LANCASTER COUNTY
JOININGFORCES

Coordinating efforts to reduce deaths from opioids and heroin

STRATEGIC PLAN

2019-2020 UPDATE
AND 2021 GOALS

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EXECUTIVE SUMMARY

Since September 2017, Lancaster County Joining Forces has worked as a community collaborative with the primary aim to support and coordinate countywide efforts to reduce the number of deaths from opioid 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. In Lancaster County:

> From 2014 to 2017, the number of overdose deaths in Lancaster County increased 180%. In 2017, there were 168 drug-related overdose deaths in Lancaster County.
>
> In 2018, there were 108 overdose deaths, a decrease of 36% from the previous year. In 2019, there were 104 overdose deaths, a decrease of 4% from the previous year. As of June 30, there have been 71 deaths in 2020, and total deaths in 2020 are projected to be higher than the past two years.

This plan provides an in-depth examination of our progress and challenges addressing the overdose epidemic at a 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.

This community is home to many resources, prevention programs, treatment services, and recovery supports. However, there are still gaps in services, unmet community needs, and opportunities for improvement. Overall, we must continue our 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 2020 goals of Lancaster Joining Forces are to:
1. Strengthen evidence-based prevention and interventions.
2. Continue to share common messages and provide educational information throughout the community.
3. Create lasting changes in the medical community that improve patient safety.
4. Increase access to treatment services.
5. Promote positive messages and provide training to improve knowledge and increase positive attitudes about substance use disorder and recovery.

Since we are now at the end of the year and dealing with a nationwide pandemic, COVID 19 we have included and reviewed the following that has impacted our initiatives:

- o The Addiction Policy Forum surveyed a national sample about the impact of COVID-19 in later April and early May on individuals with a substance use disorder. The survey was completed by 1,079 individuals.

The key findings of the survey were as follows:

- o 1 in 3 (34%) of the 1,079 respondents reported changes or disruptions in accessing treatment or recovery support services.

- o 20% of respondents reported increased substance use since the COVID-19 pandemic began.
- o 4% of respondents reported an overdose has occurred since the pandemic began.
- o The top emotions reported by respondents are worry (62%), sadness (51%), fear (51%) and loneliness (42%).
- o 87% of those who report access disruptions (n=266) also report emotional changes since the pandemic began, compared to 72% of those who do not report access disruptions (n=806).
- o 48% of patients and families reported fear of becoming infected with COVID-19 as a top concern, followed by spreading the virus (46%) and social isolation (40%).

In addition, the Governor released the PA Opioid Command Center Strategic plan 2020-2023 in July. At the end of this update we will share an outline of how our current efforts:

- o Align with this plan
- o Opportunities for Lancaster Joining Forces to support the state goals and strategies.

MISSION

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

GUIDING PRINCIPLES

- o Collaboration and partnership
- o Transparency and accountability
- o Recognizing and building on community strengths
- o Community engagement and mobilization

- o Strategic, systematic, multi-level methods
- o Data-driven planning and evaluation
- o Implementing effective, research- and evidence-based programs and practices (see 2018 Strategic Plan for details about evidence-based practices)

PARTNERS

The Joining Forces Steering Committee includes representatives from organizations, coalitions, county agencies, and healthcare providers:

- o Compass Mark
- o Lancaster Chamber
- o Lancaster County Commissioners, Drug and Alcohol Commission, Probation and Parole, and Prison
- o Lancaster County District Attorney's Office

- o Lancaster County EMS Council
- o Lancaster County Recovery Alliance
- o Lancaster County Sheriff's Office
- o Let's Talk, Lancaster
- o South Central PA Opioid Awareness Coalition
- o United Way of Lancaster County

We recognize that we can do more together than we ever could separately. This is a community-wide issue that we can only address in collaboration. In addition to Steering Committee members, Joining Forces works in cooperation with community members, organizations, coalitions, and hubs. This larger network continuously works to prevent and address substance use disorders and prevent overdose deaths across the Continuum of Care (see 2018 Strategic Plan for detailed description).

WHAT IS THE ISSUE?

NATIONAL, STATE & LOCAL STATISTICS

Drug-related overdoses continue to be a serious national public health concern and a leading cause of death in the United States. The rate of opioid-related overdose deaths in the United States in 2017 was 6 times higher than in 1999.[6] The increase in overdose deaths was driven by a steady increase in prescription opioid overdoses and more recently, by increases in heroin and synthetic opioid overdoses.[5,14,17,33,34]

From 1999 to 2010, the increase of overdose deaths mirrored an increase in opioid prescribing.[12,33] In 2017, about 68% of overdoses involved an opioid. The availability of heroin, fentanyl, and other synthetic opioids have also significantly increased in recent years. Synthetic opioids have increased in strength and availability, increasing the risk of overdose and death.[27,33,34]
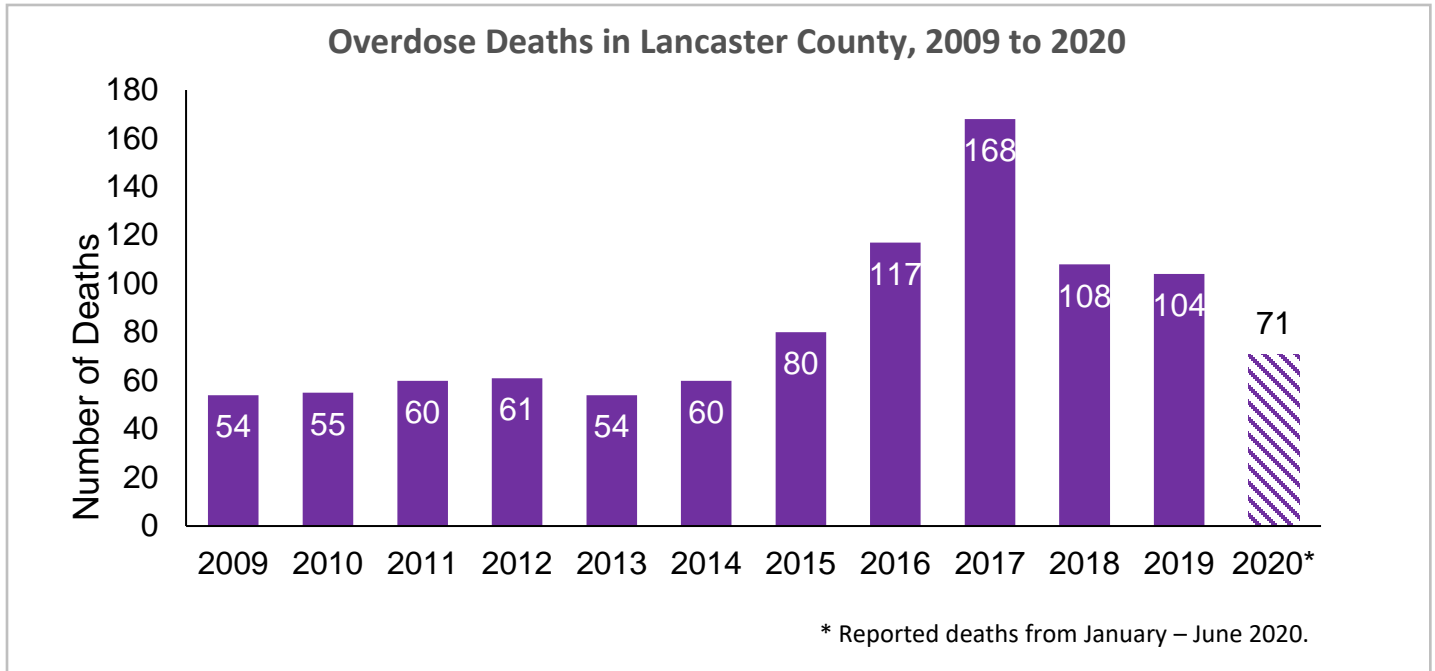
The latest official national and state overdose statistics are from 2018. In 2018, the age-adjusted death rates from drug overdose were 20.7 per 100,000 for the United States, 37.0 per 100,000 for Pennsylvania, and 25.3 per 100,000 for Lancaster County, as shown in the figure below.
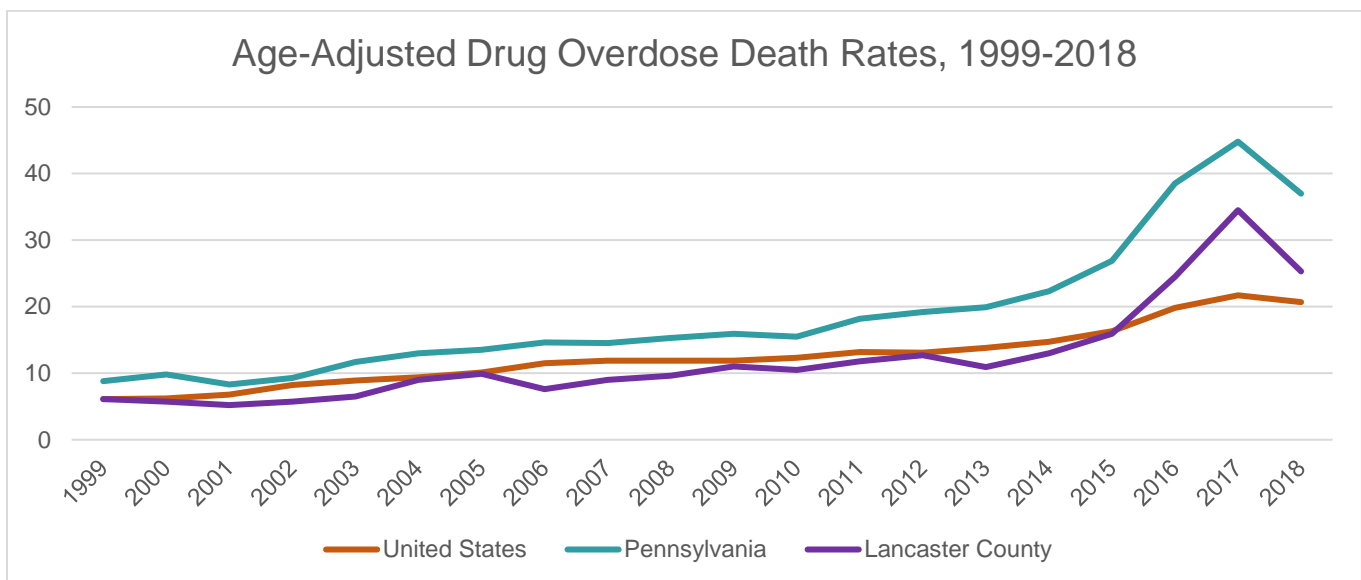
In 2018, Pennsylvania had the 4th highest age-adjusted drug overdose death rate after West Virginia (51.5 per 100,000 standard population), Delaware (43.8), and Maryland (37.2) [6]. In Pennsylvania, Wyoming, Carbon, and Mercer Counties had the highest age-adjusted death rates in 2018. Lancaster County ranked 40th among 67 Pennsylvania counties.[7]
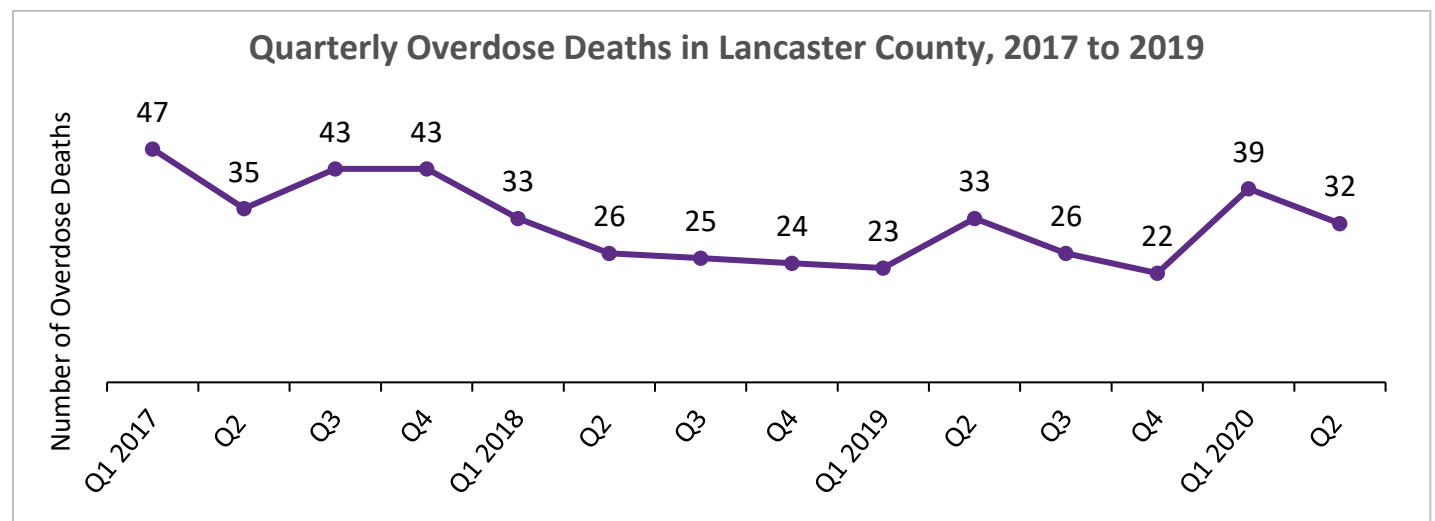
Across the United States and in many states, including Pennsylvania, drug overdose deaths declined from 2017 to 2018. In Lancaster County, there was a 35.7% decrease in deaths from 2017-2018, which was a much larger decrease than in the state of Pennsylvania (18%) and in the U.S. overall (4.1%).

Lancaster County overdose death data is provided by the Lancaster County Coroner's Office and is available more quickly than state and national data. The figure below shows the total number of drug overdose deaths from 2009 to 2019, as well as the number of deaths reported in the first 6 months of 2020.

Overdose Deaths in Lancaster County, 2009 to 2020

Year	Number of Deaths
2009	54
2010	55
2011	60
2012	61
2013	54
2014	60
2015	80
2016	117
2017	168
2018	108
2019	104
2020*	71

* Reported deaths from January – June 2020.

We began seeing significant increases in overdose deaths in Lancaster County from 2014 to 2015. The number of overdose deaths increased 33.3% from 2014 to 2015, 46.3% from 2015 to 2016, and 43.6% from 2016 to 2017. In 2017, Lancaster County experienced the highest number of overdose deaths, with 168, or approximately 31 overdose deaths per 100,000 people.

We saw the first decrease in overdose deaths from 2017 to 2018, with a significant 35.7% decrease. The number of overdose deaths decreased 3.7% from 2018 to 2019. In the first 6 months of 2020, the number of overdose deaths has shown a concerning increase, as shown in the quarterly statistics below.

Quarterly Overdose Deaths in Lancaster County, 2017 to 2019

Quarter	Number of Overdose Deaths
Q1 2017	47
Q2	35
Q3	43
Q4	43
Q1 2018	33
Q2	26
Q3	25
Q4	24
Q1 2019	23
Q2	33
Q3	26
Q4	22
Q1 2020	39
Q2	32

SUBSTANCES

Across the United States, the rate of drug overdose deaths involving synthetic opioids other than methadone (drugs such as fentanyl) increased by 10%, from 9.0 in 2017 to 9.9 in 2018. The rates of drug overdose deaths involving heroin, natural and semisynthetic opioids, and methadone were lower in 2018 than in 2017 (from 4.9 in 2017 to 4.7 in 2018 for heroin, from 4.4 in 2017 to 3.8 in 2018 for natural and semisynthetic opioids, and from 1.0 in 2017 to 0.9 in 2018 for methadone). The rates of drug overdose deaths involving cocaine and psychostimulants with abuse potential (such as methamphetamine) increased from 2017 to 2018 (from 4.3 in 2017 to 4.5 in 2018 for cocaine, and 3.2 in 2017 to 3.9 in 2018 for psychostimulants with abuse potential).

In Lancaster County, the number of deaths due to drug overdoses increased for heroin, fentanyl, cocaine, and methamphetamine from 2015 to 2017. However, the number of drug overdoses decreased for all substances from 2017 to 2018.

> In 2019, 88% of all overdose deaths in Lancaster County involved fentanyl.

In 2019 in Lancaster County, almost all overdose deaths involved opioids. Among the most commonly found substances in overdose deaths: about 83% of all overdose deaths involved fentanyl, 40% involved heroin, 24% involved cocaine, 17% involved ethanol (alcohol), 16% involved methamphetamine, 15% involved acetyl fentanyl, 10% involved buprenorphine, 6% involved alprazolam, 6% involved amphetamine, and 4% involved citalopram. Early statistics in 2020 appear to reflect similar trends.[8]

## OVERDOSES BY GENDER, RACE, ETHNICITY AND AGE

In the United States, Pennsylvania, and Lancaster County, rates of drug overdose deaths are higher for males than females, but decreased for both males and females between 2017-2018.

	2017 Age-Adjusted Death Rate per 100,000 (Males)	2018 Age-Adjusted Death Rate per 100,000 (Males)	2017 Age-Adjusted Death Rate per 100,000 (Females)	2018 Age-Adjusted Death Rate per 100,000 (Females)
United States	29.1	27.9	14.4	13.6
Pennsylvania	62.1	50.9	27.4	23.1
Lancaster County	47.8	37.6	21.2	13.1

Detailed demographic data for Lancaster County is shown in the chart below. Since 2017 in Lancaster County, more males have died from overdose than females, and the trend is continuing in early data from 2020. People age 25-44 account for the largest number of overdose deaths, but in 2020 there have been increasing numbers of deaths among those 45-64. Most individuals who have died from overdose are White, but the percentages of deaths among Black and Latinx communities are increasing.

Demographic Distribution of Overdose Deaths, 2017 to 2020 (Jan-June)
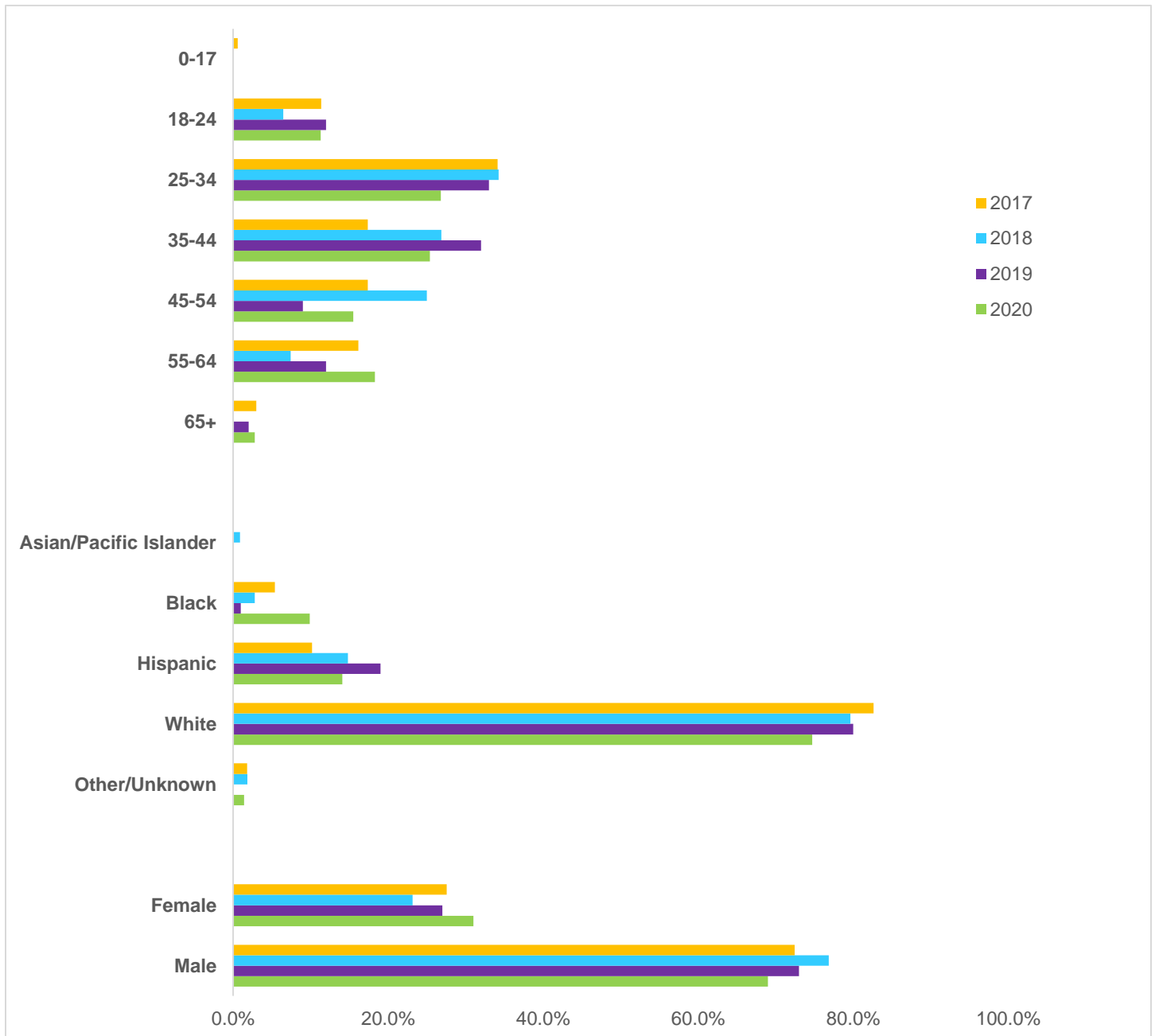
While we achieved significant decreases in overdose deaths in 2018 and 2019 in Lancaster County, our work is not over. It is important to highlight that all overdose deaths are preventable, and no overdose death is acceptable. The increasing number of deaths in early 2020 shows that action is still needed to strengthen our community's capacity to prevent all overdose deaths.

COVID-19 PANDEMIC

In the COVID-19 pandemic, the U.S. is seeing an increase in opioid usage and deaths. The factors of anxiety, grief, isolation, financial worries, changes at home and work, and an ongoing sense of uncertainty can all threaten people with substance use disorder (SUD) as well as those at risk of developing one. COVID-19 has impacted every aspect of the Lancaster County community – including individuals who use substances and those in recovery.

Joining Forces partners have observed that social distancing and other local mitigation strategies have hindered in-person recovery meetings. For some fellowships, it has been easier to transition to online support group meetings, but more challenging in our under-resourced communities. The lack of social connectedness has led to more relapses and overdoses.

Further, fear of contracting COVID-19 has impacted the likelihood of an individual going to the Emergency Department or seeking inpatient treatment. Pandemic protocols at treatment facilities have added barriers for some individuals to be able to attend treatment.

Lancaster County is projected to see an increase in overdose deaths in 2020 compared to the past two years. Although the increase cannot be directly linked to the pandemic, risk factors for overdose have clearly increased, including mental health distress, economic strain, and changes in treatment and recovery resources, including social support.

FRAMEWORK FOR ACTION

Joining Forces aims to prevent overdose deaths 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, a Continuum of Care 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 below and see 2018 Strategic Plan for detailed description). This comprehensive approach, developed by the Institute of Medicine and SAMHSA[38], integrates all levels of health promotion, prevention, and intervention to prevent and mitigate substance use disorders and support long-term recovery and wellness.
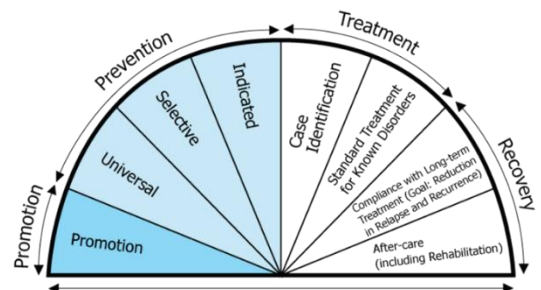
STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS

During a Community Forum on October 4, 2019, key stakeholders and community members collectively completed a rapid Strength, Weaknesses, Opportunities and Threats (SWOT) analysis to assess the multiple factors that influence our goals and objectives in Lancaster County (see Appendix B for complete SWOT results).

Key themes emerged from this community SWOT analysis, including the following opportunities:

- Collaboration and coordination
  - Continue and strengthen collaboration
  - Increase/strengthen coordination of resources, coalitions, and organizations
  - Coordinating services, funding sources, and information
- Prevention
  - Increase reach of school-based programs (e.g. across schools and grades)
  - Prevention for general community
  - Need for early intervention (e.g. expand SAP programs)
- Engaging and supporting families
  - Increase family education and engagement
  - Support and resources for parents, caregivers, and grandparents
- Addressing root causes and social determinants
  - Trauma
  - Housing/shelter
- Awareness, education, and communication
  - Increase communication, consistent messaging, and diversity of methods
  - Increase understanding (e.g. what is "evidence-based," recovery, where to get help, beyond opioids)
  - Workforce development/education
- Opioid prescribing
  - Improve patient and provider education
  - Improve tapering process
  - Increase knowledge of other pain treatment methods
  - Increase recognition/identification of SUD in medical settings
- Access
  - Expand MAT and access to recovery housing for individuals receiving MAT
  - Improve bridges to care (e.g. ED initiation of MAT, ambulatory detox)
  - Inpatient availability and recovery housing for pregnant and parenting women
  - Reduce barriers to care (e.g. transportation and child care)
- Navigation
  - Navigating services for health, mental health, and D&A treatment

According to our SWOT results, stigma continues to be the most common threat to our collective efforts.

2020 GOALS

By examining progress, community input, opportunities for improvement, and recommended evidence-based practices, Joining Forces Steering Committee identified the following goals and objectives for 2020. (See Appendix C 2020 Goals Dashboard for progress update)

GOAL 1. STRENGTHEN EVIDENCE-BASED PREVENTION AND INTERVENTIONS

- o Increase the number of schools providing evidence-based prevention programming.
- o Establish a baseline for number of students receiving evidence-based prevention programming in school.
- o Increase safe disposal of unused medications and promotion of methods.*
- o Distribute naloxone kits to first responders, pharmacies, primary care, and community organizations.*
- o Implement "Handle with Care" model in all Lancaster County school districts.*

GOAL 2. CONTINUE TO SHARE COMMON MESSAGES AND PROVIDE EDUCATIONAL INFORMATION THROUGHOUT THE COMMUNITY

- o Reach at least 100,000 Lancaster County community members with public health-based messages about opioid safety, substance use disorder, and community resources.
- o Reach at least 10,000 people via Joining Forces website and social media. **
- o Provide direct education and information to at least 5,000 community members at meetings, events, and trainings (e.g. community forums, naloxone trainings, Compass Mark trainings, Joining Forces for Children trainings).

GOAL 3. CREATE LASTING CHANGES IN THE MEDICAL COMMUNITY THAT IMPROVE PATIENT SAFETY

- o Increase patients receiving medication-assisted treatment (MAT).
- o Establish a baseline and increase naloxone prescriptions among patients with opioid prescriptions (MME>50).
- o Establish a system for clinicians to send electronic messages to legislators and a baseline of messages sent.

GOAL 4. INCREASE ACCESS TO TREATMENT SERVICES

- o Add two new drug and alcohol case managers to the Lancaster treatment system (total of 8).
- o Complete feasibility assessment of creating a halfway house and recovery house for women with children.
- o Increase the number of Lancaster based licensed treatment facilities that allow or provide MAT by six.
- o Develop a needs assessment for navigation for substance use services.

GOAL 5. PROMOTE RECOVERY BY PROVIDING TRAININGS AND SHARING POSITIVE STORIES ABOUT THE RECOVERY PROCESS

- o Conduct a comprehensive survey to establish a baseline and understand attitudes and knowledge among community members about substance use disorder and recovery.
- o Share at least 4 positive stories about individuals in long-term recovery via a major media outlet (e.g. LNP) at least once per quarter.
- o Provide 6 trainings to community hubs and other key interveners in Lancaster County to provide science-based education on the recovery process and reduce negative attitudes about substance use disorders and recovery.
- o Provide education to 6 media providers to increase science-based and positive coverage on substance use disorders and pathways to recovery.

*Grant funded
**Donor funded

ACCOMPLISHMENTS -SEPTEMBER 2017 TO DATE

Some highlights of our accomplishments include:

- o Website developed and launched to share information with 10,313 web visitors since 2018

- o Countywide multimedia campaign reaching 19 million impressions through print, digital, and outdoor advertising

- o Provided evidence-based school prevention programs for over 7,500 students in 15 school districts

- o Identified and promoted 29 drop-off sites for unused medications countywide

- o 1,332 healthcare providers educated on safe opioid prescribing practices

- o 8,766 community members reached by educational events in 2019 and 2020

- o Increased access to naloxone and distributed over 4,400 naloxone kits to first responders, pharmacies and community members

- o Increased total reported naloxone uses among first responders by 27% between 2017 and 2018

- o Enhanced connections to treatment and recovery support services through warm handoff programs and clinical pathways

- o Increased the number of medical providers waivered to provide buprenorphine for opioid use disorders from 76 in 2017, to 103 in 2018, to 216 total providers in 2019

- o Decreased risky prescriptions by 46% between 2016 and 2020

- o Decreased overall number of opioid prescriptions dispensed by 27% between 2016 and 2020

PA OPIOID COMMAND CENTER STRATEGIC PLAN & ALIGNMENT WITH LANCASTER JOINING FORCES

The mission of the 2020-2023 PA Opioid Command Center Strategic Plan is to coordinate efforts across all disciplines at all levels of government in Pennsylvania aimed at reducing the rate of overdoses and mitigating harmful health outcomes and, support individuals affected by substance use disorder and the professionals who serve them. The vision is to protect all Pennsylvanians from substance use disorder and improve the lives of those who have it. The Lancaster County Joining Forces strategic plan goals and strategies align with many of the goals and strategies of the Opioid Command Center (OCC) Strategic Plan 2020-2023.

AREAS OF OPPORTUNITIES FOR JOINING FORCES TO FURTHER SUPPORT THE GOALS AND STRATEGIES OF THE PA OPIOID COMMAND CENTER STRATEGIC PLAN INCLUDE:

Setting long lasting policy, legislative, and regulatory change:

- o Support executive and legislative efforts to make Pennsylvania a trauma- informed state
- o Advocate that providers can treat to their fullest potential in addition to addressing barriers regarding Pennsylvania confidentiality regulations
- o Advocate for change to permit utilization of harm reduction strategies,

 (See Appendix D Strategic Plan Comparisons)

2021 GOALS – WHAT WE WILL CONTINUE

1. **Strengthen evidence-based prevention and interventions**
- o Increase the number of schools providing evidence-based prevention programming.
- o Establish a baseline for number of students receiving evidence-based prevention programming in school.
- o Increase safe disposal of unused medications and promotion of methods.*
- o Distribute naloxone kits to first responders, pharmacies, primary care, and community organizations.*
- o Implement "Handle with Care" model in all Lancaster County school districts.*

2.   **Continue to share common messages and provide educational information throughout the community**
- o Reach Lancaster County community members with public health-based messages about opioid safety, substance use disorder, and community resources via Joining Forces website and social media. **
- o Provide direct education and information to community members at meetings, events, and trainings (e.g. community forums, naloxone trainings, Compass Mark trainings, Joining Forces for Children trainings).

3. **Create lasting changes in the medical community that improve patient safety**
    o Increase patients receiving medication-assisted treatment (MAT).
    o Establish a baseline and increase naloxone prescriptions among patients with opioid prescriptions (MME>50).
    o Establish a system for clinicians to send electronic messages to legislators and a baseline of messages sent.

4. **Increase access to treatment services**
    o Create new treatment or recovery services in the regions, using Medicaid HealthChoices reinvestment funding
    o Return the treatment field to at least 50% of the services provided face-to-face, as compared to virtual treatment services.
    o Complete the feasibility study of creating a halfway house and recovery house in the region, for women with children.

5. **Promote recovery by providing trainings and sharing positive stories about the recovery process**
    o Explore feasibility of conducting a comprehensive community survey to establish a baseline of attitudes and beliefs about individuals who use substances or are in recovery.
    o Conduct a community needs assessment to identify racial inequities that create barriers to a sustained recovery from substance use disorders.
    o Conduct community conversations (utilizing media platforms) designed to educate and gather information on the impact of race, ethnicity, culture, and traditions on the process of recovery.

2021 GOALS - NEW

1. **Advance Trauma Informed Lancaster County****

2. **Evaluate the feasibility of implementing and overdose Fatality Review**

3. **Advocate for legislative changes to permit utilization of harm reduction strategies.**

*Grant Funded
**Donor Funded

APPENDIX A. TERMS

Here are commonly used terms and some of the terminology used in this document. Joining Forces actively employs language that is medically accurate, non-stigmatizing, and person-first (i.e. person with an opioid use disorder).

ADDICTION can be synonymous with severe substance use disorder. It is a chronic illness that most significantly 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 may be self-defined and identified.

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 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.

RECOVERY is a process of change, through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. This commonly refers to recovery from substance use disorders.

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*.

APPENDIX B. FULL SWOT RESULTS

Responses recorded at the Lancaster County Joining Forces Community Forum, October 4, 2019

Goal 1: Strengthen evidence-based prevention and interventions (e.g. school-based programs, drop-off sites, naloxone)

Strengths & Opportunities	Weaknesses & Threats
- Collaboration - Prevention - Early intervention - Opportunity to expand them [programs] - Coming alongside partners to ensure program success (e.g. Rx drug take-back in E-town) - Medication lock boxes – opportunity to begin to distribute again - Lots of prevention happening in schools - Availability of naloxone # of drop off sites - Narcan distribution - Increase school programs - Large number of providers offering services - Growth of school engagement - Community grasping evidence-based concept importance, not just doing anything – do what works - More education - Opportunity for creating thinking on engaging families - More [availability] ? ? educational group - Compass Mark - Intervention - CM [Compass Mark] - Broader strokes of all the programs are impressive - Lancaster General – Life Skills training - Coordination of recovery houses - Increase of trauma-informed care and state - DFC grant – evidence-based process – CTC model – understanding what we need to look at and address	- Lack of programming for high school age - Workforce development – wages of instructors/prevention experts - Family education - Naloxone is working but overdoses are still increasing – more work to do - Parents more involved with school-based prevention – consistent messaging - Improve data collection for naloxone distribution and use - Prevention for general community - Create a prevention cell group within each school district to strengthen prevention - Get in each school district - Still some misconception on what qualifies as evidence-based - Restriction/limitations schools have because focus on standards - Adherence to fidelity - Cost of programs - Family engagement (and Strengthening Families) - Communication - More drop off - Support family - LED more in community - Fed and state law on the same sheet marijuana ? - Stigma - Stigma - Communication - Overdose/suicides - Root cause - Underlying cause - Rx lock box program - Expand school-based programs – ways to partner with schools - Strengthen coordination of existing resources, coalitions, and organizations

Goal 2: Share consistent messaging throughout the community (e.g. raising awareness, where to get help, opioid safety)

Strengths & Opportunities	Weaknesses & Threats
- SAP programs – York – need director for Lancaster - Lots of free materials - JF website - Continue forums/community events/coalitions - Social media platforms and other media - Legislation - Recovery community and messaging from them huge opportunity to capitalize - Using same language - Cross sectional/holistic engagement - Video message includes every income, religion – "we all know someone, it is us" – reducing stigma - Joining Forces materials and website - Website helpful - Recognition of addiction crisis - GOAL Project and faith community - Real life ministries – Craig Snow? - Billboards (e.g. this is how E-town Rotary learned about Joining Forces) - Importance of newspaper coverage	- Unavailability of local media – making the work a priority and using evidence-based language/images – not always a priority to show/print - More stories of hope/recovery (the solution) – "State of Recovery" - QR codes for helplines - Radio and TV alerts – other forms of media - Funding gaps/access to treatment - Need more clear, consistent, readable messaging - Spectrum - Gap with business community messaging and how it impacts their bottom line. Need to do more than just having a table at the business expo – HR policies - Continued lack of awareness of where to get treatment - Is Joining Forces hotline 24/7 – if not, can it be? - Stigma - CBD - Opportunity to get info into diverse media outlets – shared/joint messaging - Opportunity for grassroots orgs to share together - Get info out to families better

Goal 3: Create changes in the medical community that improve patient safety (e.g. prescribing practices, pain management,

Strengths & Opportunities	Weaknesses & Threats
o Good opioid reduction program o Pain management clinics o Systems at high-level are engaged o Ambulatory detox o Discussion happening broader o Dispensing rates real achievement o More funding for research on integrative modalities – but can't wait for it all to be done o Root causes of addiction – how are medical providers being educated on root causes – prevention/trauma o Information sharing between o PDMP o More MAT providers for treatment options o Education has been improved for future providers o Physicians and dentists prescribing opioids decreased o Prescribing rates are decreasing	o Medical professionals need more continuing education – more required addiction CEUs o Shelter (temporary) o Not all physicians screening SUD with all patients o Prognosis – proper diagnosis – mental health vs. addiction disorder o Funding o Stigma o More drop offs at medical facilities o Get comfortable with evidence not always available for integrative modalities o Great doctors but not enough time to have the discussion on side effects impact on meds o Relapse when in recovery due to ED visit o Pairing MAT prescriptions with Narcan o Visibility of SUD diagnosis in EMR o Insurance reimbursements matching therapist with type of insurance a client has o More knowledge of non-drug therapies for CBT and DBT o Navigation – patients navigating the system and moving between systems of mental health and physical health o Sharing info between providers o Resources do physicians know who to refer patients to for pain management o More research on what is being prescribed o Doctors (PCPs) need to be accountable for how they're treating pain (no opioids as first line of defense) o Training on how to wean people off of medications o Physical dependence vs. substance use disorder and how systems will/won't treat people

Goal 4: Increase access to treatment and recovery support

Strengths & Opportunities	Weaknesses & Threats
- More coordination of services – so many new funding streams but need more clarity with all providers - Focus on client experience – coordination of services - Greater understanding of addiction as an illness, not character flaw - Greater access to services - We have grants to increase recovery support and case management - Organizations are growing to meet need of community - Stigma improved in some hospitals - RASE Project improvement - Mighty Mehal Foundation – recovery house funding - Children and Youth education - Lancaster Behavioral Health Hospital - Large recovery active community - Collaboration - Public advocacy opportunity worth investment - D&A Commission has increased presence of CRS - Doing better with coming together and integrating services – opportunity to improve - Plans of Safe Care committee - Seeking Safety - Open minds - MAT - Better tapering - Better NA/AA groups	- Support and resources for caregivers - Housing/recovery for women/families in MAT - Bed availability (timely) - Navigating the Tx system "Shouldn't have to be high to get into treatment/detox" - Pre-rehab/bridge clinic - More communication/awareness about available services - Stigma - Lack of education - Addiction – different understanding of what it is - Payer structure for support services - More services/opportunities for grandparents - Northwest and Southern part of the county don't want to come into Lancaster City – need more access points - Transportation – no programs available - Confusing to access treatment with insurance - Length of time that is covered by insurance companies - Lack of beds – pregnant females - Lack of housing – prison to street - Transportation and housing – community weaknesses and threat to those with a SUD - Transportation/child care for recovery programs - Limited regulations of treatment - Confidentiality restricts sharing of info - Stigma is still there

APPENDIX C: JOINING FORCES 2020 GOALS DASHBOARD

LANCASTER COUNTY
JOINING FORCES
Coordinating efforts to reduce deaths from opioids and heroin

2020 Goals Dashboard
Q2 Update: January – June 2020

Goal 1: Strengthen evidence-based prevention and interventions

1.1 Provide evidence based prevention programming in every Lancaster County school district.

15

Compass Mark (13)   LG Health/LifeSkills (10)

Goal: 16 districts

1.2 Increase the number of schools providing evidence-based prevention programming.

52

Compass Mark (35)   LG Health/LifeSkills (36)

Goal: 40 (CM) + 45 (LGH)

1.3 Establish a baseline for number of students receiving evidence-based prevention programming in school.

2019-2020 Baseline: 7,883 students

Goal: Baseline established and reported

1.4 Increase the number of safe drop-off sites for medications.

0 new sites (29 total)

Goal: 2 new drop-off sites

1.5 Establish baseline quantity of medications discarded at safe drop-off sites in Lancaster County.

2019 Baseline: 4,660.1 lbs. collected

Goal: Baseline established (lbs.)

1.6 Distribute naloxone kits to first responders, pharmacies, primary care, and community organizations.

1244
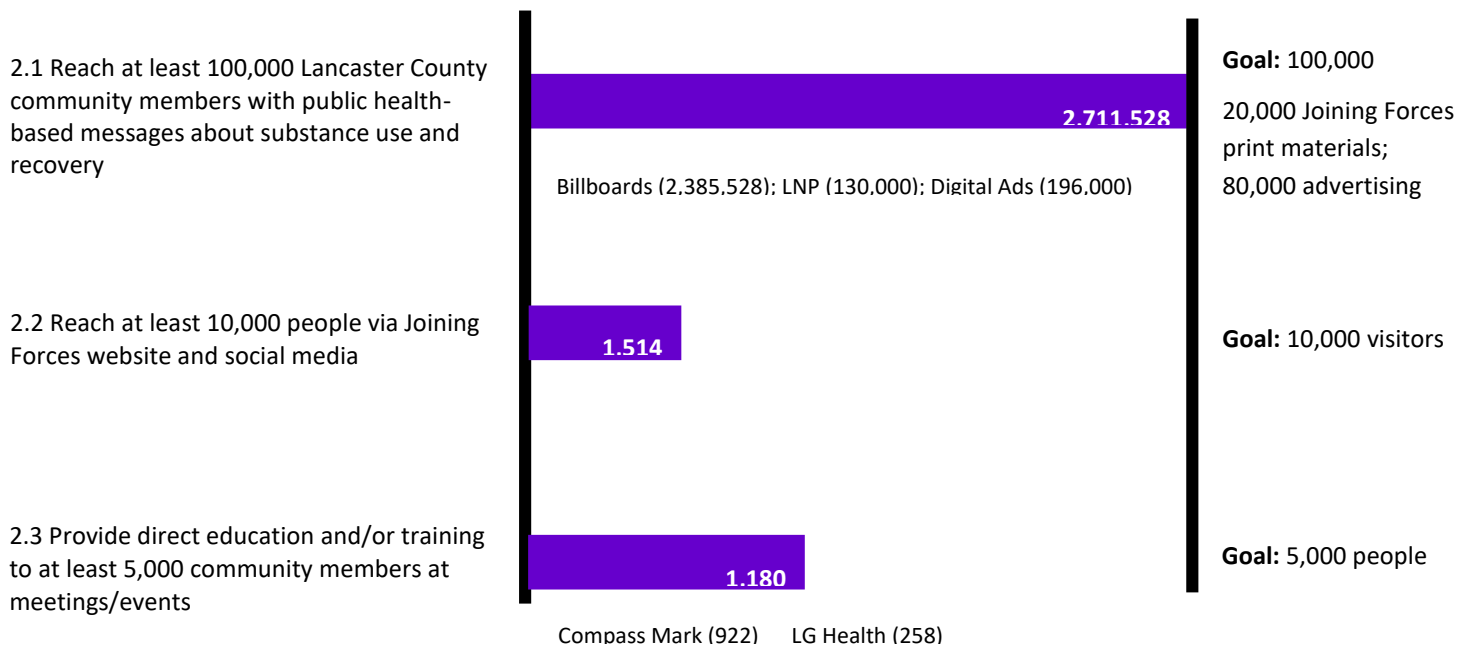
LG Health (1011)   DA Office (233)

Goal: 2100
1440 (LGH) + 660 (DA)

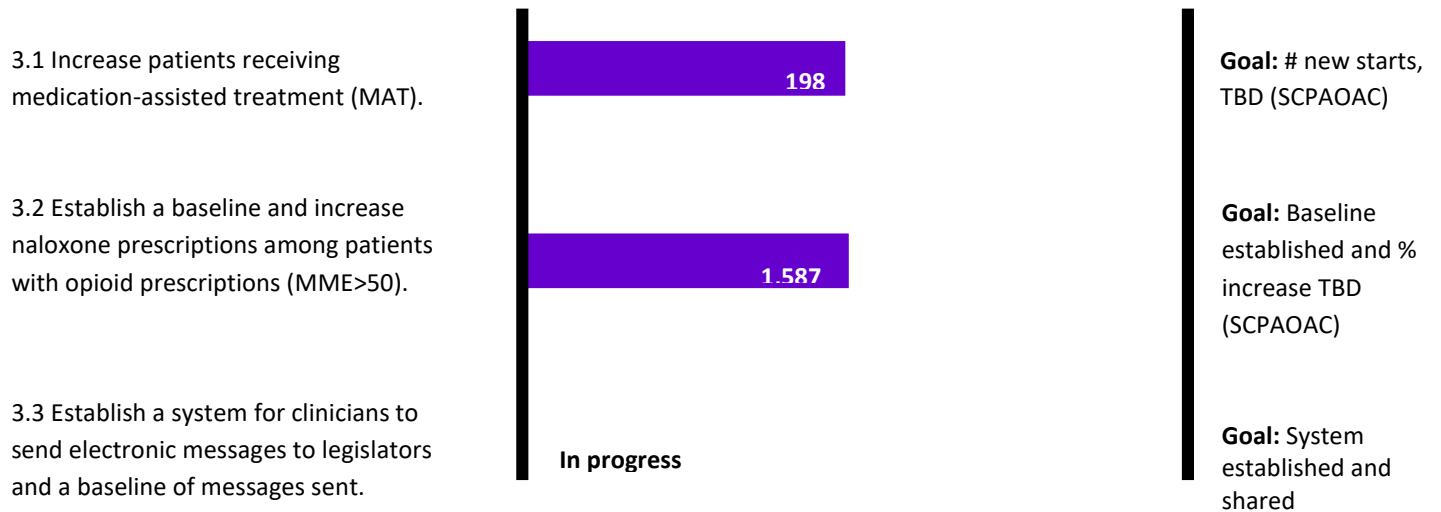1.7 Implement "Handle With Care" model in all Lancaster County school districts.

15 committed for 2020-2021

Goal: 16 districts

Goal 2: Continue to share common messages throughout the community

2.1 Reach at least 100,000 Lancaster County community members with public health-based messages about substance use and recovery

2,711,528

Billboards (2,385,528); LNP (130,000); Digital Ads (196,000)

Goal: 100,000

20,000 Joining Forces print materials; 80,000 advertising

2.2 Reach at least 10,000 people via Joining Forces website and social media

1,514

Goal: 10,000 visitors

2.3 Provide direct education and/or training to at least 5,000 community members at meetings/events

1,180

Compass Mark (922)   LG Health (258)

Goal: 5,000 people

Goal 3. Create lasting changes in the medical community that improve patient safety

3.1 Increase patients receiving medication-assisted treatment (MAT).

198

Goal: # new starts, TBD (SCPAOAC)

3.2 Establish a baseline and increase naloxone prescriptions among patients with opioid prescriptions (MME>50).

1,587

Goal: Baseline established and % increase TBD (SCPAOAC)

3.3 Establish a system for clinicians to send electronic messages to legislators and a baseline of messages sent.

In progress

Goal: System established and shared

Goal 4. Increase access to treatment services

4.1 Add two new drug and alcohol case managers to the Lancaster treatment system (total of 8).

2

Goal: 2 new case managers for 8 total

4.2 Complete feasibility assessment of creating a halfway house and recovery house for women with children.

On hold due to COVID-19

Goal: Feasibility determined and reported

4.3 Increase the number of Lancaster based licensed treatment facilities that allow or provide MAT by six.

4

Goal: 6 additional facilities

4.4 Develop a needs assessment for navigation for substance use services.

In progress

Goal: Assessment completed and reported

Goal 5: Promote positive messages and provide training to improve knowledge and increase positive attitudes about substance use disorder and recovery.

5.1 Conduct a survey to establish a baseline and understand attitudes/knowledge

On hold

Goal: Survey complete

5.2 Share at least 4 positive stores about recovery in major media outlets each quarter

9

Goal: 16 stories

5.3 Provide 6 trainings to community hubs and other key interveners on the recovery process

6

Goal: 6 trainings

5.4 Provide education to 6 media providers to increase science-based and positive coverage on substance use disorders and pathways to recovery

3

Goal: 6 providers

APPENDIX D: STRATEGIC PLAN COMPARISON

Prevention

PA Command Center Goals	PA Command Center Strategies	Joining Forces Alignment
Reduce stigma associated with SUD	Increase compliance with existing requirements and expand availability of evidence-informed prevention programs focused on SUD in both school and community settings through partnerships, funding, and technical assistance.	o Compass Mark and LG Health provide evidence based programming offered in 15/16 districts
	Develop and implement a comprehensive communications strategy targeting specific populations and communities	o Communication strategy has been implemented
	Collect and share stories and examples of evidence-informed treatment programs, including MAT	Stories shared in LNP of people in recovery https://lancasteronline.com/sponsored/we-recover-people-living-new-lives-after-substance-use-disorders-tell-their-stories/article_e18c1814-c1e9-11ea-a50d-8f7d707b0954.html https://lancasteronline.com/sponsored/community-members-thriving-in-recovery-from-substance-use-disorders-we-recover/article_eab2be72-62ce-11ea-995b-dbd149baed79.html
Address issues surrounding substance use including mental health and trauma	Support executive and legislative efforts to make Pennsylvania a trauma-informed state	o Spring 2019, Lancaster Co. testified to the PA House Democratic Policy Committee and PA Democratic Caucus o November 2018, Let's Talk officials launched a robust Trauma Informed Lancaster County o July 2020, PA State began trauma informed initiative and Lancaster will be serving on several workgroups.
	Increase the presence of the Opioid Command Center in statewide mental health initiatives	o N/A (State to do)

PA Command Center Goals	PA Command Center Strategies	Joining Forces Alignment
Reduce the availability of potentially addictive substances for those without a medical need	Continue to promote opioid stewardship and education	o South Central Pa Opioid Awareness Coalition continue to convene, collaborate ,and address current medical provider issues to address real time issues ,possible options/solutions
	Increase accountability for treatment providers	o Increase of MAT Providers o Decrease the opioid dispensing rate by providing education and tools for prescribing (SC) o Standardize prescribing metrics (SC) o Educate Providers regarding the use of alternative treatments for pain management (SC)
	Reduce the amount of substances available through illegal markets	o Lancaster DA Office o Take Back boxes/Take Back Days

Rescue

PA Command Center Goals	PA Command Center Strategies	Joining Forces Alignment
Ensure the availability, procurement, and deployment of naloxone	Identify sustainable funding mechanisms to ensure that naloxone can continue to be made available to first responders and the public at large	o DA Grant for distributing NARCAN to first responders.
	Evaluate and implement sustainable delivery options for the provision of naloxone to the general public beyond traditional naloxone days	o Establish NARCAN distribution locations at pharmacies and primary care
	Increase the availability of public access naloxone in high occupancy public spaces SAMHSA FR-CARA grant	o RASE Project monthly distributions
Increase awareness and importance of harm reduction	Educate the public, first responders and members of the General Assembly in what constitutes traditional harm reduction and its importance in treating substance use disorder	o Opportunity 2021

philosophy, strategies, and interventions	Advocate for change to permit utilization of harm reduction strategies, including the establishment of syringe service programs	o Lancaster Harm Reduction Project advocating at State and Local level
Facilitate compassionate and effective interactions for individuals with a SUD, while decreasing stigma and compassion fatigue in the first responder community	Facilitate trainings, outreach programs, and resources to first responders related to increasing awareness of SUD	o PCCD DA office grant o SAMHSA grant o Narcan distribution and trainings o LCRA Second Chances trainings (Rose checking into it)
	Continue to work with counties to implement best practices and Law Enforcement Treatment Initiative policies	o Continue to assess needs and grant opportunities

Treatment

PA Command Center Goals	PA Command Center Strategies	Joining Forces Alignment
Inform patients and providers about the treatment resources that are available within their communities in a timely fashion	Promote care coordination and connect individuals with supportive services to achieve overall wellbeing	o D&A Commission o 2-1-1 o RASE o LCRA o Compass Mark o MAT Providers
	Leverage information from health information exchange organizations and community treatment providers to determine and address current barriers to treatment	o Social determinants of health screening tool and referrals in Electronic Health Record o Empower Lancaster and/or new State Resource and Referral Tool (TBD)
Provide support for identifying and referring individuals with SUD to community-based resources that support social determinants of health	Promote care coordination and connect individuals with supportive services to achieve overall wellbeing	o Compass Mark o ED Warm hand-off coordination with RASE o Addiction Medicine at LGH and WellSpan
	Leverage information from health information exchange organizations and community treatment providers to determine and address current barriers to treatment	o JF and SCPA meetings o Maintain Website with resources o Social Determinants of Health screening tool and referrals in Electronic Health Record
	Provide technical assistance and resources to providers to lessen burdens	o Lancaster County D&A Commission to support our local providers in these mitigation effots

Mitigate policy barriers to obtaining SUD treatment	Enhance availability of drug and alcohol counseling and other health care professionals that serve individuals with SUD	o SCPA o Joining Forces partners
	Ensure that providers can provide treatment to their fullest potential in addition to addressing barriers regarding Pennsylvania confidentiality regulations	o Lancaster County D&A Commission to support these efforts

Recovery

PA Command Center Goals	PA Command Center Strategies	Joining Forces Alignment
Encourage employer policies and hiring practices that will support individuals in recovery obtaining and maintaining employment	Educate employers on hiring individuals in recovery, employee benefits, and insurance best practices	o Lancaster Chamber and LCRA to provide educational events
	Identify barriers to hiring and supporting employees	o Chamber/LCRA
Increase access to safe and stable housing in addition to community-based supports	Continue the recovery housing initiative and improve access to housing for vulnerable populations	o Advocate/change local ordinances that support group homes
	Develop Recovery Community Organizations as a central location for supportive services	o RASE and DSAA serve this function
	Coordinate with local governments to bring awareness to the recovery community needs	o LCRA and RASE
Reduce barriers to accessing and using insurance for individuals in recovery	Educate insurance companies, providers, and individuals on insurance coverage pertaining to mental health and substance use parity	o Chamber o SCPA o Joining Forces Partners
	Facilitate access to medical assistance, veterans' assistance, private insurance, and other resources for at risk individuals	o Care Coordinators in Addiction Med, RASE, County Treatment Courts, D&A Commission case managers, and more are already doing this in our county.

Sustainability

PA Command Center Goals	PA Command Center Strategies	Joining Forces Alignment
Encourage employer policies and hiring practices that will support individuals in recovery obtaining and maintaining employment	Hold a set number of public Opioid Command Center meetings per year	o N/A (State to do)
	Establish a stakeholder committee that meets quarterly	o N/A (State to do)
	Create a newsletter and an annual report	o Chamber newsletter o Opportunity to collaborate with CareerLink
	Adapt strategies based on feedback from stakeholders and data trends	o Chamber o CareerLink
Continue to invest in innovative initiatives aimed at supporting people with a substance use disorder and their loved ones	Fund community organizations that align with the mission and vision of the Opioid Command Center Expend federal and state funds in a timely manner	o N/A (State
Ensure the long-term sustainability of our collective efforts	Update and renew the disaster declaration as overdoses remain at a historic high	o N/A (State)
	Secure legislative and regulatory reforms that codify existing practices	o N/A (State

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