Maximizing the Impact of Opioid Settlement Funds

Presentation to the County Commissioners Association of Missouri

March 1, 2024

Introductions



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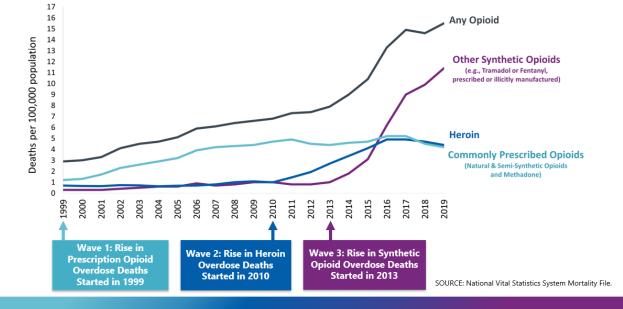
Sara Whaley, MSW, MPH, MA

Senior Practice Associate, Dept. Health Policy & Mgmt Program Director, Bloomberg Overdose Prevention Initiative Johns Hopkins Bloomberg School of Public Health Where are we?



The Opioid Crisis

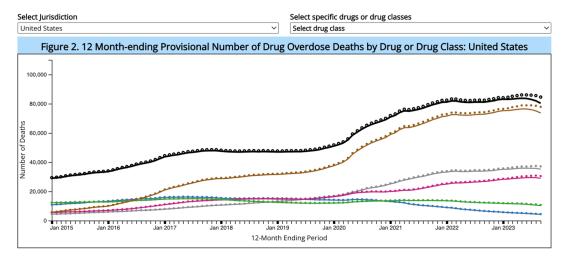
Three Waves of the Rise in Opioid Overdose Deaths



12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class

Based on data available for analysis on: February 4, 2024

After opening the drug class dropdown, click the top of the dropdown menu again to make the checkboxes disappear.



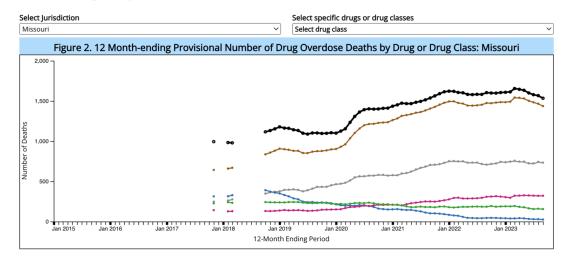
Legend for Drug or Drug Class

Cocaine (T40.5)	Synthetic opioids, excl. methadone (T40.4)	Reported Value
Heroin (T40.1)		O Predicted Value
Natural & semi-synthetic opioids (T40.2)		
Opioids (T40.0-T40.4,T40.6)		
Psychostimulants with abuse potential (T43.6)		

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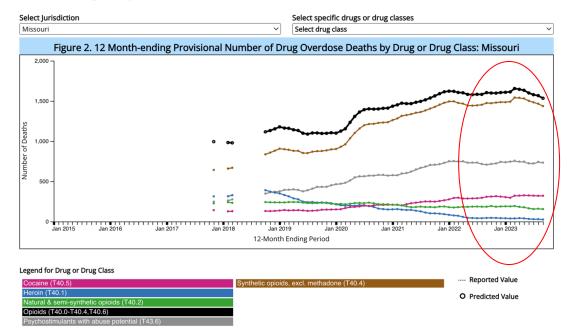


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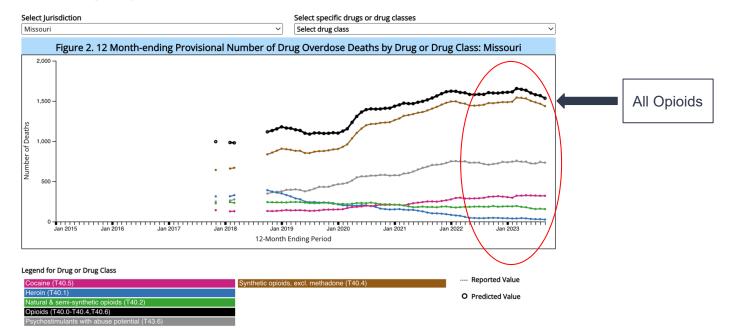
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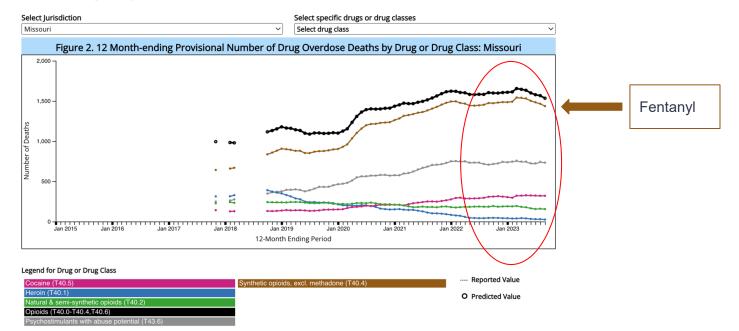
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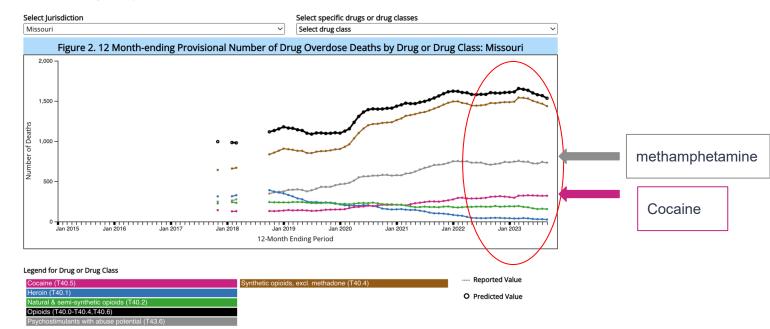
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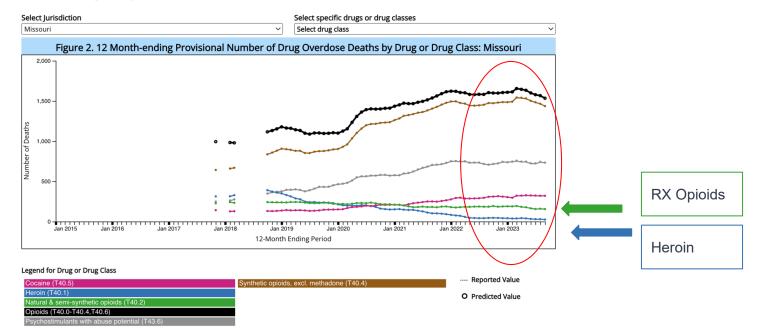
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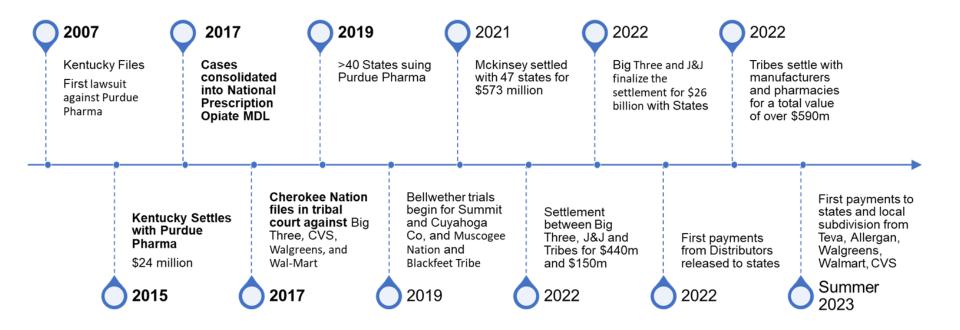


Where are we?



The Opioid Litigation

Opioid Litigation Timeline



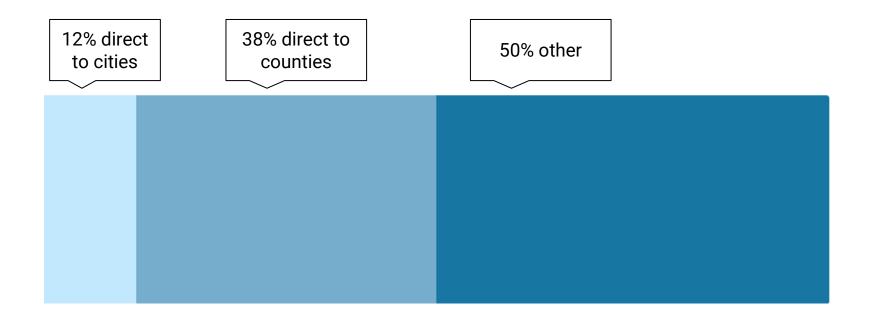
~\$56 Billion to State & Local Govs



~\$458 million to MO

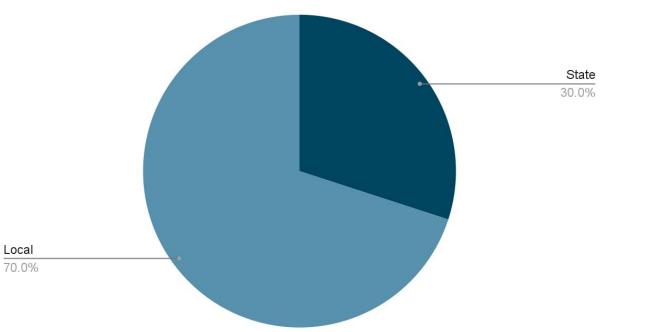
Source: opioidsettlementtracker.com

Across the country

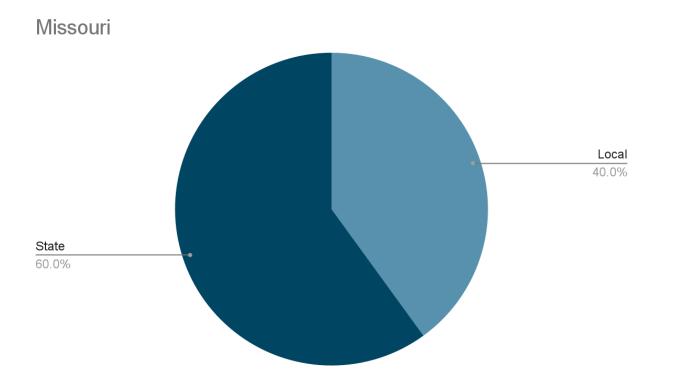


Majority Local

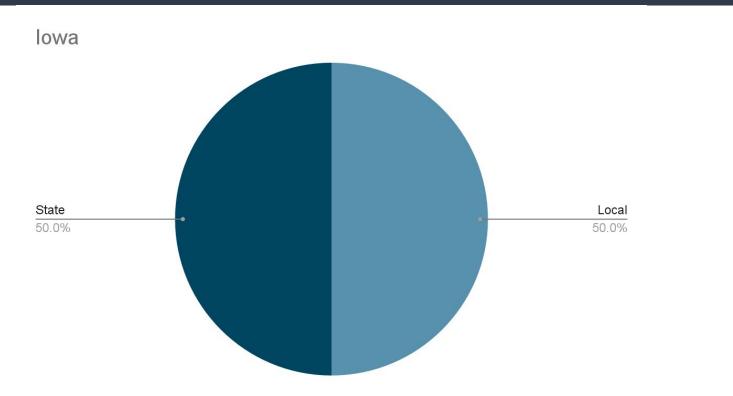
Wisconsin



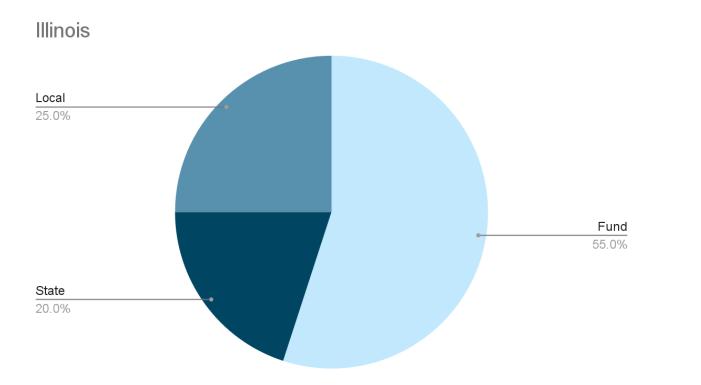
Majority State







Other



Where are we?

Creating Lasting Solutions

The Principles

Principles for the Use of Funds From the Opioid Litigation

Developed by a coalition of organizations across the spectrum of the substance use field including physicians, addiction medicine specialists, recovery, treatment, and harm reduction. The Principles for the Use of Funds From the Opioid Litigation provide planning and process level guidance for state and local policymakers on how to effectively spend money from the opioid settlements.

Explore the Principles

http://opioidprinciples.jhsph.edu

More than 60 National Groups



Principle 1: Spend Money to Save Lives

Invest in programs

Example: Rock County, WI

Community-Based Needs Assessment



Principle 2: Use Evidence to Guide Spending

Proven programs

Promising programs

Example: Beaufort County, South Carolina

Investing in Proven



Medications for Opioid Use Disorder



- **SBIRT** Training
- Comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare

Example: Milwaukee County, WI

Investing in Promising Practices

Vending Machines



<u>**When a promising practice, fund evaluation</u> to confirm anticipated benefit**

Principle 3: Invest in Youth Prevention

Building Youth Resilience

Example: Cambria County, PA

Supporting School Mental Health



Principle 4: Focus on Racial Equity

Invest in Disproportionately Impacted Communities

Example: Cuyahoga County, OH

Divert Individuals Away from Jail and into Care



Principle 5: Create a Fair and Transparent Process

Listen, Evaluate, Disclose

Disclosure & Transparency

S CT Mirror

Opinion: CT needs a defined plan for opioid settlement spending

Connecticut must have a clearly defined strategy, measurable outcomes, and a 'test and learn' approach for its opioid settlement money.

NPR

How opioid settlement funds were spent in 2023: 5 things to know : Shots - Health News

Opioid settlement payouts are now public – and we know how much local governments got. Mallinckrodt Pharmaceuticals, a manufacturer of generic...

N The Parkersburg News and Sentinel

Wood County officials discuss goals for opioid settlement money

PARKERSBURG — The Wood County Commission feels they need to prioritize the county's constitutional officers in how it spends over \$858000 in...







Disclosure & Transparency









Disclosure & Transparency

Funding decisions and explanations

- Annual Report
- Website
- Monitoring of investments over time





	Principles for the Use of Funds From the Opioid Litigation	
Conducting a	PRINCIPLE 1 SPEND THE MONEY TO SAVE LIVES	
	PRINCIPLE 2 USE EVIDENCE TO GUIDE SPENDING	 Reviewing the effects of existing policies
	PRINCIPLE 3 INVEST IN YOUTH PREVENTION	
Identifying	PRINCIPLE 4 FOCUS ON RACIAL EQUITY	
	PRINCIPLE 5 DEVELOP A FAIR AND TRANSPARENT PROCESS FOR DECIDING WHERE TO SPEND THE FUNDING	 Creating a representative council

The Principles: A Ouick Guide to Conducting a Needs Assessment



The Principles for the Use of Funds From the Opioid Litigation are nationally recognized guidance for states, counties, and cities receiving money from the lawsuits against entities that contributed to the opioid epidemic. These planning Principles, coordinated by faculty at the Johns Hopkins Bloomberg School of Public Health, can help jurisdictions create a foundation for effective spending of the monies to save lives from overdose.

The Principles for the Use of Funds From the Opioid Litigation encourage communities to use settlement funds to supplement existing opioid abatement work (Principle 1) and invest in effective evidencebased interventions (Principle 2). Conducting a local needs assessment is an important early step in determining how to disburse these limited resources for maximum impact

What is a needs assessment?

A needs assessment is a systematic process for identifying a community's health needs and assets. In the context of opioid settlement planning, a needs assessment is used to identify the areas in which interventions can save the most lives.

Needs assessments rely on local data. Both guantitative data (e.g., number of overdose events, number of individuals receiving treatment, and length of waitlists for care) and gualitative data (e.g., community-identified priorities) help tell the story of a community's opioid challenges and current methods for navigating them. Needs assessments use this data to identify discrepancies between a community's needs and its system capacity that warrant further investigation and investment.

Who conducts a needs assessment?

In many counties, needs assessments are entirely administered by the local health department, though it may also contract with other organizations to conduct all or part of the assessment (e.g. schools of public health, non-profit organizations).

When should a needs assessment be conducted?

The Substance Abuse and Mental Health Services Administration suggests conducting a needs assessment every three years. As we have seen during the COVID-19 pandemic and with the introduction of synthetic opioids like fentanyl into the drug supply, the substance use landscape in the United States can change guickly. Periodic needs assessments help counties tailor their opioid response strategies to their population's evolving needs.

Why is a needs assessment important for planning opioid settlement spending?

Opioid settlement funds are arriving after years of county-led opioid response efforts. A needs assessment can bein counties invest this new funding strategically to expand the reach of currently funded solutions and close gaps in services, either where needs are not being met or where new needs arise. These funds will be disbursed annually over many years depending on the settlement terms. A needs assessment is a powerful tool counties can use to ensure settlement funds create a sustainable. long-term reduction in opioid misuse and overall substance use disorder.

Many jurisdictions already possess sufficient resources and data to conduct a needs assessment. This guide will serve as a guick reference to aid counties in conducting such an assessment to assist in investing their opioid litigation funds.

The Principles Quick Guide to Creating a Settlement Council



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The Principles for the Use of Funds From the Opioid Litigation encourage communities to Spend Money to Save Lives (Principle 1) and Create a Fair and Transparent Process (Principle 5). Creating a council with expertise in issues related to substance use can help create an informed process that ensures dollars from the litigation are going toward identified areas of need. Establishing a council that represents the diverse needs, strengths, and experiences of community members can help address health disparities (Principle 4).

What is a settlement council?

In the context of the opioid litigation, a settlement council is an entity that works with county decisionmakers to decide how best to use dollars from the opioid settlements. Settlement councils may take on an advisory role and provide advice or feedback to the county on the best use of the dollars, or they may have the authority to directly allocate funding.

Why have a settlement council?

By bringing together people from various backgrounds. the council can put forward recommendations that reflect both the scientific evidence and the needs and desires of the community

A settlement council can engage members of the public by attending events hosted by other community-based organizations as well as holding open meetings that include time for members of the public to speak. Councils can also solicit public input by administering surveys or creating a digital platform to receive written comments. Councils can specifically solicit input from traditionally underserved communities by reaching out to community-based providers, nonprofit leaders,

or outreach workers who interact directly with people who use drugs, and encouraging their participation in the decision-making process. The inclusion of representatives from organizations with a proven track record of effectively working with underserved communities can help members of those communities engage throughout the process.

Who should be on a settlement council?

When composing a settlement council, counties should seek representatives from the communities that are most affected by the opioid epidemic and organizations that specialize in opioid abatement These groups may include:

People with lived/living experience of opioid use disorder, including those receiving medications for opioid use disorder

Public health practitioners who specialize in substance use and overdose prevention, from organizations such as local health departments or schools of public health. Primary prevention specialists, such as primary care

providers or school-based clinicians. Treatment providers, particularly those that engage

- with traditionally underserved populations
- Recovery and other social service organizations; for example, a local Housing First program.

In addition to representing a variety of subject matter expertise, the council as a whole should represent the diversity of the county in the personal characteristics (such as gender race, ethnicity, and sexual orientation), professional backgrounds, and life experiences of its members

The Principles Quick Guide to Removing Policy Barriers





The Principles for Use of Funds From the Opioid Litigation are nationally recognized guidance for states, counties, and cities receiving money from the lawsuits against entities that contributed to the opioid epidemic. These planning Principles, coordinated by faculty at the Johns Hopkins Bloomberg School of Public Health, can help jurisdictions create a foundation for effective spending of the monies to save lives from overdose.

The Principles for the Use of Funds From the Opioid Litigation encourage governments to consider both empirical evidence (Principle 2) and public testimony (Principle 5) when allocating funds from the opioid settlements. After decades of research into effective interventions for opioid use disorder, there are now many evidence-based solutions to the prevention, treatment, recovery, and reduction of harms associated with opioid use. For an evidencebased program to produce the intended results, it may first be necessary to remove laws and regulations that interfere with proper implementation of the program. By conducting a policy review, county leaders can proactively identify and amend policies that may otherwise limit the impact of opioid settlement investments.

What is a policy barrier?

A policy barrier is a law or regulation that impedes the implementation of evidencebased interventions. By conducting a policy review, counties can ensure they are aware of any policies that may go against the scientific evidence or have an adverse effect on certain demographic groups. For example, a policy passed decades ago may need to be amended to reflect new findings or lessons learned that have emerged since then.

What is a policy review?

A policy review examines policies concerning substance use and determines whether these policies are blocking the implementation of evidence-based interventions. These reviews should be done periodically and are often completed by participatory boards or committees (e.g., a citizens advisory board) or departments (e.g., health department) within the county

A policy review can assess either state and/or county policies, as both can play a role in promoting or obstructing the use of evidence-based programs. A policy review can also be done in collaboration with a needs assessment. Findings from the review will identify any instances of inaccurate or counterproductive policy language and equip county officials to resolve these issues through the amendment process.



Increasing Access To Evidence-Based Treat A NACo Opioid Solutions Strategy Brief

What can be done to increase access t treatment?

"Medication for opioid use disorder is evidence-based care" -U.S. Centers for Disease Control and Prevention¹

The Food and Drug Administration has approved three medicatic opioid use disorder (OUD): methadone, buprenorphine and nalt system's capacity to provide medications for opioid use disorder (demand for care.² Only 1 in 4 people who need MOUD are able to A multi-pronged approach is needed to build up the treatmentwo to care and save lives. Counties can reach these goals by:

Expanding treatment capacity: Even the very best referral ar people to treatment that doesn't exist.

 The substance use treatment workforce can be expanded institutions and practitioners with the training support buprenorphine.45

· Existing clinics can expand treatment capacity by expand group medical visits,⁴ building collaborative care networ services⁴³ and hiring nurse care managers and behavi county level to coordinate care across local clinics.*



Maximizing pathways for treatment engagement: Effective referral systems are guided by the principle that there is "nowrong door" to enter treatment."

- · Emergency departments, primary care clinics, jalls, harm reduction programs and resource centers can all serve as effective points of contact with treatment services.
- · Telehealth options and mobile methadone programs can reduce common b need across larger distances.^{3,12}

What evidence supports these strategies for incievidence-based treatment?

TREATMENT PROVIDERS NEED NURSING SUPPORT: Clinicians are mo if they have sufficient staff support and resources for managing OUD care.40 the clinical care team is one of the most impactful facilitators of buprenorp practice,47 it also improves patient engagement and satisfaction with care,14 I detailing has also been proven effective at supporting evidence-based prescribin confidence.¹⁵⁻¹⁷

CREATIVE SOLUTIONS BENEFIT PATIENTS AND PROVIDERS: Grou appointments, are a long-standing strategy to meet growing demand for healt clinicians to deliver health care, medication support, peer-to-peer support and patients in one setting.8

TECHNOLOGY CAN OPEN DOORS: Telehealth options, such as phone or 1 dramatically improve access to MOUD and to mental healthcare. Patients who hav engaged in treatment² and are less likely to drop out of treatment early.²⁹

PROVIDE CARE WHERE PEOPLE ALREADY ARE: Effective recovery su at."20 Telehealth has allowed many syringe service programs (SSPs) across the U with immediate access to buprenorphine, HIV treatment and Hepatitis C treatment.

TAKE TREATMENT ON THE ROAD: As of June 2021, DEA rules allow methadone clinics to establish and operate mobile methadone programs.²⁰ Community-based methadone clinics can use mobile methadone programs to deliver medication to residents of rural areas and other under-resourced settings¹⁹ and to persons being held in prisons and jails.³⁰

Are there risks to my community if we don't increase access to evidence-based care?

Yes.

Regions with lower access to evidence-based treatment have the the country.3132

In 2020, an estimated 2.7 million people over the age of 12 wer does not include the approximately 2 million people who ar living with a substance use disorder^{31,36}) or the nearly 600,000 peopl The greatest unmet need for MOUD is in rural and under-resour miles from an MOUD treatment provider.38 Nearly 40% of rural co at all.³¹

What are best practices for increasi evidence-based treatment?

· Provide support for programs to implement telehealth se access or add MOUD treatment to existing telehealth se · Support local methadone clinics in going mobile by assi equipment and staff."

 Support the establishment of "health hubs" at communi offering MOUD can be reached through telehealth and Consider requiring substance use treatment providers to dispense or facilitate access to MOUD for patients with OUD in order to receive county funds.40,41

· Fight stigma and misinformation by voicing strong, unambiguous support for medication as an evidence-based treatment for OUD. Stigma and misinformation about OUD and MOUD pose significant and persistent barriers to people getting the care they need.42

What are some examples of successful efforts to increase access to evidence-based treatment?

In 2020, the state of Rhode Island created a "buprenorphine hotline" that residents could reach by phone to be connected with a gualified clinician for initial assessment and, if appropriate, an initial buprenorphine prescription and a referral to a community clinic for continued MOUD treatment.²⁴³

In April 2019, the Caroline County Health Department, located on Maryland's based treatment with MOUD to residents in rural and underserved areas of the county⁴⁴⁴ The Mobile Care Unit is telehealth equipped to connect with addiction modeline modeline addiction medicine specialists at the University of Maryland School of Medicine in Baltimore in order to provide point-of-care diagnosis, medication initiation and follow-up care.44



The North Carolina Harm Reduction Coalition and Oueen City Harm Reduction recently partnered with Duke University's regional healthcare system to provide telehealth access to HIV prevention medication (PrEP), Hepatitis C treatment and OUD treatment (buprenorphine) to SSP participants in North Carolina's New Hanover County and Mecklenburg County, respectively. More than 80% of the patients enrolled in the telehealth clinic were actively seeking MOUD access to reduce their drug use.45

Atlantic County Justice Facility, the local jail in Atlantic County, N.J., was among the first in the nation to utilize a mobile methadone program. The facility partnered with John Brooks Recovery Center. a community-based treatment facility and methadone clinic, to provide persons incarcerated in the jail with daily methadone treatment through the Center's mobile methadone van.47

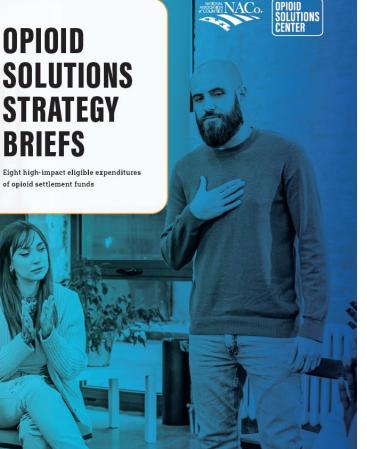
ADDITIONAL RESOURCES:

Please visit the Opioid Solutions Center for a curated list of resources, technical assistance opportunities and the sources referenced in this brief.





OPIOID SOLUTIONS STRATEGY BRIEFS



Topics:

- Medication-Assisted Treatment ("MAT") for Opioid Use Disorder
- Increasing Access to Evidence-**Based Treatment**
- Treatment and Recovery for **Pregnant and Parenting People**
- Treatment for Neonatal Abstinence Syndrome
- Effective Treatment for Opioid Use Disorder for Incarcerated Populations
- Naloxone to Prevent Overdose
- Syringe Services Programs
- Post-Overdose Response Teams







Visit NACo's Opioid Solutions Center

www.naco.org/opioid



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