

Oregon Overdose Prevention Program Guidance for PE 62

OVERVIEW

Overdose Prevention Strategies for Local Public Health Authorities (LPHAs):

The purpose of this document is to provide guidance to Local Public Health Authorities for Program Element 62, Overdose Prevention. The Injury & Violence Prevention Program (IVPP) section of the Oregon Health Authority, Public Health Division (OHA-PHD) understands the need for flexibility with program requirements and is committed to helping Overdose Prevention programs navigate the myriad of issues in local communities.

COVID-19 is a stark reminder of the importance of Overdose Prevention. Addressing prescription opioids and other drugs can help prevent social harms, reduce health disparities, and mitigate other impacts of substance use that are exacerbated by infectious disease outbreaks and social distancing measures.

The complex and changing nature of the opioid overdose epidemic highlights the need for an interdisciplinary, comprehensive and cohesive public health approach. Local communities play an important role in preventing opioid and other drug overdoses and related harms. Grant funds should leverage existing resources, capacity and infrastructure. LPHAs should use data to inform and implement strategies to prevent opioid and other illicit drug overdose and substance misuse.

Funds provided under this Agreement are to be used to, implement strategies that prevent opioid misuse, substance use disorder, overdose, and opioid-related harms. This funding opportunity is designed to serve counties or regions with a high burden of opioid overdose deaths and hospitalizations. Funds allocated to Local Public Health Authorities are to complement other opioid initiatives and leverage funding throughout the county to reduce overdose deaths and hospitalizations.

Recipients are expected to collaborate with multi-disciplinary stakeholders to develop/expand, plan and implement **overdose emergency response protocols in the COVID-19 recovery environment**, as well as collaborate with other **opioid related projects** within the county that address community challenges related to drug overdose deaths in the following strategies:

- Establish Linkages to Care
- Support Providers and Health Systems
- Partner with Public Safety and First Responders
- Empower Individuals to Make Safer Choices
- Implement Prevention Innovation Projects

In this document, you will find guidance for submitting budgets and program plans. This document includes information on timelines and reporting.

TIMELINE

Guidance released.	June 25, 2020
Program plan and budget DUE to IVPP	July 17, 2020
Negotiations with LPHA with Program Plan and Budget	July 20 - 24, 2020
Notification of awards with LPHA	July 30, 2020
Final distribution of executed FY 21 Contract Program Element Amendments	September 30, 2020

FUNDING

LPHAs must provide an 11 month (October 1, 2020 – August 30, 2021) detailed line item budget and narrative justification of the items included in the proposed budget. A second line item budget will be requested for year 2 funding, which will be the same amount as year one. Year two will be September 1, 2021 through August 30, 2022.

Funding for this program element will not be competitive. The OHA program will use opioid burden to rate individual LPHAs and regions from highest to lowest burden (See Appendix B). The burden data is comprised of a composite score that includes several components:

- Overdose Deaths all drugs, rate;
- Overdose Hospitalization all drugs, rate;
- Risky Opioid Prescribing (over 90 MED per fill),
- High Intensity Drug Tracking Areas (HIDTA Counties)

Not all LPHAs or regions will be funded due to funding limitations. If the Injury & Violence Prevention Program receives additional funding, the ranked list and unfunded LPHA program plans and budgets may be considered for funding. LPHAs may apply as an individual LPHA or as a regional collaborative with two or more LPHAs. Regional collaboration is strongly encouraged in order to increase the geographic reach of the limited funds available, but not required

PROGRAM PLANS

Program plans must be submitted to IVPP by July 17, 2020. The program plan must address objectives and activities for year one, October 1, 2020 – August 30, 2021. A second program plan will be requested for year 2 funding. Year two will be September 1, 2021 through August 30, 2022.

Your program plan is a tool that helps IVPP provide relevant support, technical assistance and training. Your program plan should describe how you will meet the requirements for funding addressing community strategies, objectives and activities. The plan allows IVPP to better understand your program's needs, strategize with you, and provide technical assistance at a time and in a way that supports your program's

goals. When appropriate, the program plan should demonstrate ability to expedite contracting, hiring, and procurement processes in order to implement activities identified in the categories of work. Program plans must ensure staffing at an appropriate level to address the Program Element and must designate a lead staff as an OHA contact.

SUBMITTING A PROGRAM PLAN IN TIME OF COVID 19:

When submitting a program plan, please consider the following:

- COVID-19 is presenting challenges for those in prevention, recovery and treatment and there may be increased rates of substance misuse due to the combination of social isolation, and disrupted recovery support systems during the crisis. Are there partners who might be interested in advancing and linking the common goals of prevention, treatment and recovery?
- Does the program plan reflect your activities and timeline, especially during the first few quarters of your program plan for October 1, 2020 –August 30, 2021?
- Please consider how to integrate substance use disorder prevention messages into ongoing COVID-19 messaging.

REQUIRED WORK

1. Consult with stakeholders to develop/expand overdose emergency **response protocols** in the COVID 19 recovery environment.
 2. Develop and implement one or two overdose **prevention project(s)** that are identified by the region and will be sustainable. *
 3. Assess **naloxone accessibility** for individuals and work with stakeholders to implement strategies to improve obtainability of naloxone.
 4. Continue to engage a regional multisector stakeholder group.
 5. Review, coordinate, and disseminate local data to promote public awareness of the burden and opportunities to prevent drug overdose.
 6. Participate in two monthly phone calls (individual region phone call with OHA and a group call with all Coordinators).
 7. Complete a quarterly progress report.
 8. Include in the quarterly report a brief overview of other overdose prevention work you are doing (outside of items 1-3 listed above).
 9. Complete an annual survey conducted by the grant evaluators, Comagine Health.
 10. Submit an updated program plan and budget for year two (9/1/21-8/30/22). Must be approved by OHA.
- * Projects must fit into one of the five strategies listed on page 1 and detailed in Appendix A*

REPORTING & EVALUATION

OHA, with support from Comagine, will provide reporting templates and technical assistance to meet reporting requirements. Reporting requirements may change based on additional reporting requests from CDC and SAMHSA throughout the grant period. Reporting requirements include:

- Quarterly written reports on grant activities (template to be provided by OHA).
- Training or educational session reports, including number and discipline of participants.

Fiscal Quarter	Due Date
October 1 – December 31	January 30
January 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 30

APPLICATION SUBMISSION:

Applications must be submitted by July 17, 2020 11:59 p.m. Pacific Standard Time to Mary.l.borges@dhsosha.state.or.us.

If you need further information regarding the submission process or program information, please contact Mary.l.borges@dhsosha.state.or.us at 971-678-9408.

Checklist of required contents of application packet:

- Cover sheet Overdose Prevention 2020-2021
- Program Plan Overdose Prevention 2020-2021
- Budget Request 2020 – 2021 Overdose Prevention

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APPENDIX A

Community Strategies and Examples Activities

When selecting priority projects, regions should seek input from stakeholders, consider stakeholder readiness, and confirm that there is local capacity in order to select one or two project(s) that can be completed during the 24-month funding period and will be sustainable in their region. As part of the funding requirements, the Oregon Health Authority has prioritized the following overarching strategies for overdose prevention work. As part of the funding requirements, the Oregon Health Authority has prioritized the following overarching community strategies for overdose prevention work. Each Region, as it selects its priority project for the 24-month funding time period, needs make sure it fits into one of the following prevention strategies. Examples of each of these strategies are provided below.

Establish Linkages to Care - Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community programs) and public safety and courts (e.g., police, emergency response, diversion programs) to support care linkages with improved awareness, coordination, and technology.

Example activities:

- Coordinate with the OR-HOPE project counties to implement evidence-based, peer reviewed community harm reduction interventions.
- Employ peer navigators to connect and communicate with people who use drugs and people who are seeking care.
- Develop a post-overdose protocol to improve opportunities to link people to care following a non-fatal drug overdose.
- Enhance policies and programs to strengthen or improve the system's ability to engage people in care.
- Increase and improve coordination among organizations that provide care or enable linkages to care.
- Integrate technology to support linkage to care efforts.

Providers and Health Systems Support - Clinical education and training based on evidence-based guidelines (e.g., CDC guidelines).

Example activities:

- Coordinate with local health systems participating in the Hospital Peer Mentor Program to ensure linkages to treatment for people treated for overdose in hospital settings, including emergency rooms.
- Support guideline implementation, clinical education, and training for providers and health systems.
- Implement academic detailing to increase appropriate and evidence-based behavior among providers.
- Enhance or initiate support for insurers and health systems to better serve people who use drugs.

Partner with Public Safety and First Responders - Data sharing across public health and public safety partners, and programmatic collaborations to share and leverage prevention and response resources.

Example activities:

- Expand ODMAP within the county with support from law enforcement.
- Implement systems-wide overdose emergency response plans among physical, mental, and behavioral health providers, hospitals, emergency departments, first responders, treatment and recovery systems, corrections and other providers as appropriate.
- Assess and update response plans throughout grant period.
- Coordinate with the OR-HOPE project counties to implement evidence-based, peer reviewed community harm reduction interventions.

- Enhance data sharing across public health and public safety partners, such as law enforcement, first responders, emergency rooms, fire department, etc.
- Develop or strengthen programmatic partnerships to leverage the resources and expertise of public safety and first responder organizations.

Empower individuals to make safer choices - Awareness and education informed by media campaigns, translational research for public consumption, and appropriate messaging and resources.

Example activities:

- Support local implementation or expansion of the OHA "Heal Safely" campaign to increase awareness of risk of opioids and non-pharmacologic acute pain management approaches.
- Support local implementation or expansion of the "Reverse Overdose Oregon" naloxone training campaign with employers/employees.
- Develop public-private partnerships with employers.
- Address stigma around drug use through activities such as town halls, informational sessions, communications campaigns, etc.
- Develop messaging for those who use illicit drugs to enhance their knowledge of services and resources available within the community.
- Partner with harm reduction organizations to serve people who use drugs and their friends and family (i.e., host naloxone trainings, support syringe service program efforts, provide educational opportunities).
- Develop and disseminate risk reduction messaging for vulnerable populations to reduce the unintended negative consequences of drug use.
- Evaluate the impact of harm reduction strategies on people who use drugs.

Prevention Innovation Projects

Projects that allow jurisdictions to respond to emerging threats and to promote innovative prevention approaches and practices.

- Implement other strategies from CDC publication Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States <https://stacks.cdc.gov/view/cdc/59393> or SAMHSA's Opioid Overdose Prevention Toolkit <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

APPENDIX B

Establishing High Burden County/Region for Overdose Prevention

Metrics used for this calculation are available from PDMP Oregon Data Dashboard for each county/region and are suggested and approved by CLHO and IVPP the purpose of Overdose Prevention funding.

Overdose Deaths – All drugs (rates)

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspx>

Overdose Hospitalizations – All drug hospitalizations (rates)

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspx>

Risky Opioid Prescribing > 90 MED per fill

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspxCo>

Oregon HIDTA (High Intensity Drug Trafficking Areas) Counties

<http://oridhidta.org/>

Oregon HIDTA consists of 11 counties and the Warm Springs Indian Reservation. Oregon Counties included in the HIDTA region are Clackamas, Deschutes, Douglas, Jackson, Lane, Linn, Malheur, Marion, Multnomah, Umatilla and Washington.

BURDEN		
Regions or Individual Counties, 02/24/2020		
Highest	Medium	Lowest
1. Lane	8. Lake, Klamath	15. Malheur, Harney, Grant
2. Jackson	9. Clackamas	16. Umatilla, Union, Morrow
3. Douglas, Coos	10. Lincoln, Benton, Linn	17. Washington
4. Clatsop, Tillamook, Columbia	11. Yamhill, Marion, Polk	18. Hood River
5. Multnomah	12. Crook, Deschutes, Jefferson	19. Wallowa
6. Josephine	13. Baker	20. Wheeler
7. Curry	14. Gilliam, Sherman, Wasco	

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