

# **STRATEGIES FOR UTILIZATION OF THE OPIOID SETTLEMENT FUNDS**

**COUNCIL ON CHEMICAL ABUSE**

**March 29, 2022**

## **Guiding Principles for Use of the Opioid Settlement Funds**

1. Apply the Opioid Settlement Funds to address detrimental effects of the opioid/overdose crisis currently experienced in Berks County and to help protect the community from such negative effects in the future.
2. Provide services related to Opioid Use Disorders (OUD) and co-occurring substance use disorder (SUD) and Mental Health (MH) conditions to all communities and residents in Berks County with respect, dignity and equity while supporting culturally appropriate services and programs.
3. Whenever possible, use existing resources in order that Opioid Settlement funds can be directed to addressing gaps in services and maintaining and enhancing established programs and activities.
4. Support additional services which compliment and/or enhance existing programs while avoiding unnecessary duplication of effort.
5. Provide sustainability for proven and effective services for expiring grant programs.
6. Collaborate with community organizations to develop, implement and sustain services to the community.
7. Use SOS Berks Opioid Coalition as an advisory body for input and feedback regarding projects supported through Opioid Settlement Funds.

The following plan has been developed to identify best practices for the delivery of OUD and co-occurring SUD/MH prevention, intervention, treatment and recovery support services to the people of Berks County.

While this plan is comprehensive, it is by no means all-inclusive of all potential approaches. It is expected that this document will be updated regularly to identify and incorporate other proven effective strategies that comply with the approved remedial uses outlined in the opioid settlement.

# **PART ONE: TREATMENT**

## **A. TREAT OPIOID USE DISORDER**

### Continue to:

1. Support the full continuum of evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care.
2. Require the use of evidence-supported treatment models to effectively address OUD and co-occurring SUD/MH conditions.
3. Assure trauma-informed treatment is available for individuals with OUD and co-occurring SUD/MH conditions.

### Expand:

1. Availability of treatment for OUD and co-occurring SUD/MH conditions, including all forms of FDA approved Medication-Assisted Treatment (“MAT”) as appropriate and feasible.
2. Telehealth opportunities to increase access to treatment as part of the continuum of treatment.

### Establish:

1. Training regarding MAT for health care providers, first responders, law enforcement, court personnel, human service professionals and the community.

## **B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY**

### Continue to:

1. Assure the availability of OUD and co-occurring SUD/MH treatment and recovery support services for Berks County residents.
2. Continue and enhance telehealth capabilities to increase access recovery support services.
3. Support Department of Drug and Alcohol Programs (DDAP) licensed recovery housing services in Berks County.
4. Provide SUD peer-to-peer recovery support and case management services to individuals during and following involvement with treatment.

### Expand:

1. SUD peer-to-peer recovery support and case management services to individuals during and following involvement with treatment.
2. Transportation opportunities to treatment centers and recovery focused activities.
3. The establishment of college recovery programs.

Establish:

1. Linkages for those in treatment and/or recovery with existing services in the community including transportation, education, job placement, job training, legal aid or childcare.
2. Linkages to housing, including supportive housing, recovery housing, housing assistance programs and offer training for housing providers regarding OUD and co-occurring SUD/MH conditions.
3. Training regarding OUD and co-occurring SUD/MH conditions to area healthcare, education, criminal justice, law enforcement, social service and educational personnel.
4. Opportunities for non-profits, public agencies, faith-based communities, community coalitions and businesses as partners/collaborators to support individuals in treatment and recovery as well as family members.
5. A recovery high school in Berks County.

### **C. CONNECT PEOPLE WHO NEED HELP TO APPROPRIATE SERVICES**

Continue to:

1. Support current warm hand-off services to transition emergency room patients suffering from an OUD or co-occurring SUD/MH conditions to treatment and recovery services.

Expand:

1. Certified Recovery Support Specialists services to provide peer-to-peer services in the community as well as at detoxification facilities, treatment centers, recovery support centers and recovery housing.
2. Programs that address OUD/SUD issues in the workplace.
3. The ongoing measurements of substance use by clients of Berks County health care, social service, and criminal justice settings. Multiple means of measurements should be utilized including but not limited to drug testing and other evidence-supported instruments or protocols.
4. Local centralized call center that addresses substance related emergency calls and provides direction and assistance for individuals seeking access to OUD and co-occurring SUD/MH appropriate treatment and recovery

Establish:

1. Support programs at the local hospitals that transition persons who have experienced an opioid overdose or have an OUD or co-occurring SUD/MH conditions, into clinically appropriate follow-up.
2. A crisis stabilization center/drop-in center as an alternative to hospital emergency departments which provide supportive services and appropriate interventions including screening, assessment and referral for OUD and co-occurring SUD/MH conditions treatment as appropriate.

3. Opportunities for non-profits, faith-based communities, community coalitions and local businesses as partners/collaborators to support OUD and co-occurring SUD/MH outreach for treatment programs.
4. A means to support training and implementation of SBIRT (Screening, Brief Intervention and Referral for Treatment) Screening with healthcare providers, criminal justice agencies, colleges and schools.
5. Training to healthcare professionals, social services agencies and criminal justice personnel on how to connect individuals suffering from an SUD or co-occurring SUD/MH conditions to appropriate services.
6. Supplemental SAP services to provide an outlet for parents to engage with help to seek immediate treatment and support services for their child.
7. Supports for children and family members suffering trauma because of addiction and/or overdose in the family.

#### **D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS**

##### Continue to:

1. Offer evidence-supported treatment, including MAT, for those incarcerated at the Berks County Correctional Facility or returning to the community.
2. Provide evidence-supported treatment, including MAT, and recovery support services for Berks County residents under probation or parole supervision.

##### Expand:

1. Treatment and recovery support resources and support for problem solving courts.
2. The Blue CARES diversion program by establishing a warm hand-off program for law enforcement to allow for immediate referral for treatment for residents suffering from an OUD or co-occurring SUD/MH conditions.
3. Education and training to law enforcement, corrections staff and court personnel regarding best-practices for addressing the needs of individuals in the criminal justice systems with an OUD and co-occurring SUD/MH condition.

##### Establish:

1. Law enforcement pre-arrest or pre-trial diversion programs for individuals with an OUD or co-occurring SUD/MH condition.

## **E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND BABIES WITH NEONATAL ABSTINENCE SYNDROME**

### Continue to:

1. Support the continuum of evidence-supported treatment, including MAT, and a broad array of recovery support services to pregnant or parenting women.

### Expand:

1. Home-based recovery support and case management to pregnant and parenting women with an OUD and co-occurring SUD/MH conditions.
2. Linkages for comprehensive evidence-supported services for neonatal abstinence syndrome (NAS) babies.
3. Training to health care providers and other professionals who work with pregnant or parenting women on best practices for compliance with federal requirements for children born with NAS.
4. Training for healthcare personnel who work with pregnant women and their families regarding treatment of OUD and co-occurring SUD/MH conditions.

### Establish:

1. Child and family supports for parenting women receiving treatment and/or recovery support services for an OUD and co-occurring SUD/MH conditions.
2. Emergency and transitional housing, if needed, for mothers and NAS babies.

## **PART TWO: PREVENTION**

### **A. PREVENT MISUSE OF OPIOIDS**

#### Expand:

1. Multi-media strategies to disseminate information on opioid and substance use designed for various populations within Berks County.
2. School-based or youth-focused prevention strategies. (such as prevention clubs, alternative activities, etc.).

#### Establish:

1. Community-based education and intervention services for youth and families of young people who may be at risk of misusing opioids or other drugs.
2. A means of supporting local organizations and community coalitions in implementing evidence-supported prevention and stigma reduction efforts.
3. Opportunities for non-profits, faith-based communities, community coalitions and local businesses as partners/collaborators to support OUD and co-occurring SUD/MH prevention programs.

4. Funding opportunities for community grassroots coalitions that engage in appropriate drug prevention strategies.

## **B. PREVENT OVERDOSE DEATHS AND OTHER HARMS**

### Continue to:

1. Continue to provide necessary training and resources to enable school nurses and other appropriate school and local college/university staff to respond to opioid overdoses.

### Expand:

1. Training to healthcare providers, first responders, treatment professionals,
2. Availability and distribution points of naloxone and provide training in the use of naloxone.
3. Naloxone distribution and training opportunities in the use of naloxone to schools, colleges, healthcare providers, and other professionals.
4. Access to Harm Reduction strategies including testing and treatment for infectious diseases such as HIV and Hepatitis C.

### Establish:

1. Training to healthcare workers, first responders, treatment professionals, educators and the community related to emergency responses to overdoses and Good Samaritan laws.
2. Support training in Harm Reduction strategies to OUD and co-occurring SUD/MH staff, health care providers, law enforcement and court personnel and other professionals.

## **C. SAFE MEDICATION MANAGEMENT**

### Continue to:

1. Support Medication take-back events.
2. Make safe medication storage options available to the community.

### Expand:

1. The availability of medication disposal bags to the community for the safe disposal of unused medications.
2. The availability of medication lock boxes to the community for safe storage of medications.
3. Community awareness regarding medication take-back events and the location of medication drop-boxes in the community.

Establish:

1. Training for physicians and other licensed prescribers regarding OUD and co-occurring SUD/MH conditions as well resources in the community to address such issues.

## **PART THREE: OTHER STRATEGIES**

### **A. FIRST RESPONDERS**

Establish:

1. In-person and virtual training program for first responders regarding OUD and co-occurring SUD/MH conditions including local resources available for both individuals and families.
2. Wellness and support service options for first responders.

### **B. LEADERSHIP, PLANNING AND COORDINATION**

Expand:

1. The SOS Berks Opioid Coalition through recruitment and the inclusion of additional community stakeholders.
2. The SOS Berks Opioid Coalition activities to include increased provision of trainings, information dissemination and community events.
3. Identify electronic infrastructure and personnel to support appropriate collaborative cross-system coordination.

Establish:

1. Develop data tracking software and applications for overdose/naloxone revivals.
2. Establish a county-wide data dashboard specific to overdose data and intervention outcomes that will reside on the SOS Berks Opioid Coalition, the County of Berks and the COCA websites.

### **C. TRAINING AND WORKFORCE DEVELOPMENT**

Continue to:

1. Provide trainings required by DDAP licensing standards as well as the requirements of the DDAP Prevention, Case Management and Clinical Services manuals.
2. Offer trainings that allow drug and alcohol professionals to attain and maintain certification from the Pennsylvania Certification Board.



3. Support strategies to recruit and retain qualified staff that work with persons with an OUD and co-occurring SUD/MH conditions.

Expand:

1. Certified Recovery Support Specialist training to at least 60 participants per year.
2. Internship and fellowship opportunities offered by local OUD and co-occurring SUD/MH service organizations.

## **D. RESEARCH AND EVALUATION**

Establish:

1. Develop outcome measures and track activities funded through the opioid settlement funds.
2. A means to measure the success of services funded through the opioid settlement funds.
3. Participate as appropriate with local, regional, state or federal research initiative related to OUD and/or co-occurring disorders.