SUPPORTING LOCAL JURISDICTIONS IN MAKING INFORMED DECISIONS ABOUT OPIOID SETTLEMENT SPENDING

July 2024

Comagine Health

CLACKAMAS COUNTY

PRESENTER INTRODUCTION

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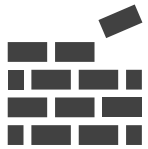
AGENDA



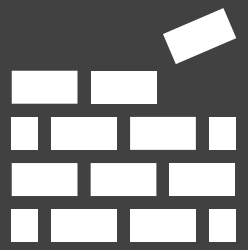
Opioid Settlement Background

County-level Needs Assessment

Grant Solicitation Process

Local Learning Collaborative

Conclusion



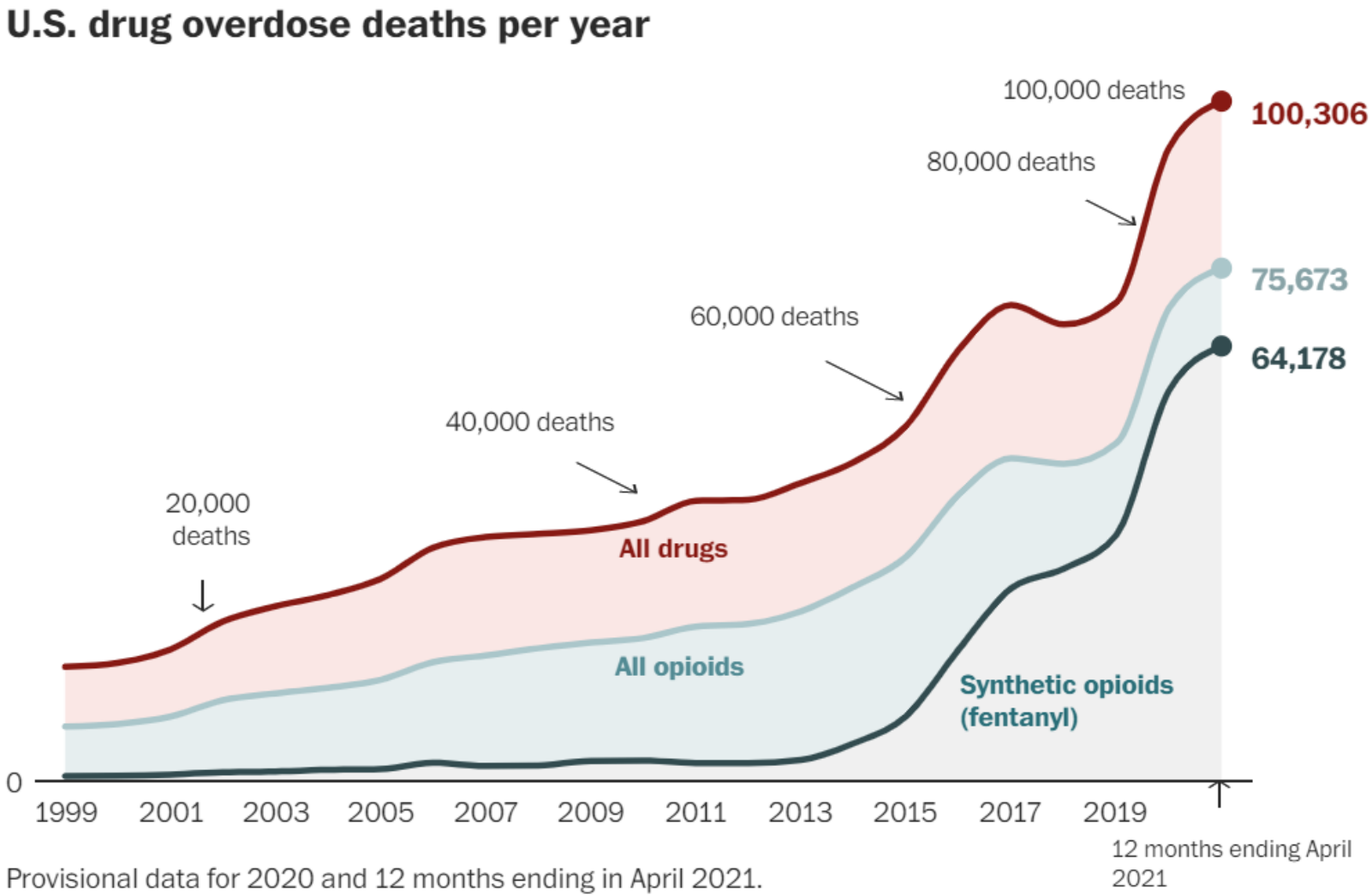
Background

NATIONAL OPIOID SETTLEMENT

- Criminal acts by pharmaceutical companies
  - Promoted opioids for chronic pain management
  - Financially influenced medical professionals' decision making
  - Funded questionable research and suppressed information
- National settlements were reached in 2021 and continue
  - >$44 billion dollars[1]
  - All 50 states, D.C. & Puerto Rico

[1] https://nationalopioidsettlement.com/executive-summary/

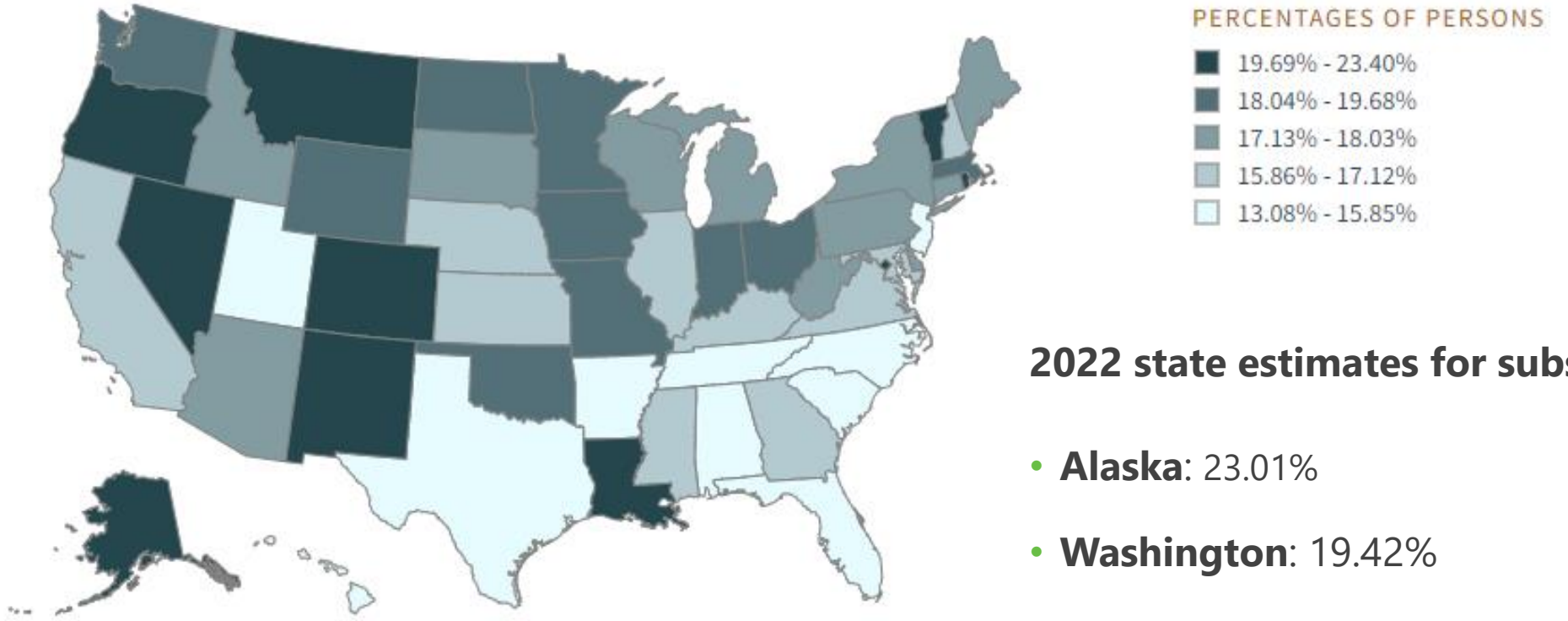
NATIONAL OVERDOSE CRISIS



Source: Centers for Disease Control and Prevention, National Center for Health Statistics

SUBSTANCE USE IN REGION 10

Substance Use Disorder in Past Year (2021 onward) Among Individuals Aged 12 or Older, by State: 2021-2022



Source: NSDUH 2022 data

2022 state estimates for substance use disorder:

- **Alaska**: 23.01%
- **Washington**: 19.42%
- **Idaho**: 17.29%
- **Oregon**: 21.85%

OTHER INVESTMENTS IN SUBSTANCE USE SERVICES

- Measure 110
  - Cannabis Tax Revenue used to fund Behavioral Health Resource Networks (BHRNs)
  - BHRNs provide treatment, harm Reduction, peer support & recovery Services, and help connect folks to housing
  - Funding cannot be used for primary prevention
- Save Lives Oregon
  - Statewide clearinghouse for naloxone and other harm reduction supplies
  - Patchwork funding; currently funded by state opioid settlement funds
- Federal Funding
  - CDC Overdose Data 2 Action (OD2A) and SAMSHA State Opioid Response (SOR) grants
  - Clackamas is one of 11 regions receiving these federal $ to fund opioid prevention coordinator

OREGON CONTEXT

- Began reaching agreement in 2021
- $600 million through 2038
  - Includes national settlements and Mallinckrodt, Publicis Worldwide, and other restitution
- State allocation (45%)
  - Decisions made by Opioid Settlement Prevention Treatment and Recovery Board
- Local allocation (55%)
  - Decisions made locally and vary widely

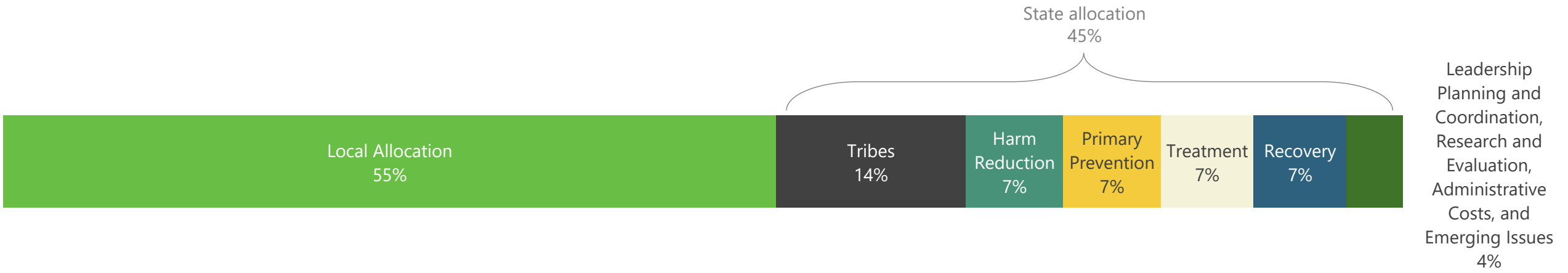


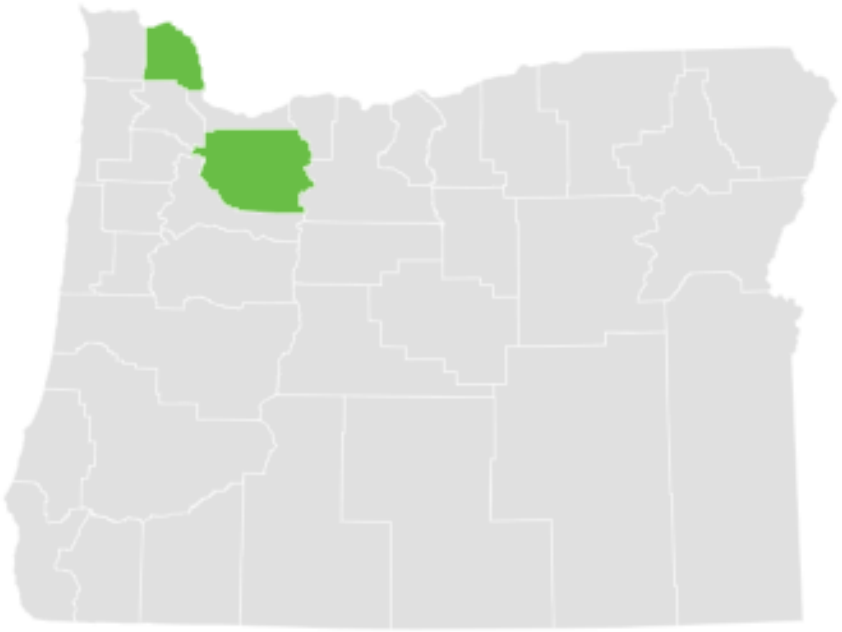
EXHIBIT E | APPROVED REMEDIATION/ABATEMENT STRATEGIES

- Opioid settlement allocations are limited to strategies listed in Exhibit E of the Distributor Settlement

- Categorized into nine core abatement groupings:
  1. Broaden access to naloxone
  2. Increase use of medications for opioid use disorder
  3. Provide treatment and supports during pregnancy and the postpartum period
  4. Expand services for neonatal opioid withdrawal syndrome
  5. Fund warm hand-off programs and recovery services
  6. Improve treatment in jails and prisons
  7. Enrich prevention strategies
  8. Expand harm reduction programs
  9. Support data collection and research

PROJECTS TO SUPPORT LOCAL DECISION MAKING

1. Local needs assessment and prioritization
   - Columbia County
     - Rural county
   - Clackamas County
     - Urban/rural mixed
2. Local learning collaborative
   - All cities and counties in Oregon involved in the opioid settlements



Clackamas County's Local Needs Assessment

CLACKAMAS COUNTY OPIOID SETTLEMENT FUNDING FRAMEWORK

Assessment

- Public Health Opioid Dashboard Indicators
- OHSU Inventory of Substance Use Disorder resources identifies local service gaps.
- M110 and other investments

Community Engagement

- Community stakeholder feedback: identify priorities and needs
- Presentations to City Councils and Community groups

Community Grants Process

- Identify eligible applicants and criteria
- Form review committee to advise the process and make award recommendations
- Reporting tool and evaluation plan developed

Funding Distribution

- Recommendations approved by Board of County Commissioners
- Funding allocations distributed

Evaluation

- Monitor progress and measure outcomes
- Annual reporting and sharing outcomes
- Review Committee revisits process as new funding is received; makes adjustments as landscape changes

CLACKAMAS COUNTY GUIDING PRINCIPLES

Use Evidence to Guide Investments

Lift Up Equity

Support Collaboration

Be Transparent & Accountable

USE EVIDENCE TO GUIDE INVESTMENTS

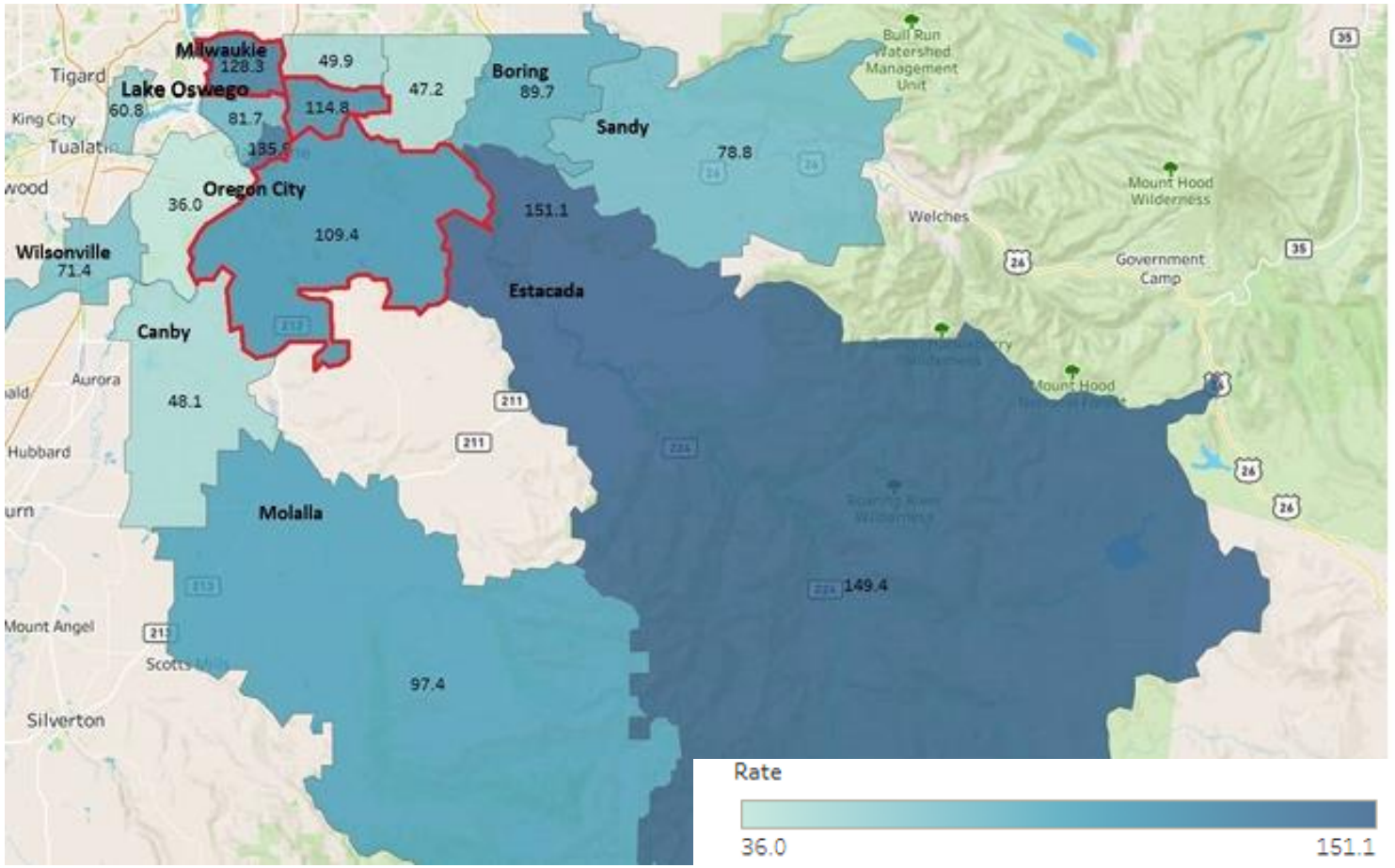
Crude Rate per 100,000 of Drug-Induced Fatalities by Resident Zip Code (2019 - 2023)

Note: 2023 provisional and subject to change; zip codes with less than 5 deaths suppressed

Source: Vital Statistics, American Community Survey 2021

Created by: Clackamas County Public Health Division

= zip codes with highest raw numbers of fatalities



LIFT UP EQUITY

- The Clackamas framework incorporates equity by directing funds to populations most impacted

- The following groups experience significant gaps in services:
  - Youth
  - Rural communities
  - Culturally-specific communities

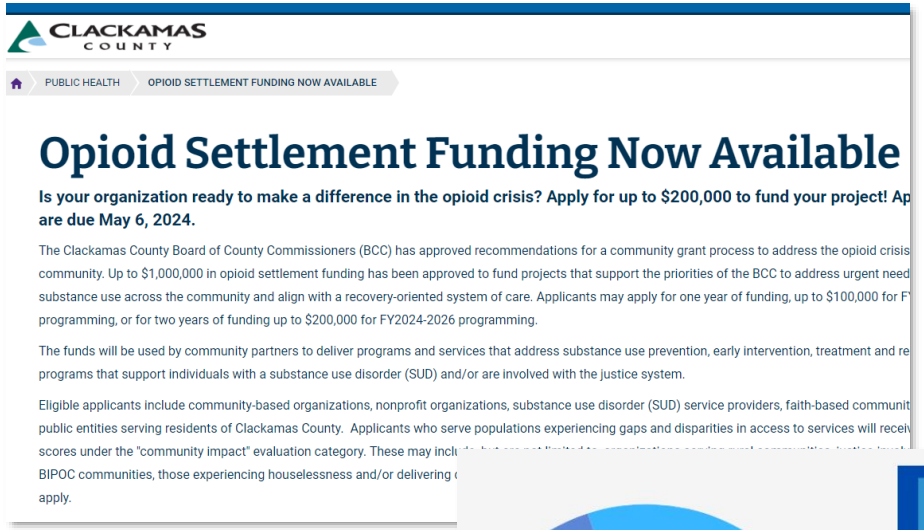
- Disparities and gaps also exist for:
  - Black and American Indian/Alaska Native communities
  - Justice-involved individuals
  - People experiencing houselessness

SUPPORT COLLABORATION

- Listening sessions
- Focus groups, surveys and interviews with those who have lived experience
- Outreach to Cities
- Updates to community partners
- M110- Behavioral Health Resource Network (BHRN)

BE TRANSPARENT & ACCOUNTABLE

- Transparency:
  - Includes making an effort to share information
  - The public is invested in this issue and wants to see solutions
  - Builds trust
- Accountability:
  - Evaluation
  - Annual reporting on investments
  - Reporting outcomes to stakeholders and the community
- How will we do this?
  - Website
  - Social media
  - BCC meetings
  - Photos and story telling


CLACKAMAS COUNTY

PUBLIC HEALTH › OPIOID SETTLEMENT FUNDING NOW AVAILABLE

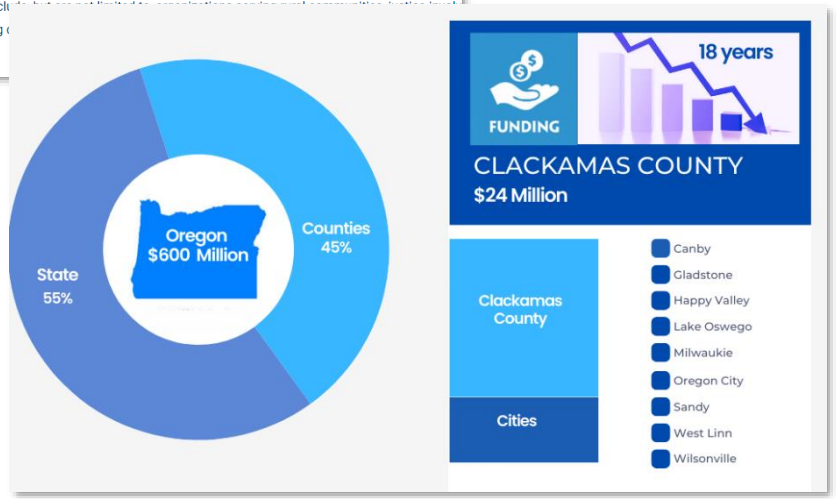
Opioid Settlement Funding Now Available

Is your organization ready to make a difference in the opioid crisis? Apply for up to $200,000 to fund your project! Ap are due May 6, 2024.

The Clackamas County Board of County Commissioners (BCC) has approved recommendations for a community grant process to address the opioid crisis community. Up to $1,000,000 in opioid settlement funding has been approved to fund projects that support the priorities of the BCC to address urgent need substance use across the community and align with a recovery-oriented system of care. Applicants may apply for one year of funding, up to $100,000 for F programming, or for two years of funding up to $200,000 for FY2024-2026 programming.

The funds will be used by community partners to deliver programs and services that address substance use prevention, early intervention, treatment and re programs that support individuals with a substance use disorder (SUD) and/or are involved with the justice system.

Eligible applicants include community-based organizations, nonprofit organizations, substance use disorder (SUD) service providers, faith-based communit public entities serving residents of Clackamas County. Applicants who serve populations experiencing gaps and disparities in access to services will recei scores under the "community impact" evaluation category. These may inclu BIPOC communities, those experiencing houselessness and/or delivering apply.



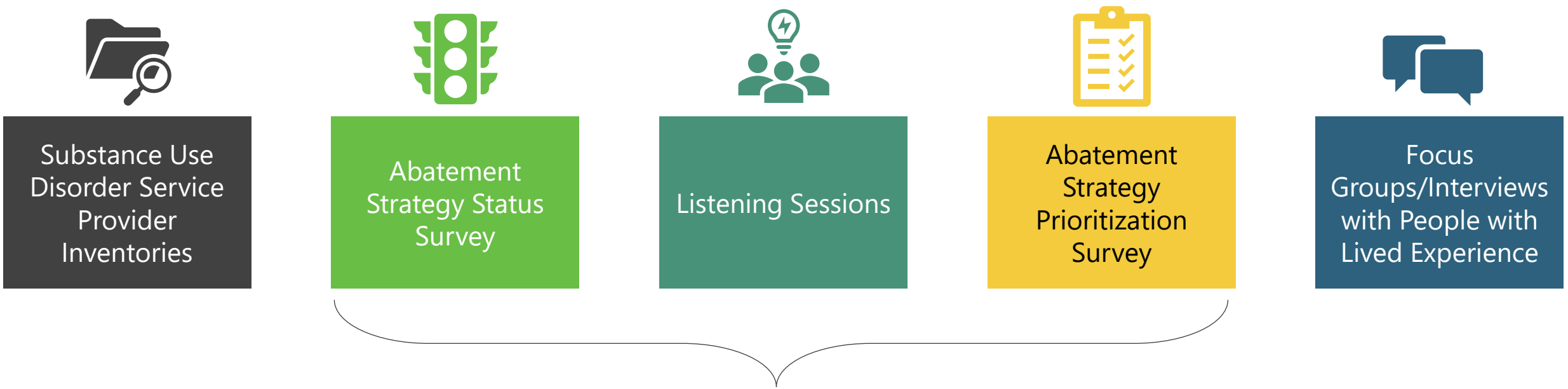
https://www.clackamas.us/publichealth/opioid-settlement

SCOPE

- Clackamas County contracted with Comagine Health to:
  - Outline current initiatives
  - Gather community perspectives to understand gaps in services not filled by other investments
  - Prioritize approved abatement strategies to inform allocation decisions

SCOPE

- Synthesized and categorized a list of approved abatement strategies and referenced throughout data collection
- Data collection included:



LIVED EXPERIENCE DATA COLLECTION

- Focus on priority populations
  - Young adults, caregivers of youth with SUD, rural, Latino/a/x
  - All recruitment materials were translated into Spanish
    - Option provided to be interviewed in Spanish
  - Incentivized participation
- Inclusion criteria
  - Live in the county for at least 5 years
  - Some experience with SUD treatment
- Corrected perceptions and added nuance to SUD-professionals' experience
  - Naloxone was #1 priority for SUD professionals
  - People with lived experience said:
    - It's easy to get
    - They always keep it on hand
    - More education is always good
    - Mobile dissemination could be expanded

Table 1. Top SUD Service Priorities in Clackamas County

Substance Use Prevention | Linkage to Treatment | Treatment | Recovery | Harm Reduction

- Naloxone education, training, and distribution to groups including but not limited to schools, people at risk of overdose and their families and friends, and community members
- Housing supports through assistance programs and supportive housing and recovery housing that integrates medications for opioid use disorder (MOUD) and other supportive services
- Accessible inpatient/residential treatment
- Mobile units that offer or provide referrals to harm reduction services
- Harm reduction training to school staff, health care providers, students, peer recovery coaches, recovery outreach specialists, or others that provide care to persons who use opioids or persons with SUD and any co-occurring mental health conditions
- Increased access to MOUD in community settings (health systems, mobile units, justice settings)
- Emergency department (ED) interventions that include MOUD induction, peer support specialists, discharge planning, including community referrals to MOUD, and recovery case management or supportive services
- Access to evidence-based withdrawal management services
- Peer recovery centers, which may include support groups, social events, computer access, and other services
- Assistance with basic needs, including but not limited to childcare and transportation services
- School-based interventions to prevent opioid use
- Low barrier access to youth mental health services
- Support crisis stabilization centers that serve as an alternative to EDs for persons with SUD and any co-occurring mental health conditions or persons that have experienced an overdose
- Evidence-based prevention programming (parental skills, child life skills, family communication, case management)
- Expansion of warm hand-off programs, like Project Hope

Housing supports through assistance programs and supportive housing and recovery housing that integrates medications for opioid use disorder (MOUD) and other supportive services

Housing and housing support services are needed in Clackamas County. The lack of housing is a **barrier for people along the SUD continuum**. Specific housing gaps identified were:

- Low barrier housing services that follow a harm reduction model
- Housing that incorporates SUD services
- Supportive housing
- Overnight shelters
- Long-term housing
- Low-income permanent housing

> **Trying to find housing for a dad with a child is damn near impossible** or family housing. […] Knowing that, hey, he'd be able to get in treatment much faster—if he was a woman or if he had a child with him—or get housing or get a whole lot of different things. Services for men, especially men with kids in general, are very lacking.

DATA DRIVEN DECISION MAKING

Clackamas County one-pager:

- Used for quick reference
- Information presented to Board of County Commissioners to support recommendations for use of opioid settlement funding
- Reference document for grant solicitation

Strategies to confront the opioid crisis in Clackamas County

Overview of gaps and priorities

Clackamas County is expected to receive $13.7 million over the next 18 years, as stipulated by a settlement agreement with pharmaceutical companies for their actions that helped fuel the opioid crisis.

Community perspectives from nearly 60 local organizations serving Clackamas County were gathered to identify current service gaps and prioritize approved abatement strategies to inform settlement allocation decisions. Common themes of existing gaps in accessing services include workforce and transportation challenges, as well as a lack of culturally responsive services. Participants also identified the following:

Recovery Support

Current Gaps

- Overnight shelters, supportive and long-term housing and access to low-income permanent housing that embraces a harm reduction model
- Peer recovery mentors and community-based recovery centers
- Childcare and transportation, particularly in rural communities

Priority Strategies

- Invest in additional housing supports that integrate MOUD and other supportive services
- Expand access to peer recovery centers that may include support groups, social events, computer access, and other services
- Provide additional resources and assistance to help with basic needs (childcare; transportation)

Substance Use Prevention

Current Gaps

- Early childhood skills-building and education specific to fentanyl and overdose prevention.
- School-based interventions, including mentorship programs, school resource officers, drug/alcohol counselors and community parenting classes
- Incomplete local data due to inconsistent in Student Health Survey participation
- Limited rural resources, lack of mental health interventions and few service providers accepting Oregon Health Plan coverage

Priority Strategies

- Expand school-based interventions to prevent opioid use
- Remove barriers to access for youth mental health services
- Provide additional evidence-based prevention programming (parental skills, child life skills, family communication, case management)

Health, Housing & Human Services CLACKAMAS COUNTY

Read full report at bit.ly/ClackCoOpioidFindings

Harm Reduction

Current Gaps

- Reliable availability and access to naloxone across all populations, particularly for rural communities, youth and non-English speakers
- Mobile harm reduction services currently unable serve the entire county
- Fentanyl-related education for the community, DHS, and law enforcement.

Priority Strategies

- Increase distribution of naloxone and improved access for priority populations
- Provide additional community harm reduction trainings and messaging to decrease stigma related to naloxone and MOUD.
- Expand mobile unit resources that offer or provide referrals to harm reduction services available in all communities throughout the county

Linkage to Treatment

Current Gaps

- Limited availability among existing services, including medications for opioid use disorder (MOUD)
- Trauma-informed transitions from the hospital, emergency departments and urgent care settings.
- Education for health care providers on trauma-informed care and reducing stigma
- Adequate and sustainable funding

Priority Strategies

- Increase access to emergency department interventions that include MOUD, peer support, discharge planning, and recovery case management or supportive services.
- Expansion of warm hand-off programs (Project Hope, Behavioral Health and First Responder co-response)

Evidence Based Treatment

Current Gaps

- Limited availability of community triage and stabilization centers that include peer support, detox, and referrals to services
- Methadone providers and same-day access to medications
- MOUD services for youth, rural communities, and sustainable programming in jails
- Services with immediate access to treatment, including high barriers for:
  - Youth
  - People with co-occurring SUD and mental illness
  - People not criminal justice-involved
  - Fathers with children
  - People insured through OHP

Priority Strategies

- Increase inpatient/residential treatments and MOUD community resources in community (health systems, mobile units, justice settings)
- Provide additional access to evidence-based withdrawal management services
- Support crisis stabilization centers that serve as an alternative to EDs for persons with substance use disorders, co-occurring mental health conditions, and those who experience an overdose

Health, Housing & Human Services CLACKAMAS COUNTY

Read full report at bit.ly/ClackCoOpioidFindings

Grant Solicitation Process

GRANT DEVELOPMENT

- Award Information & Timeline:
  - A total of $1M
  - Up to $100,000 for 1 year **or** $200,000 for 2 years

- Criteria for funding:
  - ✓Align with BCC's priorities (Recovery Oriented System of Care framework)
  - ✓Align with EXHIBIT E | APPROVED REMEDIATION/ABATEMENT STRATEGIES
  - ✓Address an urgent need or critical gap (including priority populations to be served) outlined on the one-pager, *Strategies to Confront the Opioid Crisis in Clackamas County*
  - ✓Must include evaluation metrics, including number of individuals served/impacted and target success rates and other system metrics

- Opioid Settlement Landing Page: https://www.clackamas.us/publichealth/opioid-settlement

GRANT REVIEW PROCESS

- Application Evaluation:
  - Alignment with criteria/requirements (15 points)
  - Quality of the proposed service delivery model (25 points)
  - Community Impact (e.g., populations, partnerships, geographic reach, etc.) (25 points)
  - Organizational Capacity (5 points)
  - Program Evaluation (15 points)
  - Budget (15 points)

- Grant Review Committee:
  - 2 internal directors, 3 internal staff, BCC policy advisor, and one community partner with lived experience

SCORING RUBRIC

Community Impact (25 points)							
3.1 Addressing Disparities or Serving Priority Populations	Maximum Points	Poor (0-5)	Fair (6-7)	Good (8-9)	Excellent (10)	Score	Reviewer Notes
	10	Fails to address disparities or serve priority populations effectively.	Partially addresses disparities or serves priority populations but lacks thorough strategies.	Effectively addresses disparities or serves priority populations. Strategies and services include a focus on disproportionately impacted communities.	Fully addresses disparities and effectively serves priority populations. Strategies and services primarily focused on meeting needs of disproportionately impacted communities.		
3.2 Geographic Impact	Maximum Points	Poor (0-1)	Fair (2-3)	Good (4)	Excellent (5)	Score	Reviewer Notes
	5	Limited geographic reach or fails to target areas with high need.	Partially covers geographic areas with high need but lacks comprehensive reach.	Comprehensive coverage of geographic areas with high need.	Extensive coverage of geographic areas with high need.		
3.3 Addressing Urgent Gaps or Critical Needs	Maximum Points	Poor (0-5)	Fair (6-7)	Good (8-9)	Excellent (10)	Score	Reviewer Notes
	10	Does not address urgent gaps or critical needs related to substance use effectively.	Partially addresses urgent gaps or critical needs but lacks comprehensive strategies.	Effectively addresses urgent gaps or critical needs related to substance use.	Fully addresses urgent gaps or critical needs comprehensively.		

AWARDEE SELECTION

- **CODA:** expand access to methadone treatment in the Clackamas County Jail
- **Northwest Family Services:** provide outpatient treatment for low-income pregnant and postpartum women and will expand its substance use prevention services in Tumwata Middle School and Milwaukie High School
- **Todos Juntos:** enhance its youth and young adult substance use prevention services in Estacada
- **Parrott Creek:** create a mobile service for individuals struggling with substance use disorders in rural and under-served areas
- **4D Recovery:** expand its Recovery Outreach program for young adults experiencing substance use disorders and homelessness

Monthly Local Learning Collaborative

Outreach and Technical Assistance Workgroup formed – OSPTR Board

How can we collaborate with local jurisdictions and support decision making

CDC Overdose Data to Action Funding + Existing Working Relationship

Comagine Health developed and disseminated a survey

70% of those most involved in opioid settlement decision making wanted to participate in a virtual learning collaborative.

Learning Collaborative Planning Group created

Compiled a list of representatives from all subdivisions and developed structure

LEARNING COLLABORATIVE MEETINGS

- Introduction
  - Focused on the purpose, expectations, state updates, information for future meetings
- In-person collaborative
  - Focused on networking, state-level updates and Q&A, developing local assessments
- Financial
  - Fund tracking and reporting, Q&A with Department of Justice, examples from local jurisdictions
- Continuum of care topics (prevention, treatment, recovery, harm reduction)
  - State-level updates, Exhibit E review, example from local jurisdiction

LEARNING COLLABORATIVE BENEFITS

- Reinforces drive to spend on approved abatement strategies
- Improves state-local and local-local coordination
  - Relationship building and networking
  - Opportunity to hear state updates and ask questions
  - State hears local perspectives and trends
- Promoted primary prevention in Oregon
  - Opened the conversation about **evidence-based** primary prevention strategies

CONCLUSIONS

- Investments must be made to curtail the overdose crisis
- Local assessment and collaboration is key
- Decision making should include:
  - People with lived experience
  - People with substance use-related expertise
  - Public health
- Compensation and translation services are critical to engaging diverse communities and lifting up equity
- Braiding funds to fill gaps along the continuum of care is essential for sustained change
- Clear communication across partners is key

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