

Opioid Settlement

Prevention, Treatment and Recovery Board Meeting

NOTE: the public comment period for this meeting will be from 12 – 12:15 p.m.

- Date:** May 8, 2024
Locations: Zoom (link at end of agenda)
Time: 10:00 a.m. – 1:00 p.m.
Attendees:
1. April Rohman
 2. David Hart
 3. John McIlveen
 4. Tami Kane-Suleiman
 5. Annaliese Dolph (Co-chair)
 6. Zebuli Payne
 7. Nicholas Ocón
 8. Laurie Trieger
 9. Skyler Brocker-Knapp
 10. Joann Linville
 11. Julia Hajduk
 12. Carrie Brogoitti
 13. Rick Treleaven
 14. Fernando Peña
 15. Captain Lee Eby (Co-chair)
 16. Rep. Maxine Dexter (non-voting)
 17. Sen. Lew Frederick (non-voting)
 18. Judge Ann Lininger (non-voting)

Meeting objectives

- Learn about prevention funding needs and opportunities
- Hear from public health professionals on the role of public health and community-based organizations in substance use disorder prevention
- Hear ADPC’s proposal to fund Prevention category dollars
- Discuss and decide on what to fund for prevention

TIME	ITEM	LEAD
10:00 a.m.	Welcome and roll call - Review meeting objectives	Lee

10:05 a.m.	Board business <ul style="list-style-type: none"> Budget update Legal update: agreement between Board and OHA Data System subcommittee update (David) 	Lisa
10:20 a.m.	Presentation by Klamath and Clackamas Counties: The role of public health in preventing substance use disorder Q&A	Jennifer Little, Armando Jimenez Apryl Herron, Miranda Hill
10:50 a.m.	Presentation by OHA Public Health leadership: CBO collaborative funding Q&A	Haoua Dogo, Upstream Public Health, Organizing Director Muthoni Ehmann, OHA Public Health Division, Community Engagement Clinical Lead Cara Biddlecom, OHA Public Health Director
11:20 a.m.	Break	
11:30	ADPC Prevention proposal	Wes Rivers; Debby Jones
12:00 p.m.	Public comment	Lee
12:15 p.m.	Proposal discussion, decision, and direction to OHA	Jenny
1:00 p.m.	Adjourn	

Zoom Meeting Link (accessible for public observation):

<https://www.zoomgov.com/j/1617563940?pwd=cUxvNGROODZQS2RxUEE0U21vNVJEUT09>

Meeting ID: **161 756 3940** Passcode: **060230**

Dial by your location +1 669 254 5252 US (San Jose) +1 646 828 7666 US (New York)

ADPC 2024 Substance Use Disorder (SUD) Primary Prevention Recommendations

Updated for OSPTR Board Consideration on May 8, 2024

This proposal outlines prevention recommendations for the Opioid Settlement Prevention, Treatment, and Recovery Board (OSPTRB). The OSPTRB allocated 30% of the total of all Oregon settlement funds to the nine Federally Recognized Tribes in Oregon, totaling \$27.7 million for the biennium 2023-2025, to spend on approved prevention, treatment, and recovery strategies. Following the Tribal set-aside, the OSPTRB has allocated \$13,706,000 for primary prevention for the biennium 2023-2025.

The Alcohol and Drug Policy Commission (ADPC) and Oregon Health Authority (OHA) define primary prevention as “Practice, programs, and policies designed to prevent and reduce the incidence and prevalence of alcohol and other drug use and consequent health, behavioral health, and social problems (National Academy of Medicine (NAM) - formerly Institute of Medicine).”

The OSPTRB has asked ADPC for recommendations on the primary prevention investment, and ADPC will present recommendations at the May 8, 2024, OSPTRB meeting. After discussion at the March 27th and April 24th Prevention Subcommittee meetings and further consultation with OSPTRB, this proposal prioritizes increasing investment in workforce capacity to conduct primary/universal prevention. The following table details this focused approach to reflect a one-time \$13.7 million investment of primary prevention opioid settlement funds for the current 2023-2025 biennium:

	Funding to Counties for Preventionist Capacity	Culturally-Linguistically specific CBOs & RHECs with State Program Supports	Funding to Support a Credentialed Workforce	TOTAL
OSPTR Board Proposal	\$9,500,000 – Funds for evidence-based, primary prevention capacity and workforce at counties. <i>(To enhance county preventionist workforce/FTE)</i>	\$3,756,000 to increase community and culturally-linguistically specific/responsive capacity for primary prevention in community-based organizations <i>(to further address disproportionate impacts of overdose among AI/AN and Black/AA populations and inadequate resources for non-English speakers.)</i>	\$450,000 to support Oregon Coalition of Prevention Professionals/Oregon Council for Behavioral Health to train and certify two cohorts of 25 Certified Prevention Specialists per year for two years <i>(To relieve gaps in certified/credentialed workforce with training in primary prevention).</i>	\$13,706,000 1-time

Proposed funding levels are informed by the 2024 Oregon SUD Fiscal Analysis (HB-5006) to be released in May 2024. This analysis estimates the cost to scale up current prevention staffing and programs through county

drug and alcohol prevention programs funded by OHA.¹ Furthermore, this recommendation proposes to further address the health inequities in overdose and substance use related harm by funding projects related to primary prevention through culturally and linguistically specific and responsive community-based organizations (CBOs). Given gaps in this prevention workforce, this recommendation proposes funding for FTE and additional training and certification to support county and community-based preventionists, providing them with the tools and professional development needed to implement evidence-based programs. These recommendations will not supplant current funding but expand and enhance existing programs.

Funding to Counties for Preventionist Capacity (\$9.5 million)

The recommendation would support local prevention FTE informed by OHA's substance use prevention funding and contracting modernization efforts. Funds equate to about 18.93 new FTE along with related programming. Those funds would support the prevention workforce to implement evidence-based, proven strategies aligned with SAMHSA's Center for Substance Abuse Prevention (CSAP) Guidance and Centers for Disease Control and Prevention's (CDC) recommendations for comprehensive primary prevention programs, as well as OSPTRB Exhibit E – Approved Strategies. ADPC and OHA's goal is to support counties in bolstering workforce capacity and evidence-based primary prevention strategies, while allowing counties flexibility in how they organize workforce to meet integrated poly-substance use prevention objectives. Given the one-time nature of the funds, the ADPC recommends flexibility for counties in how they increase capacity, including salary and wages for new/existing preventionists; training and education for workforce; contracting; workforce assessment and planning; staffing/convening of local alcohol and drug planning committees and coalitions; blended strategies in implementing evidence informed Risk and Protective factors-focused programs; and services/supplies needed by a preventionist to fulfil their role with respect to evidence-based strategies. All funding must be used to support primary prevention and shall not supplant existing funds.

Current OHA prevention grant agreements outline a menu of evidence-based strategies that can be used to address local needs, partnerships, and community priorities (Overdose – PE #62; ADPEP - PE #36/Grant Agreements/IGAs). These eligible activities may include distribution of data and information; community needs assessment; outreach; health education; youth, family, and adult programming such as parenting education and skill building and peer leadership; public awareness campaigns; coalition building; overdose response planning; local policy development; and school-community partnerships such as supports for classroom education and after school programming. Should the OSPTRB approve this recommendation, OHA will engage the Oregon Coalition of Local Health Officials, current non-local public health grantees, representatives of the ADPC Prevention Committee, the Addiction Mental Health Prevention Advisory Committee (AMHPAC), and liaisons from the OSPTRB to recommend a distribution formula for OSPTRB approval.

Culturally-Linguistically specific CBOs & RHECs (\$3,756,000)

As recognized in the ADPC Recommendations for Immediate Action to Reduce the Number of People Who Die of Overdose in Oregon, Oregon is far from its goal to reduce substance use related health disparities. The strategic plan set a benchmark goal for the state to reduce the rate at which Oregonians die from drug

¹ Currently, there are significant gaps in statewide workforce coverage and capacity across the state. OHA funds 11 (7.74 FTE Equivalent) regional Overdose Prevention and Education Program (ODPEP) Coordinators serving 22 counties (majority part-time), leaving many areas of the state uncovered; and 36 (26.4 FTE equivalent) Alcohol and other Drugs Prevention and Education Program (ADPEP) Coordinators. Larger counties have more capacity to leverage other funding sources, further exasperating rural and urban inequities. Funds would equate to approximately 18.93 Full Time Equivalent positions and related programming.

overdoses (total) from 12.4 per 100,000 in 2017 to 10.4 or less per 100,000 by 2025. In 2022, that rate climbed to 31.1 deaths per 100,000. The rate of deaths related to overdose for American Indian or Alaska Native Oregonians increased from 46.6 per 100,000 in 2011 to 85 per 100,000 in 2022. The rate of deaths related to overdose for Black or African American Oregonians increased from 33.6 per 100,000 in 2018 to 78.3 per 100,000 in 2022. The ADPC urges the OSPTRB to recognize the importance and urgent need for funding directly to culturally and linguistically specific CBOs or RHECs to conduct alcohol or overdose primary prevention activities to address disproportionate harms among populations of color and others experiencing health inequities.

Should the OSPTRB approve this recommendation, OHA will convene CBOs, in coordination with County, ADPC, and OSPTRB liaisons, to recommend a distribution formula for OSPTRB approval. Through the Public Health Equity CBO Program, over the last three years, OHA-Public Health has built a network of 174 cultural and linguistically specific and responsive CBOs to support the elimination of health inequities in Oregon. Through partnerships with counties and school districts, these organizations have created community-informed programs and projects that center lived experience and support a workforce that represents the communities being served. Using that model, the ADPC recommends creating a funding stream for those CBOs to address primary prevention of alcohol and drug use and related harms and strengthen collaboration with Counties, Regional Health Equity Coalitions, and the tribes. These grants would further support workforce development, workforce diversity, and the combination of evidence-based, cultural, and community-based practice.

Funding to Support a Credentialed Workforce (\$450,000)

The 2022 OHSU Gaps Analysis for Oregon estimated a 94% gap in the Certified Prevention Specialist workforce. To address this gap and to support the additional workforce capacity through counties and CBOs, the ADPC proposes to increase the number of Certified Prevention Specialists available to support evidence-based prevention strategies in Oregon communities. The ADPC proposes funding for additional training and certification opportunities for 100 professionals over two years, using existing infrastructure through the Oregon Coalition for Prevention Professionals and Oregon Council for Behavioral Health. With expanded professional development opportunities, the state could solidify the foundation for a pipeline of trained local preventionists.

Should the OSPTRB approve this recommendation, OHA will contract with the Oregon Coalition of Prevention Professionals, through the Oregon Council for Behavioral Health, to provide training, technical assistance and support of certification cohorts over the next two years.

Conclusion

A new one-time funding investment of \$13,706,000 will enhance existing infrastructure for workforce development and related programming. The OSPTRB's commitment to addressing overdose and alcohol related health inequities is historic and lays the foundation for future investments. This supports Oregon's long-term goals of decreasing substance use/overdose and increasing health equity, youth and community engagement, individual/community resilience, and mental and social well-being.

May 6, 2024

OSPTR Board
C/O Lisa Shields

Dear Members of the Board,

I am writing to express my wholehearted support for the current proposal to allocate 22% of the Opioid Settlement funds to primary prevention through the Local Public Health Authorities (LPHA) across Oregon. Investing in upstream prevention is not only crucial but also represents a proactive and sustainable approach to tackling the opioid crisis.

Substance use, including the alarming rise in opioid and fentanyl-related issues, poses significant challenges to the health and safety of our communities. While treatment efforts are vital, local public health is uniquely positioned to work on systems change initiatives, build community capacity, work with partners across disciplines to create normative change, and address the root causes of substance abuse. Tobacco prevention is a great example of how sustained investments have allowed us to move from focusing on individually oriented interventions (education, smoking cessation) to changing the environment itself (smoke free localities and product restrictions). It has taken time for the shift to happen, but the evidence is clear that we are turning the curve on smoking behavior.

Over the years, funding for upstream prevention programs has stagnated, despite the growing needs of our communities. Allocating additional funds to the LPHA would increase our capacity and enable us to implement comprehensive prevention strategies in partnership with community-based organizations that target risk factors and promote protective factors among our population. Sustained funding would enable us to address the existing health disparities and have greater collective impact.

At present, our county struggles with limited resources to support prevention efforts adequately. With additional funding, we could enhance community engagement and tailor interventions to the needs of our residents. By investing in primary prevention, we can develop and support community-driven, community-led, data-informed, trauma informed and sustainable public health interventions to mitigate the negative impacts of substance use on our society.

I firmly believe that prioritizing upstream prevention in a strategic and thoughtful way is critical to long-term success in combatting substance use and addiction. By addressing the underlying factors driving substance use, we can create a healthier and more resilient community for generations to come.

Sincerely,



Director, Public Health Division



May 6, 2024

Oregon OSPTR Board

c/o Lisa Shields

Please accept this letter in support of the Board's proposal to fund primary prevention. Resources for prevention, let alone, upstream programs have been insufficient, unstable, and stagnant across Oregon for too long, despite the immense critical need. While treatment efforts are essential, it is equally important to address the root causes of substance misuse through prevention.

Deschutes County Public Health has been very effective at braiding our funding streams in order to maintain a minimum staffing level in our Prevention programs, but this infrastructure is fragile and not sustainable to maintain effective work. Currently, our Alcohol and Other Drug Prevention Education Program (ADPEP) position is 1.0 FTE, only because of unique strategizing of one-time COVID/ARPA funds which are ending this year. In prior years, this position has been cobbled together with other resources that have non-substance misuse prevention mandates which pull away from our programs ability to efficiently address this topic in our community.

The roller coaster of funding changes leads to instability of program service delivery as well as workforce challenges that come along with unpredictable funding. In addition, 1.0 FTE is not sufficient capacity for a community the size of Deschutes County.

While we understand that the allocation to prevention from the Opioid Settlement resources is one-time funding we believe it is an important step toward building a more resourced and resilient prevention system across Oregon. One of the keys to effective prevention implementation is consistency. Please help us remain consistent by approving this funding proposal.

In Partnership,

Heather Kaisner

Heather Kaisner, MS
Public Health Director
Deschutes County



May 6, 2024

Opioid Settlement Prevention and Treatment Board
C/O Lisa Shields, Overdose Systems Coordinator, Oregon Health Authority, Injury Prevention and
Overdose Prevention

Dear Members of the Board,

I am writing to express my wholehearted support for the current proposal to allocate 22% of the Opioid Settlement funds to primary prevention through the Alcohol and Drug Prevention and Education Program (ADPEP) and Overdose Prevention (OD) Programs. As someone deeply invested in the well-being of Lane County and its residents, I believe that investing in upstream prevention is not only crucial, but also represents a proactive and sustainable approach to addressing the opioid crisis and its ongoing effects. Moreover, it is vitally important that prevention efforts occur locally because our ADPEP and OD Coordinators live in our county, know our demographics intimately, and work closely with our county partners to prevent SUD issues in our community.

Lane County has been designated a high burden county for opioid effects from the crisis and that continues to this day. This crisis has presented an ever-changing landscape of effects which now include fentanyl and other emerging substances of concern that pose deadly consequences for our residents. SUD treatment has expanded and becomes more adept in its efforts to treat those affected by opioids and while these efforts are vital, it is equally imperative to address the root causes of substance use through preventive measures.

Funding for upstream prevention programs has been stagnant, despite the growing needs of our community. This stagnation has led to diminished capacity and programming, leaving us ill-equipped to address the escalating challenges effectively. However, allocating additional funds to the ADPEP and OD programs would not only bolster our capacity, but also enable us to implement comprehensive prevention strategies that target risk factors and promote protective factors among our population. It would also allow us opportunities to collaborate with existing efforts through our CCO-funded programs and CBO partners.

At present, our county struggles with limited staffing and resources to support prevention efforts adequately. With additional funding, we could expand our efforts, enhance community outreach, and develop targeted interventions tailored to the evolving needs of our residents. By investing in primary prevention, we can empower individuals and communities, thereby mitigating the negative impacts of substance use on our society.

In Lane County we strongly believe that prioritizing local upstream prevention is the key to long-term success in combatting substance use and addiction. By addressing the underlying factors driving substance abuse, we can create a healthier and more resilient community for generations to come.

Sincerely

Eve Gray, RN, MSN, CPHQ, CMPE
Director

County Commissioners

Kevin Cameron, Chair
Danielle Bethell
Colm Willis



Chief Administrative

Officer
Jan Fritz

Administrator

Ryan Matthews

MARION COUNTY HEALTH AND HUMAN SERVICES

OSPTR Board
C/O Lisa Shields

Dear Members of the Board,

I am writing to express my wholehearted support for the current proposal to allocate 22% of the Opioid Settlement funds to primary prevention through the ADPEP Program. As someone deeply invested in the well-being of Marion County and its residents, I believe that investing in upstream prevention is not only crucial but also represents a proactive and sustainable approach to tackling the opioid crisis.

It's evident from our community assessments and health improvement plans that substance abuse, including the alarming rise in opioid and fentanyl-related issues, poses significant challenges to the health and safety of our population. While treatment efforts are vital, it's equally imperative to address the root causes of substance abuse through preventive measures.

Over the years, funding for upstream prevention programs has stagnated, despite the growing needs of our community. This stagnation has led to diminished capacity and programming, leaving us ill-equipped to address the escalating challenges effectively. However, allocating additional funds to the ADPEP program would not only bolster our capacity but also enable us to implement comprehensive prevention strategies that target risk factors and promote protective factors among our population.

At present, our county struggles with limited staffing and resources to support prevention efforts adequately. With additional funding, we could expand our team, enhance community outreach, and develop targeted interventions tailored to the evolving needs of our residents. By investing in primary prevention, we can empower individuals and communities to make healthier choices, thereby mitigating the negative impacts of substance use on our society.

I firmly believe that prioritizing upstream prevention is the key to long-term success in combatting substance use and addiction. By addressing the underlying factors driving substance abuse, we can create a healthier and more resilient community for generations to come.

Warm regards,

A handwritten signature in black ink, appearing to be "Ryan Matthews".

Ryan Matthews
Administrator
Marion County Health & Human Services

May 6, 2024

Opioid Settlement Prevention, Treatment and Recovery (OSPTR) Board
% Lisa Shields

RE: ADPC 2024 Substance Use Disorder (SUD) Primary Prevention Recommendations

Dear Members of the Board,

I am writing to express Multnomah County Health Department's support for the current proposal to allocate 22% of the Opioid Settlement funds to support 18.93 new FTE for primary prevention across the state through the Overdose PE #62 and ADPEP PE #36 grant agreements. The Health Department includes the Local Mental Health and Public Health Authorities and currently receives funds through both of these PEs. Our mission is to work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone. Primary prevention is a critical component of realizing this mission and of the utmost importance as we work to address the opioid crisis with comprehensive, equity-based approaches.

The *Oregon Substance Use Disorder Services Inventory and Gap Analysis* completed by OHSU-PSU School of Public Health in 2022/23 estimated an overall 42% gap for prevention, harm reduction, treatment, and recovery services across the substance use disorder continuum in Multnomah County. Local gaps in prevention are even more pronounced according to the analysis, which shows a 42% gap in school classroom based prevention programming; 48% gap in prescription drug drop off sites/services; and 98% gap in prevention specialists. Our local overdose data shows that Native American/Alaskan Native and Black/African American communities have the highest rates of fatal overdoses locally. We also see the current crisis impacting our other BIPOC communities. ADPC's recommendations will directly address both prevention gaps and local health disparities, which is particularly important in Multnomah County where 19% of the state's population resides.

Despite the evidence that primary prevention is a highly effective, low cost strategy, funding for such programs has not been prioritized in the same way as other substance use disorder services. This reality has left prevention relatively underfunded, resulting in the aforementioned service gaps and widening of racial and ethnic inequities. ADPC's recommendations to allocate additional funds to the Overdose and ADPEP programs is a positive step in addressing limited prevention capacity.

While the Health Department has worked to prioritize substance use disorder prevention programming, we still struggle with limited staffing and other resources to implement comprehensive prevention strategies to address risk factors and promote protective factors. It is critical that ADPC's recommendations bolster capacity in the Health Department and among our community partners. Being allocated enough funds to hire new staff will allow us to expand our prevention efforts, particularly for

Health Department



youth and Black, Indigenous and People of Color (BIPOC) communities, through coordinating with local culturally specific Community Based Organizations (CBOs); enhancing community outreach, engagement, and partnerships; and implementing activities that are tailored to the needs of our diverse community.

Prioritizing primary prevention will support long-term success in combating substance use and addiction by addressing the underlying factors driving the current crisis. The results will mean a healthier, more resilient community in the near term and for future generations.

Sincerely,

A handwritten signature in blue ink that reads "Rachael Banks".

Rachael Banks
Director, Multnomah County Health Department



May 6, 2024

Attn: OSPTR Board C/O Lisa Shields

RE: Opioid Settlement funds for prevention programs

Dear Members of the Board,

I am writing on behalf of Washington County to share our support for the current proposal to allocate 22% of the Opioid Settlement funds to prevention staffing capacity, including through the ADPEP Program. Investing in upstream prevention is not only crucial but also represents a proactive and sustainable approach to tackling the opioid crisis.

It's evident from our community assessments and our community health improvement plan that substance abuse, including the alarming rise in opioid and fentanyl-related issues, poses significant challenges to the health and safety of our community. While treatment efforts are vital, it's equally imperative to address the root causes of substance abuse through preventive measures.

Over the years, funding for upstream prevention programs has stagnated, despite the growing need in our community. This stagnation has led to diminished capacity and programming, leaving us ill equipped to address the escalating challenges effectively. However, allocating additional funds to the ADPEP program would build our capacity to implement comprehensive prevention strategies that target risk factors and promote protective factors among our population.

At present, our county has limited staffing and resources to support prevention efforts adequately. With additional funding, we could enhance current community outreach efforts, ensure interventions tailored to the evolving needs of our residents, and increase culturally and linguistically appropriate prevention strategies through community and school partnerships. By investing in prevention, we can empower individuals and communities to make healthier choices, thereby mitigating the negative impacts of substance use on our society.

I firmly believe that prioritizing upstream prevention is the key to long-term success in combatting substance use and addiction. By addressing the underlying factors driving substance abuse, we can create a healthier and more resilient community for generations to come.

Sincerely,

Mjere Simantel
Washington County Director of Health and Human Services