# AGENDA COVER MEMORANDUM

AGENDA DATE: May 15, 2024

PRESENTED TO: Board of County Commissioners

DEPARTMENT: County Administration

PRESENTED BY: Steve Mokrohisky, County Administrator; Christine Moody, Budget & Financial Planning Manager

AGENDA TITLE: MOTION/ORDER: SETTING GUIDING PRINCIPLES AND PRIORITIES FOR OPIOID SETTLEMENT FUNDS

## I. MOTION

MOVE APPROVAL OF SETTING GUIDING PRINCIPLES AND PRIORITIES FOR OPIOID SETTLEMENT FUNDS

## II. AGENDA ITEM SUMMARY

The Board is being asked to set Guiding Principles and Priorities for the Opioid Settlement funds to be made by Lane County government.

## III. BACKGROUND/IMPLICATIONS OF ACTION

### A. Board Action and Other History

The United States opioid epidemic is a nationwide public health crisis.

The State of Oregon has reached agreement on national lawsuits against several companies for their role in the opioid epidemic. Through these agreements the State of Oregon will receive approximately $600 million. Of that amount, 45% is being retained by the State and 55% is being allocated to cities and counties. Lane County will receive approximately 6.33% of the amount being allocated to cities and counties, which is approximately $20 million. Additional settlements are still being finalized which will result in additional funding.

Under the agreements reached, specific approved uses and core strategy for the opioid remediation funds – commonly referred to as "Exhibit E" – exist. While the uses can vary specific to each settlement agreement, attached to this memo is an example of the exhibit for the Distributors settlement which occurred in December 2021.

B. Policy Issues

Lane County's budget and financial management policies support the County's Strategic Plan priorities and the commitment to open and accountable government and wise stewardship of public funds.

C. Strategic Plan

The draft Guiding Principles and Priorities are linked to the County's overall priorities.

D. Financial and /or Resource Considerations

The County has received $4.9 million in payments to date of the $20 million anticipated.

No allocations of the funding have occurred to date, and Lane County has not expended any of the funds beyond attorney fees owed from the settlement of $50,920.23.

E. Health Implications

There will be widespread positive health implications county-wide resulting from receipt and allocation of the Opioid settlement widespread that will provide for opportunities in within public health and public safety specifically.

F. Analysis

Proposed Guiding Principles and Priorities are attached for the Board consideration and review. These focus on allocating funds where they can best support those impacted the most by this epidemic.

The proposed Guiding Principles and Priorities were drafted to address the priorities for the funding, to ensure adherence to the settlement agreement and legal requirements, as well as providing that Lane County's strategic lenses of Stewardship of Resources, Equity and Collective Impact are followed.

Internally the County has formed a team to review and determine service areas (both existing and new) that meet the categories of the settlement agreement and information will be presented to the Board during the May 15th meeting regarding recommendations for the initial funds received.

The State of Oregon is also currently meeting to determine the allocation of the 45% of the settlement funds being retained by the State. If there is opportunity for the County to receive or apply for receipt of a portion of those funds, preparations on what to submit as being prepared and discussed by the internal team.

IV. RECOMMENDATION

Staff recommends setting the Guiding Principles and Priorities to provide initial framework needed to begin determining recommended allocation of the direct allocation funds.

V. TIMING/IMPLEMENTATION

Discussion on allocating funds received is time sensitive due to the loss of funding in several areas. Details and discussion specific to that will be provided during the May 15h meeting.

VI. FOLLOW-UP

Upon approval, staff will utilize the Guiding Principles and Priorities for future funding allocation recommendations.

VII. ATTACHMENTS

DRAFT Lane County Guiding Principles and Priorities for the Opioids Settlement Funds
Exhibit E to Distributors' 12.23.21 Settlement Agreement
Order

# 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*").[14]

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.

[14] 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 co-occurring 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 infant-need 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 evidence-informed programs or strategies that may include, but are not limited to, those that:[15]

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 co-occurring 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 evidence-based 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.

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

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

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. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

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 co-occurring 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 co-occurring 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 co-occurring 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 justice-involved 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 co-occurring 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 co-occurring 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 co-occurring 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 co-occurring 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 co-occurring 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.

# DRAFT!!! Lane County's Guiding Principles and Priorities for the Opioid Settlement Funds

## PRINCIPLES

1. Funding allocations will focus on efforts highlighted in the National Settlement Agreement or specific agreement reached with settling companies. These include:
   CORE STRATEGIES
   - Medication for Opioid Overdoses and Medication-Assisted Treatment
   - Expand treatment & wrap-around services for Pregnant and Postpartum Women
   - Expand recovery and long-term treatment for Neonatal Abstinence Syndrome
   - Expand warm hand-off programs and recovery services.
   - Treatment for the incarcerated population
   - Funding for prevention programs – media campaigns, prevention programs in schools, medical provider education/outreach on prescribing practices, drug disposal, and first responder training.
   - Expand Syringe Service Programs
   - Evidence Based Data Collection & research analyzing effectiveness of abatement strategies.

2. Lane County additional specific focus to be applied:
   - Funding allocations will be viewed with the County's strategic lenses of Stewardship of Resources, Equity and Collective Impact and must be in alignment with the County's overall goals as defined in the Lane County Strategic Plan.

## VALUES

1. Funds will be allocated to save & improve lives.
2. The systemic racial inequities evident in the opioid crisis will be addressed/considered when allocating funding to any new project or program.
3. A focus on leveraging the Opioid funds to create positive transformative change will be sought through partnerships with other public and private entities to multiply the outcomes of new projects, programs, or services.

## PRIORITIZATION

1. Support treatment, recovery, and prevention efforts to provide for positive long-term impacts.
2. Provide continuity of Lane County's vital services that meet the efforts highlighted in the National Settlement Agreement prior to adding new projects or programs.
3. Ensure long-term structural balance in spending of funds by clearly identifying –
   a. One-time v. ongoing nature of project or program.
   b. Long term funding levels and/or long-term need for programs.
4. Opioid funds will be allocated only after consideration of other non-County funds that may be available for the same project, program, or service.

## STRATEGIC LENSES

**Stewardship of Resources:** Stewardship of resources is the prudent and transparent management of public funds and resources -meeting the needs of the present without compromising the ability of future generations. The use of analytical tools in decision-making processes determines how the County should best maintain, spend, and invest its available resources. This strategic lens also helps the County balance economic, environmental, and social needs.

**Equity:** Equity is when everyone has access to the opportunities, tools and supports necessary to satisfy essential needs, advance their well-being, and achieve their full potential. Land County is committed to ensuring people have access to the information and supports that they need – regardless of age, education, ethnicity, language, income, physical limitations, or geographic barriers – to achieve health, safety, education, and economic stability.

**Collective Impact:** Collective Impact is the commitment of a group of stakeholders and partners from different sectors to a common agenda for solving a complex community problems. The five key elements are to: 1) have a common agenda, 2) develop shared measurements, 3) engage in mutually reinforcing activities, 4) maintain open and continuous communications, and 5) establish clear roles and structure to operate efficiently. The County uses collective impact to shape its partnerships and services.

**BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON**

| | | |
|---|---|---|
| **ORDER NO. 24-05-15-01** | **)** | **IN THE MATTER OF SETTING GUIDING** |
| | **)** | **PRINCIPLES AND PRIORITIES FOR OPIOID** |
| | **)** | **SETTLEMENT FUNDS** |
| | **)** | |

**WHEREAS,** the United States opioid epidemic is a nationwide public health crisis; and

**WHEREAS,** The State of Oregon has reached agreement on national lawsuits against several companies for their role in the opioid epidemic and of those funds 45% will be retained by the State and 55% will be distributed directly to Cities and Counties within Oregon; and

**WHEREAS,** Lane County will receive approximately $20 million in opioid settlement funds over the next 16 years and has received approximately $4.9 million to date; and

**WHEREAS,** Lane County desires to set Guiding Principles and Priorities to provide for equitable and transparent allocation of funds received by the County.

NOW, THEREFORE, the Board of County Commissioners of Lane County ORDERS:

1) The Guiding Principles & Priorities for Lane County for Opioid Settlement Funds are hereby set.

ADOPTED this 15th day of May, 2024.

_____
Laurie Trieger, Chair
Lane County Board of Commissioners

# Opioid Epidemic & Settlement Funding Overview

Board of Commissioners Meeting
May 15, 2024

*Steve Mokrohisky, County Administrator*
*Greg Rikhoff, Assistant County Administrator/Community Justice & Rehab Director*
*Eve Gray, Health & Human Services Director*
*Greg Rice, AIC Captain*
*Christine Moody, Budget & Financial Planning Manger*

# Today's Discussion

Opioid Epidemic – National, State, Lane County

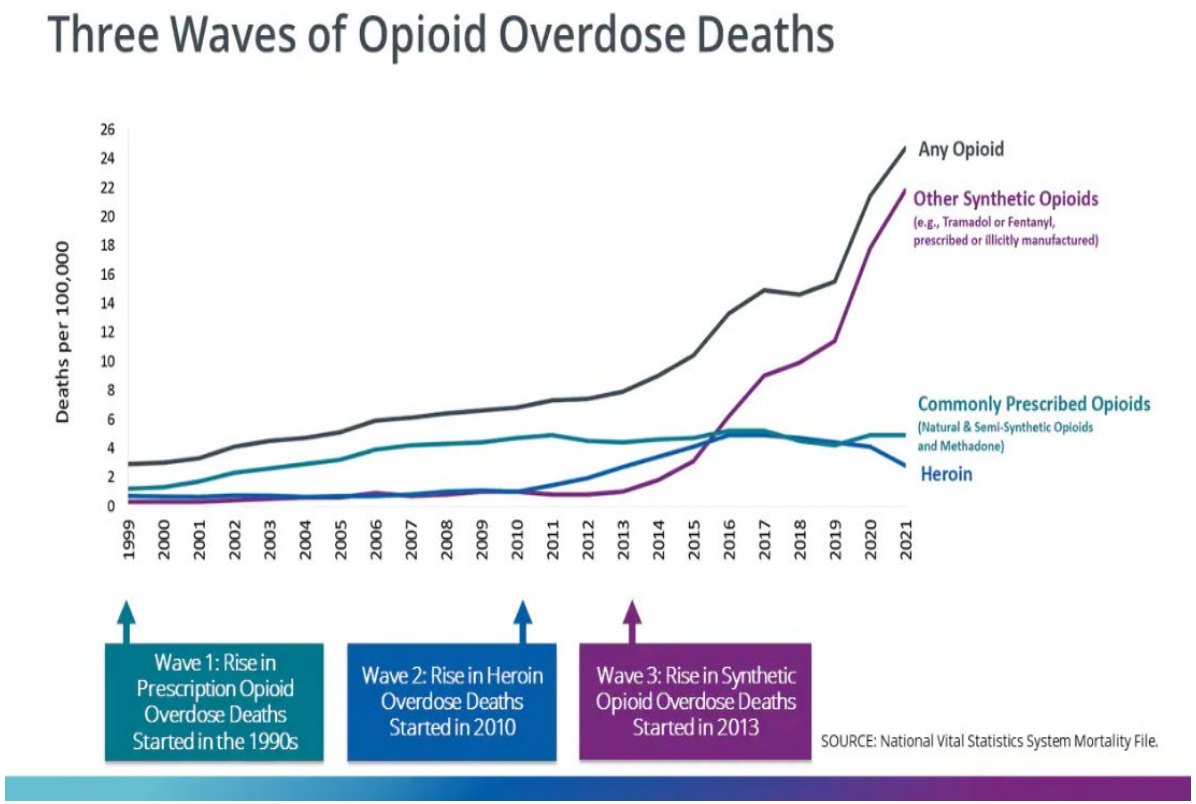
Opioid Litigation and Settlements

DRAFT - Lane County's Guiding Principles & Priorities
*Initial funding ideas & prioritization

# Opioid Epidemic - National

United States opioid epidemic, also known as the opioid crisis, is a nationwide public health crisis that refers to the rapid increase in the overuse, misuse/abuse, and overdose deaths attributed either in part or in whole to the class of drugs called opiates/opioids since the 1990s.

There are 3 distinct waves in the rise in deaths:
Wave 1: Prescription Opioid Overdose Deaths
Wave 2: Heroin Overdose Deaths
Wave 3: Synthetic Opioids (Fentanyl)

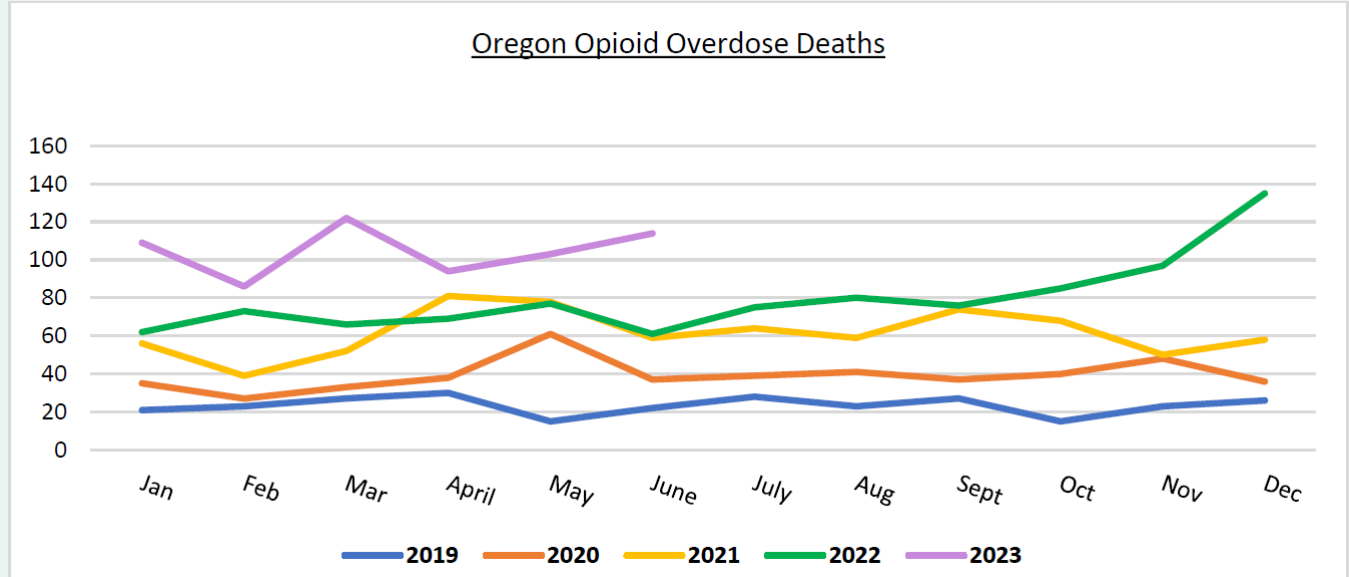


# Opioid Epidemic - Oregon

In Oregon, a report released in January 2024 by Oregon Health Authority showed opioid overdose deaths continuing to rise:

***DISPORTIONATE IMPACTS:***

In 2020, the risk for unintentional drug overdose death was highest among people who are non-Hispanic American Indian/Alaska Native, non-Hispanic Black, male, and people experiencing houselessness.



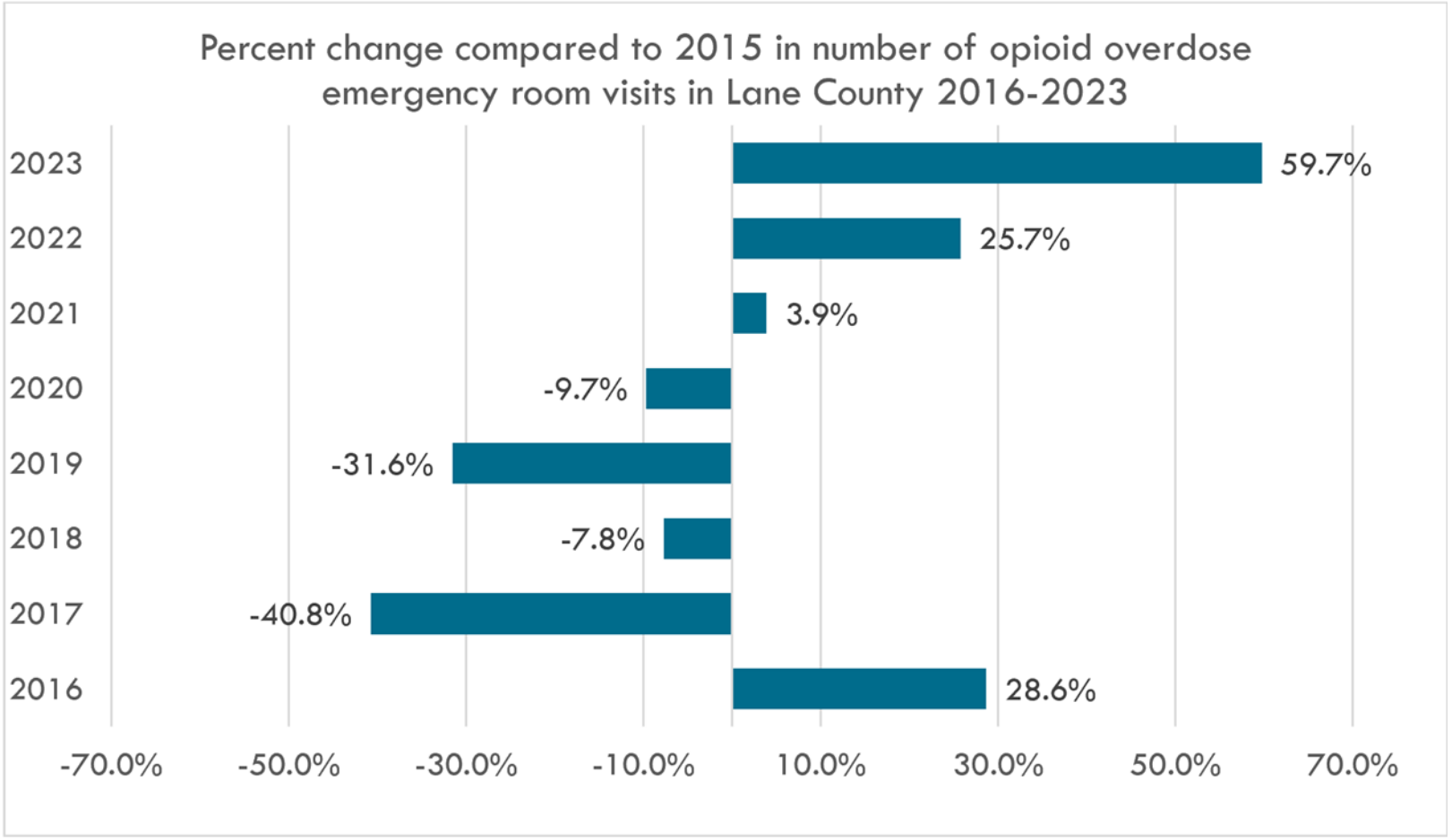

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/quarterly_opioid_overdose_related_data_report.pdf

# Opioid Epidemic - Lane County

**LANE COUNTY PUBLIC HEALTH**

- Lane County was designated a High Burden county for opioid effects in 2015. In that time LCPH:
- Educated prescribers on safer prescribing guidelines through assistance with policy changes and provision of CEU's to healthcare professionals
- Testified several times to local and State policy makers on safer prescribing and ensuring that Naloxone was available to anyone who needed it
- Managed several overdose clusters
- Worked with LEA to ensure Naloxone was available in the field and to persons exiting the jail

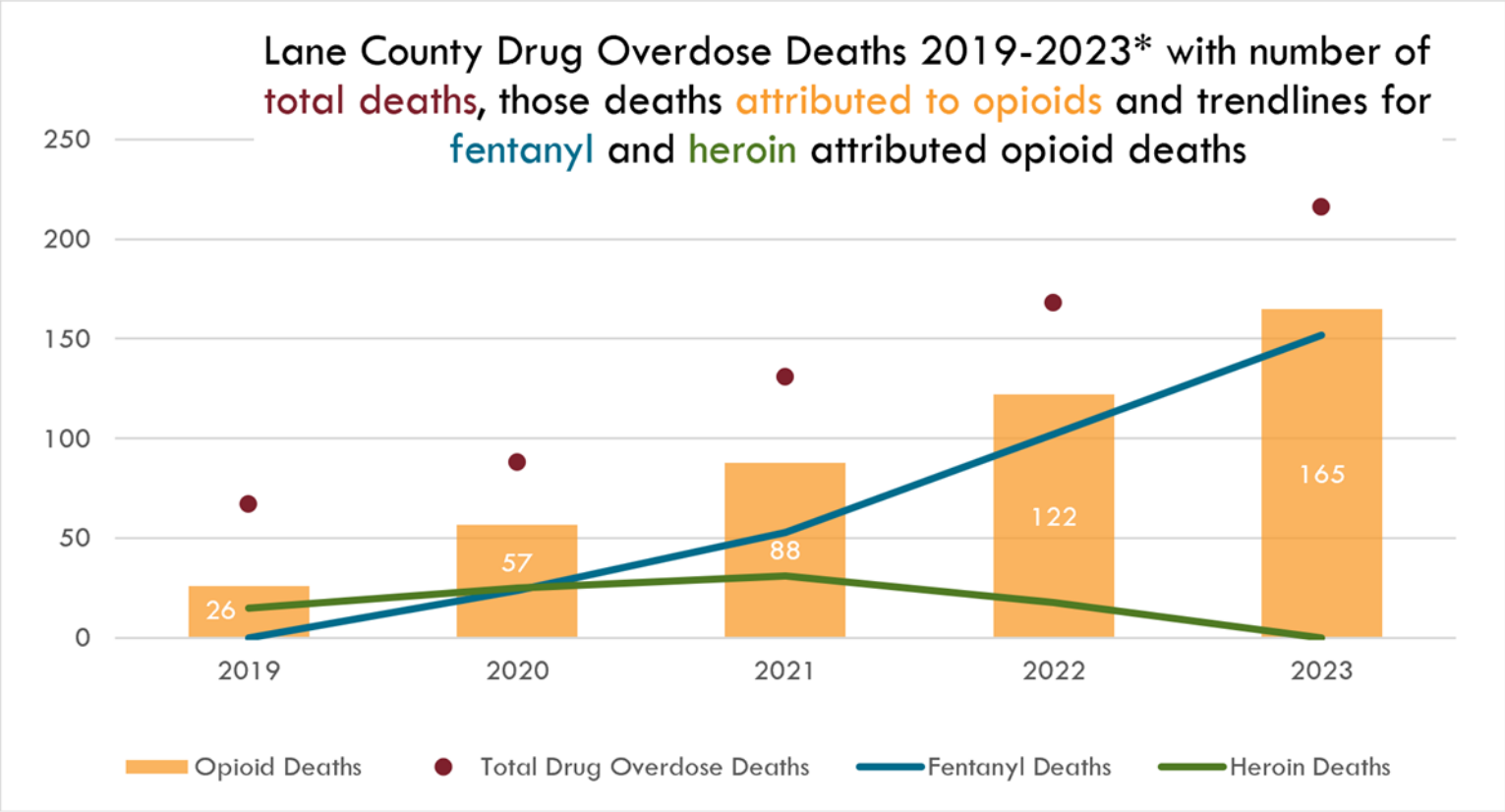
# Opioid Epidemic - Lane County




Source: ESSENCE, Oregon's Syndromic Surveillance System

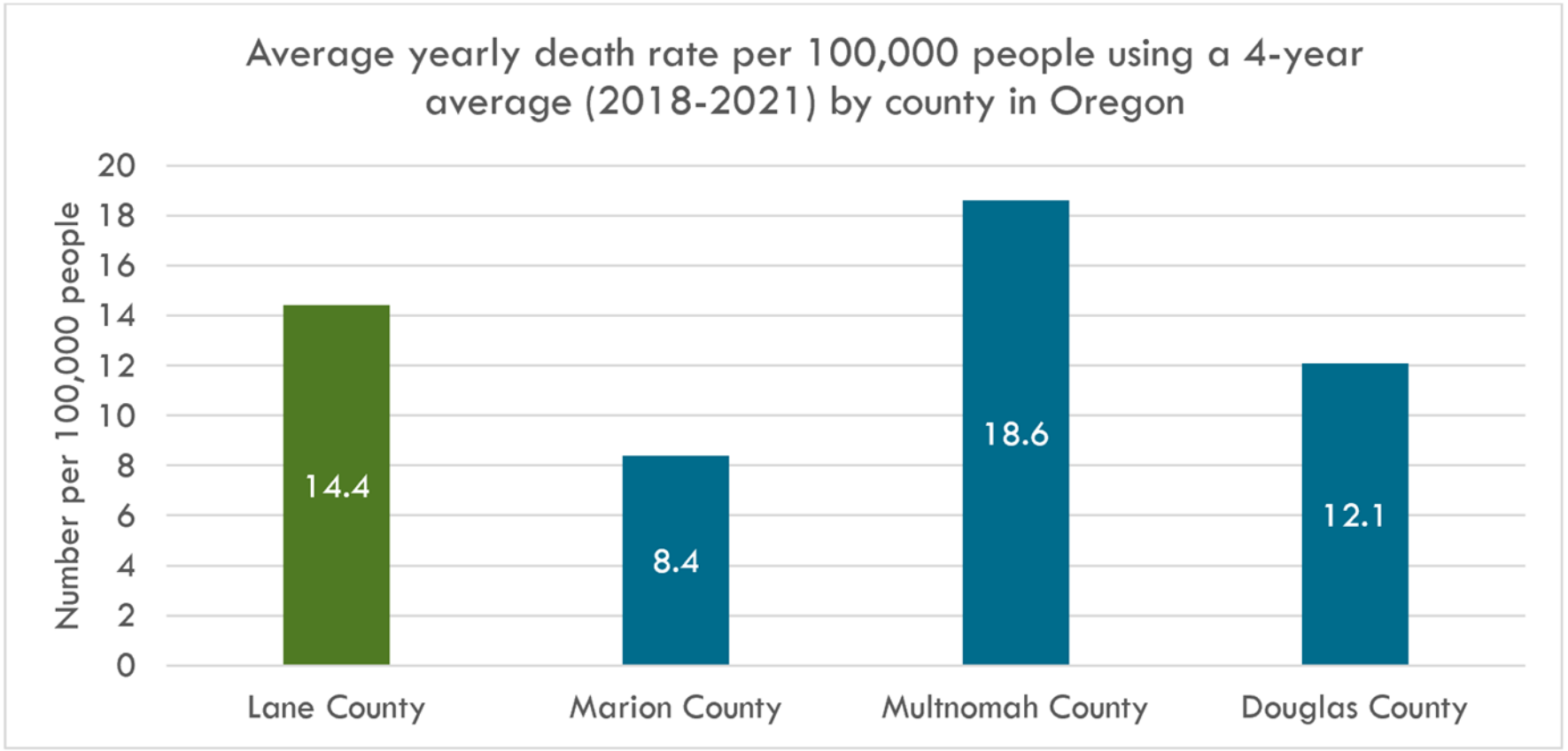
Years are compared to 2015, in 2016 legislation was put into place to help curb problematic opioid prescribing in doctors. In 2019, Fentanyl become apparent in Lane County.

# Opioid Epidemic - Lane County




*Some overdose deaths in 4th quarter of 2023 are not included due to pending tox screens.
Note: When two or more drugs are implicated in an overdose death, each drug may be counted as contributing. This method can result in total sum >100% for some drugs across categories. Be cautious when attributing drug overdoses to specific drugs where multiple drugs were involved. This data is for deaths that took place in Lane County.
Numbers under 10 were changed to 0 in 2019 and 2023.
Source: SUDORS and 2019 death certificate data

# Opioid Epidemic - Lane County




Source: Oregon Center for Health Statistics, https://oregoninjurydata.shinyapps.io/overdose/
This number represents the average deaths per 100,000 people per year using a 4-year average. These specific counties were chosen for comparison because Marion County has the closest population size to Lane County, Multnomah has the highest rate of deaths, and Douglas County is similar in geography.

# Opioid Epidemic - Lane County

**PUBLIC SAFETY – SHERIFF'S OFFICE**

- In 2023 Patrol responded to over 150 calls that involved an overdose.
- In just three months, the Sheriff's Office has seized almost a pound of cocaine,  over 5.5 pounds of meth, and 14 pounds of fentanyl.
- In 2023 almost 34% of the intakes completed at the jail reported drug use.
- Those in custody are reporting that Fentanyl is their primary drug of choice.
- Due to the Opioid Epidemic, jails must provide MAT services to those in custody.  During the last four quarters 230 individuals were on MAT medications.

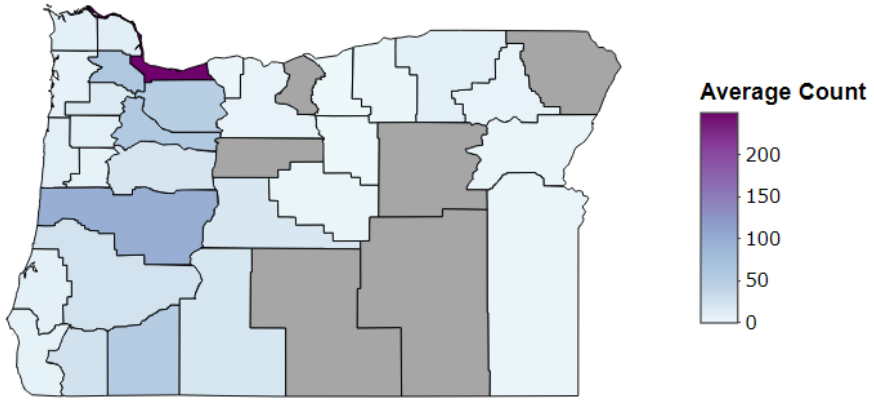
# Opioid Epidemic - Lane County

**PUBLIC SAFETY – PAROLE & PROBATION**

Behind Multnomah County, Lane County leads the state in fatal overdoses, hospital overdoses and ER visits. Lane County Parole and Probation officers are seeing fentanyl replace heroin and methamphetamine as the drug of choice among clients, due to its low cost and highly addictive quality.

**Average Fatal Overdose Count (2018-2021)**

**Drug Type:** All Overdose



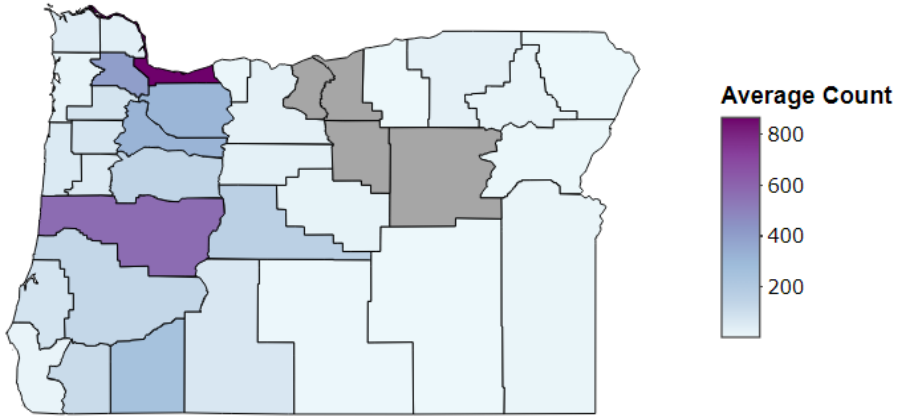

Counts represent the average number of overdoses yearly for Oregon residents.

Data represent average yearly overdoses over 4 years (2018-2021).

**Data Source:** Oregon Center for Health Statistics

**Average Hospital Overdose Count (2018-2021)**

**Drug Type:** All Overdose




Counts represent the average number of overdoses yearly for Oregon residents.

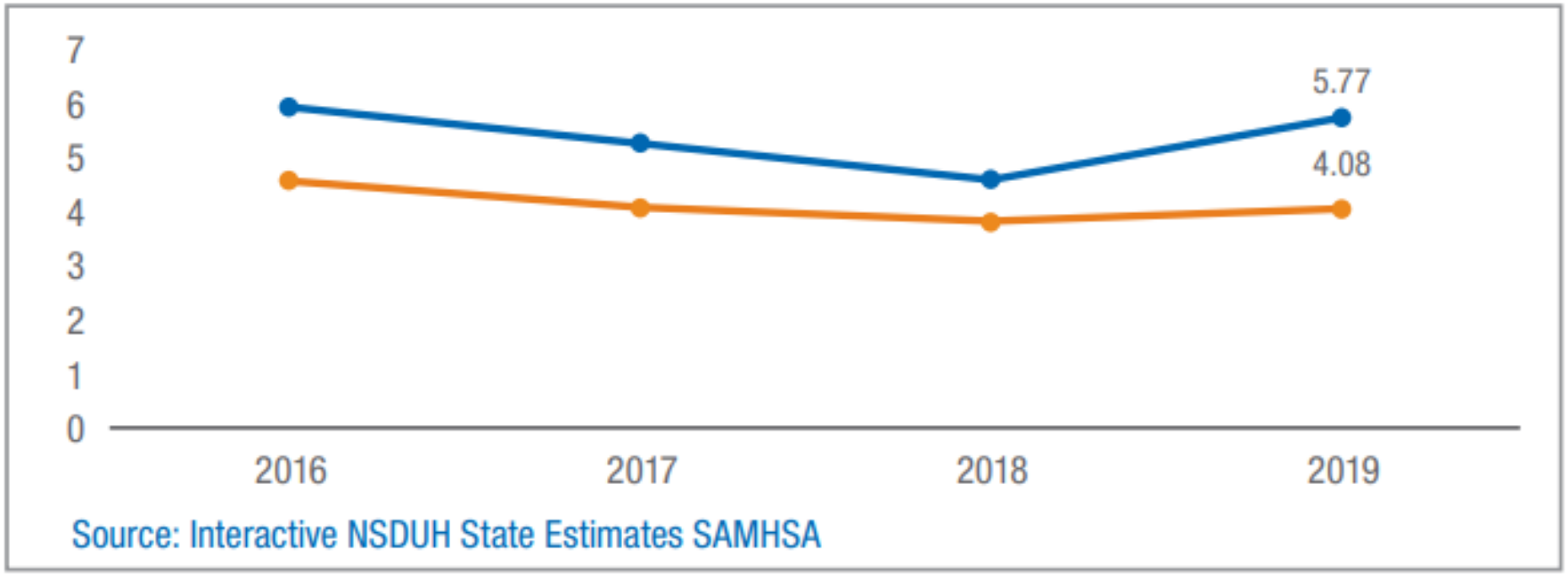
Data represent average yearly overdoses over 4 years (2018-2021).

**Data Source:** Oregon Association of Hospitals and Health Systems

# Opioid Epidemic - Lane County

**PUBLIC SAFETY – YOUTH SERVICES**

Oregon's substance use disorder rates for youth age 12-17 is 5.77% which is higher than the national rate of 4.08%



# Opioid Litigation Basics

Food & Drug Administration approved the opioid drug OxyContin (oxycodone) in 1995. Sales reached $1 billion within a few years. Led to increase in addictions with personal, family, governmental and economic implications. State, local and tribal governments faced increased crime and costs. Individuals faced injury and wrongful death from opioid addition & side effects.
This led to lawsuits.

Four Primary Groups of Defendants:
* OxyContin manufacturer Purdue Pharma/subsidiaries
* Other prescription-opioid manufacturers (J&J, Teva)
* Distributors (Companies, medical clinics, doctors)
*Drug Stores (Walmart, Walgreens, CVS, Kroger)

# Opioid Litigation/Settlement Funds

## Second largest public health settlement after Tobacco

Lane County was among many jurisdictions that sought restitution from damages that resulted from opioid manufacturers' & distributors' criminal actions

Current Settlements Total
$600 million for Oregon
(45% State/55% Local)
=
~$20.1 million for Lane County

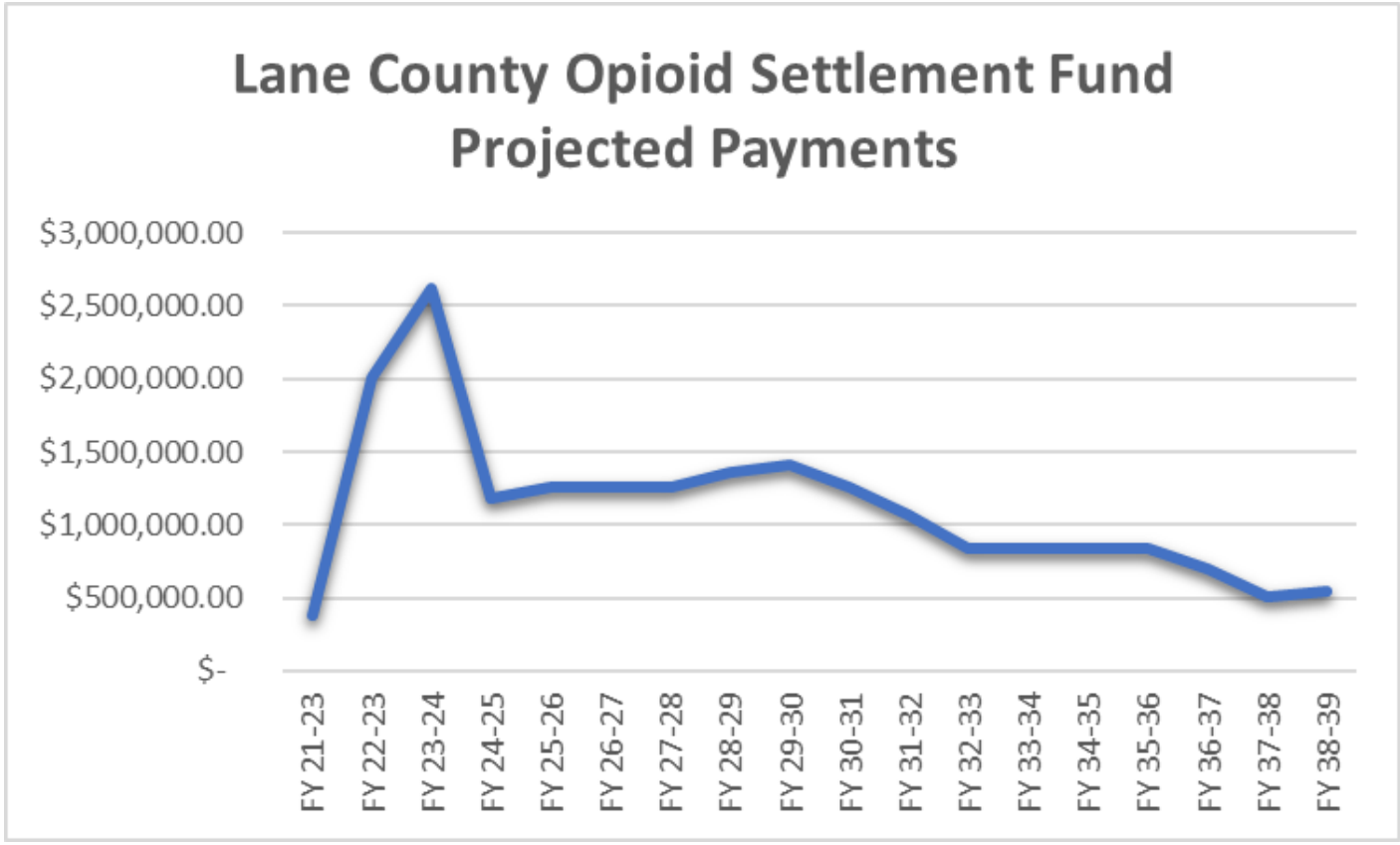
# Opioid Litigation Settlement Funds

Payments to be received through FY 38-39.

*Defendants can prepay

Average $1.1M annually

Under State Agreement must spend/obligate/encumber funds within 5 years of receipt



# Approved Uses for Settlement Funds "Exhibit E"

Vary by settlement but include wide variety of Opioid Prevention, Treatment and Recovery Strategies

Reporting required for all expenditures from funds

## CORE STRATEGIES

- Medication for Opioid Overdoses and Medication-Assisted Treatment
- Expand treatment & wrap-around services for Pregnant and Postpartum Women
- Expand recovery and long-term treatment for Neonatal Abstinence Syndrome
- Expand warm hand-off programs and recovery services.
- Treatment for the incarcerated population
- Funding for prevention programs – media campaigns, prevention programs in schools, medical provider education/outreach on prescribing practices, drug disposal, and first responder training.
- Expand Syringe Service Programs
- Evidence Based Data Collection & research analyzing effectiveness of abatement strategies.

## Schedule B

Support treatment of Opioid Use Disorder and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies.

# Current steps being taken to address crisis

**1. National** - CDC focusing on patient safety through healthcare providers, educating public on risks of opioid misuse (*RX awareness* campaign), helping states implement effective strategies, collaborating with first responders and public safety & improving collaboration between public health & public safety.

**2. Oregon -** Oregon Health Authority focusing on harm reduction, supporting overdoes response, increased access to substance use disorder treatment, supporting safe & effective non-opioid pain management, providing tools and guidelines to support appropriate prescribing. State of Emergency Declared in Multnomah County in January 2024. Deflection Programs funded by Oregon Legislature.

# Current steps being taken to address crisis

3. Lane County –

In 2023 Public Health Prevention launched the *Fentanyl Aware* campaign. This campaign focuses on disseminating accurate information about fentanyl, Narcan, and evidence-based harm reduction tools to the community. We have partnered with multiple schools, community organizations, youth-focused organizations, and health care partners. Between April 2022 and January 2024 **268** units of Narcan were distributed in the community, as well as corresponding education in how to use it.

Prevention section created an overdose response team that includes C.O.R.E, HIV Alliance, CAHOOTS, and local EMS and police. This group focuses on data sharing, problem solving, collaboration, and has created the Lane County Overdose Emergency Response Plan.

Sheriff's Office provides MAT services at the jail and provides Narcan to individuals being released from custody who with to have it.

CJRS supplies Naloxone to staff and within fleet vehicles, as well as main office locations and all outlying offices. CJRS supplies Naloxone to youth and youth family members as needed and works with all MAT programs in the community and collaborate on best practices in working with these individuals.

# Lane County Guiding Principles & Priorities - Draft

***Principles***

***Values***

***Prioritization***

***Strategic Lenses***

# John Hopkins Bloomberg School of Public Health suggested principles:

- 1. Spend money to save lives
- 2. Use evidence to guide spending
- 3. Invest in youth prevention
- 4. Focus on racial equity
- 5. Develop a fair and transparent process to decide where to spend the funding

John Hopkins Bloomberg School of Public Health also recommends prioritizing funding projects in need of one-time or start-up costs, creating sustainability plans, and avoiding using the dollars in areas where funds are already available

# Draft Principles

**PRINCIPLES**

1. Funding allocations will focus on efforts highlighted in the National Settlement Agreement or specific agreement reached with settling companies. These include:

   CORE STRATEGIES

   - Medication for Opioid Overdoses and Medication-Assisted Treatment
   - Expand treatment & wrap-around services for Pregnant and Postpartum Women
   - Expand recovery and long-term treatment for Neonatal Abstinence Syndrome
   - Expand warm hand-off programs and recovery services.
   - Treatment for the incarcerated population
   - Funding for prevention programs – media campaigns, prevention programs in schools, medical provider education/outreach on prescribing practices, drug disposal, and first responder training.
   - Expand Syringe Service Programs
   - Evidence Based Data Collection & research analyzing effectiveness of abatement strategies.

2. Lane County additional specific focus to be applied:
   - Funding allocations will be viewed with the County's strategic lenses of Stewardship of Resources, Equity and Collective Impact and must be in alignment with the County's overall goals as defined in the Lane County Strategic Plan.

# Draft Values

**VALUES**

1. Funds will be allocated to save & improve lives.
2. The systemic racial inequities evident in the opioid crisis will be addressed/considered when allocating funding to any new project or program.
3. A focus on leveraging the Opioid funds to create positive transformative change will be sought through partnerships with other public and private entities to multiply the outcomes of new projects, programs, or services.

# Draft Prioritization

**PRIORITIZATION**

1. Support treatment, recovery, and prevention efforts to provide for positive long-term impacts.
2. Provide continuity of Lane County's vital services that meet the efforts highlighted in the National Settlement Agreement prior to adding new projects or programs.
3. Ensure long-term structural balance in spending of funds by clearly identifying –
    a. One-time v. ongoing nature of project or program.
    b. Long term funding levels and/or long-term need for programs.
4. Opioid funds will be allocated only after consideration of other non-County funds that may be available for the same project, program, or service.

# Strategic Lenses

## STRATEGIC LENSES

**Stewardship of Resources:** Stewardship of resources is the prudent and transparent management of public funds and resources -meeting the needs of the present without compromising the ability of future generations. The use of analytical tools in decision-making processes determines how the County should best maintain, spend, and invest its available resources. This strategic lens also helps the County balance economic, environmental, and social needs.

**Equity:** Equity is when everyone has access to the opportunities, tools and supports necessary to satisfy essential needs, advance their well-being, and achieve their full potential. Land County is committed to ensuring people have access to the information and supports that they need – regardless of age, education, ethnicity, language, income, physical limitations, or geographic barriers – to achieve health, safety, education, and economic stability.

**Collective Impact:** Collective Impact is the commitment of a group of stakeholders and partners from different sectors to a common agenda for solving a complex community problems. The five key elements are to: 1) have a common agenda, 2) develop shared measurements, 3) engage in mutually reinforcing activities, 4) maintain open and continuous communications, and 5) establish clear roles and structure to operate efficiently. The County uses collective impact to shape its partnerships and services.

## Lane County Process to date

**Internal funding requests**
Focus on Lane County direct funding and State funding available
Approximately 20 submissions – both existing and new programs

**Internal Group**
Has been meeting - consists of departments with funding submissions, legislative affairs, central budget office, and Commissioner Trieger.

**Initial allocation of Lane County Funds**
Lane County has $4.38M on hand from payments. Health & Human Services, Community Justice & Rehab Svcs, Sheriff's Office have indicated top priorities.

## Proposed Next Steps

County Administrator to make recommendation for inclusion in FY 24-25 Adopted Budget. Opioid Funds will be spent/allocated LAST if other funding identified.

**Prioritization Matrix**
Internal group to prioritize ALL submissions as await additional settlements and more information on State funding allocations.

# Internal Funding Submissions by Department Priority

| | |
|---|---|
| **TOP PRIORITY BY DEPT** | HHS #1 Substance Use Disorder S Prevention Position - Community Partnership Program (CPP)<br>SO #1 Medication Assisted Treatment for Adults in Custody<br>CJRS #1 Detention Medical - Treatment for incarcerated population |
| **SECOND PRIORITY BY DEPT** | HHS #2 Stabilization Center Operations<br>SO #2 Medication Assisted Treatment for Adults in Custody - Nurse FTE<br>CJRS #2 Parole & Probation Mental Health Community Supervision and Services |
| ***Other Funding Submission Examples*** | *HHS: Prevention Positions, Primary Care Mental Health Collaboration Project, Naloxone Distribution, CHC Wellness Committee, Substance Use Disorders Outpatient Program.*<br>*SO: Medication Assisted Treatment for Adults in Custody Mental Health Program*<br>*CJRS: Opiate Harm Reduction Project for Youth, Training in Mental Illness & Co-occurring conditions, community outreach/engagement initiative, Treat Opioid Use Disorder in Youth* |

Currently working to determine where Opioid fund allocations provide funding with no other available funding and/or where there may be the ability to free up County General Fund.

Requests for funding far exceed funds available – even with top & second priority requests. State portion of Opioid Funds and where those may be allocated will also be taken into account.

NOTE: Any award of Opioid funds would reverse if other funds are identified to provide the same service to maximize the Opioid settlement funds.

# Proposed Prioritization Matrix

| | BOARD OF COUNTY COMMISSIONERS' PRIORITIZATION | | | | LANE COUNTY STRATEGIC LENSES | | | OTHER | |
|---|---|---|---|---|---|---|---|---|---|
| Score | Supports CORE Strategies | Supports Schedule B Approved Uses | Provides Continuity of Vital Services and maintains existing services prior to new projects or programs | Other Funding Sources available? | Cost Savings / Return on Investment (Resource Stewardship Lens) | Promotes Equitable Outcomes (Equity Lens) | Leverage of Resources & Partnerships (Collective Impact Lens) | Supports Disproportionately Impacted Communities (Demographic Distribution) | Supports Strategic Plan Priorities / Key Strategic Initiatives / Key Activity Areas |
| Weight | 1.5 | - | 1.25 | 0.75 | - | - | - | 1.5 | 1.25 |

# Further Discussion & Next Steps

Feedback on Draft Guiding Principles & Priorities

FY 24-25 Budget Adoption & inclusion of Opioid Funding for programs/projects

Prioritization of all Submissions
State or Other Funding available
Await additional settlements

# Discussion/Questions