

PIERCE COUNTY OPIOID TASK FORCE – STRATEGY MATRIX

v.1.17.18

GUIDING PRINCIPLES

- All engaged stakeholders work from this same strategic framework
- Full complement of strategies developed with an “upstream” public health approach that emphasizes prevention and recovery, rather than just a law enforcement/punishment frame.
- Solutions require both public and private partner engagement as well as a strong intent to move away from siloed approaches
- Embrace the power of data and technology

STRATEGY BUCKETS	POTENTIAL TACTICS
<p><i>Category 1: County/Local Level</i> (can be accomplished <u>within</u> current resources)</p> <p>1.1 Better continuity of health care between jail release and outside systems for Medicaid population</p> <p>1.2 Request that the Pierce County Medical Examiner list with specificity the drugs that cause opioid-related deaths</p>	
<p><i>Category 2: County/Local Level</i> (can be accomplished with <u>some additional</u> resources)</p> <p>YOUTH-SPECIFIC</p> <p>2.1 Support evidence-based school districts and afterschool programs (K – 12)</p> <p>2.2 Increase current educational awareness campaigns to parents and community members related to substance use and abuse</p> <p>2.3 Increase current public awareness campaigns to youth related to substance use and abuse</p>	<p>2.1.1 Strive for county-wide standardization</p> <p>2.1.2 Incentivize pro-social behavior through scholarships and letter jackets for community service</p> <p>2.2.1 Piggyback countywide drug take back program that will begin implementation in the spring of 2018</p>

KEY

- * [Pierce County Accountable Community of Health](#) (PCACH) will incentivize and support partnering providers to implement this strategy
- ** PCACH will directly implement or create regional investments to support implementation of this strategy
- ***Strategies coming online soon so not yet “current”

STRATEGY BUCKETS	POTENTIAL TACTICS
<p>2.4 Utilize peer/recovery coaches for youth that are using opioids and/or other drugs</p> <p>2.5 Pilot evidence-based screening and referral program at a local high school</p> <p>2.6 Parent education of young adult (18-24 yr old) using population</p> <p>ADULT OR ALL POPULATIONS</p> <p>2.7 Increase access to MAT in clinical, community-based, and criminal justice settings*</p> <p>2.8 Provide trauma and stigma reduction training – clinics, patients, frontline staff*</p> <p>2.9 Increase access to Naloxone in clinical, community-based, and criminal justice (reentry) settings - gateway to access to care *</p> <p>2.10 Increase access to community-based care coordination and peer recovery supports through evidence-based Pathways Hub**</p> <p>2.11 Scale-up “TFD Cares”</p> <p>2.12 Expand clean syringe exchange* and heroin testing programs</p> <p>2.13 Expand tele-medicine* pilot - Pierce County</p> <p>2.14 Use of shareable data (population health mgt. system – ACH/Core-Prov)**</p> <p>2.15 Implement Guidelines on Prescribing Opioids for Pain and Substance Use during Pregnancy Guidelines across clinical, community-based, and criminal justice settings**</p> <p>2.16 Advocate for opioid training in higher education</p>	<p>2.2 and 2.3 must incorporate use of neighborhood level data and contemporary social media platforms in any public education efforts</p> <p>2.5.1 Pilot underway in King County and Puget Sound ESD willing to collaborate</p> <p>2.7.1 Policy – prescription authority</p> <p>2.7.2 Incentivize providers</p> <p>2.9.1 Track Naloxone use to better target prevention and treatment efforts</p> <p>2.10.2 Capture Opioid users with concurrent sedatives</p> <p>2.10.3 Prescriber guidelines – implementation</p> <p>2.16.1 Assess pain management and substance use disorder training provided in educational institutions</p> <p>2.16.2 Support SBIRT training for all students in health-related fields</p>

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<p>Category 3: County/Local Level (can be accomplished with <u>strong infusion</u> of additional resources)</p> <p>YOUTH-SPECIFIC</p> <p>3.1 Deliver evidence-based programs in school districts and afterschool settings that address youth living with family members battling opiate (and other drug?) addictions</p> <p>ADULT OR ALL POPULATIONS</p> <p>3.2 Expand use of therapeutic courts across all County jurisdictions</p> <p>3.3 Need for more methadone clinics (public and private)</p> <p>3.4 Building/operating jail treatment (involuntary)</p> <p>3.5 Develop mobile MAT capacity (note State implications re prescriber authority)</p> <p>3.6 MCIRT expansion</p> <p>3.7 Expand behavioral health capacity</p> <p>3.8 Utilize mapping technology to provide consumers information (e.g., safe disposal sites, pharmacies that dispense naloxone & facilities that offer treatment)</p>	<p>3.1.1 More training in ACEs and trauma-informed practices for health and human service providers</p> <p>3.2.1 Expand pre-jail programs at municipal, district and superior court levels (e.g., Felony Drug Court)</p> <p>3.8.1 Utilize social media platforms</p>
<div style="display: flex; align-items: center;">  <div> <p>Category 3 Funding Options</p> <ul style="list-style-type: none"> • Mental & behavioral health tax (1/10 of 1 % is funding tactic) • Follow-up to County declaration of local opioid crisis </div> </div>	
<p>Category 4: State-level Actions</p> <p>4.1 Statewide public awareness campaign</p> <p>4.2 Funded mandate for jail treatment</p> <p>4.3 Open up prescribing authority (scope of practice changes)</p>	

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4.4 Assess current educational standards in health and fitness regarding opioid education	
<i>Category 5: Federal-level Actions</i> 5.1 Remove 16-bed cap for Medicaid 5.2 Focus enforcement on supply of fentanyl & carfentanyl 5.3 More funding for Drug-Free Coalitions	
<i>Category 6: Other</i> 6.1 Stronger understanding of current prevention, intervention and treatment services and systems	6.1.1. Develop inventory of current prevention and education services across Pierce County

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