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| PREVENTION AND EDUCATION  Goal 1: Prevention of Problematic Opioid use | | | |
| **Strategies** | | **Tactics** | **Implementation Partners** |
| **1.1** | **Educate individuals regarding the dangers of prescription pain medication** | * Education and encourage patients to talk to their doctors about prescription pain medication and medication storage and disposal through PSA’s and community outreach activities. * Increase Medication Take Backs to include high-risk areas and populations such as the elderly and neighborhoods with high overdose rates. * Continue the educational workgroup “Washington Goes Purple” initiative to educate youth and community about the dangers of prescription pain medication, other drugs and behavioral health issues that lead to at risk behaviors. * Complete Walking Take Backs in throughout the County in partnership with law enforcement and first responders and provide educational material to residents during events. * Outreach to the business community to provide trainings including drug awareness, treatment options, and Naloxone. * Continue partnerships with the Board of Education, Private Schools throughout the County, and Higher Educational Institutions. | WCHD, PAN, WGP, LE, EMS, HR, WCPS, HCC, MMC |
| **1.2** | **Promote proper Storage and Disposal of Medication and other supplies that could increase chance of infection** | * Educate the public on the importance and methods of proper storage and disposal of prescription pain medication. * Educate the public on the importance and methods of proper storage and disposal of prescription pain medication. * Increase disposal boxes in rural parts of the County and support the advertising of new locations. | WGP, PAN, WCHD, MMC |
| Goal 2: Reduce opioid-related morbidity and mortality | | | |
| **Strategies** | | **Tactics** | **Implementation Partners** |
| **2.1** | **Promote public awareness and knowledge on topics including:**   * **Risks of opioid use** * **Naloxone Education** * **Risks of fentanyl** * **Stigma** * **Good Samaritan Law** * **Other Substances** * **Trauma informed care** * **Co-occurring disorders** * **Proper Storage and Disposal of Medication and other supplies that could increase chance of infection** | * Promote accurate and consistent messaging about opioid safety and addiction by public health, law enforcement, community coalitions and others. * Provide targeted health education to opioid users and their social networks through print, web-based and other media. * Promote training to pharmacists, substance use disorder providers, health care providers and other professionals to educate patients and clients on adverse effects of opioids and overdose. * Continue comprehensive media campaign aimed at educating the community about prevention and treatment resources. * Support quarterly “Washington County Recovers” events that supports individuals in gaining immediate access to treatment and resources. * Increase targeted Naloxone distribution by doing community outreach in high risk areas. * Promote “Photo Voice” Anti-stigma campaign through Health Washington County. * Support and promote community trainings for professionals and others that interface with people who use drugs that address risks, resources, trauma informed care, co-occurring disorders, and recovery-oriented systems of care. * Implement Academic Detailing prescriber outreach to include co-prescribing of Naloxone, safe prescribing, buprenorphine waiver training, utilization of Maryland Addictions Consultation Service, PDMP, and proper disposal of medication and other medical supplies to prevent the spread of infectious disease. | WGP, WHD, LE, EMS, HR, WCPS, PAN, LADAC, OFRT, HWC, MMC |

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| **2.1** | **Provide immediate support for individuals who have overdosed; focusing on timely linkage to treatment** | * Establish a peer support network to meet with persons at critical transition points, such as in emergency rooms, at times of arrest, and at times of program transition. * Establish a process to identify and prioritize repeat overdoses for treatment services. * Establish a provider referral system utilizing providers who have no waiting lists and can provide timely appointments. * Explore the establishment of a community crisis treatment center. * Continued support of Mobile Crisis Expansion. | WCHD, LE, EMS, HR, MMC, CIT |

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| Goal 3: Enhance county systems to inform strategy | | | |
| **Strategies** | | **Tactics** | **Implementation Partners** |
| **3.1** | **Improve data surveillance and sharing of overdose data** | * Increase of data collection of fatal and nonfatal overdoses * Comprehensive data analysis of overdose data to support recommendations and implementation of policy * Development and implementation of stigma reduction training for community partners and providers * Increase linkage to community resources for non-fatal overdoses and family members * Provide data for existing services that would enhance the reach, scope and impact of their services. * Partner with HIDTA for focus groups to gather data. | WCH, HIDTA, LE, OFRT |

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| TREATMENT AND RECOVERY SERVICES  Goal 1: Ensure access to SUD Treatment | | | |
| **Strategies** | | **Tactics** | **Implementation Partners** |
| **1.1** | **Build capacity of health care providers to recognize signs of possible opioid misuse, effectively screen for opioid use disorder, and link patients to appropriate treatment resources.** | * Conduct an inventory of current community resources to identify critical gaps in the local treatment network; and to coordinate efforts to eliminate redundancy, and increase service effectiveness. * Identify policy gaps and barriers that limit access to treatment and recovery services; enact changes as needed or escalate recommendations to appropriate state agencies. * Educate healthcare providers on recognizing opioid use disorder. | WPG, WCBOE, HPD, WCSO, SPG, HFD, WCHD, PAN, HCC, ROSC, LADAC, WCMHA, ROSC, MMC |
| **1.2** | **Build capacity for specialized populations including pregnant women and children, substance exposed newborns SEN, and the aging population** | * Partner with DSS to identify and engage mothers of SENs. * Promote SB512 services * Utilize peers for SENS outreach * Partner with Bester Community of Hope to identify high risk families and complete outreach. * Provide training for providers of SENS and available services * Complete outreach through AD and Pregnancy and Post Partum services through the HD. * Complete outreach to opioid treatment providers to inform them of available services. * Complete outreach and education at the Commission on Aging and retirement homes. * Develop messaging for AD regarding SEN, pregnant women and aging. | WCHD, WCMHA, SEN, COA, ROSC, DSS, MMC |
| Goal 2: Ensure access recovery support services | | | |
| **Strategies** | | **Tactics** | **Implementation Partners** |
| **2.1** | **Outreach to families and friends of current users or decedents** | * Develop a protocol for outreach to families and friends. * Link families and friends to current support/educational groups. * Partner with Mosaic and MMC to implement “Families Strong” * Support the “Handle with Care” model within the public-school system. * Partner with DSS through Peer Support for outreach to families. * Establish regular community clean ups and outreach to provide street education. | WCHD, DSS, OFRT, MMC, WCPS, HR |
| **2.2** | **Implement Recovery Oriented System of Care (ROSC) throughout the County** | * Increase partnerships with providers to ensure “no wrong door” policy. * Partner with the local business community to support system of care and bring awareness. * Develop a resource guide for services in the County through a partnership with the 211 system. * Increase participation in the ROSC committee * Identify gaps of services and needs through the ROSC committee | WCHD, LADAC, ROSC, HWC |
| Goal 3: Expand the behavioral health workforce and increase workforce competencies | | | |
| **Strategies** | | **Tactics** | **Implementation Partners** |
| **3.1** | **Create partnerships with local educational institutions to expand behavioral health workforce.** | * Support HCC in development of Peer Support Specialist educational track. * Provider trainings that allow Peer Support Specialist to become certified. * Continue the Peer Support Specialist Support group through the HD. * Maintain Peer Support Supervisor certification to allow for the supervision need for certification of peers. * Work closely with the Office of Consumer Affairs at BHA for technical support and guidance for Peers. * Offer CEU’s through the HD and other community resources when appropriate. | WCHD, HCC, BHA |

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| ENFORCEMENT AND PUBLIC SAFETY  Goal 1: Reduce illicit drug supply. | | | |
| **Strategies** | | **Tactics** | **Implementation Partners** |
| **1.1** | **Strengthen coordinated interdiction and enforcement operations.** | * Use of Maryland Criminal Networks * Increase access and utilization of OD mapping through HIDA database * Maintain funding for the DEA Trojan Horse Program. | LE, EMS, HIDTA |

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| Goal 2: Expand access to SUD treatment in criminal justice system | | |
| **Strategies** | **Tactics** | **Implementation Partners** |

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| **1.2** | **Expand access to and utilization of opioid use disorder medications including criminal justice.** | * Support local providers to expand MAT capacity and services through Academic Detailing * Partner with MMC to train physicians, nurse practices and physicians assistants to prescribe buprenorphine. * Educate and encourage courts to ensure access to treatment for offenders with an opioid use disorder. * Support the WCDC with implementation of MAT in the jail. | MMC, WCHD, LE, WCDC |

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| Goal 3: Expand alternatives to incarceration for individuals with SUD. | | | |
| **Strategies** | | **Tactics** | **Implementation Partners** |
| **3.1** | **Implement diversion programs** | * Implementation of LEAD * Continue training for LE on diversion programs * Outreach to court system regarding diversion alternatives * Partnership with P & P, OPD, and SAO on diversion programs * Implementation of Adult Drug Court | LE, P&P OPD, SAO, WCHD, WCMHA |

**GLOSSARY**

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| BHA - Behavioral Health Administration |
| CIT - Crisis Intervention Team |
| COA- Commission on Aging |
| DSS – Department of Social |
| EMS – Emergency Management Systems |
| HR – Harm Reduction |
| HWC - Healthy Washington County |
| LADAC - Local Alcohol and Drug Advisory Council |
| LE – Law Enforcement |
| MMC – Meritus Medical Center |
| ODFRT – Overdose Fatality Review Team |
| OPD - Office of the Public Defender |
| P&P - Parole and Probation |
| PAN – Project Act Now |
| ROSC - Recovery Oriented Systems of Care |
| SAO - State's Attorney's Office |
| SEN - Substance Exposed Newborn |
| SPG – Senior Policy Group |
| WCDC - Washington County Detention Center |
| WCHD – Washington County Health Department |
| WCMHA – Washington County Mental Health Authority |
| WCPS – Washington County Public Schools |
| WPG – Washington Goes Purple |