**Program Plan - Overdose Prevention**

**October 1, 2020 - August 30, 2021**

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| **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 |

**Purpose of this Document**

* Identify required work (box above)
* Clarify criteria for selecting regional priority projects (#2 above).
* Present program plan tables.

**Criteria for Regional Priority Projects**

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. 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. As part of the funding requirements, the Oregon Health Authority has prioritized the following community strategies for overdose prevention work. Examples of each of these strategies can be found in Appendix A.

* Establish Linkages to Care
* Support Providers and Health Systems
* Partner with Public Safety and First Responders
* Empowering Individuals to Make Safer Choices, or
* Implement Prevention Innovation Projects

**Program Plan Tables**

To help with project management and progress tracking, the program plan is divided into three tables. These tables correspond with the first three items listed in the required work box at the start of this document.

* Overdose emergency **response protocols** in the COVID 19 recovery environment
* Overdose **prevention project(s)**
* **Naloxone accessibility**

Each table starts with a (region-identified), measurable objective and then asks for a list of the activities and projected timeline required to achieve it. If a region completes two overdose prevention projects, two “prevention project tables” will need to be included in the program plan. These tables, along with *examples of content (in italics)* are presented below.

**RESPONSE PROTOCOLS TABLE.**

**OBJECTIVE:** By 9/30/2021 the region will develop emergency response protocols for the COVID 19 RECOVERY environment *(Text in italic is for examples. Please delete the italicized text and insert LPHA planned steps.)*

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| **Activity** | **Oct****2020** | **Nov 2020** | **Dec****2020** | **Jan****2021** | **Feb****2021** | **Mar****2021** | **Apr****2021** | **May****2021** | **Jun****2021** | **Jul****2021** | **Aug****2021** | **Year Two** |
| **ASSESSMENT STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. *Identify champion/sponsor. (Health Officer, etc.).*
 | *x* |  |  |  |  |  |  |  |  |  |  |  |
| 1. *Identify emergency response plan in the region.*
 | *x* | *x* |  |  |  |  |  |  |  |  |  |  |
| 1. *Engage stakeholders.*
 | *x* | *x* | *x* | *x* | *x* | *x* | *x* | *x* | *x* | *x* | *x* | *x* |
| 1. *Identify data gaps.*
 |  | *x* | *x* |  |  |  |  |  |  |  |  |  |
| 1. *Identify current/emerging overdose risks.*
 | *x* | *x* | *x* |  |  |  |  |  |  |  |  |  |
| 1. *Identity current/emerging barriers to peer services.*
 | *x* | *x* |  |  |  |  |  |  |  |  |  |  |
| 1. *Identify changes in MAT availability.*
 | *x* | *x* |  |  |  |  |  |  |  |  |  |  |
| 1. *Identify changes in availability of recovery services.*
 |  | *x* | *x* |  |  |  |  |  |  |  |  |  |
| 1. *Identify best/promising practices.*
 |  | *x* | *x* |  |  |  |  |  |  |  |  |  |
| **IMPLEMENTION STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. *Work with stakeholders to develop strategies/*

*policies.* |  |  | *x* | *x* | *x* |  |  |  |  |  |  |  |
| 1. *Work with stakeholders to implement strategies/*

*Policies.* |  |  |  |  |  | *x* | *x* | *x* | *x* | *x* |  |  |
| **COMMUNICATION STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. *Develop a communication plan for stakeholders, at*

*risk populations, media, etc.* |  |  |  |  |  |  |  |  | *x* | *x* |  |  |
| 1. *Implement communications plan*
 |  |  |  |  |  |  |  |  |  |  | *x* | *x* |

**PREVENTION PROJECT TABLE.**

**OBJECTIVE:** By 8/30/22 the region will…w*hat overdose prevention project will your region complete?*

*Which of the five community strategies (listed on page 1) does this project fit under?*

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| **Activity** | **Oct****2020** | **Nov 2020** | **Dec****2020** | **Jan****2021** | **Feb****2021** | **Mar****2021** | **Apr****2021** | **May****2021** | **Jun****2021** | **Jul****2021** | **Aug****2021** | **Year Two** |
| **ASSESSMENT STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **IMPLEMENTION STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **COMMUNICATION STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
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**NALOXONE ACCESSIBILITY TABLE.**

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| **Activity** | **Oct****2020** | **Nov 2020** | **Dec****2020** | **Jan****2021** | **Feb****2021** | **Mar****2021** | **Apr****2021** | **May****2021** | **Jun****2021** | **Jul****2021** | **Aug****2021** | **Year Two** |
| **ASSESSMENT STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **IMPLEMENTION STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **COMMUNICATION STEPS** |  |  |  |  |  |  |  |  |  |  |  |  |
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**OBJECTIVE:** By 8/30/22 the region will have conducted an assessment on naloxone accessibility for individuals and will have implemented strategies to improve access to naloxone.

**APPENDIX A**

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 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.

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| **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.
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| **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.
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| **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.
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| **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.
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| **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> |