

Johnson County Opioid Funds

BOCC Committee of the Whole

Presented by:

Julie Karins and Mike Brouwer - CMO

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Steve Howe - DA

Laura Brewer - DCA

Chief Scott Sare - Med-Act

Captain Doug Wade - SHR

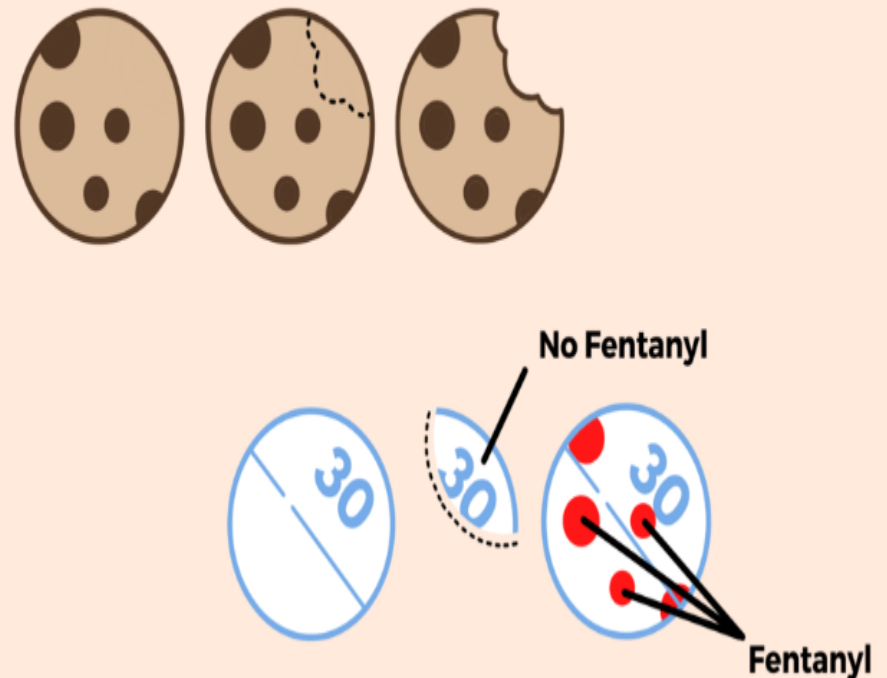
February 1, 2024

Fentanyl's Lethality

- 2023: DEA seized more than 78 million Fentanyl-laced counterfeit pills in the U.S. = 389 million lethal doses
- 2024: DEA has seized roughly 500,000 Fentanyl-laced counterfeit pills in the U.S. = 11 million lethal doses

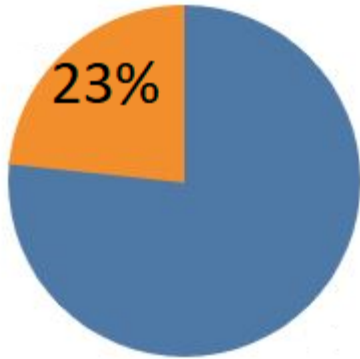


The Chocolate Chip Cookie Effect

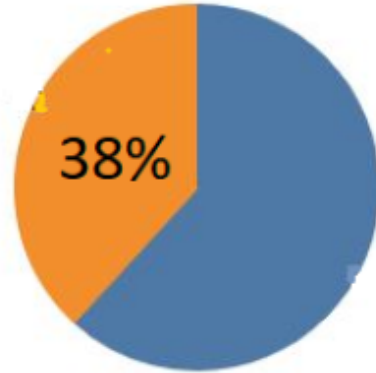


Growing Threat of Opioid Abuse

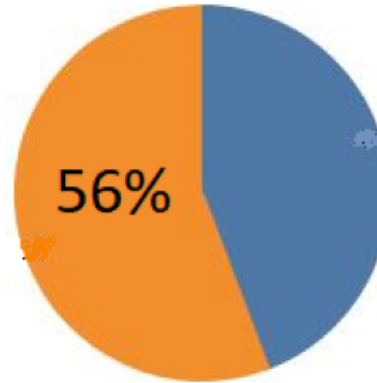
• 2020:



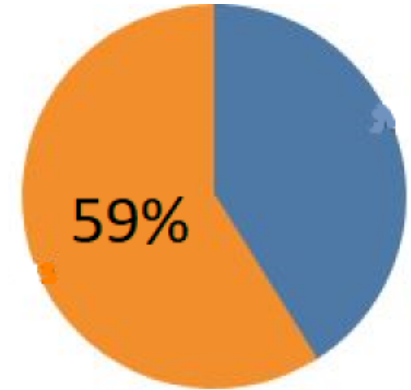
2021:



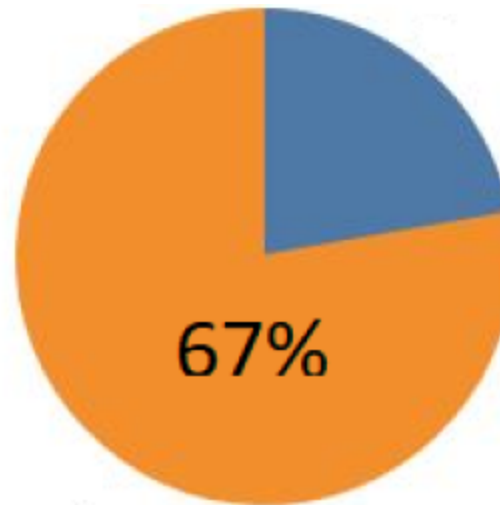
2022:



2023:



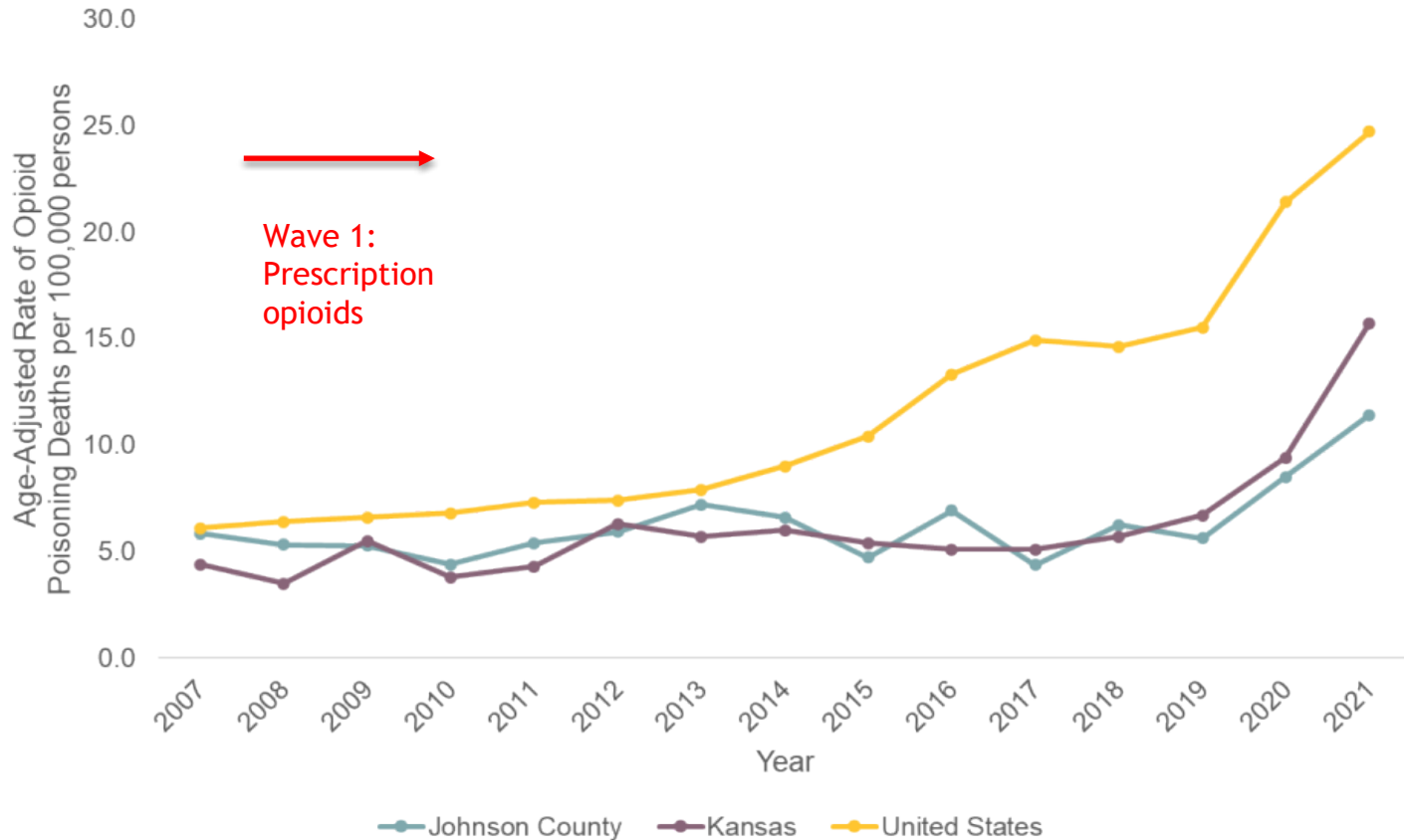
2024:



- 2021: 106,699 OD Deaths
80,411 from Opioids
75% of all OD Deaths
88% Synthetic Opioids

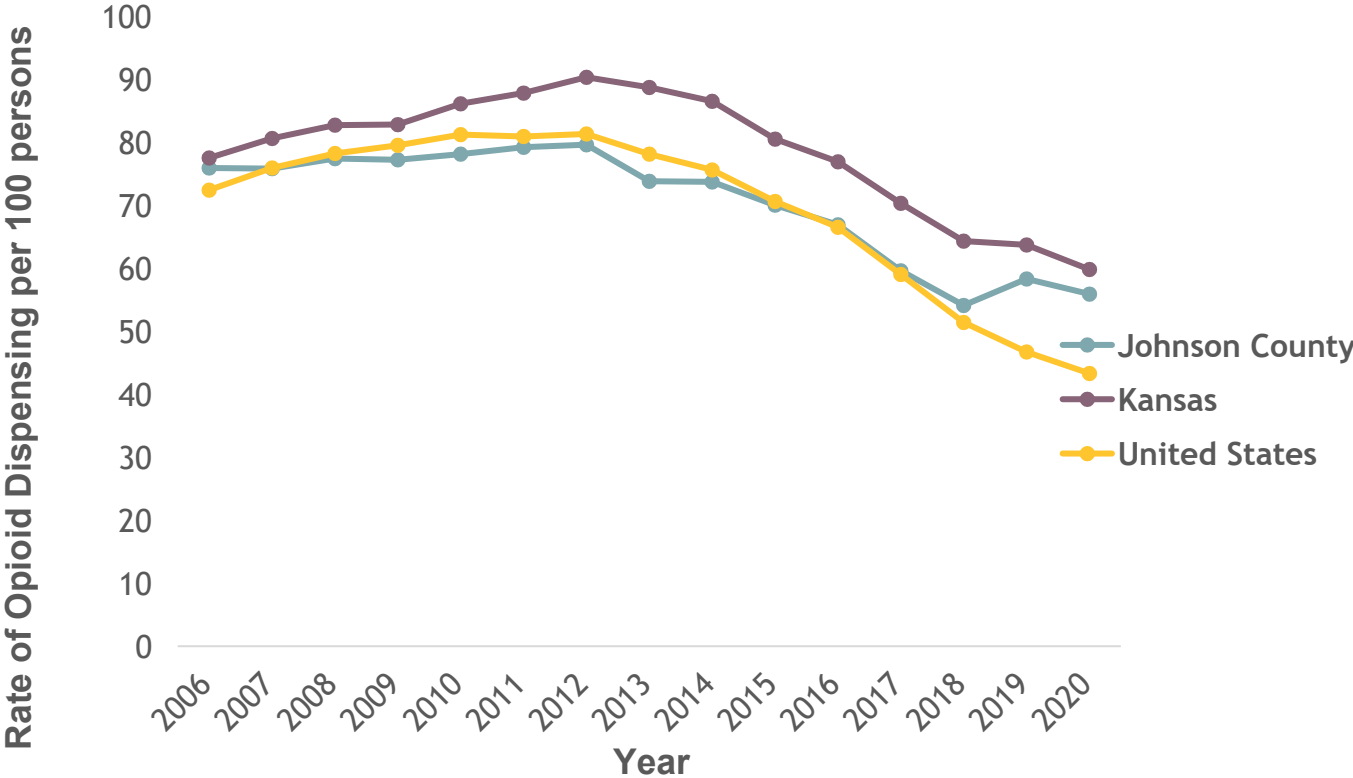
Opioid Data from the Adolescent Center for Treatment- Joco Mental Health

Opioid Poisoning Death Rate: 2007-2021



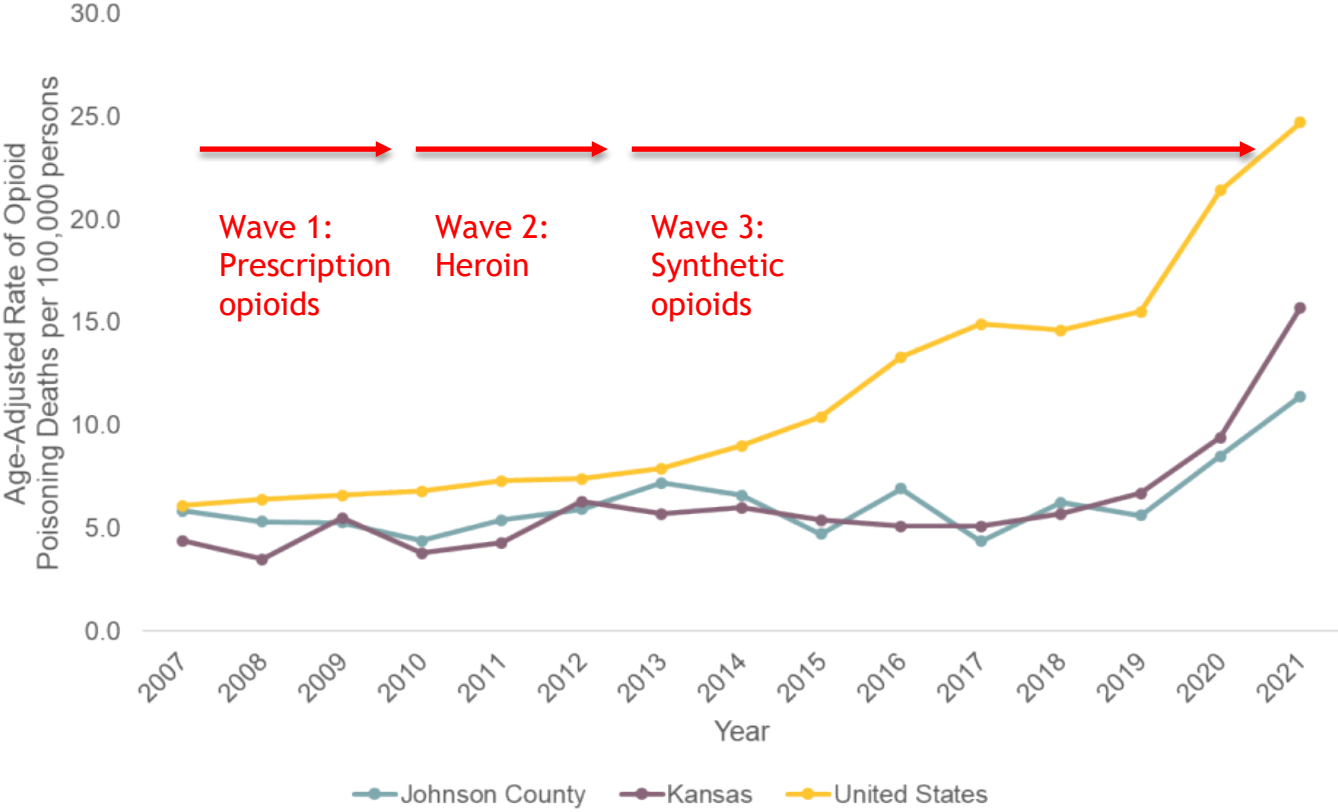
Source – Johnson County Vital Records, received from the Kansas Department of Health and Environment (KDHE)'s Office of Vital Statistics, and Kaiser Family Foundation, received from National Vital Statistics System Mortality File. Prepared by the Epidemiology Division of the Johnson County Department of Health and Environment, September 2023.

Opioid Dispensing Rate (2006-2020)



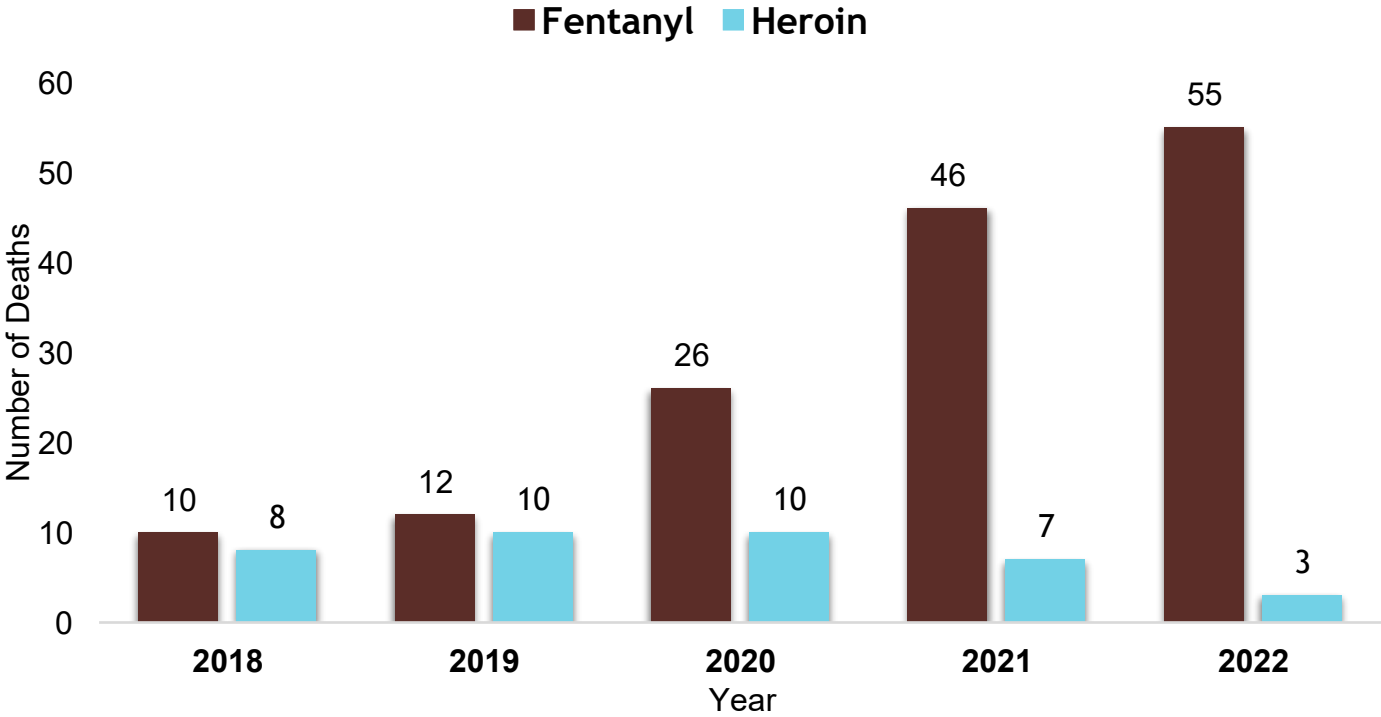
Source – Center for Disease Control (CDC)'s U.S. Opioid Dispensing Rate Maps. Prepared by the Epidemiology Division of the Johnson County Department of Health and Environment, September 2023.

Opioid Poisoning Death Rate: 2007-2021



Source – Johnson County Vital Records, received from the Kansas Department of Health and Environment (KDHE)'s Office of Vital Statistics, and Kaiser Family Foundation, received from National Vital Statistics System Mortality File. Prepared by the Epidemiology Division of the Johnson County Department of Health and Environment, September 2023.

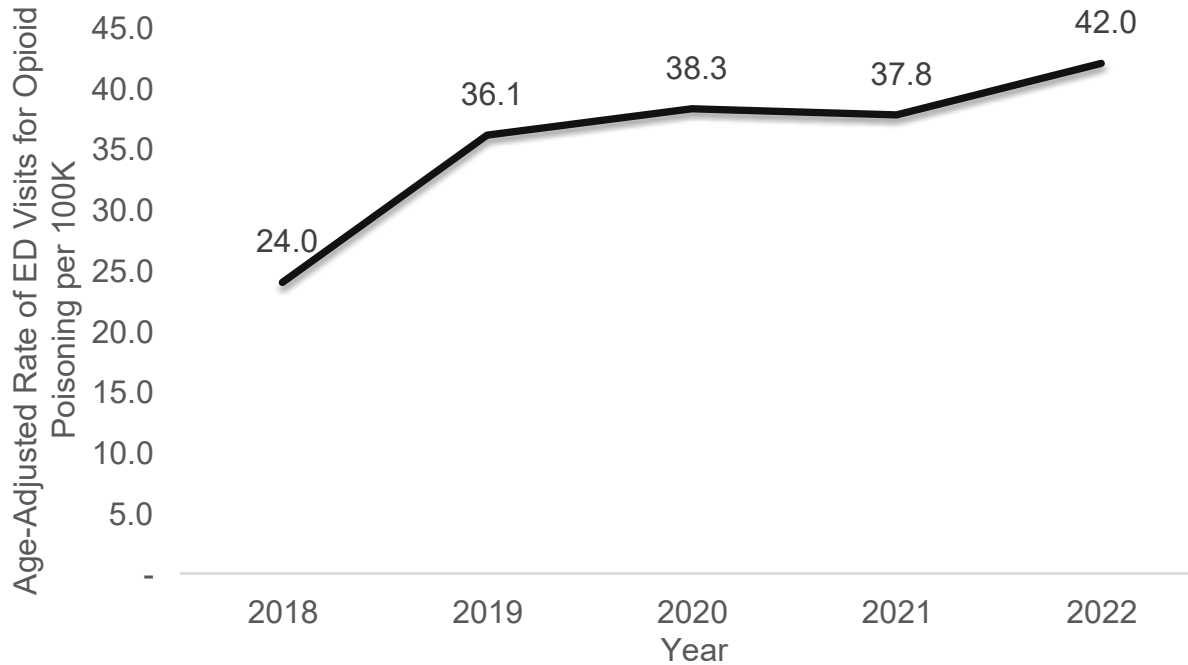
Fentanyl-related Opioid Poisoning Deaths (2018-2022), Johnson County



Source – Johnson County Vital Records, received from the Kansas Department of Health and Environment (KDHE)’s Office of Vital Statistics, and Kaiser Family Foundation, received from National Vital Statistics System Mortality File. Prepared by the Epidemiology Division of the Johnson County Department of Health and Environment, September 2023.

Fentanyl-related deaths prior to 2017 and heroin-related deaths prior to 2018 are suppressed due to low totals.

Rate of Emergency Department Visits for Opioid Poisoning (2018-2022), Johnson County



Source – National Syndromic Surveillance Program's (NSSP) Electronic Surveillance System (ESSENCE). Prepared by the Epidemiology Division of the Johnson County Department of Health and Environment, September 2023.

Opioid Timeline

- 2019
 - BOCC authorized the retention of a special counsel to file a lawsuit to recover damages sustained by Johnson County.
- 2021
 - Kansas Legislature enacted the Kansas Fights Addiction Act
- 2021
 - BOCC joined into a Memorandum of Understanding (MOU) with the Kansas AG, the League of Municipalities, and the Kansas Association of Counties establishing the framework and formula for the distribution of settlement funds received from the opioid litigation to the State of Kansas, counties, and cities.

Opioid Remediation Uses - Core Strategies

Source: Opioid Settlement Agreement

- Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses
- Medication-Assisted Treatment (MAT) Distribution and Other Opioid Treatment
- Pregnant & Postpartum Women
- Expanding Treatment for Neonatal Abstinence Syndrome (NAS)
- Expansion of Warm Hand-Off Programs and Recovery Services
- Treatment for Incarcerated Population
- Prevention Programs
- Expanding Syringe Service Programs
- Evidence-Based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State.

Treatment Strategies that Can Help Address the Dangers of Opioid Addiction

- Efforts to de-stigmatize addiction and treatment
 - Education and public awareness
- Increasing access to evidence-based treatment
 - Reimbursement, insurance coverage, number of treatment programs
- Expanding medication assisted treatment
 - (suboxone, naltrexone, methadone)
 - Number of providers willing to treat and provide these medications
- Increased psychosocial and recovery support
 - Counseling, mental health, family involvement, monitoring services for extended periods of treatment
- Ongoing research to evaluate current treatment strategies and help direct future care
- Increased availability and utilization of Naloxone to reduce the number of opioid related overdose deaths

Source - SAMHSA: Substance Abuse and Mental Health Services Administration

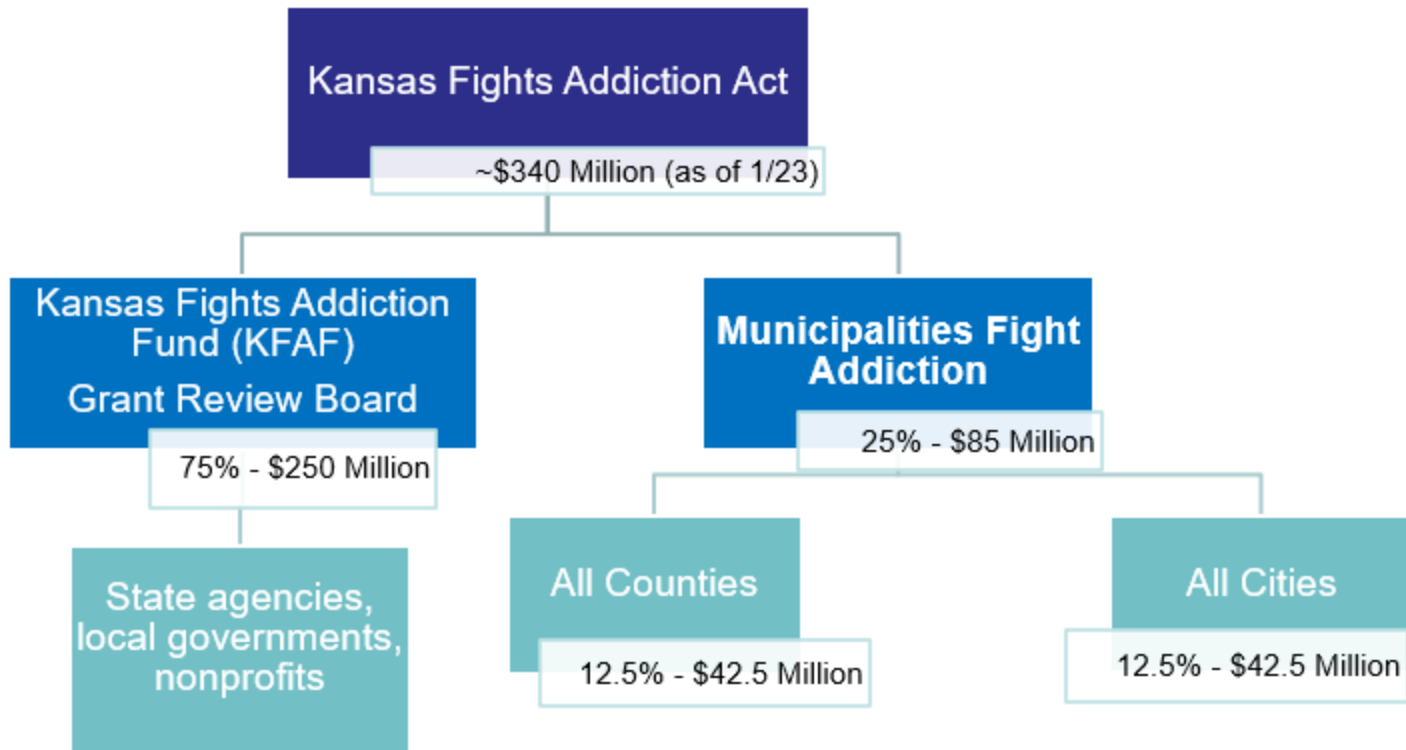
Opioid Remediation Uses - Approved Uses

Source: Opioid Settlement Agreement

- Treatment Opioid Use Disorder (OUD)
- Support People in Treatment and Recovery
- Connect People Who Need Help to the Help They Need (Connections to Care)
- Address the Needs of Criminal Justice-Involved Persons
- Address the Needs of Pregnant or Parenting Women and their Families, including Babies and Neonatal Abstinence Syndrome
- Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- Prevent Misuse of Opioids
- Prevent Overdose Deaths and Other Harms (Harms Reduction)
- First Responders
 - Education & Training
 - Wellness Support
- Leadership, Planning, and Coordination
 - Support efforts to provide leadership, planning, coordination, training and technical assistance.
- Training
 - To abate the opioid epidemic
- Research

Opioid Settlement Agreement

State and Local Funding



Opioid Settlement Agreement

State and Local Funding

- ***Kansas Fights Addiction Fund (KFAF):***
75%* of settlement held as special purpose funds
 - **Distributed by a statewide grant review board**
 - **Purpose of funds:**
 - Projects and activities that prevent, reduce, treat or mitigate the effects of substance use and addiction.
 - **Funds are to be allocated in each district**
 - **Eligibility**
 - Jurisdictions who opted-in to the settlement agreement, nonprofits, and state agencies can apply.
 - **Oversight and obligations for funds:**
 - Grantees must report annually
 - A.G.'s office is responsible for oversight/auditing
 - Grant Review Board must report annually on grants

Opioid Settlement Agreement

State and Local Funding

Municipalities Fight Addiction

- **25% of funds***: 12.5% to Counties, 12.5% to Cities^
- **Special Revenue Funds**
 - Distribution as funds become available, over up to 19 years
 - Settlement funds front-loaded
- **Local participation:**
 - Johnson County
 - Cities of Fairway, **Gardner**, **Leawood**, **Lenexa**, **Merriam**, **Mission**, Mission Hills, **Olathe**, **Overland Park**, **Prairie Village**, Roeland Park, **Shawnee**, Spring Hill, and Westwood

Opioid Settlement Funds

The current estimate is that Johnson County will receive \$10.1 million over 17 years.

- Anticipated Settlement Allotments - Smoothing
 - \$10.1M/17 years = \$600,000 annually
- Received \$113,560.43 in 2022
- Received \$1,526,755.75 in 2023
- Total amount received to date is \$1,640,316.18

Additional Funding Sources

- State of Kansas
 - Johnson County - District 3
 - Includes JoCo, Franklin, Miami, and Anderson
 - Kansas Fights Addiction Grants
 - Treatment Grant Awards
 - 35 Awards Issues (Statewide) - \$6,043,795
 - 14.70%/\$888,443 - District 3
 - Prevention Grant Awards
 - 24 Awards Issued (Statewide) - \$4,079,276
 - 22.44%/\$915,561.42 - District 3
 - JoCo Dept. Awards - (1) Mental Health - \$200,000

Additional Funding Sources - cont

- UCS
 - OSF Grants
 - 10th District Judicial Court - \$20,000,
 - JoCo Corrections: Voucher + Treatment - \$100,000,
Mental Health - \$151,095
 - » **Total Award \$271,095**



JOHNSON COUNTY
PREVENTION AND
RECOVERY COALITION

Johnson County Prevention and Recovery Coalition

Strategic Prevention Framework

- Utilizing an evidence-based process, called strategic prevention framework, for coalition building.
- The Strategic Prevention Framework is an ongoing process created to guide coalitions to plan, implement and evaluate prevention efforts for their communities.
- The entire process is continuous and flowing, every step is vital to the overarching goals of the coalition.

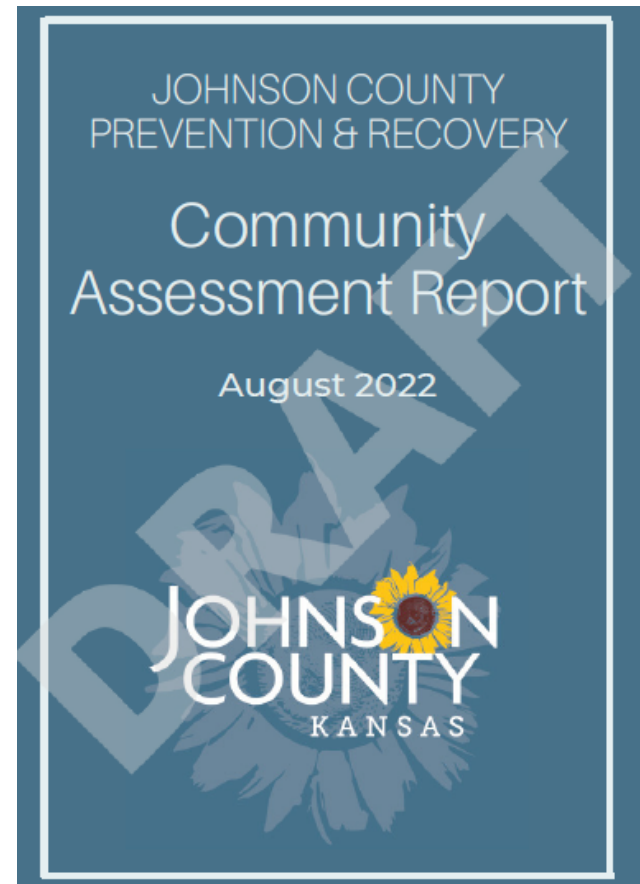


Assessment

- Profile the population needs, resources & readiness to address needs & gaps

Community Assessment:

1. define and describe the community
2. Collect needs and resource data
3. Conduct a Problem Analysis for each substance
4. Create a logic model for each substance
5. Update community assessment as needed



Capacity Building

- Mobilize and/or build capacity to address needs

Build coalition capacity

1. Build coalition membership
2. Develop coalition structure
3. Cultivate leadership
4. Identify training opportunities

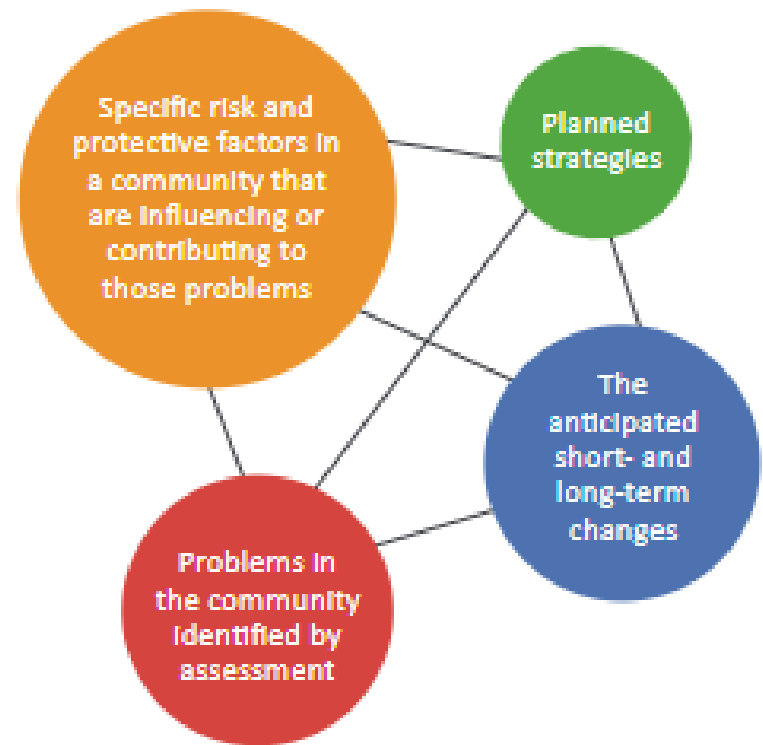


Planning

- Develop a comprehensive strategic plan to elicit change through partnership & outreach

Strategic and action planning

1. Create a vision and mission
2. Write SMART objectives
3. Plan comprehensive strategies for prioritized local condition(s)
4. Develop action plans for local condition and strategies



Implementation

- Implement evidence-based prevention programs & activities with fidelity

Implementation

1. Prioritize strategies and action plans
2. Obtain resources
3. Implement action plans
4. Ensure implementation fidelity



Previous Board Items

- Appropriation
 - \$100,000 annually to the JoCo Recovery and Prevention Coalition to forward their efforts
 - \$100,000 annually to UCS to fund grant opportunities in the region
- Opened a special budget process for allocation of the FY 2024 allocation
- Moving forward will be programmed as part of the annual budget process

Department Requests

District Attorney

District Court

Department of Health & Environment

Johnson County MED-ACT

Johnson County Sheriff

DAT - Juvenile Diversion Officer

Strategy: PREVENTION PROGRAMS

- Request - \$36,250 (Starting June 1, 2024)
 - Cover the cost of modifying our current 0.5 FTE Juvenile Diversion Officer to 1.0 FTE with benefits.
 - Current caseload is mental health diversion.
 - Additional caseload will be drug-related offenses.
 - Oftentimes, clients have co-occurring Substance Use Disorder/Mental Health conditions. Diversion officers work with providers and clients to find the correct support for them including case management services, treatment providers and psychiatrists or medication management.
 - Having a diversion officer who is assigned both mental health and substance abuse cases can provide for a more consistent and effective approach in these dual diagnosis cases.
 - Funds to cover shortfall of current drug court diversion officer's salary for 2024.
 - Currently funded by UCS ATF grant.
 - We were again awarded this grant but at the 2023 level, which does not fully cover the salary of this position after receiving her 4% merit increase.

DCA - Adult Drug Court

Strategy: EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES & TREATMENT FOR INCARCERATED POPULATION

Total Request - \$53, 200

- Urinalysis Testing - \$44,500
 - Will be used in addition to \$20,000 already received from ATF Grant Funding.
 - Best practice requires testing frequency of a minimum of 2 times weekly, dependent upon phase.
 - Frequency of testing creates a substantial financial barrier for program participants.
 - Cost per urinalysis test is \$21.50.
 - Subsidized testing reduces technical violations due to failure to test.
- Training - \$7,500
 - All Rise 2024 will take place in Anaheim, California, May 22-25 and will include up to 7,000 treatment court professionals.
- Incentives - \$1,200
 - Incentives are delivered in alignment with best practice standards to enhance adherence to programmatic goals.

DHE - Improve Opioid Testing and Data Infrastructure

Strategy: EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

- **To better identify opioids responsible for non-fatal and fatal overdoses, the approach to testing surveillance and data collection needs to improve**
- **Proposal aims to establish both testing and data infrastructure to appropriately poise Johnson County for opioid overdose surveillance for current as well as future needs:**
 - Expand testing capability for suspected overdose cases in the Medical Examiner’s Office (MEO)
 - Partner with hospitals to test de-identified non-fatal overdose specimens for enhanced opioid surveillance
- **To reduce opioid misuse and overdoses and make data-informed decisions to improve health outcomes in Johnson County, we propose the following components to meet SAMHSA Strategic Prevention Framework**
 - **Assessment:** Identify causative drug agents (data collection)
 - **Capacity:** MEO and local hospitals resources (community partnership)
 - **Planning:** Non-fatal opioid pilot program (agile testing technology to adapt current/future needs)
 - **Implementation:** Produce and share data to inform action plans (Evidence-based prevention)
 - **Evaluation:** Data gap-analysis and process improvement
- **Opioid testing data will be used to support the Opioid Misuse and Overdose Prevention aim of the Johnson County Department of Health and Environment’s Community Health Improvement Plan (CHIP)**
- **Cost (Total = \$57,548):** \$45,000 (one-time for consultation and equipment); \$12,548 (ongoing supplies/materials and maintenance)

MED-ACT

Strategy: NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES & MEDICATION-ASSISTED TREATMENT ("MAT") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

Request - \$113,577.26

- MED-ACT will use our newly formed Community Health Paramedic (CHP) program, in addition to our 911 ambulances, to help support the community response to the opioid crisis.
 - The CHP program will identify persons who have recently overdosed, typically within 24-72 hours of the overdose, to provide support, education, and connections to needed resources (i.e., naloxone, wrap-around services).
 - Funds allocated through this program:
 - Will be used to purchase naloxone (Narcan)
 - For emergency response, leave behind kits, and community education
 - Follow-up assessment equipment and supplies
 - Training for CHP and MED-ACT first responders

Sheriff

Strategy: NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

- Narcan – (3 per staff) \$ 86,700.00
 - Enough for all first responders to carry Narcan
- Narcan holders (578) \$ 11,560.00
 - Enough for all first responders to have a holder with gloves
- Mail Scanners (2) \$235,426.00
 - One for each jail facility for drug detection
- PAPRS-respirators (2) \$ 7,799.94
 - One for each jail facility in case of drug detection.
- Face Shields-1 way valve mask (578) \$ 6,638.22
 - Enough for all first responders to have one for overdose aid
- Down Draft table (2) \$ 31,731.00
 - One for each facility. Mitigates exposure risk if contraband is detected.

- Total \$379,855.16

Board Direction - Next Steps