



## Proposed Approach for Allocation of Cumberland County's Opioid Settlement Funds

### Overview

Substance Use Disorder is an ongoing, urgent public health issue in the United States, Maine and in Cumberland County. In 2022, drug overdoses in Maine totaled 10,110 with 716 resulting in death, the highest ever recorded and the 9th highest overdose death rate in the U.S.<sup>1 2</sup> Of those deaths, 134 were people in Cumberland County, the highest number of overdose deaths on record in the county and the highest of any county in Maine over a one-year period. Children, families, and communities have also been impacted. In 2019, there were 16,288 children involved in an investigation of maltreatment by the State of Maine with 1,232 entering the foster care system.<sup>3</sup> Substance Use continues to be a key risk factor in over 50% of all child removals in Maine.<sup>4</sup> Since 2009 there has been a significant reduction in prescription drug misuse among high school students in Cumberland County, yet in 2019, 5% still reported misusing prescription drugs in the past month. At the same time, there has been a significant increase in the number of high school students reporting symptoms of depression, anxiety, and thoughts of suicide.<sup>5</sup>

### Opioid Settlement Funds

Maine's opioid settlement funds are divided into three allocations. Fifty percent is allocated to the Maine Opioid Recovery Council, 30% is allocated to the subdivisions, which include counties and some towns, and 20% is allocated to the Attorney General's office. Cumberland County Government has begun receiving direct payments from several Opioid Settlements and will continue to receive payments for the next 18 years. As of June 2023, there are two finalized settlement payment structures and several others established but not yet finalized. Currently, the County has a balance of \$317,000 from the Opioid Settlement payments. Each year, the total payment amount will fluctuate but the County expects to receive an average of \$211,260 annually. All subdivision recipients of the opioid settlement funds in Maine must spend the money on approved uses for opioid abatement identified in the [Opioid Settlement MOU](#).

### Guiding principles for Use of Opioid Settlement Funds

The Johns Hopkins Bloomberg School of Public Health created [Guiding Principles for the Use of Funds From the Opioid Litigation](#) that the state of Maine and many other states are using to support their work to spend the money. Those principles include:

1. Spend money to save lives
2. Use evidence to guide spending
3. Invest in youth prevention
4. Focus on racial equity
5. Develop a fair and transparent process for deciding where to spend the funding

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<sup>1</sup> <https://mainedrugdata.org/july-2023-monthly-overdose-report/>

<sup>2</sup> [https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)

<sup>3</sup> <https://www.casey.org/media/maine-fact-sheet-2021.pdf>

<sup>4</sup> <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Child%20Welfare%202022%20Annual%20Report%20FINAL.pdf>

<sup>5</sup> <https://www.maine.gov/miyhs/2019-results>

## **Proposed Process for Spending Cumberland County's Opioid Settlement Funds**

To live up to the principles outlined above, the Public Health Department proposes to use the following process for spending the opioid settlement funds:

Conduct an assessment: Every 3-5 years, the Cumberland County Public Health Department will conduct an assessment that includes collecting up-to-date data on the problem, identifying current efforts and understanding challenges and gaps in efforts. The assessment will include a survey, focus groups, and/or key informant interviews of people across the County who are working to address the problem and who are directly impacted.

Create an Action Plan: From the assessment, the Public Health Department, led by the Public Health Director with support from the Behavioral Public Health Manager and the Substance Use Prevention Team Lead, will create an action plan for addressing the identified gaps. Some of the strategies will be implemented by the Public Health Department or other departments within the County as appropriate. When outside organizations or direct community engagement is required to address a gap, the Public Health Department will ensure there is a fair process for determining the use and recipient of the funds.

Budgeting: Once an Action Plan is created, the Public Health Department will create a budget to be shared with Commissioners. In the first few years, a 1-year budget will be provided to the Commissioners. In subsequent years as the process becomes clearer and more routine, a 2- or 3-year budget could be provided.

RFP process: As necessary, the Public Health Department will administer a Request for Proposal (RFP) and contracting process. RFP reviewers will include PHD staff, staff from at least one organization working to address the opioid epidemic, at least one person with lived experience, and a staff person from a town that has opted to pool their opioid settlement funds with the County (if applicable).

Work in communities most impacted: The Public Health Department will prioritize strategies that are anticipated to have the largest effect on groups of people and communities that have been most impacted by the opioid problem. This includes people who currently use drugs, people involved in the criminal justice system because of substance use, communities with high overdose rates, children and families of people who use drugs or who have died from opioids, and people who have greater barriers to substance use treatment, recovery, and prevention resources (such as people who are black, indigenous, and people of color, unhoused, LGBTQ+, and/or live in poverty in rural areas).

Reporting: Each year, the Public Health Department will collect data on the efforts funded by opioid settlement funds. A report will be submitted to the state as required by the Opioid Settlement MOU and will be shared with the County Commissioners and the public.

## 2023-2027 Assessment and Action Plan:

### Assessment:

The community needs for addressing opioid use disorder (OUD) and substance use disorder (SUD) in Cumberland County over the next 3-5 years have been identified through several community engagement and research initiatives. The priority areas for investment, listed below, came directly from local stakeholders through the County Health Improvement Planning process in 2022, as well as a survey and an environmental scan to understand current efforts to prevent and address substance use disorder in Cumberland County. The Issue Brief, attached below, provides a more comprehensive overview of the assessment process and outcomes. The identified needs range from immediate, life-saving interventions, coordination, to building infrastructure and programming for long-term prevention and resiliency. As settlement dollars are allocated across Cumberland County, an opportunity exists to fill a critical need and coordinate efforts in ways that maximize impact and return on investment while simultaneously building critical community capacity to make a long-term impact on the problem.

Priority areas for investment over the next 3-5 years include:

Coordination	Interventions	Prevention
<ul style="list-style-type: none"> <li>● Support capacity building &amp; coordination of acute overdose response and follow up efforts</li> <li>● Support coordination of municipal opioid settlement spending</li> <li>● Support data collection, analysis, and sharing</li> </ul>	<ul style="list-style-type: none"> <li>● Support services for Housing First</li> <li>● Increase # of detox beds</li> <li>● Invest in innovations in treatment</li> <li>● Increase youth treatment options</li> <li>● Coordination of SUD services</li> </ul>	<ul style="list-style-type: none"> <li>● Facilitate community-led process for Building Community Resilience</li> <li>● Invest in whole family, two generation programming</li> <li>● Increase early interventions for youth &amp; families impacted by OUD and SUD</li> </ul>

**Coordination.** Lack of coordination is widely identified by Cumberland County stakeholders in addressing OUD and SUD as well as broader behavioral health needs. While some coordination efforts currently exist (eg. Cumberland County Overdose Prevention Alliance, Greater Portland Addiction Collaborative, Cumberland County Prevention Providers Meeting), they tend to be targeted to one part of the continuum of efforts and often have a focus in or around Greater Portland. Additionally, organizations serving people with OUD and SUD often lack funding, resources and capacity to do community-level assessments and planning, collect and share community-level data, and create and execute evaluations that measure the impact of all the efforts happening in Cumberland County. Therefore, a key opportunity exists to fund coordination efforts, including but not limited to regional strategies that involve multiple municipalities, intentional outreach and engagement of rural, marginalized, and disproportionately impacted populations, and identifying shared metrics and data sharing systems for assessment, accountability and measuring impact. The Cumberland County Public Health Department is well positioned to take on this responsibility, to coordinate with other ongoing efforts, and fill this critical need in the community.

Coordination Goal: Provide leadership and coordination of OUD and SUD-related efforts across Cumberland County through the Behavioral Public Health Manager Position.

**Interventions.** Interventions generally refer to evidence-based practices that meet the treatment, recovery and/or social needs of people with OUD and SUD. The intervention gaps listed in the table above were identified from the best available local data and stakeholder input. As funding changes over the next few years, new gaps may emerge that will be taken into consideration. This may include changes in funding for Medications to Assist with Treatment and re-entry support services at the County jail. To fill current and future gaps, the Public Health Department will use the best available data on community strengths and gaps, work with other County Departments to identify interventions that could improve outcomes for people involved in the criminal justice system, and then undergo a Request for Proposal (RFP) and contracting process to create an efficient and transparent mechanism that funds community-based interventions.

Intervention Goal: Provide financial support to address critical community-identified needs of people who currently use drugs, are involved in the criminal justice system and/or are in treatment or recovery for OUD and SUD.

**Prevention.** Prevention refers to a set of strategies and practices that aims to prevent the initiation of substance use as well as reduce problematic use that can cause harm and the development of substance use disorders. While the long-term health and resiliency of Cumberland County relies largely on competent prevention efforts, prevention has been woefully underfunded and often focused on education, which is necessary but not sufficient. When the root causes of OUD and SUD and its impact on the community are not adequately addressed, a cycle of community trauma, poor health, and economic strain is perpetuated. The opioid settlement funds represent a major opportunity to invest in young people, families and communities that have been most impacted by the opioid epidemic to prevent future cycles of OUD and SUD.

Prevention Goal: Facilitate and fund community-led processes with young people, families, and communities most impacted by the opioid epidemic to identify and implement early interventions and community-specific resilience building strategies.

## **2023-2027 Action Plan**

### Coordination

*Goal 1:* Provide leadership and coordination of OUD and SUD-related efforts across Cumberland County through the Behavioral Public Health Manager Position.

*Strategy 1a:* Build a systems map of current harm reduction, connections to care, treatment, and recovery programs and efforts across Cumberland County.

*Strategy 1b:* Coordinate opioid settlement funded activities and provide ongoing technical assistance to municipalities, as needed.

*Strategy 1c:* Conduct intentional outreach and engagement with people who have been most impacted by the opioid epidemic, such as people living in rural areas, people involved in the criminal justice system, and other disproportionately impacted groups.

*Strategy 1d:* Identify shared metrics and data sharing systems for both ensuring accountability and measuring impact.

Interventions

*Goal 2:* Provide financial support to address critical community-identified needs of people who currently use drugs, are involved in the criminal justice system and/or are in treatment or recovery for OUD and SUD.

*Strategy 2a:* Collaborate with other County Departments (such as the Cumberland County Jail and District Attorney’s office) to identify any changes and gaps in funding for treatment and re-entry supports at the jail and any interventions that could improve outcomes for people with an OUD and SUD who are involved in the criminal justice system.

*Strategy 2b:* Develop and execute a Request for Proposal process to contract with community-based organizations to implement interventions that meet the other unmet needs.

*Strategy 2c:* Collect evaluation data on the interventions and expand effective programs.

Prevention

*Goal 3:* Facilitate and fund community-led processes with families and communities most impacted by the opioid epidemic to identify and implement early interventions and community-specific resilience building strategies.

*Strategy 3a:* Conduct intentional outreach and engagement with young people, families, and communities most impacted by the opioid epidemic to identify early interventions and efforts needed to improve the community conditions that put people at higher risk for OUD and SUD.

*Strategy 3b:* Identify and implement early interventions and community-specific resilience building strategies.

*Strategy 3c:* Work with the community to collect data and make improvements as needed.

**FY 2023-24 Funding Plan**

The budget below is for July 1, 2023-June 30, 2024

<b>Goal</b>	<b>Funding Use</b>	<b>Funding Amount</b>
Coordination	Behavioral Public Health Manager- 50% salary and program funds	\$65,000
Intervention	Contracts with external partners for interventions	\$70,000-\$90,000
Prevention	Early interventions and building community resilience for prevention	\$40,000-\$60,000
<b>Total FY 2024</b>		<b>\$175,000-\$212,000</b>



## Issue brief: Assessment of Efforts to Prevent and Address Substance Use Disorder in Cumberland County

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Spring, 2023

### Purpose

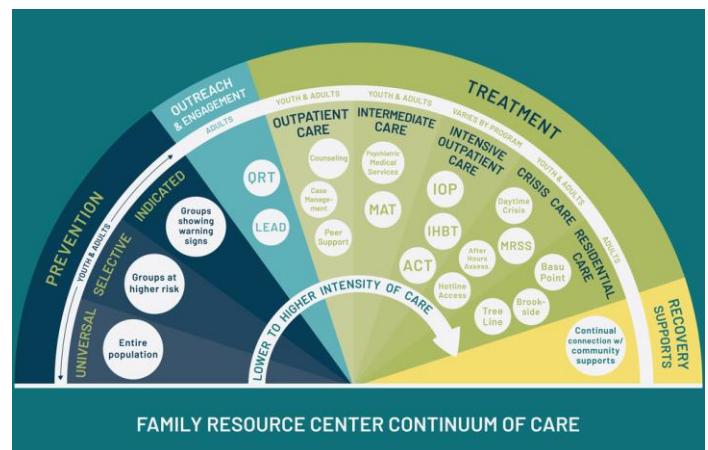
The purpose of this issue brief is to inform municipal administrators and the public on the current efforts and gaps in addressing Substance Use Disorder (SUD) in Cumberland County (The County). In turn, this information can be used, along with other data and resources, to make more informed decisions on how to allocate resources including, but not limited to, opioid settlement funds and in ways that address both short-term crises and long-term resiliency. Despite significant effort and resources over the past several years directed towards reducing SUD and its impacts in The County we have continued to observe new records for drug overdose deaths. Within this issue brief is a rapid assessment of current efforts in The County and perceived gaps.

### The Problem

Based on the most recent mortality report from the Maine CDC<sup>6</sup>, drug overdose deaths in 2022 represent the 5th leading cause of death in Maine, behind heart disease, cancer, unintentional injuries, and lower respiratory disease. In 2022, drug overdoses totaled 10,110 with 716<sup>7</sup> resulting in death, the highest ever recorded and the 9th highest overdose death rate in the U.S. (39.4 per 100,000)<sup>8</sup>. The County recorded 130 drug overdose deaths in 2022, the highest number of overdose deaths on record in the county and the highest of any county in Maine over a one-year period. A disproportionate amount of people who died from an overdose had a prior overdose history (37%) or were unhoused or transiently housed (38%).

### Understanding SUD through the Continuum of Care

To best assess, plan, and evaluate efforts to prevent, address and reduce the impacts of SUD, we refer to a SUD Continuum of Care (CoC)<sup>9</sup> - a practical, comprehensive, and evidence-based framework that identifies appropriate interventions and types of care throughout the lifespan. The CoC is segmented into four main interventions: Prevention, Harm Reduction and Outreach, Treatment, and Recovery. Note that policies and systems (not shown) have significant influence on the CoC. For example - what types of programs, services, and care are legally allowed? When are



<sup>6</sup><https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/data/documents/2020%20Mortality%20Report%20Final%20071722.pdf>

<sup>7</sup><https://mainedrugdata.org/december-2022-monthly-overdose-report/>

<sup>8</sup>[https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)

<sup>9</sup><https://www.frcoho.com/continuum-of-care>

services and programs offered, to whom and under what conditions? To what extent is care coordinated across the continuum?

This model is valuable for its simplicity and utility in diagnosing local efforts - *To what extent are these services being offered? To what extent can The County residents access them when they need them? To what extent are the services culturally and linguistically relevant to all who need them?*

## Data Sources for the Rapid Assessment

To assess current efforts and gaps, we used the best available data to us at the time of assessment, including the following:

- **The Cumberland County Community Health Improvement Plan 2022-2025 (CHIP)** was a county-wide effort initiated in 2022 and facilitated by the Cumberland County Public Health Department (CCPHD), with the aim of identifying the top public health priorities in The County and guide the strategic vision and action of the CCPHD through 2025. Through a rigorous community engagement process, including 40 key informant interviews and 14 focus groups with over 170 participants, the assessment team identified current efforts and perceived gaps in addressing SUD in The County ([CHIP p44](#)).
- **Cumberland County Treatment and Recovery Survey (Survey)** was administered in January of 2023 by the CCPHD to rapidly assess current efforts and gaps in SUD treatment and Recovery in The County as well as gather recommendations for the use of opioid settlement funds. The survey was sent directly to hundreds of people within the multitude of local organizations offering treatment and recovery services across The County. Thirty-four people from 27 organizations filled out the survey. Questions focused on geographic areas served, populations served, services offered, requirements, and open-ended questions regarding progress, challenges, and gaps in treatment and recovery services in Cumberland County.
- **The Cumberland County Prevention Environmental Scan** was conducted in January and February of 2023 as part of the newly awarded Maine Prevention Network grant in Cumberland County. The environmental scan is an inventory of local efforts in prevention gathered from the Prevention Providers across the county and some municipal leaders. The inventory includes information on direct substance use prevention efforts within communities, schools, youth-serving organizations, as well as early interventions, restorative responses, and healing-centered approaches. A limit to the fullness of the scan is a vacancy in prevention staff within the north suburban area of the county which led to less information from that area.

## Current Efforts & Gaps

Below is the data from our assessment, organized according to the Continuum of Care. Included is a definition of each type of intervention, current efforts and gaps in efforts to address SUD across The County.

### Prevention

Prevention refers to a set of strategies and practices that aims to curb the use and misuse of drugs and alcohol and the development of substance use disorders. The three categories of prevention interventions are:

1. *Universal*, focused on the entire population;
2. *Selective*, focused on groups of people known to be at higher risk (e.g. people who have experienced violence or discrimination);

3. *Indicated*, focused on people who show warning signs of substance use disorder.

In general, a comprehensive set of strategies that include all three categories are more likely to make community-level change than any one prevention strategy alone.

**Current prevention efforts:**

Within Cumberland County are a constellation of programs and people implementing prevention activities, including CCPHD. These activities are supported through Federal and State funding sources, though funding levels have proven inconsistent over the past two decades, impacting infrastructure. A high-level overview of the prevention work currently implemented includes:

- Community coalition-based models: Drug-Free Communities (DFC) Coalitions, alongside unfunded community-specific coalitions
- Evidence-based youth, family, school, and community programs: Substance use curriculum delivered in school settings; Prescription Drug Take Back Days; skill-building workshops for schools and Out-of-School-Time (OST) program staff; Responsible Beverage Server training; educational sessions and data presentations for community members and parents; establishing & coordinating alternatives to suspension
- Evidence-based prevention policies<sup>10</sup>: Retailer outlet density; commercial host liability; criminal social host liability laws; compliance checks; policies to prevent prescription drug misuse (e.g. PDMPs); flavored tobacco bans; restorative substance use policies; presumptive diversion

**Prevention gaps:**

Scarcity of resources focused on prevention has resulted in a prevention system leaning heavily on universal approaches, meaning the strategies focus on reaching the highest number of people in a community, not necessarily impacting those at higher risk for SUD. This has led to a very visible gap in activities that support those at higher risk for behavioral health problems. Specific gaps include:

- A scarcity of multi-tiered behavioral health and case management services for socially & emotionally vulnerable children and families, impacting whether and how children arrive at school
- Schools and OST programs lack capacity to support the dire behavioral health needs of youth and families and are routinely responding to crisis
- Capacity gaps are impacting school and OST programs ability to execute restorative plans and policies
- Local prevention efforts are primarily focused on opioid analgesic agents as the cause of harm despite the research pointing to health inequities and social determinants of health as the primary drivers of SUD and overdose deaths. Inadequate resources are invested in the expert recommendations to invest in upstream approaches that impact root causes (e.g., lack of economic opportunity, financial and/or housing instability, feelings of despair, and untreated mental health issues)<sup>11,12</sup>.
- Lack of community-led place-based strategies that support high-need neighborhoods and communities

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<sup>10</sup> U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

<sup>11</sup> <https://www.rand.org/health-care/centers/optic/tools/fund-allocation.html>

<sup>12</sup> <https://www.naccho.org/uploads/downloadable-resources/IdentifyingtheRootCauses-ofDrugOverdoseHealthInequities.pdf>



## **Harm Reduction and Outreach:**

The National Harm Reduction Coalition defines harm reduction as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”<sup>13</sup>

### ***Current harm reduction efforts:***

There are 3 organizations dedicated to providing a full spectrum of substance use harm reduction services: Portland Public Health Division, Church of Safe Injection, and Amistad. There are also many organizations within Cumberland County that use a harm reduction approach to implementing their services with people who use substances. A high-level overview of the harm reduction work currently implemented includes:

- Three certified Syringe Service Programs
  - Two are operating due to funding restrictions and both are geographically located in Portland.
- One Tier 1 Naloxone distributor (Portland Public Health Division) and 109 Tier 2 Naloxone distribution sites
  - “Tier 2” indicates the authority to both administer and distribute Naloxone if they interact with high-risk populations.
  - 100% of police department, EMS, and fire departments in Cumberland County are equipped with naloxone obtained from the Maine Attorney General’s office.
  - Currently have voluntary participation from 8 EMS providers in Cumberland County to distribute naloxone through the Maine EMS leave behind program (program will become mandatory for all Maine EMS later in 2023).
  - \*376 EMS incidents in The County requiring Naloxone administration in 2022
- Portland Public Health Division recently received a grant to expand overdose prevention services and facilitate a Cumberland County Overdose Prevention Alliance
- About 20 Community Police Liaisons (also known as SUD Liaisons, Mental Health Liaisons, Community Engagement Liaisons)
  - Liaisons work in police departments to divert low-level drug offenses to treatment and recovery services, provide support for people to meet unmet needs, and respond to overdose calls and provide support and resources to families (e.g., OPTIONS Liaison).

### ***Harm reduction gaps:***

- There is limited syringe service offered outside of Portland due to funding limitations and the certification process that limits the location of syringe service.
- There is a lack of real-time, actionable data related to fatal and non-fatal overdoses at the county or local level that is communicated in a way that might more efficiently and effectively get people the services they need when they need it.
  - Lack of consistent drug-checking/drug-testing data that is shared among programs outside of the Police Departments and EMS.
  - Many PDs and EMS have access to and periodically update OD Map, but it is not regularly used in real-time outside of Portland and harm reduction organizations outside of a city or town cannot access it.

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<sup>13</sup> National Harm Reduction Coalition

## **Treatment and Recovery:**

Treatment and recovery refer to a continuum of strategies and practices that aim to assist in the safe cessation of drug use and a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential<sup>14</sup>. Common components of treatment and recovery, which often go hand-in-hand, include medically supervised withdrawal ('detox'), Medications for Opioid Use Disorder (MOUD), individual and group counseling, and peer/group coaching and support. Treatment can be offered in inpatient or outpatient settings, or a combination of both.

### ***Current treatment and recovery efforts:***

While there may be many treatment providers did not fill out our most recent Treatment and Recovery Survey, we identified the following treatment and recovery services in Cumberland County through the survey and the CHIP:

- 16 Treatment providers
  - 13 provide outpatient treatment
  - 1 provide inpatient
  - 1 provides Inpatient and outpatient
- Broad availability of Medication for Opioid Use Disorder in Greater Portland
- 2 Medically supervised withdrawal ('detox') facilities
  - Milestone Recovery is building a new facility, project completion date TBD
- 25 Maine Association of Recovery Residence Certified Recovery residences and many more that are not certified.
- 2 Recovery Center: Portland Recovery Community Center and Lake Region Recovery Center

### ***Treatment and recovery gaps:***

In the survey, respondents were asked to identify perceived gaps in treatment and recovery and share their thoughts on opportunities for the opioid settlement funds. The most cited gaps and recommendations for settlement funds, along with some other known, long standing gaps include:

- Lack of medically supervised withdrawal (detox)
- Lack of higher levels of treatment like Residential Treatment
- Need more coordination
- Need expanded treatment options, particularly for complex cases of poly substance use and/or meth use
- Limited sources of funding for safe transitional housing or recovery housing
- Lack of a whole spectrum of treatment options for young people with SUD and/or mental health problems and very acute need for inpatient treatment

## **Policies and Systems:**

While policies and systems are not shown in the Continuum of Care model, they have a huge influence on prevention, harm reduction, treatment and recovery, as well as the outcomes of individuals who are within those systems of care.

***Current policy and system efforts:*** Within Cumberland County, we know of a few collaborative efforts working to create more integrated systems of care:

- Prevention Providers quarterly meeting

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<sup>14</sup><https://www.samhsa.gov/find-help/recovery#:~:text=SAMHSA's%20working%20definition%20of%20recovery,to%20reach%20their%20full%20potential.>

- Cumberland County Overdose Prevention Alliance
- CCCSUP bi-monthly meeting
  - organized by the former District Attorney and attended by many treatment and recovery providers in Cumberland County as well as advocates, prevention providers, and harm reduction staff
- Reentry Supports: Bridges for ME: Person-centered reentry and recovery.
  - Federally funded collaborative providing robust reentry supports to people with an SUD who are involved in the criminal justice system or are leaving jail. Collaborative includes CCPHD, Cumberland County Jail, Maine Pretrial Services, Amistad, Portland Recovery Community Center, and CCSME.
- Community Police Liaisons occasional meeting

**Gaps in policies and systems:**

- Regular coordination and training for Community Police Liaisons
- Shared, local metrics and communication across the Continuum of Care. *As mentioned above, we are not aware of any systematic efforts to survey and respond to shared metrics at the county level.*
- Services are unequally distributed across the county, creating barriers for people living in more rural areas
- Laws that don't allow for Overdose Prevention Sites.

**Conclusion**

Despite significant effort and resources directed towards preventing and addressing substance use disorder and reducing drug overdose deaths in Cumberland County, we have continued to set new records for drug overdose deaths almost every year into 2023. The data in this brief, while limited, point to observable gaps in efforts within the Continuum of Care, as well as gaps in the policies and systems that impact the CoC in The County. While there has been considerable amounts of time, energy, and resources put to universal prevention strategies, blanketing the county with naloxone and overdose prevention training, and increasing the full range of available treatment and recovery options available, gaps remain. In summary, communities in Cumberland County need more prevention efforts focused on those most at risk and already showing warning signs of SUD as well as a focus on the root causes of addiction; more resources to make harm reduction accessible to all who need it; greater availability of medically supervised withdrawal (detox), more treatment options for complex poly substance use, and more recovery housing; and facilitated coordination and data sharing. We hope this brief has provided some key insights into potential areas for additional resource allocation, collaboration, and coordination.