

Program Element #27 - Prescription Drug Overdose Prevention (PDOP)

OHA Program Responsible for Program Element:

Public Health Division/Center for Prevention & Health Promotion, Injury & Violence Prevention/Overdose Prevention Program

1. Description.

Funds provided under this Agreement for this Program Element may only be used, in accordance with and subject to the requirements, and limitations set forth below, to implement Prescription Drug Overdose Prevention (PDOP) activities.

Program Components to be funded for this Program Element are:

- a. Application of Prescription Drug Overdose Assessment and Capacity-Building Efforts. Complete remote (web-based) training using the Oregon Prescription Drug Monitoring Program (PDMP) and PDMP guidelines.
- b. Advance Health System Interventions. Promote prescriber enrollment and adoption of the PDMP and state opioid prescribing guidelines. High-burden Regions will work towards a goal of enrolling 95% of the top controlled substance prescribers in the region in PDMP.
- c. Facilitation of Community Partnerships. Accomplish movement toward building or strengthening a community network within the High-burden Region that contributes to reducing problematic prescribing, improving coordination of patient care for patients with opioid use disorder, increasing the use of non-opioid treatment for chronic non-cancer pain, and evolving a more inter connected community-level network of services.
- d. Facilitate Development of Local Prescription Drug Overdose Prevention Networks and Systems. Convene or strengthen an existing Interdisciplinary Action Team (IAT), a regional (or county-level) Pain Guidance Group (PGG) and a regional summit or training to help adoption and promotion of PDMP and opioid prescribing guidelines and increase community level data-informed awareness of PDO.
- e. Promote Community-Clinical Linkages to Support Prescription Drug Overdose Prevention. Disseminate local data to promote public awareness of the burden and preventability of Prescription Drug Overdose initiative.
- f. Description of Public Health Problem: Deaths associated with both prescription and non-prescription opioids (e.g. heroin) are among the leading causes of injury death in Oregon. In 2012, Oregon had the highest rate of nonmedical use of prescription pain relievers in the nation. It is estimated the abuse of opioid analgesics results in more than \$72 billion in national medical costs alone each year. A priority target in the State Health Improvement Plan (SHIP) is to reduce prescription drug mortality to less than 3 deaths per 100,000. Health system interventions to meet this target are: reduce high risk prescribing; increase number of organization that adopt prescribing guidelines and partner with health care providers to prevent opioid use disorder.

This Program Element and all changes to this Program Element are effective the first day of the month noted in Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions specific to this Program Element.

High-burden Region: An area of 2-3 neighboring counties led by a funded LPHA. The Oregon regions with the highest burden of prescription drug overdose and problematic prescribing are funded through this Program Element.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at: http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Population Health Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>						<i>X = Foundational capabilities that align with each component</i>						
Prescription Drug Overdose Assessment and Capacity-Building Efforts		*				X	X	X	X	X	X	
Advance Health System Interventions		*				X	X	X	X	X	X	
Facilitation of Community Partnerships		*				X	X	X	X	X	X	
Facilitate Development of Prevention Networks and Systems		*				X	X	X	X	X	X	
Promote Community-Clinical Linkages to Support Prevention		*			X	X	X	X	X	X	X	

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:

Not applicable

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:

Not applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

- a. Submit a Community Response Work Plan no later the November 1 of every year to OHA for approval. OHA will provide the required format and current service data for use in completing the Community Response Work Plan.
- b. Implement PDOP activities in accordance with the Community Response Work Plan, which has been approved by OHA, and incorporated herein with this reference. Modifications to the plan may only be made with OHA approval.
- c. Ensure that staffing is at the appropriate level to address all sections in this Program Element. LPHA must designate or hire a lead staff person to carry out and coordinate all the activities in the High-burden Region described in this Program Element, and act as a point of contact between the LPHA and OHA.
- d. Attend all PDO meetings reasonably required by OHA. Travel expenses shall be the responsibility of the LPHA.
- e. Cooperate with OHA on program evaluation throughout the duration of this Agreement, as well as with final project evaluation.
- f. Meet with a state level evaluator soon after execution of this Agreement to help inform the OHA evaluation plan.
- g. Collect data and maintain documentation.
- h. Respond to evaluator's requests for information and collaborate with OHA on final reports to highlight the outcomes of the work.
- i. Act as the fiscal agent for the High-burden Region. LPHA will provide the workspace and administrative support required to carry out the grant-funded activities outlined in this Program Element.

5. General Revenue and Expense Reporting.

LPHA must complete an "Oregon Health Authority Public Health Division Expenditure and Revenue Report" located in Exhibit C of this Agreement. A separate report must be filed for each applicable Program Element and any sub-elements. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Program Reporting Requirements.

- a. LPHA must submit quarterly PDO Progress Reports.
- b. In addition to Section 5, General Revenue and Expense Reporting, LPHA must submit quarterly PDO Expense Reports.
- c. OHA will provide the required format and current service data for use in completing the Progress and PDO Expense Reports.

7. Performance Measures.

If LPHA completes fewer than 75% of planned activities in the description above, for two consecutive calendar quarters in one state fiscal year, will not be eligible to receive funding under this Program Element in the next state fiscal year.