Menu of Evidence-Based Strategies (ORCCA)
(including examples)

The ORCCA menu has three "buckets" of strategies, and breaks down each bucket into more specific categories, some of which we have to do, some we can choose to do. We have to pick strategies in at least three sectors: healthcare, behavioral health, and criminal justice.

Overdose Education and Naloxone Distribution (OEND)		
We must choose and implement at least one strategy from EACH category marked with an asterisk (*).		
Categories	**Examples**	**Sample Metrics**
ACTIVE direct distribution to at-risk individuals and their social networks* (required)	● Targeted distribution following overdose event ● Distribution to syringe service program clients ● Distribution to individuals being released from the jail ● Secondary distribution of naloxone through peers	● Number of kits distributed by various providers ● Number of kits distributed to people released from jail ● Number of individuals trained in using naloxone
PASSIVE distribution by referral to an Opioid Overdose Prevention Program (OOPP) or pharmacy	● Service provider "referring" a patient to FCCS for training and a naloxone kit	● Number of referrals made ● Number of kits distributed via referral
PASSIVE distribution by self-request for a kit/training (pharmacy or community)	● Someone using the new SCBHCC online Narcan training ● Someone requesting Narcan through NextDistro	● Number of requests for kits/training ● Number of kits distributed
PASSIVE distribution by making naloxone available for immediate use at hotspots	● Installing Narcan Mailboxes or NaloxBoxes for emergency use	● Number of kits distributed ● Number of boxes installed ● Number of boxes refilled
Increasing capacity for first responder administration	● Law enforcement/ ENT administration	● # of does administered by law enforcement / ENT

Medication for Opioid Use Disorder (MOUD)

We must choose and implement at least one strategy from EACH category marked with an asterisk (*).

Categories	Examples	Sample Metrics
Expand MOUD Treatment Availability* (required) ● *Adding/expanding treatment in primary care, other general medical and behavioral/ mental health settings and in specialty addiction/ substance use disorder treatment settings and recovery programs)* ● *Adding/expanding MOUD treatment in Criminal Justice settings* ● *Expanding access to MOUD treatment through telemedicine, interim buprenorphine or methadone, or medication units*	● Increasing the number of primary care doctors who prescribe buprenorphine ● Making methadone available locally	● Number of individuals receiving prescribed MOUD (each type) ● Proportion of people in treatment for OUD who are on MOUD ● Number of provides with DATA 2000 waiver ● Number of providers who prescribe MOUD (each type) ● Number of providers at 100 patient limit ● Number of providers at 275 patient limit ● Number of individuals released from prison linked to MOUD within 14 days ● Number of individuals provided MOUD while in jail ● Number of MOUD inductions prior to release from jail or prison
Interventions to Link to MOUD* (required) ● *Linkage programs in all relevant settings* ● *Bridging MOUD medications as Linkage Adjunct*	● Bridge clinics/bridge prescriptions at ED ● Outreach navigation	● Number of individuals linked to MOUD after an overdose ● Number of individuals linked to MOUD after opioid-related ED visit ● Number of individuals provided MOUD while in jail ● Number of MOUD inductions prior to release from jail or prison
Engaging and Retaining Patients in MOUD Treatment* (required) ● *Enhancement of clinical delivery approaches that support engagement and retention* ● *Use of virtual retention approaches* ● *Utilize retention care coordinators* ● *Mental health and polysubstance use treatment integrated into MOUD care* ● *Reducing barriers to housing, transportation, childcare and accessing other community benefits for people with OUD*	● Removing SDOH barriers (e.g. transportation, housing) ● Removing treatment barriers (e.g. offering more MOUD options, offering telehealth, removing co-requisite counseling) ● Offering integrated medical or mental health care with MOUD treatment ● Hiring retention care coordinators	● Number of individuals with OUD receiving behavioral health treatment ● Number of individuals receiving MOUD for more than 6 months ● Person-months in MOUD

Safer Prescribing, Dispensing, and Disposal of Opioids

*We must choose and implement **at least one strategy from ANY category marked with an asterisk** (*).*

Categories	Examples	Sample Metrics
Prescribing for acute pain*	• Inpatient services • ED/urgent care • Dental clinics	• Number of individuals starting opioid treatment with extended-release or long-acting opioid • Rate of high-risk opioid prescribing • Rate of high-dose opioid prescribing • Number of acute opioid prescriptions limited to 7-day supply • Number of individuals with opioid prescriptions at multiple pharmacies
Prescribing for chronic pain*	• Adherence to CDC guidelines • Patient-centered opioid tapering	• Number of individuals starting opioid treatment with extended-release or long-acting opioid • Rate of high-risk opioid prescribing • Rate of high-dose opioid prescribing • Number of acute opioid prescriptions limited to 7-day supply • Number of individuals with opioid prescriptions at multiple pharmacies
Pharmacy dispensing practices*	• Training for pharmacists • Pharmacists educating patients at time of dispensing	• Proportion of opioid prescriptions filled with naloxone co-dispensed
Opioid disposal/take back	• Disposal kiosks • Deterra Bags	• Number of kiosks • Disposal weights • Number of Deterra Bags distributed

08/15/2022