

Program Element #27 - Prescription Drug Overdose Prevention (PDOP)

- 1. Description.** Funds provided under the Financial Assistance Agreement for this Program Element may only be used, in accordance with and subject to the requirements, and limitations set forth below, to implement Prescription Drug Overdose Prevention activities in the following areas for LPHAs in High-burden Regions. The two-year funding period for Multnomah, Lane and Curry Counties will be Sept 1, 2015 to August 31, 2017 at \$95,500 annually for each funded County. Funds for four-month Prescription Drug Monitoring Program (PDMP) enrollment drives to be conducted by four counties are also included. The four month funding period for Multnomah, Clatsop, Deschutes and Union Counties with respect to their PDMP enrollment drives will be June 1, 2016 through September 29, 2016 at \$40,000 funded for each county for this time period.
 - a.** Application of Prescription Drug Overdose Assessment and Capacity-Building Efforts. Complete remote (web-based) training on using the Oregon Prescription Drug Monitoring Program (PDMP) and PDMP guidelines.
 - b.** Advance Health System Interventions. Promote prescriber enrollment and adoption of the PDMP and state opioid prescribing guidelines. Three regions will work towards a goal of enrolling 95% of the top controlled substance prescribers in the region in Prescription Drug Monitoring Program (PDMP) over the two year funding period. In addition, four counties (Multnomah, Union, Clatsop, and Deschutes) will conduct four month PDMP enrollment drives from June 2016 through September 29, 2016 with a goal of enrolling 95% of prescribers in their counties and regionally.
 - c.** Facilitation of Community Partnerships. Accomplish movement toward building or strengthening a community network within the region that contributes to reducing problematic prescribing, improving coordination of patient care for patients with opioid use disorder, increasing the use of non-opioid treatment for chronic non-cancer pain, and evolving a more interconnected community-level network of services.
 - d.** Facilitate Development of Local Prescription Drug Overdose Prevention Networks and Systems. Convene or strengthen an existing Interdisciplinary Action Team (IAT), a regional (or county-level) Pain Guidance Group (PGG) and a regional summit to help adoption and promotion of PDMP and opioid prescribing guidelines and increase community level data-informed awareness of PDO.
 - e.** Promote Community-Clinical Linkages to Support Prescription Drug Overdose Prevention. Disseminate local data or stories to local media outlets to promote public awareness of the burden and preventability of PDO.
- 2. Definitions specific to this Program Element.**
 - a.** High-burden region: an area of 2-3 neighboring counties led by a funded Local Public Health Authority. The Oregon regions with the highest burden of prescription drug overdose and problematic prescribing are (A) Multnomah, Washington and Clackamas counties; (B) Lane and Douglas counties; (C) Coos, Curry and Josephine counties; (D) Clatsop, Columbia and Tillamook counties; (E) Lincoln, Linn and Benton counties; (F) Deschutes, Crook and Jefferson counties; and (G) Union, Wallowa and Umatilla counties.
 - b.** IAT: Interdisciplinary Action Team
 - c.** LPHA: Local Public Health Authority
 - d.** PDMP: Prescription Drug Monitoring Program
 - e.** PGG: Pain Guidance Group
 - f.** PDO: Prescription Drug Overdose
- 3. Procedural and Operational Requirements.**
 - a.** By accepting and using the financial assistance funding provided by OHA under the Financial Assistance Agreement and this Program Element, the LPHA agrees to conduct activities in accordance with the following requirements:
 - (1) LPHA shall implement its activities in accordance with this Program Element.

- (2) LPHA must assure that it is staffed at the appropriate level to address all sections in this Program Element. LPHA will designate or hire a lead staff person to carry out and coordinate all the activities in the High-burden Region described in this Program Element, and act as a point of contact between the LPHA and OHA.
 - (3) LPHA must use the funds awarded under this Agreement for this Program Element in accordance with its budget as approved by OHA. Modifications to the budget may only be made with OHA approval.
 - (4) LPHA must attend all PDO meetings reasonably required by OHA.
- b.** Each High-burden Region must identify a LPHA to act as the fiscal agent for the High-burden Region which will hire and oversee required staff, and provide the workspace and administrative support required to carry out the grant-funded activities outlined in this Program Element.
- 4. Reporting Requirements.** LPHA must have on file with OHA and approved Community Response Work Plan by no later than February 28th of each year, as well as provide semiannual budget reports. OHA will provide the required format and current service data for use in completing the plan and budget reports. LPHA shall implement its PDO prevention activities in accordance with its approved Community Response Work Plan. Modifications to the plan may only be made with OHA approval.
 - 5. Program Evaluation.** LPHA will cooperate with OHA on program evaluation throughout the duration of the Agreement period(s), as well as with final project evaluation. Such activities may include, but are not limited to, meeting with a state level evaluator soon after execution of this Agreement to help inform the OHA evaluation plan, collecting data and maintaining documentation throughout the Agreement period, responding to evaluator's requests for information and collaborating with OHA on final reports to highlight the outcomes of the work. Counties funded to conduct four month PDMP enrollment drives will not be required to participate in evaluation activities under this provision.
 - 6. Performance Measures.** LPHAs that complete fewer than 75% of planned activities in its Local Program Budget, set forth within this Program Element and incorporated herein the Agreement by reference, for two consecutive calendar quarters in one state fiscal year will not be eligible to receive funding under this Program Element in the next state fiscal year.