



LANCASTER COUNTY
JOINING FORCES

Coordinating efforts to reduce deaths from opioids and heroin

STRATEGIC PLAN

APRIL 2018

INFORMATION DISCLAIMER

Lancaster County Joining Forces emphasizes the principles of transparency, accountability, collaboration, and partnership. We are working to collect and share current, complete, and accurate information with the community. This is a collective effort, and community and stakeholder participation has been crucial in the process of preparing and reviewing this document and will continue to be vital to all of our strategies and efforts. We welcome and will respond to additional information shared with us from community members and organizations.

This document summarizes the conditions in our community and establishes a framework to guide the coordinated actions of Lancaster County Joining Forces. While the information presented in this document is meant to be as comprehensive as possible, we recognize that it is not fully exhaustive and is based only on information available up to this point in time.

At the time of publication, all information in this document is current up to February 2018.

As a countywide initiative, Joining Forces is continually adapting to effectively respond to the immediate and long-term needs of the community in the midst of the opioid crisis. We envision this strategic plan as a dynamic, living document that will be updated with addendums as new information, data, and resources become available.

We will continue to actively seek community feedback and engagement to evaluate and re-evaluate community conditions, our goals, and the effectiveness of our efforts. All feedback is valuable. If any individual, organization, or coalition has information or resources that is currently not reflected in this document, please reach out to us by [email](#).

All Lancaster County data, events, resources, and Joining Forces materials are regularly updated and publicly available on the Joining Forces [website](#). This strategic plan will be updated annually and made available on our website as well.

HOW TO CONTACT JOINING FORCES

Visit www.lancastercountyjoiningforces.org

Email contact@lancasterjoiningforces.org

Call (717)544-3800

WHERE TO GET HELP

In an emergency, call 911

Need to find a detox facility? Call (866)769-6822

Need information or referrals? Call Compass Mark at (717)299-2831

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EXECUTIVE SUMMARY

In 2017, Lancaster County Joining Forces launched as a community collaborative with the primary aim to support and coordinate countywide efforts to reduce the number of deaths from opioid and heroin overdoses. Joining Forces brings together key stakeholders, including community members, to strengthen existing initiatives across all sectors; identify and address gaps in services and resources; and implement unified, comprehensive strategies for prevention, intervention, and monitoring.

Opioid-related overdose deaths constitute a serious public health concern across the United States. The crisis at hand encompasses opioid misuse, opioid use disorders, and the associated morbidity and mortality, including overdose deaths. In response to the opioid crisis, the federal United States government declared a national public health emergency in October 2017, and the State of Pennsylvania declared a statewide disaster emergency in January 2018. Lancaster County is not alone in this crisis, but it displays a higher rate of drug-related overdose deaths than the nationwide average.

In 2017, there were 168 drug-related overdose deaths in Lancaster County.¹⁴ Per capita, this is approximately 31 deaths per 100,000 people. From 2014 to 2017, the number of overdose deaths in Lancaster County increased 180%.

This strategic plan provides an in-depth examination of the context and challenges related to opioid overdose at a national and local level. To effectively plan and implement efforts to reduce overdose deaths, Joining Forces recognizes the importance of community engagement, mobilization, and collaboration. To date, we have conducted community forums, meetings, interviews, and focus groups to accurately assess our community-wide capacity to combat this issue and to determine our community needs and priorities (see Appendix A for a full list of participating organizations to date).

In this document, we explore the current strengths and assets, weaknesses and gaps across Lancaster County. This community is home to many resources, prevention programs, treatment services, and recovery supports. However, there are gaps, unmet community needs, and opportunities for improvement. Overall, there must be a targeted, coordinated, and comprehensive approach to enhance our response to the opioid crisis.

We will outline concrete strategies based on research that will improve our ability to prevent opioid misuse, respond to opioid use disorders, and decrease the likelihood of opioid-related overdose deaths. Joining Forces aligns these strategies with research and evidence-based practices, especially those outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC).

The priorities of Joining Forces are:

1. Enhance data collection and dissemination
2. Support and strengthen evidence-based prevention and intervention programs
3. Implement comprehensive strategies to unify messaging and saturate the community with information
4. Improve patient safety by encouraging and supporting a cultural change within the medical community regarding opioids
5. Increase access to and utilization of treatment services and recovery resources
6. Strengthen community awareness, mobilizing efforts, and partnership development

OUR MISSION

The mission of Joining Forces is to support and coordinate efforts to reduce deaths from opioids and heroin in Lancaster County.

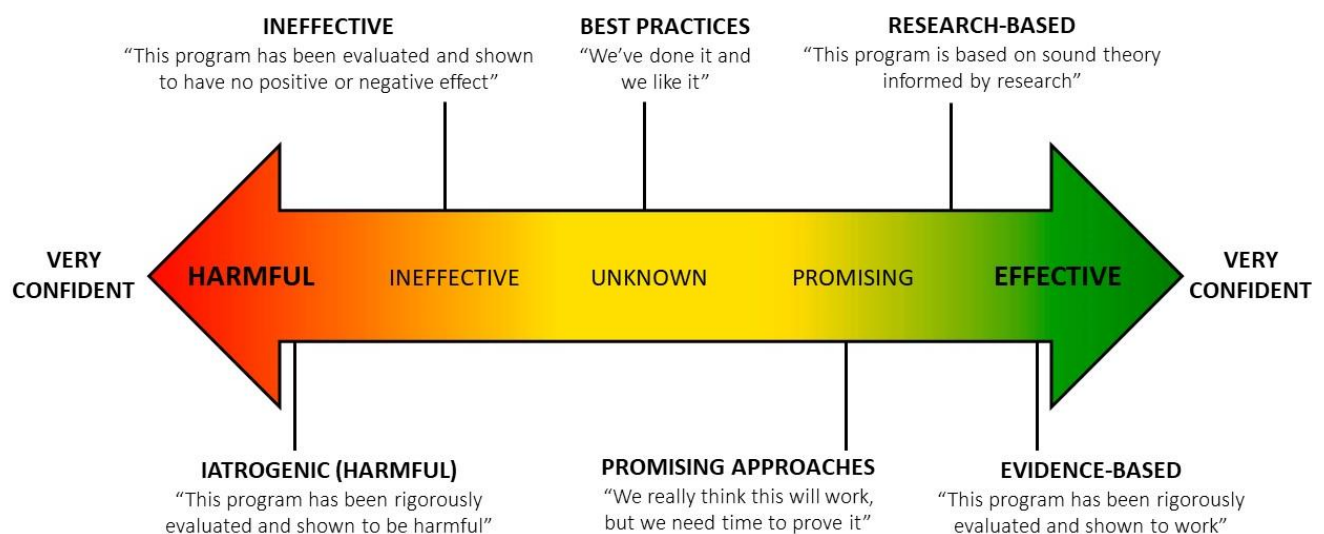
OUR GUIDING PRINCIPLES

- Collaboration and partnership
- Transparency and accountability
- Recognizing and building on community strengths
- Community engagement and mobilization
- Strategic, systematic, multi-level methods
- Data-driven planning and evaluation
- Implementing effective, research- and evidence-based programs and practices (see below)

INTRODUCTION TO EVIDENCE-BASED PRACTICE

The Evidence-Based Prevention and Intervention Support Center, or EPISCenter, has developed a tool to describe programs and practices along a continuum of confidence (see Figure 1). In this case, the level of confidence refers to how confident we are that a program or practice will lead to improved outcomes. Joining Forces supports the implementation of research- and evidence-based programs and practices. However, in order to meet diverse community needs in emergent situations, innovative, promising approaches may be appropriate when used with careful consideration and review. A majority of our assessments and strategies in this document will emphasize research- and evidence-based programs.

FIGURE 1. CONTINUUM OF CONFIDENCE



OUR PARTNERS

JOINING FORCES STEERING COMMITTEE



COMMUNITY GROUPS

In addition to the organizations and coalitions on the steering committee, Joining Forces works in cooperation with local community mobilizing groups and non-profit organizations, including:

- ASAP Lititz
- Columbia Life Network
- Donegal Substance Abuse Alliance
- Elanco Coalition for a Drug Free Community
- Elizabethtown Area Communities that Care
- Ephrata Cares
- Factory Ministries
- Lancaster Communities that Care
- Lancaster Harm Reduction Project
- Manheim Township Community Life Task Force
- Penn Manor Bridges Task Force
- Project Lazarus of Lancaster County
- Solanco Family Life Network
- The Gate House
- The Mix at Arbor Place
- The RASE Project

WHAT IS THE ISSUE?

This section highlights opioid-specific information and statistics to look closely at opioid overdose deaths and the related issues of opioid misuse and opioid use disorders. However, we recognize that this particular crisis is situated within a broader context. In some parts, we will explore this broader context by discussing the overarching issue of substance use disorders and associated data, risk factors, and protective factors.

While addressing the immediate threats related to the opioid crisis, we also look to long-term changes by building our community capacity to address all substance use disorders, the root causes, and the associated stigma. By planning and implementing strategies for change that go beyond opioids, our community can be prepared to respond as substance use trends may change and to prevent or mitigate new crises that may emerge.

TERMS

First, it is important to identify commonly used terms and the terminology used for the purposes of this document. Joining Forces will actively employ language that is medically accurate, non-stigmatizing, and person-first (i.e. person with an opioid use disorder).

CO-OCCURRING DISORDERS are diagnosable when at least one mental health disorder (i.e. depression, anxiety, post-traumatic stress disorder, etc.) and at least one substance use disorder occur simultaneously.

OPIOIDS are a class of drugs that include the illegal drug heroin and opioids that are commonly available by prescription as pain relievers. Prescription opioids can include natural opioids (i.e. morphine and codeine), semi-synthetic opioids (i.e. oxycodone, hydrocodone, and morphine), methadone, and some other synthetic opioids (i.e. tramadol and fentanyl). The CDC identifies and tracks four categories of opioids: heroin, natural and semi-synthetic opioid analgesics, methadone, and other synthetic opioid analgesics. For the purposes of this strategic plan, we will most commonly use the term *opioids* to refer to all categories of opioids. The term *prescription opioids* is used to refer to all pharmaceutically manufactured opioids, as they are typically obtained in a way that originated with a prescription.

OPIOID ADDICTION is typically synonymous with severe opioid use disorder. It is a chronic disease that most severely affects the brain's reward, motivation, and memory processes. This manifests in a complex condition with biological, psychological, and social components and impairments in behavioral control and social and emotional functioning. In recovery circles, addiction is typically self-defined and identified. In this paper, the term *opioid use disorder* will be used more often than *addiction* to be more encompassing.

OPIOID DEPENDENCE is a physical state in which an individual is reliant on opioids to prevent physical withdrawal symptoms. Typically, dependence is also associated with a development of opioid tolerance, requiring higher amounts of the drug to obtain the same effects. While it can be a symptom of opioid misuse or use disorder, dependence can occur independently.

OPIOID MISUSE occurs when an individual takes opioids in any way not directed by a doctor (i.e. in a larger quantity than prescribed or without a prescription, as in non-medical recreational use).

OPIOID OVERDOSE occurs when an individual consumes a toxic quantity of opioids in excess of what the body can process. During an overdose, the brain's opioid receptors become overwhelmed and affect the body's central nervous system, which slows and eventually stops breathing and heart rate. Overdoses can be fatal or nonfatal and are most often unintentional.

OPIOID USE DISORDER is a specific substance use disorder, classified in the Diagnostic Statistical Manual of Mental Disorders, 5th Edition (DSM-5) by recurrent use of opioids that causes significant distress or impairment in daily living. Some symptoms of opioid use disorder include a strong desire to use opioids, inability to control or reduce use, opioid tolerance or dependence, and continued use despite adverse effects on health or social functioning. Opioid use disorders may be classified by severity as mild, moderate, or severe.

SUBSTANCE USE DISORDERS are characterized in the DSM-5 by the recurrent use of alcohol and/or drugs that results in clinically significant impairments in health, social functioning, and voluntary control over substance use. Substance use disorders are typically classified by the type of substance used (i.e. opioid use disorder or alcohol use disorder) and by level of severity (i.e. mild, moderate, or severe). Substance use disorders are clinically diagnosable, and this term will be used instead of *substance abuse* in this plan.

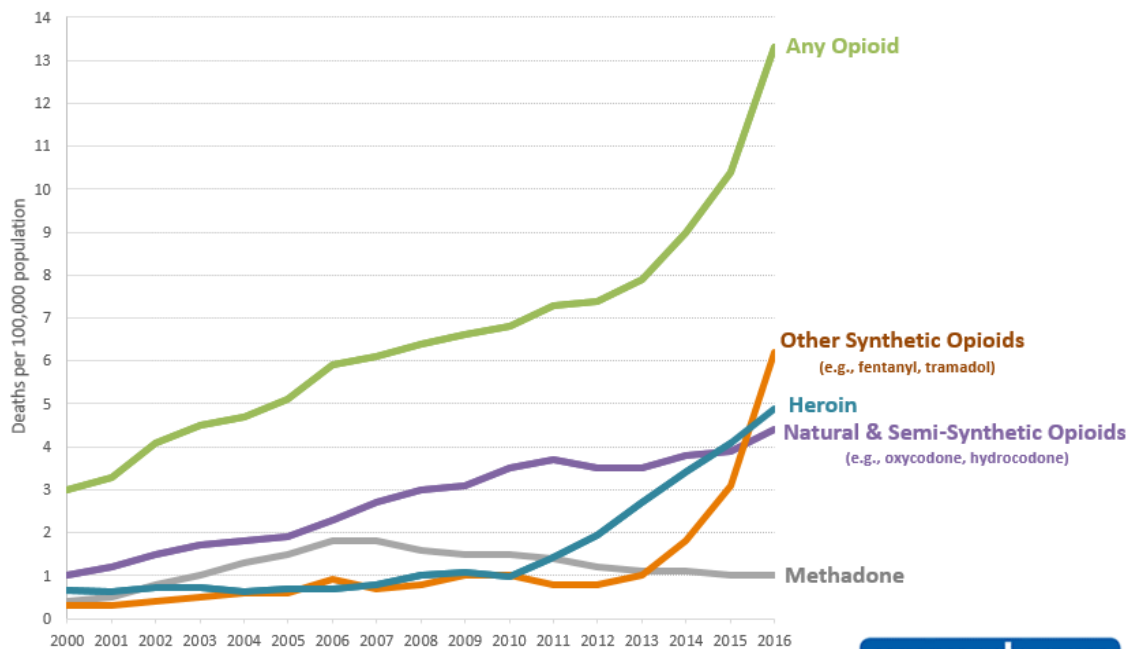
BACKGROUND

Opioid-related overdoses constitute a serious national public health concern. In recent decades, the rates of opioid use, misuse, use disorders, and overdose deaths have significantly increased.^{6,24,25,33}

The rate of opioid-related overdose deaths in the United States increased 500%
per capita between 1999 and 2016.⁶

The increase in opioid-related overdose deaths has been driven by a steady increase in prescription opioid overdoses and large recent surges in illicit opioid overdoses^{5,14,17,33,34} (see Figure 2). Since the late 1990s, there has been a dramatic increase in the prescribing of opioids for chronic, noncancer pain.^{12,25} From 1999 to 2010, the increase of overdose deaths mirrored the increase in opioid prescribing.^{12,33} The availability of heroin and other illicitly manufactured opioids have also significantly increased in recent years as these illicit forms of opioids have increased in purity and potency.^{27,33,34}

FIGURE 2. TOTAL OVERDOSE DEATHS INVOLVING OPIOIDS, BY TYPE OF OPIOID, UNITED STATES, 2000-2016⁵



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017.
<https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

Prescription opioids are most commonly prescribed for chronic pain relief.²⁶ While prescription opioids may be safe when taken for a short period and closely monitored by a medical provider, there is also risk for dependence, misuse, disordered use, and overdose.^{12,26} Prescription opioids continue to be involved in more overdose deaths than any other drug.^{5,12} In 2016, almost half of all opioid overdose deaths involved a prescription opioid.^{5,14} The most common types of prescription opioids involved in overdose deaths include methadone, oxycodone, and hydrocodone.^{33,34}

Data shows that recent surges in opioid overdoses are related to heroin, fentanyl, and fentanyl-related substances.^{24,25,33,34} Fentanyl and fentanyl-related substances are particularly lethal synthetic compounds and are increasingly manufactured illegally and mixed with heroin or other drugs.^{25,27} The increased availability of fentanyl and increased purity of heroin significantly contribute to the risk of overdose and the dramatic increases in the total numbers of drug overdose deaths.^{5,27}

STATISTICS

National data, primarily collected by the CDC and SAMHSA, is an important tool to understand opioid use disorder and overdose. The CDC reports drug-related overdose death data from the National Vital Statistics System (NVSS). For the purposes of this strategic plan, the number of opioid-related overdoses is used as an indicator to track outcomes at the local level. The Lancaster County Coroner's Office is the primary source of local drug-related overdose death data. All of this available data demonstrates the scope of the issue, and future data will be used to evaluate the effectiveness of efforts in Lancaster County.

One of the main priorities of Joining Forces is to collect data and disseminate information to the public on its website. A Joining Forces member has been dedicated to identify appropriate outcome and process measures, track progress, and publicly report this information on a quarterly basis.

A SNAPSHOT OF THE UNITED STATES

Drug overdose is now the leading cause of unintentional injury death in the United States, and it is the leading cause of death among people under age 50.³³ According to the CDC, the number of opioid overdose deaths has grown to such an extent that it is influencing overall mortality rates. In 2015 and 2016, life expectancy in the United States dropped for two years in a row, for the first time since the 1960s.¹⁵ Drug overdoses, among all unintentional injuries, replaced lung disease as the third leading cause of death of people in the United States in 2016.¹⁵

A majority of drug-related overdose deaths involve some form of opioid, including legally prescribed opioids and illicitly manufactured opioids like heroin and fentanyl.^{6,14,23}

The CDC reports that there were 63,600 total drug-related overdose deaths in 2016. About two-thirds, over 42,200, of these involved opioids. On average, 115 people die every day in the United States due to opioid-related overdoses.^{6,7,14}

It is also important to note that reported statistics likely underrepresent the actual number of opioid overdose deaths. It is difficult to track data related to drug overdose deaths because in about 20% of overdose fatality cases, the death certificate does not identify specific substances involved.^{5,43} It is also common for opioids to be used in combination with other drugs in cases of overdose, so it is difficult to

determine which drugs caused death, only which drugs were involved.⁴³ Additionally, it is estimated that for every fatal opioid overdose, there are approximately 30 nonfatal overdoses, but these numbers are even more difficult to track.¹¹

Since 1999, opioid overdose deaths have occurred most often in people 25 to 54 years old. Among this age group, the age-adjusted rate of drug overdose deaths was about 35 per 100,000 people in 2016 compared to the overall average of 19.8 per 100,000 people.¹⁴ In 2016, the rate of overdose death among men is almost double the rate among women.¹⁴

The following information highlights figures from the 2016 National Survey on Drug Use and Health.³⁷ This offers the most recent nationwide data on issues related to mental health and substance use.

OPIOID MISUSE

Opioid misuse refers to any non-medical use of opioids. This can include using prescription opioids not as directed by a doctor or any use of illicit opioids, such as heroin.¹³ In 2016, about 11.8 million people aged 12 or older misused opioids in the United States, including people who misused prescription pain relievers and people who used heroin.^{13,37} It is estimated that about 1 in 4 people who are prescribed opioids misuse them.^{25,26} However, the majority of people who misused prescription opioids used them without a prescription at least once in the past year. The most common reason reported for opioid misuse was to relieve pain.¹³

Prescription opioid misuse is a risk factor for heroin use.^{25,26} In 2016, 5.6% of people who had misused prescription opioids also used heroin, while 67.6% of people who had used heroin also misused pain relievers.³⁷ According to the CDC, among individuals who recently began to use heroin, more three-quarters report that they misused prescription opioids prior to using heroin.²⁶

OPIOID & SUBSTANCE USE DISORDERS

In 2016, over 20 million people aged 12 or older who met the diagnostic criteria for any substance use disorder. Approximately 15.1 million people meeting the criteria for an alcohol use disorder, while about 7.4 million people had a drug use disorder. Of people with a substance use disorder, over 2 million people in the United States had an opioid use disorder in 2016.³⁷

Among all people who used prescription opioids, about 16.7% reported a prescription opioid use disorder.^{13,37} A person who is prescribed low doses of opioids is 15 times more likely to develop an opioid use disorder than someone who has not been prescribed opioids. Someone who is prescribed high doses of opioids are 122 times more likely to develop an opioid disorder than someone who has not been prescribed opioids.¹⁶

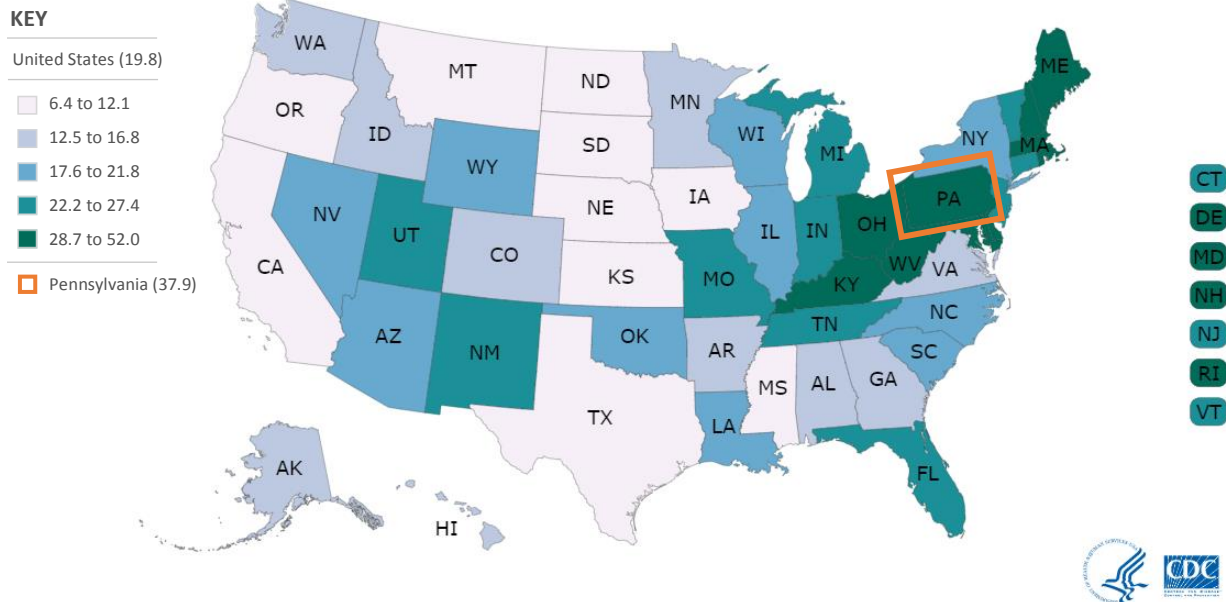
CO-OCCURRING DISORDERS

It is also important for us to highlight co-occurring mental illness and substance use disorders, as they commonly occur together and present complex symptoms.^{20,22,31,41} Individuals with a substance use disorder are 2.7 times more likely to have a mental illness than the general population. Additionally, individuals with a mental illness are 3.4 times more likely to have a substance use disorder than the general population.³⁷ In 2016, a total of 8.2 million adults had a mental illness and a substance use disorder that occurred simultaneously, or co-occurring disorders.³⁷ The connection between mental health and substance use disorders is explored further when we discuss risk factors.

A SNAPSHOT OF LANCASTER COUNTY & PENNSYLVANIA

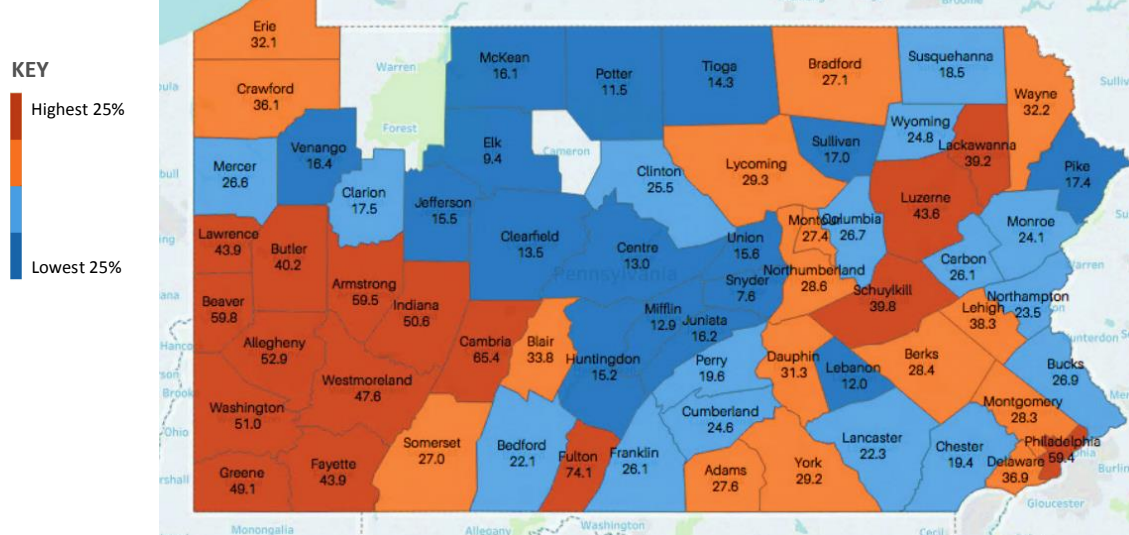
As of 2016, Pennsylvania is currently ranked fourth highest in the nation in the rate of deaths due to drug overdose^{5,7} (see Figure 3). The rate of drug-related overdose deaths in Pennsylvania significantly increased from 26.7 per 100,000 in 2015 to 37.9 deaths per 100,000 people recorded in 2016.⁷ This far exceeds the national rate of drug-related overdose deaths of 19.8 per 100,000 reported in 2016.^{5,7}

FIGURE 3. AGE-ADJUSTED RATES OF DRUG OVERDOSE DEATHS BY STATE IN 2016, PER 100,000⁷



Many counties in Pennsylvania experience drug-related overdoses at higher rates than the national average, with the highest rates of overdose observed in Western Pennsylvania and Philadelphia (see Figure 4).^{9,10,28,29} In 2016, the rate of drug-related overdose deaths in Lancaster County was ranked the 47th highest in the state, with 22.3 overdose deaths per 100,000 people.¹⁰

FIGURE 4. RATES OF DRUG-RELATED OVERDOSE DEATHS IN PENNSYLVANIA IN 2016, PER 100,000¹⁰

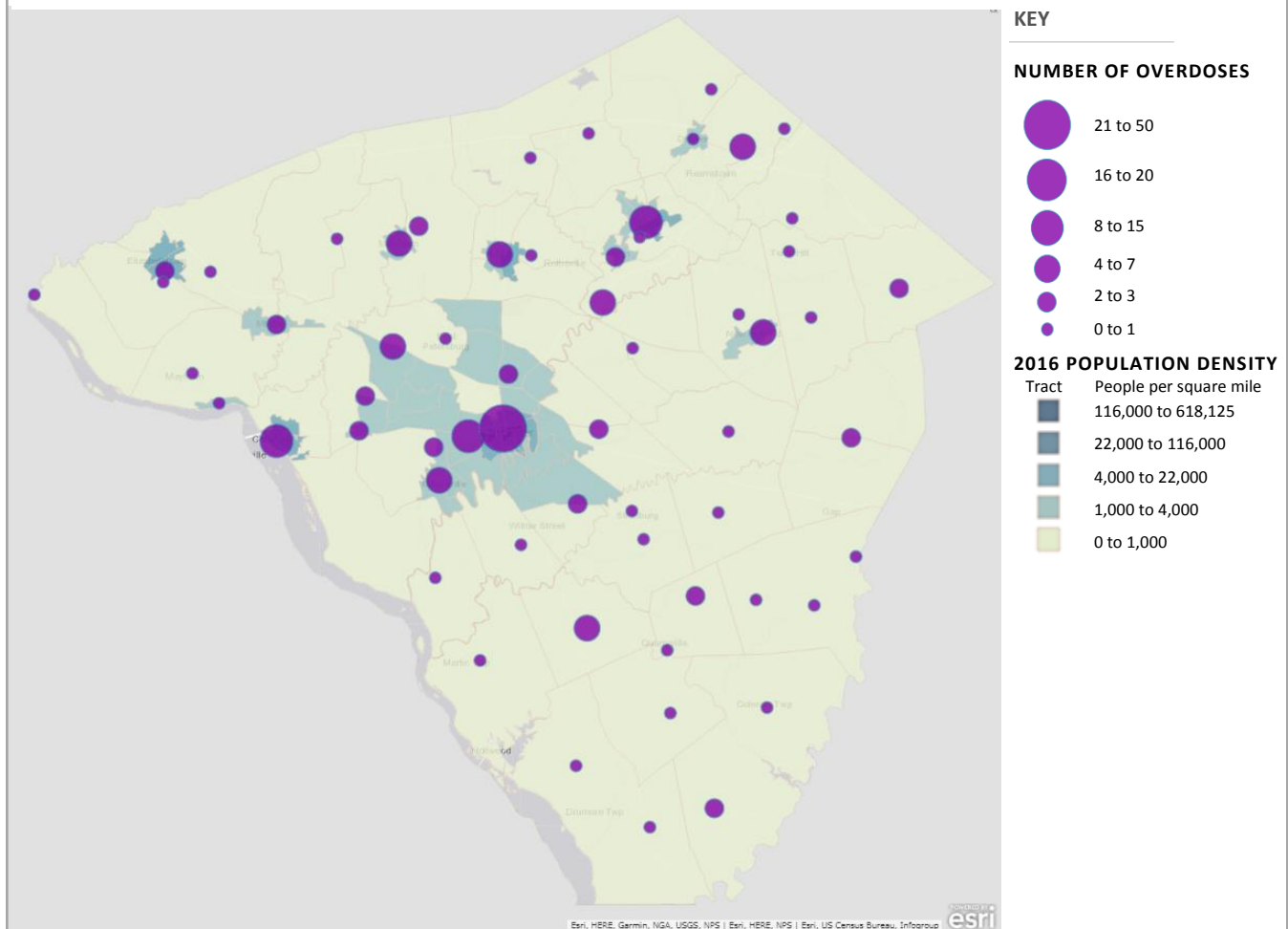


In 2016, drug-related overdose deaths in Pennsylvania occurred most frequently among individuals between 25 and 34 years old. Approximately 70% of drug-related overdose deaths in Pennsylvania occurred in men, and 77% of all decedents were white.¹⁰ In 2016, the Lancaster County Coroner's Office¹⁷ reported that the median age of overdose deaths in Lancaster County was 36 years old, and a majority of overdose deaths occurred among white males.

In 2017, Lancaster County experienced 168 fatal drug-related overdoses, or approximately 31 overdose deaths per 100,000 people.¹⁷

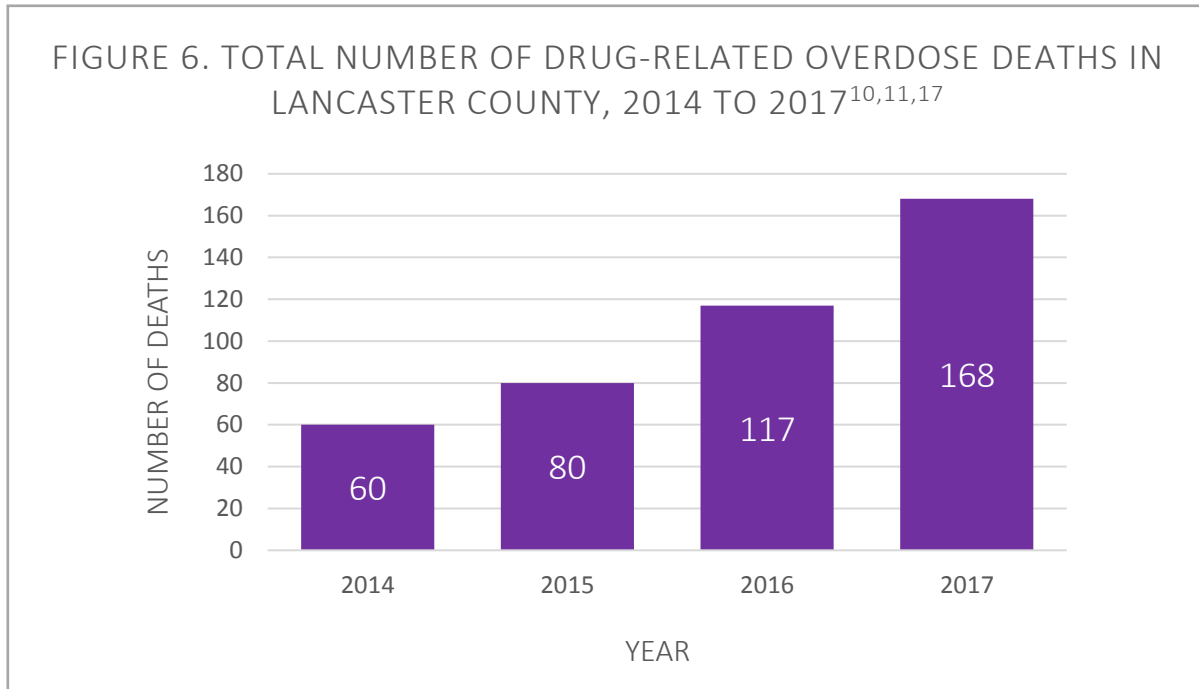
While some individuals may be at an increased risk for overdose, this is an issue that affects all of Lancaster County. By looking at the geographic distribution of overdose deaths, we see that virtually all municipalities in Lancaster County are affected by overdose (see Figure 5).¹⁷

FIGURE 5. MAP OF OVERDOSE FATALITIES IN LANCASTER COUNTY IN 2017, BY MUNICIPALITY¹⁷



The rates of drug-related overdose deaths continue to grow in Pennsylvania and Lancaster County. Between 2015 and 2016, there was a 37% increase in the number of drug-related overdose deaths in Pennsylvania. Across all counties, the change in deaths from 2015 to 2016 varied and ranged from a 37.5% decrease to a 300% increase.^{10,11} In Lancaster County, the number of drug-related overdose deaths increased 45% from 2015 to 2016. This is compared to a 33% increase from 2014 to 2015.^{10,11}

From 2014 to 2017, the number of drug-related overdose deaths has increased 180% in Lancaster County (see Figure 6). This shows a steady upward trend in the number of drug-related overdose deaths, largely driven by overdoses involving opioids, including prescription and illicit opioids.^{10,11,17,28}



OPIOID-RELATED OVERDOSE DEATHS IN PENNSYLVANIA

In 2016, 85% of all drug-related overdose deaths in Pennsylvania involved some form of opioid, either illicit or prescribed by a doctor.²⁸

In 2016, fentanyl and fentanyl-related substances were the most frequently identified substances in all drug-related overdose deaths in Pennsylvania, identified in about 52% of all drug-related overdose deaths. Heroin was the second most frequently identified substance, in about 45% of all drug-related overdose deaths.¹⁰ From 2015 to 2016, there was an increase of 130% in the number of fentanyl mentions and a 23% increase in the number of heroin mentions in fatal overdose toxicology reports in Pennsylvania overall.^{10,11}

OPIOID-RELATED OVERDOSE DEATHS IN LANCASTER COUNTY

In Lancaster County, a majority of drug-related overdose deaths involved some form of opioid in 2016. Heroin was the most commonly reported substance in drug-related overdose deaths in 2015 and 2016.^{10,11} Of all drug-related overdose deaths in 2016 in Lancaster County, about 53% involved heroin, and 40% involved fentanyl. From 2015 to 2016 in Lancaster County, there was a 170% increase in the number of fentanyl mentions and a 15% increase in the number of heroin mentions in fatal overdose toxicology reports.¹⁰

EMERGENCIES & HOSPITALIZATIONS LANCASTER COUNTY

The Lancaster County-Wide Communications Center¹⁸ reports annual data on the number of emergency calls and dispatches for a variety of issues in Lancaster County. According to this data, overdose- and

poisoning-related calls for Emergency Medical Services increased significantly from 2010 to 2017. From 2014 to 2016, there were over 5,000 calls to 911 related to drug overdoses. In 2017 alone, there were 2,584 emergency medical services dispatches for overdoses or poisoning, and there were 1,386 police dispatches for overdoses or poisoning.¹⁸

The Pennsylvania Health Care Cost Containment Council reported that the hospitalization rate for opioid overdose was 29.6 per 100,000 Lancaster County residents in the calendar year 2016. Statewide, the average hospitalization rate for opioid overdoses was 31.1 per 100,000 Pennsylvania residents. Regionally, neighboring counties show comparatively lower rates of hospitalization: Berks County 25.4, Chester County 24.7, and York County 28.8 per 100,000 residents.²⁸ In Lancaster County, 10.5 per 1,000 neonatal stays were substance-related.²⁸

RISK FACTORS

Risk factors are any personal or external characteristics that increase the likelihood that an individual may experience a particular outcome.¹⁹ Effective prevention and intervention efforts can focus on reducing the presence of risk factors or mitigating their effects.

Anyone who uses prescription opioids is at risk for overdose, as is any individual who uses heroin or fentanyl at any time.³⁹

Most, but not all, people who experience an overdose have a history substance misuse or disordered use. People with opioid dependence have the highest risk of overdose.⁴⁴ People with opioid use disorders are at a high risk for overdose, especially following periods of reduced use and reduced tolerance. People who use illicit opioids, inject opioids, use opioids in combination with other sedating substances, or take high doses of prescription opioids are also at a heightened risk of overdose.^{14,44} Use of illicit opioids, alone or with other substances, can increase the risk of overdose because these forms of opioids are unregulated and have become increasingly potent.^{27,33} Fentanyl and fentanyl-related substances are much more potent than other opioids, leading to especially high levels of risk of overdose and death.²⁷

Research has identified numerous factors that increase the risk of substance use disorders.^{19,28} It is helpful to examine the risk factors related to substance use disorders in general, beyond opioid use disorders alone. Some of the most significant risk factors related to substance use disorders include:

- Family history of substance use disorders
- Lack of parental support or supervision
- Family conflict or violence
- Child abuse, neglect, and other adverse childhood experiences
- Limited access to resources or positive activities
- Low neighborhood/community attachment
- Neighborhood poverty or violence
- Low educational commitment or achievement
- Rebelliousness or low self-control
- Antisocial behavior (i.e. aggressive behavior or poor social skills)
- Friend or peer use of drugs
- Perceived low risk associated with drug use
- Trauma and traumatic stress
- High perceived availability of drugs

The 2015 Pennsylvania Youth Survey (PAYS) reports that 36% of youth in Lancaster County are at high levels of risk for substance use issues. Statewide, the PAYS risk level among youth in Pennsylvania is about 39.8%. This indicates that more than one in three youth in Lancaster County and Pennsylvania display substantial risk factors.²⁸

MENTAL HEALTH & SUBSTANCE USE ISSUES

As previously described, people with mental health disorders are more likely than people without to experience a substance use disorder, and people with substance use disorders are more likely than people without to experience mental health disorders.³⁷ It is important for us to discuss the connections between mental illness and substance use disorder because these frequently occur simultaneously, potentially posing barriers to treatment, recovery, and overall well-being.^{20,22,31,42}

Co-occurring mental health and substance use disorders affect over 8 million people nationwide. Anxiety, depression, and traumatic stress can be predictive of alcohol or substance use disorders, and about 1 in 5 people with an anxiety or mood disorder have a co-occurring substance use disorder.³⁷

Both substance use disorders and mental illnesses have biological, psychological, and social components and determinants, and the relationship between these disorders is often complex and intertwined.^{20,31,39} Mental illness does not necessarily cause substance use disorders, or vice versa. However, there are pathways that connect mental illness and substance use. For example, mental illness may increase the chances of substance use as a form of coping. Additionally, substance use or misuse may increase or exacerbate the risk or severity of mental illnesses and their symptoms.^{31,39}

Mental illness and substance use disorders have common risk and protective factors as well as barriers to treatment.^{20,22,31} Some of the most recognized factors that contribute to both mental illness and substance use disorders are predisposing genetic vulnerabilities and environmental triggers, especially trauma and traumatic stress.³¹ Trauma frequently underlies co-occurring disorders. A history of trauma is strongly associated with both mental health and substance use disorders.³¹

PROTECTIVE FACTORS

Protective factors are personal or external conditions that decrease the likelihood an individual may experience a particular outcome. A variety of protective factors mitigate the risk of opioid misuse, use disorders, and overdose. Many evidence-based interventions aim to enhance protective factors and resilience in order to buffer risk factors and reduce opioid misuse and its related consequences. For the purposes of this document, we broadly categorize protective factors as individual behavioral and cognitive factors, family and peer factors, and community factors.

INDIVIDUAL FACTORS^{19,28}

- Positive temperament and self-control
- Healthy coping skills
- Perceived risk associated with drug use
- Employment or educational attainment
- Positive social engagement
- Low perceived availability of drugs
- Self-efficacy, or belief in one's ability to control what happens and adapt to change

FAMILY & PEER FACTORS^{19,28}

- Family and peer support and attachment
- Parental supervision
- Positive social and communication skills
- Family and peer sobriety

COMMUNITY FACTORS^{19,28}

- Community norms, beliefs, and standards that discourage substance use
- Schools characterized by academic achievement, student involvement, and investment in students
- Available and accessible supports and resources
- Opportunities for involvement in positive activities

WHAT IS OUR FRAMEWORK FOR ACTION?

Joining Forces aims to address opioid use concerns and opioid-related overdose with a strategic, comprehensive, evidence-based approach to meet immediate needs in this crisis, build our community capacity, and establish long-term strategies for prevention and lasting healthy outcomes. For our collective actions, the following framework serves to guide assessments of the current strengths, resources, and gaps in our community; the planning of intervention strategies; the implementation of these strategies; and ongoing evaluation.

The Continuum of Care model is the foundation of our framework for action (see Figure 7). This is a comprehensive approach developed by the Institute of Medicine and SAMHSA³⁸ that goes beyond a traditional treatment-only continuum of care to integrate all levels of health promotion, prevention, and intervention to prevent and mitigate substance use disorders and support sustained recovery and long-term wellness.

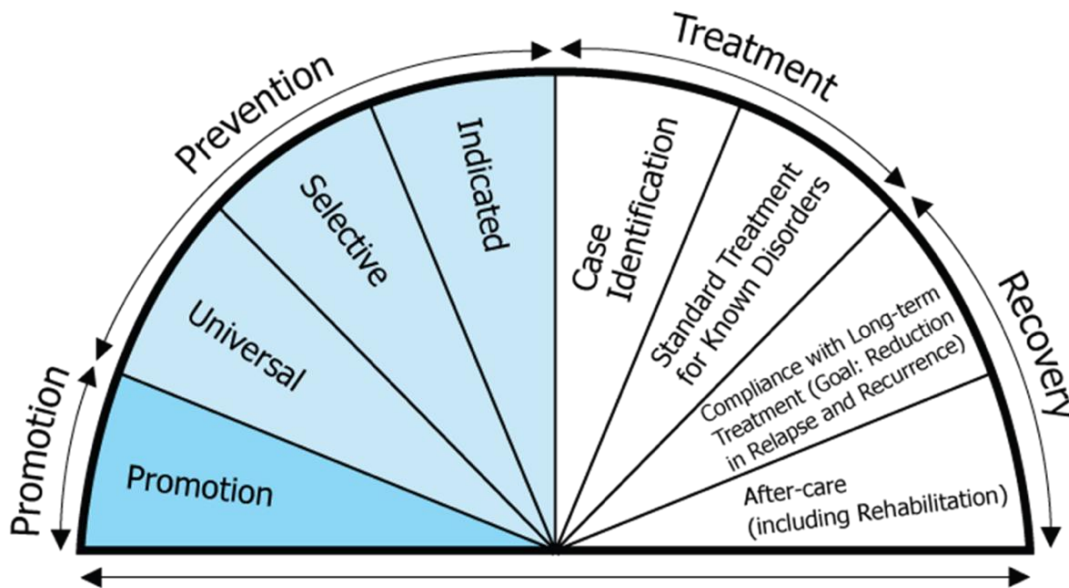


FIGURE 7. CONTINUUM OF CARE

Health promotion strategies create conditions in the environment that promote healthy living and reinforce all prevention and intervention efforts. **Prevention** is a crucial component across all stages of the continuum. The range of prevention efforts aims to enhance protective factors and reduce the risk of substance use disorders, overdose, and other adverse outcomes. **Treatment** and **recovery** services assist individuals who have experienced substance use issues through clinical interventions and community-based support services. Evidence-based intervention programs and services can help individuals with substance use disorders to recover, heal, and live productive and healthy lives.

For this strategic planning process, Joining Forces incorporates SAMHSA's Strategic Prevention Framework (see Figure 8) as a way to integrate the Continuum of Care across all planning and implementation efforts.³⁶ The Strategic Prevention Framework is data-driven and focused on population-level change for people of all ages. This is intended to guide prevention efforts across all

sectors through diverse collaborative partnerships. This is a continuous process that requires constant evaluation of community conditions and implementation processes and outcomes.

For successful prevention efforts, the Strategic Prevention Framework outlines a process of:

- Assessing needs and identifying problems
- Building capacity and engaging stakeholders
- Prioritizing issues and planning strategies
- Selecting and implementing effective interventions
- Evaluating outcomes and quantifying challenges and successes³⁶

Our community-wide efforts will target prevention and intervention strategies at universal, selected, and indicated levels; develop prevention activities in multiple contexts (i.e. schools, cultural or recreational settings, faith-based groups, and neighborhoods); utilize cross-system collaboration for consistent and comprehensive policies and practices; and build on the existing strengths in individuals, families, and the community environment.

Evidence-based community-wide strategies depend on infrastructure, data, coordinated efforts, and multi-level tactics. Joining Forces will align its efforts with recommendations from the CDC and SAMHSA for systematic change efforts to address the opioid epidemic and prevent opioid overdoses:^{8,38,40}

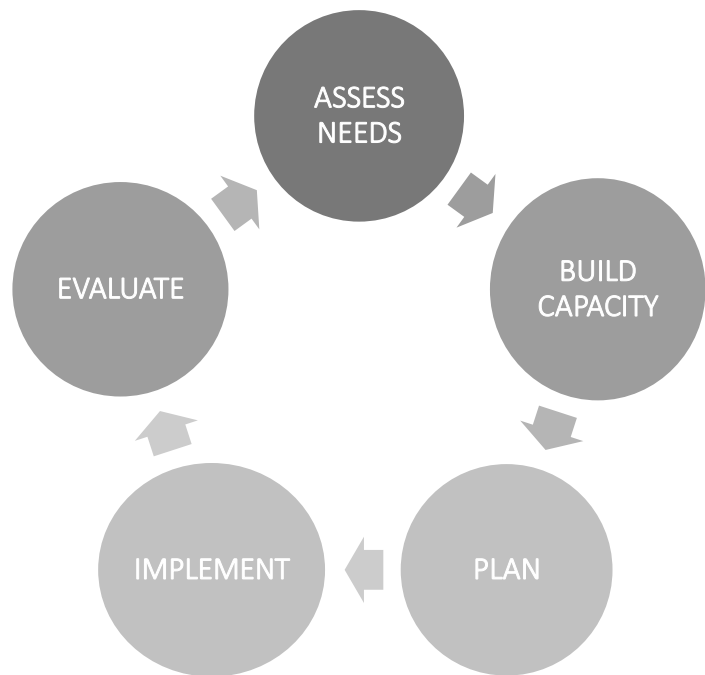
- Improve patient safety and encourage prescribers and dispensers to use the state Prescription Drug Monitoring Program (PDMP) and CDC guidelines for prescribing opioids
- Provide public education and encourage providers, persons at high risk, family members, and other community members to learn the signs of opioid use disorder and manage opioid overdose
- Implement effective strategies and ensure access to prevention, treatment, and recovery services
- Collaborate with public safety and encourage the public to call 911 if someone is experiencing an opioid-induced overdose
- Ensure ready access to naloxone
- Collect and analyze timely and comprehensive data

To improve patient safety, Joining Forces is encouraging the adoption of the CDC's⁸ guidelines for prescribing opioids for chronic pain in primary care, emergency departments, and hospital inpatient settings. For medical providers, some of the clinical messages of these guidelines are:

- Discuss benefits and risks and the availability of non-opioid therapies with patients
- Check PDMPs for high doses and prescriptions from other providers
- Start with low doses and increase slowly if needed
- Screen patients for opioid use disorder and arrange for treatment for opioid use disorder if needed

Visit the [CDC website](https://www.cdc.gov/painmanagement/guidelines/) for the full guidelines for prescribing opioids and additional information.

FIGURE 8. STRATEGIC PREVENTION FRAMEWORK



Some of the most successful strategies to reduce the number of deaths from opioids and heroin include the use of policies that enhance statewide prescription drug monitoring programs (PDMPs) and regulate pain management practices. In Florida, New York, Tennessee, and Oregon, regulations and regular use of PDMPs have resulted in decreased rates of overdose and overdose deaths. Oregon has implemented some of the most comprehensive prevention strategies by requiring PDMP use, requiring prior authorizations for methadone, ensuring training and access to naloxone, and training doctors in safe and effective pain management. They saw a 38% decrease in prescription opioid overdose deaths between 2006 and 2013, and a 58% decrease in methadone-specific overdose deaths in the same period.⁶

UNDERSTANDING OUR CURRENT STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS

A Strength, Weaknesses, Opportunities and Threats (SWOT) analysis was employed to audit the strengths, weaknesses, opportunities, and threats in the Lancaster County community. This is an analysis of factors that influence the mission of Joining Forces in Lancaster County. It also provides a structured framework to determine which overall strategies will best align with the community needs and the resources and capabilities that exist in the community.

Strengths are the qualities that enable us to accomplish the mission and goals of Joining Forces and sustain success and improvements in the future. Weaknesses are the qualities that will prevent Joining Forces from accomplishing its mission. These weaknesses have the potential to prevent success and growth. The environment in which Joining Forces operates may also present opportunities that enable successful implementation of strategies. Threats arise when uncontrollable conditions in external environment jeopardize our ability to achieve our goals. They compound vulnerability when they relate to the weaknesses.

In a community forum on August 3, 2017, key stakeholders and community members collectively completed a SWOT analysis to assess multiple sectors and settings across Lancaster County (see Appendix B).

The sectors and settings assessed in this SWOT analysis are:

- Treatment services for substance use disorders
- Services for mental health and co-occurring disorders
- Schools
- Workplaces
- Hospitals, prescribers, dispensers, health systems, and emergency medical services
- Recovery support services
- Faith-based organizations and resources
- Law enforcement
- Community

Four key themes emerged from this community SWOT analysis:

- Lancaster County is full of resources but there is opportunity for improvement and need for expanded access to resources
- There is a need to reduce the stigma associated with substance use disorders and mental illness
- There is a lack of awareness about substance use disorders and the resources and services that exist
- There is a need for expanded coordination between services for treatment and recovery

WHAT DO WE ALREADY HAVE?

Lancaster County has a strong presence of supportive services and resources that are assets in the fight to reduce opioid overdoses, and there are strengths across all levels of the community. One of the core principles of Joining Forces is to recognize that there are substantial assets that already exist in Lancaster County and to enhance and leverage these assets to meet community needs. The existing assets in our community are the foundation of our work. For the purposes of this plan, we identify assets as the people, places, services, and resources within the community that strengthen our mission.

This section takes inventory of existing resources and supports in the community and describes them as they align with each category along the Continuum of Care model. For the purposes of this paper, we highlight resources and services along the Continuum of Care for clarity and to target our efforts appropriately. While we highlight each piece of this framework separately, it is important to note that the integration of these pieces is crucial for an effective, comprehensive approach.

Throughout this section, we highlight some specific examples of programs and services, but we do not include all that exist. Asset maps are used throughout this section to illustrate the geographic distribution of our community assets and resources. Enlarged versions of these maps and the corresponding details of items plotted on the maps can be found in Appendix C.

HEALTH PROMOTION

HEALTH PROMOTION REFERS TO A PROCESS THAT SUPPORTS COMMUNITY CONDITIONS THAT IMPROVE OVERALL WELL-BEING AND THE ABILITY OF INDIVIDUALS TO WITHSTAND CHALLENGES. HEALTH PROMOTION STRATEGIES CREATE AN ENVIRONMENTAL CONTEXT THAT REINFORCES THE ENTIRE CONTINUUM.



Health promotion initiatives include the numerous public awareness campaigns and other health promotion efforts currently operated by several community coalitions, health systems, and non-profit organizations in Lancaster County. These initiatives identify and implement strategies to promote a community environment that supports individuals in health, wellness, and recovery.

SOUTH CENTRAL OPIOID AWARENESS COALITION is a regional coalition that brings together health systems; hospitals; medical, dental, and behavioral health providers; pharmacists, and healthcare professional associations and organizations to address the opioid crisis through awareness, education, and action. These widespread efforts target large-scale changes in policy and practice and support the development of individual knowledge and skills.

LANCASTER COUNTY RECOVERY ALLIANCE is a grassroots coalition made up of community members, including people in recovery, friends and family members, service providers, law enforcement, faith-based organizations, and other allies. This group encourages a recovering lifestyle and a community environment that facilitates recovery through awareness, advocacy, and access.

LET'S TALK, LANCASTER is a collective impact partnership dedicated to improving mental health and well-being in Lancaster County. Their work targets systemic changes to reduce stigma, ensure access to services, enhance the integration between physical health and behavioral health, and increase the capacity to treat co-occurring mental illness and substance use disorders.

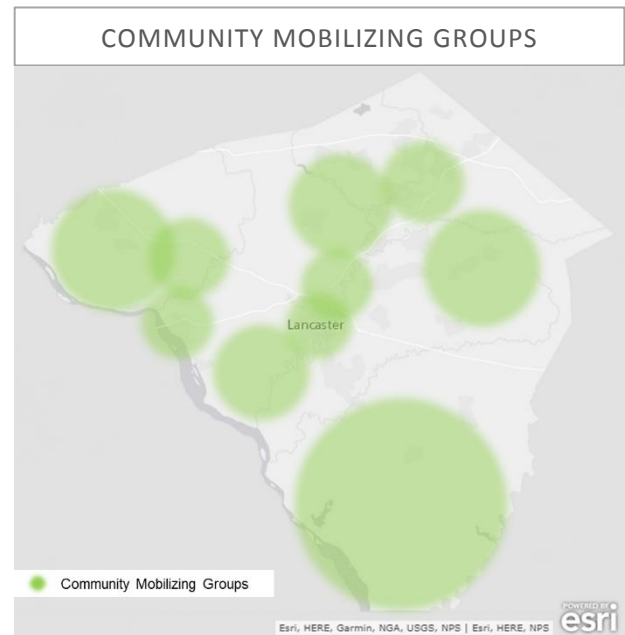
LIGHTEN UP LANCASTER COUNTY is a coalition focused on creating a community that supports healthy lifestyles, especially physical activity and healthy eating. Their efforts promote and enhance opportunities for overall wellness in the community.

LIVEWELL LANCASTER COUNTY COALITION is a collaborative of community members, businesses, and health and human service organizations working together to improve health and wellness in Lancaster County. This started in 1990 as the Lancaster Health Improvement Partnership. Now, *LiveWELL* coordinates a comprehensive system of health and wellness efforts for Lancaster County to *Feel, Eat, Build, Move, and Breathe WELL*. This takes the form of initiatives to prevent and reduce tobacco use; improve access to nutritious foods; improve the environment to support healthy outdoor activities; increase physical activity; and engage the community to advance mental well-being. For these efforts and the daily work of the county's health systems, the collection of data is crucial as the foundation for decision making and setting health priorities. *LiveWELL* facilitates the completion of the Community Health Needs Assessments and Community Health Improvement Plans and Updates for Lancaster County.

COMMUNITY MOBILIZING GROUPS

There are numerous grassroots organizations and community coalitions in Lancaster County working to increase awareness, support advocacy, and provide resources to prevent and address substance use disorders and opioid overdoses in geographically distributed areas across the county. These groups can address community-specific priorities to enhance opportunities for recovery and well-being among youth and families. **Compass Mark** serves as a resource for many of these community mobilizing groups to promote their growth and the implementation of research-based practices.

This map illustrates the communities throughout Lancaster County that have established organized efforts to prevent and address substance use disorders and drug-related overdose. Thirteen community coalitions receive support and technical assistance from Compass Mark. There are additional coalitions and groups that have countywide reach, including: Project Lazarus of Lancaster County, Lancaster County Recovery Alliance, and the Lancaster County Recovery House Coalition.

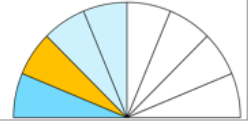


LANCASTER COUNTY ANTI-HEROIN TASK FORCE

Beginning in 2016, a group of concerned mayors throughout the county came together to address the crisis of opioid-related overdoses. This group planned and presented a series of community-based forums with panel speakers from law enforcement, medical community, and the recovery community. To date, 14 forums have been presented, with over 1000 residents in attendance.

UNIVERSAL PREVENTION

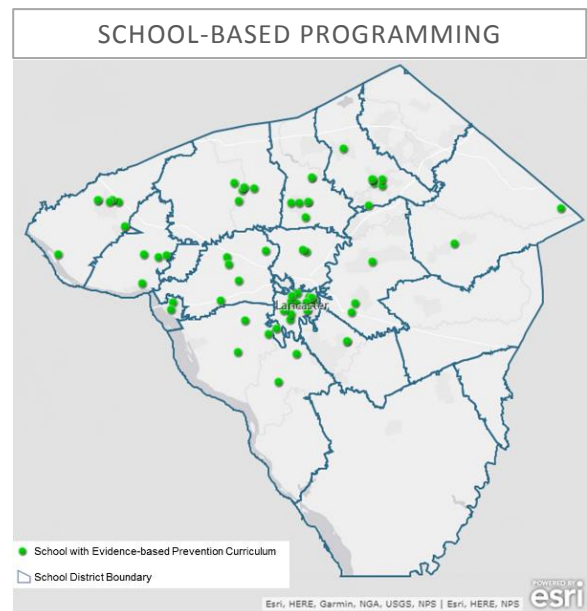
UNIVERSAL PREVENTION IS THE BROADEST APPROACH TO PREVENTION THAT TARGETS ENTIRE GROUPS OR THE WHOLE POPULATION. THESE STRATEGIES AIM TO CHANGE THE SOCIAL CONTEXT THAT INFLUENCES KNOWLEDGE, ATTITUDES, AND BEHAVIOR.



SCHOOL-BASED PREVENTION & SUPPORT PROGRAMS

Schools are uniquely positioned to provide a foundation for substance use prevention efforts in the community. These institutions can actively prevent substance misuse and substance use disorders by targeting the reduction of risk factors and the enhancement of protective factors. Many schools in Lancaster County implement specific strategies to prevent substance use issues and provide support for students and their families.

Safe, effective, evidence-based practices are crucial for the success of these programs, as other prevention programs can be harmful and encourage risky behavior. Examples of evidence-based prevention programs include **LifeSkills**, **Lions Quest**, and **Project Towards No Drug Abuse**. **LifeSkills** is a substance use prevention program that addresses social, psychological, cognitive, and attitudinal factors. This curriculum enables students to develop greater self-esteem, effectively cope with anxiety, and increase their competencies to reduce health risk behaviors.



Lions Quest is an educational program designed to help students in grades K-12 develop life skills and positive commitments to their families, schools, peers, and communities. **Project Towards No Drug Abuse** is a classroom-based drug abuse prevention curriculum implemented at the high school level. Students, ages 14 to 19, are educated on the consequences and misperceptions associated with drug use.

AFTER SCHOOL PROGRAMS & RECREATIONAL ACTIVITIES

For youth, after school programs and recreational activities provide opportunities to form positive social relationships with peers and healthy habits. Additionally, these programs and activities provide adult supervision and allow children and youth to form positive mentoring relationships with adults. Lancaster County has multiple programs across the county that are operated through schools and other local organizations. Research shows that youth who have opportunities for positive social engagement and have positive peer and adult relationships are less likely to misuse substances or develop substance use disorders.

WORKPLACE PROGRAMS

Workplaces in Lancaster County are working to support employees with substance use disorders and prevent future substance use. Some examples of available supports include **employee assistance programs (EAP)** that provide funding for counseling services, and some may provide additional support

for longer-term problems. Business leaders in the community are actively involved with community mobilizing efforts to support their employees and communities. Some workplaces also actively apply drug-free workplace policies.

HEALTHCARE POLICIES & PRACTICES

Healthcare professionals have been responding to the opioid crisis through policy and direct practice. The State of Pennsylvania implemented new laws in 2017 to improve opioid prescribing and dispensing practices. Additionally, the state began utilizing a **Prescription Drug Monitoring Program (PDMP)**. This is a tool that provides an information gateway for pharmacists and doctors who prescribe opioid medications. They are now required to use the PDMP to determine whether a patient is receiving treatment with opioid medications from another provider. Medical professionals are also expected to refer a patient for treatment for substance use disorders when appropriate. Health systems in Lancaster are taking steps to provide pain management care for chronic pain in a way that reduces the risk of opioid misuse and disordered use.

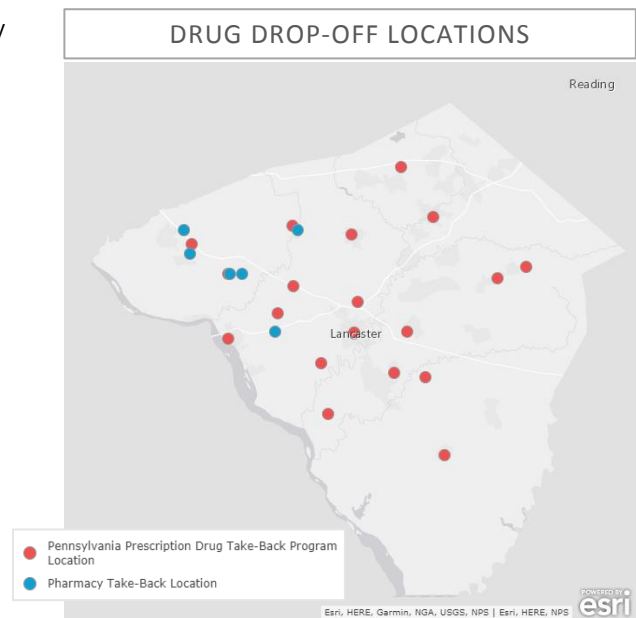
Prescription drug drop-off locations across the county allow individuals to dispose of unused prescription medicine safely. There are 26 drop-off locations in the county, including 21 drop-off boxes located in police departments and 6 pharmacies that accept unused prescriptions.

The CDC and Pennsylvania Department of Human Services have outlined specific prescribing practices with the primary goal to improve patient safety when prescribing opioids.

LAW ENFORCEMENT

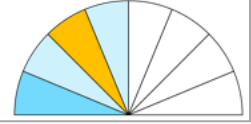
Local law enforcement officials work to protect public safety and respond in cases of emergency. Police departments across Lancaster County are first responders to opioid-related overdoses and provide direct interventions. Across the county, police officers are being trained to carry and administer naloxone to reverse the effects of opioid overdose.

Additionally, the **Lancaster County Drug Task Force** is a countywide force of selected detectives who operate cooperatively with local, state, and federal law enforcement agencies to collect information, monitor, and respond to the selling and distribution of illegal drugs.



SELECTIVE PREVENTION

SELECTIVE PREVENTION METHODS TARGET INDIVIDUALS WITH HEIGHTENED BIOLOGICAL, PSYCHOLOGICAL, OR SOCIAL RISK FACTORS FOR THE DEVELOPMENT OF SUBSTANCE USE DISORDERS.



STUDENT ASSISTANCE PROGRAMS (SAP)

The primary goal of the Student Assistance Program is to identify issues that pose barriers to student success. These barriers can range from truancy, illness and academic failure as well as mental health and substance use concerns. SAP teams are comprised of professionally trained faculty including counselors, teachers, nurses, and administrators who work to provide school and community support that promote positive outcomes. Once referred by a person in the school or community, SAP teams engage parents in the planning of support for their child. As necessary, students may be recommended to professional assessors for evaluation of possible mental health and substance use issues.

Compass Mark provides SAP team certification training and technical assistance throughout Lancaster County. Funding for SAP trainings and assessments is provided by the Lancaster County Drug & Alcohol Commission. PA Counseling Services is the County-funded provider of assessment services. Caron Treatment Centers provides assessment services in three school districts and operates independent of funding from the County.

FAMILY-BASED SUPPORT & EDUCATION PROGRAMS

There are a variety of programs that serve family members of individuals with substance use disorders. Some examples include educational programs, support groups, 12-step programs, and some treatment programs incorporate a family-centered approach. There are targeted support programs for the children of adults with substance use disorders that work to mitigate risk factors and enhance their protective factors.

One such program is **Celebration Place**, a program for the children of parents who are actively involved in a program called Celebrate Recovery. Children ages 5 to 13 learn, at an age appropriate level, how to break out of cycles that lead to addiction and develop healthy ways to cope with the unique addiction-related situations that their parents face. COBYS Family Services offers **Celebrating Families!** This is an evidence-based, cognitive-behavioral support group model for families in which one or both parents have chronic substance use issues. This program is designed to support all family members, including children over the age of 3, to strengthen recovery, develop healthy family living skills, increase resiliency factors, and decrease risk factors.

Another example of a family-based support program is the **Strengthening Families Program (SFP)**, for parents and youth aged 10 to 14. This is a widely used 7-session, family-focused program that enhances parenting skills – specifically nurturing, setting limits, and communicating—as well as adolescent substance refusal skills. SFP is an evidence-based program that shows reductions in tobacco, alcohol, and drug use as well as prescription drug misuse. Compass Mark uses a **Family Services Advocate** program to support the children of incarcerated parents by helping them maintain healthy relationships and build resilience and protective factors.

Nurse-Family Partnership is a prevention program that uses trained nurses to provide an intensive home visitation intervention for at-risk, first-time mothers during pregnancy. This program provides

ongoing education and support to improve pregnancy outcomes and infant health and development while strengthening parenting skills. Nurse-Family Partnership is provided in Lancaster County by Penn Medicine Lancaster General Health and WellSpan Ephrata Community Hospital.

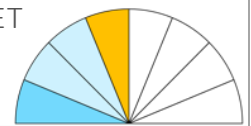
MENTAL HEALTH SCREENINGS

Early detection of mental illness is one way to mitigate adverse outcomes, and effective treatment for mental illness also decreases the likelihood of substance use disorders. There are initiatives across the county to address unmet mental health needs through screening and referrals for treatment. One example is **Teen Hope**, a depression and suicide risk screening program in Lancaster County middle and high schools. Teen Hope is operated by the Samaritan Counseling Center and began in 2013. This initiative implements depression and suicide screenings in specific grades within school districts helps to identify students with high risk of depression and/or suicide. As illustrated on this map, Teen Hope is present in 6 public school districts, as well as Lancaster Mennonite School (LMS) in Lancaster County. The School District of Lancaster conducts a similar screening for students.

Primary care offices across Lancaster County are also currently implementing depression screenings in routine office visits using the **Patient Health Questionnaire (PHQ-9)**. The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression. Primary care providers can assist their patients with their mental health needs, which, in turn, positively affects their physical health.

INDICATED PREVENTION

INDICATED PREVENTION INCLUDES EARLY INTERVENTION EFFORTS TO TARGET INDIVIDUALS WHO SHOW MINIMAL BUT DETECTABLE SIGNS OR SYMPTOMS OF SUBSTANCE MISUSE OR SUBSTANCE USE DISORDER.



Indicated prevention strategies may include early intervention services and methods of harm reduction to meet the needs of individuals with emerging symptoms and avert the progression of substance misuse to substance use disorder.

EARLY INTERVENTION PROGRAMS

Lancaster County offers some early intervention programs to provide support and redirection in the early stages of substance use issues. One example of this is Compass Mark's **Student Skills for Life**, a group educational intervention for youth experimenting with alcohol or other drugs and prevention for any adolescent or college-age population. The program provides experiential life skills training and may include parenting classes and referrals to drug & alcohol assessments when appropriate.

HARM REDUCTION PROGRAMS

In Lancaster, there are some programs that operate to reduce the harmful consequences associated with substance use issues. Some methods of harm reduction include HIV testing and providing information about needle safety. In Lancaster County, there are a number of healthcare providers who offer free or reduced cost HIV testing. Joining Forces has begun to disseminate information about the proper use and disposal of needles and syringes.

The Lancaster County Prison, White Deer Run, and The Retreat all provide vivitrol injections at the time of discharge for individuals with opioid use disorders who may be at risk for opioid overdose. This

is a voluntary injection provided to individuals as they are discharged from these facilities to outpatient treatment to mitigate the risk of relapse and overdose.

NALOXONE

Naloxone (also referred to by the brand name Narcan) is an opioid antagonist medication that is used to reverse the effects of an opioid overdose to prevent death. This is one of the most direct methods of decreasing overdose-related deaths. Access to naloxone has been expanded due to a countywide “standing order” for take-home doses of naloxone, which is a prescription written for and accessible by the general public. Naloxone can be obtained at most local pharmacies through this standing order or a prescription from a family doctor. Community individuals who are at risk for overdose or in a position to assist an individual at risk, including friends and families, are recommended to have access to this medication.

Since 2014, law enforcement officers, emergency medical responders, fire fighters, other first responders, and professionals at schools and organizations have been authorized to administer naloxone in the case of opioid overdose. Across the county, periodic trainings are provided for professionals and community individuals to learn to administer naloxone effectively. Project Lazarus and other organizations operate these trainings in accordance with state guidelines.

Lancaster County is participating in the PCCD Naloxone Project. This provides naloxone for trained first responders. The Lancaster County District Attorney’s Office is the coordinating entity for the distribution of naloxone through this grant at the local level.

CASE IDENTIFICATION

CASE IDENTIFICATION IS THE PROCESS BY WHICH INDIVIDUALS ARE IDENTIFIED AND DIAGNOSED WITH SUBSTANCE USE DISORDERS. THIS IS ESSENTIALLY THE POINT OF ENTRY INTO THE TREATMENT PROCESS.



A typical progression of events is that an individual who has been identified at-risk through screening is referred to a professional behavioral health provider who is able to diagnose substance use disorders and related issues. While this is a process embedded within the utilization of treatment, there are some clear examples of programs that facilitate entry into treatment in Lancaster County.

INFORMATION & REFERRAL SERVICES

In Lancaster County, call centers provide information and connections to resources for individuals who are seeking services or information. **United Way 2-1-1** provides general information and referrals for individuals with a variety of needs related to health and human services. **Compass Mark** offers specialized information and referral services for individuals with substance use concerns to connect them to appropriate support and/or treatment services.

White Deer Run serves as a clearinghouse for inpatient detoxification and inpatient rehabilitation services. Their call center completes brief assessments via phone to determine the appropriate level of care. Based on an individual's assessment and their eligibility for funding or insurance coverage, White Deer Run searches for an opening at an appropriate treatment location.

Crisis Intervention is a countywide response to mental health crises. This call center primarily addresses mental health emergencies, such as suicidal thoughts and self-harming behavior. While

substance use issues are not their primary target, they conduct brief evaluations to determine whether drug and alcohol treatment or mental health treatment is appropriate. If they are unable to assist with certain issues related to substance use, they refer individuals to specific resources.

EMERGENCY DEPARTMENT WARM HANDOFF PROGRAM

In partnership with **The RASE Project**, all 4 emergency departments (EDs) in Lancaster County have implemented warm handoff programs to respond to opioid overdose cases. Every patient who enters the ED after an opioid overdose has the opportunity to meet with a RASE recovery specialist, an individual who is in long-term recovery from substance use disorder. A RASE specialist is on-call around the clock to meet patients in the ED and provide information, support, and motivation to seek treatment if the patient is ready. In cases in which a patient is interested in seeking treatment, RASE specialists provide direct referrals and walk individuals through the treatment process.

D&A MOBILE ASSESSMENTS

In Lancaster County, state-licensed outpatient drug and alcohol treatment providers who are funded by the Lancaster County Drug and Alcohol Commission are able to conduct evaluations to determine the need for services and appropriate level of care. Brief screenings can be completed over the phone, and full evaluations are typically done in person at outpatient clinics. However, for individuals who cannot physically travel to an outpatient clinic (i.e. individuals in an inpatient mental health setting), outpatient providers can conduct mobile assessments by traveling to the individual.

PRISON DOOR-TO-DOOR PROJECT

The Lancaster County Prison is working in cooperation with the Lancaster County Drug and Alcohol and The RASE Project to transfer individuals with substance use disorders directly from the prison to inpatient rehabilitation programs. Recovery support specialists from RASE assist in the transfer to provide peer support and facilitate the transition. At the time of this report, about 25 people are entering treatment directly from prison each month.

COURTS, PROBATION & PAROLE

The Lancaster County Court of Common Pleas began operation of the adult treatment court, **Drug Court** in 2005 based on national research and program models. This initiative was the culmination of the cooperative efforts between several county and court agencies. The Drug Court team, led by the Drug Court Judge, is composed of members of these agencies including a treatment provider, probation officer, Drug Court coordinator, Assistant Public Defender, and Assistant District Attorney.

The Drug Court currently includes an average of 50 participants at any given time, who enter the program based on a high level of risk or need at the time of their initial evaluation. Participants in Drug Court must complete an intensive program that includes drug and alcohol treatment, supervision or probation appointments, frequent drug testing, judicial review hearings, community service, and other pro-social activities.

Lancaster County Adult Probation & Parole supports the implementation of Drug Court and offers support and monitoring for participants. This entity is now working in direct collaboration with The RASE Project to support individuals recovering from substance use disorders with peer recovery support specialists.

TREATMENT FOR KNOWN DISORDERS

STANDARD TREATMENT FOR INDIVIDUALS WITH KNOWN DISORDERS INCLUDES SERVICES UTILIZED FOR DIAGNOSED SUBSTANCE USE OR MENTAL HEALTH DISORDERS, SUCH AS INPATIENT OR OUTPATIENT TREATMENT.



Behavioral health treatment services are a key piece in the continuum of care. There are inpatient, residential, and outpatient treatment services in Lancaster County. The appropriate level of care depends on the severity and complexity of a given substance use disorder. In cases of severe or chronic substance use disorder, an individual typically enters the treatment process directly into detoxification and/or inpatient treatment.

At all levels, treatment interventions implement strategies such as medication, counseling and other supportive services to obtain and maintain sobriety, physical and mental health, and healthy social functioning. At any level, treatment may be integrated for co-occurring mental health and substance use disorders. The integration of services is part of a complete and effective continuum of care.

DETOXIFICATION FACILITIES

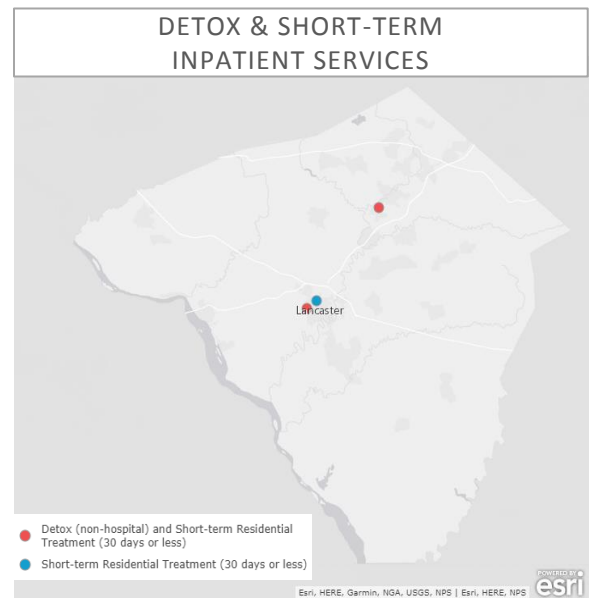
In Lancaster County, there are 2 inpatient treatment centers that provide detoxification (detox) services. These facilities provide a medically supervised space for detox, which is often necessary for opioid use disorders. There is a total of 55 detox beds in the county. There are 48 detox beds at **The Retreat** for men and women; and there are 7 detox beds at **White Deer Run** for men only. White Deer Run is the only detox facility in the county that accepts medical assistance and county funding for low-income individuals.

INPATIENT TREATMENT SERVICES

There are 3 state-licensed facilities in Lancaster County that provide short-term inpatient treatment (less than 30 days), White Deer Run, The Retreat, and **Nuestra Clinica Residencial**. White Deer Run and Nuestra Clinica also offer long-term residential treatment (more than 30 days). Long-term residential treatment services are explored further in the next section.

The Retreat offers inpatient rehabilitation services to men and women. White Deer Run and Nuestra Clinica accept medical assistance and county funding for services. These 2 treatment facilities serve only men. Nuestra Clinica is equipped to provide bilingual and bicultural services in Spanish. These inpatient treatment services also typically provide treatment for co-occurring mild mental illnesses. Transportation is provided to treatment facilities at the time of intake, and transportation is also typically provided at the time of discharge.

It is important to note that many individuals seek inpatient treatment services outside of their county of residence. At times, this is a strategic choice, in order to disrupt unhealthy patterns and relationships. There are a number of inpatient treatment providers in the region that serve individuals from Lancaster County.

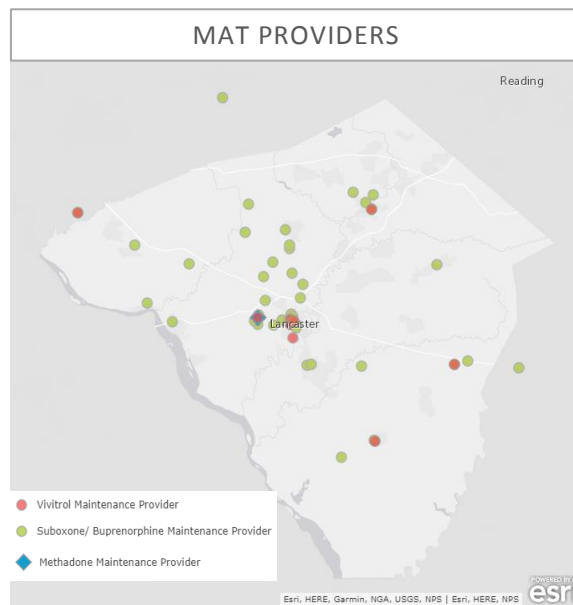


OUTPATIENT TREATMENT encompasses several levels of therapeutic care, including partial hospitalization, intensive outpatient, and general outpatient services. At the time of this report, there are about 20 state-licensed outpatient treatment locations in Lancaster County. These providers offer a range of services, including evaluations, treatment planning, support groups, and individual, group, couples, and family therapy. A treatment plan may include additional treatment, including medication assisted treatment (MAT), to combat opioid use disorders.

Individuals with co-occurring mental illness and substance use disorders may see a counselor primarily for mental health while also addressing some substance use issues.

Some mental health counselors in the county are certified to also provide counseling for substance use disorders or work closely with drug and alcohol treatment providers. According to research, the most effective treatment method for co-occurring disorders is integrated treatment. For example, some providers are equipped to provide comprehensive outpatient services that integrate treatment to simultaneously address substance use disorders and mental illness.

MEDICATION ASSISTED TREATMENT (MAT) is the use of medications in addition to behavioral therapies and counseling to treat and sustain recovery from opioid use disorders. These medications relieve withdrawal symptoms and psychological cravings. Accompanied by counseling and behavioral therapy, MAT programs provide a safe and controlled level of medication to overcome opioid use disorders. In Lancaster County, there are 41 locations that are authorized to provide buprenorphine (suboxone), 9 locations that are authorized to provide vivitrol, and 1 location that provides methadone maintenance. **Addiction Recovery Systems (ARS) of Lancaster** provides methadone, buprenorphine, and vivitrol maintenance in addition to outpatient counseling.



CARE COORDINATION

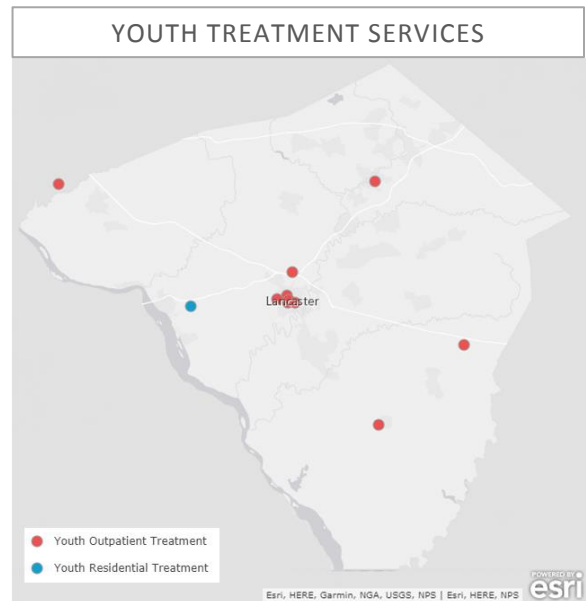
The recommendations for MAT include care coordination, which includes ongoing monitoring and therapeutic support for individuals participating in MAT. Two organizations in Lancaster have been awarded **Centers of Excellence** grants, the outpatient clinic, T.W. Ponessa, and the Penn Medicine Lancaster General Health system. These grants are administered through the Pennsylvania Department of Human Service, and Medicaid HealthChoices funds treatment services for individuals with opioid use disorders. The primary goal of these programs is to increase timely access to treatment and support services. COEs are responsible for providing MAT and support services with comprehensive care management. At T.W. Ponessa, a certified recovery specialist is part of the care management team. Additionally, the Drug & Alcohol Commission and PerformCare work to coordinate services and enhance treatment access.

The RASE Project offers care coordination services related to vivitrol and buprenorphine MAT. This program coordinates services with the prescribing physicians. For individuals prescribed these medications, the care coordination programs offer comprehensive support through monitoring, referrals for ancillary services, counseling, support groups, and mentoring. This approach also helps to build an environment that facilitates recovery.

TREATMENT FOR YOUTH WITH SUBSTANCE USE DISORDERS

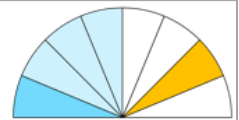
Most outpatient substance use treatment providers do not accept clients under the age of 18, and there are currently no specialized adolescent treatment options in Lancaster County. However, there are some outpatient treatment providers who work with youth under the age of 18 with substance use disorders in Lancaster County.

There is one residential treatment program for youth in Lancaster County that serves adolescent males in the delinquent system.



LONG-TERM TREATMENT

INVOLVEMENT IN STRUCTURED, LONG-TERM TREATMENT HAS THE OVERARCHING GOAL TO REDUCE RELAPSE AND RECURRENCE OF USE.

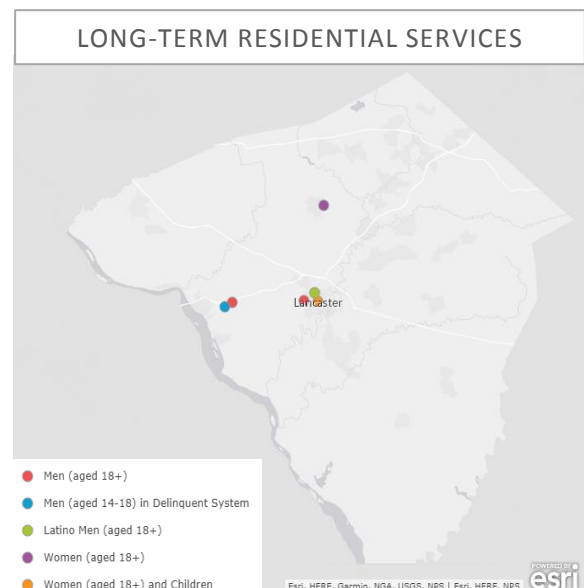


For the purposes of this paper, long-term treatment refers to long-term residential treatment services that last for more than 30 days. This may include long-term inpatient or residential treatment in addition to structured halfway houses.

RESIDENTIAL TREATMENT SERVICES There is a total of 7 long-term residential treatment locations in Lancaster County, or those that offer inpatient treatment programs for longer than 30 days. **The Gate House** offers long-term residential treatment in the form of community-based halfway houses. Individuals may enter these gender-separate homes after completing detox and/or inpatient rehabilitation programs. The Gate House is currently operating two houses in Lancaster County, and they ensure a continuum of treatment for residents through individual, group, and family counseling, 12-step group involvement, and additional vocational and life skills support.

Some residential programs in Lancaster County offer specialized services. For instance, **Gaudenzia Vantage** serves pregnant and parenting women with up to 2 children in a comprehensive long-term residential treatment program.

The **Spanish American Civic Association** operates a long-term residential treatment program in the form of a halfway house that is specifically for Latino men. This is



a specialized bilingual and bicultural program. They also coordinate treatment and educational programs for individual residents.

Manos House is a residential treatment center that provides long-term treatment and rehabilitation services for adolescent males. This comprehensive program is for adolescent males who are adjudicated in the delinquent justice system.

AFTER-CARE & RECOVERY

AFTER-CARE INCLUDES ONGOING SUPPORT SERVICES AND RESOURCES FOR SUSTAINED RECOVERY AND RELAPSE PREVENTION.



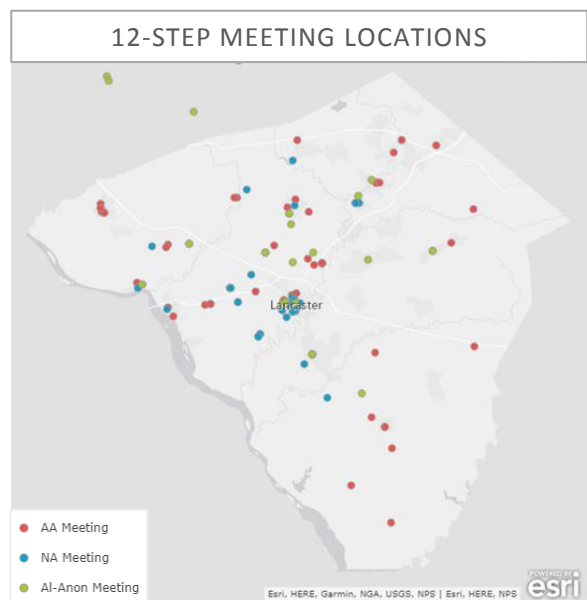
RECOVERY COMMUNITY ORGANIZATIONS

The **RASE Project** is comprised entirely of individuals from the recovery community and exists to support the recovery community. RASE provides advocacy, peer support, care coordination, support groups, education classes, and community events. In Lancaster, RASE also has a physical office location in which individuals seeking treatment or support in recovery can drop-in to receive assistance. They also offer various trainings to professionals and community individuals. This program aims to facilitate healthy living and long-term recovery lifestyles.

Another recovery community group in Lancaster County is the **521 Club**. This location offers a sober space for individuals to meet for 12-step meetings, social and fellowship time, and recovery-based activities and events.

SUPPORT & MUTUAL SELF-HELP GROUPS

Lancaster County offers a variety of group meetings for ongoing support for individuals in recovery or considering recovery, including 12-step programs such as **Alcoholics Anonymous (AA)**, **Narcotics Anonymous (NA)**, and **Al-Anon**. These programs offer a framework for the recovery process and ongoing peer support through meeting attendance and sponsorship. Many people find these groups a vital part of their long-term recovery, and active involvement can reduce the risk of relapse. There are a variety of types of meetings, including some that do not follow the 12-step model, such as Refuge Recovery, a program based on a Buddhist approach.



Celebrate Recovery is a faith-based program which aims to help recovering addicts become self-empowered about their health issue and learn healthful ways to cope with addiction in order to prevent relapses and live a better life.

RECOVERY HOUSES & SOBER LIVING HOMES

To support individuals in their recovery, there is a network of recovery houses and sober living homes in Lancaster County. Oftentimes, an individual will be discharged from inpatient rehabilitation or residential treatment to a sober living environment to enhance the opportunities for sustained recovery.

Most recovery houses have specific criteria for residents, such as maintaining sobriety, involvement in treatment and 12-step programs, and education or employment.

A number of recovery house management organizations recently formed a coalition to address issues such as standardization and quality monitoring. The Capital Area Behavioral Health Collaborative (CABHC) recognizes about 25 recovery homes in Lancaster County that meet certain standards. In total, there are currently over 40 recovery houses and sober living homes in Lancaster County. According to available information, there are at least 21 homes for women and 26 homes for men.

HOW ARE WE ALREADY BUILDING ON OUR ASSETS?

When Joining Forces was established, the partnership started working to address immediate community needs in the midst of the opioid crisis. This work has been ongoing, and the strategic planning process has occurred simultaneously. While this is not the typical order of operations, this is not a typical set of circumstances.

Beginning in August 2017, there were significant needs in the community that the partners of Joining Forces could begin to address by coordinating efforts and building on existing resources. To date, the work of Joining Forces includes:

- Assessing community conditions for data-driven planning, including evaluations of existing data and comprehensive analyses of community assets, needs, and opportunities for improvement
- Streamlining data collection and serving as a central repository for Lancaster County specific data to inform planning and implementation efforts and track outcomes
- Saturating the community with unified messaging and providing free informational materials for widespread distribution
- Supporting the implementation of emergency department (ED) warm handoff programs, evidence-based school prevention programs, community-based prevention efforts, and the prison door-to-door project
- Expanding naloxone access, prescription drug drop-off locations, and the utilization of the PDMP and prescribing guidelines
- Providing a website to serve as the host of Lancaster County specific data, information, resources, and other materials

WHAT ELSE NEEDS TO BE DONE?

Overall, the county has made significant strides to provide services and meet community needs in response to the opioid crisis. However, our efforts can be strengthened. Moving forward, our strategies and goals are based on a comprehensive analysis of gaps and opportunities for improvement in the resources, programs, and policies in Lancaster County.

A gap analysis illustrates the differences between our current conditions and the desired outcomes. In other words, we are looking for the opportunities for improvement in our community response to the opioid crisis. By identifying the existing gaps in services, resources, and other community factors, our goals and strategies can accurately reflect community needs and work to address these gaps. For the purposes of this strategic plan, this gap analysis explores unmet needs and gaps in resources, policies, and practices.

Community and stakeholder input is at the center of this analysis. To assess the conditions and needs of our community, we start by examining our strengths as identified by the SWOT analysis and asset inventory. Key informant interviews and a community forum were used to review the asset inventory and subsequently identify and discuss the community gaps and opportunities for growth.

Joining Forces held its third quarterly community forum on February 2, 2018. Attendees included a multidisciplinary group of stakeholders and community members (see Appendix E for full list of attendees). The purpose of this forum was to review ongoing efforts, provide feedback, and discuss the gaps and ways to improve the response to opioid overdose in Lancaster County.

At the community forum, our gap discussion was completed in small groups during a breakout session. The Continuum of Care served as the framework for this discussion and analysis. Attendees selected discussion groups based on their interest or expertise, aligned with one of the following categories:

- Health promotion
- Prevention (including universal, selective, and indicated prevention)
- Case identification
- Treatment (including standard and long-term treatment)
- After-care and recovery

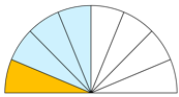
Each group of stakeholders addressed the following questions:

- What assets are we missing [in our assets inventory]?
- What gaps do you see?
- What barriers exist to closing those gaps?

The following section highlights the most significant gaps and community needs identified by community stakeholders and reflects community conditions as of February 2018.

GAPS & CONTRIBUTING FACTORS BY CATEGORY

Despite ongoing efforts, there are unmet community needs. Some of the resources and services we identified in the previous section may not be available or accessible by all people who may need them countywide. Additionally, there are some services or recommended efforts that have not yet been implemented. Here, we outline the most significant gaps, community needs, and any contributing factors by the categories of the Continuum of Care. This information is a product of our comprehensive analysis of community conditions and discussions with community stakeholders.



GAPS IN HEALTH PROMOTION	CONTRIBUTING FACTORS
<ul style="list-style-type: none"> ○ Lack of evidence-based information disseminated on the influence of healthy behaviors (i.e. nutrition, physical activity) and mental health and substance use disorders 	Limited programming that integrates physical health and mental health/substance use disorders
<ul style="list-style-type: none"> ○ Limited awareness and action to address substance use disorders in faith communities despite high level of potential for positive involvement 	High levels of stigma in faith-based arenas
<ul style="list-style-type: none"> ○ Limited approaches to address substance use disorders in diverse cultural contexts (i.e. communities of color, refugee communities) 	Stigma, limited cultural competence
<ul style="list-style-type: none"> ○ Lack of health promotional activities and support in schools 	Limited time and funding
<ul style="list-style-type: none"> ○ Limited access to programs to address social determinants of health (i.e. poverty) 	Limited funding



GAPS IN UNIVERSAL PREVENTION	CONTRIBUTING FACTORS
<ul style="list-style-type: none"> ○ Limited public awareness of substance use disorders, risk factors, and how to get help 	Stigma; lack of educational programs
<ul style="list-style-type: none"> ○ Not all students receive evidence-based prevention programming in school and in non-traditional learning settings (i.e. cyber school, homeschool, and Plain community schools) 	Lack of time and funding in schools; difficulty reaching non-traditional students
<ul style="list-style-type: none"> ○ Limited accessibility to prescription drug drop-off locations and lack of communication by doctors for individuals to utilize drop-offs with unused medication 	People may be uncomfortable going to police stations for drop-offs; geographic distribution; limited awareness
<ul style="list-style-type: none"> ○ Lack of standardization in the use of PDMP and prescribing guidelines 	Ongoing efforts to standardize and streamline
<ul style="list-style-type: none"> ○ Lack of universal prevention programs outside of school to address other populations (i.e. seniors, adults, early childhood) 	Limited programming in settings outside of school
<ul style="list-style-type: none"> ○ No current messaging from health care professionals in the county about medical/recreational marijuana legalization 	New policy changes; lack of research; stigma

o Limited alternative treatments for pain management that are accessible and affordable	Lack of insurance coverage
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GAPS IN SELECTIVE PREVENTION	CONTRIBUTING FACTORS
o Gaps in screening for mental health and substance use disorders in primary care, pain management, and other settings	Stigma; lack of integration with physical health care; lack of time
o Limited support and prevention programs to address risk factors among individuals at high risk	Lack of funding
o Lack of supportive programs for children and families that may be at-risk or affected by substance use disorders	Lack of funding; geographic accessibility to existing programs



GAPS IN INDICATED PREVENTION	CONTRIBUTING FACTORS
o Limited access to harm reduction programs (i.e. safe needle exchanges)	Policies/laws; lack of resources and funding for harm reduction
o Limited access to naloxone for first responders and individuals at risk of overdose	High cost of naloxone; no reimbursement; limited grant funding
o Lack of evidence-based programs for early intervention to address substance use issues	Lack of funding and resources



GAPS IN CASE IDENTIFICATION	CONTRIBUTING FACTORS
o Limited information and referral programs to facilitate entrance into treatment 24/7	Lack of funding
o No “safe places” where individuals can go in person for help and links to treatment outside of the ED	Lack of funding and resources
o Difficulty identifying women who are at risk or showing signs of substance use disorders for treatment or support	Child protective services policies that create fear and uncertainty
o Limited slots and long wait times for treatment, especially MAT	Lack of resources and available providers
o No warm handoff and limited support for individuals who choose not to go to the ED after overdose	Limited funding and available peer recovery specialists



GAPS IN STANDARD & LONG-TERM TREATMENT	CONTRIBUTING FACTORS
o Limited access to treatment by location and affordability	Limited private insurance coverage; lack of transportation options
o Lack of detox beds for individuals with public insurance or county funding	Cost of detox operation; zoning and public opposition to new facilities
o Limited access to medication assisted treatment	Lack of available providers
o Lack of inpatient treatment for women with children	Lack of funding
o Lack of treatment options for adolescents with substance use disorders	Recent closing of specialized youth treatment provider
o Difficult transitions between levels of care	Lack of communication between providers
o Limited case management and care coordination services that can ensure a continuum of care	Lack of funding
o Lack of treatment integration for co-occurring mental illness and substance use disorders	Policies and separate reimbursement systems
o Limited long-term residential treatment services, especially for special populations (i.e. youth, women with children)	Lack of funding
o Limited availability of long-term residential treatment housing (i.e. halfway houses)	Zoning restrictions; lack of funding available
o Lack of insurance coverage for long-term residential treatment (i.e. inpatient treatment for more than 30 days, halfway houses)	Policies and insurance coverage



GAPS IN AFTER-CARE & RECOVERY	CONTRIBUTING FACTORS
o Limited recovery support specialists, mentorships, and comprehensive recovery support	No insurance coverage; lack of funding
o Lack of community awareness about recovery programs and their significance	Stigma; lack of education
o Limited job opportunities and sustainable income for individuals in recovery	Stigma; limited workplace policies that support individuals in recovery
o Limited accessibility of support meetings and other resources	Lack of transportation; geographic distance
o Limited number of recovery houses and sober living homes that accept individuals prescribed MAT or psychotropic medication	Lack of awareness
o Limited recovery supports for adolescents and older adults	Limited resources
o Lack of support for families and loved ones	Limited resources
o Limited accessibility of recovery housing	High cost of living; geographic distance

SUMMARY OF GAPS & OPPORTUNITIES

To summarize our examination of community strengths and needs, the most significant gaps and opportunities are identified and highlighted here. For clarity, these gaps and opportunities can be divided into 2 main categories:

EXISTING EFFORTS THAT SHOULD BE EXPANDED

There are programs, policies, and resources that already exist in Lancaster County but do not provide full coverage. In this case, these efforts must be expanded to meet the community needs.

- Increase access to naloxone in recovery houses and to community coalitions
- Implement evidence-based school prevention programs county-wide
- Promote the Joining Forces website as a community resource
- Increase awareness through promotional campaigns and education for community members
- Increase screening for substance use disorders in hospitals and medical outpatient facilities
- Ensure smooth transitions to treatment and recovery services (including hospitals, schools, prison, etc.)
- Streamline use of PDMP and prescribing guidelines by embedding in electronic health records
- Expand access to prescription drug disposal modalities
- Increase coordination and navigation of supportive services (i.e. treatment, recovery support, and social services)
- Increase ease of access to the following:
 - Detox
 - Medication assisted treatment (MAT)
 - Treatment for adolescents
 - Inpatient treatment for women with children
 - Recovery support specialists
 - Recovery housing and halfway housing

RECOMMENDED PRACTICES THAT SHOULD BE IMPLEMENTED

There are evidence-based practices that Lancaster County does not currently have, or has not yet widely implemented, but implementing these practices is recommended to reduce opioid use concerns and opioid-related overdose deaths.

- Advocate for insurance coverage and funding for treatment and recovery services
- Increase access to alternative treatments for pain management
- Support the implementation of state-level quality and safety measures for recovery housing certification
- Develop strategies to increase communication between mental health and substance use providers to enhance coordination of care
- Develop strategies to address transportation barriers to outpatient treatment

WHAT ARE OUR GOALS?

For the purposes of this 5-year strategic plan, our goals are aligned with a comprehensive examination of national and local data; community assets and gaps; current emerging, best, and evidence-based practices; and additional professional recommendations.

The overarching, long-term goal of Joining Forces is to reduce the number of deaths from opioid-related overdoses in Lancaster County.

Based on national projections, we may not see a reduction in deaths until 2023. All Joining Forces short-term and intermediate goals, objectives, strategies, and action steps contribute to this overarching goal.

For each goal, our detailed strategies, tactics, outcome indicators and measures, and the identified responsible parties are listed in Appendix F.

GOAL 1: STRENGTHEN EVIDENCE-BASED PREVENTION & INTERVENTION EFFORTS

WE WILL AIM TO:

Engage and assist schools in identifying and implementing evidence-based prevention programming and policies

Expand access to prescription drug take-back locations

Promote proper prescription drug disposal

Increase access to naloxone and appropriate education and training

Support and expand warm handoffs with certified recovery support specialists

GOAL 2: SATURATE THE COMMUNITY WITH UNIFIED MESSAGING

WE WILL AIM TO:

Develop and disseminate consistent messaging, accurate information about opioids, and where to get help

Educate community groups, coalitions, organizations, and employers

Strengthen community awareness, mobilizing efforts, and partnerships

Implement county-wide marketing and public awareness campaigns

Provide up-to-date information on the Joining Forces website and print materials for county-wide dissemination

GOAL 3: ENCOURAGE & SUPPORT CULTURAL CHANGE WITHIN THE MEDICAL COMMUNITY WITH REGARD TO OPIOIDS

WE WILL AIM TO:

Equip healthcare providers with data and tools needed to improve opioid prescribing, including utilization of the PDMP and CDC prescribing guidelines

Educate providers about recommended prescribing guidelines and other tools

Standardize opioid prescribing metrics to effectively track progress and improvements in prescribing practices

Support the use of alternative treatments for pain management

GOAL 4: IMPROVE ACCESS TO TREATMENT & RECOVERY SUPPORT & INCREASE UTILIZATION OF SERVICES

WE WILL AIM TO:

Increase the number of publicly-funded detox beds in Lancaster County

Enhance warm-handoff programs and navigation services to support effective entries into treatment.

Support the use of evidence-based therapy modalities to address mental health and substance use issues

Reduce barriers to treatment and recovery services

Joining Forces implements a coordinated and multi-level approach to reduce the risk of opioid-related overdose deaths in Lancaster County. These goals, objectives, strategies, and action steps will guide our work. Throughout this process, our methods and outcomes will be regularly monitored and evaluated to inform future goal planning and implementation. Due to the complexity of this issue, our efforts must be responsive and flexible, and may be modified based on our analyses of process measures, new community conditions, or emerging research.

It is critical that we not lose sight of systemic, social, and environmental risk factors that contribute to this epidemic. Our actions must acknowledge the importance of individual mental well-being, while extending our reach to create fundamental policy and system changes. This strong focus is required to achieve and sustain reduced overdose deaths in Lancaster County.

We look to the future to prevent and mitigate the effects of trauma and other risk factors so that our community can effectively address the root causes of all substance use disorders. Community-level changes will build protective and resiliency factors to manage this current epidemic and establish community conditions that support overall well-being and long-term recovery.

HOW ARE WE COLLECTING & MEASURING DATA?

Overarching Outcome Goal: Reduce Deaths from Opioids and Heroin			Data Source	2017	2018					
				Total	Q1	Q2	Q3	Q4	Total	
Number of Overdose Deaths in Lancaster County			Lancaster County Coroner	168	17 (as of 2/27)					0
Process Evaluation Measures			Data Collector	2017	2018					
				Total	Goal	Q1	Q2	Q3	Q4	Total
Awareness	1	Number of Impressions	Penn Medicine Lancaster General Health	899						
	1.1	Number of billboard impressions								
	1.2	Number of new visitors to website		295						
	1.3	Number of returning visitors to website		142						
	1.4	Number of website hits from direct address (lancasterjoiningforces.org)		202						
	1.5	Number of website hits from link on other organization website		91						
	1.6	Number of website hits from browser search		131						
	1.7	Number of website hits from social media		30						
	1.8	Number of material requests from the website		8						
	1.9	Number of general inquiries from the website		0						
	2	Organizations distributing materials (Number distributed by each)	55460							
		Compass Mark (includes Community Coalitions)	11721							
		D & A Commission	3790							
		Drug Task Force	0							
		EMS	1700							
		Faith Based Outreach	21030							
		Lancaster Chamber	1520							
		Lancaster County Recovery Alliance	600							
		Let's Talk, Lancaster	2700							
		Mayor's Association	0							
		Penn Medicine/LG Health	7749							
		Pharmacists	1950							
		Police Departments	300							
		Prison/Probation and Parole	2350							
		South Central PA Opioid Awareness Coalition	50							

Process Evaluation Measures			Data Collector	2017 Total	2018					
					Goal	Q1	Q2	Q3	Q4	Total
Education	1	Number of presentations by individuals in recovery		32						
		Compass Mark								
		Lancaster County Recovery Alliance		10						
		RASE		22						
	2	Number of educational programs held by employers, schools, community events, and faith-based organizations (facilitated/led by a Joining Forces partner)		45						
		Compass Mark		41						
		Lancaster Chamber		1						
		Penn Medicine/LG Health		3						
	3	Number of people reached by educational programs		9042						
		Compass Mark		8852						
		Lancaster Chamber		63						
		Penn Medicine/LG Health		127						
	4	Number of providers educated about recommended guidelines and the use of tools to aid in the appropriate prescribing for acute/chronic pain (in Lancaster County).		South Central PA Opioid Awareness Coalition	201					
	5	Number of continuing medical education (CME) events held regarding recommended guidelines and the use of tools to aid in the appropriate prescribing for acute/chronic pain (in Lancaster County).		South Central PA Opioid Awareness Coalition	2					
	6	Number of schools offering evidence-based substance abuse prevention programs			35					
		Compass Mark			17					
		Penn Medicine/LG Health			18					
7	Number of children receiving evidence-based substance abuse prevention education			4363 (FY17 to date)						
	Compass Mark			593						
	Penn Medicine/LG Health			3770						

Process Evaluation Measures			Data Collector	2017 Total	2018						
					Goal	Q1	Q2	Q3	Q4	Total	
Behavior Change	1	Number of emergency calls where Naloxone was administered			728						
		EMS Council			728 (through 11/27/17)						
		Police Departments									
	2	Number of patients receiving opioid prescriptions written		South Central PA Opioid Awareness Coalition							
	3	Number of patients receiving opioid prescriptions >100 mme per day		South Central PA Opioid Awareness Coalition							
	4	Number of MAT providers in Lancaster County		Penn Medicine/LG Health							
	4.1	Number of buprenorphine maintenance providers									
	4.2	Number of vivitrol maintenance providers									
	4.3	Number of methadone maintenance providers									
	5	Number of drop-off sites for unused medications		Drug Task Force	21						
	6	Number of people served by Compass Mark's Drug and Alcohol Information Center		Compass Mark	1227						
	7	Number of calls to 2-1-1 for substance misuse/abuse related needs		United Way	118						
8	Number of prescription drug lockboxes distributed		Drug Task Force	1653							

Process Evaluation Measures				Data Collector	2017 Total	2018				
					Goal	Q1	Q2	Q3	Q4	Total
Policy & Systems Change	1	Number of Hospitals that have warm handoff		South Central PA Opioid Awareness Coalition	4					
	1.1	Protocol developed for inpatient identification and referral		South Central PA Opioid Awareness Coalition						
	1.2	Protocol developed for warm handoff post-inpatient discharge		South Central PA Opioid Awareness Coalition						
	2	Number of community coalitions receiving technical assistance to implement evidence-based prevention initiatives		Compass Mark	13					
	3	Number of public school districts that participate in the Pennsylvania Youth Survey (PAYS) n=16		Compass Mark	16					
	4	Number of meetings held with legislators (legislative visits)			3					
		Compass Mark								
		D & A Commission								
		Drug Task Force								
		EMS Council								
		Lancaster Chamber								
		Lancaster County Recovery Alliance			3					
		Let's Talk, Lancaster								
		Police Departments								
	5	Number of detox beds available in Lancaster County		D&A Commission	7					
	6	Protocol developed and implemented for universal prescribing of naloxone with opioid prescriptions		South Central PA Opioid Awareness Coalition						
	7	Number of municipalities with police departments equipped with naloxone			59					
	8	Number of treatment providers equipped with naloxone		D&A Commission (phone survey)	8					
	9	Number of recovery support providers equipped with naloxone		D&A Commission (phone survey)	10					
	10	Resource center developed for management of chronic pain with pain specialist and neuropsych support to implement multimodal pain plan.		South Central PA Opioid Awareness Coalition						
	11	Protocol developed and implemented for acute pain management for the following common pain diagnoses in an effort to provide alternative treatment plans for pain management and limit opioid prescribing:		South Central PA Opioid Awareness Coalition						
		11.1	Low back pain							
		11.2	Post-operative							
		11.3	Dental							
		11.4	Headache							

APPENDIX A

ACKNOWLEDGEMENTS

Thank you to all community members, stakeholders, and key informants who have participated in our quarterly community forums, group conversations, and individual interviews to provide invaluable information and feedback in this assessment and planning process.

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JOINING FORCES COMMUNITY FORUMS & ORGANIZATIONS REPRESENTED TO DATE

COMMUNITY KICKOFF MEETING

Date: August 3, 2017

Location: Pennsylvania College of Health Sciences

QUARTERLY COMMUNITY FORUM 1

Date: November 3, 2017

Location: Pennsylvania College of Health Sciences

QUARTERLY COMMUNITY FORUM 2

Date: February 2, 2018

Location: Pennsylvania College of Health Sciences

ORGANIZATIONS REPRESENTED	
Affilia Home Health	Lancaster General Health Physicians
AmeriHealth Caritas	Lancaster Harm Reduction Project
Anti-Heroin Task Force	Lancaster Health Center (SouthEast Lancaster Health Services)
ARS of Lancaster	Lancaster Online
ASAP Lititz	Lancaster Osteopathic Health Foundation
Beam Consulting	Let's Talk, Lancaster
Bird-in-Hand Corporation	Longenecker's Hatchery, Inc.
Borough of Columbia	Medication Information Services
CHI St. Joseph Children's Health	Mental Health America of Lancaster County
Cindy Stewart for Mayor of Lancaster	Millersville University
City of Lancaster	Moravian Adult Day Services
COBYS Family Services	Naaman Center
Compass Mark	OBH Life Counseling Services
County of Lancaster	Office of Congressman Lloyd Smucker
Donegal Substance Abuse Alliance	Office of Senator Pat Toomey
East Earl Township Police Department	Partnership for Public Health
Elements Behavioral Health	Penn Medicine Lancaster General Health
Elizabethtown Area Communities that Care	Pequea Valley School District
Elizabethtown Police Department	PerformCare
Family First Health	Pinnacle Treatment Centers
GOAL Project	Rehab After Work
Good Works Recovery	School District of Lancaster
Healthy Beginnings Plus	Snyder Funeral Homes

INGROUP Associates	South Central PA Opioid Awareness Coalition
Lancaster City & County Medical Society	St. Thomas Episcopal Church
Lancaster Chamber	T.W. Ponessa & Associates
Lancaster County Adult Probation & Parole Services	The Gate House
Lancaster County Behavioral Health & Developmental Services	The Hershey Company
Lancaster County Children & Youth	The Ranch Pennsylvania
Lancaster County Clerk of Courts	The RASE Project
Lancaster County District Attorney's Office	United Disabilities Services
Lancaster County Drug & Alcohol Commission	United Way of Lancaster County
Lancaster County Drug Task Force	UPMC Pinnacle
Lancaster County EMS Council	Water Street Mission Health Services
Lancaster County Mayor's Association	WellSpan Ephrata Community Hospital
Lancaster County Prison	WellSpan Philhaven
Lancaster County Public Defender's Office	White Deer Run Treatment Center
Lancaster County Recovery Alliance	Yoga for Recovery
Lancaster Family YMCA	YWCA Lancaster

In addition, numerous community members have participated in Joining Forces meetings and quarterly community forums without representing an organization.

APPENDIX B

STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS (SWOT) ANALYSIS RESULTS

Joining Forces Community Kickoff Event

Date: August 3, 2017

Location: Pennsylvania College of Health Sciences

These tables show raw data, as written by participants during the SWOT analysis. This has been incorporated into our discussions of assets and gaps. While this contributes to our understanding of community conditions, these responses alone do not necessarily reflect our comprehensive assessment.

SCHOOLS	
Key Themes	
Strengths Pennsylvania Youth Survey (PAYS) data collection Committed teachers	Opportunities Early identification and intervention Educating teachers about resources available
Weakness Lack of time Lack of consistency in messaging	Threats Funding for programs Stigma

LAW ENFORCEMENT	
Key Themes	
Strengths Willingness to help Agencies and coalitions are willing to collaborate and involve Law Enforcement in strategies Drug Court/Treatment Court	Opportunities Provide individuals with information about treatment and rehabilitation services Medication assisted treatment (MAT) in prisons
Weakness Lack of sources for referrals Individuals unable to access treatment due to lack of treatment beds	Threats Stigma Safety concerns Cost of legal services

SERVICES FOR MENTAL HEALTH/CO-OCCURRING DISORDERS	
Key Themes	
Strengths Trained professionals Resources have increased over time	Opportunities Better integration of physical and mental health services Reduce stigma and raise awareness
Weakness Unhealthy coping behaviors and self-medication Awareness of mental health and how to access services	Threats Lack of access to psychiatry/medication management Stigma

TREATMENT FOR SUBSTANCE USE DISORDERS

Key Themes

Strengths Resources and treatment locations have increased over time	Opportunities World Health Organization model Redefine 30-day treatment model
Weakness Services are fragmented, lack of coordination of treatment and resources	Threats Lack of sustained funding for treatment Refusals of treatment

FAITH-BASED ORGANIZATIONS

Key Themes

Strengths Strong community with already established volunteers	Opportunities Use community to educate, increase awareness, and reduce stigma
Weakness Placing blame on individuals, moral judgments	Threats Alienation of members Stigma

RECOVERY SUPPORT SERVICES

Key Themes

Strengths Many resources and services exist in the community Centers of Excellence for treatment Drug Court/Treatment Court	Opportunities Increase awareness of services supporting recovery and transitions
Weakness Lack of support for reentry into employment	Threats Funding for treatment Stigma High levels of burnout among peer recovery support professionals

COMMUNITY

Key Themes

Strengths Coordinating and coming together Communication between schools, hospitals, coalitions Strong connections throughout community	Opportunities Identify top priorities Training for volunteers or laypersons Increase awareness Expand screenings
Weakness Not enough representatives of community in the room Lack of awareness of substance use disorders and resources	Threats Funding Stigma and negative stereotypes

HOSPITALS/PRESCRIBERS/DISPENSERS/ HEALTH SYSTEMS/EMERGENCY MEDICAL SERVICES

Key Themes

Strengths

Prescribing guidelines already exist
State PDMP has been implemented

Opportunities

Consistent messaging
Education

Weakness

Lack of availability of services
Lack of education

Threats

Lack of standardization
Lack of funding

WORKPLACES

Key Themes

Strengths

Employee Assistance Programs (EAP)
Chamber of Commerce involvement

Opportunities

Increase awareness and support for individuals with
substance use disorders
Work with insurance providers

Weakness

Lack of financial investment
High-stress work environments

Threats

Lack of funding
Stigma

APPENDIX C

ASSET MAPS

The following maps were created with information available as of January 1, 2018.

FIGURE 1. COMMUNITY MOBILIZING GROUPS

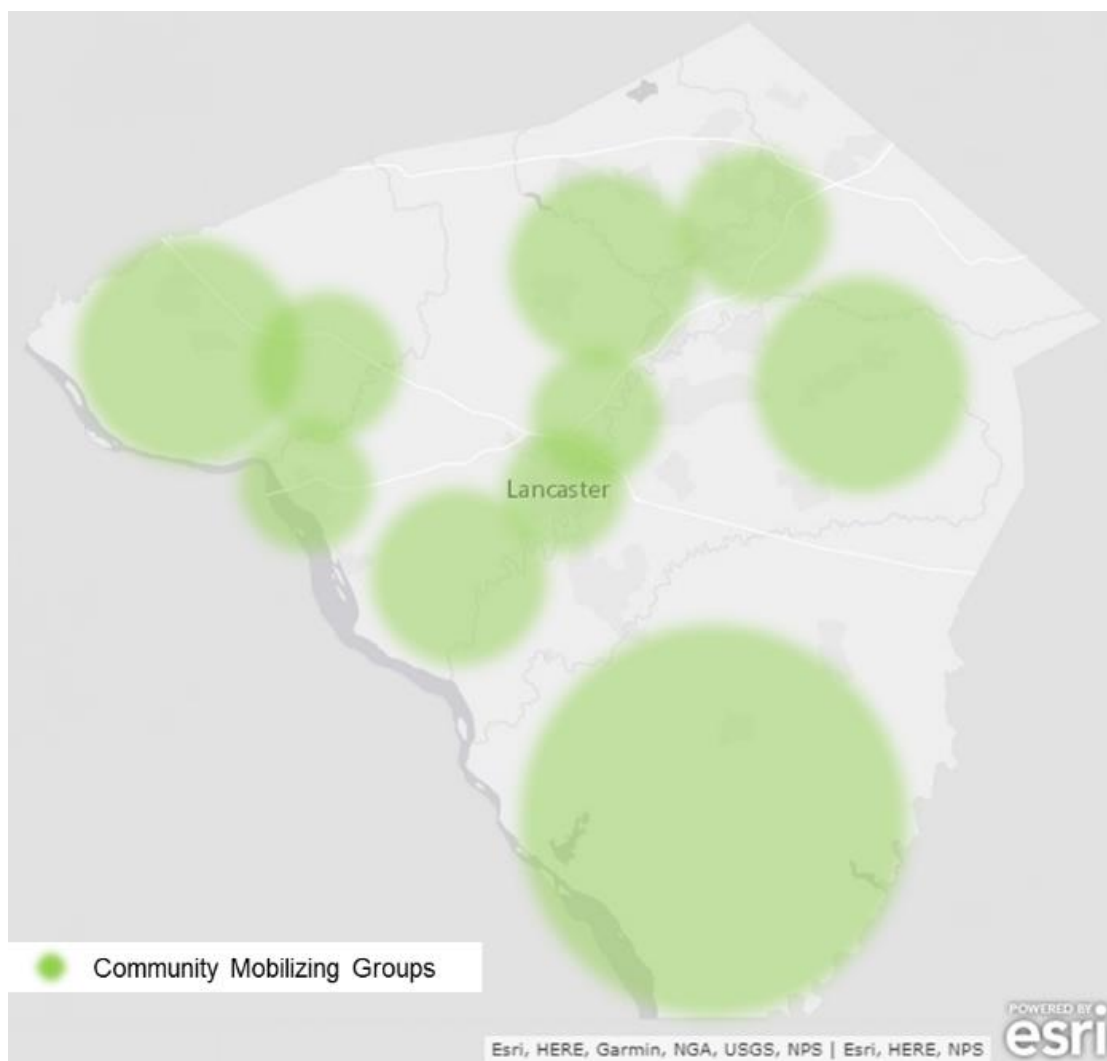


FIGURE 1. DETAIL

- ASAP Lititz
- Columbia Life Network
- Elanco Coalition for a Drug Free Community
- Elizabethtown Area Communities that Care
- Ephrata Cares
- Factory Ministries
- Manheim Township Community Life Task Force
- Donegal Substance Abuse Alliance
- Penn Manor Bridges Task Force
- Solanco Family Life Network
- Lancaster Communities that Care
- Project Lazarus of Lancaster County
- Lancaster County Recovery Alliance
- Lancaster County Recovery House Coalition

FIGURE 2. SCHOOLS IMPLEMENTING EVIDENCE-BASED PREVENTION PROGRAMS

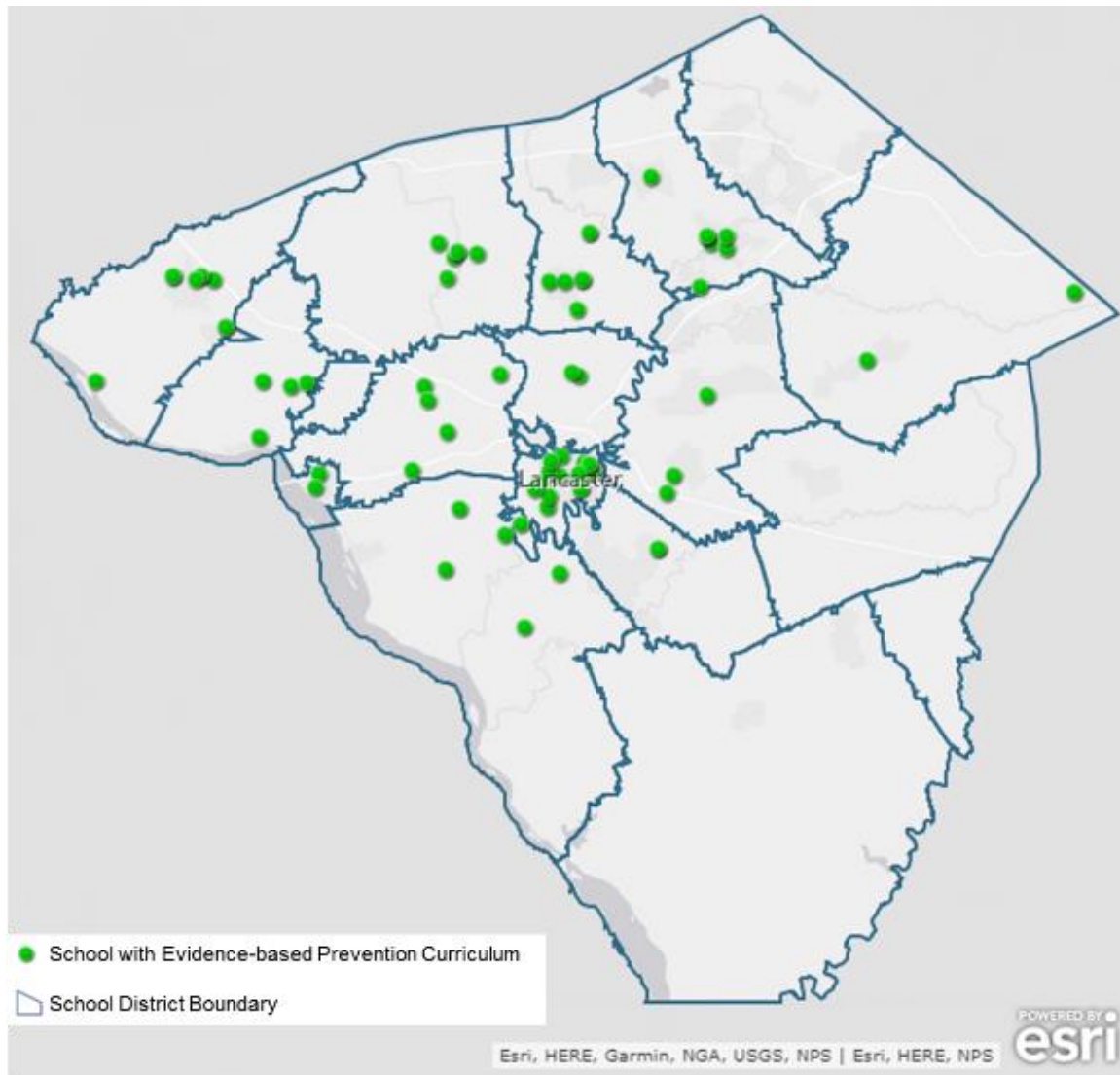


FIGURE 2. DETAIL

School Name	Location
Akron Elementary	Akron
Bainbridge Elementary	Bainbridge
Bear Creek School	Elizabethtown
Buchanan Elementary	Lancaster
Burrowes Elementary	Lancaster
Centerville Elementary	Lancaster
Clay Elementary	Ephrata
Columbia Jr/Sr High School	Columbia
Conestoga Elementary	Conestoga
Doe Run Elementary	Manheim
Donegal Intermediate	Marietta
Donegal Junior High School	Mount Joy
Donegal High School	Mount Joy
E.R. Martin School	Lancaster
East High Elementary	Elizabethtown
East High Street Elementary	Elizabethtown
East Petersburg Elementary	East Petersburg
Elizabethtown Middle School	Elizabethtown
Ephrata High School	Ephrata
Ephrata Intermediate School	Ephrata
Ephrata Middle School	Ephrata
Fulton Elementary	Ephrata
Fulton Elementary	Lancaster
Garden Spot High School	New Holland
Hamilton Elementary	Lancaster
Hand Middle School	Lancaster
Hans Herr Elementary	Lancaster
HC Burgard Elementary	Manheim
Hempfield High School	Landisville
Highland Elementary	Ephrata
John Beck Elementary	Lititz
John Bonfield Elementary	Lititz
JP McCaskey High School	Lancaster

Kissel Hill Elementary	Lititz
Kraybill Campus (LMS)	Mount Joy
LaFayette Elementary	Lancaster
Lancaster Mennonite Main Campus	Lancaster
Landis Run Intermediate School	Lancaster
Landisville Middle School	Landisville
Leola Elementary	Leola
Letort Elementary	Washington Boro
Lincoln Middle School	Lancaster
Lititz Elementary	Lititz
Locust Grove Campus (LMS)	Lancaster
Manheim Central High School	Manheim
Manheim Central Middle School	Manheim
Manheim Christian	Manheim
Manheim Township High	Lancaster
Manor Middle School	Lancaster
McCaskey High School East	Lancaster
Mill Road Elementary	Elizabethtown
Mountville Elementary	Mountville
New Danville Campus (LMS)	Lancaster
Our Lady of Angels	Columbia
Penn Manor High School	Millersville
Resurrection Parochial	Lancaster
Reynolds Middle School	Lancaster
Rheems Elementary	Rheems
Ross Elementary	Lancaster
Martin Meylin Middle School	Lancaster
Warwick Middle School	Lititz
Washington Elementary	Lancaster
Wharton Elementary	Lancaster
Wheatland Middle School	Lancaster
Conestoga Christian School	Morgantown

FIGURE 3. PRESCRIPTION DRUG TAKE-BACK LOCATIONS

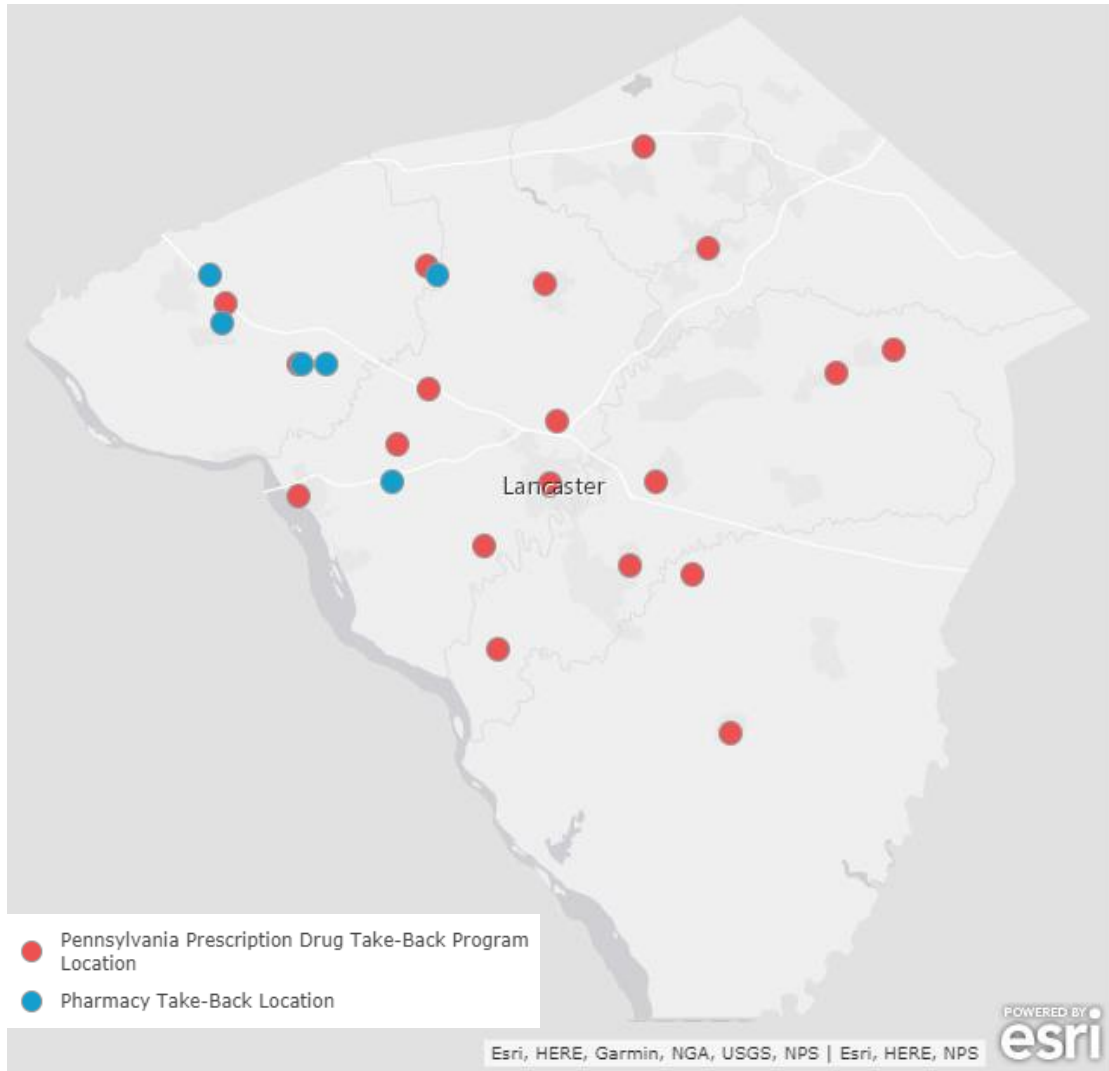


FIGURE 3. DETAIL

Facility Name	Location
Columbia Boro PD	308 Locust St. Columbia, PA 17512
Southern Regional PD	3284 Main St. Conestoga, PA 17516
East Earl Twp PD	128 Todday Dr. East Earl, PA 17519
Darrenkamps Pharmacy	191 S. Ridgeview Rd. Elizabethtown, PA 17022
Northwest Regional PD	155 Merts Dr. Elizabethtown, PA 17022
Sloan's Norlanco Pharmacy	428 Cloverleaf Rd. Elizabethtown, PA 17022
Ephrata PD	124 South State St. Ephrata, PA 17522
West Lampeter Twp. PD	852 Village Rd. Lampeter, PA 17537
East Lampeter Twp. PD	2259 Old Philadelphia Pike Lancaster, PA 17602
Lancaster Co. Adult Probation	40 East King St. Lancaster, PA 17602
Lancaster Co. Sheriff's Dept.	50 North Duke St. Lancaster, PA 17603
Manheim Twp. PD	1825 Municipal Dr. Lancaster, PA 17601
West Hempfield Twp. PD	3401 Marietta Ave. Lancaster, PA 17601
East Hempfield Twp. PD	1700 Nissley RD. Landisville, PA 17538
Lititz Boro PD	7 South Broad St. Lititz, PA 17543-1401
Manheim Boro PD	211 N. Charlotte St. Manheim, PA 17545
Sloan's Manheim Pharmacy	73 S. Main St. Manheim, PA 17545
Millersville University PD	237 N. George St. Millersville, PA 17551
Darrenkamps Pharmacy	945 E. Main St. Mount Joy, PA 17552
Mount Joy Boro PD	21 E. Main St. Mount Joy, PA 17552
Sloan's Mount Joy Pharmacy	61 E. Main St. Mount Joy, PA 17552
Sloan's Mountville Pharmacy	2 College Ave. Mountville, PA 17554
New Holland PD	436 East Main St. New Holland, PA 17557
Northern Lancaster Co. Regional PD	860 Durlach Rd. Stevens, PA 17578
Strasburg Boro PD	145 Precision Ave. Strasburg, PA 17579
Quarryville Boro PD	300 St. Catherine St. Quarryville, PA 17566

FIGURE 4. DETOX & SHORT-TERM INPATIENT TREATMENT LOCATIONS

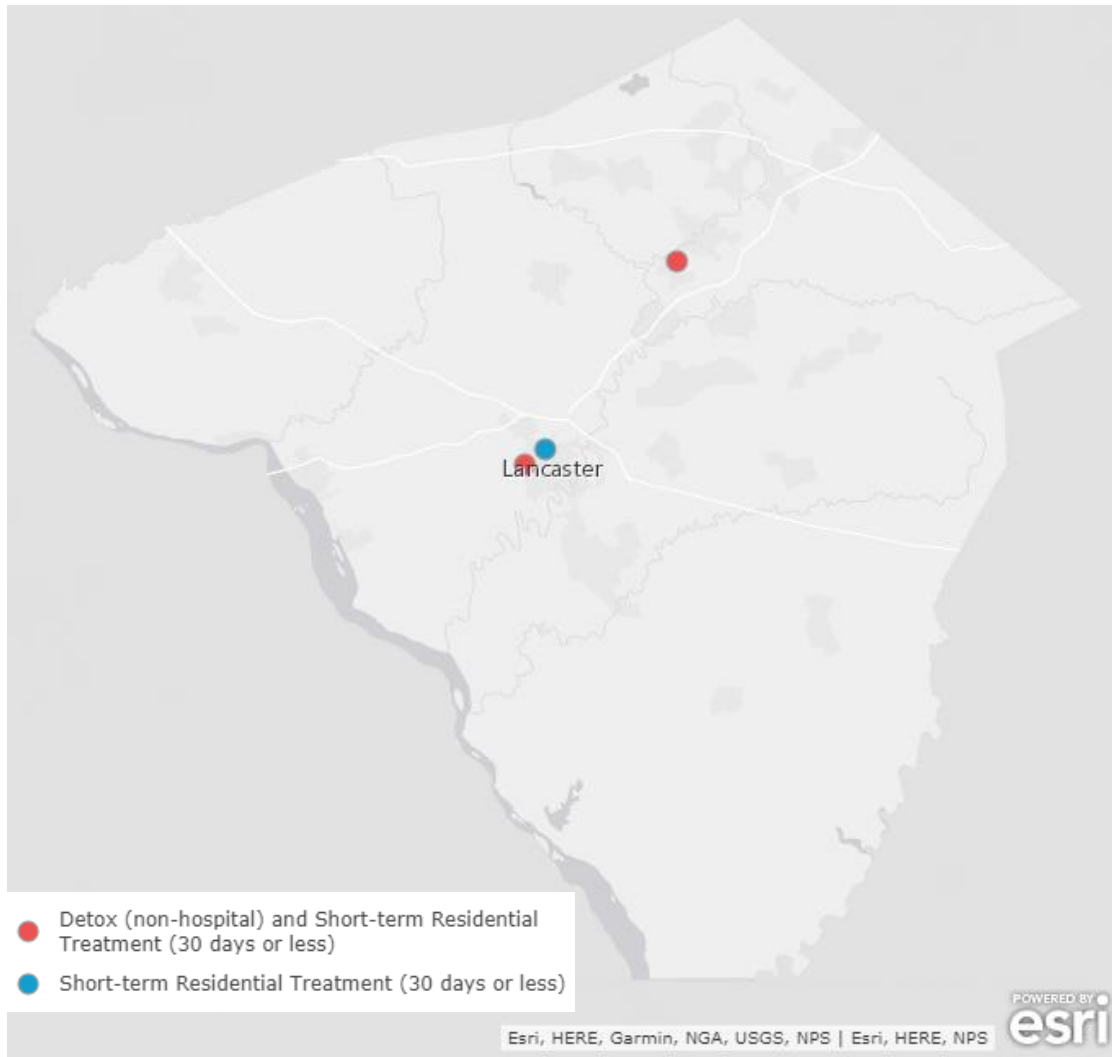


FIGURE 4. DETAIL

Organization Name	Location	Detoxification	Inpatient Treatment
Nuestra Clinica Residencial (Spanish American Civic Association)	Lancaster		X
Retreat Premier Addiction Treatment Center	Ephrata	X	X
White Deer Run	Lancaster	X	X

FIGURE 5. MEDICATION ASSISTED TREATMENT (MAT) PROVIDERS

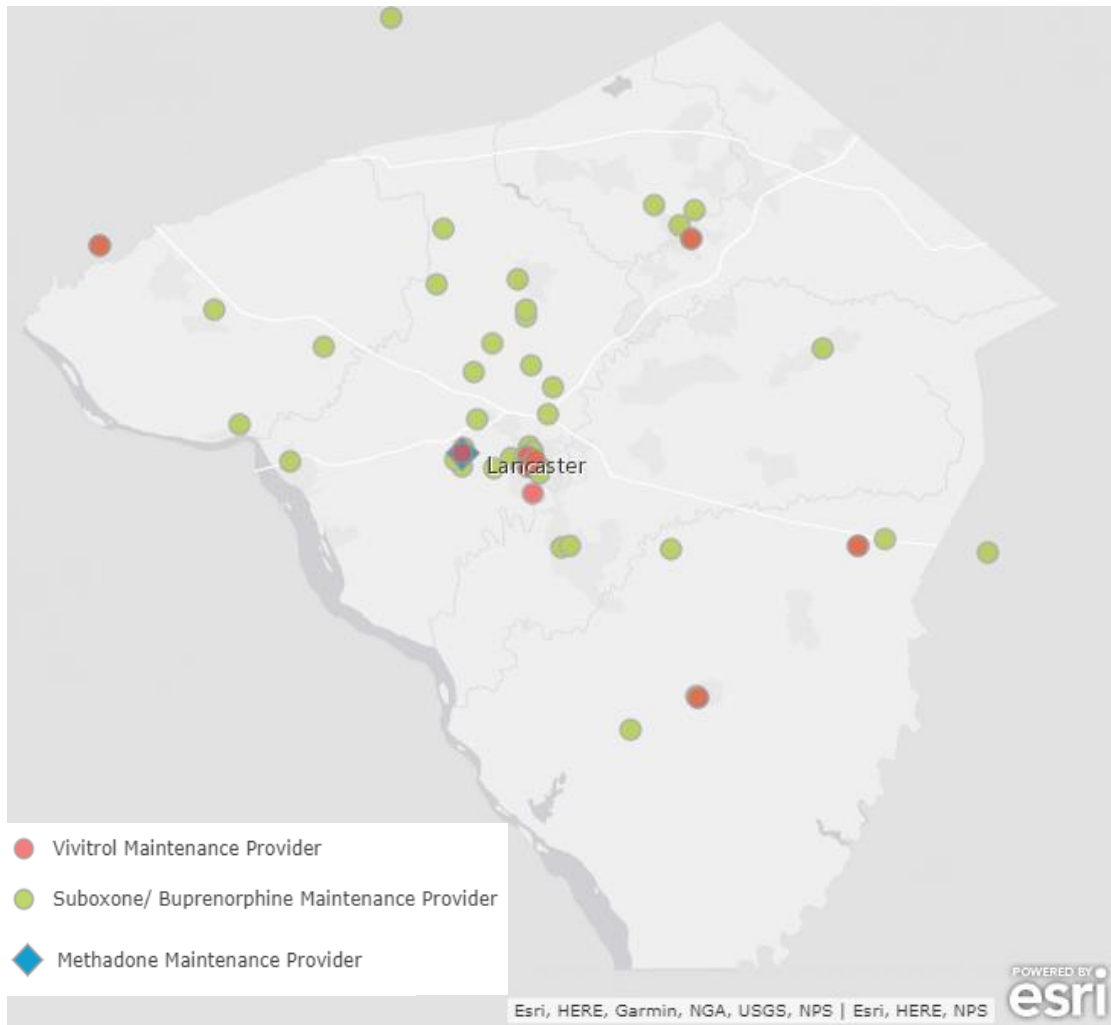


FIGURE 5. DETAIL

Organization Name	Address	Suboxone/ Buprenorphine	Vivitrol	Methadone Maintenance
Abbeyville Family Medicine	101 Abbeyville Road, Lancaster	X		
Addiction Recovery Systems of Lancaster	2192 Embassy Drive, Lancaster	X	X	X
Buck Family Medicine	34 Fawn Drive, Quarryville	X		
Center City Family Health	38-42 West Orange Street, Lancaster	X		
College Avenue Family Practice	250 College Avenue, Lancaster	X		
Comprehensive Care	554 North Duke Street, Lancaster	X		
County Line Family Medicine	5360 Lincoln Highway, Gap	X		
Crooked Oak Family Medicine	1655 Crooked Oak Drive, Lancaster	X		
Downtown Family Medicine	540 North Duke Street, Lancaster	X		
East Petersburg Family Medicine	5665 Main Street, East Petersburg	X		
Elsie Shenk Outpatient Center (Gaudenzia)	211 East Mifflin Street, Lancaster	X		
Ephrata Health Pavilion	175 Martin Avenue, Ephrata	X		
Family & Maternity Medicine	694 Good Drive, Lancaster	X		
Gearty and Skiles Counseling	107 East Locust Street, Ephrata	X	X	
Gearty and Skiles Counseling	321 Market Street, Lancaster	X	X	
Lancaster Freedom Center	436 North Lime Street, Lancaster	X		
Lincoln Family Medicine	1635 West Main Street, Ephrata	X		
Lititz Family Medicine	562 West Second Avenue, Lititz	X		
Lititz Family Medicine - Kissel Hill	51 Peters Road, Lititz	X		
Manheim Family Medicine	700 Lancaster Road, Manheim	X		
Manheim Family Medicine - Pleasant View	544 North Penryn Road, Manheim	X		
Manor Ridge Family Medicine	2113 Manor Ridge Drive, Lancaster	X		
Manor Ridge Family Medicine - Downtown	701 North Duke Street, Lancaster	X		
Mastropietro & Associates Family Medicine	2145 Noll Drive, Lancaster	X		
Mount Joy Family Medicine	1001 Cornerstone Drive, Mount Joy	X		
Naaman Center	248 Maple Avenue, Quarryville	X	X	
Naaman Center	39 West Vine Street, Lancaster	X	X	
Naaman Center	4600 East Harrisburg Pike, Elizabethtown	X	X	
Naaman Center	835 Houston Run Drive, Gap	X	X	
New Holland Family Medicine	676 East Main Street, New Holland	X		
Norlanco Family Medicine	418 Cloverleaf Road, Elizabethtown	X		
Nuestra Clinica (SACA)	545 Pershing Avenue, Lancaster	X		
Parkesburg Family Medicine	950 South Octorara Trail, Parkesburg	X		
Penn State Medical Group General Internal Medicine	2301 Columbia Avenue, Lancaster	X		

Penn State Medical Group South Lancaster	2605 Willow Street Pike, Willow Street	X		
Quentin Family Medicine	1701 Cornwall Road, Lebanon	X		
Randali Centre	2207 Oregon Pike, Lancaster	X		
Southeast Lancaster Health Services	333 North Arch Street, Lancaster	X		
Southeast Lancaster Health Services	625 South Duke Street, Lancaster	X		
Strasburg Family Medicine	1135 Hampden Drive, Strasburg	X		
Susquehanna Counseling	591 Stonehenge Drive, Lititz	X		
Susquehanna Family Medicine	1159 River Road, Marietta	X		
T.W. Ponessa and Associates Counseling Services	410 North Prince Street, Lancaster		X	
The RASE Project	131 East Orange Street, Lancaster	X	X	
Twin Rose Family Medicine	306 North 7th Street, Columbia	X		
UPMC Pinnacle Lititz	1500 Highlands Drive, Lititz	X		
Walter L. Aument Family Health Center	317 West Chestnut Street, Quarryville	X		
WellSpan Internal Medicine	446 North Reading Road, Ephrata	X		
Willow Street Family Medicine	222 Willow Valley Lakes Drive, Willow Street	X		

FIGURE 6. LONG-TERM RESIDENTIAL TREATMENT FACILITIES

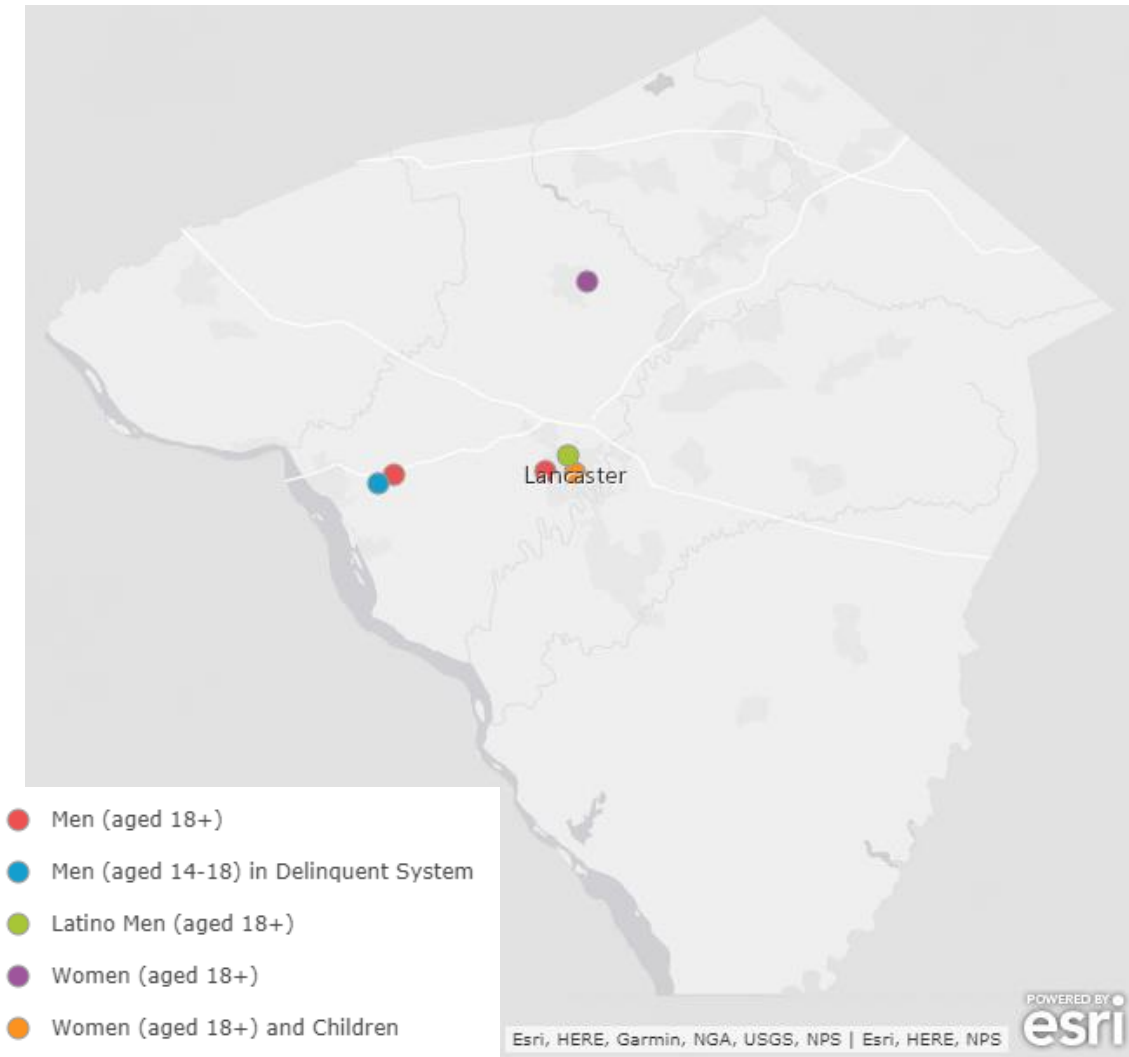


FIGURE 6. DETAIL

Organization Name	Location	Long-Term Residential Treatment (over 30 days)	Halfway House
Gate House for Men	Mountville	X	X
Gate House for Women	Lititz	X	X
Vantage (Gaudenzia)	Lancaster	X	
Manos House (DARS)	Columbia	X	
Nuestra Clinica Residencial (SACA)	Lancaster	X	
Retreat Premier Addiction Treatment Center	Ephrata	X	
White Deer Run	Lancaster	X	

FIGURE 7. SUPPORT & MUTUAL SELF-HELP GROUPS

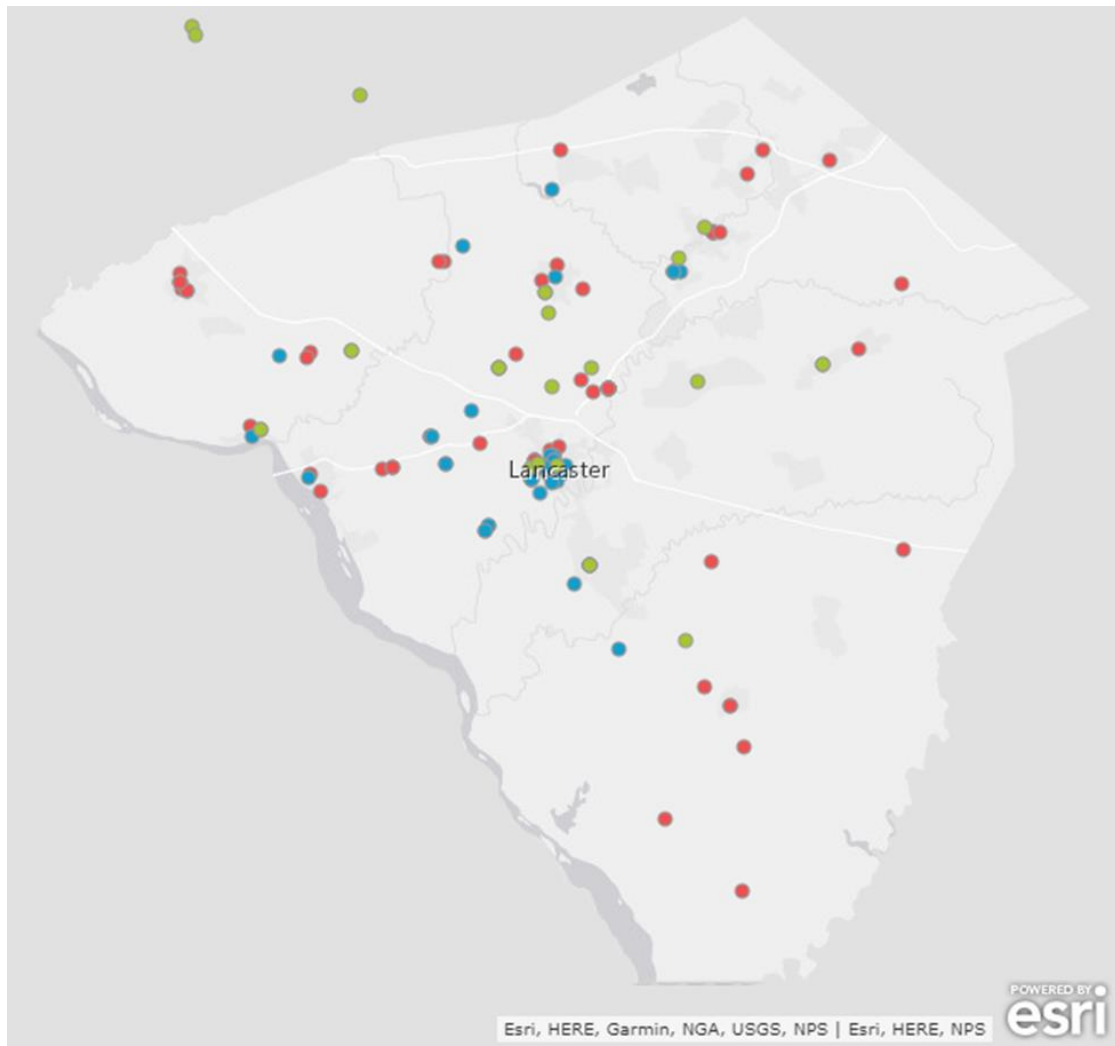


FIGURE 7. DETAIL

Organization	Address	AA	Al-Anon	NA
521 Club	2400 Butter Road, Lancaster	X		
Ascension Lutheran Church	600 Penn Grant Rd, Willow Street			X
BASE, Inc.	447 S Prince Street, Lancaster			X
Bellevue Presbyterian Church	810 Newport Rd, Gap	X		
Bethany Presbyterian Church	23 N West End Ave, Lancaster	X	X	
Bethel Outreach Center	512 E Strawberry Street, Lancaster			X
Brightside Opportunity Center	515 Hershey Ave, Lancaster			X
Calvary Church	1051 Landis Valley Rd, Lancaster	X		
Chiques United Methodist Church	1215 E Main Street, Mount Joy	X	X	
Christ Lutheran Church	125 E High Street, Elizabethtown	X		
Coleman Chapel	Route 501, 1980 Furnace Hills Pike, Brickerville	X		
Community Bible Church	331 Anderson Ferry Road, Mount Joy	X		
Community Mennonite Church	328 W Orange Street, Lancaster	X		X
Congregation Shaarai Shomayim	75 East James Street, Lancaster			X
Cornerstone Baptist Church	80 W Brubaker Valley Rd, Brickerville			X
Covenant Methodist Church	110 N Mulberry Street, Lancaster			X
Crossroad Brethren in Christ Church	800 Donegal Springs Rd, Mount Joy			X
Ebenezer Baptist Church	701 N Line Street, Lancaster	X		
Emmanuel Lutheran Church	540 W Walnut St, Lancaster		X	
Emmanuel United Methodist Church	30 N Church St, Brownstown	X		
Ephrata Community Hospital	169 Martin Ave, Ephrata		X	
Faith United Methodist Church	Fruitville Pike & Koser Rd, Lititz	X		
First Presbyterian Church	101 S. Decatur St, Strasburg	X		
First Presbyterian Church	140 E Orange Street, Lancaster	X		
First Presbyterian Church	7 Marietta Ave, Mount Joy	X		
First Reformed Church	40 E Orange St, Lancaster	X		X
First United Methodist Church	29 E Walnut Street, Lancaster	X		X
First United Methodist Church	5th & Walnut Sts, Columbia	X		
Grace Evangelical Church	131 Terrace Ave, Ephrata	X		
Grace Evangelical Church	Route 272 & Fulton Street, Akron			X
Grace Lutheran Church	517 North Queen St, Lancaster			X
Group Muddy Creek Lutheran Church	11 Muddy Creek Rd, Route 272, Denver	X		
UPMC Pinnacle Lititz	1500 Highlands Drive, Lititz		X	
Hempfield United Methodist Church	3050 Marietta Ave, Lancaster	X		X
Holy Spirit Lutheran Church	3131 Columbia Ave, Lancaster	X		X
Hope United Methodist Church	3474 Rothsville Rd, Ephrata		X	
Lancaster General Hospital	555 N Duke Street, Lancaster	X		
Lancaster YWCA	110 N Lime St, Lancaster		X	
Lighthouse Assembly of God	105 Earland Rd, New Holland	X		
Lititz Church of the Brethren	300 W Orange Street, Lititz	X		
Little Britain Presbyterian Church	255 Little Britain Church Rd, Peach Bottom	X		
Manheim Brethren in Christ	54 North Penryn Rd, Manheim			X
Marietta Community Chapel	1125 River Rd, Marietta	X	X	
Millersville University	51 Lyte Rd, Millersville University	X		
Moravian Church	8 Church Square, Lititz			X
New Holland United Methodist Church	120 W Main St, New Holland	X	X	
New Hope Church	351 Market Street, Marietta			X
Old Mill Building	Rothsville Rd & Pierson Road, Lititz	X		
Otterbein Methodist Church	N. Queen & Clay St, Lancaster	X		
Potter House - Millersville University	214 N. Prince St, Millersville	X		X

Presbyterian Church	360 Locust St, Columbia			X
Redeemer Lutheran Church	500 Pearl St, Lancaster	X		X
Ross Street Methodist Church	312 E Ross Street, Lancaster	X		
Salem United Church of Christ	2312 Marietta Ave, Lancaster	X		
Smithville Church of God	Route 272 & Pennsy Rd, New Providence			X
Spanish American Civic Association (SACA)	545 Pershing Ave, Lancaster			X
St. Anthony's Church	501 E Orange Street, Lancaster			X
St. Catherine of Siena Church	955 Robert Fulton Hwy, Quarryville	X		
St. Edwards Episcopal Church	2453 Harrisburg Pike, Lancaster			X
St. James Catholic Church	505 Woodcrest Ave, Lititz	X	X	
St. John Neumann Church	601 E. Delp Rd, Lancaster	X		
St. John's Episcopal Church	321 W Chestnut St, Lancaster	X		X
St. John's United Church Of Christ	432 E Reading Rd, East Earl	X		
St. Joseph's Church	400 St. Joseph's Street, Lancaster			X
St. Luke United Church of Christ	Orange St & Marietta Ave, Lancaster	X		
St. Luke's Episcopal Church	209 S Market Street, Mount Joy	X		
St. Paul's United Church Of Christ	4th & Church Sts, Quarryville	X		
St. Paul's United Church Of Christ	50 N Main St, Manheim	X		
St. Paul's United Methodist Church	398 N Locust Street, Elizabethtown	X		
St. Paul's United Methodist Church	100 W Main St, Mountville	X		
St. Peter's Lutheran Church	10 Delp Rd, Lancaster		X	
St. Peter's United Church Of Christ	816 Buchanan Ave & College Ave, Lancaster	X		
St. Thomas Episcopal Church	301 Saint Thomas Rd, Lancaster		X	
Trinity Church	450 W Main Street, Mountville	X		
Trinity Lutheran Church	31 S Duke Street, Lancaster	X		
Trinity United Church of Christ	2340 State St, East Petersburg	X	X	
Trinity United Methodist Church	422 Main Street, Denver	X		
United Church of Christ	247 S Market Street, Elizabethtown	X		
United Methodist Church	210 Market St, Lititz	X		
United Methodist Church	Duke & Walnut Sts, Lancaster	X		
Universalist Unitarian Church of Lancaster	538 W Chestnut St, Lancaster	X		
Wagonworks Apartments	920 Plane Street, Columbia	X		
Willow Street United Church of Christ	2723 Willow Street Pike, Willow Street	X	X	
Zion Church of Millersville	317 N George St, Millersville			X
Zion Lutheran Church	18 Quarry Rd, Leacock-Leola-Bareville		X	
Zion Lutheran Church	435 Main Street, Akron	X		X
Zion Lutheran Church	High & Hazel Streets, Manheim	X		
Zion United Church of Christ	900 Winter Hill Rd, Strasburg		X	
Zion United Church of Christ	Winterhill & Old Rds, New Providence	X		

APPENDIX D

GOAL DETAIL

GOAL 1: STRENGTHEN EVIDENCE-BASED PREVENTION & INTERVENTION EFFORTS

OBJECTIVE 1

Increase the percentage of public schools offering evidence-based substance use prevention programs from 50% (57) to 75% (85) by 2023. N=115 schools.

OUTCOME INDICATORS

Number of children receiving evidence-based substance abuse prevention education.
Baseline: As of January 1, 2018, 4363 students in Lancaster County received evidence-based programming in the 2017-2018 school year.

STRATEGY	ACTION STEP	MEASURED BY	OWNER	GOAL CONTRIBUTORS
1.1 Engage and assist schools in identifying and implementing evidence-based prevention programming and policies	<ul style="list-style-type: none"> Distribute “Best Practices for Choosing School Based Prevention” brochures 	<ul style="list-style-type: none"> Number of brochures distributed 	Compass Mark, Penn Medicine Lancaster General Health	
	<ul style="list-style-type: none"> Educate school leaders on evidence-based, school/family-based prevention curricula 	<ul style="list-style-type: none"> Number of meetings held with superintendents, curriculum coordinators, or wellness councils to introduce and or support school-based prevention program 	Compass Mark, Penn Medicine Lancaster General Health	
	<ul style="list-style-type: none"> Train school staff to implement programs 	<ul style="list-style-type: none"> Number of schools that utilize internal staff for curriculum 	Compass Mark, Penn Medicine Lancaster General Health	
	<ul style="list-style-type: none"> Provide staff to facilitate instruction 	<ul style="list-style-type: none"> Number of schools that outsource curriculum instruction 	Compass Mark, Penn Medicine Lancaster General Health	COBYs

ALIGNMENT WITH EVIDENCE-BASED PRACTICES

Facilitate and engage schools in providing evidence-based practice programs in schools (SAMHSA)

RECOMMENDED POLICY CHANGES

Advocate for funding for primary prevention programming in schools

GOAL 1: STRENGTHEN EVIDENCE-BASED PREVENTION & INTERVENTION EFFORTS

OBJECTIVE 2

Expand access to prescription drug disposal modalities by 2023.
Baseline and formalized process to be determined.

OUTCOME INDICATORS

Total weight of drugs collected in take-back boxes.

STRATEGY	ACTION STEP	MEASURED BY	OWNER	GOAL CONTRIBUTORS
2.1 Expand access to prescription drug take-back locations.	<ul style="list-style-type: none"> Increase number of physical locations at municipal buildings and pharmacies 	<ul style="list-style-type: none"> Number of take back locations 	Lancaster County Sheriff	Pharmacy Association (SCPA Opioid Awareness Coalition)
	<ul style="list-style-type: none"> Expand accessibility of existing take-back locations 	<ul style="list-style-type: none"> Number of hours available per week 	Lancaster County Sheriff	
2.2 Promote proper prescription drug disposal	<ul style="list-style-type: none"> Distribute information and promote the use of prescription drug take-back locations 	<ul style="list-style-type: none"> Number of rack cards distributed 	Penn Medicine Lancaster General Health	Compass Mark (includes Community Coalitions), D&A Commission, EMS, Lancaster Chamber, Lancaster County Recovery Alliance, Let's Talk, Mayor's Association, Pharmacy Association, Law Enforcement, Probation & Parole, South Central PA Opioid Awareness Coalition
	<ul style="list-style-type: none"> Explore promotion and/or distribution of disposal bags with prescriptions 	<ul style="list-style-type: none"> Creation of feasibility study/white paper 	Penn Medicine Lancaster General Health	Pharmacy Association

ALIGNMENT WITH EVIDENCE-BASED PRACTICES

- Connect affected individuals and families to appropriate recovery resources and community education (1,3)
- Provide technical assistance for Community Coalitions to advance evidence-based programs and best practices (3)

GOAL 1: STRENGTHEN EVIDENCE-BASED PREVENTION & INTERVENTION EFFORTS

OBJECTIVE 3

Increase percentage of first responder agencies (police, fire, EMS) that receive naloxone (acquired with grant funding) from 14% (16) to 100% (118) by 2023.

OUTCOME INDICATORS

- Number of emergency response events where naloxone was used
- Number of first responders reporting naloxone doses administered

STRATEGY	ACTION STEP	MEASURED BY	OWNER	GOAL CONTRIBUTORS
3.1 Increase access to naloxone and appropriate education and training	<ul style="list-style-type: none"> • Facilitate distribution of naloxone to individuals, families, professionals and organizations 	<ul style="list-style-type: none"> • Number of doses distributed 	County of Lancaster	EMS, Law Enforcement, Probation and Parole, South Central PA Opioid Awareness Coalition
	<ul style="list-style-type: none"> • Locate funding and other channels for increased access to naloxone for first responders 	<ul style="list-style-type: none"> • Total grant dollars received 	County of Lancaster	EMS, Law Enforcement, Probation and Parole, South Central PA Opioid Awareness Coalition

ALIGNMENT WITH EVIDENCE-BASED PRACTICES

- Equip law enforcement with Naloxone toolkits and Naloxone administration education (CDC, SAMHSA, DOJ)
- Facilitate the distribution of Naloxone and/or information to individuals and families dealing with opioid addiction (CDC, SAMHSA)

RECOMMENDED POLICY CHANGES

Advocate for funding for naloxone for first responders, individuals, and families dealing with opioid addiction.

GOAL 1: STRENGTHEN EVIDENCE-BASED PREVENTION & INTERVENTION EFFORTS

OBJECTIVE 4

Increase percent of individuals who receive warm handoff in emergency department.

OUTCOME INDICATORS

Percent of individuals who accept the warm handoff in the emergency department. The RASE Project will be providing data for this measure.

STRATEGY	ACTION STEP	MEASURED BY	OWNER	GOAL CONTRIBUTORS
4.1 Support and expand warm handoffs with certified recovery support specialists	<ul style="list-style-type: none"> Ensure that current warm handoff program has the appropriate capacity to handle referrals/requests 	<ul style="list-style-type: none"> Number of certified recovery support specialists 	RASE Project	South Central PA Opioid Awareness Coalition

ALIGNMENT WITH EVIDENCE-BASED PRACTICES

- Connect affected individuals and families to appropriate recovery resources and community education (SAMHSA)
- Develop capacity for referring patients with substance abuse issues to evidence-based addiction care and ER warm handoff (SAMHSA)

GOAL 2: SATURATE THE COMMUNITY WITH UNIFIED MESSAGING

OBJECTIVE 1	OUTCOME INDICATORS
Increase the number of impressions from 56,359 (2017) to 100,000 annually by 2023.	Total number of impressions

STRATEGY	ACTION STEP	MEASURED BY	OWNER	GOAL CONTRIBUTORS
1.1 Develop and disseminate consistent messaging, accurate information about opioids, and where to get help	<ul style="list-style-type: none"> Continue to identify and utilize consistent messaging via key communication channels Continue to distribute information regarding proper use, storage, and disposal of prescription drugs Continue to distribute information about where to get help for opioid misuse, dependence, or use disorder 	<ul style="list-style-type: none"> Number of materials distributed Number of organizations distributing materials 	Penn Medicine Lancaster General Health	Compass Mark (includes Community Coalitions), D& A Commission, EMS, Lancaster Chamber, Lancaster County Recovery Alliance, Let's Talk, Mayor's Association, Pharmacy Association, Law Enforcement, Probation and Parole, South Central PA Opioid Awareness Coalition
1.2 Educate community groups, coalitions, organizations, and employers	<ul style="list-style-type: none"> Provide educational programs for community members about a variety of issues related to substance use disorders, opioids, and overdose prevention Provide information to individuals, families, and organizations about the warning signs of an overdose and what to do 	<ul style="list-style-type: none"> Number of educational programs held by employers, schools, community events, and faith-based organizations Number of people reached by educational programs 	Compass Mark	D & A Commission, EMS, Lancaster Chamber, Lancaster County Recovery Alliance, Let's Talk, Mayor's Association, Pharmacy Association, Law Enforcement, Probation and Parole, South Central PA Opioid Awareness Coalition
1.3 Strengthen community mobilizing efforts, and partnerships	<ul style="list-style-type: none"> Continue to provide technical assistance to community coalitions and organizations to advance evidence-based programs, best practices, and mobilizing efforts 	<ul style="list-style-type: none"> Number of community mobilizing groups receiving technical assistance 	Compass Mark	
	<ul style="list-style-type: none"> Continue to hold and expand Quarterly Forums Disseminate information to diverse community stakeholders and organizations 	<ul style="list-style-type: none"> Number of organizations participating in Quarterly Forums 	Penn Medicine Lancaster General Health	Compass Mark, D&A Commission, EMS, Lancaster Chamber, Lancaster County Recovery Alliance, Let's Talk Lancaster, Mayor's Association, Pharmacy Association, Law Enforcement, Probation and Parole, South Central PA Opioid Awareness Coalition

	<ul style="list-style-type: none"> Engage members of recovery community to share their experiences 	<ul style="list-style-type: none"> Number of presentations by individuals in recovery Number of recovery-oriented community events Number of participants in recovery-oriented community events 	Lancaster County Recovery Alliance	RASE Project, Compass Mark
1.4 Implement county-wide marketing and public awareness campaigns	<ul style="list-style-type: none"> Launch a billboard campaign in key locations throughout Lancaster County 	<ul style="list-style-type: none"> Number of Joining Forces billboards in Lancaster County 	Penn Medicine Lancaster General Health	
1.5 Provide up-to-date information on the Joining Forces website and print materials for county-wide dissemination	<ul style="list-style-type: none"> Continue to maintain a comprehensive website with publicly accessible county-wide data, information, and resources Continue to make data and tracking measures publically available on the Joining Forces website. 	<ul style="list-style-type: none"> Number of website impressions 	Penn Medicine Lancaster General Health	

ALIGNMENT WITH EVIDENCE-BASED PRACTICES

- Distribute information to the community on the appropriate use, storage and disposal of prescription opioids (SAMHSA)
- Connect affected individuals and families to appropriate recovery resources and community education (SAMHSA)
- Provide technical assistance for Community Coalitions to advance evidence-based programs and best practices (SAMHSA)
- Facilitate dissemination of information for recovery and prevention in the faith-based community and link individuals and families to local resources. (SAMHSA)
- Educate employers on the issue, the potential impact on their bottom line, and share best practices and resources. (SAMHSA)
- Provide resources to employers on signs and symptoms of impaired employees, best practices in EAP programs, workplace policies, etc. (SAMHSA)
- Provide opportunities for individuals in recovery to share their stories in an effort to increase awareness and decrease stigma (SAMHSA)

GOAL 3: ENCOURAGE & SUPPORT CULTURAL CHANGE WITHIN THE MEDICAL COMMUNITY

OBJECTIVE 1

Decrease the opioid dispensing rate per 1,000 residents as measured by the Pennsylvania Prescription Drug Monitoring Program (PDMP) and reported on the PDMP Interactive Data Report. 2017 baseline 161.5. Targets to be determined by Pennsylvania PDMP.

OUTCOME INDICATORS

Percent change in number of dispensations.
Dispensing rate in comparison to regional, state, and national statistics.

STRATEGY	ACTION STEP	MEASURED BY	OWNER	GOAL CONTRIBUTORS
1.1 Equip healthcare providers with data and tools needed to improve opioid prescribing, including utilization of the PDMP and CDC prescribing guidelines	<ul style="list-style-type: none"> Develop resource center for management of chronic pain with support to implement multimodal pain plans Encourage providers to avoid concurrent opioid and benzodiazepine prescribing Support policies to limit the number of opioid prescriptions and the number of opioids in each prescription Increase capacity for referrals for patients with substance use issues or disorders to outpatient or inpatient treatment Standardize the way providers educate patients about the proper use, storage, and disposal of prescription opioids 	Resource center created	South Central PA Opioid Awareness Coalition	
1.2 Educate providers about recommended prescribing guidelines and other tools	<ul style="list-style-type: none"> Provide education/CME events for providers about recommended guidelines and tools to aid in appropriate prescribing 	Number of providers educated	South Central PA Opioid Awareness Coalition	
1.3 Standardize opioid prescribing metrics to effectively track progress and improvements in prescribing practices	<ul style="list-style-type: none"> Standardize and support the use of PDMP registry Develop and utilize metrics to track provider opioid prescribing and other factors 	Metrics developed	South Central PA Opioid Awareness Coalition	
1.4 Support the use of alternative treatments for pain management	<ul style="list-style-type: none"> Develop and implement protocol developed for acute pain management for common pain diagnoses to provide alternative treatment plans and limit opioid prescribing Provide targeted education and pain management resources for providers and patients 	Protocol developed	South Central PA Opioid Awareness Coalition	

ALIGNMENT WITH EVIDENCE-BASED PRACTICES

- Implement multimodal pain plans whenever possible and reduce the number of opioids used (CDC)
- Opioids are not first line therapy and should be used in conjunction with non-opioid/nonpharmacological therapies for chronic pain (SAMHSA)
- Develop capacity for referring patients with substance abuse issues to evidence-based addiction care and ER warm handoff (SAMHSA)
- Assess potential risks of actions of patient prior to prescription (CDC)
- Check PDMP registry (SAMHSA)
- Educate providers on use (and availability) of multimodal pain plans whenever possible to reduce the number of opioids used (CDC)
- Educate providers to avoid concurrent opioid and benzodiazepine prescribing (CDC)

RECOMMENDED POLICY CHANGES

Advocate for insurance coverage of alternative treatments for pain management

GOAL 4: IMPROVE ACCESS TO TREATMENT & RECOVERY SUPPORT & INCREASE UTILIZATION OF SERVICES

OBJECTIVE 1

Increase number of publically funded detox beds from 7 to ____ by 2023.

OUTCOME INDICATORS

- Number of publically funded detox beds in Lancaster County.
- Percent of D&A detox placements within Lancaster County.

STRATEGY	ACTION STEP	MEASURED BY	OWNER	GOAL CONTRIBUTORS
			D&A Commission	

ALIGNMENT WITH EVIDENCE-BASED PRACTICES

- Provide support for treatment and recovery programs (CDC, SAMHSA)

RECOMMENDED POLICY CHANGES

GOAL 4: IMPROVE ACCESS TO TREATMENT & RECOVERY SUPPORT & INCREASE UTILIZATION OF SERVICES

OBJECTIVE 2

Increased access to treatment by 2023. Targets to be determined.
Data provided by Lancaster SCA and Capital Area Behavioral Health Collaborative, Inc.

OUTCOME INDICATORS

STRATEGY	ACTION STEP	MEASURED BY	OWNER	GOAL CONTRIBUTORS
2.1 Expand warm-handoff programs and navigation services to support effective entries into treatment.	<ul style="list-style-type: none"> Promote information about where to get help, such as 211, Compass Mark, and other sources of information and referrals 	<ul style="list-style-type: none"> Number of calls to 2-1-1 for substance use issues. Number of calls to Compass Mark for substance use issues. Number of calls to White Deer Run for substance use issues. 	Compass Mark, D&A Commission	United Way 2-1-1
	<ul style="list-style-type: none"> Support and expand Prison Door to Door Project 	<ul style="list-style-type: none"> Number of individuals served by the Prison Door to Door program 	Prison/Probation & Parole	D&A Commission
	<ul style="list-style-type: none"> Evaluate ED warm-handoff and feasibility of expanding to hospital inpatient discharge 	<ul style="list-style-type: none"> Number of individuals served by the ED warm handoff process 	Penn Medicine Lancaster General Health	EMS, Law Enforcement, Probation and Parole, South Central PA Opioid Awareness Coalition
	<ul style="list-style-type: none"> Promote utilization of Student Assistance Programs within schools 	<ul style="list-style-type: none"> Number of students successfully referred into treatment from SAP team 	Compass Mark, Penn Medicine Lancaster General Health	D&A Commission
2.2 Support the use of evidence-based therapy modalities to address mental health and substance use issues	<ul style="list-style-type: none"> Provide education and support for providers to administer MAT 	<ul style="list-style-type: none"> Number of MAT Providers Number of Certified Recovery Support Specialists. 	Penn Medicine Lancaster General Health	
	<ul style="list-style-type: none"> Streamline connections to counseling, treatment, and other resources for individuals with substance use disorders and co-occurring disorders 	<ul style="list-style-type: none"> Number of screening and referrals for mental health and substance use issues 	Let's Talk Lancaster	South Central PA Opioid Awareness Coalition

2.3 Reduce barriers to treatment and recovery services	<ul style="list-style-type: none"> Regularly assess and develop strategies to address barriers to treatment 	<ul style="list-style-type: none"> Barrier assessment 	D&A Commission	Let's Talk, South Central PA Opioid Awareness Coalition
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ALIGNMENT WITH EVIDENCE-BASED PRACTICES


- Connect affected individuals and families to appropriate recovery resources and community education (SAMHSA)
- Develop capacity for referring patients with substance abuse issues to evidence-based addiction care and ER warm handoff (SAMHSA)
- Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter into substance use treatment (SAMHSA, DOJ)
- Provide support for treatment and recovery programs (CDC, SAMHSA)
- Increase screening by Primary Care Provider for anxiety, depression & stress, and streamline connections to counseling and other resources for co-occurring conditions (SAMHSA)

RECOMMENDED POLICY CHANGES

- Advocate for funding for Student Assistance Programs.
- Advocate for funding and insurance coverage for treatment and recovery services.
- Increase the availability of financial assistance for treatment.

APPENDIX E

SHORT-TERM OUTCOME MEASURES

 Reducing Deaths from Opioids & Heroin: Short Term Measures <small>Coordinating efforts to reduce deaths from opioids and heroin</small>	Organization/Coalition Contributing to Measure								
	South Central PA Opioid Awareness Coalition	Lancaster County Recovery Alliance	Anti-Heroin Task Force	Compass Mark	Police/Corrections/Courts	Lancaster Chamber	Let's Talk Lancaster	Lancaster County Drug & Alcohol Commission	Lancaster EMS Council
Number of materials distributed									
Proper Use, Storage and Disposal of Prescriptions	X		X			X			
Prescription Take Back Postcards		X	X	X	X	X	X	X	
D & A Brochure		X	X		X	X	X	X	X
Green Wallet Cards		X	X		X	X	X	X	X
Number of external links to website	X								
Number of website hits	X								
Opioid dispensing rate per 1000 residents	X								
Number of educational programs held at employer sites						X			
Implementation of advocacy program to increase coverage for treatment and recovery services						X		X	
Number of Naloxone Kits distributed					X		X		
Number of Lancaster County businesses with EAP Programs						X	X		
Percentage of patients screened for depression in primary care setting							X		

Number of schools providing evidence-based prevention programs				X					
Number of calls to Drug and Alcohol Information Center to measure connection to appropriate treatment/recovery services				X					
Number of presentations to share personal recovery experiences		X							
Implementation of harm reduction program for prisoners					X				
Number of prescription drug lock boxes distributed					X				
Number of Naloxone trainings provided									X
Implementation of process to provide D&A Brochure and Wallet Cards to all emergency response calls related to overdose									X
Number of locations for support groups								X	

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