

## **Overview of Overdose Prevention Funding for Local Public Health Authorities**

July 1, 2020

### **Overview: *Overdose Prevention Strategies for Local Public Health Authorities (LPHAs):***

The complex and changing nature of the opioid overdose epidemic highlights the need for an interdisciplinary, comprehensive and cohesive public health approach. Local communities play an important role in preventing opioid overdoses and related harms. Grant funds should leverage existing resources, capacity and infrastructure. LPHAs should use data to inform and implement strategies to prevent opioid and other opioid illicit drug overdose and substance misuse.

Funds provided under this funding opportunity are to be used to, implement strategies that prevent opioid overuse, misuse, substance use disorder, overdose, and opioid-related harms. This funding opportunity is designed to serve counties or regions with a high burden of drug opioid overdose deaths and hospitalizations. Funds allocated to Local Public Health Authorities are to complement other opioid initiatives and leverage funding throughout the county to reduce overdose deaths and hospitalizations.

Recipients are expected to collaborate with multi-disciplinary stakeholders to develop, plan and implement an overdose emergency response plan and collaborate with other opioid related projects within the county that address community's challenges related to drug overdose deaths in the following categories of work:

- Establish Linkages to Care
- Support Providers and Health Systems
- Partner with Public Safety and First Responders
- Empower Individuals to Make Safer Choices
- Provide Prevention Innovation Projects

The OHA program, Injury & Violence Prevention Program (IVPP) will contact local public health administrator and share a general scope of work. LPHAs may indicate their interest in participating by submitting workplans and budgets as an independent LPHA or as a regional collaborative. This allows LPHAs to opt out, continue with, or create a new region. OHA will identify county-level risk factors that predict counties with high rates of opioid fatal and non-fatal overdoses, and other risk factors that demonstrate a high burden of opioid misuse. LPHAs will submit a workplan and budget for funding.

**Funding:** Funding for this program element will not be competitive. The OHA program will use opioid burden to rank individual LPHAs and regions from highest to lowest burden. The burden data will be comprised of a composite score that includes the following components:

- Overdose Deaths all drugs, rate;
- Overdose Hospitalization all drugs, rate;
- Risky Opioid Prescribing (over 90 MED per fill);
- High Intensity Drug Trafficking Areas (HIDTA Counties).

The OHA program will fund LPHAs from highest to lowest burden. Not all LPHAs or regions will be funded due to funding limitations. If the Injury & Violence Prevention Program receives additional funding, the ranked list and unfunded LPHA workplans and budgets may be considered for funding. The total amount of funding for this project is \$1,425,000 per year for the state. LPHAs may apply as an individual LPHA or as a regional

collaborative with two or more LPHAs. Regional collaboration is strongly encouraged in order to increase the geographic reach of the limited funds available, but not required. Regional collaboratives may be eligible for higher funding levels than individual counties.

**Required Strategies:** Convene or strengthen a county and/or regional multisector stakeholder coordinating body to assist with strategic planning and implementation of substance use disorder prevention efforts. Include stakeholders such as: collaborating providers and organizations, Coordinated Care Organizations, peer recovery mentor organizations, persons with lived experiences, and representatives of diverse populations that serve substance use disorder advocates.

1. Develop, plan and implement an overdose emergency response plan. Convene and coordinate with local partners (i.e. health h preparedness, law enforcement, first responders, hospital emergency departments, harm reduction partners, and others). Assess and update response plans throughout the grant period.
2. Review, coordinate, and disseminate local data to promote public awareness of the burden and opportunities to prevent drug overdose.
3. Select at least two (2) of the following categories of work. Categories and examples of activities can be found in Appendix A.

**Establish Linkages to Care** - Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community programs) and public safety and courts (e.g., police, emergency response, diversion programs) to support care linkages with improved awareness, coordination, and technology.

**Support Providers and Health Systems** - Clinical education and training based on evidence-based guidelines (e.g., CDC guidelines).

**Partner with Public Safety and First Responders** - Data sharing across public health and public safety partners, and programmatic collaborations to share and leverage prevention and response resources.

**Empower individuals to make safer choices** - Awareness and education informed by media campaigns, translational research for public consumption, and appropriate messaging and resources.

### Reporting Requirements:

OHA, with support from Comagine (OHA Evaluation Contactor), will provide reporting templates and technical assistance to meet reporting requirements. Reporting requirements may change based on additional reporting requests from CDC and SAMHSA throughout the grant period. Reporting requirements include:

- Quarterly written reports on grant activities (template provided by OHA).
- Training reports, including number of participants .
- Additional reporting requirements based on activities selected from Appendix A.

### Workplans

- A workplan is required; a template will be provided to LPHAs.
- When appropriate, the workplan should demonstrate ability to expedite contracting, hiring, and procurement processes in order to implement activities identified in the categories of work.
- Workplans and budgets must ensure staffing at an appropriate level to address the Program Element.
- Workplans must designate a lead staff as an OHA contact.

### Budget:

- A budget is required; a template of a detailed line item budget and narrative justification will be provided.

**Key Dates**

Present to CLHO for approval	February 20, 2020
Distribute Packet to LPHAs	April 1, 2020
Workplan and Budget Due to OHA	April 30, 2020
LPHAs Notified	on or about May 8, 2020
Start of project period	July 1, 2020