Fairfax County Opioid Task Force Plan

January 2018

Fairfax County Opioid Task Force Plan

January 2018

EXECUTIVE SUMMARY

The Fairfax County Opioid Task Force Plan is a summary of recommendations by the Opioid Task Force and Steering Group to the Fairfax County Board of Supervisors (BOS) in response to the BOS April 2017 request for an update on what the County is doing to address opioid addiction. The BOS requested recommendations be presented in January 2018, with funding allocation decisions to be made by the BOS using $2.5 million in carryover for opioids and $1.1 million in carryover for medication-assisted treatment through the Community Services Board (CSB). The plan outlines current actions, objectives, future activities, responsible parties, and identifies use of carryover funds and the phasing of baseline adjustment.

The plan is based on two goals. The first is to reduce deaths from opioids through prevention, treatment, and harm reduction. The second goal is to use data to describe the problem, target interventions, and evaluate effectiveness. These goals are advanced by taking action in five areas.

Education & Awareness

Efforts in education and awareness for the general public aim to increase awareness of substance use disorder, treatment, and recovery, and to reduce stigma. For the prescriber community, activities in the plan promote the use of the state prescription monitoring program (PMP) and adherence to opioid prescribing guidelines designed to reduce exposure to opioids and prevent abuse. Examples of education and awareness strategies for the general public in the plan are a speaker's bureau, a public communication campaign, panel discussions, and a community anti-drug coalition.

Drug Storage, Disposal, & Monitoring

Actions in this area aim to increase opportunities for community members to participate in proper disposal of prescription drugs, reducing the supply of unused prescription opioids. Strategies are to expand 24/7 drug take back to all police stations in Fairfax County, to engage private pharmacies, and to disseminate information on drug storage and disposal.

Treatment

Treatment addresses those who are already at risk of substance abuse or have overdosed and need access to treatment for opioid use disorder, including medication-assisted treatment (MAT). Strategies here are in schools, emergency departments, and access to treatment through the CSB. Focusing on youth, the plan includes a pilot of the Substance Abuse

OPIOID TASK FORCE PLAN SUMMARY

Goals

- Reduce deaths from opioids through **prevention, treatment, and harm reduction**
- **Use data** to describe the problem, target interventions, and evaluate effectiveness

Subcommittees

1. Education & Awareness
2. Drug Storage, Disposal, & Monitoring
3. Treatment
4. Enforcement & Criminal Justice
5. Data & Monitoring

Steps for Plan Development

- Review evidence-based practices
- Describe current work
- Identify and address gaps

Prevention Program in five high schools, five middle schools, and two alternative high schools; enhancement of Alcohol and Other Drug seminars; and the dedication of CSB therapists for cases referred by Juvenile and Domestic Relations District Court intake (Section 5). Another strategy for treatment is to train emergency department staff to use Screening, Brief Intervention, and Referral to Treatment (SBIRT) and refer people who have overdosed to treatment (Section 6). In addition to these two strategies, the Board of Supervisors has also allocated $1.1 in carryover to expand MAT. The CSB will expend these funds to place individuals in contract detoxification and residential treatment beds. This will also expand MAT.

Enforcement & Criminal Justice

Police and Emergency Medical Services (EMS) have direct contact with people who have overdosed on opioids. The Opioid Plan focuses on training and the provision of personal protective equipment for public safety personnel (i.e., P-100 masks). The training will allow for a uniform approach to preventing opioid exposure across the County, and the masks will protect public safety personnel who come into contact with fentanyl. In addition, Police Department Task Force positions will expand capacity for investigating opioid overdose-related deaths. The positions will be used to identify and arrest drug dealers involved in the distribution of drugs that resulted in overdose deaths. In addition to investigating opioid deaths, the detectives will also share data points, reports, and actionable intelligence with the Health Department to increase the robustness of epidemiological data informing intervention and education efforts.

Data & Monitoring

Data and monitoring activities provide the backbone support needed to implement the plan. Strategies in this area of the plan support data sharing across agencies to inform data-driven decision making, and improving police capacity to investigate overdose deaths through technology. The epidemiologist position will expand the Health Department's capacity and expertise in utilizing data to determine who is using opioids and dying from overdose by age, gender, race, or other factors, and to examine the locations where people use opioids and are treated. Analyzing data builds capacity to describe the scope of the problem, target interventions appropriately, and determine whether actions taken to address the problem are effective. In addition, technology for the Police Department will allow for the use of cell phone data in investigations and the use of data to target distributors.

CONTENTS

1 Introduction

1.1 Background on Opioids

Drug overdose is a large and growing public health crisis in the United States. The current epidemic of substance use disorder and overdose has been slow in the making and is the result of a confluence of factors that promoted the safety and use of prescription opioids as a means of treating chronic, non-cancer pain, despite serious risks and the lack of evidence about their long-term effectiveness. From 2000 to 2015, the number of overdose deaths involving opioids, including prescription opioids and heroin, increased fourfold, and more than half a million Americans died from drug overdoses. Over 60% of overdose deaths involve an opioid, and almost half of opioid overdose deaths involve a prescription opioid. Among people who died from prescription opioid overdose nationwide between 1999 and 2014, rates were highest for those aged 25 to 54, for men, and for non-Hispanic whites. [1]

Each day, about 91 Americans die from an opioid overdose.[2] Two distinct, but interconnected trends are driving the opioid overdose epidemic – an increase in deaths from prescription opioid overdoses and a surge in illicit opioid overdoses driven mainly by heroin and illegally made fentanyl. While in past years prescription opioids drove the crisis, by 2015, prescription opioids were about even with heroin and fentanyl.[2] Deaths from synthetic opioids increased 264% from 2012 to 2015. Nationally, law enforcement reports show increased availability of illegally made fentanyl over the same time period.[3] Prescription opioid use is a risk factor for heroin use. About four of five people who use heroin misused prescription opioids first. [4] Purer forms of heroin are available, the price is relatively low, and some people who abuse prescription opioids turn to heroin when they do not have access to prescription opioids.[5]

In recent years, national initiatives to reduce opioid prescribing has resulted in a leveling off and decline in opioid prescribing rates since 2012. Despite this progress, three times the amount of opioids were prescribed in 2015 compared with 1999. Therefore, unnecessary exposure to prescription opioids must remain a critical prevention strategy. The most common drugs involved in prescription opioid overdose deaths include methadone, oxycodone (such as OxyContin®), and hydrocodone (such as Vicodin®). Prescription opioids are often used to treat pain following an injury or surgery, or for health conditions such as cancer. Data show that as many as one in four patients receiving long-term opioid

Opioids At-A-Glance

Opioid Deaths

- Four-fold increase in opioid overdose deaths 2000 to 2015.
- 91 people die each day in the U.S. from opioid/heroin overdose.
- Prescription opioid rates highest for men, people aged 25 to 54, and non-Hispanic whites.

Costs of Substance Use Disorder

- $78.5 billion a year, including healthcare, lost productivity, addiction treatment, and criminal justice involvement.
- Social costs to people with substance use disorder, their families, and communities.

[1] U.S. Centers for Disease Control and Prevention at https://www.cdc.gov/drugoverdose/index.html
[2] U.S. Centers for Disease Control and Prevention Annual Surveillance Report of Drug-Related Risks and Outcomes, United States, 2017 at https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf
[3] U.S. Centers for Disease Control and Prevention at https://www.cdc.gov/drugoverdose/pdf/pbss/PBSS-Report-072017.pdf
[4] National Institutes of Health, National Institute on Drug Abuse at https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis
[5] White House Office of National Drug Control Policy at https://www.whitehouse.gov/ondcp/key-issues/prescription-opioid-misuse

therapy in a primary care setting struggles with opioid use disorder.[6] Risk factors that make some people vulnerable to prescription opioid abuse and overdose include overlapping prescriptions from multiple providers and pharmacies, taking high daily doses of opioids, mental illness or a history of substance abuse, and having a low income or living in a rural area.

The Centers for Disease Control and Prevention (CDC) estimates that the total economic burden of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.[4] In addition to the financial cost, there are social costs for families and communities from opioid use disorder, as well as associated public health concerns, such as neonatal abstinence syndrome in babies whose mothers use opioids, and the spread of HIV and Hepatitis C due to injection drug use.

1.2 Opioid Use Disorder & Treatment

Substance use disorder is a chronic illness that changes brain chemistry and function. Brain images of people with substance use disorder show changes that affect judgment and behavior control. Scientists believe that these structural changes in the brain may help explain the compulsive and destructive behaviors associated with substance use disorder. Since it is a chronic condition, treating substance use disorder involves bringing it into remission rather than curing it.[7] For youth, there are risk and protective factors that influence substance use (see Table 1).

Table 1. Risk and Protective Factors for Substance Use

Risk Factors	Protective Factors
Aggressive behavior in childhood	Good self-control
Lack of parental supervision	Parental monitoring and support
Poor social skills	Positive relationships
Drug experimentation	Academic Competence
Availability of drugs at school	School anti-drug policies
Community poverty	Neighborhood pride

Source: National Institute on Drug Abuse at https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction

The federal government has approved three medications to treat opioid use disorder to be used along with counseling: methadone, buprenorphrine (Suboxone® and Subutex®), and extended-release naltrexone (Vivitrol®).[8] Studies have shown that using medication-assisted treatment (MAT) decreases drug use, infectious

[6] U.S. Centers for Disease Control and Prevention at https://www.cdc.gov/drugoverdose/opioids/prescribed.html
[7] National Institutes of Health, National Institute on Drug Abuse at https://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics
[8] National Institutes of Health, National Institute on Drug Abuse at https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction

disease transmission, and criminal activity.[9] Medication also increases retention in treatment and social functioning.[10] One common misconception about treatment is that the use of these medications is substituting one addiction for another; however, the medication given during treatment reduces withdrawal and does not produce a high. Medications allow the brain to heal by restoring balance to the brain circuits affected by substance use disorder.[9] In addition to these medications for treatment, naloxone is a prescription drug that can reverse the effects of opioid overdose. If administered in time, it can be life-saving. The brand name for naloxone is Narcan®.

1.3 Evidence-Based Practices for Addressing The Opioid Crisis

Many resources are available that describe evidence-based practices for opioid use disorder. Examples include reports and resources from the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Governing Institute, and the National Association of County and City Health Officials. These were used in creating the Fairfax County Opioid Task Force Plan. The Johns Hopkins University and Clinton Foundation produced a report in October 2017 containing recommendations for how to effectively combat the epidemic. The report includes actions that can be implemented at the federal, state, and local levels for improving the safe use of prescription opioids, and identifying and treating people with opioid-use disorder. [11] The Fairfax County Opioid Task Force Plan includes many of these recommendations, such as engaging pharmacies to address the opioid epidemic, engaging patients and the public to provide clear and consistent guidance on safe storage and disposal of prescription opioids, improving surveillance, treating people with opioid use disorder, improving access to naloxone, and combatting stigma.

In addition to prevention and treatment, reducing the supply of opioids is also key. Treatment and law enforcement are complementary, not mutually exclusive. A recent report by the Police Executive Research Forum recommends various strategies for law enforcement, such as getting users into treatment, strategic enforcement and prosecution, public education, and protecting the safety of officers.[12]

1.4 Actions in the U.S. and Virginia

Several federal agencies are involved in substance abuse prevention and treatment. The federal agencies described in the section above, CDC and SAMHSA, provide information about the epidemic on the web. According to the U.S. Department of Health and Human Services, the White House Office of National Drug Control Policy meets with the Departments of Health and Human Services (this includes the CDC, SAMHSA, the Health Resources and Services Administration, and the National Institutes of Health), Department of Justice, Department of Veterans Affairs, and Department of Defense to coordinate federal efforts and to foster collaboration between government and external stakeholders.[13] On October 26, 2017, President Trump declared the opioid crisis a health emergency.[14]

States are addressing the opioid crisis in a variety of ways. One way states have acted in response is to create prescription drug monitoring programs (PDMP). A PDMP is a database run by a state that tracks prescriptions.

---

[9] American Journal of Public Health, Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009, March 2013 at https://www.ncbi.nlm.nih.gov/pubmed/23488511
[10] Cochrane Database of Systematic Reviews, Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence, Feb 2014, doi: 10.1002/14651858.CD002207.pub4 at https://www.ncbi.nlm.nih.gov/pubmed/24500948
[11] Johns Hopkins School of Public Health: The Opioid Epidemic – From Evidence to Impact at https://www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf
[12] Police Executive Research Forum: The Unprecedented Opioid Epidemic at http://www.policeforum.org/assets/opioids2017.pdf
[13] U.S. Department of Health and Human Services at https://www.hhs.gov/opioids/about-the-epidemic/index.html#us-epidemic
[14] New York Times at https://www.nytimes.com/2017/10/26/us/politics/trump-opioid-crisis.html

PDMPs can help physicians improve opioid prescribing and protect patients.[15] All states except Missouri have PDMP, though the administering agency, funding provisions, use of advisory committees and reports to the legislature, and the time of reporting vary by state.[16] Additionally, while there has been significant progress in the last several years, not all states have entered into agreements to share data across state lines.[17] For example, Florida does not participate in PDMP data sharing, so Virginia prescribers and pharmacists are generally unaware if a patient is also obtaining opioids in Florida. Physicians can also access *Guidelines for Prescribing Opioids for Chronic Pain* from CDC. The guidelines are for prescribing opioids for chronic pain not including active cancer treatment, palliative care, and end-of-life care. The guidelines cover when to initiate opioid use, and choosing the opioid type, dosage, and duration.[18] In addition to PDMPs and prescribing guidelines, six states have declared a statewide emergency declaration in response to the opioid epidemic: Alaska, Arizona, Florida, Maryland, Massachusetts, and Virginia. These declarations have led to statewide standing orders for naloxone, training law enforcement on protocols for naloxone, enhanced surveillance, and public awareness campaigns.[19]

In Virginia, Governor Terry McAuliffe established the Governor's Task Force on Prescription Drug and Heroin Abuse in September 2014.[20] The Governor's Task Force created a plan in 2015 to address opioids across the Commonwealth. In 2016, Marissa Levine, M.D., Commissioner of Health for the Virginia Department of Health, declared a public health emergency as a call for awareness and action to address the opioid crisis. Dr. Levine also issued a statewide standing order for the dispensing of naloxone, a prescription drug that can reverse the effects of opioid overdose and can be life-saving if administered in time.[21]

Virginia has also established the REVIVE! Program in the Commonwealth. REVIVE! provides training to recognize and respond to an opioid overdose by administering naloxone (Narcan®). REVIVE! is led by state agencies in partnership with community organizations. The Virginia Department of Behavioral Health and Developmental Services, the Virginia Department of Health, and the Virginia Department of Health Professions are the Commonwealth agencies are involved with administering REVIVE![22]

Virginia has also taken action through legislation and public outreach. Four examples of legislation passed by the Virginia General Assembly are an expanded pilot to make naloxone and naloxone training accessible to first responders throughout Virginia through HB1458; allowing pharmacists to dispense naloxone under proper protocols in HB1458; expanding mandatory PDMP registration and amended use of PDMP data through HB1841; and mandating continuing medical education for providers regarding proper prescribing, addiction, and treatment in HB829.[23] Virginia has also created a website and a documentary to reach the public. The documentary *The Hardest Hit* (www.hardesthitva.com) provides accounts of Virginians who battle with opioid use disorder, and the website www.vaaware.com is a platform for addiction, prevention, and recovery resources.

---

[15] U.S. Centers for Disease Control and Prevention at https://www.cdc.gov/drugoverdose/policy/index.html
[16] The National Alliance for Model State Drug Laws: Compilation of PDMP Maps, May 2016 at http://www.namsdl.org/library/CAE654BF-BBEA-211E-694C755E16C2DD21/
[17] National Association of Boards of Pharmacy at https://nabp.pharmacy/initiatives/pmp-interconnect/
[18] Centers for Disease Control and Prevention Opioid Prescribing Guidelines, May 2016 at https://www.dhp.virginia.gov/dhp_programs/pmp/docs/CDCGuidelines2016.pdf
[19] Association of State and Territorial Health Officials: Emergency Declarations and Opioid Overdose Prevention, June 2017 at http://www.astho.org/StatePublicHealth/Emergency-Declarations-and-Opioid-Overdose-Prevention/6-8-17/
[20] Governor's Task Force On Prescription Drug And Heroin Abuse at https://www.dhp.virginia.gov/taskforce/
[21] Opioid Addiction Crisis Declared a Public Health Emergency in Virginia at https://governor.virginia.gov/newsroom/newsarticle?articleId=18348
[22] REVIVE! White Paper at http://www.dbhds.virginia.gov/library/substance%20abuse%20services/04%20%20revive%20white%20paper%20v41.pdf
[23] Secretary William A. Hazel, Jr., M.D., Secretary of Health and Human Resources, Presentation: State of Healthcare in Virginia, October 19, 2017

Regional work is underway through the Virginia State Police Region VII Virginia Addiction Executive Work Group. This group of representatives from Northern Virginia jurisdictions began meeting in September 2017 to develop a regional approach to addressing the opioid crisis. The regional plan includes strategies such as disseminating information to the general public about the nature of substance use disorder and drug disposal, information for patients when they talk with their doctor, and information for providers on prescription drug monitoring programs and treatment resources. It also highlights expanding medication-assisted treatment and increasing naloxone distribution. At the time of writing, workgroups are refining actions steps in these areas. There is also a regional effort to explore data sharing. This work was in its initial planning stages as of December 2017 and will continue in 2018. Fairfax County staff engaged with the Opioid Task Force are involved these regional groups to coordinate efforts and share resources.

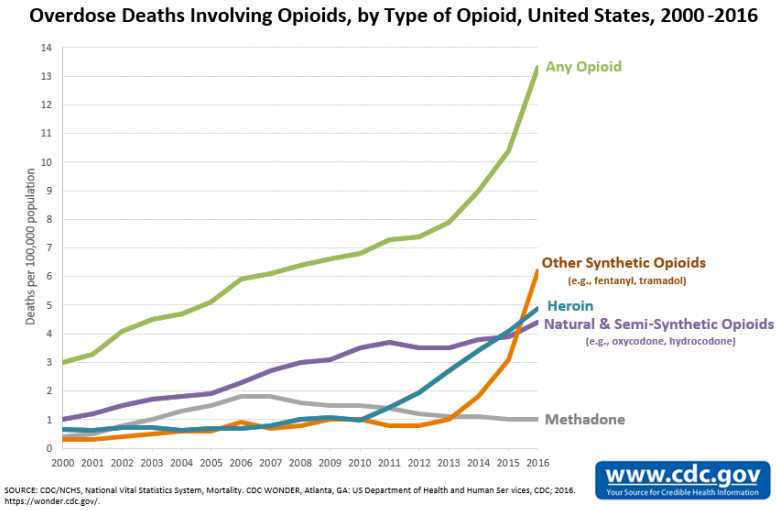
2 Opioid Data

2.1 National Data

2.1.1 Opioid Overdose Deaths in the U.S.

Opioid deaths have increased dramatically across the nation over the last 15 years. Since 2012, deaths due to prescription opioids have leveled off and overdoses due to heroin and illegal synthetic opioids, such as fentanyl, have increased sharply.

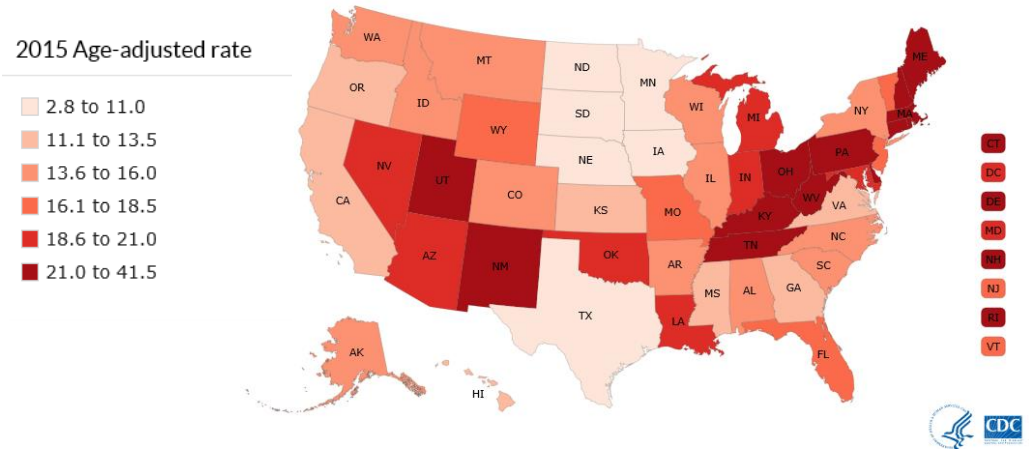
Figure 1. Opioid Overdose Deaths in the U.S., 2000-2016



Source: U.S. Centers for Disease Control and Prevention at https://www.cdc.gov/drugoverdose/data/analysis.html

Age-adjusted death rates varied widely, from 2.8 to 41.5 per 100,000 people. Virginia falls in the 11.1 to 13.5 category.

Figure 2. Age-Adjusted Rates of Drug Overdose Deaths by State, 2015



Source: U.S. Centers for Disease Control and Prevention at https://www.cdc.gov/drugoverdose/data/statedeaths.html

National Data Highlights

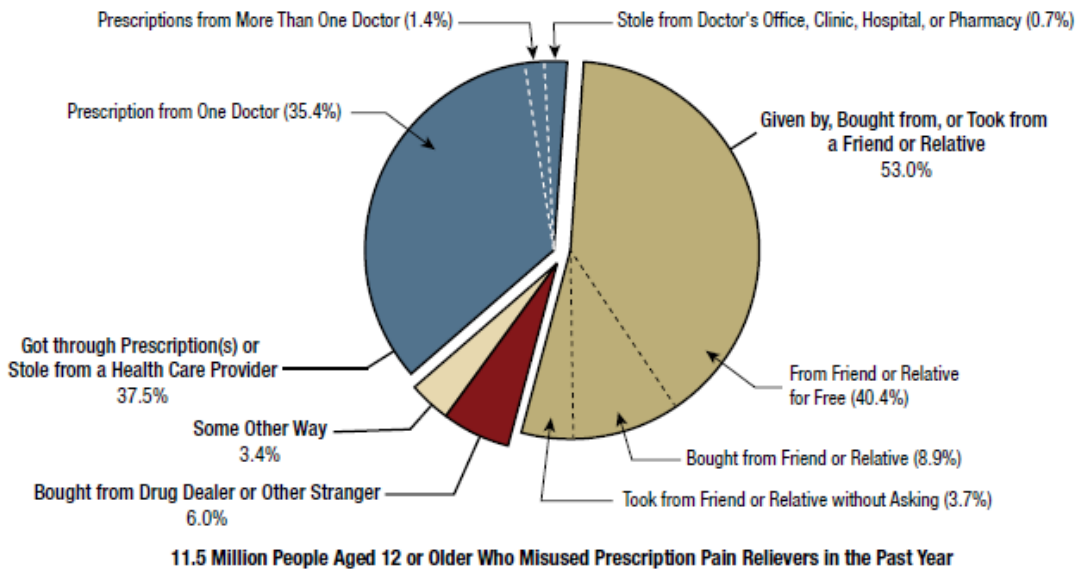
- Opioid deaths **increased fourfold** in the U.S. between 2000 and 2015.
- **40%** of people who abuse prescription opioids **got it for free from a friend** or relative. Another **38%** got it through a **doctor's prescription**.
- The Centers for Disease Control and Prevention looks at 4 categories of opioids:

1. **Natural opioids** (e.g., morphine and codeine) and **semi-synthetic opioids** (e.g., oxycodone, hydrocodone);
2. **Methadone**, a synthetic opioid;
3. **Synthetic opioids** other than methadone (e.g., fentanyl); and
4. **Heroin**, an illicit opioid synthesized from morphine.

2.1.2 Prescription Opioids in the U.S.

According to the 2016 U.S. National Survey on Drug Use and Health, 53% prescription opioid users obtained them from friend or relative, followed by 38% who were prescribed opioids by a doctor or healthcare provider.

Figure 3. Source of Misused Pain Relievers for People Aged 12 or Older, 2016

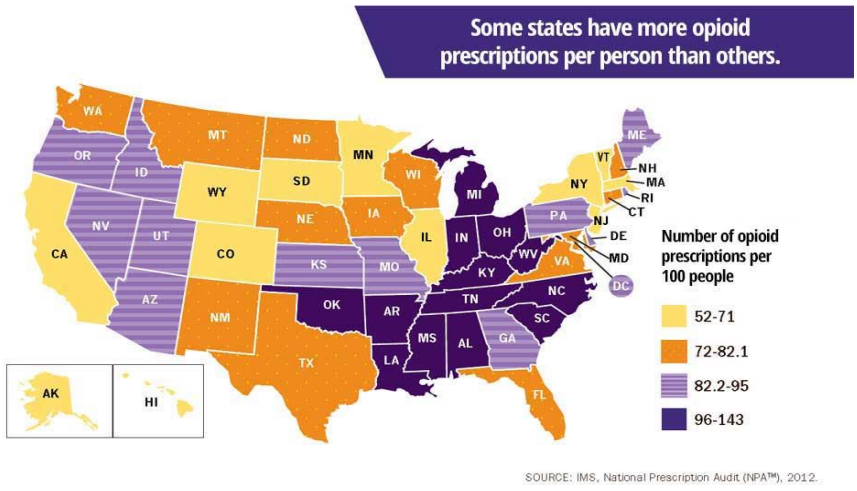


Note: Respondents with unknown data for Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.
Note: The percentages do not add to 100 percent due to rounding.

Source: Substance Abuse and Mental Health Services Administration at https://store.samhsa.gov/shin/content/SMA17-5044/SMA17-5044.pdf

In 2012, opioid prescriptions per person ranged from 52 to 143 prescriptions per 100 people. In Virginia, the number of prescriptions per 100 people fell within the 72 to 82 range.

Figure 4. Opioid Prescriptions per Person by State, 2012



Source: U.S. Centers for Disease Control and Prevention at https://www.cdc.gov/drugoverdose/data/prescribing.html

2.2 VIRGINIA DATA

2.2.1 Opioid Overdose Deaths in Virginia

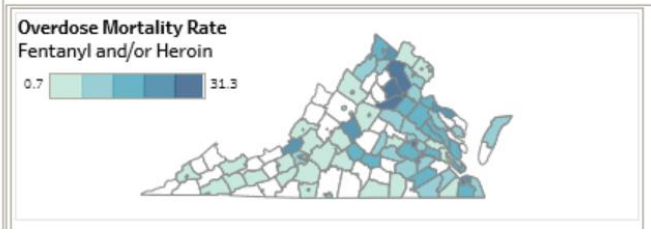
In 2016, rates of fentanyl and heroin overdoses, emergency department (ED) visits for heroin, and Narcan administration in Virginia were highest among 25-34 year olds. Opioid overdoses in the ED are largely among 15-34 year olds.

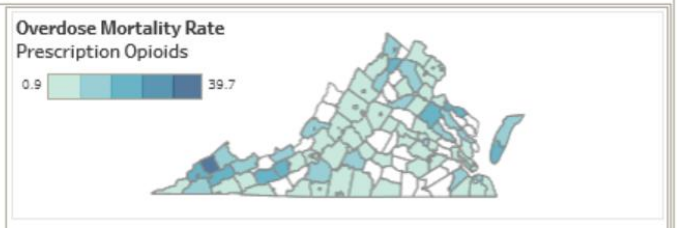
The two maps show 2016 overdose mortality across Virginia based on the type of opioid used. The map on the right shows the overdose mortality rate for prescription opioid use. It was highest in Dikenson County and southwest Virginia. In Fairfax County, it was 3.0 per 100,000 people. The map on the left shows overdose death rates for fentanyl and/or heroin use. It was highest in Faquier, Culpeper, and Orange counties. In Fairfax County, the rate of overdose from fentanyl/heroin was 5.5 per 100,000 people. These maps show that rates of opioid overdose deaths are lower in Fairfax County than the rest of the Virginia. However, significant increases have been seen in Fairfax County in recent years, reflecting the national epidemic.

Table 2. Opioid Overdoses in Virginia, 2016

2016 Locality Rate Summary by Age Group

	Overdose Deaths		ED Visits for Overdose		EMS	HIV
Age Group	Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	Narcan Administrations	Diagnosed HIV
0-14	0.1	0.1	0.0	41.2	1.5	0.2
15-24	8.2	4.7	24.7	169.2	47.6	18.1
25-34	23.7	8.7	49.3	168.9	100.4	26.6
35-44	18.5	9.6	21.0	118.4	65.1	13.2
45-54	12.4	9.3	15.8	108.0	57.7	10.0
55-64	6.9	7.1	9.7	85.5	51.6	5.5
65+	0.8	1.6	1.7	55.4	31.8	1.7
All Ages	9.6	5.5	16.7	103.5	48.5	10.3





Source: Virginia Department of Health at http://www.vdh.virginia.gov/data/opioid-overdose/

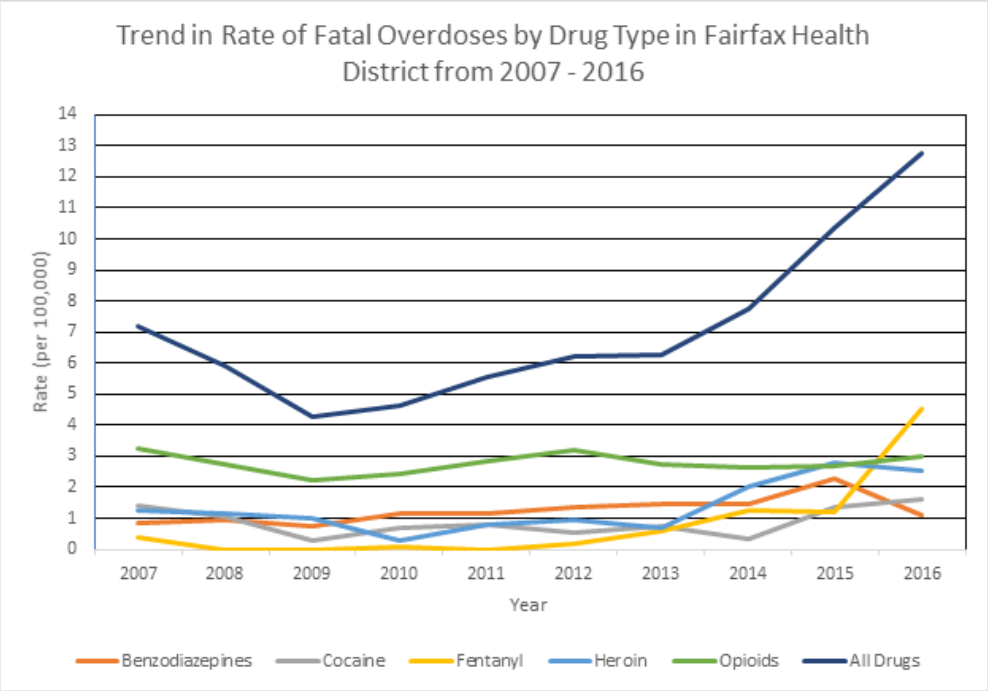
2.3 FAIRFAX COUNTY DATA

Overdose mortality rates due to opioids are lower in Fairfax than the rest of the Virginia, but significant increases have been seen in recent years, reflecting the national epidemic.

2.3.1 Opioid Overdose Deaths in Fairfax County

Use of all drugs has increased over the last nine years. Heroin and fentanyl use has been rising since 2013, with a spike in fentanyl overdoses beginning in 2015. This mirrors the national trend.

Figure 5. Fatal Overdoses by Drug Type, Fairfax Health District, 2007-2016



Source: Virginia Department of Health

In Fairfax County in 2016, fentanyl and heroin overdoses were most common in the 25-34 age group, followed by 35-44 and 15-24 year olds.

Table 3. Opioid Overdoses in the Fairfax Health District, 2016

2016 VDH Health District Rate Summary by Age Group

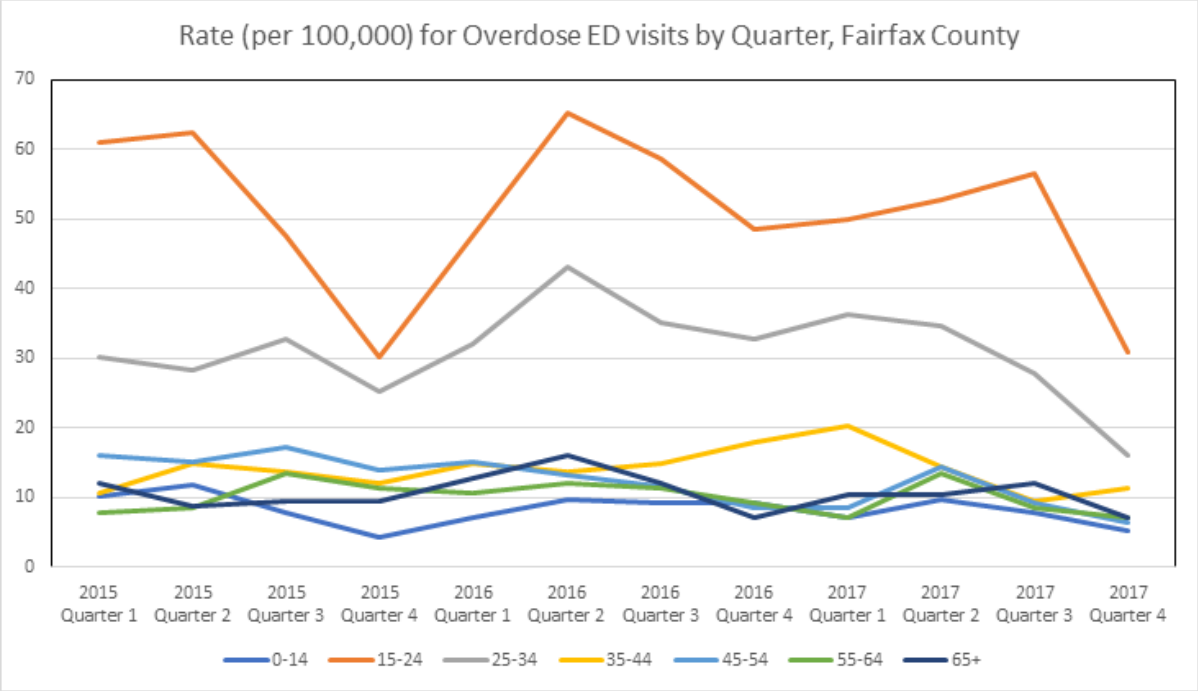
Age Group	Overdose Deaths		ED Visits for Overdose		EMS	HIV
	Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	Narcan Administrations	Diagnosed HIV
0-14	0.4	0.0	0.0	28.2	0.9	0.0
15-24	8.3	6.2	20.0	215.9	35.2	7.6
25-34	12.3	7.4	28.8	120.9	65.7	28.8
35-44	8.7	2.9	8.2	55.3	18.1	12.8
45-54	5.1	2.8	4.6	51.8	19.4	8.5
55-64	3.4	2.0	4.7	54.4	26.9	2.7
65+	0.7	0.7	0.0	52.9	29.6	2.1
All Ages	5.3	3.0	8.9	77.8	26.0	8.6

Source: Virginia Department of Health at http://www.vdh.virginia.gov/data/opioid-overdose/

2.3.2 Overdose Emergency Department Visits in Fairfax County

Similar to overdose deaths, the rate of overdose visits, including opioids, to the emergency department (ED) were also highest among those 15-24 and 25-34. Counts of males and females going to the ED after overdose were similar in number over the same time period. When broken down further over the same time period, school-age children made up 22% of overdoses, including opioids.

Figure 6. Emergency Department Overdose Visits by Age, Fairfax County, 2015-2017



Source: Virginia Department of Health

Table 4. Number and Percent of Emergency Department Overdose Visits Ages 6-24, Fairfax County, 2015-2017

Quarter	Ages 6-19	Percent Ages 6-19	Ages 20-24	Percent Ages 20-24
2015 Quarter 1	67	30%	33	15%
2015 Quarter 2	57	25%	41	18%
2015 Quarter 3	40	18%	33	15%
2015 Quarter 4	28	17%	19	12%
2016 Quarter 1	45	21%	29	13%
2016 Quarter 2	61	23%	39	15%
2016 Quarter 3	59	25%	36	15%
2016 Quarter 4	33	16%	38	18%
2017 Quarter 1	39	18%	39	18%
2017 Quarter 2	52	23%	32	14%
2017 Quarter 3	51	26%	36	18%
2017 Quarter 4	29	22%	21	16%
Total	**561**	**22% (Average)**	**396**	**16% (Average)**

Source: Virginia Department of Health

2.3.3 Use of Heroin and Opioids by Fairfax-Falls Church Community Services Board Clients

Between FY 2011 and FY 2017, the Fairfax Falls Church Community Services Board (CSB) saw a 22% increase in reported use of any opioid, including heroin, non-prescription methadone, and prescription opioids. During the same period, the overall number of people who reported using prescription opioids decreased annually. However, the number of people who reported heroin use has increased each year since FY 2014.

The number of people receiving CSB services who reported heroin use increased 30% from FY 2014 to FY 2017, and 54% from FY 2011 to FY 2017. Among the CSB population who reported use of alcohol or any drugs, the percentage who reported use of heroin and/or any opioid increased from 13% in FY 2011, to 16% in FY 2014, to 20.5% in FY 2017.

FY 2017 demographic data for CSB clients who report heroin and/or other opioid use (n=1,302)

Gender
Male: 61%
Female: 39%
Women report slightly higher other opiate /prescription opioid use; men report slightly higher heroin use.

Race (top three categories)
63% White
11% Black or African American
9% other; 9% unknown

Age (top three categories)
26-35 years old: 43%
36-45 years old: 17%
19-25 years old: 16%

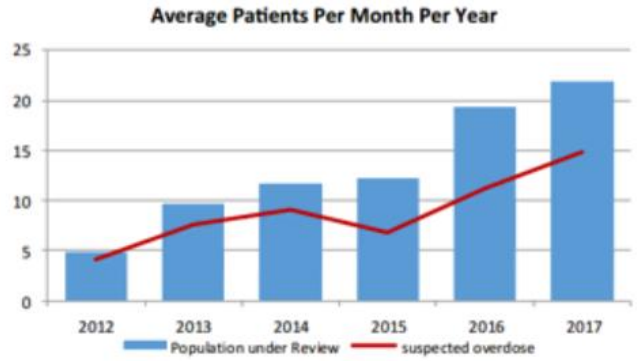
2.3.4 Heroin Overdoses in Fairfax County

The Fairfax County Fire and Rescue Department also reports increases in heroin overdoses over the last several years, with the total heroin EMS patient population doubling between 2013 and 2016 from 116 to 233.

FAIRFAX COUNTY DATA HIGHLIGHTS

- Opioid fatal overdose rates are **lower than Virginia**, but significant **increase in recent years**.
- Overdose deaths and ED visits are **highest** among those **15-24 and 25-34**.
- **CSB saw a 22% increase in reported use of any opioid** between FY 2011 and FY 2017.
- Average number of heroin **EMS patients** per month **increased fourfold** since 2012.
- **5% of FCPS students** reported **taking painkillers** without a doctor's order in the past month.
- Fairfax County youth reported **slightly higher than national rates for past-month use of heroin**.

Figure 7. Fairfax County Average Monthly Heroin EMS Patient Population, 2012-2017



Source: Fairfax County Fire & Rescue Department, Emergency Medical Services Division

Table 5. Fairfax County Heroin EMS Patient Population, 2013-2017

Total Heroin EMS Patient Population			
Year	Attributed	Suspected Overdose	Total
2013	25	91	116
2014	36	126	162
2015	67	93	160
2016	99	134	233
Jan - Jun 30, 2017	49	104	153
All Years	**227**	**444**	**671**

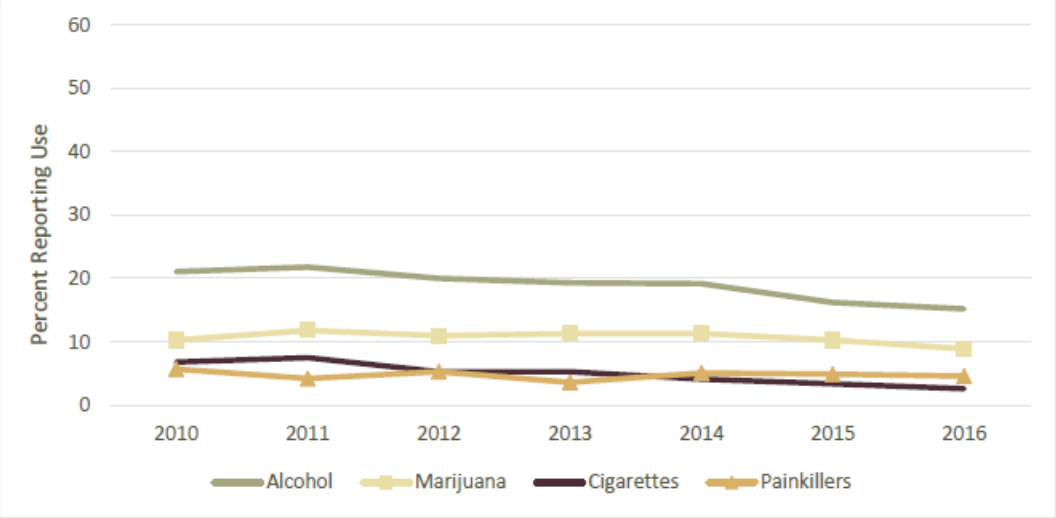
Source: Fairfax County Fire & Rescue Department, Emergency Medical Services Division

2.3.5 Youth Use of Opioids and Heroin in Fairfax County

The Fairfax County Youth Survey provides information about 8th, 10th, and 12th grade student use of non-prescribed painkillers and heroin in the last 30 days. Survey data show that 4.6% of students reported taking painkillers without a doctor's order in the past month. Female students reported higher rates of using prescription painkillers not prescribed to them. Youth Survey data also show that Fairfax County youth had slightly higher than the national rate for past-month use of heroin.[24]

[24] 2016 Fairfax County Youth Survey at https://www.fairfaxcounty.gov/demogrph/youth_survey/pdfs/sy2016_17_youth_survey_report.pdf

Figure 8. Fairfax County Youth Survey: Percentage of Students Reporting Use of Selected Substances in the Past Month, 2010 – 2016



Note. All percentages were calculated from valid cases (missing responses were not included). The scale (y-axis) for this figure is reduced to aid in interpretation of the data.

Table 6. Fairfax County Youth Survey: Past Month Prevalence of Non-medical Use of Painkillers by Selected Demographic Characteristics, 2012 – 2016

(Values are percentages)

	2012	2013	2014	2015	2016
Overall	5.3	3.6	5.1	4.9	4.6
Grade					
8th	3.9	2.3	4.2	3.8	4.0
10th	5.9	4.1	4.9	4.7	4.6
12th	6.1	4.3	6.3	6.1	5.1
Gender					
Female	5.5	3.6	5.7	5.3	5.0
Male	5.0	3.5	4.5	4.5	4.1
Race/Ethnicity[a]					
White	5.4	3.7	5.2	5.1	4.8
Black	5.2	3.8	5.9	4.8	4.8
Hispanic	5.9	4.1	5.8	5.8	5.0
Asian	3.9	2.2	3.4	3.4	3.2
Other/Multiple	7.2	4.8	6.9	5.7	5.4

Note. Students were asked if they had taken painkillers (such as Oxycontin, Vicodin, Percoset, Codeine, and Opium) without a doctor's order in the past 30 days. All percentages were calculated from valid cases (missing responses were not included).

[a]Racial categories do not include Hispanic students who are treated as a separate category in this table.

Source for all data in this section: 2016 Fairfax County Youth Survey at https://www.fairfaxcounty.gov/demogrph/youth_survey/pdfs/sy2016_17_youth_survey_report.pdf

Table 7. Fairfax County Youth Survey: Past Month Prevalence of Heroin Use by Grade, Fairfax County and U.S., 2013 – 2016

(Values are percentages)

	2013		2014		2015		2016	
	FCPS	US[a]	FCPS	US[a]	FCPS	US[a]	FCPS	US[a]
Overall	0.4	0.3	0.5	0.3	0.4	0.2	0.4	0.2
Grade								
8th	0.2	0.3	0.3	0.3	0.3	0.1	0.3	0.2
10th	0.5	0.3	0.6	0.4	0.3	0.2	0.3	0.2
12th	0.4	0.3	0.6	0.4	0.7	0.3	0.5	0.2

Note. All percentages were calculated from valid cases (missing responses were not included).
[a]US (national) data are from the Monitoring the Future Surveys (Johnston, O'Malley, Miech, Bachman & Schulenberg, 2017). The national data are not available by gender or race/ethnicity.

3 FAIRFAX COUNTY OPIOID TASK FORCE PLAN

3.1 INTRODUCTION

In April 2017, the Fairfax County Board of Supervisors (BOS) requested an update on what the County is doing to address opioid addiction. The BOS requested recommendations be presented in January 2018, with funding allocation decisions to be made by the BOS using $2.5 million in carryover. Another $1.1 million in carryover was allocated for medication-assisted treatment through the Community Services Board (CSB). The plan that follows are the recommendations to the BOS.

The Fairfax County Opioid Task Force has been meeting since July 2017 to create a strategy and resource plan that incorporates prevention, treatment, enforcement, and other areas to address the opioid epidemic in Fairfax County. The Opioid Task Force is comprised of subject matter experts from County agencies with subcommittees for each of the five areas of the plan. Each of the five subcommittees reviewed evidence-based practices, identified current efforts and current resources, and developed a plan to address gaps, building on work already underway. A Steering Group of County leadership from health and human services, public safety, the Office of Public Affairs, and Fairfax County Public Schools provides general guidance and approves the deliverables of the Opioid Task Force (see Appendix 1).

The plan builds on the previous work of the Fairfax County Opioid Addiction Prevention Task Force and complements national, state, and regional strategies to address opioids. The plan is based on two goals. The first is to reduce deaths from opioids through prevention, treatment, and harm reduction. The second goal is to use data to describe the problem, target interventions, and evaluate effectiveness. These goals are advanced by taking action in five areas:

1. Education & Awareness: Increase awareness among providers and the public through education
2. Drug Storage, Disposal, & Monitoring: Promote safe handling and storage of prescription drugs
3. Treatment: Expand access to treatment for those with opioid use disorder and at risk of overdose
4. Enforcement & Criminal Justice: Adopt evidence-based practices in law enforcement and the criminal justice system that provide stronger links to preventive services and treatment
5. Data & Monitoring: Integrate, analyze, and use data from hospitals, public safety, mental health, public health, and other County agencies to describe and understand the risk factors for opioid abuse; target and coordinate interventions; and evaluate effectiveness

3.2 RATIONALE

The framework for the plan is a public health approach aimed at reducing opioid use disorder and preventing death. The public health approach to the opioid epidemic is three-fold: prevention, treatment, and harm reduction. The plan is focused on providing information and environments that prevent people from using opioids, treat people with opioid use disorder, and reduce harm to people who are most at risk of overdose.

The focus is different in each of these three areas. Prevention involves educating people on the dangers of opioids and how to get help. Treatment and harm reduction focuses on the two factors that increase the risk of overdose: mode of use and tolerance. When opioids are injected, smoked, or snorted, a rapid release of medication can lead to overdose. When opioids are used over time, tolerance builds. When a person does not have opioids due to

hospitalization or incarceration, they can easily overdose since the body cannot tolerate a high dose of opioids after a period of abstinence.[25] Addressing this population at high risk of overdose is key to saving lives.

3.3 Fairfax County Opioid Task Force Plan Summary

A financial summary of the plan, below, shows how carryover funds are used across five areas in FY 2018 and FY 2019, and outlines baseline adjustments in FY 2019 and FY 2020.

Plan Area	FY 2018 Carryover Funds	FY 2019 Police temporarily use South County positions	FY 2019 Carryover Funds	FY 2019 Recurring/ Baseline	FY 2020 Recurring/ Baseline
Education & Awareness	$272,000	$0	$250,000	$100,000	$0
Drug Storage, Disposal, & Monitoring	$100,000	$243,020	$0	$0	$243,020
Treatment	$900,000	$0	$1,624,040	$1,100,000	$2,001,780
Enforcement & Criminal Justice	$35,318	$491,761	$7,064	$0	$447,225
Data & Monitoring	$404,000	$0	$0	$269,000	$0
GRAND TOTAL	**$1,711,318**	**$734,781**	**$1,881,104**	**$1,469,000**	**$2,692,025**
Use of $3.6M Carryover Funds:	$1,711,318		$1,881,104		
Annual Recurring / Baseline Adjustments:				$1,469,000	$2,692,025
Total Recurring / Baseline Adjustments:					$4,161,025

3.4 Fairfax County Opioid Task Force Full Plan

The full plan appears throughout the rest of this section of the report. Two parts of the Treatment section have sub-plans and budgets: the Substance Abuse Prevention Pilot Proposal is in Section 5, and the Coordinated Overdose and Emergency Department Strategy Proposal is in Section 6.

[25] National Institutes of Health, National Institute on Drug Abuse at https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/what-federal-government-doing-to-combat-opioid-abuse-epidemic

Goal: Reduce deaths from opioids through prevention, treatment, and harm reduction

Current Activities: Education & Awareness for the General Public

Websites

- Virginia has set up www.VaAware.com, a resource for consumers, health professionals, and law enforcement with information related to Virginia's opioid addiction public health emergency and the state's response.
- The Community Services Board (CSB) developed a webpage on heroin and opioids in Fairfax County at https://www.fairfaxcounty.gov/community-services-board/heroin-opioids.
- CSB posted a task force-developed document titled *What to do When a Loved One Overdoses* at https://www.fairfaxcounty.gov/community-services-board/heroin-opioids/overdose-what-to-do.

Public Service Announcements and Videos

- CSB recently released a video public service announcement (PSA) at https://www.youtube.com/watch?v=9yRssdOqboQ&feature=youtube on recognizing the warning signs of opioid use disorder and accessing help. The Office of Public Affairs (OPA) has been helping publicize the PSA. Communications staff plan to increase video presence with a series of videos that address various aspects of the crisis and to target multiple audiences/ages.
- The CSB is developing a messaging campaign based on SAMHSA's *Talk. They Hear You.* app, focused on supporting parents in having difficult conversations with their kids.
- The Fairfax County Police Department's (FCPD) Organized Crime and Intelligence Bureau (OCIB) Narcotics Division in conjunction with CSB, Fairfax County Public Schools (FCPS), and community members, created an educational video. FCPD/OCIB made numerous recommendations for possible interviews for the documentary through the partnerships created in combatting the heroin epidemic. All recommendations were filmed.

Community Meetings and Presentations

- CSB, the Chris Atwood Foundation, Shelly Young (e.g., Family Education & Support Meetings), and others have hosted multiple meetings and events.
- CSB developed and posted a standard slide presentation at https://www.fairfaxcounty.gov/community-services-board/heroin-opioids/more. It provides basic information on the epidemic and how to access help.
- FCPD/OCIB continues to take a strong role in public awareness. Presentations calendar year 2017 included FCPS high school criminal justice classes, Boy Scouts, and Girl Scouts.
- FCPD/OCIB also partners with the Chris Atwood Foundation and have presented approximately 20 times together.
- FCPD/OCIB initiated and participated in a Thriving Family Summit consisting of five mega churches held at the Centreville Presbyterian Church in Fairfax County, bringing awareness to and reducing stigma associated with the epidemic. Another Thriving Family Summit is being scheduled for 2018.
- FCPD/OCIB have participated in town-hall style lectures in cooperation with members of the Fairfax County Board of Supervisors and have had similar panel discussions with the Attorney General's Office and CSB at Citizen Advisory Committee meetings throughout the county to raise awareness and reduce the stigma associated with the epidemic.

Youth

- The Department of Neighborhood and Community Services (NCS) has adapted materials used in its *Towards No Drug Abuse* program, implemented at Paul VI High School and many community-based locations.
- Fairfax County Public Schools (FCPS)
    - FCPD/OCIB instructed the School Resource Officers (SRO) on the dangers of opiate use among teens at their annual training prior to the start of school. The SROs were also instructed on requesting FCPD/OCIB canines for school searches.
    - FCPS provides a three-day Alcohol, Tobacco, and Other Drug (ATOD) Seminar for high school-aged students.
    - FCPS provides in-school ATOD interventions for elementary and middle school students.
    - FCPS provides ATOD educational presentations to parents, school staff, and community organizations upon request.
    - FCPS provides ATOD curriculum and instruction to students in grades kindergarten to 10th grade through physical education and health classes. A new video component has been developed that will be integrated into the FCPS drug prevention curriculum beginning in fall 2017. Parent companion videos will be shared with parents.
    - FCPS school psychologists and school social workers have been trained in motivational interviewing and refer students to the CSB when needed.

Other

- FCPD/OCIB drafted an article concerning the opiate crisis in Fairfax County and across the U.S. for the *Association of Anti-Money Laundering Specialists* quarterly magazine. It was printed and went out in the June-August 2017 edition.
- There is ongoing work to explore possibilities for implementing additional evidence-based prevention programs to combat opioid abuse.

Plan: Education & Awareness for the General Public

Objectives

- Increase awareness of substance use disorder, treatment, and recovery
- Reduce the stigma of and increase help-seeking behaviors for substance use disorder

Year 1: Education & Awareness for the General Public

Activity	Responsible	Cost to Carryover	Evaluation
1. Develop a speaker's bureau. Content should include messaging about substance use disorder as a disease, naloxone use, medication disposal, signs of substance use disorder, signs of overdose, and access to treatment. Coordinate presentations and scheduling to maximize coverage. (By March 2018)	Community Services Board	$0	Number of events (estimated 30 events/year) Number of people reached (estimated 1,000 people/year)
2. Add the newly released Prescription Drug Abuse Prevention module to ongoing implementation of the Life Skills Training program, which is implemented in school and community settings through the CSB and Neighborhood and Community Services. (By April 2018)	Community Services Board & Neighborhood and Community Services	$2,000	Number of youth served (estimated 250 youth served/ year)
3. Review the CSB website and identify additional information/resources to be included, and ways to enhance site visibility. Consider a "request a speaker" function, relevant data sources and reports, and a calendar of upcoming events. (By June 2018)	Community Services Board & Office of Public Affairs	$0	Number of website visitors (estimated 10,000 unique visitors annually)
4. Develop a strong pubic communications campaign with county partners providing common messages to the community. The communications campaign will include PSA and content development, media and social media buys/placement, establishing a media partner, and translation services. Materials can address five broad topics: the opioid issue in general, prevention, warning signs, getting help, and recovery. Messages should be targeted to specific audiences and sub-audiences, including people with substance use disorder, families, patients, youth (including students in schools and universities), faith, businesses, first responders, ethnic communities, and youth service providers/educators. Develop and implement a dissemination plan. (By June 2018)	Office of Public Affairs & Opioid Task Force Education and Awareness Committee	$250,000	Population reached through campaign based on chosen media Number of calls to CSB's entry and referral unit
5. Regularly distribute to the Board of Supervisors, School Board, and other leaders, updated data and talking points on key opioid messages. (Ongoing)	Office of Public Affairs	$0	N/A

Activity	Responsible	Cost to Carryover	Evaluation
6. Present to parents, students, and other community stakeholders on teen use of drugs and alcohol, including data from the Youth Survey. Include panel discussions when feasible. (Ongoing)	Fairfax County Public Schools & Neighborhood and Community Services	$0	Number of people attending presentations (estimated 2,500 people reached/ year)
7. Re-establish a community anti-drug coalition to implement awareness campaigns, advocate for policy, and coordinate environmental drug prevention strategies. In year 1, release the request for proposals, or RFP. (By April 2018)	Community Services Board	$0	Coalition established

Year 2: Education & Awareness for the General Public

Activity	Responsible	Cost to Carryover	Evaluation
1. Continued implementation of the public communication campaign.	Office of Public Affairs & Opioid Task Force Education and Awareness Committee	$250,000	Population reached through campaign based on chosen media Number of calls to CSB's entry and referral unit
2. Award a contract for a community anti-drug coalition to implement awareness campaigns, advocate for policy, and coordinate environmental drug prevention strategies.	Community Services Board	$0	Coalition established

Continue ongoing activities from Year 1 in Year 2.

Additions to Baseline: Education & Awareness for the General Public

Activity	Responsible	Cost
1. Support the community anti-drug coalition to implement awareness campaigns, advocate for policy, and coordinate environmental drug prevention strategies.	Community Services Board	$100,000 beginning in FY 2019

Goal: Reduce deaths from opioids through prevention, treatment, and harm reduction

Current Activities: Education & Awareness for Providers

Virginia Prescription Monitoring Program (PMP)

- The Board of Medicine Regulations on Opioid Prescribing took effect in March 2017, and initial PMP data indicates a decline in schedule II (opioid) prescriptions. The regulations provide evidence-based guidance on the proper prescribing for acute and chronic pain, with the goal of reining in overprescribing by practitioners and decreasing the number of patients who abuse or develop opioid use disorder.

Provider Awareness and Reporting

- The Board of Medicine offers Continuing Medical Education for providers regarding proper prescribing, substance use disorder, and treatment.
- As a result of the significant impact of opioid use disorder on neonates, the 2017 Virginia General Assembly passed House Bill 1467 requiring the State Board of Health to add Neonatal Abstinence Syndrome (NAS) to the list of conditions that must be reported to the health department. The requirement went into effect on November 27, 2017. Physicians and directors of medical care facilities must report when a newborn has been diagnosed with NAS in a Virginia facility. Reports must be submitted within one month of diagnosis using a web-based portal.

Plan: Education & Awareness for Providers

Objectives

- Promote the use of the prescription monitoring program (PMP), which gives health care providers information to improve patient safety and prevent abuse
- Increase adherence to opioid prescribing guidelines to reduce exposure to opioids, prevent abuse, and stop opioid use disorder

Year 1: Education & Awareness for Providers

Activity	Responsible	Cost to Carryover	Evaluation
1. Convene an advisory group comprising of representatives from the Medical Society, Dental Society, Veterinary Association, and Society of Pharmacists, to identify and find solutions to challenges that do not promote the use of the PMP or adherence to opioid prescribing guidelines intended to reduce exposure to opioids, and prevent abuse and opioid use disorder. (By May 2018)	Health Department	$0	Establishment of advisory group (estimated 7-10 representatives)
2. Facilitate two community provider educational summits to share best practices and address provider identified challenges related to the PMP and other federal or state opioid prescribing guidelines. (By December 2018)	Health Department	$20,000 (includes CME certification)	Number of providers reached (estimated at 300 total)
3. Keep abreast of CDC and the Virginia Department of Health guidelines and updates about prescribing opioids in order to provide support and inform messaging to the prescribing community. (Ongoing)	Health Department	$0	N/A

Year 2: Education & Awareness for Providers

Continue engagement at no cost to carryover.

Additions to Baseline: Education & Awareness for Providers

None

Goal: Reduce deaths from opioids through prevention, treatment, and harm reduction

Current Activities: Drug Storage, Disposal, & Monitoring

Drug Take Back Events

- Permanent drug take back/drop box locations: Walgreens Pharmacy (Annandale), Walgreens Pharmacy (Alexandria), U.S. Army Andrew Rader Health Clinic (Ft. Meyer).
- Semi-annual Drug Enforcement Agency (DEA) take back events are coordinated by the Police Department, Community Services Board (CSB), Department of Neighborhood and Community Services, and the Office of Public Private Partnerships in April and October only.
- A 24/7 drug take back pilot at West Springfield Police Station began on October 28, 2017.

Drug Storage and Disposal Information

- The Health Department produced a video on the proper disposal of prescription medication at https://www.youtube.com/watch?v=OIx_PRzT7Ks.
- Information on drug storage and disposal is on the CSB and Health Department (HD) websites.
- The DEA website shows where drug take back locations are by zip code at https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1.
- The CSB and HD distribute free disposal bags (the Virginia Department of Health currently provides bags upon request).

Plan: Drug Storage, Disposal, & Monitoring

Objective

- Increase opportunities for community members to participate in proper disposal of prescription drugs

Year 1: Drug Storage, Disposal, & Monitoring

Activity	Responsible	Cost to Carryover	Evaluation
1. Establish partnerships with private sector pharmacies (e.g., CVS, Walgreens) for year-round drug take back. (By June 2018)	Health Department	$0	Number of new pharmacies conducting year-round drug take back
2. Establish an ongoing drug take back program at police district stations. (By June 2018)	Police Department	$100,000 (see budget table in this section)	Number of pounds of drugs collected
3. Disseminate information to raise awareness and promote education on safe drug storage and disposal of prescription medications. Promote the use of the DEA website that shows take back facilities. (By June 2018)	Office of Public Affairs and Community Services Board	$0	Number of items distributed

Year 2: Drug Storage, Disposal, & Monitoring

Activity	Responsible	Cost to Carryover	Evaluation
1. Maintain an ongoing drug take back program at police district stations. (2.0 FTE) The two requested positions for the drug take-back boxes will expand the one station pilot to all 8 stations and provide coverage for the 9th station when it opens. Based on the pilot, these two positions will be Property Technicians assigned to the Property and Evidence Section. Their duties will include transport twice a week from each location of the secured/returned drugs. This property will be tracked, logged and securely stored by these property technicians. They will also arrange for Hazmat Disposal and final transport of these drugs to the incineration location.	Police Department	$0 (Police temporarily use South County positions at a cost of $243,020)	Number of pounds of drugs collected
2. Continue message dissemination on safe drug storage and disposal of prescription medications.	Office of Public Affairs	$0	Number of items distributed

Additions to Baseline: Drug Storage, Disposal, & Monitoring

Activity	Responsible	Cost
1. Maintain an ongoing drug take back program at police district stations.	Police Department	$243,020 beginning in FY 2020 (see budget table in this section)

Budget: Fairfax County 24/7 Drug Take Back Program at Police District Stations

Item	Total	Notes
Equipment to expand to 7 more police stations (e.g., drug box, security cameras, installation, HAZMAT disposal)	$100,000	One-time cost
Transport van vehicle replacement cost	$14,020	Annually
HAZMAT disposal fee, packaging materials - per year	$50,000	Annually
Property and Evidence Technicians (2.0 FTE)	$179,000 ($89,500 per FTE)	Annually
Total (Annual Costs Only)	**$243,020**	

Goal: Reduce deaths from opioids through prevention, treatment, and harm reduction

Current Activities: Treatment

Access to Treatment

- Many agencies and organizations link to, refer to, and otherwise promote local treatment providers. The Health Department public health assessment for maternity clients includes Screening, Brief Intervention, and Referral to Treatment (SBIRT). George Mason University is implementing SBIRT and training providers across the region to implement it. Fairfax County Public Schools (FCPS) psychologists, social workers, and Alcohol and Other Drugs (AOD) have been trained in SBIRT as an early intervention before students rise to the level of Community Services Board (CSB) referral.
- There are existing treatment options from the CSB and many community providers.
- Given the carryover allocation by the Board of Supervisors, the CSB is working with contracts to utilize this allocation to serve additional individuals. Per contracts regulations, existing contracts are being utilized for people to receive both detoxification and residential treatment services.

Naloxone

- Naloxone trainings (REVIVE), train-the-trainer, and awareness is conducted by the CSB and Chris Atwood Foundation. Naloxone is distributed for free by the Anger & Domestic Abuse Prevention & Treatment Program (ADAPT) and others.
- The CSB currently offers training in the use of naloxone in all treatment programs to individuals served, family and friends, and community members. Project REVIVE training is also offered at all CSB residential programs which treat individuals with opioid use disorder. Approximately 1,000 people have been trained. For individuals who are not able to afford the cost of naloxone, the CSB has subsidized the cost. Last year, this subsidized cost was $10,000.
- Due to new legislation, the CSB is working with the Virginia Department of Health and the Fairfax County Health Department to enable the CSB to provide naloxone (Narcan) medication at the training, as opposed to providing the prescription. This will eliminate a barrier and may save additional lives.
- Naloxone is provided to Fire and Rescue Department and Police Department Organized Crime and Intelligence Bureau Division personnel.
- A *What to do When a Loved One Overdoses* fact sheet was developed and posted by CSB at https://www.fairfaxcounty.gov/community-services-board/heroin-opioids/overdose-what-to-do.

Peer Support Programs

- The CSB and others offer peer support programs.
- Inova is exploring an emergency department-based peer recovery coach program.
- The Chris Atwood Foundation and other partners host a biweekly family education and support meeting that addresses various topics related to treatment and recovery.
- A safety plan is provided to those who use opioids at CSB treatment and detoxification programs at https://www.fairfaxcounty.gov/community-services-board/heroin-opioids/overdose-safety-plan.

- Due to sustainability concerns, the volunteer call out program has been abandoned by the CSB in favor of a paid peer support specialist program. This is in the planning process and would be a partnership with CSB and Inova. Another private provider has expressed interest as well. Models are being considered.

Plan: Treatment

Objectives

- Increase access to treatment for opioid use disorder, including medication-assisted treatment
- Expand access to naloxone to save lives at the point of overdose

Year 1: Treatment

Activity	Responsible	Cost to Carryover	Evaluation
1. Pilot an updated version of the Substance Abuse Prevention (SAP) program in six pyramids – see Section 5 of the Fairfax County Opioid Task Force Plan: Substance Use Prevention, Intervention, and Treatment. (This activity spans both years)	Fairfax County Public Schools and Community Services Board	$300,000	See Section 5 of the Fairfax County Opioid Task Force Plan
2. Increase the availability of medication-assisted treatment (MAT) for individuals, and place individuals in contract detoxification and residential treatment beds. (This activity spans both years)	Community Services Board	$300,000	Number of people completing MAT Number of people placed in residential treatment beds
3. Establish a coordinated opioid overdose and emergency department (ED) strategy – see Section 6 of the Fairfax County Opioid Task Force Plan. (This activity spans both years)	Community Services Board	$300,000	Number of ED and recovery coaches trained in SBIRT Number of ED patients served
4. Expand access and use of naloxone, a safe antidote to reverse opioid overdose, including during re-entry. (Ongoing)	Community Services Board	$0	Number of people trained to deliver naloxone (estimated 1,000 people per year)
5. Work with George Mason University to train and mentor a cohort of FCPS psychologists and social workers to implement Cannabis Youth Treatment (CYT), a SAMHSA-approved evidence-based program for intervening with youth who show signs of early drug use, with small groups of students within the school setting. (By January 2018)	Fairfax County Public Schools	$0	Number of people trained

Activity	Responsible	Cost to Carryover	Evaluation
6. Explore syringe exchange programs as a harm reduction strategy. (By May 2018)	Health Department	$0	Summary of potential strategies

Year 2: Treatment

Activity	Responsible	Cost to Carryover	Evaluation
1. Pilot an updated version of the Substance Abuse Prevention (SAP) program in six pyramids – see Section 5 of the Fairfax County Opioid Task Force Plan: Substance Use Prevention, Intervention, and Treatment. (This activity spans both years)	Fairfax County Public Schools and Community Services Board	$770,394	See Section 5 of the Fairfax County Opioid Task Force Plan
2. Increase the availability of medication-assisted treatment (MAT) for individuals, and place individuals in contract detoxification and residential treatment beds. (This activity spans both years)	Community Services Board	$0	Number of people completing MAT Number of people placed in residential treatment beds
3. Establish a coordinated opioid overdose and emergency department (ED) strategy – see Section 6 of the Fairfax County Opioid Task Force Plan. (This activity spans both years)	Community Services Board	$853,646	Number of ED and recovery coaches trained in SBIRT Number of ED patients served

Additions to Baseline: Treatment

Activity	Responsible	Cost
1. Continuation of Substance Abuse Prevention (SAP) program.	Fairfax County Public Schools	$770,394 beginning in FY 2020
2. Continuation of MAT and contract detoxification and residential treatment beds.	Community Services Board	$1,477,740 ($1,100,000 in FY 2019 and $377,740 beginning in FY 2020)
3. Continuation of coordinated opioid overdose and emergency department strategy.	Community Services Board	$853,646 beginning in FY 2020

Goal: Reduce deaths from opioids through prevention, treatment, and harm reduction

Current Activities: Enforcement & Criminal Justice

Safety Training

- The Police Department (PD) has developed a basic training on opioids for staff.

Criminal Justice

- Nationwide and statewide trends in law enforcement efforts to stop the heroin epidemic include diversion into treatment in lieu of prosecution when appropriate; aggressive prosecution of dealers and suppliers, especially in cases involving overdose deaths; and partnerships with federal agencies, the prosecutor's office, and community groups to facilitate prevention, education, prosecution, treatment, and enforcement.
- The Fairfax County Police Department's Organized Crime Narcotics Division has partnered with the Attorney General's Office in creating a special Multi-Jurisdictional Grand Jury used to successfully prosecute numerous dealers whose drug distribution has led to a death.
- There has been recent work to establish a drug court in Fairfax County.

Diversion/Referral

- The Police Department's Organized Crime and Intelligence Bureau (FCPD/OCIB) Narcotics Division has conducted two *Operation Save a Life* Operations which attempt to divert high-risk heroin users into a treatment program in lieu of prosecution. Both were regional efforts including most law enforcement agencies in the region.
- Referral to treatment happens through Diversion First.
- The CSB developed materials for police and EMS to carry to refer people to CSB.
- FCPD/OCIB still responds to hospitals on overdose cases, and a packet has been created with material from both CSB and Narcotics Anonymous. They are passed out to the overdose victim. As of mid-calendar year 2017, OCIB had passed out approximately 50 packets.

Plan: Enforcement & Criminal Justice

Objectives

- Standardize training across departments for opioid safety
- Acquire personal protective equipment to protect public safety and other personnel who come into contact with illicitly manufactured fentanyl
- Expand capacity for investigating opioid deaths

Year 1: Enforcement & Criminal Justice

Activity	Responsible	Cost to Carryover	Evaluation
1. Explore efforts to amend VA felony murder statute 18.2-33 to allow for the prosecution of illicit drug dealers whose drug distribution results in deaths. (By June 2018)	Police Department	$0	Amended statute
2. Detail the current scope of the problem and identify employee groups in danger of opioid exposures. (By December 2017)	Opioid Task Force Safety Workgroup	$0	List of employee groups
3. Determine the current practices in use and detail the available personal protective equipment (PPE) that are in use by the County. Research, test, and determine the proper PPE that should be used during an opioid or suspected opioid incident. (By December 2017)	Opioid Task Force Safety Workgroup	$0	Summary of current practices
4. Acquire P-100 rated masks for staff that have direct exposure to fentanyl. (Approximately $8.00/mask for 3,679 firefighters/deputies/ officers, including a 1/5 first year resupply for use for a total of 4,415 masks) (By March 2018)	Police Department Safety Officers	$35,318	Number of masks (estimated at - Police: 1,456 career and 393 volunteer - Fire and Rescue: 1,417 - Sheriff's Office: 413)
5. Develop unified best practices for use by all County agencies, and develop standard operating procedures for consideration by each agency. Determine the preferred process for exposure notification and documentation. (By April 2018)	Opioid Task Force Safety Workgroup	$0	Summary of best practices
6. Compare and develop common messages for training safety officers on the dangers of dealing with opioids in the field (e.g., CSB, FRD, and PD). Develop training for first responders and accidental first responders. (By May 2018)	Opioid Task Force Safety Workgroup	$0	Training created

Year 2: Enforcement & Criminal Justice

Activity	Responsible	Cost to Carryover	Evaluation
1. Police Department Opioid Task Force Members (3.0 FTE) will be responsible for investigating opioid overdose-related deaths. They will identify and arrest drug dealers involved in the distribution of the drugs that resulted in overdose deaths. In addition to investigating opioid deaths, the detectives will also share data points, reports, and actionable intelligence with the Health Department to increase the robustness of epidemiological data informing intervention and education efforts.	Police Department	$0 (Police temporarily use South County positions at a cost of $491,761)	Number of overdose deaths investigated
2. Train first responders and accidental first responders. (By October 2018)	Police Department and other agencies	$0	Number of first responders trained (estimated 3,679 public safety personnel)
3. Replace P-100 masks to account for use (1/5 of first year issue for a multi-agency total of 883 masks). (By March 2019)	Police Department Safety Officers	$7,064	Number of masks

Additions to Baseline: Enforcement & Criminal Justice

Activity	Responsible	Cost
1. Police Task Force positions (3.0 FTE)	Police Department	$440,161 beginning in FY 2020
2. Replace P-100 masks to account for use (1/5 of first year issue for a multi-agency total of 883 masks).	Police Department Safety Officers	$7,064 beginning in FY 2019

Goal: Use data to describe the problem, target interventions, and evaluate effectiveness

Current Activities: Data & Monitoring

Reporting

- The website www.vaaware.com has a frequently-visited page called the *Virginia Opioid Addiction Indicators Dashboard*, which summarizes health outcomes in the state related to opioid addiction and overdose. Users can track trends by location, age group, and year.
- Monthly state reports are disseminated.
- Data is available through state and local agencies, but it is not coordinated:
  - Reports from the Virginia Department of Health
  - EMS reports
  - Emergency department visits
  - Narcan administration
  - Overdose deaths

Plan: Data & Monitoring

Objectives

- Identify data from all County agencies regarding opioids
- Share data across agencies to inform data-driven decision making
- Improve Police Department capacity to investigate overdose deaths through technology

Note: This section of the plan is internal, so evaluation measures will be determined as the activities are implemented.

Year 1: Data & Monitoring

Activity	Responsible	Cost to Carryover
1. Epidemiologist position (1.0 FTE) to gather and analyze data from public safety and health and human services to describe the scope of the problem, target interventions, and evaluate the effectiveness of interventions.	Health Department	$80,000
2. Develop a logic model highlighting the key outputs and outcomes for various strategies and evaluation plans for each. (By January 2018)	Health Department	$0
3. Consider adding additional opioid questions to Fairfax County Public Schools Youth Survey to determine drug usage. (By January 2018)	Health Department & Department of Neighborhood and	$0

Activity	Responsible	Cost to Carryover
	Community Services Prevention Unit	
4. Complete a comprehensive guide to what data points are available across the County regarding opioids and which data points can be shared internally and externally. (By February 2018)	Health Department	$0
5. Connect with Northern Virginia workgroup to ensure consistent epidemiological approach and minimize overlap of data plan. (By February 2018)	Health Department	$0
6. Reallocate a Management Analyst position to coordinate the ongoing work of the Opioid Task Force. This position will coordinate Task Force meetings, resolve barriers to coordination of work, represent Fairfax County in regional and state efforts, and work with the Epidemiologist to regularly review the data and the effectiveness of interventions. (By March 2018)	Office of the Deputy County Executive for Health and Human Services	$0
7. Develop a protocol for other county agencies to provide data to the HD. The HD will be a steward for opioid data, collecting data, analyzing data, and disseminating findings with agencies. (By March 2018)	Health Department	$0
8. Develop a template for a bi-annual report that will compile and describe various opioid data from partner agencies, including trend analysis. This template will include historical and regional (when available) data for comparison and will be shared internally and possibly externally. (By March 2018)	Health Department	$0
9. Use data to highlight high-risk individuals for overdose risk (e.g., by age, gender, race/ethnicity, geography), allowing more focused intervention methodology. (By April 2018)	Health Department	$0
10. Consider adding additional questions to Behavioral Risk Factor Surveillance Survey (BRFSS) related to opiates for 2019 survey. (By June 2018)	Health Department	Cost of additional questions (need approval through VDH)
11. Software and Technology: Cellebrite Premium Site Upgrade (Cell Unlock) This technology is used to unlock phones with the latest security features. Cell phone data is a major tool in heroin investigations as it leads to the dealers who prey on community members with opioid use disorder.	Police Department	$250,000
12. Software and Technology: Cellebrite Link Analysis Tool This is a data aggregator and analysis tool that is fed by cell phone extractions, computer extractions, and call data records. The software handles a large volume of data across a network that allows users to focus investigations with large sets of data. It can help pinpoint	Police Department	$70,000

Activity	Responsible	Cost to Carryover
relationships, identify unknown relationships and suspects, and build timelines, maps, and charts.		
13. Software and Technology: Cellebrite UFED 4PC Kit This is a technology used to extract and examine cellphones pursuant to a search warrant, and an additional license for another detective to become a Cellebrite examiner to help reduce the backlog and speed up the turnaround time for forensic requests.	Police Department	$4,000

Year 2: Data & Monitoring

Continue activities from Year 1.

Additions to Baseline: Data & Monitoring

Activity	Responsible	Cost
1. Epidemiologist position (1.0 FTE)	Health Department	$160,000 beginning in FY 2019
2. Software and Technology: SyncArea SyncArea software is a data mapping tool that pursuant to a search warrant or court order will enable the Police Department to plot cell phone locations.	Police Department	$100,000 beginning in FY 2019
3. Software and Technology: Cellbrite License	Police Department	$9,000 beginning in FY 2019

4 CONTACT INFORMATION

Tisha Deeghan
Deputy County Executive for Health and Human Services
Tisha.Deeghan@fairfaxcounty.gov
703-324-2531

Dave Rohrer
Deputy County Executive for Public Safety
Dave.Rohrer@fairfaxcounty.gov
703-324-4355

Gloria Addo-Ayensu
Director of Health
Fairfax County Health Department
Gloria.Addo-Ayensu@fairfaxcounty.gov
703-246-2479

Robin Wilson
Senior Public Health Analyst
Fairfax County Health Department
Robin.Wilson@fairfaxcounty.gov
703-246-8799

5 SUBSTANCE ABUSE PREVENTION PILOT PROPOSAL (FCPS & CSB)

APPEARS IN THE OPIOID PLAN UNDER "TREATMENT"

Executive Summary

On June 1, 2016, the Successful Children's and Youth Policy Team (SCYPT) responded to a request by Supervisor Herrity to consider the possibility of adding substance abuse prevention (SAP) counselors to the schools, as well as to recommend other prevention and intervention services designed to help address growing concerns about increased substance abuse by teens, especially the abuse of painkillers and heroin. The FBI and DEA have been working closely with Fairfax County Public Schools (FCPS), the Fairfax County Police Department (FCPD), the Community Services Board (CSB), the Fairfax County Board of Supervisors, the Fairfax County School Board, and non-profit groups in response to a growing number of overdoses and deaths from opioid painkillers and heroin. In spring 2017, the Opioid Task Force was established to recommend prevention and treatment strategies to the Board of Supervisors, with an accompanying budget to allow the Board of Supervisors to consider requests for the FY 2019 budget cycle. One of the recommendations the Task Force is considering is the re-establishment of the SAP program in FCPS high schools. This report is a summary of staff findings and recommendations.

A review of information from the prior implementation of the SAP counselor program, which was ended in 2012 due to need for CSB to reorganize resources, revealed that principals who had SAP counselors in their schools felt that they were a valuable addition to the clinical team and essential to early intervention with youth who were beginning to show signs of frequent drug use. The review also demonstrated that there were two critical areas of concern that will need to be addressed with new strategies to overcome identified problems. These included (1) a low rate of treatment completion for youth referred for treatment services outside of school; and (2) conflicts with HIPPA and FERPA confidentiality requirements, which limited CSB employees from sharing information with parents and school officials, and school officials from sharing information with CSB employees. Available information also suggested that primary assignments of the SAP counselors did not always align with data suggesting areas of greatest need.

In addition to prevention and early intervention programming at base schools, the committee discussed the need to increase parent engagement and overcome barriers to treatment for youth with known drug problems, including those who screen positive for a need for treatment at the FCPS Alcohol and Other Drug (AOD) program, or at Juvenile and Domestic Relations District Court (JDRDC) intake.

Based on the review of available data, an overview of best practices in national SAP programs, barriers to treatment identified via past surveys, and input from parents and agency representatives who participated on the committee, the following recommendations are made:

- Field test a revised model of SAP with six (6) certified substance abuse counselors to provide prevention, early intervention, and referral services in five high schools, five middle schools, and two alternative high school campuses, inclusive of all programs at those sites, and to provide prevention services to elementary schools in the related pyramids. Five (5) of these positions would be on a 194-day contract, and one (1) would be on a 218-day contract to allow for follow-up and case management into the summer. Bilingual counselors should be recruited for schools with high Hispanic populations.
- Train existing FCPS AOD teachers to complete screening tools to determine if substance abuse treatment is indicated and allow for additional follow-up and guidance for parents as they work to locate a treatment provider where indicated.
- Extend one (1) AOD contract to 218 days to allow for follow-up and case management of students who were identified as needing services during the final quarter of the school year.

- Hire a part-time licensed clinician as a clinical supervisor for the SAP counselors and AOD teachers to ensure utilization of best practices, short-term early intervention fidelity, and consultation about complex cases.
- Provide two (2) dedicated CSB positions to JDRDC intake to provide services to youth diverted to behavioral health treatment, to attend the AOD seminar parent session to explain access to CSB services and act as a point of contact, and to expand CSB substance abuse treatment services for youth.

It is recommended that the SCYPT endorse the proposed action plan and a $770,394 budget request to implement strategies to provide prevention, early identification, and accessible treatment options.

Overview of Existing Services

Information and Interventions Available to All Students

Counseling and Health Lessons

All students in Fairfax County Public Schools receive instruction about the impact of drugs on the brain, and how that may impact emotions, reasoning, and the ability to learn and remember information. Early in elementary grades, students learn that medicines are both helpful and dangerous, and should only be taken when given by a parent or other caretaker. The concept of prescription drugs which can only be taken as directed by a doctor in very specific doses is introduced. At the same time, students learn, as part of the lessons on the Student Rights and Responsibilities (SR&R), that any medicine needed at school should be brought to the school health room to be sure the student gets the medicine at the right time and that no one takes it accidentally. In the middle elementary grades, health lessons include information about the dangers of drinking alcohol when you are not grown up, and the dangers of smoking cigarettes or taking anyone else's medications. By late elementary and through tenth grade, students are given progressively more information about the impact of drugs, including illegal drugs and inhalants, on the brain and relationships with others. They also participate in more in-depth discussions about peer pressure and problem solving. In high school, the discussions include physical and psychological addiction, and use of steroids, painkillers, LSD, heroin, and methamphetamines. Messages about underage drinking and drunk driving, including information about the loss of driver's license as a consequence, are integrated into various wellness week activities and provided through assemblies and student-led activities. In eleventh and twelfth grades student participate in activities related to laws and science surrounding drug use in the United States. In addition, throughout the year, schools hold assemblies, wellness weeks, and other activities to reinforce healthy life choices, including information about drugs and alcohol.

Mental Wellness Support

All middle and high schools have school counselors, school psychologists, and school social workers who regularly work with students on relationship issues, interpersonal conflicts, anxiety, depression, and eating disorders. While these professionals do not have specific expertise in providing substance abuse treatment, they do provide mental health supports and interventions which can be important in addressing underlying social or emotional issues which might lead to some youth to attempt to "self-medicate." School psychologists and school social workers have participated in two days of professional development to learn to identify signs of substance use and strategies for engaging parents and youth in understanding the need for treatment, and to increase their ability to work in collaboration with CSB and other substance use treatment providers.

FCPS Alcohol and Other Drug Seminars

The one-day Tobacco seminar and three-day Alcohol and Other Drug seminar were developed as interventions for youth found to be under the influence, in possession of, or using drugs on school grounds or school-related activities. Youth may also be recommended by police, courts, parents, teachers, or counselors who are concerned about behavior patterns that suggest possible drug use. These seminars offer targeted small-group instruction designed around self-assessment of current patterns of use. These seminars include a parent night,

where parents learn more about the signs of drug use, slang, and common methods used to hide or disguise drugs, as well as community resources for more intensive interventions. Middle and elementary students about whom there have been concerns about possible drug usage are seen in one-to-one sessions by the ATOD seminar teachers to increase understanding and to identify need for additional resources. Parents of these younger students attend the evening parent workshop that is part of the seminar.

Community Engagement

FCPS, Neighborhood and Community Services (NCS), JDRDC, and the CSB work individually and together with police, the national Drug Enforcement Agency, colleges, and local non-profit groups to expand messages about the dangers of underage drinking and substance use into the larger community. A number of town hall meetings, with representatives from the Fairfax County Board of Supervisors, the Fairfax County School Board, CSB, FCPS, Drug Enforcement Agency (DEA), the police, the Chris Atwood Foundation, as well as recovering substance users, have been held to raise awareness about opioid use and the related heroin overdose epidemic. The United Prevention Coalition (UPC) has been active in Fairfax for over a decade, providing a range of activities and a website with extensive, understandable information for parents and concerned members of the community. They sponsor a series of presentations for parents, typically held at local high schools including: Saturday Night in the Suburbs, Parents Reaching Out to Educate Communities Together (PROTECT) Against Substance Abuse; and the Perils of College Age Drinking Forum. These types of parent presentations can be scheduled by interested parents, PTA and/or PTSA, or school administrators. UPC, in partnership with FCPS and others, conduct several communication campaigns each year, including Parents Who Host Lose the Most; Prescription and Opiate Drug Abuse Prevention Campaign; and Project Sticker Shock. UPC also has an active Youth Council that develops and implements a variety of youth to youth campaigns to prevent drug use.

Neighborhood and Community Services provides evidence-based drug prevention programming to the middle school afterschool programs, as well as at recreation centers and teen centers. FCPS and CSB partner to provide evidence-based programs within the schools to selected groups of students who are identified as potentially at risk due to life circumstances. These programs, which include Girls Circle and Boys Council, Life Skills, LS Transitions and Too Good for Drugs for youth are complemented by parenting programs offered in the community, Raising Safe Kids and Nurturing Parenting program. NCS also developed a webpage of activities and materials related to the Youth Survey and teen substance abuse to be used by faith youth group, scout, or community group leaders.

FCPS' Office of Student Safety and Wellness offers drug and alcohol prevention presentations to classes, grade levels, whole school, staff members, parents, and community groups. In FY 2016, they responded to 164 requests from schools for parent or teacher presentations and 44 requests by community organizations.

Interventions Available at Selected Schools

Additional interventions for youth who present with possible substance use issues are available at the following high schools, supplemented by community resources when treatment for substance use disorder is needed.

Cedar Lane	CSB	Mental Health/Substance Use	10 hours/week
Quander Road	CSB	Mental Health/Substance Use	10 hours/week
West Potomac HS	VTSS grant	Mental Health/Substance Use	15+ hours/week
South Lakes HS	VTSS grant	Mental Health/Substance Use	15+ hours/week
Centreville HS	VTSS grant	Mental Health/Substance Use	15+ hours/week
Falls Church HS	VTSS grant	Mental Health/Substance Use	15+ hours/week
Fairfax HS	VTSS grant	Mental Health/Substance Use	15+ hours/week

Through the Systems of Care (SOC) office, the Short-Term Behavioral Health (STBH) project facilitates placement of youth in need whose families meet certain financial conditions, with private mental health providers for short-term treatment. One of the recommendations of this report is to increase the number of providers participating in the program who can provide treatment for substance use. Currently, the Short-Term Behavioral Health Project is available to youth attending the following schools:

Annandale HS	Edison HS	Hayfield SS	Herndon
Lake Braddock SS	Lee HS	Mt. Vernon HS	Robinson SS
South County HS	Stuart HS	Woodson HS	Bryant AHS
Mountain View AHS	Herndon MS	Key MS	

Substance Use Services Available Through the Community Services Board and Community Providers

The Community Services Board provides a number service options to treat the range of levels of substance abuse present in Fairfax County. These include a 12-week, two nights per week, psychoeducational program for youth referred by the schools, by parents, and by JDRDC; outpatient therapy; intensive outpatient therapy (multiple times per week); intensive day treatment (full day, including FCPS academic classes); and emergency services. CSB also provides same day, walk-in access to assessment and referral services at its Merrifield site.

Non-profit and other private providers in the area were also identified by CSB, with information about insurance coverage and other details. This information is provided as part of CSB call and referral service, and is attached in Appendix B.

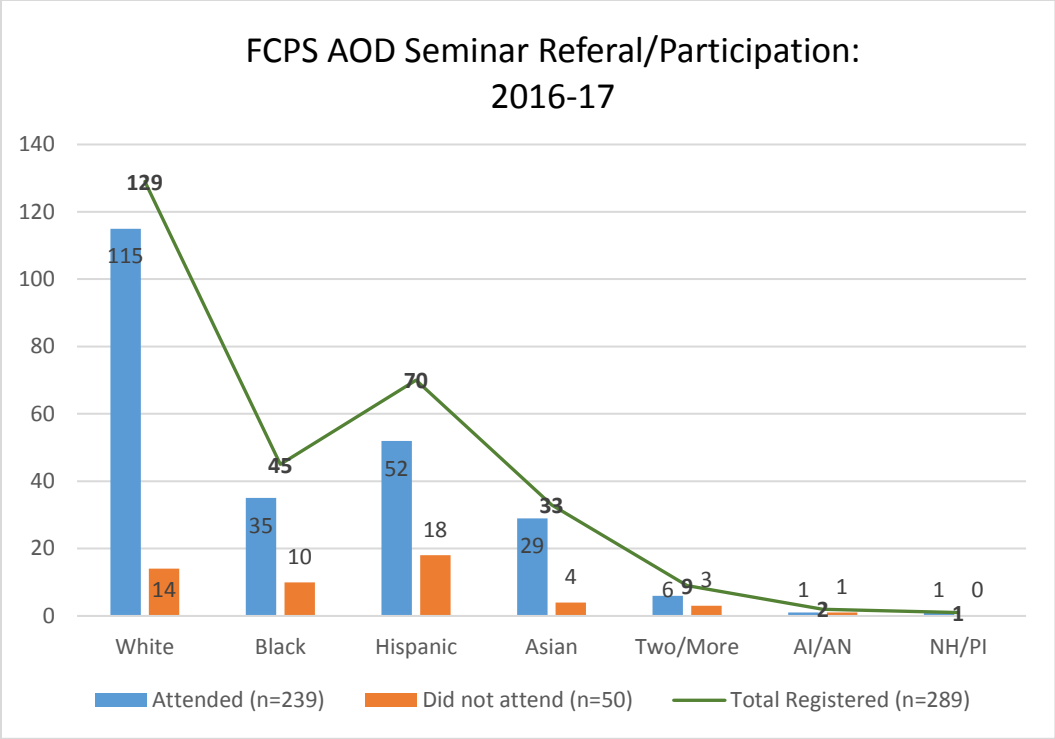
Data Considered in Recommendations

The committee reviewed data from multiple sources, as well as an overview of best practices in use of substance abuse prevention (SAP) counselors in schools. It looked at historical data from the SAP program which was discontinued in FY 2012; utilization and recidivism data from the FCPS AOD seminar program; data from JDRDC intake and diversion; Youth Survey data disaggregated by school and subgroups; and school discipline data related to substance use. Highlights of this data review are listed below.

- **Discontinued CSB/FCPS SAP Program**
  - The decision to close the CSB/FCPS SAP program was made in FY 2012 as a part of a budget cut and service re-design. At the time, 12 CSB staff members were providing SAP services to individual high schools, some middle schools, and rotating to conduct screenings at AOD seminars.
  - The committee considered data collected as part of an internal evaluation in FY 2011 of the SAP program in the schools. This data clearly indicated that although a large number of screenings were conducted, only a small percentage of those referred to treatment end up going to or completing treatment.

	FY 2011
Total SAP Referrals	1337
Total SAP Assessments	463
Total # of Youth Needing Treatment	318
Total # of Youth Entering Treatment	152
Total # of Youth Completing Treatment	24

- **FCPS AOD Seminars**
  - Historical information about the AOD seminar demonstrated some disparities in utilization of the seminar by different ethnic groups after referral. A comparison shows that 88-90% percent of Asian and White students who were referred to the seminar attended as expected; 78% percent of Black students attended; and 75% percent of Hispanic students attended. Earlier attempts to reduce disparities in racial and ethnic group utilization of the seminar, including opening a seminar in South County and providing transportation when needed, have been effective in reducing, but not eliminating, these differences.



- Review of records of students who attended the AOD seminar in 2014-15 reveals that less than 1 percent of them had a second drug-related offense in school. Surveys completed by youth and parents indicated that they felt the information obtained during the seminar was useful.
- Review of CSB records from 2011-12 indicated that only 5 percent of youth screened by CSB at the AOD seminar and identified as needing treatment completed the recommended treatment.
- **A two-year data snapshot of data from the seminar indicated that over 250 youth attend each year. The committee recognized that this is an opportunity, in addition to the SAP prevention work, to engage families in obtaining treatment early, before more entrenched addictive patterns were established. However, the committee also recognized a need to ensure that more effective strategies were used to increase the number of referred youth who began and completed recommended treatment.**

- **JDRDC Intake and Diversion**
  - JDRDC has been actively working for the last several years to improve and expand the process of identifying youth who can safely be diverted from deeper contact with the court system. Recent efforts have included increased screening to determine which youth require mental health or drug treatment services, and which may benefit from other diversion options, including restorative justice. As part of this effort, individuals from the police, the courts, and JDRDC participated in year-long Diversion Institute to learn about best practices from across the country, and to develop, with technical support, a more effective means to screen youth who had complaints filed at juvenile intake. This team continues to work together to pilot new strategies to identify which diversion strategy might be most effective for a specific youth and family and ways to increase parent engagement in implementation of the recommended diversion plan, and to monitor data to assess the impact of these diversion decisions. A recent strategy, for example, has been to have parents sign a release for JDRDC to speak to the CSB or other identified provider when the diversion plan is signed. This enables JDRDC intake to follow up after a week and call CSB to determine if the youth has enrolled in treatment, and if not, to call parents to

encourage them to do so. However, JDRDC staff members on the committee indicated that they have limited capacity to follow-up multiple times with a single family, especially if the youth was not part of the monitored diversion program.

- Data from the Diversion Project (below) indicated that there were 69 youth identified between August 2015 and August 2016 who had mental health and/or substance use issues who were at moderate to high risk of reoffending. An additional 135 were identified with mental health and/or substance use issues, but were judged to be at low risk for reoffending.

- **The data indicate 204 youth were identified by JDRDC as needing services, but reports from CSB indicated that many of these youth did not follow through and begin or complete treatment. The committee felt this represented another opportunity for intervention and treatment, if effective strategies could be identified to engage parents and overcome barriers to accessing and completing treatment.**
    - 1254 Total Pilot Intakes
    - 481 Intakes Eligible for Diversion
    - 204 (42%) had at least mental health or substance abuse issues indicated as risk factors

  Diversion decisions for the 52 youth that had <u>both mental health and substance abuse issues</u> indicated:

  24 Low Risk | ***28 Moderate/High Risk***

    - 21 Informal Counseling w/Referral
    - 11 Diversion Hearing
    - 11 Monitored Diversion
    - 4 Informal Counseling
    - 1 Resolved
    - 4 Blank

  Diversion decisions for the 105 youth who <u>solely had mental health</u> indicated:

  79 Low Risk | ***26 Moderate/High Risk***

    - 53 Informal Counseling w/Referral
    - 22 Informal Counseling
    - 19 Monitored Diversion
    - 6 Diversion Hearing
    - 2 Resolved
    - 3 Blank

  Diversion decisions for the 47 youth who <u>solely had substance abuse</u> indicated:

  31 Low Risk | ***15 Moderate/High Risk*** | *1 Missing*

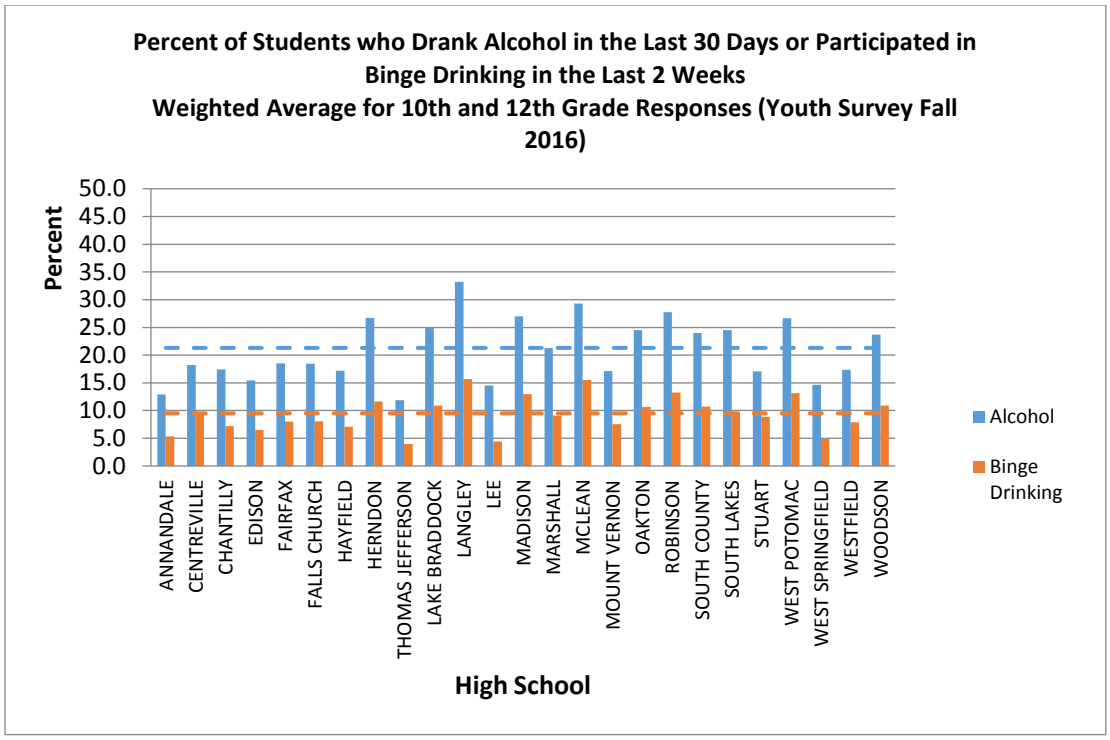
    - 26 Informal Counseling w/Referral
    - 8 Monitored Diversion
    - 6 Diversion Hearing
    - 3 Informal Counseling
    - 1 Resolved
    - 3 Blank

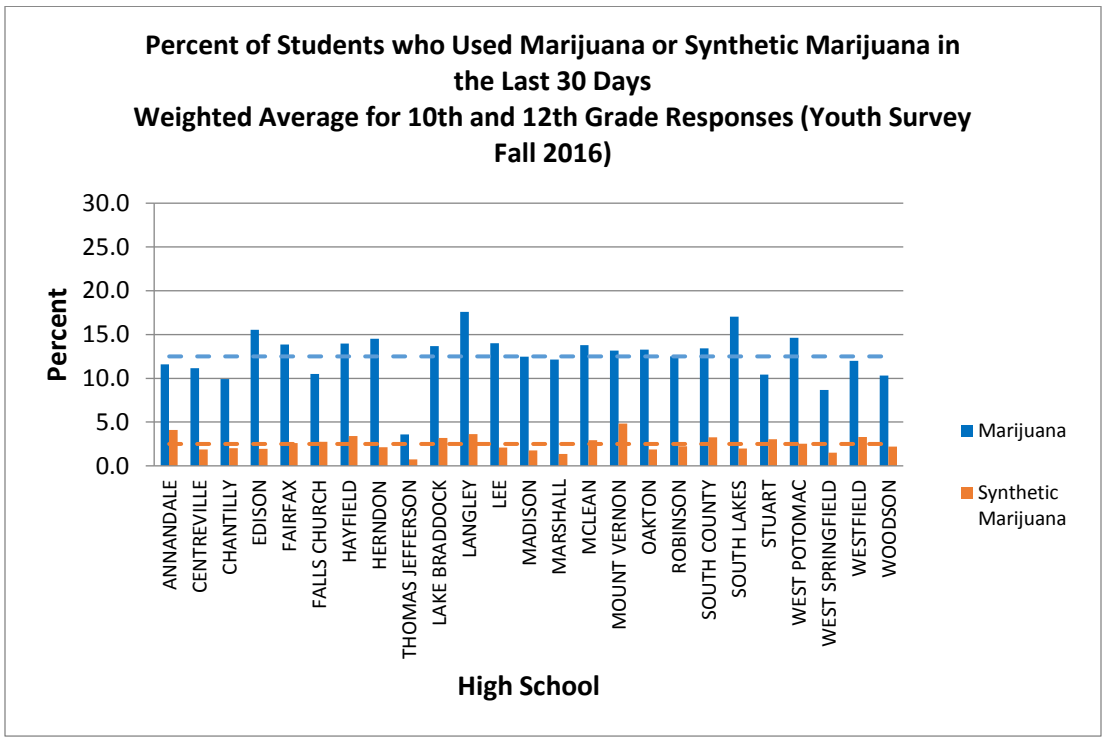
- **Youth Survey**

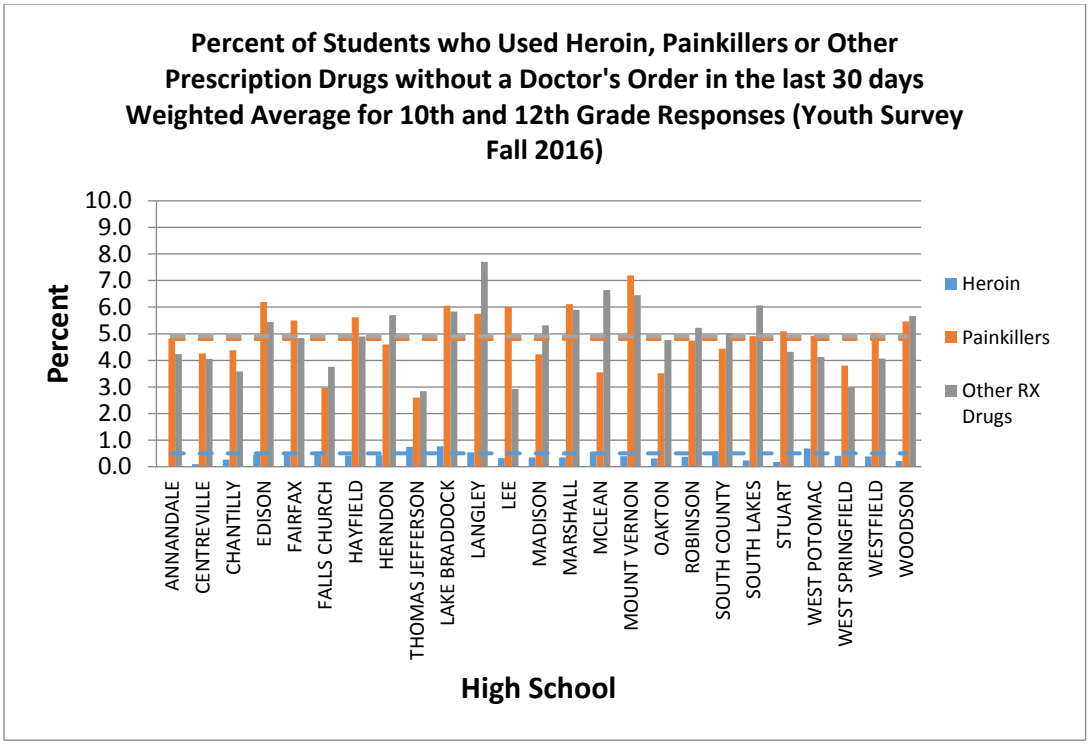
- Key substance use findings from the Youth Survey (see pages 17-76) indicate that Fairfax youth are reporting the lowest rates of use of cigarettes, alcohol, and marijuana in the last five years, and that Fairfax is below national averages in use of these substances. Alarmingly, despite the declining trends in use of these substances, Fairfax youth self-report higher than national rates in use of LSD, cocaine, methamphetamines, and heroin.

  Note: There were approximately 32,000 valid responses included in the survey to questions about drugs and alcohol. One percent of these respondents would equal approximately 320 youth. Figures in parentheses after each substance represent overall rate of self-reported use in the last month, followed by approximate number of youth represented by that percentage.

- Mean first age reported use of cigarettes was 13.5 years, marijuana was13.8 years, and alcohol was 14.6 years, with reported age when youth started using of substances once or twice a month being 15.2 years.
  - Males and females start use of these drugs at the same age
  - White youth begin using these substances six months to a year later than peers in other groups
- Alcohol (15.2% or 4,938 youth) (Fairfax continues below national average)
  - Overall rates of alcohol use (lifetime, last month and binge drinking) are the lowest in five years
  - Females (16.6%) have a higher rate of alcohol use than males (13.8%)
  - White (20.7%) and youth who identify as Other/multiple races (17.1%) have higher rate of use than Hispanic (14.7%), Black (10.3%) and Asian (7.4%) youth
- Marijuana (8.9% or 2,892 youth) (Fairfax below national average)
  - Overall rates of marijuana use are the lowest in five years, continuing a declining trend from 11% in 2012 to 8.9% in 2015
  - Males (9.6%) have a higher rate of marijuana use than females (8.3%)
  - White (10.3%), Black (10.5%), Hispanic (9.8%) and youth of other/multiple races (10.9%) report relatively equal rates of use. Asian (4.1%) youth report significantly lower rates.
- Painkillers without prescription (4.6% or 1,494 youth) (No US comparison)
  - A higher percentage (4.0%) of eighth-grade youth reported using painkillers in the past month than any other substance investigated, followed by alcohol (3.3%), and then e-cigarettes (2.6%)
  - The percentage of eighth grade youth reporting use has fluctuated between 2.3% (2013) and 4.2% (2014) over the past five years
  - The percentage of tenth (4.6%) and twelfth (5.1%) grade youth reporting non-medical use of painkillers has declined from a high slightly over the last five years
  - Usage is similar in White (4.8%), Hispanic (5.0%), Black (4.8%) and other/multiple (5.4%) and higher than among Asian (3.2%) youth.
- LSD (1.7% or 552 youth), Cocaine (.9% or 292 youth), Methamphetamines (0.4% or 129 youth), Heroin (0.4% or 129 youth) Heroin use in the last month is twice the national average.
  - The proportion of females to males using these drugs has increased over time. 0.3% of females report using Heroin, as compared to 0.4% of males.
  - Some variability is seen by race, though numbers are small, so percentages should be interpreted with caution.
    - LSD: White 2.0%, Black 1.2%, Hispanic 2.0%, Asian .9%, other 1.6%
    - Cocaine: White .9%, black .7%, Hispanic 1.2%, Asian .6%, other .8%
    - Methamphetamines: White 0.4%, Black 0.4%, Hispanic 0.7%, Asian 0.4%, other 0.6%
    - Heroin: White 0.3%, Black 0.5%, Hispanic 0.5%, Asian 0.3%, other 0.3%


Percent of Students who Drank Alcohol in the Last 30 Days or Participated in Binge Drinking in the Last 2 Weeks
Weighted Average for 10th and 12th Grade Responses (Youth Survey Fall 2016)
Percent
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
ANNANDALE
CENTREVILLE
CHANTILLY
EDISON
FAIRFAX
FALLS CHURCH
HAYFIELD
HERNDON
THOMAS JEFFERSON
LAKE BRADDOCK
LANGLEY
LEE
MADISON
MARSHALL
MCLEAN
MOUNT VERNON
OAKTON
ROBINSON
SOUTH COUNTY
SOUTH LAKES
STUART
WEST POTOMAC
WEST SPRINGFIELD
WESTFIELD
WOODSON
High School
Alcohol
Binge Drinking


Percent of Students who Used Marijuana or Synthetic Marijuana in the Last 30 Days
Weighted Average for 10th and 12th Grade Responses (Youth Survey Fall 2016)
Percent
30.0
25.0
20.0
15.0
10.0
5.0
0.0
ANNANDALE
CENTREVILLE
CHANTILLY
EDISON
FAIRFAX
FALLS CHURCH
HAYFIELD
HERNDON
THOMAS JEFFERSON
LAKE BRADDOCK
LANGLEY
LEE
MADISON
MARSHALL
MCLEAN
MOUNT VERNON
OAKTON
ROBINSON
SOUTH COUNTY
SOUTH LAKES
STUART
WEST POTOMAC
WEST SPRINGFIELD
WESTFIELD
WOODSON
High School
Marijuana
Synthetic Marijuana



Based on information from the Youth Survey, with weighting given to schools reporting above county averages on non-medical use of prescription drugs or heroin, five high schools, with associated middle schools, and two alternative high schools will be selected to be included in the field study, if funding for the SAP program is allocated. See detailed plan below.

Recommendations

Based on the review of available data, an overview of best practices in national SAP programs, barriers to treatment identified via past surveys, and input from parents and agency representatives who participated on the committee, the following recommendations are made:

- Field test a revised model of SAP with six (6) certified substance abuse counselors to provide prevention, early intervention, and referral services in five high schools, five middle schools, and two alternative high school campuses, inclusive of all programs at those sites, and to provide prevention services to elementary schools in the related pyramids. Five (5) of these positions would be on a 194-day contract, and one (1) would be on a 218-day contract to allow for follow-up and case management into the summer. Bilingual counselors should be recruited for schools with high Hispanic populations.
- Train existing FCPS AOD teachers to complete screening tools to determine if substance abuse treatment is indicated and allow for additional follow-up and guidance for parents as they work to locate a treatment provider where indicated.
- Extend one (1) AOD contract to 218 days to allow for follow-up and case management of students who were identified as needing services during the final quarter of the school year.
- Hire a part-time licensed clinician as a clinical supervisor for the SAP counselors and AOD teachers to ensure utilization of best practices, short-term early intervention fidelity, and consultation about complex cases.
- Provide two (2) dedicated CSB positions to provide services to youth diverted to behavioral health treatment, services at JDRDC intake, attend the AOD seminar parent session to explain access

to CSB services and act as a point of contact, and expand CSB substance abuse services to youth.

Connections

- Data from the CSB indicates that currently only a small percentage of the youth who report regular use of drugs and alcohol are receiving treatment. This appears to be related to a number of issues, including less emphasis on mandatory consequences of school or community drug violations resulting in fewer youth "mandated" to attend treatment. Other factors discussed include changing attitudes towards drug usage due to legalization efforts across the country, changing demographics in the county, with related difficulty with stigma, language barriers, financial barriers, and transportation.
    - These barriers to treatment were hypothesized by county, school, and community partners who participated on the committee. Careful collection of information from families who participate in the programs being proposed will either confirm these hypotheses, or provide insight into additional barriers families may experience.
    - The recommendations include tracking specific indicators and interviewing parents and youth to identify and overcome barriers. By hiring SAP counselors and the clinical supervisor as FCPS employees, as well as expanding the skill of FCPS AOD teachers to screen and refer youth for treatment, school resources such as parent liaisons and school social workers can be part of the team working to build trust and overcome some areas of resistance or barriers to treatment.
    - Similarly, by dedicating a CSB clinician to work with youth referred by JDRDC intake or courts, and asking parents at the time the diversion is discussed to sign a release for intake specialists to speak with CSB, the goal is to reduce wait times and enable the CSB worker to help with case coordination to ensure the youth actually attends the recommended treatment.
- This proposal aligns with the recommendations of the Opioid Task Force, which seeks to increase prevention activities targeted at preventing early drug use associated and intervene at the earliest opportunity with youth who are engaging in non-medical use of prescription pain killers. On the Youth Survey, 1,494 youth in grade 8, 10, 12 reported the non-medical use of prescription painkillers.
- This proposal is closely aligned with work already in process under the Children's Behavioral Health System of Care Blueprint to address access to earlier intervention and treatment for substance use and co-occurring mental health disorders. Specifically, Goal 12:
    - Behavioral Health Intervention
      Address the needs of children and youth with emerging behavioral health issues who have not been able to access appropriate, timely, and matching treatment services in the community.
      Intervening early when children and youth present with emerging behavioral health issues can reduce the intensity of the symptoms and duration of treatment. These strategies address creating capacity to address the behavioral health needs of children aged 0-7; developing and/or identifying a validated cross-system screening process to determine the needs, resources and desirable outcomes; creating a training consortium in partnership with a university and private provider partners; and expanding a current pilot initiative of providing timely and available behavioral health services to school-age children and youth with emerging behavioral health issues who have not been able to access services. In addition, there is a need to expand the Diversion First initiative to include youth who come in contact with the criminal justice system and reduce youth substance use and abuse.
    - The recommendations attempt to make more effective the efforts of school and community partners to help parents recognize drug use problems when they exist, and to navigate the process of accessing treatment for their youth.
        - CSB Entry and Referral Call Center (703-383-8500, TTY 711) can take calls in English and Spanish, and other languages as needed, to briefly assess safety and make referrals to CSB, if appropriate, or to private provider groups. A copy of the list of these providers, including insurance information, can be found in Appendix B. The Short-Term Behavioral Health project of the Systems of Care (SOC) Office has identified providers available to

serve multiple high school communities, with an intention to expand to additional high schools and middle schools as provider availability and needs dictate. A number of these providers can offer treatment for substance abuse, and the SOC Office is working to expand provider options in this area.

- This proposal fully aligns with the FCPS Strategic Plan, *Ignite*, under the area of Caring Culture, and will address Overarching Strategy 7: Promote overall health and well-being of students and staff in order to encourage healthy life choices and increased quality of life, and specifically the metric on drug and alcohol use.

Plan

The committee recommended three primary points of intervention.

Recommendation 1:
Substance Abuse Prevention (SAP) Program

Six SAP counselors will be available to students in the targeted school communities who have been referred for issues related to substance use. The counselors will tailor prevention activities to fit the needs of their school community, based on Youth Survey data, discipline data, and consultation with principals, counselors, psychologists, and social workers in the pyramid. The counselors will be state or nationally licensed or certified substance abuse counselors and will provide assistance with substance abuse assessment, short-term early intervention counseling support, referral to outside services, case coordination, and consultation with families, community agencies, and school staff members.

The counselors will support various prevention efforts by participating in activities such as presentations to health classes, parents, PTA and/or PTSA, and staff meetings. They will also collaborate with other community groups to bring national substance abuse prevention activities into the schools.

- To avoid conflicts with FERPA, HIPPA, and other privacy regulations, it is recommended that the SAP counselors be school system employees. This will allow the counselors, in addition to working with individual students, to attend Tier II and Tier III meetings about students, who may be referred for a variety of reasons ranging from poor grades to poor attendance to discipline concerns, and offer expertise and consideration of involvement in the SAP program, when appropriate. It will also allow the counselors to work with school social workers, parent liaisons, and others to help parents overcome barriers to treatment.
- It is recommended that clinical supervision of the SAP counselors be provided by a half-time (initially, while there are 6 counselors) certified substance abuse counselor with at least 5 years of experience, who is hired as a school system employee. This will address the confidentiality and legal restrictions noted above. This individual will provide at least one hour of individual and one hour of group supervision weekly to the SAP counselors, and will work with the coordinator of Student Safety and Wellness to provide clinical supervision as needed for AOD seminar teachers.
- It is recommended that the SAP counselors participate, as appropriate, in training offered by the CSB regarding substance use disorders, co-occurring mental health disorders, treatment options, etc., as well as training offered through the Systems of Care office on trauma and cultural competence, and other areas of system-wide focus.

Based on drug use data from the Youth Survey and school discipline records, five high schools, five middle schools and two alternative high school campuses will be selected for inclusion in the initial field study for the Substance Abuse Prevention (SAP) program. Please note that five high schools (Centreville, South Lakes, Fairfax, Falls Church, West Potomac) already involved in the Virginia Tiered System of Support/Project AWARE grant will be excluded from consideration because they have additional clinical and AOD support through the grant.

ACTION STEPS TO IMPLEMENTATION:

Task	Target Date for Completion	Responsible Party
Budget Approval	May 2018	Board of Supervisors
SAP counselor and supervisor position description and classification	June 2018	FCPS, Office of Student Safety and Wellness
Hiring counselors and supervisor	July 2018	FCPS, CSB, parent representatives
Training for SAP counselors screening tools and interview process	August-September 2018	FCPS, CSB
Communication plan for school community, parents, larger community, including communication in multiple languages	September-October 2018	FCPS, CSB, Prevention, System of Care Office
Evaluation and refinement to include weekly meetings with supervisor, supervisor completing monthly assessment with principals, supervisor report quarterly data to program leads in FCPS and CSB	October 2018-June 2019	FCPS, CSB

Recommendation 2:
Enhanced Alcohol and Other Drug Seminar-FCPS

Four (existing) Alcohol and Other Drug (AOD) prevention teachers conduct a three-day seminar each week in the north (Pimmit Hills) and south (Quander Road) of the county. The seminar is free and, if needed, transportation can be provided. Students may be referred through the disciplinary process, or may be referred by parents, administrators, and teachers. The seminar is psycho-educational, and includes a parent night.

- AOD teachers will participate in training with SAP counselors to learn how to utilize screening tools and techniques to help identify youth who attend the seminar who may need additional intervention or treatment. This will include training on motivational interviewing, the Global Appraisal of Individual Needs-Short Screener (GAIN-SS), and cheek swab test for drugs in the system.
    - Screenings will only be conducted with parent permission and assent of the youth.
    - Results and referral information will be given to the parents and youth.
    - The AOD counselor will obtain a release of information from the parents to share information from the screening with CSB or other provider.
    - The AOD counselor will follow up with the parents one week following the seminar to determine if an appointment for a full assessment and possible treatment had been made.
    - The AOD teacher may enlist the assistance of the attending SAP counselor (if at target school), the school social worker and, as needed, translators, to assist the parents in navigating to a provider.
    - The CSB will send counselors or therapists to parent nights to explain the range of services available and how to access them. Anyone interested in CSB services will receive a prioritized assessment by the CSB.
- The SAP supervisor will provide clinical oversight to ensure fidelity of screening and clinical consultation as needed.

ACTION STEPS TO IMPLEMENTATION

Task	Date to be Completed	Responsible Party
Certify to administer GAIN-SS	September 2018	AOD teachers (online)
Complete motivational interview overview	TBD-schedule to align with SAP and CSB trainings	CSB
Complete protocol for parent permission forms and record keeping in consultation with Records Office and legal	September 2018	Coordinator, Student Safety and Wellness, AOD teachers
Review and revise parent night materials to include referral information and navigation support, and available translations of all materials	September 2018	Coordinator, Student Safety and Wellness (FCPS) CSB

Recommendation 3:
Dedicated CSB substance abuse and mental health therapist to cases referred by JDRDC intake

One of the primary functions of the additional CSB behavioral health therapist and licensed clinician is to provide immediate access to community behavioral health care for individuals diverted from JDRDC. The goal is to have a warm handoff from JDRDC staff that will provide immediate access to care. The CSB has vacant unfunded positions that can perform this function.

ACTION STEPS TO IMPLEMENTATION:

Task	Target Date for Completion	Responsible Party
Budget Approval	May 2018	Board of Supervisors
Behavioral Health (BH) and Licensed Clinician (LC) Positions Advertised	June 2017	CSB
Training for BH and LC on JDRDC diversion screening tools, decision process, and diversion protocols.	August-September 2018	JDRDC, CSB
Develop protocol for “warm handoff” from JDRDC to CSB	September-October 2018	JDRDC, CSB
Developing plan to engage parents in supporting treatment and overcoming barriers to access	September-October 2018	CSB
Evaluation and refinement of program implementation: Monthly assessment of number of referrals made, days from referral to service, number of youth completing recommended treatment, and identification of barriers to treatment and possible solutions.	October 2018-June 2019	JDRDC, CSB

Outcomes and Indicators

The proposal includes three major points of intervention for youth who are using or abusing drugs: SAP counselors in selected schools; expanded screening and referral services through the FCPS Alcohol and Other Drugs seminar; and dedicated staff to provide services to youth diverted by JDRDC intake or the courts.

- Metrics for the recommendations in this proposal would include:
    - Process Measures
        - Number of youth seen by SAP counselors, individually and in intervention groups
            - Number of youth screening positive and referred for higher level of intervention and/or treatment
            - Number of youth accessing CSB or private treatment
                - Identification of common barriers to accessing treatment
        - Number of prevention presentations provided by SAP counselors
        - Number of youth seen by AOD teachers
            - Number of youth screening positive for higher levels of intervention and/or treatment
            - Number of youth accessing CSB or private treatment
                - Identification of common barriers to accessing treatment
        - Number of youth seen by CSB provider in treatment as result of diversion referral from JDRDC intake or courts
        - Demographics of youth referred and completing treatment
        - Identification of common barriers to accessing treatment
    - Outcome measures
        - Youth Survey data for targeted schools (Fall 2017, Fall 2018, compared to Fall 2019)
        - Number of youth completing SAP intervention groups or treatment with CSB in FY19, compared to FY17 and FY18 figures
        - School discipline SY 16-17, SY 17-18, SY18-19 (SR&R violations for possession, use, distribution, under the influence) disaggregated to reflect target schools
        - SR&R re-offense percentages for youth attending AOD seminar
        - JDRDC records indicating number and demographics of youth diverted to substance use evaluation or treatment, completing treatment, and re-offense percentage

Equity Impact Statement

The committee reviewed data from the youth survey regarding differences by racial and ethnic groups as self-reported. The following trends were noted:

- Females report higher rates of alcohol use than males
- Black, Hispanic, and other/multiracial youth report starting to use cigarettes, marijuana, and alcohol approximately one year earlier than White and Asian peers
- White and Hispanic youth report higher rates of use of alcohol than Black and Asian youth
- FCPS eighth graders report a higher rate of use of painkillers for nonmedical purposes than the national average; non-medical use of painkillers and other prescription medications is relatively equal across subgroups.

SAP counselors will be expected to address all forms of substance use prevention, but will also tailor presentations for youth, outreach to parents, and partner with community organizations to incorporate data that reveals likely areas of concern for subgroups in individual schools.

The committee recommends recruiting bilingual counselors to work in schools have high enrollment of Hispanic youth. While many of the youth may speak English, bilingual counselors may be better able to engage parents whose English skills may still be developing. The proposal is structured, by using SAP counselors who are FCPS employees, to allow the counselors to engage parent liaisons and school social workers, as well as school translation services, when needed, to reach parents and explain concerns and help navigate to treatment.

Similarly, all information and referral materials for parents will be translated into Spanish and any other high frequency language in a particular school.

The plan includes a metric to track referral and completion of CSB treatment services by demographic categories, in an attempt to measure the effectiveness of these strategies. Lastly, the plan includes a metric to collect data directly from parents and youth on what barriers exist to accessing treatment, and any strategies that develop to effectively reduce these barriers.

Policy and Resource Needs

No change in policy is needed. New CSB staff members include one behavioral health therapist and one licensed clinician. New FCPS staff members include six SAP counselors and one part-time clinical supervisor. Including operational and personnel costs, funding of $770,394 (recurring if the field test is extended beyond one year) will be necessary. A detailed budget is presented in Appendix A.

A decision on a funding procedure for FCPS costs will need to be made by the boards.

Next Steps

The Fairfax County School Board and the Fairfax County Board of Supervisors would need to approve funding as part of the FY19 budget. If the SCYPT endorses this plan, or any portion of it, it will be presented to the boards. Specific steps to implement each section of the proposal are listed above.

Recommendations

It is recommended that the SCYPT endorse the proposed action plan and a $770,394 budget request to implement strategies to provide prevention, early identification and accessible treatment options.

Contacts

- CSB
  - Daryl Washington daryl.washington@fairfaxcounty.gov
  - Lyn Tomlinson lyn.tomlinson@fairfaxcounty.gov
- FCPS
  - Mary Ann Panarelli mmpanarelli@fcps.edu
  - Stefan Mascoll smascoll@fcps.edu
- JDRDC Intake
  - Lauren Madigan lauren.madigan@fairfaxcounty.gov

We would like to thank all members of the committee:
- Marie Flynn, parent
- Christina Kramer, parent
- Daryl Washington, Community Services Board
- Lyn Tomlinson, Community Services Board
- Patrick McConnell, Community Services Board
- Desiree Gordon, Community Services Board
- Mary Ann Panarelli, Fairfax County Public Schools
- Stefan Mascoll, Fairfax County Public Schools
- Kate Salerno, Fairfax County Public Schools
- Jill Jakulski, Fairfax County Public Schools

- Brian Maslowski, Fairfax County Public Schools
- Jesse Ellis, Neighborhood and Community Services, Prevention
- Betty Petersilia, Department of Family Services, Behavioral Health System of Care
- Brittny Li, Department of Family Services
- Lauren Madigan, Juvenile and Domestic Relations District Court Services

Appendices

APPENDIX A

FCPS FY18 Budget

Title	Contract Length	Position/ FTE	Estimated Salary (based on step 6)	Estimated Benefits (estimated at 46.6%)	Total	Notes
AOD Teacher (existing position)	218	1.0	$6,914.00	$3,221.92	$10,135.92	Difference between 194-day and 218-day is $10,135.92 including benefits
US20 Drug Counselors	194	5.0	$257,895.00	$120,179.07	$378,074.07	
US20 Drug Counselors	219	1.0	$58,225.00	$27,132.85	$85,357.85	
US24 Supervisor	219	0.5	$36,068.00	$16,807.69	$52,875.69	
Total FTE Count		**7.5**	**$359,102.00**	**$167,341.53**	**$526,443.53**	
Laptop	N/A	N/A			$5,915.00	7 laptops @ $845 each
Cell Phone	N/A	N/A			$660.00	Annual smart phone charge/ 1 phone
					$6,575.00	
				Total	**$533,018.53**	

Fairfax-Falls Church CSB FY18 Budget

Category	Qty	Description	Unit Cost	Total
Compensation	1	MH Senior Clinician (S25)	79,934	79,934
Fringe Benefits	1	Fringe Benefits (48.71%)	38,936	38,936
Compensation	1	MH Therapist (S23)	72,564	72,564
Fringe Benefits	1	Fringe Benefits (48.71%)	35,346	35,346
Operating	2	Mileage (1,200/annual)	648	1,296
Operating	2	Supplies	1,000	2,000
Operating	2	iPhones	650	1,300
Operating	2	Laptop/Monitor/Printer	2,000	4,000
Operating	2	Training/Professional Development	1,000	2,000
				$237,376

APPENDIX B

Location	Service Provided For Youth	Service Provided For Families	Psychiatric Service	Other Languages	Cost and Sliding Scale	Insurance
Life Line Counseling Center Alcoholism Treatment Program Address: 10374 Democracy Ln A, Fairfax, VA 22030 Phone: (703) 691-3029	Assessment for Drug and Alcohol	Assessment for Youth and work with their families to provide a better outcome	No, just substance abuse counseling.	Spanish	Some set rates but can work with families on a case by case basis. Not on a sliding scale.	"in-network" preferred provider, Blue Cross and some forms of Aetna but it may not cover everything
National Counseling Group Mental Health Service Address: 7620 Little River Turnpike #402, Annandale, VA 22003 Phone:(703) 813-5982	Outpatient, Intensive In-Home Therapy, Day Treatment and Intensive Family Services	Intensive Family Services from DHS	No	Spanish	No sliding Scale. Family and Community based services range $62-65.	Medicaid
Living Free Health Services Alcoholism Treatment Program Address: 4306 Evergreen Ct # 204, Annandale, VA 22003 Phone: (703) 750-1292	Outpatient Treatment Services for drugs and alcohol	No	No, just substance abuse counseling.	Spanish	No sliding scale. Intake Without a Referral $200 With a Referral $35	BlueCross Blue Shield
Recovery Center of Northern Virginia Alcoholism Treatment Program 425 Carlisle	Group Services for Substance Abuse. None are available at this moment	Family Service Programs	No	Spanish	Intake is $200 and $150 for each session afterward. Family can file for reimbursement	"Out of Network" No insurance

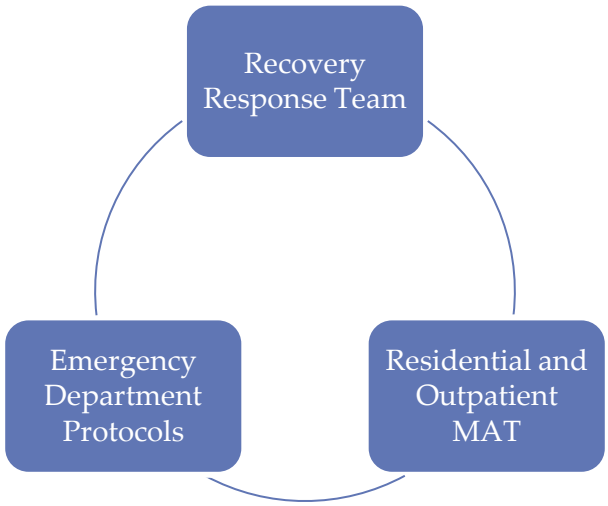
Location	Service Provided For Youth	Service Provided For Families	Psychiatric Service	Other Languages	Cost and Sliding Scale	Insurance
Dr Herndon, VA 20170 (703) 464-5122 Or Addiction Treatment Center 706 S King St #8 Leesburg, VA 20175 (703) 669-3103					after amount is paid.	
Multicultural Clinical Center Mental Health Service 6563 Edsall Rd, Springfield, VA 22151 (703) 354-0000	Eval, group and individual counseling	as needed, not part of program	not for this program	Multiple languages	$100 for eval, group 50	no
Inova Kellar Center 11204 Waples Mill Road Fairfax, VA 22030 703-218-8500	Full Day Partial Hospitalization Program (PHP), After School Intensive Outpatient Programs (IOP), Intensive In-Home Services Program, Psychological and educational testing, Therapy Services Group therapy services, Medication management and The Kellar School	Intensive In-Home Services Program for families	Yes	Any languages, they can call for an interpreter	Prices range based on the type of service provided. Patients can apply for a scholarship that is based off the families' income to help with the cost.	All major insurances
Phoenix House	Assessment and Evaluation			Spanish	No sliding scale. Without	Aetna BCBS Care First

Location	Service Provided For Youth	Service Provided For Families	Psychiatric Service	Other Languages	Cost and Sliding Scale	Insurance
Counseling Center - Arlington, 200 North Glebe Road, Arlington, VA 22203	Services an evaluation, prevention or educational services, outpatient counseling, or residential treatment	Family Support Groups	Yes for inpatient services		insurance is $430 a day	BCBS Anthem Cigna Comp Psych Kaiser (adolescents only) MHN MHNet MultiPlan United ValueOptions NCPPO

6 Coordinated Opioid Overdose and Emergency Department Strategy Proposal

Appears in the Opioid Plan under "Treatment"

Strategies



1- **Implement the Screening Brief Intervention and Referral to Treatment (SBIRT) model to build capacity of emergency departments and primary care as a framework for substance use crises.**
   a. Increase active involvement with GMU SAMHSA grant partnership
   b. Develop training plan for ED, Recovery Coach and key FRD medical personnel
   c. Discover technical assistance opportunities through this grant to support the opioid strategy
   d. Discover billing/revenue capabilities through use of SBIRT and develop strategies to bill/collect these revenues

   Proposed Work Group Leads: Lora Peppard (GMU, Inova ED and BH directors, Mark Blackwell)

   Proposed Timeframe: January-June and ongoing throughout grant cycle

2- **Develop a recovery specialist intervention for people who have overdosed or have an emergency department substance use crisis, based on the Anchor Recovery, that is responsive and focused on linkage to treatment and recovery supports**
   a. Align current recovery volunteer model in planning at Mount Vernon Hospital
   b. Develop data points to collect for volunteer model and paid coach model
   c. Engage Inova Fairfax ED in launching this model
   d. Determine whether this model should be contracted (and consider timeframe, cost, risk management) or directly operated or combination
   e. Create recruitment and training plan for Recovery Coaches
   f. Establish BH Supervisor (S26) position to clinically and administratively manage Recovery coaches
   g. Determine staffing model for Recovery Coach staffing 24/7
   h. Discover billing/revenue capabilities through use of Recovery Coaches
   i. Develop protocol (in collaboration with #3 work group) for Recovery Coach interventions, documentation, and ongoing effort
   j. Launch smaller scale pilot to test protocol and implement process improvements

   Proposed Work Group Leads: Mark Blackwell, Lyn Tomlinson, Tom Walker, Inova ED and BH staff

Proposed Timeframe: December through March (planning) and March through June (hiring/pilot) with recommendations for scaling up model in FY 18

3- Develop protocol to intervene after overdoses with Medication Assisted Treatment and supports in ED, residential, and OP settings

a. First dose in the emergency department with referral to other treatment resources protocol to be developed based on Rhode Island model
b. Develop process for immediate transition from ED as needed to CATS (purchased bed days @ $1,025 per day) and Fairfax Detoxification to continue induction process
c. Develop protocol to transition to OP MAT or other community resources (Fairfax Methadone, CSB, etc.)
d. Align model for ongoing Recovery Coach involvement especially during transitions as well as 12-step community volunteers with this protocol

Proposed Work Group Leads: Colton Hand, Dan Avstreih (FRD and Inova ED), ED Medical Director, Lyn Tomlinson

Proposed Timeframe: December (forming group), January-March (protocol development), March-June (pilot with Recovery Coaches)

Next Steps:

- Assign staff leads to work through Strategies 1-3 and teams to work each strategy with timeframes that align with overall opioid task force plan
- Consider contracting with 3rd party evaluator to develop evaluation plan including data collection tools, measures, and internal capacity-building for ongoing evaluation and to demonstrate outcomes
- If needed, develop contract(s) with national experts to help implement this plan and bring best practices experts to this effort

BUDGET

Description	Formula	Cost
BH Supervisor (S26) 1 FTE	Salary and Fringe	$124,390
Recovery Coach (S15) 3 FTE	Salary and Fringe @ $74,585 x 3	$223,755
Part Time Recovery Coaches (S15) 4 Non-merit 0.75 FTE	Salary and Fringe $50,154.62 * 75% for Non-Merit = $37,615.97 * 4 positions = $150,463.90 + $20,237.39 for fringe at the non-merit factor of 13.45% = $170,701	$170,701
CATS Bed Days	$1025 per day x 3 days x 2 per week x 52 weeks	$319,800
Training and Consultation (Anchor Recovery Model + possible Rhode Island technical assistance)		$15,000
Total		**$853,646**

NOTE: This is proposed budget for full-scale, 24/7 coverage

APPENDIX 1: FAIRFAX COUNTY OPIOID TASK FORCE CHARTER

Last Updated November 2017

Background & Purpose

In April 2017, the Fairfax County Board of Supervisors (BOS) requested an update on what the county is doing to address opioid addiction. The BOS requested recommendations be presented in January 2018, with funding allocation decisions to be made by the BOS using $2.5 million in carryover. This work builds on the efforts of the Fairfax County Opioid Addiction Prevention Task Force, which last met in June 2017 to revise and update the plan they created in late 2015 to address opioid addiction. The current Fairfax County plan has five areas. The areas align with the Governor's Task Force on Prescription Drug and Heroin Abuse Implementation Plan developed in 2014:

1. Education and Awareness
2. Drug Storage, Disposal, and Monitoring
3. Treatment
4. Enforcement and Criminal Justice
5. Data and Monitoring

The Opioid Taskforce will meet from July to December 2017 to create a strategy and resource plan that incorporates prevention, treatment, enforcement, and other areas to address opioid use in Fairfax County.

Scope

Local efforts will complement ongoing efforts at the regional and state levels to address opioid use disorder. The Region 7 Virginia Addiction Executive Work Group, convened by the Virginia State Police, will work with local coalitions to identify best practices and suggest policy and budget proposals for the 2018 Virginia General Assembly session regarding addiction. The Fairfax County plan will complement this regional plan and the state plan. The Fairfax County plan will also include nationally recommended strategies to address opioids.

Team Membership & Roles

The Opioid Taskforce will be comprised of subject matter experts from county agencies with subcommittees for each of the five areas of the plan. A Steering Group of county executive leadership will meet to provide general guidance and to approve the deliverables of the Opioid Taskforce (see next page). The Opioid Taskforce will be facilitated by Robin Wilson, Senior Public Health Analyst at the Health Department.

Deliverables

1. A report to the Board of Supervisors, including data on the scope of opioid use and fatalities; current efforts at the national, state, and local levels in each of the five areas; a strategy and resource plan with goals that incorporate prevention, treatment, enforcement, and other areas to address gaps in the response to the opioid epidemic in Fairfax County; and background information such as evidence-based practices for addressing opioid use disorder, a charter, and list of participants.
2. A presentation to the Board of Supervisors summarizing the report.

Steering Group

1. Pat Harrison, Deputy County Executive
2. Dave Rohrer, Deputy County Executive
3. Tisha Deeghan, Director, Community Services Board
4. Gloria Addo-Ayensu, Director, Health Department
5. Francisco Durán, Chief Academic and Equity Officer, Fairfax County Public Schools
6. Chris Leonard, Director, Department of Neighborhood and Community Services
7. Tony Castrilli, Director, Office of Public Affairs
8. Stacey Kincaid, Sheriff, Sheriff's Office
9. Edwin Roessler, Chief of Police, Police Department
10. Rich Bowers, Chief, Fire & Rescue
11. Robin Wilson, Public Health Analyst, Health Department
12. Linda Hoffman, Policy and Strategic Initiatives Coordinator, Office of the Deputy County Executive

Subcommittee Chairs

- Education and Awareness
  General Public:
  Jesse Ellis, Prevention Manager, Department of Neighborhood and Community Services
  Lucy Caldwell, Information Officer, Community Services Board
  With consultation from Tony Castrilli, Director, Office of Public Affairs, and Mary Ann Panarelli, Fairfax County Public Schools
  Provider Community:
  Dr. Gloria Addo-Ayensu, Health Director, Health Department
  Dr. Raja'a Satouri, Deputy Director for Medical Services, Health Department
- Drug Storage, Disposal, and Monitoring: Chief Jason Jenkins, Fire and Rescue Department
- Treatment: Lyn Tomlinson, Assistant Deputy Director, Community Services Board
- Enforcement and Criminal Justice: James Cox, Second Lieutenant, Police Department and Eric Ivancic, Second Lieutenant, Police Department; Bob Zoldos, Deputy Fire Chief, Fire and Rescue Department
- Data and Monitoring: Shawn Kiernan, Epidemiology Manager, Health Department

APPENDIX 2: KEY TERMS

The CDC has created a list of key terms related to opioids on their website:[26]

Acute Pain – Pain that usually starts suddenly and has a known cause, like an injury or surgery. It normally gets better as your body heals and lasts less than three months.

Benzodiazepines – Sometimes called "benzos," these are sedatives often used to treat anxiety, insomnia, and other conditions. Combining benzodiazepines with opioids increases a person's risk of overdose and death.

Chronic pain – Pain that lasts 3 months or more and can be caused by a disease or condition, injury, medical treatment, inflammation, or even an unknown reason.

Drug misuse – The use of prescription drugs without a prescription or in a manner other than as directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor.

Drug abuse or addiction – Dependence on a legal or illegal drug or medication. See Opioid use disorder.

Extended-release/long-acting (ER/LA) opioids – Slower-acting medication with a longer duration of pain-relieving action.

Fentanyl – Pharmaceutical fentanyl is a synthetic opioid pain medication, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illegal drug markets for its heroin-like effect, and it is often mixed with heroin and/or cocaine as a combination product.

Heroin – An illegal, highly addictive opioid drug processed from morphine.

Illicit drugs – The non-medical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine- type stimulants, marijuana/cannabis, cocaine, heroin and other opioids, synthetic drugs, and MDMA (ecstasy).

Immediate-release opioids – Faster-acting medication with a shorter duration of pain-relieving action.

Medication-assisted treatment (MAT) – Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

Morphine milligram equivalents (MME) – The amount of milligrams of morphine an opioid dose is equal to when prescribed. This is how to calculate the total amount of opioids, accounting for differences in opioid drug type and strength.

Naloxone – A prescription drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.

Nonmedical use – Taking drugs, whether obtained by prescription or otherwise, not in the way, for the reasons, or during the time period prescribed. Or the use of prescription drugs by a person for whom the drug was not prescribed.

[26] U.S. Centers for Disease Control and Prevention, Opioid Overdose – Commonly Used Terms at https://www.cdc.gov/drugoverdose/opioids/terms.html

Non-opioid therapy – Methods of managing chronic pain that does not involve opioids. These methods can include, but are not limited to, acetaminophen (Tylenol®) or ibuprofen (Advil®), cognitive behavioral therapy, physical therapy and exercise, medications for depression or for seizures, or interventional therapies (injections).

Non-pharmacologic therapy – Treatments that do not involve medications, including physical treatments (e.g., exercise therapy, weight loss) and behavioral treatments (e.g., cognitive behavioral therapy).

Opioid – Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

Opioid analgesics – Commonly referred to as prescription opioids, medications that have been used to treat moderate to severe pain in some patients. Categories of opioids for mortality data include: Natural opioid analgesics, including morphine and codeine; Semi-synthetic opioid analgesics, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone; Methadone, a synthetic opioid; Synthetic opioid analgesics other than methadone, including drugs such as tramadol and fentanyl.

Opioid use disorder – A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder has also been referred to as "opioid abuse or dependence" or "opioid addiction."

Overdose – Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.

Physical dependence – Adaptation to a drug that produces symptoms of withdrawal when the drug is stopped.

Prescription drug monitoring programs (PDMPs) – State-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse, abuse and/or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.

Tolerance – Reduced response to a drug with repeated use.