



Oregon
 Multnomah County Health Department
 Peer-Driven Approach to Address Opioid Use Disorder Among
 Justice-Involved Individuals in Multnomah County

10/01/19 Grant Start → 09/30/22 Grant End

Overview

Multnomah County is Oregon’s smallest county, geographically, but its most populous (19 percent of the state population). For decades, Multnomah County has been on the front lines of the national opioid epidemic: it was the site of the third syringe exchange program launched in the country (1989), was known for high rates of heroin use in the 1990s, and was estimated to have the nation’s highest rate of nonmedical use of prescription painkillers in 2012. Multnomah County’s fatal opioid overdose rate reached its peak far earlier than the country as a whole.

During 2006 to 2008, 15 opioid-related deaths were occurring per 100,000 of the county’s population. Current national trends, like the flood of fentanyl into the illicit opioid market, are occurring locally: in 2017, almost half (47 percent) of Oregon’s fatal fentanyl overdoses took place in Multnomah County. An analysis of the county’s largest Medicaid provider network found that opioid use was the most frequent primary diagnosis for substance

use disorder (SUD) treatment (40 percent of all claims). Multnomah County experiences high rates of people needing but not receiving treatment for illicit drug use, including opioids, ranking in the 97th percentile of all substate regions in the country.

Grant Focus

- Expand jail-based treatment and effective reentry programs.
- Expand peer support services and recovery housing.
- Build capacity in underserved regions impacted by the opioid epidemic.
- Educate public safety and criminal justice stakeholders about substance abuse.

Program Approach

The peer-driven approach to address opioid use disorders (OUDs) in Multnomah County involves the following components:

- Law enforcement agencies will provide support in identifying individuals in need of substance abuse treatment services and connecting them to treatment services. An OUD corrections counselor and peer recovery mentors will be placed in booking and potentially at other critical points along the Sequential Intercept Model. They will identify persons in need of OUD treatment and assist them in engaging with recovery programs offering medication-supported recovery. The project also will provide direct client supports, such as emergency housing, assistance obtaining identification documents, and transportation.
- Persons identified with an OUD by the corrections counselor who are released from booking on their own recognizance will be connected to peer recovery mentors immediately. Anyone identified by the corrections counselor and housed in jail will be referred to Corrections Health as a potential candidate for medication-assisted treatment (MAT) and connected with peer recovery mentors upon release from jail.
- The program will connect individuals at risk for overdose and/or survivors of a nonfatal overdose and their families with substance abuse and behavioral health treatment providers or peer recovery support providers trained in addiction support and recovery.
- Transitional/emergency housing will be offered, as well as emergency housing for unstably housed individuals referred to treatment by the corrections counselor.
- A comprehensive plan will be implemented to reduce the risk of overdose death and enhance treatment and recovery service provision among pre-trial and post-trial populations leaving jails.
- The project involves delivery of MAT via referral and linkage to community-based treatment providers; main intervention will occur in booking for individuals released on their own recognizance. Peer recovery

mentors will be able to link identified individuals to MAT within one business day.

- Expected impacts of the program include (1) increased cross-system collaboration, resulting in reduced system burden; (2) increased access, engagement, and retention in treatment services for those with OUD; (3) reduced recidivism for those experiencing OUD; and (4) overall reduction of community opioid misuse and related overdoses and fatalities.
- Long-term outcomes will include reduced opioid-related overdoses and fatalities, increased access to SUD treatment, and reduced recidivism.
- Research findings will be disseminated broadly at local, state, and national levels through publications, briefs, and presentations at targeted national opioid and other public health/safety conferences.

Project Partners

- Multnomah County Sheriff's Office
- Mental Health and Addictions Association of Oregon
- Corrections Health
- Cascadia Whole Health Care
- Central City Concern
- CODA
- The Multnomah County Local Public Safety Coordinating Council

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