

Opioid Settlement State Plan Overview

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Agenda

- Existing Prevention Activities Funded with existing Federal and State Funds
- Opioid Settlement Fund
 - Regional Allocations
 - Special Funding Projects
 - Rapid Access Centers

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Existing Prevention Efforts

State Opioid Response Grant

- SOR Aims to increase access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, risk reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.
- FY23 Budget: \$4.4m
- FY24 Budget: \$4.6m

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State Opioid Response

- SAMHSA requires a needs assessment to be developed through SOR funds.
- The needs assessment requirements are as follows:
 - The scope of OUD and substance use disorders and overdose mortality in recent years.
 - The strengths, unmet service needs, and critical gaps in the service system.
 - A naloxone distribution and saturation plan focused on areas with high rates of overdose mortality.
 - Areas where opioid and stimulant misuse, substance use disorder, use of emergency medical resources for substance use such as hospitalization, and overdose are the most prevalent.

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State Opioid Response

Media Campaigns

- **FY24 Budget \$372K**
- The SOR grant funds media outreach campaigns across the state of Nebraska which consist of Stop Overdose Nebraska.
- These media campaigns aim to drive awareness about the dangers of opioid use and overdose, and how to reverse opioid overdose.

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Nebraska No Cost Naloxone Program

- **The Nebraska No Cost Naloxone Program- FY24 Budget: \$1.3m**
 - Nebraska Residents can obtain 1-4 kits of Narcan daily at no cost through a pharmacy participating in the No Cost Naloxone program.
 - First Responders licensed in accordance with Neb. Rev. Stat. 28-470 can apply to receive naloxone (nasal or pre-filled syringe) for their agency at no cost through stopodne.com
 - 191 First Responder Agencies enrolled in FY23
 - 27 Pharmacies enrolled in FY23 – 125 pharmacies in total
 - 9,360 Naloxone overdose kits distributed in FY23

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State Opioid Response Grant

Prevention Activities – FY24 Budget: \$663k

- Training *(RDAR Knowledge of and Access to Narcan)*
 - Training of peers, first responders, and other key community sectors on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone
- Media
 - Strategic messaging on the consequences of opioid and stimulant misuse
 - Stop Overdose Nebraska
- Opioid EBPs for School-Aged Children
 - Educational and Evidence-Based programs for school-aged children to learn about opioid and/or stimulant misuse
- Drug Disposal
 - Proper methods to dispose of unused, unwanted, or unneeded medications

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State Opioid Response Grant

Treatment and Recovery Activities: FY24 Budget \$1.8m

- Medications for Opioid Use Disorder (MOUD) - FY24 Budget: \$615k
 - MOUD includes FDA-approved medications such as Buprenorphine tabs, Buprenorphine/Naloxone tabs, Naltrexone tablets and more.
- Project Extension for Community Healthcare Outcomes (ECHO) – FY24 Budget: \$773k
 - Project ECHO provides an opportunity for prescribers across the state to get specialist knowledge, clinical advice, and recommendations from prescribers with expertise in treating patients with pain and substance use disorders in a virtual learning network.
- MATE Act Trainings - FY24 Budget: Included in the Project ECHO budget
 - Trainings are provided for prescribers of addictive medications to be in compliance with the MATE Act.
- Recovery Housing – FY24 Budget: \$450k
 - Recovery Houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction.

Administrative Costs: FY24 Budget \$320k

- Required Staff for the grant and Needs Assessment costs

Overdose Data To Action (OD2A)

- Peer Navigators (Around \$500,000)
- Autopsy and Post-Mortem Toxicology Testing Program (\$67,625)
- Local Health Department Prevention Projects (\$250,000 for participating LHDs)
- Opioid Rapid Response Plan (ORRP)
 - Identifies communication and coordination in the event of a law enforcement action against a prescriber or medical facility from the alleged inappropriate prescribing of controlled medications
(CDC ORRP)

Overdose Data To Action (OD2A) Grant

- State Unintentional Drug Overdose Reporting System (SUDORS)
 - SUDORS provides comprehensive data on unintentional and undetermined intent drug overdose deaths collected from death certificates and medical examiner or coroner reports. This includes scene findings, autopsy reports, and full postmortem toxicology findings.
 - Data Linkage (\$200,000)
 - Bio-surveillance (Nebraska Public Health Lab testing samples for fentanyl and other novel drugs) \$350,000
 - Prescription Drug Monitoring Program Training
 - Clinician Continuing Education

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Other Ongoing Initiatives

- Mandate that all behavioral health regions have funding efforts initiated for Medication Assisted Treatment by July of 2024. *(Regional Behavioral Health Authority Communication #26, 2021 SOR II Needs Assessment)*
- Both DBH and Medicaid currently fund Opioid Treatment Programming.
 - State and Federal requirements set a high bar for establishing a program
- DBH Program expansion for adults who are incarcerated *(Panhandle Public Health Strategic Planning)*
 - Initial Assessments, Psychotherapy (MH and SUD)
- Prescription Drug Monitoring Program

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Settlement Dispersal Schedule

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Overview of County and Municipality Portion

- 15% of the overall fund goes to 93 counties and 16 municipalities.
- At present, \$2.6m has been allocated to the counties and municipalities out of settlement funds already received.

| Subdivision Portion | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | | | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|---------------------|------------------------|
| Year | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | | | |
| Nebraska Payment | \$772,535.16 | \$1,085,175.01 | \$3,539,178.34 | \$1,921,463.47 | \$2,154,807.52 | \$1,647,921.93 | \$1,647,921.93 | \$1,766,137.64 | | | |
| NE Additional Restitution Payment | \$8,554.43 | \$0.00 | \$28,841.47 | \$23,694.17 | \$23,694.17 | \$27,440.23 | \$23,342.42 | \$19,743.24 | | | |
| Total Payment | \$781,089.59 | \$1,085,175.01 | \$3,568,019.81 | \$1,945,157.63 | \$2,178,501.69 | \$1,675,362.16 | \$1,671,264.35 | \$1,785,880.88 | | | |
| | | | | | | | | | | | |
| | 2029 | 2030 | 2031 | 2032 | 2033 | 2034 | 2035 | 2036 | 2037 | 2038 | TOTALS |
| | \$1,777,559.17 | \$1,654,537.70 | \$1,528,434.54 | \$1,388,232.14 | \$1,084,582.43 | \$1,084,582.43 | \$1,084,582.43 | \$912,244.50 | \$912,244.50 | \$663,600.99 | \$26,625,741.80 |
| | \$6,287.49 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$161,597.63 |
| | \$1,783,846.66 | \$1,654,537.70 | \$1,528,434.54 | \$1,388,232.14 | \$1,084,582.43 | \$1,084,582.43 | \$1,084,582.43 | \$912,244.50 | \$912,244.50 | \$663,600.99 | \$26,787,339.43 |

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Sustainability Overview for the State Portion

- Settlement dollars are dispersed on a fixed schedule, amounting to over \$150m allocated to the state opioid recovery fund by the end of 2038.
- While dispersals from 2021 – 2028 are substantially higher, they projected to taper starting in 2029 and progressively decrease until 2038.
- \$10m of this \$150m has been already been dispersed to the BH regions in June of 2023

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Sustainability Overview for the State Portion

| State Portion | | | | | | | | | | |
|-----------------------------------|-----------------------|-----------------------|------------------------|------------------------|------------------------|-----------------------|-----------------------|------------------------|-----------------------|-------------------------|
| Year | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | | |
| Nebraska Payment | \$4,377,699.22 | \$6,149,325.07 | \$20,055,343.93 | \$10,888,292.99 | \$12,210,575.96 | \$9,338,224.24 | \$9,338,224.24 | \$10,008,113.30 | | |
| NE Additional Restitution Payment | \$48,475.13 | \$0.00 | \$163,435.02 | \$134,266.94 | \$134,266.94 | \$155,494.66 | \$132,273.71 | \$111,878.38 | | |
| Total Payment | \$4,426,174.35 | \$6,149,325.07 | \$20,218,778.95 | \$11,022,559.93 | \$12,344,842.89 | \$9,493,718.90 | \$9,470,497.96 | \$10,119,991.68 | | |
| 2029 | 2030 | 2031 | 2032 | 2033 | 2034 | 2035 | 2036 | 2037 | 2038 | TOTALS |
| \$10,072,835.29 | \$9,375,713.64 | \$8,661,129.03 | \$7,866,648.77 | \$6,145,967.08 | \$6,145,967.08 | \$6,145,967.08 | \$5,169,385.50 | \$5,169,385.50 | \$3,760,405.61 | \$150,879,203.56 |
| \$35,629.12 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$915,719.88 |
| \$10,108,464.41 | \$9,375,713.64 | \$8,661,129.03 | \$7,866,648.77 | \$6,145,967.08 | \$6,145,967.08 | \$6,145,967.08 | \$5,169,385.50 | \$5,169,385.50 | \$3,760,405.61 | \$151,794,923.43 |

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- Maximize opportunities for Federal Match

Strategies for Allocation

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Funding for the Regional Behavioral Health Authorities

- Annual allocation across the 6 RBHAs to spend on initiatives for law enforcement and local health entities.
- Could include:
 - Programming for First Responder Needs related to Opioid and other Substance Related Issues (LRO Snapshot 2020, 2021 988 Regional Planning)
 - Funded Activities include:
 - Law Enforcement Training
 - Standing up Co-responder Programs
 - Behavioral Health Integrations
 - Referral Resources
 - Education and Workforce Development (2018 Nebraska's Opioid Response, DBH Strategic Plan)
 - Funded Activities Include:
 - CEUs for BH Providers
 - Peer Workforce Development
 - Education on Opioid and Polysubstance use treatment

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Funding for the Regional Behavioral Health Authorities

- May include:
 - Standing up of Treatment Services and Programs (2021 SOR II Needs Assessment)
 - Funded Activities include:
 - Additional Opioid Treatment Providers
 - Increasing Access and funding of Detox Services and other SUD treatment Services
 - Additional Prevention Activities (2018 Nebraska's Opioid Response, DBH Strategic Plan)
 - Funded Activities Include:
 - Increasing Access to MAT
 - Increasing messaging campaigns
 - Screening Services

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Special Funding Projects

Integrated care development in rural communities (DBH Strategic Plan, 2021 SOR II Needs Assessment, 2020 Panhandle Needs Assessment)

“For alcohol and opioid substance use disorder, 75% of outpatient providers reported referring to medication assisted treatment (MAT); however urban providers made referrals more often than rural providers.” (2021 SOR II Needs Assessment)

Expansion of evidence-based In-home visit programming for new and expectant mothers

“Clients receiving treatment are more likely to be male. This gender gap in treatment may occur because of financial and childcare barriers to treatment experienced by women.” (2021 SOR II Needs Assessment)

Grants for Expenditures to Build, Convert, or Renovate facilities for Treatment Programs (Rural Health Advisory, 2021)

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Rapid Access Behavioral Health and Substance Use Centers

- **Walk-in Services 24 hours a day, 7 days a week**
 - These centers are designed to provide hospitals and law enforcement officers with an alternative option to traditional emergency rooms or jails when dealing with individuals in behavioral health or substance use crises.
 - Equipped with mental health professionals and medical staff, these centers offer a safe and calming environment where individuals can receive immediate assessment, intervention, and stabilization.
 - By collaborating with law enforcement, these facilities play a crucial role in promoting behavioral health awareness, reducing the stigma surrounding mental illness and substance use, and ensuring that individuals in crisis or withdrawal receive the appropriate care and support they need.
 - Funds will be utilized to staff, build, expand, renovate or remodel facilities to create rapid access centers for individuals in crisis.
 - The established centers/expansions would be expected to provide services such as Clinical Withdrawal Management, Crisis Stabilization, Crisis Psychotherapy, Emergency Psychiatric Observation, Crisis Response, and/or Social Detox

Benefits of Rapid Access Centers

- Reductions in Emergency Room utilization
- Cost Avoidance for law enforcement and hospitals
- Access Points for Referral to Long-term Treatment
- Assistance for law enforcement
- Community tailored

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Case Study: Sedgwick County Kansas (2020)

- County Population of Approximately 523,000
- City of Wichita
- Cost Avoidance Study:
 - Community Crisis Center (CCC) and Substance Abuse Center of Kansas (SACK)
 - Estimated to save an average of approximately \$15.5m in costs incurred in hospitals or law enforcement agencies in 2018
 - Based on 20-30% of Crisis Center Admissions would have been hospitalizations
 - Cost savings are in terms of staff time, transportation costs, hospital and law enforcement overhead etc.
 - CCC and SACK showed Lower Costs than providing services in hospitals

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Benefits to Individuals with OUD

- Increased access to programs that offer crisis and detox services. (2021 SOR II Needs Assessment)
- Increased access points for community-based resources in rural areas (Rural Health Advisory, 2021, 2020 Panhandle Needs Assessment)
- Alternatives to Incarceration (LRO Snapshot 2020, 2021 988 Regional Planning)
- Stabilization until referred to longer-term treatment
- Early screening and intervention for individuals at risk for OUD (2018 SAMHSA Focus Group Survey, SHDHD Needs Assessment 2022)
- Narcan distribution sites (2021 SOR II Needs Assessment)

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Questions / Discussion

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