

Program Element # 62 Overdose Prevention

OHA Program Responsible for Program Element:

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

Background:

Substance use disorder and drug overdose are increasing health threats in Oregon. A 2020 National Survey on Drug Use and Health ranks Oregon at #2 in the country for rate of substance use disorder and #1 in illicit drug use disorder, prescription opioid misuse, and methamphetamine use. Oregon has seen a recent increase in overdoses from illicit fentanyl and non-opioid drugs, such as methamphetamine. OHA aims to reduce the burden of substance use disorder and overdose through several key strategies, including increasing equitable access to Harm Reduction supplies, supporting overdose response planning and coordination, increasing access to substance use disorder treatment, supporting safe and effective non-opioid pain management, providing tools and guidelines to support appropriate prescribing, and collecting and reporting data to inform response, prevention, and policy.

- 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 Overdose Prevention activities.

Funds provided under this Agreement are to be used to implement strategies that prevent opioid overdose, opioid misuse, substance use disorder, drug overdose, and related harms from substance use. Funds are designed to serve counties or regions with a high burden of drug overdose deaths and hospitalizations. Funds should complement other substance use disorder or overdose prevention initiatives and leverage additional funds received by other organizations throughout the county to reduce overdose deaths and hospitalizations.

LPHA is expected to collaborate with multi-disciplinary partners and collaborators to develop, plan, implement, and evaluate culturally relevant interventions using tailored prevention strategies that emphasize reaching groups disproportionately affected by substance use disorder and overdose. LPHA should collaborate with other projects within the county that address the community's challenges related to drug overdose deaths. The funded activities for this Program Element seek to promote the OHA's overdose prevention aims and collaboration expectations.

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

- 2. Definitions Specific to this PE**

Harm Reduction is a public health approach that focuses on mitigating the harmful consequences of drug use, including transmission of infectious disease and prevention of overdose, through provision of care that is intended to be free of stigma and centered on the needs of people who use drugs.

Harm Reduction strategies may include overdose education and naloxone distribution, low-threshold access to medications for opioid use disorder, drug checking (e.g., using fentanyl test strips), and education about safer drug use.

- 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 [Oregon's Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (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 | Population Health | Access to clinical preventive services 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 = Foundational capabilities that align with each component</i> | | | | | | | |
| <i>X = Other applicable foundational programs</i> | | | | | | | | | | | | |
| Community-Based Linkage to Care | | * | | | | X | X | X | X | X | X | X |
| Clinician/Health System Engagement | | * | | | | X | X | X | X | X | X | X |
| Public Safety Partnerships/ Interventions | | * | | | | X | X | X | X | X | X | X |
| Harm Reduction | | * | | | | 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 Metric, Health Outcome Measure:

Not applicable

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

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:

LPHA must:

a. Submit local program Work Plan and local program budget to OHA for approval by October 15 every year. Local program Work Plan must include three or more of the following components:

- (1)** Convene or strengthen a county and/or regional coordinating body comprised of multisector partners to assist with strategic planning and implementation of substance use disorder and/or overdose prevention efforts. Include stakeholders such as: collaborating providers and organizations, Coordinated Care Organizations, peer recovery mentor organizations, law enforcement and first responder agencies, Harm Reduction

organizations, persons with lived experiences, and representatives of diverse populations.

- (2) Develop, plan, implement, and evaluate an overdose emergency response plan. Convene and coordinate with local partners (i.e. health preparedness, law enforcement, first responders, hospital emergency departments, Harm Reduction partners, substance misuse prevention partners, and others). Assess and update response plans throughout the grant period.
 - (3) Review, coordinate, and disseminate local data to promote public awareness of the burden and opportunities to prevent drug overdose.
 - (4) Liaise with local, county, and/or regional organizations providing overdose prevention, Harm Reduction, treatment, and/or recovery services to ensure coordination and reduce duplication of efforts.
 - (5) Coordinate with the individuals and/or organizations responsible for determining how local governments will allocate opioid settlement funds within the county and/or region to implement complementary overdose prevention activities. Support coordination of local resource allocation.
 - (6) Community-Based Linkage to Care – Implement activities that help initiate linkage to care, facilitate care retention, prevent treatment interruption, and/or maintain access to recovery services.
 - (7) Clinician/Health System Engagement – Collaborate with Coordinated Care Organizations and/or other health system partners to provide clinician education on evidence-based practices for pain management; screening, diagnosis, and linkage to care opportunities for opioid use disorder (OUD) and stimulant use disorder (StUD); and other OUD/StUD-related clinician education priorities.
 - (8) Public Safety Partnerships/Interventions – Develop and maintain public health and public safety (PH/PS) partnerships; improve data sharing, availability, and use; provide education on preventing and responding to overdose; implement evidence-informed and evidence-based overdose prevention strategies.
 - (9) Harm Reduction – Implement and support activities that reduce stigma towards people who use drugs and facilitate Harm Reduction interventions based on local need; utilize navigators to connect people to services; ensure persons who use drugs have access to overdose prevention and reversal tools, treatment options, and drug checking equipment; develop and sustain partnerships with syringe service programs and Harm Reduction organizations; create and disseminate education and communication materials; leverage existing Harm Reduction services and resources to expand access and prevent a duplication of efforts.
- b. Engage in activities as described in LPHA’s local program Work Plan, which has been approved by OHA.
 - c. Use funds for this Program Element in accordance with LPHA’s local program budget, which has been approved by OHA. Modification to the local program budget may only be made with OHA approval.
 - d. 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 described in this Program Element, and act as a point of contact between the LPHA and OHA.
 - e. Provide the workspace and administrative support required to carry out the activities outlined in this Program Element.
 - f. Attend all Overdose Prevention meetings reasonably required by OHA. Travel expenses shall be

the responsibility of the LPHA.

- g.** Cooperate with OHA on program evaluation throughout the duration of this Agreement, as well as with final project evaluation.
- h.** Meet with a state level evaluator soon after execution of this Agreement to help inform the OHA evaluation plan.

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. 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. Reporting and Work Plan Requirements.

- a.** LPHA must submit quarterly Progress Reports.
- b.** In addition to Section 5, General Revenue and Expense Reporting, LPHA must submit quarterly Overdose Prevention Expense Reports.
- c.** OHA will provide the required format and current service data for use in completing the Work Plan, Progress and Expense Reports.
- d.** The local program Work Plan may be modified throughout the project period based on shifting priorities, emerging needs, and LPHA capacity. LPHA must receive OHA approval for the revised local program Work Plan to ensure it meets program requirements and remains within the scope of this Program Element.

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, LPHA will not be eligible to receive funding under this Program Element in the next state fiscal year.