Grades	65%

Data covers only a six-month period and includes all students who received case management services. We anticipate that continued engagement with programs and services will lead to even greater improvements over a longer duration.

PREVENTION / CONNECTIONS TO CARE

School-Based Screening,

Brief Intervention, and Referral to Treatment Program

Clackamas County Juvenile Department, Restoring Individuals, Communities, and Hope (RICH Diversion Program)

Project Highlights

Expansion of evidence-based online, school-based Screening Brief Intervention and Treatment (SBIRT) program into Gladstone Middle School. Provided screening, brief intervention, family navigation services, referrals to treatment and warm handoffs to community providers for students in the Gladstone School District and youth identified through the Juvenile Intake **Assessment Center (JIAC).**

Other highlights:

- **480** unique individuals screened.
- **60** referrals to treatment, counseling, and other supportive services.
- Family navigation provided connections to housing, food, immigration support, OHP enrollment, medical services, and accompaniment to assessments.

Project Successes:

Substance Use Prevention:

- Universal Screening: 480 individuals screened (annually in schools; at intake in JIAC)
- Brief Intervention: 391 individuals received interventions
- Connection to Counseling/Treatment: 60 referrals made
- Family Navigator Services: 25 families supported with referrals to services such as housing, food, and healthcare Connections to Care:
- Referrals: 60 connections made to treatment/counseling
- Family Navigation: 25 individuals received ongoing support.

Population(s) Served:

Individuals with SUD, People experiencing mental health issues, Houseless, Justice-involved, rural community, LGBTQIA+, Immigrants and refugees, and Youth.

Program Metrics	Number Served
Screenings	480
Unique Individuals	480
Brief Interventions	391
Referrals	107
Youth/Families receiving Family Navigation Services	25

Specialty Behavioral Health & Primary Care

Clackamas County Health Centers (CHC)

Project Highlights

Clackamas Health Centers (CHC) provided comprehensive social determinants of health support for patients with opioid use disorder (OUD), helping reduce barriers to care and enabling patients to rebuild their lives.

Additionally, funding allowed CHC to invest in infrastructure for the continued prescribing of long-acting injectable buprenorphine, an essential medication for OUD treatment.

Project Successes:

CHC invested in staff training to enhance knowledge of OUD treatment and emerging research, ensuring that staff are equipped to deliver the most up-to-date, evidence-based care for patients.

Population(s) Served:

Individuals with SUD and People experiencing mental health issues.

Program Metrics	Number Served
Opioid Use Disorder/Medication Assisted Treatment (average seen per quarter)	352
Client supports to assist in recovery (Stock items such as lock boxes for safe medication storage, clothing assistance and food assistance, phones, transportation)	152 items
Client Supports to assist in recovery (specific to housing and housing related needs)	47

Specialty Courts: Adult Drug Court, Mental Health Court, and Community Court*

Clackamas County District Attorney's Office

Project Highlights

The addition of a paralegal to the staff, intended to improve efficiency in handling cases, required the creation of a new classification and extensive hiring processes. The paralegal **began their role on September 4th, which is expected to enhance court operations.**

Project Quest for Non-Opioid Pain Management Services*

Clackamas County Behavioral Health Division

Project Highlights

Quest has recently on-boarded a WISH Peer and Engagement Specialist and will expand services to five days a week starting September 13, 2024. A part-time **acupuncturist has also been added to increase service capacity.**

Additionally, Quest has acquired new IT equipment and made significant upgrades to the **clinical space.**

** These projects experienced delays due to contracting and hiring new staff- outcomes will be reported at a later date.*

Attachment C

Internal County Opioid Settlement Funding Request Package

Program/Activities	Budget Amount	Total Request
<u>Project Hope:</u> A nationally recognized collaboration of community partners including Public Health, Law Enforcement, EMS, Jail, Clinics, Peer Mentors and Case Managers. This unique program identifies, refers, and supports those suffering from addiction through the complicated path of recovery. This program was specifically called out as a funding priority by listening session participants and facing a looming budget shortfall that will significantly impact service delivery.	• Peer Recovery Mentor (1.0FTE): $100,000 • Case Manager (1.0 FTE): $115,000 **Opioid settlement funding will be leveraged with other program funding to sustain the positions until June 2026*	$215,000
<u>PreventNet</u> is a partnership between schools, non-profits, and Clackamas County Children, Family, and Community Connections, with a focus on drug and alcohol prevention in youth. Staff are embedded in schools and provide support to increase protective factors, reduce risks, and promote Positive Youth Development (PYD), aiming to reduce early substance use. PreventNet uses the evidence-based community schools model, which research by the Learning Policy Institute shows significantly improves student outcomes, including better attendance, higher academic achievement, increased graduation rates, and reduced racial and economic achievement gaps.	6 PreventNet schools • Rowe Middle School, Alder Creek Middle School (Milwaukie) – Northwest Family Services • Estacada Middle School, Cedar Ridge Middle School (Sandy), Baker Prairie Middle School (Canby), Molalla River Middle School – Todos Juntos ** Funding will be used to support currently funded schools, as well as those losing funding in 2025 due to the expiration of ARPA funds.*	$440,000
<u>Jail Opioid Detox & Medication Assisted Treatment (MAT):</u> Funding will continue to support an MAT Nurse Coordinator to address the high rates of addiction and overdose among justice-involved individuals. The MAT Coordinator ensures that individuals with substance use disorders receive appropriate medication and support when entering in custody, aiming to reduce the risk of overdose, withdrawal, and relapse both while in custody and upon release.	Medication Assisted Treatment (MAT) Coordinator (1.0 FTE)	$214,000

Internal County Opioid Settlement Funding Request Package

Program/Activities	**Budget Amount**	**Total Request**
Specialty Behavioral Health & Primary Care: Funding will expand capacity of the opioid use disorder/medication assisted treatment (OUD/MAT) team and continue to provide MAT services and critical client supports that are necessary to assist patients on a successful path to recovery. Investments will also be make in the MAT pharmaceutical program through training and capacity building which will help achieve sustainability by reducing the cost of MAT drugs and increasing the number of reimbursement sources.	Capacity building/training funds: $90,000 • MAT Pharmaceutical Program Research & Development: $25,000 • Program Consultant: $50,000 • Training Funds: $15,000 Client supports to keep clients engaged in treatment, reduce overdose deaths, and reduce jail recidivism: $100,000	$190,000
Restoring Individuals, Communities and Hope: Diversion Program (RICH): The RICH Diversion Program aims to divert youth back to their community while ensuring meaningful accountability, empowering victims by providing them a voice, and engaging communities as stakeholders who have been negatively impacted. Funding support is needed to facilitate a warm handoff to community-based providers for youth engaged in the Gladstone School District program and those being brought into the Juvenile Intake and Assessment Center.	Gladstone School District SB-SBIRT: $196, 000 Juvenile Intake & Assessment Center: $150,000	$346,000
Deterra Drug Deactivation and Disposal Pouches: This initiative supports distribution of a drug disposal system that permanently deactivates pills, patches, liquids, creams, and films. By making these pouches available to the community, we take a proactive step in reducing the potential for these substances to be misused while encouraging proper disposal.	Purchase of additional Deterra pouches to sustain current project: $20,000	$20,000
Administrative, Planning, and Grant Support: Support community engagement, strategic partnership development, contract administration, grant management, and annual reporting to ensure compliance and maximizing effectiveness of funds to address local needs.	Planning, implementation, and contract administration costs	$200,000

<u>Clackamas County Recovery Campus:</u> Will provide immediate support and direct access to assessment, treatment, and recovery transitional housing to help individuals achieve and sustain long-term recovery.	Operating/delivering services for people with substance use disorders.	$2,140,000
	Total Request	**$3,765,000**

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[1]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[1] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with cooccurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infantneed dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidenceinformed programs or strategies that may include, but are not limited to, those that:[2]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any cooccurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidencebased or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

[2] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. <u>SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer

support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. **<u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>**

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

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.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

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 SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any cooccurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justiceinvolved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or

women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any cooccurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any cooccurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any cooccurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

    1. Increase the number of prescribers using PDMPs;

    2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

    3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health

workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any cooccurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. 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

   intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery,

connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.