Rural Health Care Services Outreach Program
Final Assessment

1. Introduction

High-level summary introducing your funded grant project's final assessment plan. This should include, the overarching purpose/goals of your final assessment plan, overall approach to the assessment/evaluation planning process taken (including any contributing partners), brief summary of resulting information, outcomes or other findings realized (or anticipated), and how the plan and its findings will be used. (1 page)

The Samaritan Treatment and Recovery Services (STARS) Emergency Department Outreach project was designed to address the high overdose and mortality rates in east Linn County and to address the high need for services for people struggling with opioid use disorder/substance use disorder OUD/SUD.

The project assessment was designed to gather information related to both the process and outcomes of implementing the two overarching goals of the project: 1) Utilize trained, local Peer Support Specialists (PSS) to support individuals with opioid use disorder and their families at critical opportunities for intervention; and 2) Conduct educational campaign to educate friends and family members, providers, and other stakeholders on opioid use disorder and aid in identification of high risk users.

The overall approach to the assessment planning process was guided by Dr. Paulina Kaiser, project assessment specialist, who also serves as Director for Research & Evaluation at Samaritan Health Services. The assessment process was supported by contributing partners including the Coast to the Cascades Community Wellness Network's Mental Health/Substance Use Disorders (CCCWN/MHSUD) subcommittee, which provided oversight, collectively made decisions, and supported specific grant activities including approval of the Final Assessment. Additional partners included the Samaritan research department for pulling data from Epic and various stakeholders who provided input about the overall impact of the project.

We found that the project successfully served 457 individuals and distributed 1,6000 Narcan kits, in addition to a robust community education campaign that reached approx. 10,000 residents of east Linn County. Equally demonstrable of the success of the project was the infrastructure and systems created to embed Peer Support Specialists as a default part of the workflow for responding to opioid overdoses in the Samaritan Lebanon Community Hospital (SLCH) Emergency Department. Unfortunately, the COVID-19 pandemic was an unanticipated challenge that slowed project progression while also increasing pressure on systems for substance abuse treatment. As the pandemic wanes, we are now able to look forward to plan for growth and sustainability of efforts to support individuals with opioid use disorder in east Linn County.

This Assessment will be used in a variety of ways. This Final Assessment can be referenced by other hospitals and community partners to better understand the benefits of integrating Peer Support Specialists into the hospital setting. While other hospitals in our region have begun to express interest in having PSS meet with patients coming in with substance use-related complications, many of them do not yet have Peer Support Specialist services in place. We have been the first in our region to implement the ED-BNI+Bupe + Peer Support model , which has been shown to have positive outcomes in patients with opioid use disorder. This Final Assessment will be used as a tool for reflection of our successes and challenges through analysis of qualitative and quantitative data during the STARS Outreach Project.

2. Background

a. Brief description of the Outreach grant project (including information on the evidence-based model/promising practice(s) adapted and/or adopted for the Outreach grant project). (1 page)

The five evidence-based or promising practices that informed our strategies included: 1.) ED-initiated Brief Negotiation Interview (BNI) + Buprenorphine, 2.) Peer Support, 3.) Motivational Interviewing and Enhancement, 4.) Opioid overdose education and community naloxone distribution, and 5.) Medication Assisted Treatment.

With the primary focus on reducing morbidity and mortality, our project was based off a Yale study conducted in 2015. The promising practice, *Emergency Department initiated Brief Negotiation Interview +* Buprenorphine (*ED-BNI-BUPE*) was initially designed for alcohol use disorder and then adjusted to address substance use, specifically opioid use disorder. We chose to replicate this practice because Yale's results showed 78% of patients who received *ED-BNI+Bupe* in the SLCH Emergency Department were still engaged in treatment 30 days after their Emergency Department visit. The STARS ED Outreach project added the intervention of Peer Support Specialists in order to accommodate our ED's workflow. Peer Support Specialist have more time to ask the *BNI* questions once the patients are stabilized. Over the course of the grant, as we have integrated Peer Support Specialists into the hospital setting, we have also worked closely with the Medical Director of the Addictions Department and the Director of our SLCH Emergency Department to develop the protocols for administering Buprenorphine. Furthermore, we have advanced the HUB & Spoke Model in order to accommodate for effective continuation of care and wrap around services with the target population. In all of our activities we have worked diligently at lessoning the shame and stigma surrounding opioid use disorder within our community.

The project had two goals and five objectives:

Goal 1 Utilize trained, local Peer Support Specialists (PSS) to support individuals with opioid use disorder and their families at critical opportunities for intervention.

Objective 1.1 By April 2021, a Peer Support Specialist will meet at least 60 percent of overdose survivors in the ED to support them in the decision to enter treatment and provide a warm handoff to treatment providers.

Objective 1.2 By April 2021, establish and implement community-based peer support services in East Linn County to support individuals with OUD in entering treatment and sustaining recovery.

Goal 2 Conduct educational campaign to educate friends and family members, providers, and other stakeholders on opioid use disorder and aid in identification of high-risk users.

Objective 2.1 By April 2021, conduct a media campaign to inform at least 42, 000 community members of OUD, overdose prevention and high-risk user identification.

Objective 2.2 By April 2021, conduct at least 12 presentations at community events to educate family and friends about OUD and overdose prevention and distribute 650 naloxone rescue kits.

Objective 2.3 By April 2021, conduct 9 educational sessions for future providers and allied health professionals around OUD, the role of prescribing practices, and the use of PDMP, reaching at least 300 future providers.

b. Any key project baseline data available that serves as an indicator for measurement of demonstrated improvement accomplished as a result of your funded grant project at the end of the three years.

In August of 2018, East Linn County saw a rash of overdoses, up to 6 per week showing up in the SLCH ED due to Fentanyl and Carfentanil being used with other street drugs. Prior to the onset of the STARS ED Outreach Grant, east Linn County lacked behavioral health services and more specifically there were no peer support services available in the regional SLCH ED, no treatment services available in rural areas, and no OUD outreach activities or residential treatment options anywhere in the county. Medication Assisted Treatment services were not readily available, and the services that existed were not accessible to those in the more remote areas of the county. Our HUB & Spoke Model initially consisted of 4 X-waivered physicians. Samaritan's Recovery Clinic (HUB) in Lebanon is where patients are first seen for MAT services and stabilized. There were only two spokes in the towns of Sweet Home and Brownsville where patients could transition for maintenance. The STARS ED Outreach grant launched just as the rate of overdoses began to flood emergency rooms. Refer to **Attachment 1** for graph showing increase between 2017 and 2018 for heroin and synthetic opioid mortality rates.

3. Assessment Methods

Brief description discussing each of the following assessment method items as it relates to your funded grant project's final assessment. (max 3 pages)

a. Data Measurements

Data measurements reported in PIMS (with additional information covering the No Cost Extension period):

	Year 1 June 2018 – April 2019	Year 2 May 2019 – April 2020	Year 3 May 2020 – April 2021	No Cost Extension May 2021 – November 2021	Project Total
Patients served by STARS ED Outreach project	106	130	151	70	457
Narcan kits distributed	120	315	455	710	1,600
Community health education and counseling activities	9	11	16	14	50
Number of health education and counseling participants	748	838 plus 10,000 for radio spot	570 plus 10,000 for radio spot	469 plus 10,000 for radio spot	2,625 plus 30,000

Additional information about outcomes for each project period:

Year 1

- Peer Support integration into the SLCH Emergency Department through education, increased communication efforts, and established trust between Substance Use Professionals and Medical Professionals.
- Patient care focused on brief negotiation interviewing, resourcing, and warm hand offs to capitalize on patients' greater readiness for change after a life-threatening event such as an overdose.
- Community resourcing and marketing began after August of 2018 when an influx of overdose's happened in east Linn County. The Project Lead made the first public service announcement educating the community on Opioid Use Disorder. SHS marketing department and Project Director also launched a website providing information on overdose prevention and Narcan availability in east Linn County.

Year 2

- Continuation of Provider Education supported the two related goals: preventing of opioid misuse through better prescribing habits and improving access to effective OUD treatments by educating providers on current treatment options.
- Administration of Buprenorphine induction was supported by medical professionals in the hospital setting and was used to counteract opioid withdrawal symptoms increasing treatment readiness. Patients received Rapid Access to Medication Assisted Treatment and Substance Use Treatment Services.
- A Media Campaign led to education via billboard, radio broadcasting, published articles in local newspapers and magazines, signage on the local shuttle, and educational handouts in various community events. The live interview for Overdose Awareness Month reached more than 10,000 listeners.
- An electronic data collection system was created through Microsoft Access to track program activities such as community education, provider education, family group meetings, contact with STARS outreach patients, and Narcan distribution.

Year 3

- Two full-time Peer Support Specialist provided support seven days a week to the Samaritan Lebanon Community Hospital Emergency Department.
- Increase in educational opportunities including the Labor and Delivery unit.
- The Project Director and Peer Support Specialist conducted focus groups assessing the various challenges faced in the recovery community due to COVID-19 and the Oregon Wildfires.
- Virtual meeting space of support groups for Family and Friends of substance users provided vital support and recovery resources which expanded beyond east Linn County with future plans of holding in person weekly gatherings.

No Cost Extension

- The Project Director and medical director of Samaritan Treatment & Recovery Services met with champion physicians, SLCH Emergency Department (ED) staff, and hospital administration twice during the No Cost Extension period to ensure protocols for inducing patients with buprenorphine in the ED were understood and in practice.
- Six patients were induced with buprenorphine in the SLCH ED following the proposed model, Emergency Department ED-BNI-BUPE + Peer Support.
- The Project Director attended the national conference GAB2021, Global Conference on Addiction Medicine, Behavioral Health, and Psychiatry in October 2021.
- The number of physicians offering Medication Assisted Treatment (MAT) within our HUB & SPOKE model grew to include ten X-waivered physicians.
- Outreach, education, and Narcan distribution took place for International Overdose Awareness day through a tabling event at SLCH where thirty-six kits of Narcan were picked up by employees and visitors.
- International Overdose Awareness day and Recovery Month were honored through an outdoor Candle-lighting ceremony. Approximately forty community members lit candles in remembrance of individuals affected by overdose.

b. Methods/Data sources

PIMS data was generated through a combination of SHS electronic medical records (Epic), to track ED visits and encounters with STARS staff including PSS, and a custom Access database used for project-specific tracking including community education events and Narcan distribution. The number of patients served was determined by identifying patients who had a visit to the SLCH ED with an indication (chief complaint, chief complaint note, or encounter diagnosis) related to opioids, as well as encounter documentation by STARS Outreach staff. Other outcomes were identified by the project director, project lead, and other stakeholders.

c. Roles and responsibilities for implementation of methods

The project assessment was led by Paulina Kaiser, PhD MPH. Dr. Kaiser is Samaritan's Director for Research and Evaluation and has experience with program evaluation as well as with using Samaritan's electronic medical record system for evaluation purposes. Dr. Kaiser worked collaboratively with Project Director Molly Gelinas and Project Lead Kelley Story to document project activities and understand challenges and successes.

The STARS Outreach Project Lead guided the project and provided support and guidance within the medical and behavioral health systems. The Project Director was responsible for the overall project through day-to-day implementation and monitoring and tracking the number of naloxone rescue kits distributed. Peer Support Specialists delivered services to community members with OUD and shared their practical experience, knowledge and firsthand insight to benefit the project team. The Clinical Supervisor provided clinical support and oversight to the Peer Support Specialists. The Project Assessment Specialist collected data on PIMS and project-specific measures and conducted semi-structured interviews semi-annually.

d. Data limitations

We used electronic data collection forms built in Microsoft Access to track program activities such as community education, provider education, family group meetings, and Narcan distribution. We designed the Access database to balance the burden of documentation with the key pieces of information we needed to collect. As such, one of the key limitations was the limited scope of information available, though this was intentional to minimize burden on project staff.

Using data from Samaritan Health System's Electronic Medical Records (Epic) also comes with limitations. Documentation of opioid-related encounters is inconsistent, so we had to adopt a more manual approach of looking for keywords across multiple fields of information. However, using Epic data allowed us to take advantage of the documentation that STARS Outreach staff already completed to avoid duplicating effort.

4. Results Discussion

This section should address the major impact and outcomes of your funded Outreach grant project achieved over the 3-year period of performance period (including any No Cost Extension time periods, if applicable). Please include each of the following items in your discussion: (4 pages)

a. How the project could be replicated to other rural communities.

The STARS ED Outreach project can easily be replicated in other rural communities where a critical access hospital is located. One major requirement for replicating the project is commitment from the hospital leadership to provide non-traditional services in the emergency department. This encourages medical staff to work with Peer Support Specialists when a patient presents with a substance use overdose. The presence of a PSS provides a patient with immediate support should they choose to seek treatment. Additional needs to replicate the project is collaboration and partnerships with local organizations that provide OUD/SUD treatment and recovery services to ensure supports are available for a patient. It is important for social support agencies who also participate in the collaboration to provide housing, shelter services, food, transportation, and other basics needs a patient may need when agreeing to treatment. These partnerships will provide the patients access to the services available as well as support needed for a path to successful recovery. Another component needed to replicate the project is the education, training, and distribution of Naloxone and Narcan. Providing Naloxone and Narcan to first responders, organizations, family members and caregivers will offer instant revival for individuals who overdose. Finally promoting the project to the community with key marketing strategies that address cultural diversity will help family members, caregivers and the community understand that OUD/SUD is a treatable disease that crosses all races, ethnicities, gender, and ages.

b. Includes quantitative and qualitative results

Quantitative results are described in section 3a. Qualitative results were taken from staff observation and feedback from clients who accessed services through the SLCH Emergency Department, SLCH Providers, Community partners and the general public.

Overall, the impacts of the placement of Peer Support Specialists in the SLCH Emergency Department proved to be a valuable resource for the clients and the hospital staff. The availability of Naloxone and Narcan to clients, family members, caregivers, first responders, community organizations and medical staff was well received and necessary in preventing fatal overdoses in the community. Reports from first responders and community members indicated that administering Naloxone and Narcan to individuals saved several lives in the community. The participants in the support and education sessions shared that their success in retaining their recovery was dependent on the project. With several thousands of community members being exposed to positive messages regarding Narcan saving lives, recovery is possible through medication assisted treatment and how everyone has a role in community health, the response was overwhelming. Most of the clients involved with PSS from their visit

at the SLCH ED or as a walk-in to the STARS program entered into treatment. Several of the clients participated in the counseling sessions or a support group. The staff at the SLCH that were not assigned to the ED also participated in staff trainings to understand substance use disorder is a disease that is treatable. Staff also recognized the importance or removing the stigma and negative interactions with a patient when seeking care.

Comments were solicited from participants and key staff at the end of the project, and are excerpted below:

"I don't know if I would be where I am today without STARS. Actually I don't even know if I would be alive. The only reason I stayed in the hospital the whole time was because either Molly or Christine came to sit with me every day and help me get set up with treatment. I was literally able to meet with my MAT doctor the same day I discharged from the hospital. For the first time I was treated with respect by all the nurses and not once did I feel judged for using drugs. My experience last year was much different than the previous 2 times I had been in the hospital which has probably contributed to why I have done so well in my recovery. I just celebrated 9 months last week and started a new job that I really enjoy." - *STARS patient*

"I would say that being able to call on the STARS staff to assist with our population who have substance abuse issues has led to a much more successful outcome for those who are motivated to quit. Knowing that they can receive peer support once they leave SLCH, instead of just sending them out with written contact information, is so beneficial and likely reduces readmissions and further health problems. Speaking for myself, I know the STARS counselors are much more adequately trained/ knowledgeable about how to help these patients. I definitely find it very helpful to be able to call on you and Christine for your assistance." - *Jaleh Ellis, RN; Care Coordinator & Discharge Planner, Samaritan Lebanon Community Hospital*

"I feel that the availability of STARS counselors and peer support greatly enhances the care we give to patients with substance abuse disorders. Typically the amount of care we can give these, at times difficult, patient population is limited with referrals to outpatient follow up. But having the availability of STARS to make contact with these patients in our ED results in greater patient satisfaction and greater family satisfaction. It likely also results in greater follow through with plans for seeking help. Patients seems to feel that we do indeed care about their wellbeing when someone actually spends their time to talk to them. It is similar to handing someone naloxone vs just giving them a prescription. Most naloxone prescriptions are never filled. Often these patients are in the ED because something has gone wrong, or they are at the end of resources. They are available and more open for interventions. This is the prime opportunity for STARS to fulfill their mission by extending a hand to these patients at their most vulnerable." - *Dan Sprague, MD PhD; ED Medical Director, Samaritan Lebanon Community Hospital*

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c. How results compare to any baseline data or indicators measured prior to grant project implementation.

The STARS ED project is a new service to our health system and the community so therefore we do not have any baseline data to compare the results of providing Peer Support Specialists in the emergency department to support patients experiencing substance overdose. However, we do know that prior to the grant project, patients presenting with substance overdoses at the ED were not provided any support, treatment options or connections to services. As a result of the project, every patient who present at the ED with a substance overdose are offered a PSS. The hospital staff is now aware of community services to refer patients in the event they do not wish to connect to a Peer Support Specialist.

d. Any demonstrated impact on improved health outcomes of your target population (please specify your grant project's target population in this discussion for clarity)

The target population for the grant project are people with OUD/SUD who present at the emergency department with a substance overdose. Many of these patients also have medical conditions that need treatment. Our project focus was to provide patients who present at the ED with a substance overdose with a Peer Support Specialist to encourage the patient to enter treatment. We did not collect any data on health outcomes on patients who presented at the ED with a substance overdose or patients who accepted services from the Peer Support Specialist, however we do know anecdotally that all patients who received Peer Support Specialist services and entered treatment received any necessary medical treatment to improve their overall health.

e. Key lessons learned and strategies implemented that contributed to project's success

Many lessons were learned that contributed to the success of the project. The primary evidenced-based practice that we utilized was the ED-BNI-BUPE plus Peer Support Specialist. In assessing whether this model would work for us, we realized the ED personnel would not have the time for a 15 to 20-minute brief negotiation interview then make a referral to treatment. Our STARS Outreach team learned quickly that ED personnel's job was to stabilize a patient and move on to the next one. The model was shifted so Peer Support personnel would be conducting the interview and referral process which has been much more effective since not only do these people bring "lived experience" to the table, but they also have the knowledge of the local resources.

Another lesson learned was the hiring of Peer Support Specialists. Like many rural communities the work force shortage had made it difficult for us to fulfill this role which was an essential component to our grant. There has not been a particularly robust recovering community in our county, and this is the employment pool that Peer Support Specialists are extracted. We worked with our human resources department to actively recruit and hire PSS. We also contracted with a local non-profit agency to employ PSS. We provided the PSS with training to ensure they had the skills necessary to work in a hospital.

While preparing the Strategic Plan we identified a key gap in our SWOT analysis. There was a lack of community support groups for families of people in treatment and recovery. Rural communities are different than more urban areas when finding support groups. There are limited options and choices as opposed to an urban area where a recovering person can choose between, 12 Step Alcoholics Anonymous, 12 Step Narcotics Anonymous, Refuge Recovery, Celebrate Recovery, Smart Recovery, as well as Al-Anon and Nar-Anon to name a few. The range of meeting days, times, and frequency are also limited. To address this gap, the STARS program developed a support group specifically for family members and caregivers of people in treatment and recovery.

The combining of cultures between the medical providers and substance use treatment providers was another lesson learned. The medical providers were provided weekly trainings to understand the complications of people struggling with OUD/SUD. The training provided the medical providers the additional skills they needed to communicate with patients presenting with an overdose. We utilized the Medical Director of Substance Use to assist us in navigating the communication barriers and providing education around roles and responsibilities to the hospital staff.

The primary lesson learned when working in a rural setting is the importance of knowing the community where you work. In rural communities relationships are paramount. Most people know each other, and organizations are familiar with those who access services. By having the Peer Support Specialists from the community in which they work allowed us to open doors that would not have occurred without those relationships.

In regard to the COVID-19 pandemic, we experienced a wide variety of challenges but will highlight some of the lessons learned that we see as opportunities for growth when working with the target population. In times where the health care system is experiencing surges of patients with life threatening conditions, substance use patients become less of a priority. One example of how the STARS Outreach team shifted their approach happened when

the ED waiting room had 4 patients in active withdrawal while every room in the ED was full and furthermore, all the hospital beds were full, and patients were being transferred to other states. STARS Outreach staff worked with the patients in the ED waiting room and set them up with same day appointments directly at the Recovery Clinic where they could meet with MAT doctors and be seen in less time than they would have at the hospital. It's typical that when an individual is in active withdrawal they go to an emergency department with hopes of getting help. We want to help provide education to our community that our MAT doctors can induce patients with buprenorphine just as easily as the hospital. This won't work for all patients, as some have more severe acute conditions needing extensive medical attention however for the majority of opioid use disorder patients it will work.

Another significant shift that happened with the pandemic was the shutting down of in person services. Similar to many organizations we needed to accommodate our patients through providing virtual services. We quickly learned than many of the individuals we serve did not have the means to access technology for telehealth appointments. Additionally, many of them lived in such remote areas that Wi-Fi was an issue. Having the means to provide laptops or cell phones during times of crisis can assist many of our patients.

5. Dissemination of Project Findings

a. Describe how other communities may access your report (e.g., on organization's website, project contact name and email address provided in link on website, other?) (max 1.5 pages)

The STARS ED Outreach project report will be available on our Samaritan Health Services website under the STARS program. The report will be in a PDF format to allow other communities to print the document.

(https://www.samhealth.org/find-a-location/s/samaritan-treatment-recovery-services-outpatient/stars-hrsa-grant)

The report will also be available in PDF format on the Coast to the Cascades Community Wellness Network (CCCWN) website that will be operational in March 2022.

Contact information for the project and staff will be available on both websites.

b. Identify other dissemination strategies (if applicable).

We plan to present the report at upcoming state, regional and national conferences i.e. Oregon Public Health Association Conference, Oregon Rural Health Conference, and Northwest Regional Rural Health Conference, to share results and lessons learned.

Additionally, STARS ED Outreach staff will continue to actively participate on the Coast to the Cascades Wellness Network Mental Health/Substance Use Disorder Subcommittee and the Community Harm Reduction Mentors and Allies Coalition to provide program updates, challenges, and successes. The STARS ED Outreach staff will present the program activities at other community coalitions that are addressing OUD/SUD.

6. Conclusions and Recommendations

A brief conclusion summarizing any major final assessment conclusions or resulting recommendations informed by the final assessment for your funded grant project. (max 1.5 pages)

The STARS ED Outreach Project helped to promote rural health by enhancing health care to an underserved population in an area with scarce resources. One of the primary intentions of the project was to improve access to substance use services, specifically targeting individuals with opioid use disorder, by intervening at point of entry to the hospital system at earliest possible time. Since June of 2018, the STARS ED Outreach team has paved the way for a shift in culture where medical professionals and substance use professionals work collaboratively

taking a multidisciplinary approach to patient care. By doing so, we have enhanced the treatment and recovery resources for opioid users, overdose survivors, family and friends of substance users, and the broader community.

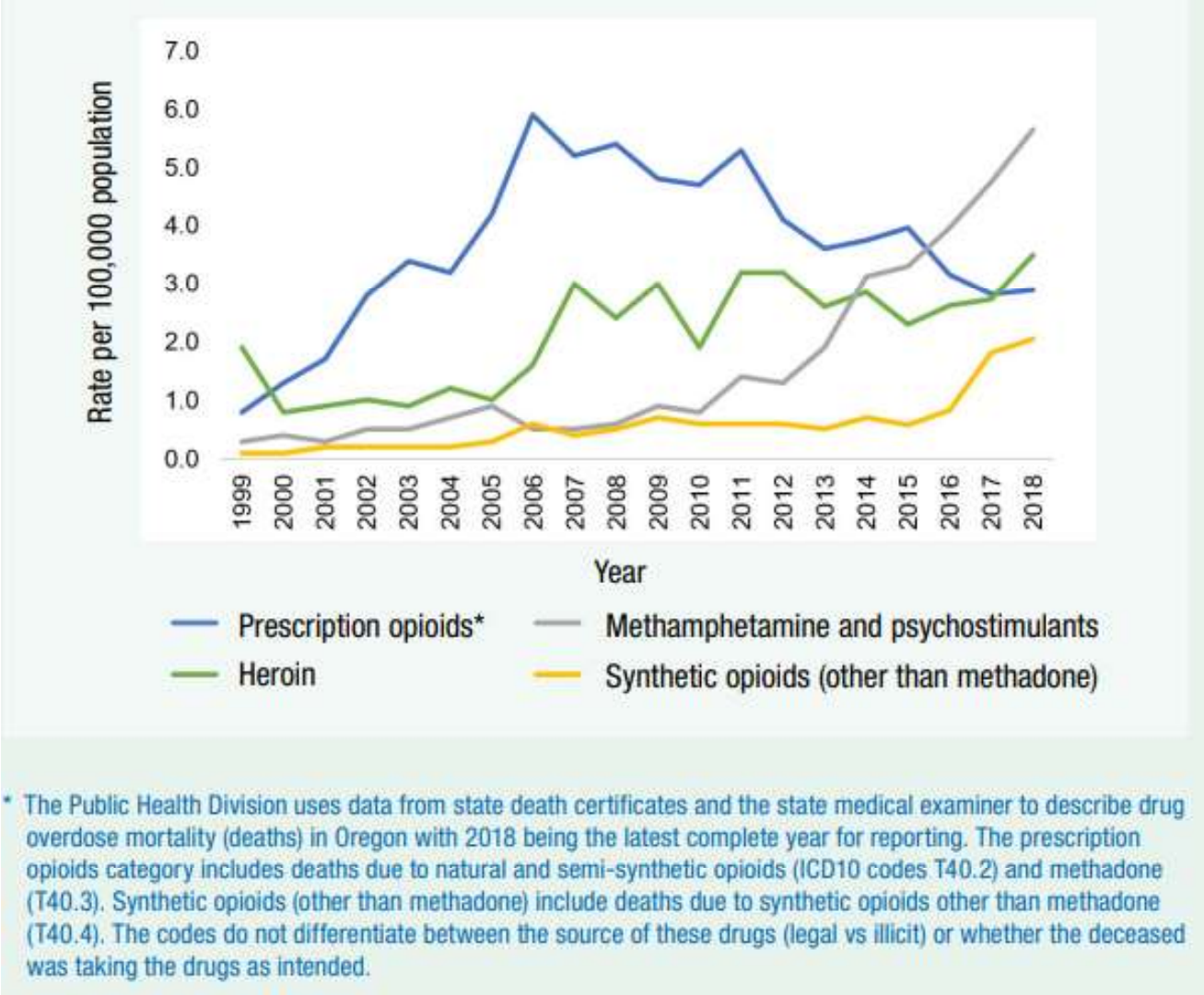
The integration of Peer Support Specialists, not only into the hospital system, but also into the broader community, has enhanced the delivery of recovery services in east Linn County. By our third year in the grant, STARS Outreach staff met 70% of patients that came into the hospital with concerns related to opioid use disorder. This would not have happened without the support of the hospital-based medical professionals reaching out to us and welcoming us into their departments. Additionally, the ED staff have relayed that their patients now ask to meet with Peer Support – where three years ago the service was unheard of within our hospital. STARS Outreach had become so popular within the hospital system that other Samaritan hospitals within the region began reaching out with an interest of having our Peer Support Specialists meet with their patients. Members of the community expressed sincere gratitude around the opening of family support groups despite having to provide the service virtually due to COVID-19.

Through our educational campaign we helped to reduce shame and stigma, spread the word that Narcan saves lives, and educated people about opioid use disorder. Although there were some comments of controversy on our Facebook page, most comments came from excited community members who saw the large billboard on Main Street in Lebanon, Oregon, that said, “Narcan Saves Lives.” STARS Outreach received praise not only from people that knew of our project but also from organizations. As the Project Director was distributing Narcan at local businesses in the community, a local Barber Shop asked if we had anything to do with the Billboard, expressing immense gratitude. They went on to share how a close friend had passed away after an overdose years ago, when Narcan was not readily available.

The STARS ED Outreach project was successful in creating organizational change and creating a new system for integrating Peer Support Specialists in an ED and hospital environment. Though unanticipated challenges in the form of a global pandemic forced some adjustments to project plans, we are proud of the accomplishments and lasting impact to community health in east Linn County.

Attachment 1

Below is a graph from the Oregon Public Health Division showing an increase between 2017 and 2018 for heroin and synthetic opioid mortality rates.



* The Public Health Division uses data from state death certificates and the state medical examiner to describe drug overdose mortality (deaths) in Oregon with 2018 being the latest complete year for reporting. The prescription opioids category includes deaths due to natural and semi-synthetic opioids (ICD10 codes T40.2) and methadone (T40.3). Synthetic opioids (other than methadone) include deaths due to synthetic opioids other than methadone (T40.4). The codes do not differentiate between the source of these drugs (legal vs illicit) or whether the deceased was taking the drugs as intended.