

Region 5 Systems Opioid Remediation Settlement Fund Blueprint

Addressing the Opioid Epidemic

MARCH 2024

Revised March 2025



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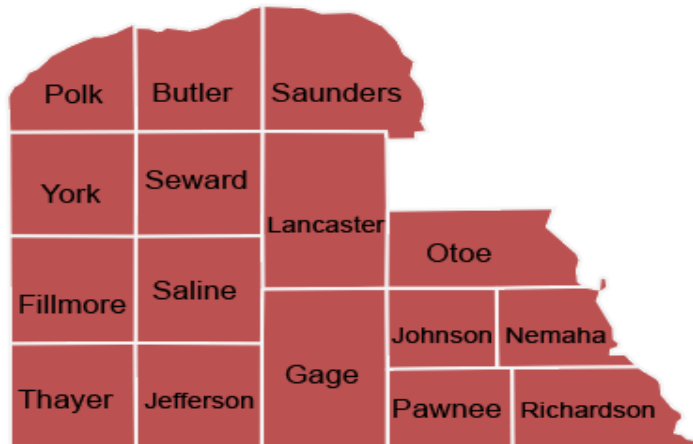


About this Blueprint

This Blueprint was designed to aid in providing the information needed to think strategically about the service gaps within Region 5 Systems catchment area.

About Region 5 Systems

Region 5 Systems, who produced this publication, is one of six behavioral health authorities in the state of Nebraska. The mission of Region 5 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 5 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 5 covers approximately 9,308 square miles. According to *U.S. Census 2020*, Region 5 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 5 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 5 Systems' Opioid Steering Committee

Region 5 Systems' Opioid Steering Committee was established in October of 2023 with over 60 stakeholders and constituents from the Region 5 Systems catchment area. The steering committee's purpose is to ensure that the resources from Region 5 Systems' opioid settlement funds are allocated effectively and efficiently within Region 5 Systems' service area.

For additional information on the work of Region 5 Systems' Opioid Steering Committee, their committee charter, list of committee members, or Region 5 Systems Remediation Settlement Fund awards visit www.region5systems.net.

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

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

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 5 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 5 Systems catchment area.

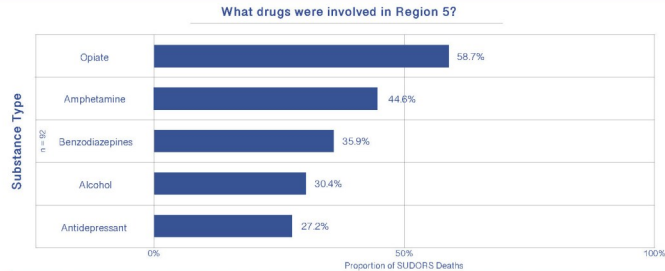


CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 and 2021 Summary of Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska Behavioral Health Region 5

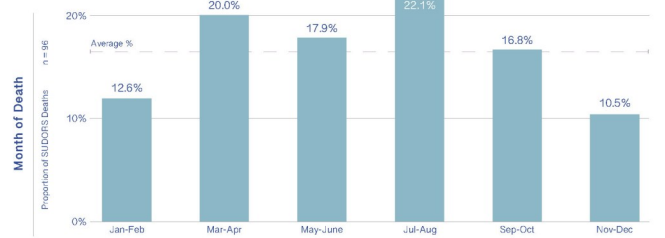
96 Total Deaths (10 per 100,000 Population)



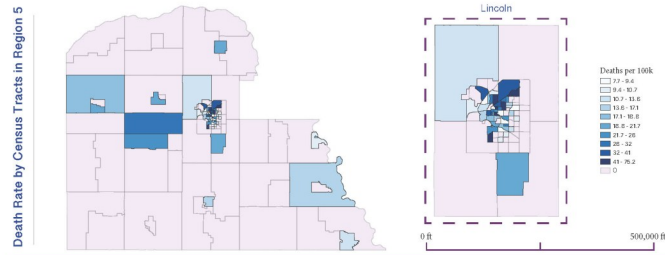
In 2020 and 2021, white males with a high school education between the ages 30-39 most frequently died from unintentional or undetermined drug overdose. Black people were disproportionately impacted by unintentional or undetermined drug overdose in Region 5.



The top five drugs account for majority of all unintentional and undetermined intent drug overdose deaths in Region 5 in 2020 and 2021. Categories are not mutually exclusive.



Unintentional and undetermined intent drug overdose deaths in Region 5 in 2020 and 2021 most commonly occurred in July to August.



The darker blue areas on this map represent the highest rate of unintentional and undetermined intent drug overdose deaths in Region 5 in 2020 and 2021.

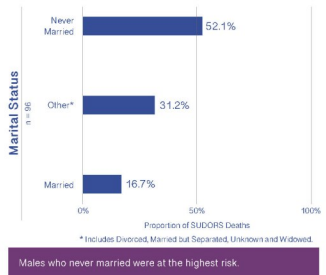
85%

n = 93

of total drug overdose deaths took place in a residence.

- 33.3% of victims were perceived by others to be depressed at the time of death.
- 36.6% of total drug overdose deaths had history of mental illness.
- 19.4% of total drug overdose deaths had history of mental illness treatment.
- 9.7% of total victims were disabled.
- 19.4% of total victims were currently under pain treatment.
- 32.3% of total victims have a record of previous overdose.
- 35.5% of total victims have a history of alcohol abuse.
- 39.8% of total victims had a bystander during the overdose death.
- 5.4% of total victims have served in military.

*statistics based on 93 cases *categories are not mutually exclusive



For current data visit <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>



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:

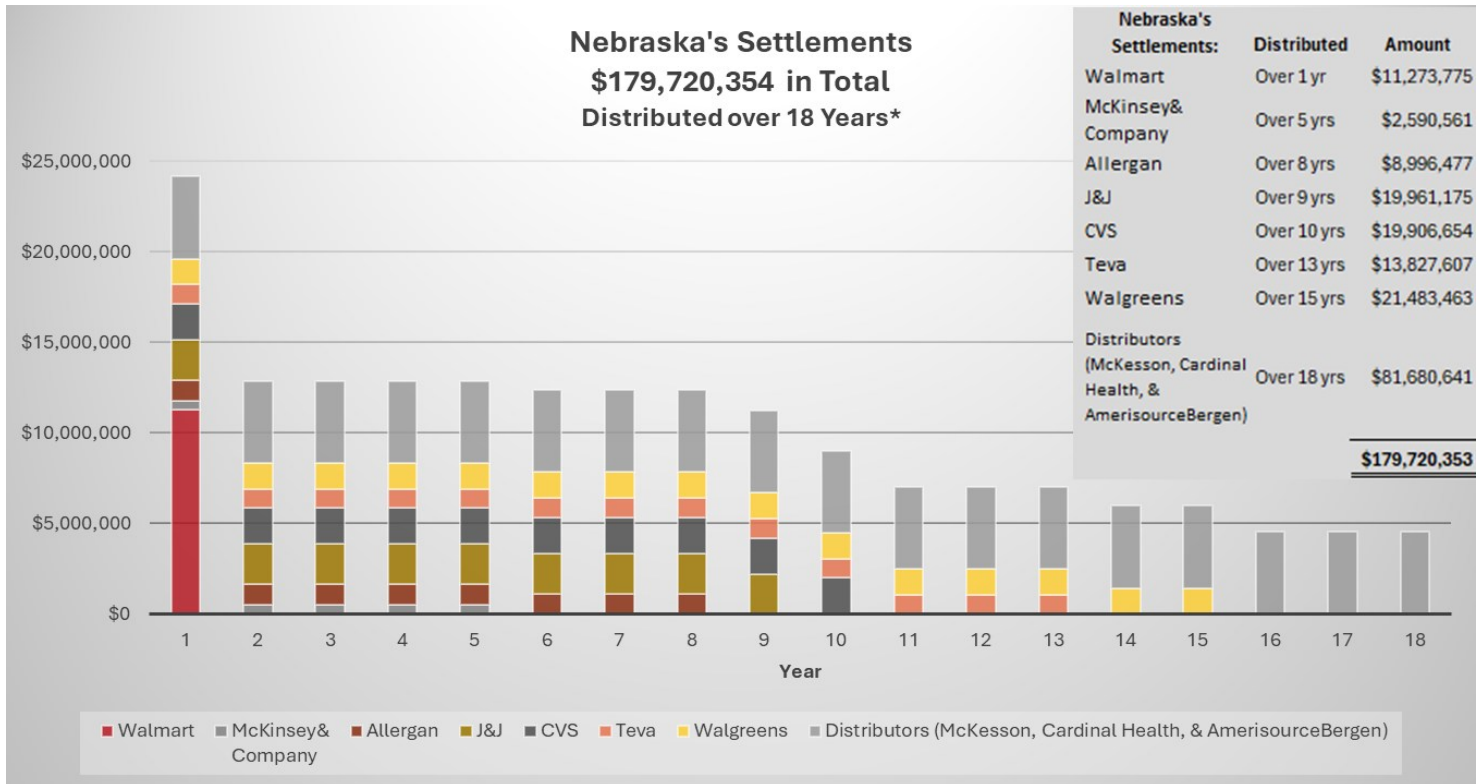
- The Distributors will create a groundbreaking clearinghouse through which they will be required to account not only for their own shipments, but also the shipments of the other distributors, in order to detect, stop, and report suspicious opioids orders.
- J&J (which ceased marketing opioids in 2015 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



*Amount received by Nebraska as of the publication of this document is \$50,549,491.82.

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.



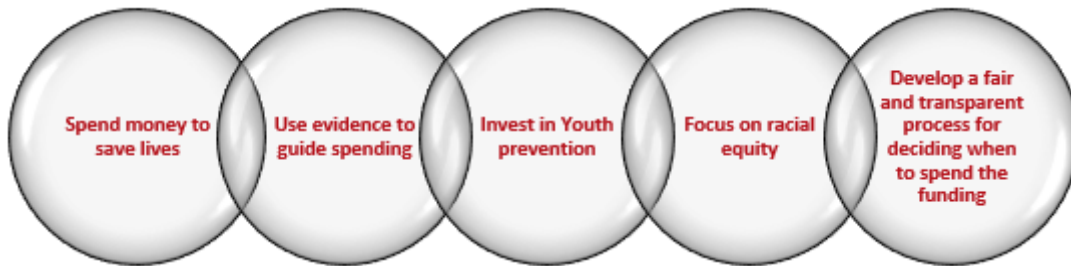
NOSRAC’s sole purpose is to provide recommendations for the use of opioid remediation funds to DHHS-DBH. These recommendations must comply with the Opioid Prevention and Treatment Act and terms of any National Settlement Agreements. In June of 2023 NOSRAC awarded \$10 million to the Regional Behavioral Health Authorities. In June of 2024 LB1355 was passed by the Nebraska legislature and awarded 3 million annually to the Regional Behavioral Health Authorities. Region 5 Systems received our first payment from LB1355 in July 2024, in the amount of \$772,265.84.

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 5 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 5 Systems received its first disbursement of settlement funds from DHHS-DBH in June of 2023, as recommended by NOSRAC in May 2023. Region 5 Systems immediately began working with the Opioid Response Network (ORN) to plan the Region 5 Systems Opioid Response Summit. During the summit local stakeholders received education on the opioid epidemic, shared their community gaps and needs, and prioritized spending areas.

Region 5 Systems’ Opioid Steering Committee used local data from the Region 5 Systems Opioid Response Summit, community environmental scans, and other sources to identify funding allocations in each of the key areas identified on Region 5 Systems’ Tool to Prioritize Allowable Opioid Abatement Strategies. The committee prioritized 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 have then been utilized by Region 5 Systems in the creation of grant applications to award funding. The chart to the right outlines the process for submission, review, and approval of grants.

Additionally, the Region 5 Systems’ Opioid Steering Committee may make recommendations or review proposals from the community at any time for obvious expenditures.

GRANT/APPLICATION PROCESS



OBVIOUS EXPENDITURE APPROVAL PROCESS



Obvious expenditures are strategies that the committee believes to be of priority to fund that address the opioid epidemic based on review of local data, gaps, and needs. Once a project is approved through this process, up to 15% of the project total may be adjusted as needed by Region 5 Systems, as long as the scope of the project is not changed. The chart to the left outlines this approval 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 5 Systems' Behavioral Health Advisory Committee. Final approval for allocation of settlement funds will be completed by Region 5 Systems' Regional Governing Board.

Additional information on the ongoing work of Region 5 Systems' Opioid Steering Committee can be found at <https://region5systems.net/RVS-Opioid-Project>.



Funding

Region 5 Systems' Opioid Settlement Remediation Project is funded by Nebraska Opioid Recovery Fund and Opioid Prevention and Treatment Cash Fund. Funding received, obligated, and expended can be seen on <https://region5systems.net/rvs-opioid-project/>

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>

Identification of Priority Funding Areas for Region 5 Systems

In March of 2024 Region 5 Systems hosted the Opioid Settlement Funds Summit in partnership with the Opioid Response Network (ORN). Over 100 participants attended the summit from across Region 5 Systems’ catchment area and included the following disciplines:

- Behavioral Health
- Substance Use
- Education
- Community Support
- Peer Support
- Law Enforcement
- First Responders
- Department of Corrections
- Probation
- Education
- City Officials
- Health Departments
- Housing
- Medical Personnel
- Public Health
- Child and Family Service
- Veterans Administration
- Cultural Centers
- Lived Experience
- Faith-based
- Community Centers.

Participants received training and education on opioid addiction, treatment, recovery, data within Region 5 Systems’ catchment area, and allowable abatement strategies. They then reviewed and prioritized allowable abatement strategies based on gaps and needs within Region 5 Systems’ catchment area to guide awards of Region 5 Systems’ Opioid Remediation Settlement Funding.

Identified Priority Abatement Strategies

Direct Care for Substance Use Disorder / Mental Health Conditions

Direct Care	A: TREATMENT	
	1.	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 cooccurring Substance Use Disorder (SUD)/Mental Health (MH) conditions. Focus on targeting high impact, low-capacity rural areas and adolescent treatment services.
	2.	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.
	3.	Expand mobile interventions, treatment, and recovery services for persons with OUD and other SUD/MH conditions who have experienced an overdose. <i>Expanding MAT/MOUD and mobile interventions.</i>

(cont. page 12)

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

B: RECOVERY

1. 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. *Continuum of Care support*
2. Support or Expand Peer Recovery Services which may include but are not limited to: support groups, social events, computer access, yoga, etc.
3. Expand the recovery eco-system while targeting recovery resources to high impact, low-capacity geographical areas (rural).

C: HARM REDUCTION

1. Targeted Naloxone/Narcan distribution- increase availability and distribution.
2. Support Mobile Units that offer or provide referrals to harm reduction services, treatment, recovery supports, healthcare or other appropriate services. *Support mobile units with referrals to care.*
3. Expand social setting detoxification services.

D: CONNECTIONS TO CARE

1. 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.
2. Provide funding for peer support specialists and warm handoffs in emergency detox facilities, recovery centers or recovery housing.
3. Support crisis stabilization centers that serve as an alternative to hospital emergency departments. *Support crisis stabilization and increase peer support.*

E: CRIMINAL JUSTICE INVOLVED

1. Implement training and standardized SUD/MH screening, treatment, care coordination and continuity services into the criminal justice system.
2. 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. *Provide harm reduction, treatment and recovery support.*
3. Support pre-arrest diversion, pre-trial services, treatment and recovery court and provide treatment (including MAT/MOUD) for persons with SUD/MH conditions. *Support pre-arrest, pre-trial, diversion and recovery court.*

Community Outreach and Prevention

Community Outreach and Prevention

F: PREVENTION

1.	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. <i>Increase access to prevention programs for youth.</i>
2.	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. Ex: Billion Pill Pledge.
3.	Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment. <i>Expand public awareness.</i>

G: PROVIDERS AND HEALTH SYSTEMS

1.	Increase the number of providers treating MAT/MOUD patients; increase access to MOUD treatment through training and education. <i>Increase number of providers offering MAT/MOUD.</i>
2.	Provide support for Children 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.
3.	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.

H: PUBLIC SAFETY / FIRST RESPONDERS

1.	Increase capacity of law enforcement and first responders to effectively respond to individuals with SUD/MH conditions.
2.	Provide wellness and support services for first responders and others who experience secondary trauma associated with opioid related emergency events.
3.	Expand mental health and drug courts.
4.	<i>Enhance public safety collaborations.</i>

Obligated Funds and Projects Funded through March 1, 2025

In April of 2024, Region 5 Systems released the first grant cycle and as a result funded five projects. In addition to the grant projects that were funded, seven obvious expenditure projects were funded. The following chart shows the obligated funds and projects that Region 5 Systems has funded through March 1, 2025

Agency	Description of Project	Counties Served	Amount Obligated	Opioid Abatement Strategy Addressed*
Nebraska Pharmacists Association	Narcan Grab and Go Sites and pilot vending machine project in Lancaster County.	All 16 Counties	\$161,115	C-1
MY LNK	Fund ½ of yearly cost of My LNK.	Statewide	\$6,000	Exhibit E
KidGlov	Promotion of opioid videos.	Statewide	\$6,000	F-3
ALL	Flex Funds to meet treatment and rehabilitation needs not covered by other funding sources.	All 16 Counties	\$125,000	A-1
Partners for Insightful Evaluation	Region 5 Systems opioid needs assessment.	All 16 Counties	\$114,575	Exhibit E
Lincoln Lancaster County Health Department	Wastewater Surveillance	Lancaster	\$25,000	H-1 and G-3
DopaGE	Virtual DopaGE Overdose Prevention Portal offered to incoming students at UNL	All Students	\$84,550	F-1
BayMark Health Services	Enhancing accessibility and availability of MOUD treatment.	All 16 Counties	\$471,998	A-1 B-2
Jefferson Co. Diversion Services	Fund 8 youth (ages 9-17) and their families to attend 10 sessions of Equine Assisted Learning (EAL).	Jefferson	\$9,999	E-3 F-1
Physicians Laboratory	Cover transportation costs for bodies of suspected overdose cases to morgue for autopsy.	All 16 Counties	\$51,000	H-1
Whispering Acres- Camp GRIT	Support two positions (partial Director and Nurse) for Whispering Acres Camp GRIT for youth ages 9-17.	Gage, Jefferson, Thayer, Saline	\$9,559	F-1
Nebraska Pharmacists Association	Provide outreach and education about Narcan to prevent overdose during Big Red Welcome and Project Connect.	Lancaster	\$33,450	C-1
Region 5 Systems	Administration thru FY29- (Salary, Benefits, Indirect)	All 16 Counties	\$877,592.60	All
Future Grants and Obvious Expenditures	Obligated Funds for Future Grant Cycles and Obvious Expenditures	To be determined.	\$1,362,161.83	To be determined, as prioritized by the community.
TOTAL AMOUNT OBLIGATED			\$3,338,000.43	

Obvious Expenditure in **Green Total = \$522,240** Grants in **Blue Total= \$576,006**

TOTAL Green and Blue Obligated for Grants and Obvious Expenditures/Contracted = \$1,098,246.00

Administrative in **Orange Total = \$877,592.60**

Future Grants and Obvious Expenditure in **Purple Total = \$1,362,161.83**

As noted in the chart above, Region 5 Systems contracted with Partners for Insightful Evaluation to complete a comprehensive needs assessment for Region 5 Systems’ catchment area. This needs assessment was completed in January of 2025. During that same month, Region 5 Systems hosted a strategic planning event to review the data and priority abatement strategies to ensure current gaps and needs were addressed within the priority abatement strategies originally identified during the summit. Special consideration will be given to needs identified in the needs assessment during future grant cycles. *These are listed and italicized in the priority abatement strategies.*

Links to materials from the January 2025 comprehensive needs assessment for Region 5 Systems can be found on our website at <https://region5systems.net/rvs-opioid-project/>.