

MEMBER/ORGANIZATION: \_\_\_\_\_

## CDC STRATEGY #1: TARGETED NALOXONE DISTRIBUTION

Explanation	Strategy Works Best When:
Naloxone is an opioid antagonist that can quickly and safely reverse the potentially fatal effects of an opioid overdose. Targeted distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose— especially people who use drugs and first responders— with naloxone kits, which they can use in an emergency to save a life. There are many different approaches to distributing naloxone to people at high risk of experiencing or witnessing an overdose. Effective approaches include community distribution programs, co-prescription of naloxone, and equipping first responders.	<ul style="list-style-type: none"> <li>Naloxone is provided to people at high risk of experiencing or witnessing overdose.</li> <li>Outreach workers, harm reduction staff, and trusted clinicians are properly educated and comfortable distributing naloxone to those using illicit opioids or receiving a high-risk opioid prescription.</li> <li>People who use drugs and first responders are well informed as to the potential effects and actions of naloxone. Comfort with carrying and administering naloxone is crucial.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #1	Myself	Within Organization I represent	In the Broader Community
<b>Targeted Naloxone Distribution</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #1	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Targeted Naloxone Distribution</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #1	Myself	Within Organization I represent	In the Broader Community
<b>Targeted Naloxone Distribution</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #1: TARGETED NALOXONE DISTRIBUTION

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County has several options for providing Naloxone to residents.</p> <p>The Port Townsend Police, Sheriff and county EMS providers all carry Naloxone.</p> <p>The Health Department provides Naloxone to residents at the needle exchange program.</p>	<ul style="list-style-type: none"> <li>▪ Providing community education about the availability of Naloxone could be an opportunity to improve the use in our community.</li> </ul>	<ul style="list-style-type: none"> <li>▪ While the community has not “pushed back” on the use and distribution of Naloxone, that possibility exists and we should be prepared to provide data to confront that challenge.</li> </ul>

MEMBER/ORGANIZATION: \_\_\_\_\_

## CDC STRATEGY #2: MEDICATION-ASSISTED TREATMENT (MAT)

Explanation	Strategy Works Best When:
<p>MAT is a proven pharmacological treatment for opioid use disorder. The backbone of this treatment is FDA approved medications. Agonist drugs, methadone and buprenorphine, activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms without causing euphoria; naltrexone blocks the effects of opioids. MAT is effective at reducing use and helping people to lead normal lives.</p>	<ul style="list-style-type: none"> <li>▪ It is combined with ancillary treatment strategies like counseling and social support with fixed, safe, and predictable doses of medications.</li> <li>▪ Public awareness of MAT as an effective medical intervention is promoted by local leadership. This helps to reduce stigma against MAT that discourages people from seeking this form of care.</li> <li>▪ Entry into treatment is voluntary. Compulsory treatment programs through legal and social welfare systems are less effective than voluntary treatment.</li> <li>▪ Patients have access to a variety of medication options. All patients are different, and treatment is best when individualized. Some people fare significantly better on buprenorphine than on methadone, and vice versa. Some may need to try several treatment options before discovering what works best, and some may not have access to all MAT medications.</li> <li>▪ The challenges of receiving MAT are understood and mitigated. Many individuals face hurdles in receiving approval for MAT from their health insurance provider. Many methadone clinics require patients to attend daily to receive treatment. This can mean long, burdensome commutes at odd hours, which can conflict with professional, familial, or care-giving responsibilities. Those who live in rural areas, for example, may have to drive hours to receive care. Treatment is more successful when these obstacles are not placed in the way.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #2	Myself	Within the Organization I represent	In the Broader Community
<b>Medication-Assisted Treatment (MAT)</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #2	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Medication-Assisted Treatment (MAT)</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #2	Myself	Within Organization I represent	In the Broader Community
<b>Medication-Assisted Treatment (MAT)</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #2: MEDICATION-ASSISTED TREATMENT (MAT)

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson county currently has two options in the community for MAT services.</p> <p>The first is a standalone MAT clinic providing MAT services on an outpatient basis.</p> <p>We also have services available from the primary care clinics located in our community; this service is augmented by an RN MAT coordinator.</p> <p>There are at least two private providers with DEA Waivers.</p> <p>DBH has 2 waived individuals on staff.</p>	<ul style="list-style-type: none"> <li>▪ Coverage for MAT is generally good; the communication of these services is a gap that can be corrected.</li> <li>▪ Outside the hospital, MAT services in Hadlock are only open Mon 9:30-12, Wed 4-7pm, and every other Friday 9:30-noon.</li> <li>▪ Ancillary strategies are not always well utilized in the current landscape, especially with jail inmates as they move out of incarceration</li> <li>▪ Hub and spoke modeled grant does not seem to be netting much referral to spokes – so patients are not getting well-rounded recovery treatment</li> <li>▪ We don't have good data on the effectiveness of Therapeutic drug court and the rate of recidivism.</li> <li>▪ MAT services for South County geography are non-existent and transportation is limited and poorly timed for patients who work, care for children, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ While the community has not “pushed back” on MAT services, that possibility exists, and we should be prepared to provide data to confront that challenge.</li> </ul>

MEMBER/ORGANIZATION: \_\_\_\_\_

### CDC STRATEGY #3: ACADEMIC DETAILING

Explanation	Strategy Works Best When:
<p>“Detailing” is a structured educational strategy developed by commercial manufacturers of medical and pharmaceutical technologies to market these products to prescribers and pharmacists. “Academic detailing” consists of structured visits to healthcare providers by trained professionals who can provide tailored training and technical assistance, helping healthcare providers use best practices.</p>	<ul style="list-style-type: none"> <li>▪ Dedicated and trained detailing teams are deployed for all academic detailing activities, as this strengthens the detailing approach and fosters consistency within the project.</li> <li>▪ The individuals who receive academic detailing possess the means and resources to put their newly gained knowledge to use. For instance, physicians who treat patients receiving opioid medications often benefit from additional staff support, as evidence based opioid prescribing requires additional patient follow-up activities and administrative tasks.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #3	Myself	Within the Organization I represent	In the Broader Community
Academic Detailing	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #3	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
Academic Detailing	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #3	Myself	Within Organization I represent	In the Broader Community
Academic Detailing	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

### CDC STRATEGY #3: ACADEMIC DETAILING

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County currently has no formal Academic Detailing Program. Providers have participated in MAT training, which has some of the elements of a Detailing program.</p>	<ul style="list-style-type: none"> <li>▪ OCH is working to provide guidance and support for best practices among healthcare providers for prescribing opioids for acute and chronic pain in Clallam and Kitsap (Jefferson?).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Providers’ time is difficult to schedule. Many competing priorities.</li> </ul>

MEMBER/ORGANIZATION: \_\_\_\_\_

## CDC STRATEGY #4: ELIMINATING PRIOR-AUTHORIZATION REQUIREMENTS FOR MEDICATIONS FOR OPIOID USE DISORDER

Explanation	Strategy Works Best When:
<p>In this scenario, health insurance providers cover the cost of MAT as a standard benefit and all requirements that a physician contact the insurance provider for approval prior to writing the prescription (a process called “prior authorization”) are removed. Without these prior authorization requirements, prescriptions for MAT medications to treat opioid use disorder can be written and filled as soon as a physician deems this treatment necessary, free from artificial delays.</p>	<ul style="list-style-type: none"> <li>▪ Policy makers and healthcare providers work collaboratively with health insurance companies and state Medicaid programs to design and implement these policy changes.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #4	Myself	Within the Organization I represent	In the Broader Community
<b>Eliminating Prior-Authorization Requirements for Medications for OUD</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #4	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Eliminating Prior-Authorization Requirements for Medications for OUD</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #4	Myself	Within Organization I represent	In the Broader Community
<b>Eliminating Prior-Authorization Requirements for Medications for OUD</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #4: ELIMINATING PRIOR-AUTHORIZATION REQUIREMENTS FOR MEDICATIONS FOR OPIOID USE DISORDER

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County is in the same position as most Washington Counties on this issue. We do have a higher percent of Medicare patients.</p>	<ul style="list-style-type: none"> <li>▪ We will need to research the current landscape of Prior-Authorization requirement for our area.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Changing insurance policy will be difficult.</li> </ul>



MEMBER/ORGANIZATION: \_\_\_\_\_

## CDC STRATEGY #5: SCREENING FOR FENTANYL IN ROUTINE CLINICAL TOXICOLOGY TESTING

Explanation	Strategy Works Best When:
<p>The standard panel of substances included in routine clinical drug screens (carried out in hospitals, clinics, treatment centers, etc.) should include screening for fentanyl exposure, particularly in jurisdictions where fentanyl is known to be prevalent in the local illicit drug market.</p>	<ul style="list-style-type: none"> <li>▪ Adjustments are made to funding streams, standard lab procedures, and electronic medical records systems to accommodate and standardize this change in practice.</li> <li>▪ Trends in the results of fentanyl screens are shared effectively across public institutions with the capacity to intervene amongst those who intentionally or unintentionally consume fentanyl and reduce the risk of overdose.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #5	Myself	Within the Organization I represent	In the Broader Community
<b>Screening for Fentanyl in Routine Clinical Toxicology Testing</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #5	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Screening for Fentanyl in Routine Clinical Toxicology Testing</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #5	Myself	Within Organization I represent	In the Broader Community
<b>Screening for Fentanyl in Routine Clinical Toxicology Testing</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #5: SCREENING FOR FENTANYL IN ROUTINE CLINICAL TOXICOLOGY TESTING

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>The majority of drug screens within Jefferson County are performed by Jefferson Healthcare (the hospital). Fentanyl is not routinely screened as part of the tox screen provided there.</p> <p>Some (not known if all) therapeutic court provider/vendors screen court participants often, and include fentanyl.</p>	<ul style="list-style-type: none"> <li>▪ We will need to ask Jefferson Healthcare to add Fentanyl screening to the drug tox screen.</li> <li>▪ Opportunity confirm there is a documented best practice at Therapeutic courts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ There might be technical barriers to adding the test. Because Jefferson contracts with another organization for its EMR, who does not currently test for fentanyl, it might be difficult to implement the change.</li> </ul>

MEMBER/ORGANIZATION: \_\_\_\_\_

## CDC STRATEGY #6: 911 GOOD SAMARITAN LAWS

Explanation	Strategy Works Best When:
<p>The term “911 Good Samaritan Law” refers to local or state legislation that may provide overdose victims and/or overdose bystanders with limited immunity from drug-related criminal charges and other criminal or judicial consequences that may otherwise result from calling first responders to the scene. The scope of 911 Good Samaritan Laws varies across U.S. states, but each is written with the goal of reducing barriers to calling 911 in the event of an overdose.</p>	<ul style="list-style-type: none"> <li>▪ Immunity is extended to all bystanders on the scene, not only to the individual in crisis and the individual who called 911.</li> <li>▪ Bystanders are protected from parole violations and warrant searches in addition to receiving immunity from criminal charges. Any perceived risk to the freedom or safety of the bystander reduces the probability that 911 will be called.</li> <li>▪ Police officers and other first responders are well informed as to their liabilities and responsibilities when responding to an overdose as outlined in their state’s 911 Good Samaritan Law and other state and local regulations.</li> <li>▪ People who use drugs are well informed about the 911 Good Samaritan law and have reason to trust that those protections will be consistently afforded to them when they call 911.</li> <li>▪ The hospital experiences of people who use drugs are strengthened and improved. Individuals in crisis will not call for emergency care if they don’t want to be transported to the hospital due to previous maltreatment.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #6	Myself	Within the Organization I represent	In the Broader Community
911 Good Samaritan Laws	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #6	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
911 Good Samaritan Laws	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #6	Myself	Within Organization I represent	In the Broader Community
911 Good Samaritan Laws	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #6: 911 GOOD SAMARITAN LAWS

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County has a 911 Good Samaritan law that protect the reporter of a drug overdose from prosecution for possession. This is the result of a state law.</p>	<ul style="list-style-type: none"> <li>▪ It is not clear if the law covers bystanders.</li> <li>▪ The law does not extend to outstanding warrants, probation or parole violations, drug manufacture or delivery, controlled substances, homicide, or other crimes besides drug possession.</li> <li>▪ It is not clear if knowledge of this law is widespread.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Traditional methods of communication might not be as effective with the target audience for this message.</li> <li>▪ Recent hi-profile death in town would indicate potential “reporters” of drug overdose are not aware or are uncomfortable with ramifications of calling 911 in the instance of an overdose.</li> </ul>

MEMBER/ORGANIZATION: \_\_\_\_\_

## CDC STRATEGY #7: NALOXONE DISTRIBUTION IN TREATMENT CENTERS AND CRIMINAL JUSTICE SETTINGS

Explanation	Strategy Works Best When:
<p>Naloxone distribution programs in criminal justice and treatment facilities (both inpatient and outpatient) target individuals who are about to be released from supervision and/or cease treatment to receive overdose response training and naloxone kits prior to their exit from the program or facility.</p>	<ul style="list-style-type: none"> <li>▪ Coverage of these distribution programs is universal, providing all individuals leaving criminal justice settings or treatment with the opportunity to be trained and receive a naloxone kit. This is preferable to opt-in programs that require inmates to request special services to receive naloxone.</li> <li>▪ Training is provided in a way that refrains from making negative judgments about drug use and focuses instead on the importance of every person’s safety and wellbeing even in the context of drug use.</li> <li>▪ Close contacts of the individual (family, partners, and children) are also trained in naloxone administration and overdose response.</li> <li>▪ Naloxone distribution in treatment centers and criminal justice settings works best when there is certainty in the supply chain and in funding. In treatment settings, an individual’s insurance can cover the cost of naloxone.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #7	Myself	Within the Organization I represent	In the Broader Community
<b>Naloxone Distribution in Treatment Centers and Criminal Justice Settings</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #7	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Naloxone Distribution in Treatment Centers and Criminal Justice Settings</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #7	Myself	Within Organization I represent	In the Broader Community
<b>Naloxone Distribution in Treatment Centers and Criminal Justice Settings</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #7: NALOXONE DISTRIBUTION IN TREATMENT CENTERS AND CRIMINAL JUSTICE SETTINGS

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County does not have an inpatient treatment center. While some outpatient and criminal justice locations have Naloxone, none provide distribution and training for patients or incarcerated individuals, about to be discharged.</p>	<ul style="list-style-type: none"> <li>▪ No Program exists, so one would have to be developed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Costs of Naloxone and development of training programs for agencies with small margins.</li> <li>▪ Complexity of developing this type of program.</li> </ul>

MEMBER/ORGANIZATION: \_\_\_\_\_

### CDC STRATEGY #8: MAT IN CRIMINAL JUSTICE SETTINGS AND UPON RELEASE

Explanation	Strategy Works Best When:
In this intervention, MAT should be made available as a standard of care for incarcerated individuals with opioid use disorder. Those receiving MAT when they enter a criminal justice setting may continue receiving this treatment, and those who are not on treatment may initiate and continue this form of care while incarcerated and then be linked with appropriate care providers to continue MAT upon release.	<ul style="list-style-type: none"> <li>▪ MAT is uninterrupted for those who were receiving care prior to incarceration.</li> <li>▪ MAT can be initiated in criminal justice settings.</li> <li>▪ Individuals have access to all available forms of MAT medication. This choice is essential, as some individuals fare much better (or worse) on one of these drugs than on the other.</li> <li>▪ An effective system for referral and linkage to care is in place so that individuals on MAT can receive a “warm handoff” to providers who are able to continue their care upon release. Otherwise, recently released individuals are forced to choose between enduring painful opioid withdrawal and quickly finding another source of opioids. The quickest and easiest sources of opioids are illicit ones.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #8	Myself	Within the Organization I represent	In the Broader Community
<b>MAT in Criminal Justice Settings and Upon Release</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #8	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>MAT in Criminal Justice Settings and Upon Release</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #8	Myself	Within Organization I represent	In the Broader Community
<b>MAT in Criminal Justice Settings and Upon Release</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #8: MAT IN CRIMINAL JUSTICE SETTINGS AND UPON RELEASE

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County Jail has had the good fortune to receive a grant to provide MAT services in the Jail.</p> <p>MAT is also available for residents participating in Behavioral Health Court.</p>	<ul style="list-style-type: none"> <li>▪ These are new services; coordination and helping participants navigate these systems could be smoother.</li> <li>▪ Need for more complete and consistent understanding of what the navigator role encompasses, and accountability for its full execution in the jail setting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordinating between multiple agencies and organizations with competing priorities could be difficult.</li> </ul>



MEMBER/ORGANIZATION: \_\_\_\_\_

## CDC STRATEGY #9: INITIATING BUPRENORPHINE-BASED MAT IN EMERGENCY DEPARTMENTS

Explanation	Strategy Works Best When:
<p>Patients receiving care in emergency departments who have untreated opioid use disorder are referred to a provider for long-term buprenorphine-based MAT. This referral is accompanied by initial doses of buprenorphine or a short-term prescription that can be filled right away. The patient can begin treatment immediately, instead of waiting several days for their appointment with a new provider.</p>	<p>There is no broadly accepted “best practice” for initiating patients onto buprenorphine-based MAT in an emergency department. This intervention is very new, and researchers are still studying how best to serve patients’ needs and assist them in engaging with care. Patients who are initiated in the emergency department are very likely there because they have experienced an overdose crisis. It can be expected that such an experience may change the meaning of treatment for these patients, and the value of treatment may change in an inconsistent or counter-intuitive way over time.</p> <p>What we do know, however, is that each instance of engagement in MAT, even if the patient eventually drops out of care, predicts higher success the next time treatment is sought. Furthermore, providing “bridging” doses of MAT medications to individuals seeking treatment greatly improves patient engagement in MAT care during treatment initiation—a key moment for those with opioid use disorder, when maintaining trust and stability is of utmost importance.</p>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #9	Myself	Within the Organization I represent	In the Broader Community
<b>Initiating Buprenorphine-based MAT in Emergency Departments</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #9	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Initiating Buprenorphine-based MAT in Emergency Departments</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #9	Myself	Within Organization I represent	In the Broader Community
<b>Initiating Buprenorphine-based MAT in Emergency Departments</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #9: INITIATING BUPRENORPHINE-BASED MAT IN EMERGENCY DEPARTMENTS

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson Healthcare is the primary provider of emergency care in Jefferson County. They do not currently offer MAT services to outpatients. Some discussion about providing the service is on-going.</p>	<ul style="list-style-type: none"> <li>▪ This service is not currently available.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adding this service could be a complicated process. It will require the cooperation of several departments within the hospital.</li> </ul>

MEMBER/ORGANIZATION: \_\_\_\_\_

## CDC STRATEGY #10: SYRINGE SERVICES PROGRAMS

Explanation	Strategy Works Best When:
<p>Sometimes called “needle exchange” or “syringe exchange,” syringe services programs provide access to clean and sterile equipment used for the preparation and consumption of drugs as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution, fentanyl testing strips, and more. Comprehensive syringe services programs also provide additional social and medical services such as: safe disposal of syringes and needles; testing for HIV and hepatitis C infection and linkage to treatment; education about overdose and safer injection practices; referral and access to drug treatment programs, including MAT; tools to prevent HIV and other infectious disease, such as condoms, counseling, or vaccinations; and linkage to medical, mental health, and social services.</p>	<ul style="list-style-type: none"> <li>▪ They provide an adequate supply of sterile syringes. Limiting the number of syringes an individual may receive reduces the effectiveness of the intervention. Programs with one-for-one exchange policies, for example, allow participants only as many syringes as the number of used syringes they return, thus undercutting the program’s own effectiveness. When no limits are set on the number of syringes distributed, participants are more likely to have clean syringes on hand when they need them, and they can provide syringes to many more people than can attend the program themselves, thus multiplying the program’s effectiveness. This also increases participants’ incentive to visit the program and interact with staff and counselors.</li> <li>▪ The needs and concerns specific to the local drug using community are addressed and accommodated by the program.</li> <li>▪ Program participants who are seeking treatment for opioid use disorder or for other physical or mental health concerns are offered assistance in accessing appropriate care.</li> </ul>

Level of Awareness/Understanding of the Intervention			
CDC Strategy #10	Myself	Within the Organization I represent	In the Broader Community
<b>Syringe Services Programs</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
CDC Strategy #10	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Syringe Services Programs</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
CDC Strategy #10	Myself	Within Organization I represent	In the Broader Community
<b>Syringe Services Programs</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## CDC STRATEGY #10: SYRINGE SERVICES PROGRAMS

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County Public Health currently provides a needle exchange program.</p> <p>It also includes Naloxone distribution.</p>	<ul style="list-style-type: none"> <li>▪ Not all people needing this service are aware that it exists.</li> <li>▪ There are no needle exchange options in South County.</li> <li>▪ An opportunity to compare the current program with what is outlined to see if County program is carried out to the extent described in the “works best when” section.</li> </ul>	<ul style="list-style-type: none"> <li>▪ This program is well established and operating without problems.</li> </ul>

MEMBER/ORGANIZATION: \_\_\_\_\_

## STRATEGY #11: CRISIS STABILIZATION CENTER (CSC)

Explanation	Strategy Works Best When:
<p>Jefferson County has no OUD Emergency Treatment and/or Stabilization Facility, though the County has the second highest rate of non-heroin opioid death in the State, with over 90% increase in all opioid deaths over the last dozen years.</p> <p>Ever-increasing OUD/MH-related issues in Jefferson County, and a dearth of OUD programs and services, underscore the pressing need for an Emergency Treatment and Stabilization Facility located within the County.</p>	<ul style="list-style-type: none"> <li>▪ The goals of crisis services are to improve access to the most appropriate treatment resources and to decrease the utilization of hospital emergency departments, jails, prisons and homeless programs for behavioral health emergencies.</li> <li>▪ Through improved crisis services we can ultimately provide crisis intervention, with the goal of creating a seamless integrated behavioral health care system, where consumers will receive appropriate, timely, and quality care.</li> </ul>

Level of Awareness/Understanding of the Intervention			
Strategy #11	Myself	Within the Organization I represent	In the Broader Community
<b>Crisis Stabilization Center (CSC)</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
Strategy #11	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Crisis Stabilization Center (CSC)</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
Strategy #11	Myself	Within Organization I represent	In the Broader Community
<b>Crisis Stabilization Center (CSC)</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## STRATEGY #11: CRISIS STABILIZATION CENTER (CSC)

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County currently does not provide these types of services. Some outpatient services are available but for a resident in crisis the Emergency Room or Jail are the most likely destinations.</p>	<ul style="list-style-type: none"> <li>▪ No service like this is available.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Some community opposition could develop.</li> <li>▪ Finding the proper leadership for the center could be a challenge.</li> </ul>

## STRATEGY #12: NAVIGATORS

Explanation	Strategy Works Best When:
Behavioral health navigators, who collaborate with police, family members, lawyers, courts, and health care and housing providers to connect people with services and supports.	<ul style="list-style-type: none"> <li>No data at this time</li> </ul>

Level of Awareness/Understanding of the Intervention			
Strategy #12	Myself	Within the Organization I represent	In the Broader Community
<b>Navigators</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Awareness/Evaluation of Current Service Landscape			
Strategy #12	These Services Exist Here	There are Gaps or Need to Expand	Barriers Exist to Meeting Need
<b>Navigators</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

Level of Buy-in or Support for this Intervention			
Strategy #12	Myself	Within Organization I represent	In the Broader Community
<b>Navigators</b>	1 2 3 4 5 n/i	1 2 3 4 5 n/i	1 2 3 4 5 n/i

## STRATEGY #12: NAVIGATORS

What Jefferson County Does	Known Gaps or Needs for Expansion	Anticipated Barriers / Challenges / Supports
<p>Jefferson County is currently piloting a program with the Port Townsend Police, funded by 1/10<sup>th</sup> of 1% and the City of Port Townsend.</p>	<ul style="list-style-type: none"> <li>▪ County Law Enforcement and EMS do not have navigators.</li> <li>▪ Also the service is not offered beyond the 8 hours of day shift.</li> <li>▪ Need for more complete and consistent understanding of what the navigator role encompasses, and accountability for its full execution in the jail setting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funding will be a significant issue as well as determining the best plan for this service.</li> <li>▪ There is not a lot of information about the efficacy of this type of program.</li> </ul>