



**Save Lives**  
OREGON

**Salvando Vidas**  
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**PRIME**   
any positive change

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**Oregon Opioid Settlement  
Prevention, Treatment and Recovery Board Meeting**

September 2022

# Topics

- State Opioid Response (SOR) Grant Overview
- Save Lives / Salvando Vidas Oregon Initiative
- Peer Recovery Initiated in Medical Establishments +

## **Gratitude and Acknowledgement**

Save Lives / Salvando Vidas Leadership Team, organizations that provide compassionate care to community members every day, PRIME+ peers, our academic, evaluation and research partners, and the many supporters who make these projects possible



# Federally Funded State Opioid Response (SOR) Grant

Federal Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) grant to states

SOR Purpose: To address the opioid crisis by providing resources to states and territories for:

- Increasing access to medications for opioid use disorder (MOUD)
- Supporting continuum of prevention, harm reduction, treatment, and recovery support services for substance use disorders

Name	Status	Period	Amount
State Opioid Response 3 (SOR-3)	Open	Oct. 2022 through Sept. 2024	\$30.9m
State Opioid Response 2 (SOR-2)	Closed	Oct. 2020 through Sept. 2022	\$30.6m
State Opioid Response 1 (SOR-1)	Closed	Oct. 2018 through Sept. 2021*	\$19.8m
State Targeted Response to Opioid Crisis Grants (STR)	Closed	June 2017 through May 2020*	\$13.1m

\* Received 1-year no-cost extension

# **SAMHSA SOR 3 Grant Pillars**



**Substance Use & Misuse Prevention**

**Harm Reduction**

**SUD Treatment**

**Recovery Support Services**

**Workforce Development**

# Oregon's State Opioid Response (SOR) 3 Program Goals

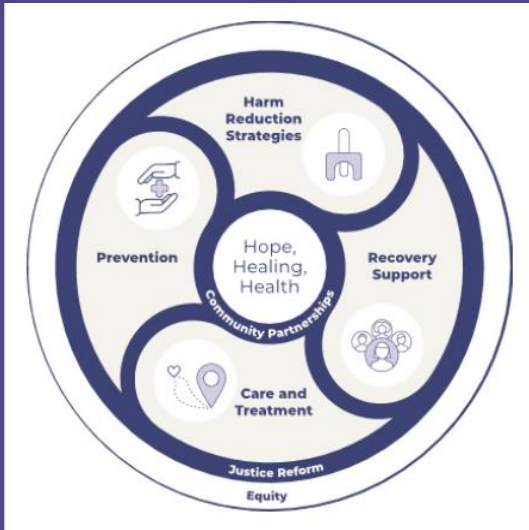


- Expand prevention messaging and school-based prevention programming and outreach to underserved and diverse populations

**Expand and enhance the overdose prevention infrastructure and increase access to harm reduction services**

- Expand and increase access to substance use disorder treatment
- Expand statewide recovery support services
- Expand and enhance the behavioral health workforce

# SOR3 Harm Reduction In Action



## Save Lives / Salvando Vidas Oregon Initiative

Education, technical assistance and Harm Reduction Supply Clearinghouse (including naloxone)

## PRIME+ Program

Harm reduction centered peer outreach, overdose & infectious disease prevention education, naloxone and harm reduction supply distribution, HIV/Hep C and syphilis testing, linkage to and engagement support for care, treatment, and social services

# Save Lives / Salvando Vidas Oregon

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Oregon's Harm Reduction Initiative  
Saves Lives and Supports Safer Communities

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# The continuum of care

Harm Reduction is not the only solution—but is a critical element to support hope, healing and health.





# Background

Enhance **equitable access to life saving supplies and resources** for organizations directly serving people and communities with **existing programs** that support people who are at risk of overdose or infection.

## Phase one: urgent COVID-19 response

The Harm Reduction Supply Clearinghouse launched in November 2020, as a part of the Behavioral Health COVID-19 response. The Harm Reduction Supply Clearinghouse was a resource for community groups with existing harm reduction efforts affected by COVID19. *Funding:* Behavioral Health CARES funding restricted to supplies and SOR funded limited staff time.

## Phase two: leadership team formation and expansion of the initiative

Re-opened the Clearinghouse to initial participants and new applicants July 2021 with MMACP Infuse and an online order platform through Cardinal Health. The leadership team developed shared identity and shared purpose. *Funding:* State general funds, given in the spirit of Measure 110 restricted to supplies. SOR funded limited staff time and CDC Foundation grant supported one position from through June 2023.

## Phase three: increase awareness, build partnerships and support equitable access to harm reduction

Leadership team engages diverse organizations that serve people who use drugs to learn about, start, integrate or expand harm reduction activities. Clearinghouse open with online ordering, formulary list and spending caps. *Funding:* Federal grants and behavioral health general funds for supplies through March 2023. SOR funds limited staff time and CDC Foundation grant supports one position through June 2023.

# Shared Purpose Statement



The SLO/SVO Leadership Team is a diverse group of harm reductionists who support people who use drugs.

We do this by activating our networks and sharing our expertise with organizations best positioned to expand the Save Lives Oregon/Salvando Vidas Oregon harm reduction initiative across Oregon and Native communities—guiding them from awareness to partnership.

# Eligible participants

## Entities who directly serve people using substances or at highest risk for overdose

- Community-based organizations with 501(c)(3) status or 501(c)(3) fiscal sponsorship
- Harm Reduction and Syringe Service Programs within Community Health Clinics/ Federally Qualified Health Centers
- Local Public Health Authority's Harm Reduction and Syringe Service Programs
- Tribal community and health care programs serving people who use drugs
- Withdrawal management/Residential Substance Use Disorder treatment programs for clients who are turned away, dismissed or leave
- First-uniformed responder agencies implementing Leave Behind Programs for people who use drugs or at risk of opioid overdose
- Jails for distribution to people who use drugs or at risk of opioid overdose leaving detention

# Supplies

Supplies available are those that prevent overdoses, prevent infections, prevent injuries and help people who use drugs reduce harm to themselves and others.

Available resources include:

- Naloxone
- Infection prevention and minor wound care supplies
- Sterile syringes
- Personal and program-sized sharps containers
- Masks, hand sanitizer, cleaning supplies and soap

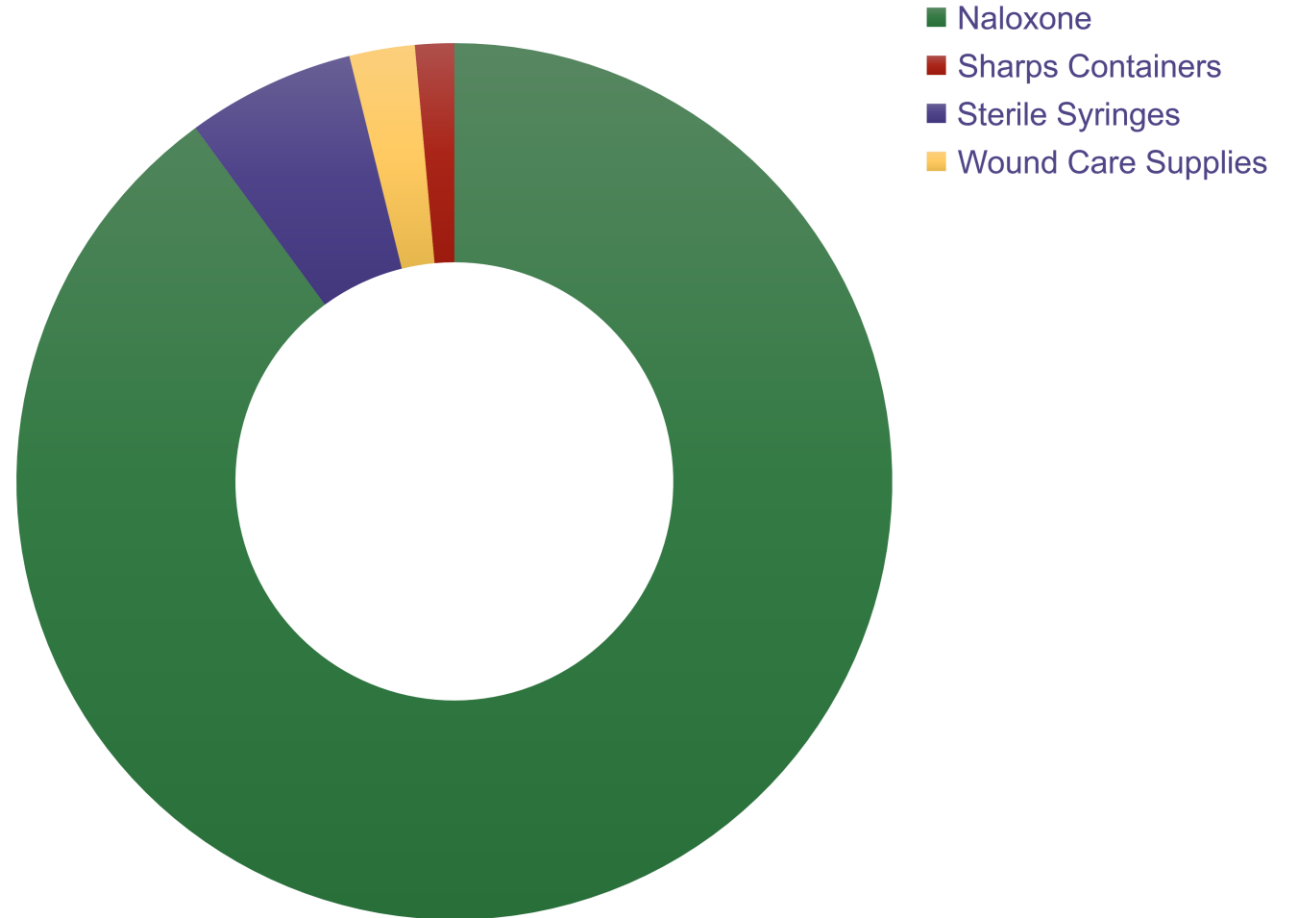
“Bridge naloxone” is available to entities during the account set-up time period.





# Key Metrics

- 2022 Total supply orders \$4,115,261
- Broad spending categories
  - Naloxone 90%
  - Sharps containers 1.4%
  - Sterile syringes 6.2%
  - Wound Care Supplies 2.4%





## Peer Specialists Engaging People Using a Harm Reduction Approach



# ***PRIME+:** Peer Recovery Inited in Medical Establishments + HCV/HIV Testing and Linkage to Treatment*

## **Oregon peer-based intervention...**

- ▶ working with people who are at risk of or receiving treatment for overdose, infection, and other health needs related to substance use

## **PRIME+ peer services are...**

- ▶ offered independently of engagement in substance use treatment, providing non-Medicaid reimbursable services
- ▶ provided by people in long-term recovery, credentialed as peer specialists, trained in harm reduction and infectious disease prevention



# Progression of OHA Peer Services Programs

## 2017 – 2022: New/Pilot Peer Services Projects

- Oregon HOPE Study (with OHSU)
- HB 4143 Peers in Emergency Departments

## 2019 – 2024: Adapted/Expanded Program

- PRIME+ Pilot (Eastern Oregon)
- PRIME+ Expansion (24 counties)

## 2021 – beyond: New Programs

- U-COPE (Umatilla)
- PATHS (TeleHCV)

2017

2018

2019

2020

2021

2022

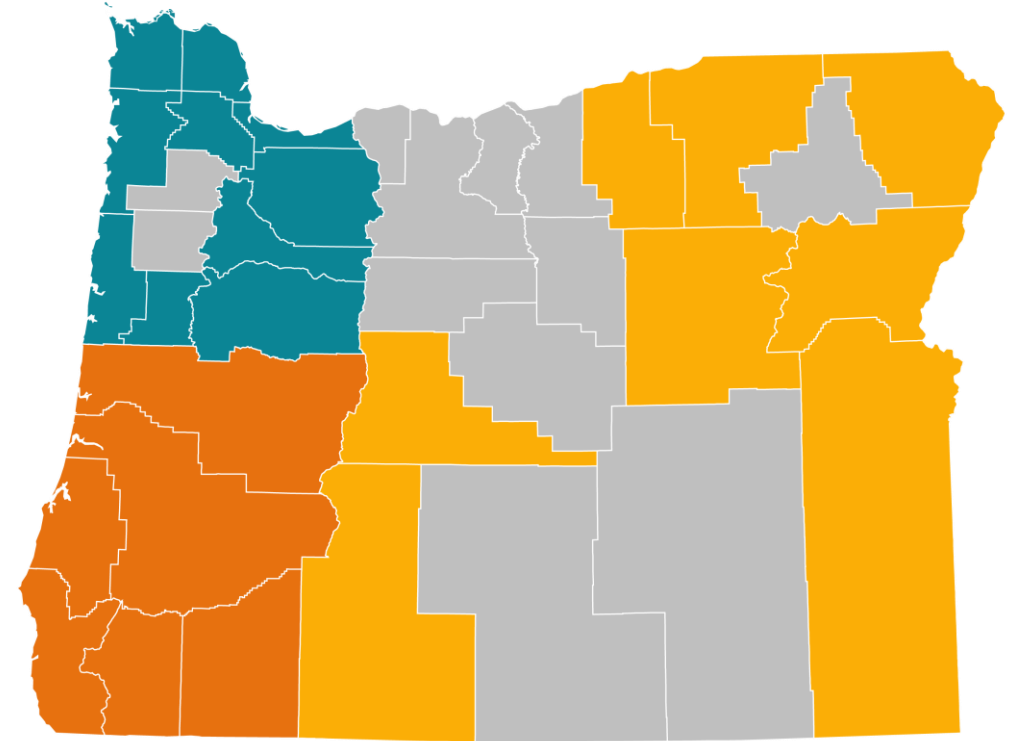
# PRIME+ Locations

**58 peers**

**24 counties**

**19 organizations**

**3 regions: North, South, East**



Services developed in many rural and frontier counties that had no history of peer outreach or harm reduction services

# PRIME+ Core Program Elements

- ▶ Peers support **any positive change** for people who use drugs
  - ▶ Support peoples' self-identified **goals** for health, well-being, and quality of life
  - ▶ Provide **harm reduction** support and tools
  - ▶ Connect people to **recovery supports** and substance use treatment
  - ▶ Link people to **healthcare**, including infectious disease care
- ▶ Program supports peer specialists to **maintain their own recovery** and well-being and **expand professional skills**

# How People Connect to PRIME+ Peers

1. Community partners make **referrals**
2. Peers do **direct outreach** to engage individuals in the community
3. Individuals can **self-refer**



# PRIME+ Peer Services

## Support accessing resources

- ▶ OHP enrollment, resources for basic needs
- ▶ Harm reduction supplies like safer use kits, naloxone
- ▶ Supported employment, housing resources

## Person-to-person support

- ▶ Emotional and crisis support
- ▶ Support people to reach self-identified goals

## Linkage to treatment/care

- ▶ Substance use treatment and recovery supports
- ▶ Physical healthcare
- ▶ Infectious disease testing and treatment

# Training & Cross-Site Support

## Learning

- ▶ Orientation and training for new peers/supervisors
- ▶ Peer Learning Collaborative (monthly)- CEUs
- ▶ Supervisor Learning Collaborative (quarterly)- CEUs
- ▶ Drop-in TA for documentation (monthly)

## Cross-site sharing and project communication

- ▶ Active Basecamp message board
- ▶ Peer huddles by region (weekly)
- ▶ Supervisor meetings by region (monthly)

# Resources & Reporting

## Resources

- ▶ Program implementation guides, topic handouts
- ▶ Training recordings
- ▶ Promotional templates

## Documentation

Online database (RecoveryLink) tailored for PRIME+:

- ▶ Participant characteristics, peer services provided
- ▶ Outcomes: GPRA at intake and 6-month follow-up

## Evaluation

- ▶ Monthly site progress reports for ongoing monitoring
- ▶ Quarterly briefs highlighting site success stories
- ▶ Annual summary report, biannual report to funder



# Key Metrics

# Peer Services Participants



**3,417** PRIME+ peer services participants

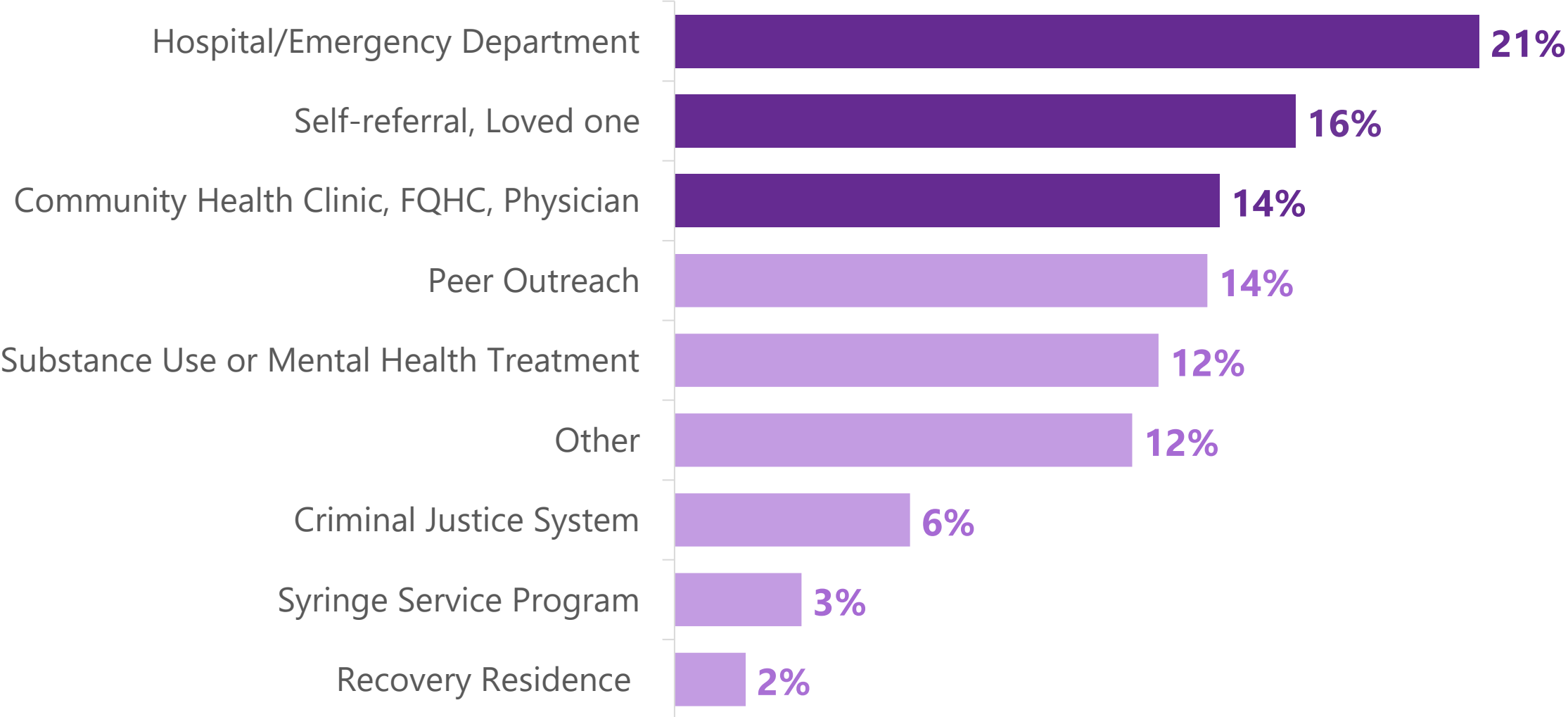


**51%** received three or more contacts from a peer



**20,256** total **participant contacts** with a peer

# Participant Referral Sources / Engagement Pathways



*Data from January 1, 2021, through Sept 30, 2022*



# Significant Changes from Intake to 6 Months\*



## **Days of illicit drug use in past 30 days**

Average days 8.7 at intake → 6.4 days at 6 months



## **Emergency visit for substance use in past 30 days**

Substance use visits: 22% at intake → 5% at 6 months



## **Currently employed**

37% at intake → 57% at 6 months



## **Ever had HIV test**

71% at intake → 87% at 6 months

# PRIME+ Program Successes

- ▶ Peers making changes in their communities
  - ▶ Partnerships with other agencies
  - ▶ Advocacy to build community support for harm reduction
- ▶ Direct peer outreach occurring
  - ▶ Harm reduction supplies distribution
  - ▶ Engagement with new participants
  - ▶ Visibility
- ▶ Statewide peer network built
  - ▶ Peer workforce professional development & cross-site support

# Lessons Learned

We recognize that there are voices and communities not reflected and it is critical to expand the reach and cultural agility of our work.

- ▶ **Save Lives Oregon / Salvando Vidas Oregon**
  - ▶ Single prescriber authorization important to support the ordering of naloxone which is a prescription medication
  - ▶ Community partnership with and expertise of the diverse harm reduction practitioners is critical to expand reach and equitable access to harm reduction across the state
  - ▶ We have been able to leverage naloxone ordering experience to support other entities to develop materials and order naloxone
  - ▶ The project structure is flexible enough to expand to more entities if there is funding available
- ▶ **PRIME+**
  - ▶ Piloting PRIME+ allowed for evaluating, learning and understanding infrastructure and support needs prior to scaling
  - ▶ Common services data collection system has been critical to track, evaluate and improve peer services
  - ▶ Adequate state infrastructure critical to support to peers to maintain their own recovery, expand professional skills, share learnings and maintain fidelity to the program approach
  - ▶ The state-level team can support resolving system barriers, advocate and provide support to sites in developing partnerships and responding to community concerns

# Alignment with Principles, Reports and Plans

## Johns Hopkins Principles for the Use of Funds from the Opioid Litigation

Principles 1 to 3: Spend the money to save lives, Use Evidence to Guide Spending and Focus on Racial Equity

## CDC Evidence-Based Strategies for Preventing Opioid Overdose: What's working in the United States

Supports targeted naloxone distribution and naloxone distribution from treatment programs and criminal justice settings

## Oregon Substance Use Disorder Services Inventory and Gap Analysis: *Estimating the need and capacity for services in Oregon across the continuum of care*

Identified encounter and service gaps for naloxone distribution, and recommended investment in harm reduction and syringe service programs

## Oregon Alcohol and Drug Policy Commission (ADPC) 2020-2025 Statewide Strategic Plan

Increase ability to maximize and expand current effective recovery support, interventions, and harm reduction strategies while strategically targeting areas for new service development.

Note: OHA's [Healthier Together Oregon](#) defers to the ADPC 2020-2025 Statewide Strategic Plan

# Questions & Discussion



## Contact Information

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# Extra Slides



# Additional Information & Resources

- [SAMHSA What We Do and How We Do It](#)
- [Save Lives / Salvando Vidas Oregon](#)
- [NASADAD 2017-2020 Fact Sheet on Oregon's STR-SOR grant](#)
- [SAMHSA Advisory Peer Support Services in Crisis Care \(June 2022\)](#)
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# Additional Information & Resources

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