

Region V Systems Opioid Remediation Settlement Fund Blueprint

Addressing the Opioid Epidemic

MARCH 2024



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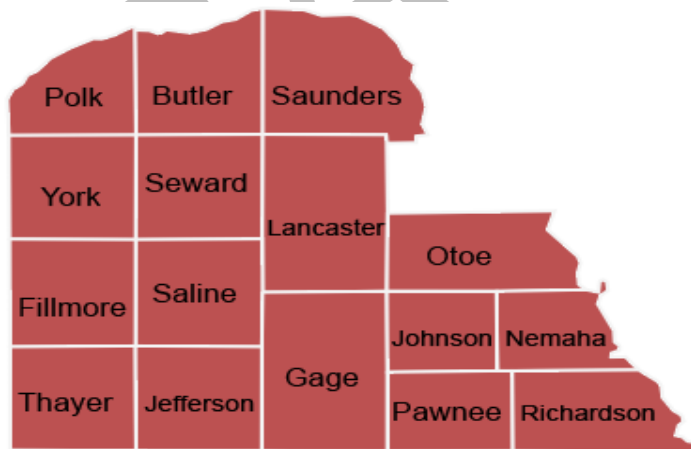


About this Blueprint

This Blueprint was designed to aid in providing the information needed to think strategically about the service gaps within Region V Systems catchment area. The tool at the end of the Blueprint will be utilized to prioritize the abatement strategies.

About Region V Systems

Region V Systems, who produced this publication, is one of six behavioral health authorities in the state of Nebraska. The mission of Region V Systems is to encourage and support the provision of a full range of mental health and substance use disorder programs and services to the youth and adults of Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York counties in Nebraska. Region V Systems contracts with a network of community behavioral health providers with a commitment to promote comprehensive partnerships in behavioral health within its 16-county catchment area.



Region V covers approximately 9,308 square miles. According to *U.S. Census 2020*, Region V has a population of 482,715, constituting approximately 25 percent of the state's population.

Acknowledgements

This Blueprint was modeled after the Colorado Opioid Response Blueprint¹ which was developed by Colorado Consortium for Prescription Drug Abuse Prevention and the Colorado Health Institute to inform a spending strategy for Colorado. We thank them for their work and guidance in the creation of this document.

Additionally, we would like to thank the Opioid Response Network (ORN), Region V Systems' Opioid Steering Committee, as well as the resources cited in this Blueprint. We could not have been successful without these supports to guide our work.

About Region V Systems' Opioid Steering Committee

Region V Systems' Opioid Steering Committee was established in October of 2023 with over 60 stakeholders and constituents from the Region V Systems catchment area. The steering committee's purpose is to ensure that the resources from Region V Systems' opioid settlement funds are allocated effectively and efficiently within Region V Systems' service area.

For additional information on the work of Region V Systems' Opioid Steering Committee, their committee charter, or Region V Systems Remediation Settlement Fund awards visit www.region5systems.net.

Members we strive to have on our steering committee serve in/represent the following areas:

<i>Behavioral Health</i>	<i>First Responders</i>	<i>Child and Family Services</i>	<i>Lived Experience</i>
<i>Substance Use</i>	<i>Housing</i>	<i>Employment Services</i>	<i>Faith-based</i>
<i>Education</i>	<i>Medical Personnel</i>	<i>Veterans Administration</i>	<i>Community Centers</i>
<i>Law Enforcement</i>	<i>Public Health</i>	<i>Minority Groups</i>	

Steering Committee

Name	Organization
Jackie Amos	Parents of Addicted Loved Ones
Jennifer Bender	Lived Experience
Jennifer Borrenpohl	BAART
Grant Brueggmann	Southeast District Health Dept.
Ryan Carruthers	CenterPointe
Jeff Curry	Adult Probation
Captain Ryan Dale	Lincoln Police Dept.
Bryan Davis	Peoples City Mission
Renee Dozier	Region V Systems
Cheyenne Drudik	Lived Experience
Dr. LuAnn Even	Ponca Tribe Behavioral Health
Martha F	Lived Experience
Oscar Gonzales	Boys Town 988
Remonte Green	Child and Family Services
Theresa Henning	Region V Systems
Amy Holman	Nebraska Pharmacist Association
Colby Holz	Child and Family Services
Susan Isabel	American Job Center
Vic Johns	Mission Field Treatment Center
Jeri Johns	Mission Field Treatment Center
Ruth Karlsson	Released and Restored
Laila Khoudieda	Region V Systems
Stephanie Knight	Fillmore County Hospital/Behavioral Health Advisory Committee
Patrick Kreifels	Region V Systems
Jill Kuzelka	Public Health Solutions Health Dept.
Jessica Loos	911 Communications Manager
Pat Lopez	Lincoln-Lancaster Health Dept.
Chief Michon Marrow	Lincoln Police Dept.
Laura McDougall	Four Corners Health Dept.

Name	Organization
Suzanne Mealer	Ponca Health Services
Dave Miers	Bryan Health
Sandra Miller	Veterans Administration
Sandy Morrissey	Region V Systems
Rachel Mulcahy	Behavioral Health Advisory Committee
Sergeant Benjamin Murry	Nebraska City Police Dept.
Jen Nelson	Wellbeing Initiative
Laura Osborne	Behavioral Health Advisory Committee
Jill Pokorny	District 5 Probation
Traci Reuter	CHI St. Mary's
Simera Reynolds	Four Corners Health Dept.
Amy Reynoldson	Nebraska Medical Association
Dean Rohwer	Adult Drug Court Coordinator
Will Schmeeckle	Nebraska Medical Association
Kim Showalter	Public Health Solutions Health Dept.
Bullet Splichal	Peer Support
LeAnn Stevenson	BAART
Chad Street	Lived Experience
Tiffanie Street	BAART
Abbi Swatworth	Out Nebraska
Jerry Taylor	F Street Community Center
Ed Thornbrugh	The Bridge Behavioral Health
Sonya Turco	Atlas
Terra Uhing	Three Rivers Health Dept.
Sheila Vinton	Asian Center
Davidson Wissing	DHHS - Public Health
Joseph Wright	Lincoln Public Schools
Christa Yoakum	Lancaster County Commissioner
Natalya Young	St. Monica's

Presenting Problem

The Centers for Disease Control and Prevention² estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

In 2011, former state Senator Gwen Howard called prescription drug abuse the "fastest growing drug problem in the country." Between 2016 and 2021 drug overdoses claimed the lives of 1,117 Nebraskans.

Within the Region V Systems catchment area:³

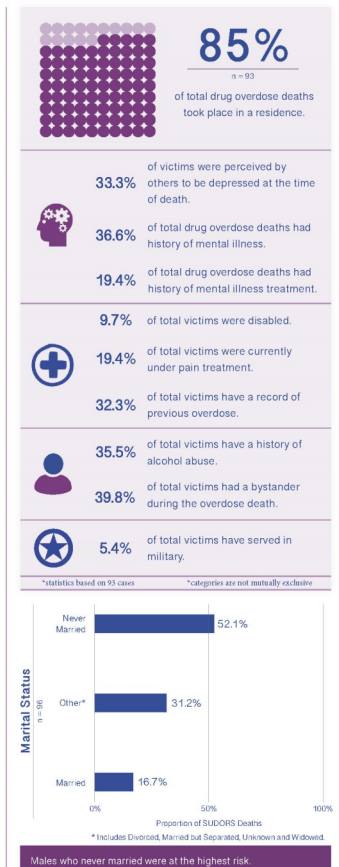
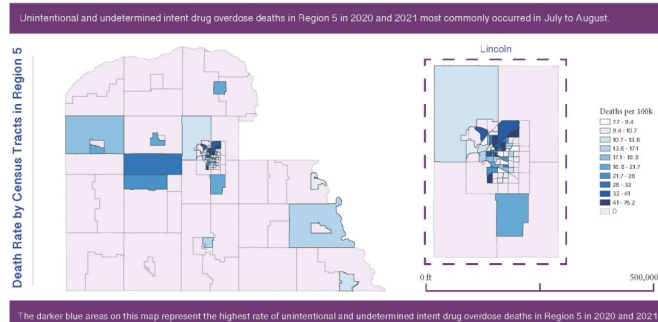
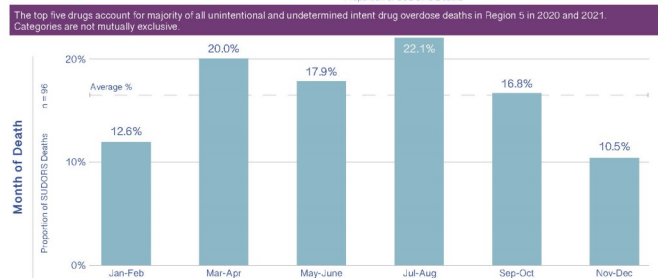
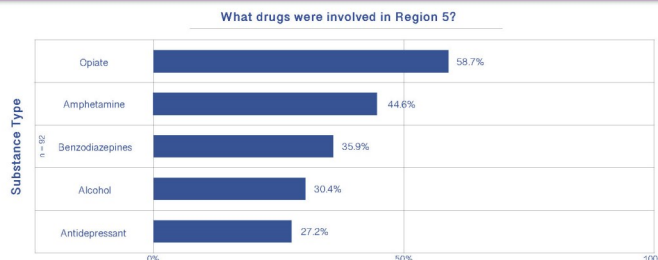
- 276 residents died from a drug overdose between 2017 and 2022
- There was a 53% increase in drug overdose deaths when comparing data from 2017-2019 to 2020-2022
- Drug overdose data from 2017 to 2022 shows the age group of 55-64 had a higher mortality rate than the overall state of Nebraska

- The age group 64-74 showed a higher mortality rate than the overall state of Nebraska for the 2017-2020 years
- There was a 37% increase of female deaths according to demographic data on drug overdose from 2017 to 2022
- Male drug overdose deaths showed an increase of 87% from 2017 to 2021
- Of the racial/ethnic groups reported in 2020-2022, the drug overdose rates per 100,000 people are:
 - * 44.46 African American
 - * 10.89 White
 - * 8.72 Hispanic
- 85% of drug overdose deaths took place in a residence and 40% had a bystander present during the overdose death.⁴

This data demonstrates the need for opioid treatment, recovery, and prevention services for individuals who reside within the Region V Systems catchment area.

CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 and 2021 Summary of Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska Behavioral Health Region 5

96 Total Deaths (10 per 100,000 Population)



Opioid Settlement Funds History

In 2021, nationwide settlements⁵ were reached to resolve opioid litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen (“Distributors”) and against the manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson (“J&J”). These National Settlements were finalized in early 2022. In all, the Distributors will pay up to \$21 billion over 18 years, and J&J will pay up to an additional \$5 billion over no more than nine years.

In 2022, additional agreements were announced with three pharmacy chains, CVS, Walgreens, and Walmart and with two additional manufacturers, Allergan and Teva. The process to distribute funds under the 2022 National Settlements is currently still being finalized.

Each company in the 2022 National Settlements is expected to pay out as outlined below.

- Teva up to \$3.34 billion over 13 years and to provide either \$1.2 billion of its generic version of the drug Narcan over 10 years or \$240 million of cash in lieu of product, elected by each state.
- Allergan to pay up to \$2.02 billion over 7 years.
- CVS to pay up to \$4.9 billion over 10 years.
- Walgreens to pay up to \$5.52 billion over 15 years.
- Walmart to pay up to \$2.74 billion in 2023, and all payments to be made within 6 years.

Under both the 2021 and 2022 National Settlements, at least 85% of the funds going directly to participating states and subdivisions must be used for abatement of the opioid epidemic, with the overwhelming bulk of the proceeds restricted to funding future abatement efforts by state and local governments.

Additionally, the settlements also imposed changes in the way the settling defendants conduct their business. Here are some examples:

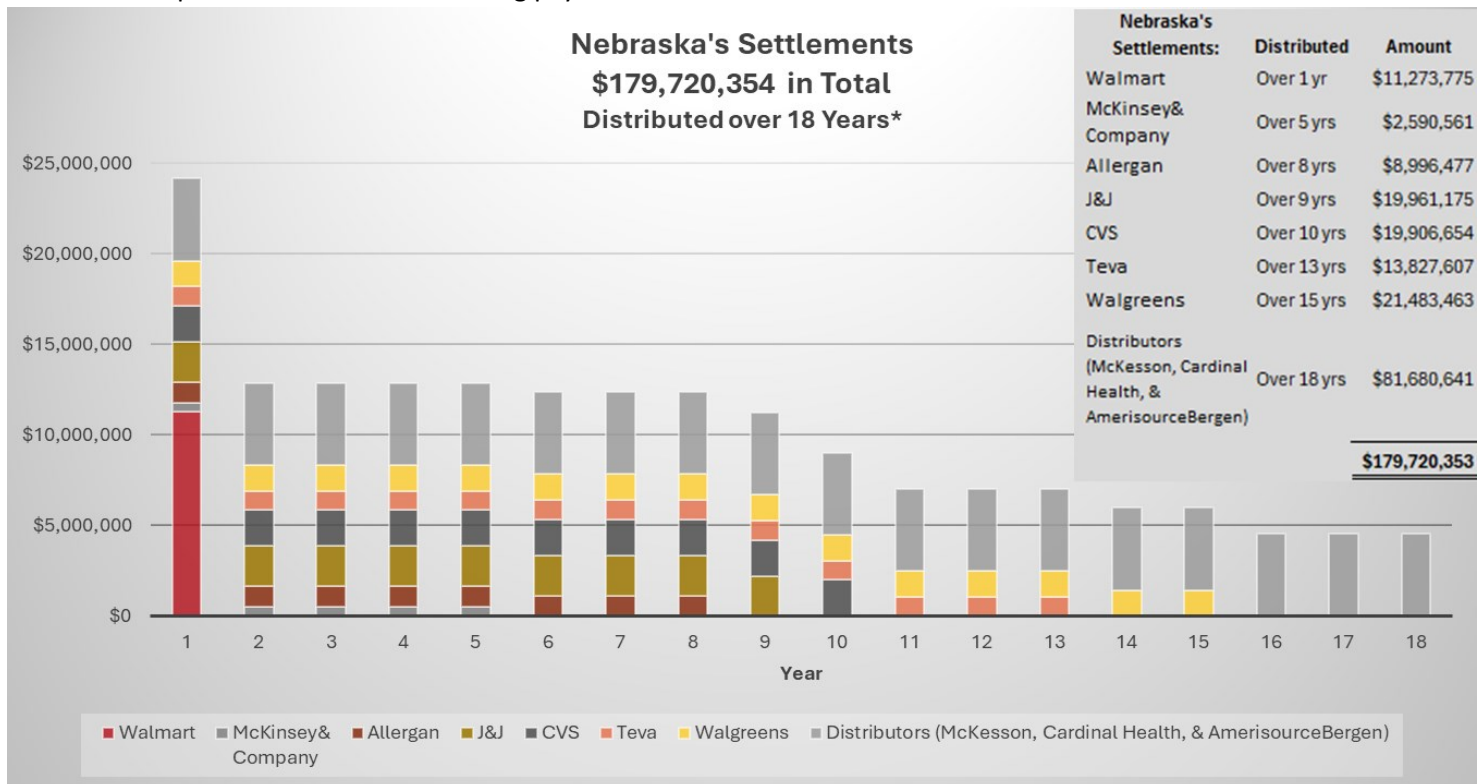
- The Distributors will create a groundbreaking clearinghouse through which they will be required to account not only for their own shipments, but also the shipments of the other distributors, in order to detect, stop, and report suspicious opioids orders.
- J&J (which ceased marketing opioids in 2015 and ceased selling opioids in 2020) will not market or sell any opioid products in the next ten years and has agreed to cease lobbying concerning prescription opioids for ten years.
- Teva and Allergan have agreed to strict limitations on their marketing, promotion, sale, and distribution of opioids, including a ban on:
 - (1) promotion and lobbying;
 - (2) rewarding or disciplining employees based on volume of opioid sales; and
 - (3) funding or grants to third parties.
- Walmart, CVS, and Walgreens are required to implement changes in how they handle opioids, including requirements addressing their compliance structures, pharmacist judgment, diversion prevention, suspicious order monitoring, and reporting on red-flag processes, as well as blocked and potentially problematic prescribers.

In 2020, the Nebraska unicameral passed the “Opioid Prevention and Treatment Act” (Neb. Rev. Stat. §§71-2485 to 71-2490) which provides for the use of a dedicated revenue for opioid treatment and prevention. This act requires that all dollars allocated to the state under any opioid settlement agreement go directly into the Nebraska Opioid Recovery Fund and requires adherence to all terms of any settlement agreements. The Division of Health and Human Services, Division of Behavioral Health (DHHS-DBH) must account for expenditures from the Nebraska Opioid Recovery Fund on an annual basis.

(Continued on page 7)

Opioid Settlement Funds History (cont.)

Nebraska expects to receive the following payments from the 2021 and 2022 National Settlements:⁶



All payments from the 2021 and 2022 National Settlements, except for funds received from McKinsey & Company, have a 15% allocation to the 93 Nebraska counties and 16 eligible municipalities and an 85% allocation to the Nebraska Opioid Recovery Fund. The McKinsey & Company funds are allocated 100% to the Nebraska Opioid Recovery Fund.

One of the National Settlement requirements is the creation of an "Opioid Settlement Remediation Advisory Committee" which in Nebraska is called the Nebraska Opioid Settlement Remediation Advisory Committee (NOSRAC).⁷ This committee is comprised of one representative of county government and one representative of municipal government from each of

Nebraska's six behavioral health regions and 12 state members in accordance with the terms of the National Settlement Agreements.

NOSRAC's sole purpose is to provide recommendations for the use of opioid remediation funds to DHHS-DBH. These recommendations must comply with the Opioid Prevention and Treatment Act and terms of any National Settlement Agreements. In June of 2023 NOSRAC

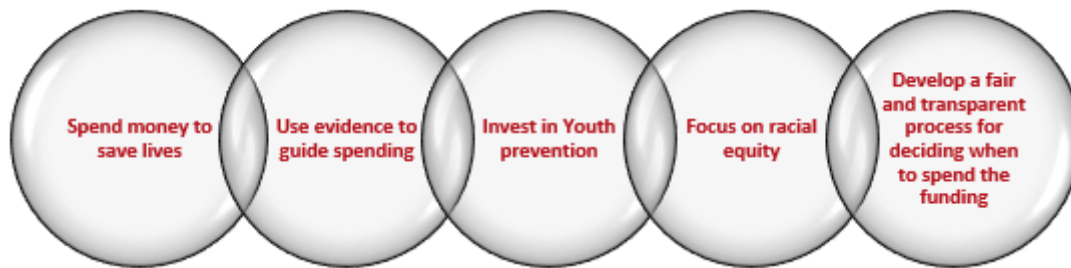
awarded \$10 million to the Regional Behavioral Health Authorities. For more information on this committee, or current payments received and distributed, please visit: <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>.



Resources

National Settlement Funds received by Nebraska present an opportunity to save lives and mitigate lifelong harm from drug misuse. While this blueprint provides one guide, other state-level and national resources exist. Below are resources Region V Systems has used to guide its work in deciding how best to allocate the dollars to maximize their impact.

1. [Bring Science to Bear on Opioids](#) - a report and recommendations from the Association of Schools and Programs of Public Health (ASPPH)
2. [Strategies for Effectively Allocating Opioid Settlement Funds](#) - helpful hints for avoiding pitfalls and four takeaways for effectively spending opioid settlement funds in order to maximize impact and avoid ineffective spending of settlement dollars from RAND.
3. [John Hopkins Principles for the Use of Funds for the Opioid Litigation](#)- a national framework to guide jurisdictions in the use of opioid settlement funds. The John Hopkins Principles are:



4. SAMHSA's definitions of prevention, harm reduction, treatment, and recovery⁸. These definitions, as outlined below, will provide guidance for funding recommendations.

SAMSHA definition of Prevention, Harm Reduction, Treatment and Recovery

Prevention

Prevention and early intervention strategies can reduce the impact of substance use and mental disorders in communities. Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders (SUD).

Harm Reduction

A practical and transformative approach that incorporates community-driven public health strategies— including prevention, risk reduction and health promotion— to empower People Who Use Drugs (PWUD) and their families with the choice to live healthy and self-directed and purpose filled lives.

Treatment

Treatment refers to the broad range of services, including identification, intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services, and follow-up for persons with substance abuse problems.

Recovery

SAMHSA's working definition of recovery defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four dimensions of Recovery: Health, Home, Purpose, and Community.

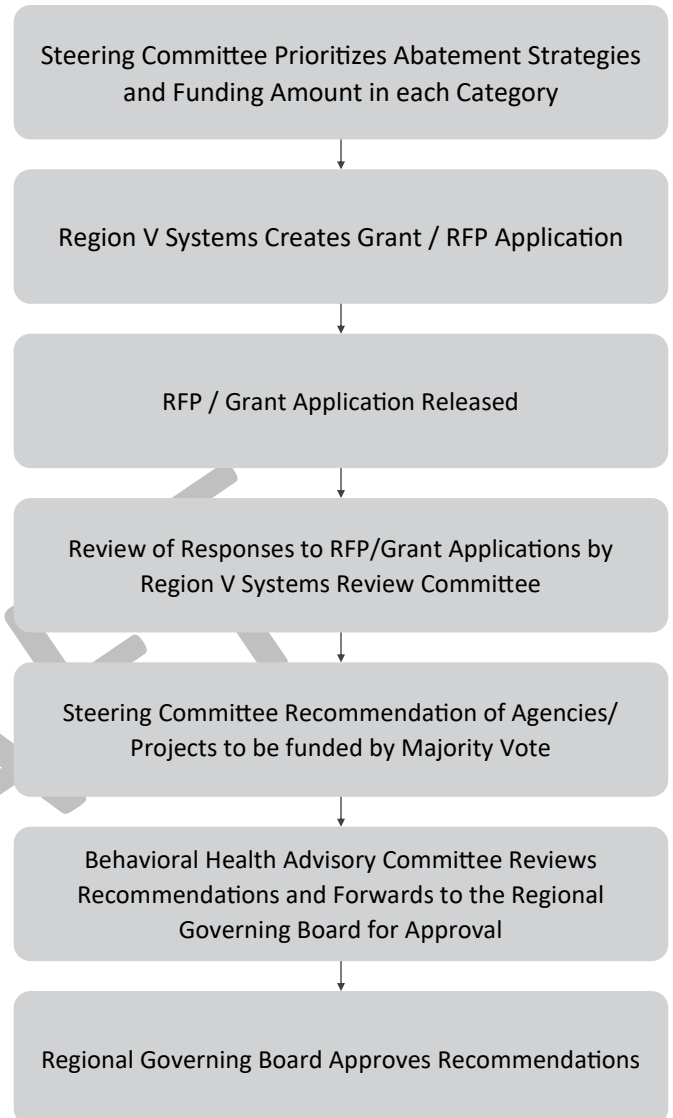
Framework for Spending Funds

Region V Systems received its first disbursement of settlement funds from DHHS-DBH in June of 2023, as recommended by NOSRAC in May 2023. Region V Systems immediately began working with the Opioid Response Network (ORN) to plan the Region V Systems Opioid Response Summit. During this summit local stakeholders will receive education on the opioid epidemic, share their community gaps and needs, and prioritize spending areas. Additionally, Region V Systems began gathering information regarding other opioid funding and projects within its catchment area to ensure maximization of settlement funding and enhancement, not duplication, of current opioid efforts.

Region V Systems' Opioid Steering Committee will use local data from the Region V Systems Opioid Response Summit, community environmental scans, and other sources to identify funding allocations in each of the key areas identified on Region V Systems' Tool to Prioritize Allowable Opioid Abatement Strategies. The committee will prioritize specific strategies to address the opioid epidemic within these key areas; 1. Direct Care for Substance Use Disorder / Mental Health Conditions and 2. Community Outreach and Prevention.

Prioritized strategies will then be utilized by Region V Systems in the creation of a grant application and/or a request for proposal. The chart to the right outlines the process for submission, review, and approval of grants and/or proposals.

AWARD OF OPIOID FUNDS THROUGH THE GRANT/ REQUEST FOR PROPOSALS PROCESS



OPIOID STEERING COMMITTEE RECOMMENDATION APPROVAL PROCESS



Additionally, the Region V Systems' Opioid Steering Committee may make recommendations at any time for obvious expenditures. Obvious expenditures are strategies that the committee believes to be of priority to fund to address the opioid epidemic based on review of local data, gaps, and needs. The chart to the left outlines this process.

Committee Recommendation Approval Process

To ensure due diligence and full transparency, all recommended awards of settlement funds will be reviewed and approved to move forward to the Regional Governing Board by Region V Systems' Behavioral Health Advisory Committee. Final approval for allocation of settlement funds will be completed by Region V Systems' Regional Governing Board.

Additional information on the ongoing work of Region V Systems' Opioid Steering Committee can be found at <https://region5systems.net/RVS-Opioid-Project>.



Funding

Region V Systems' Opioid Settlement Remediation Project is funded by Opioid Settlement Funds. Funding includes, as of March 1, 2024, an award by the Nebraska Opioid Settlement Remediation Advisory Committee from the Nebraska Opioid Recovery Fund (\$2,561,186.51) and a redirection of Opioid Settlement Funds from Thayer county (\$1,195.40).

Resources Cited

¹Colorado Health Institute. (2020). "Colorado Opioid Crisis Response Blueprint." <https://www.coloradohealthinstitute.org/research/colorado-opioid-crisis-response-blueprint>

²Center for Disease Control National Center for Health Statistics Provisional Data. (2023). "Big Ideas." <https://www.cdc.gov/>

³Nebraska Department of Health and Human Services. (2024). "Drug Overdose Prevention." <https://dhhs.ne.gov/Pages/Drug-Overdose-Prevention.aspx>

⁴Centers for Disease Control and Prevention. (2024). "SUDORS Dashboard: Fatal Overdose Data." <https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html>

⁵National Opioid Settlement. (2023). "Executive Summary of National Opioid Settlements." <https://nationalopioidsettlement.com/executive-summary/>

⁶Nebraska Attorney General. (2020). "Nebraska Opioid Settlement Remediation." <https://dhhs.ne.gov/Behavioral%20Health%20Documents/Overview--Opioid%20Litigation%20Settlements.pdf>

⁷Nebraska Opioid Settlement Remediation Advisory Committee. (2024). <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>

⁸Substance Abuse and Mental Health Services Administration. (2024). "Harm Reduction." <https://www.samhsa.gov/find-help/harm-reduction>

Tool to Prioritize Allowable Opioid Abatement Strategies

Region V Systems will use the tool that follows as they consider what programs already exist in their communities and what gaps remain. The following are the approved uses of the abatement strategies as outlined in Exhibit E: List of Opioid Remediation Uses from the Opioid Settlement Agreement.



STEP ONE:

Prioritize the abatement strategies in each category.

STEP TWO:

Attend and share your prioritized abatement strategies at the Region V Systems Opioid Settlement Funds Summit on March 19-20, 2024.

STEP THREE:

Results from the strategic planning during the Opioid Settlement Funds Summit, will be compiled by the Opioid Steering Committee and the Opioid Response Network.

STEP FOUR:

The Opioid Steering Committee will review data to create final prioritized abatement strategies and funding allocations.

Direct Care for Substance Use Disorder / Mental Health Conditions

Direct Care for Substance Use Disorder / Mental Health Conditions	TREATMENT	Check Priorities
	Expand availability of and access to treatment and continuum of care for those that are uninsured/underinsured and experiencing Opioid Use Disorder (OUD) and any other co-occurring Substance Use Disorder (SUD)/Mental Health (MH) conditions. Focus on targeting high impact, low-capacity rural areas and adolescent treatment services.	
	Expand Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD) services including withdrawal management.	
	Expand mobile interventions, treatment, and recovery services for persons with OUD and other SUD/MH conditions who have experienced an overdose.	
	Support workforce development for addiction professionals to include training, scholarships, fellowship, incentives, and support for those providing direct care addressing OUD and other SUD/MH conditions. Target rural and underserved areas.	
	Expand treatment (including MAT, recovery supports, and prevention services) for women who are pregnant or could become pregnant, who have SUD/MH conditions.	
	Expand services and support to families affected by Neonatal Abstinence Syndrome (NAS) including those who are uninsured.	

Direct Care for Substance Use Disorder / Mental Health Conditions *(cont.)*

RECOVERY	Check Priorities
Provide full continuum of care (comprehensive wraparound services) for adults and adolescents, to include but not limited to, housing, peer support services, transportation, education, job training/placement, childcare and connection to culturally appropriate community-based services.	
Support or Expand Peer Recovery Services which may include but are not limited to: support groups, social events, computer access, yoga, etc.	
Expand the recovery eco-system while targeting recovery resources to high impact, low-capacity geographical areas (rural).	
Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery as well as family members of those recovering.	

HARM REDUCTION	Check Priorities
Targeted Naloxone/Narcan distribution- increase availability and distribution.	
Expand social setting detoxification services.	
Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C.	
Support Mobile Units that offer or provide referrals to harm reduction services, treatment, recovery supports, healthcare or other appropriate services.	
Support syringe service programs and other evidence-based programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs. <i>(Pending the passage of legislation that would make these services legal.)</i>	

CONNECTIONS TO CARE	Check Priorities
Expand and coordinate overdose/behavioral health outreach teams.	
Provide training/support for emergency room and hospital personnel treating overdose patients on post discharge planning, including community referrals to MAT, recovery case management or peer support.	
Support crisis stabilization centers that serve as an alternative to hospital emergency departments.	
Provide funding for peer support specialists and warm handoffs in emergency detox facilities, recovery centers or recovery housing.	
Support centralized call centers that provide information and connections to appropriate services and supports.	

Direct Care for Substance Use Disorder / Mental Health Conditions *(cont.)*

Direct Care	CRIMINAL JUSTICE INVOLVED		Check Priorities
	Implement training and standardized SUD/MH screening, treatment, care coordination and continuity services into the criminal justice system.		
	Support pre-arrest diversion, pre-trial services, treatment and recovery court and provide treatment (including MAT/MOUD) for persons with SUD/MH conditions.		
	Provide treatment, including MAT/MOUD, recovery support, and harm reduction to those who are leaving jail, prison, or are on probation/parole, are under community corrections or are in re-entry programs.		

Community Outreach and Prevention

Community Outreach and Prevention	PREVENTION		Check Priorities
	Universal primary prevention strategies that increase protective factors and address overall health, resiliency, and wellness among all ages.		
	Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids by: providing medical provider education and outreach regarding best prescribing practices, dosing and tapering patients off opioids and supporting non-opioid pain management alternatives.		
	Expand public awareness (including media campaigns, education relating to drug disposal and drug take back programs) of drug overdose epidemic and state/local resources.		
	Engage non-profits and faith-based communities as systems to support prevention.		
	Naloxone distribution in treatment centers, criminal justice settings, schools, and high impact areas.		
	Expand implementation of school-based programming and other prevention programming targeted to children, youth and young adults, including youth led prevention activities.		
	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.		
	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any other co-occurring SUD/MH conditions.		
	Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.		

Community Outreach and Prevention *(cont.)*

PROVIDERS AND HEALTH SYSTEMS		Check Priorities
Medical provider education and outreach regarding best prescribing practices, dosing, tapering patient off opioids, support for non-opioid pain alternatives and increasing electronic prescribing to prevent diversion or forgery.		
Expand telehealth/tele mentoring to increase access to treatment for OUD and any other co-occurring SUD/MH conditions.		
Support the work of Emergency Medical Systems, including peer support specialists to connect individuals to treatment or other appropriate services following an overdose or other SUD adverse event.		
Support screening for fentanyl within the community and in routine clinical toxicology testing.		
Provide training for obstetricians and other healthcare personnel who work with pregnant women and their families regarding treatment of SUD/MH conditions.		
Increase the number of providers treating MAT/MOUD patients; increase access to MOUD treatment through training and education.		
Provide support for Childrens Services, additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial substance use.		

PUBLIC SAFETY / FIRST RESPONDERS		Check Priorities
Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.		
Enhance public safety collaboration with community-based organizations.		
Expand mental health and drug courts.		
Increase capacity of law enforcement and first responders to effectively respond to individuals with SUD/MH conditions.		
Provide wellness and support services for first responders and others who experience secondary trauma associated with opioid related emergency events.		

NOTES: