

# VERSION 2.0 WORK IN PROGRESS: Behavioral Health Think Tank Summary May 30-31, 2018



**The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.**



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In May 2018, PHAB convened a think tank of content experts, health department representatives, national partners, and new partners to explore best and promising practices related to promoting behavioral health at a population level; discuss health departments' role in promoting behavioral health at a population level; develop a common understanding about key terms related to behavioral health at a population level; discuss common practices of health departments related to the opioid public health issues, as an example of behavioral health at a population level; and make recommendations for Version 2.0 of the Standards and Measures to help advance health departments' role in promoting behavioral health at a population level.

PHAB had surveyed accredited health departments specifically about their work in opioid prevention as it relates to the 12 Domains and that information was shared with the participants (see power point presentation by Kathy Dunn for summary).

Jonathan Purtle, Assistant Professor in Health Management and Policy, Center for Community and Population Health, Dornsife School of Public Health/Drexel University, presented on "To What Extent Do Health Departments Address Mental Health and Why? Results From Four Studies" (see references to two of the studies below). From his work, the think tank participants discussed:

- More than half of LHDs perform  $\geq 1$  activities to address mental health.
- LHDs that provide clinical mental health services are more likely to also provide population-based mental illness prevention activities and engage in mental health policy advocacy.
- LHD officials are being called upon to address mental health issues by their communities; perceive mental health as a public health issue that they want to address; and are often unsure of what to do to address mental health issues and encounter barriers to collaborating with local behavioral health agencies.
- LHD provision of behavioral health services significantly impacts behavioral health workforce shortages.

PHAB also heard from its national partners (ASTHO, CDC, NACCHO, NIHB, and the National Council for Behavioral Health) and the health department participants about the work each of them is doing in this area.

In general, it was acknowledged that behavioral health is an area that PHAB should be explicit in addressing in Version 2.0 since most health departments have activities along a varied spectrum. It was also acknowledged that this work is developing, so as flexible as PHAB can be, the better. However, the complexities of the work will call for some level of specificity, most of which can be adequately managed within the 12 Domains. Specific examples in the documentation guidance across several Domains is essential. PHAB will need to develop/adopt some clear definitions for Version 2.0, which will be guided by members of this think tank.

Other key points that were made in the discussions:

- Behavioral health is broader than mental health.
- Mental health is broader than mental illness.
- Mental illness prevention has different strategies than substance abuse prevention.
- Behavioral health can be confused with health behavior, but the latter term is different.
- Prevention (promote positive mental health) and intervention (patient perspective) activities have different cultures and compete for resources.
- Addressing stigma is a key aspect to promoting behavioral health.
- It is critical to consider co-occurring conditions (e.g., examining smoking/substance use rates among individuals with mental illness).
- Many of the social determinants for health are also determinants for behavioral health problems. Equity is an issue for behavioral health, just as it is for health. Addressing silos for addressing behavioral health is a necessary part of any strategies.
- Social epidemiology is needed to better understand risk factors.

### **Behavioral Health Think Tank Members**

#### Health Department and Subject Matter Experts

Bianca Anderson  
 Curt Drennan  
 Kathy Dunn  
 Shelina Foderingham  
 Andreas Gargani  
 Rahul Gupta  
 Shancie Jenkins  
 Carol Moehrle  
 Jonathan Purtle  
 Tim Reeder  
 Margaret Walkover

#### Federal and National Partner Representatives

Karrie Joseph, National Indian Health Board  
 Suzanne Andress-Udall, National Indian Health Board  
 Jamie Ishcomer, Association of State and Territorial Health Officials  
 Liza Corso, Centers for Disease Control and Prevention  
 Chris Aldridge, National Association of County and City Health Officials  
 Christie Mackie, Association of State and Territorial Health Officials  
 Meredith Parrado, Centers for Disease Control and Prevention

#### Purtle Articles Noted Above

Purtle, J, Klassen, A, Kolker, J, and Buehler, J (2016). *Prevalence and Correlates of Local Health Department Activities to Address Mental Health in the United States*. American Journal of Preventive Medicine 82(2016). 20-27. <https://www.ncbi.nlm.nih.gov/pubmed/26582210>

Purtle, J, Peters, R, Kolker, J, Klassen, A (2017). *Factors Perceived as Influencing Local Health Department Involvement in Population Mental Health*. American Journal of Preventive Medicine. 2017 Jan;52(1):64-73. <https://www.ncbi.nlm.nih.gov/pubmed/27816382>

# VERSION 2.0 WORK IN PROGRESS: Evidence Related to Behavioral Health August 2018



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This document lists several articles related to health departments' engagement in population-focused behavioral health, including ones referenced during PHAB's May 2018 think tank. It is not meant to be an exhaustive list. If there are other resources on this topic of which you think PHAB should be aware, please contact Jessica Kronstadt at [jkronstadt@phaboard.org](mailto:jkronstadt@phaboard.org).

At the think tank, Jonathan Purtle, Assistant Professor at Drexel University School of Public Health, shared findings from two studies:

- In the 2013 NACCHO Profile of Local Health Departments, more than half indicated that they perform at least one mental health activity. The most common activities were assessing gaps in access to mental health services (39%) and implementing strategies to increase access to mental health services (33%).<sup>1</sup>
- Interviews with local health officials revealed that mental health is seen as a public health issue and often a priority identified in community health assessments. However, when tackling this issue, health departments report obstacles related to resources, knowledge, and data. In addition, local health departments and local behavioral health agencies face some difficulties collaborating given their different perspectives and financing.<sup>2</sup>

In addition, a 2018 essay by Bommersbach et al. emphasizes the need for stronger collaboration between public health and behavioral health.<sup>3</sup> It describes the potential for accountable care organizations, requirements related to community health assessments and community health needs assessments, and accreditation to help foster that collaboration. The article includes examples of behavioral health activities that correspond with the accreditation domains.

<sup>1</sup> Purtle J, Klassen AC, Kolker J, Buehler JW. Prevalence and correlates of local health department activities to address mental health in the United States. *Prev Med.* 2016;82:20-27.

<sup>2</sup> Purtle J, Petres R, Kolker J, Klassen AC. Factors perceived as influencing local health department involvement in mental health. *Am J Prev Med.* 2017;52(1):64-73.

<sup>3</sup> Bommersbach T, Borger K, Steverman S, Manderscheid RW, Sarfstein J, Everett A. Behavioral health, local health department accreditation, and Public Health 3.0: leveraging opportunities for collaboration. *Am J Public Health.* Published Online: August 23, 2018.

Additional references include:

- Chen J, Novak P, Goldman H. Public health system-delivered mental health preventive care links to significant reduction of health care costs. *Popul Health Manag*. Published Online: April 23, 2018.
- Chen J, Novak P, Barath D, Goldman H, Mortensen K. Local health departments' promotion of mental health care and reductions in 30-day all-cause readmission rates in Maryland. *Med Care*. 2018;56(2):153-161.
- Chen J, Bloodworth R, Novak P, Cook BL, Goldman HH, Rendall MS, Thomas SB, Reynolds CF 3rd. Reducing preventable hospitalization and disparity: association with local health department mental health promotion activities. *Am J Prev Med*. 2018;54(1):103-112.
- Goldman-Mellor S, Jia Y, Kwan K, Rutledge J. Syndromic surveillance of mental and substance use disorders: a validation study using emergency department chief complaints. *Psychiatr Serv*. 2017;69(1):55-60.
- Mantoura P, Roberge M-C, Fournier L. (2017). Un cadre de référence pour soutenir l'action en santé mentale des populations [A framework for supporting action in population mental health]. *Sante Ment Que*. 2017;XLII(1):105-123.  
[https://www.ncchpp.ca/docs/2017\\_SMP\\_PMH\\_ArticleSMQ\\_En.pdf](https://www.ncchpp.ca/docs/2017_SMP_PMH_ArticleSMQ_En.pdf). Accessed September 4, 2018.
- National Indian Health Board. The National Tribal Behavioral Health Agenda. 2016. Available at: <https://www.nihb.org/docs/12052016/FINAL%20TBHA%2012-4-16.pdf>.
- Shah GH, Luo H, Winterbauer N, Madamala K. Addressing psychological, mental health and other behavioural healthcare needs of the underserved populations in the United States: the role of local health departments. *Perspect Public Health*. 2016;136(2):86–92.

# VERSION 2.0 WORK IN PROGRESS: Behavioral Health – What Have We Learned from Accredited Health Departments? July 2018



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This document summarizes what PHAB has learned about how accredited health departments are addressing behavioral health. It compiles information from the following sources:

- An analysis of the Community Health Improvement Plans (CHIPs) of accredited health departments; and
- Descriptions provided in the Annual Reports.

## CHIPs

PHAB reviewed the CHIPs of 216 accredited health departments and categorized their indicators. Approximately 650 indicators related to behavioral health. The majority of behavioral health-related indicators addressed access to care. Examples of indicators include:

- Decrease rate of mental health emergency department visits;
- Decrease % of people self-reporting 1-9 poor mental health days in a 30-day period; and
- Expand options for drug free housing for recovering addicts in treatment.

The following list provides the most common topics of behavioral health indicators in CHIPs, with the number of indicators in parenthesis:

## Access to care

- Access to mental health providers (169)
- Access to substance use treatment (39)
- Access to related screenings (19)

## Indicators related to prevalence

- Other drug use/dependence (98)
- Alcohol dependence/abuse (69)
- Suicide (60)
- Prescription drug abuse/opioids (39)
- Poor mental health days (35)
- Depression and anxiety (34)
- Substance use-related mortality (20)

## Annual Reports

As part of the required annual reporting process, accredited health departments are asked to describe their work in an emerging public health area. Thirty health departments opted to discuss their efforts related to behavioral health. (Seven of these health departments wrote about behavioral health in multiple years.) The following describes the types of activities

that these health departments describe. (The numbers in parentheses indicates the number of times this activity was mentioned in an Annual Report; one Annual Report could include multiple types of activities.)

- Plans and interventions to address the opioid epidemic (24)
- Identification of behavioral health as an area in need of attention/focus (6)
- Interventions tailored to specific community needs:
  - Violence and sexual violence (2)
  - Postpartum Mood & Anxiety Disorders (1)
  - Integration of primary care, mental health, and public health (2)
  - Suicide prevention (1)
  - Taking a trauma-informed approach to programs (1)

# Opioid Prevention & Intervention Strategies Survey

**Kathy Dunn, DNP(c), MS, RN**  
**Lewis University**

# Opioid Prevention & Intervention Strategies Survey

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**Purpose:** To explore current PHAB accredited health department prevention approaches directed at improving health department outcomes related to opioid addictions and reducing deaths due to overdose.

**Aim:** To improve the quality of PHAB accredited state and local health departments' current prevention and intervention strategies related to opioid addictions that will result in better health outcomes related to decreased morbidity and mortality.

**Number Surveyed:** 212 State and Local Health Departments

**Response:** 135 (63%)

# Health Department Demographics

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- **Health Department Type**

Local	117	(86.67%)
State	18	(13.33%)

- **Description**

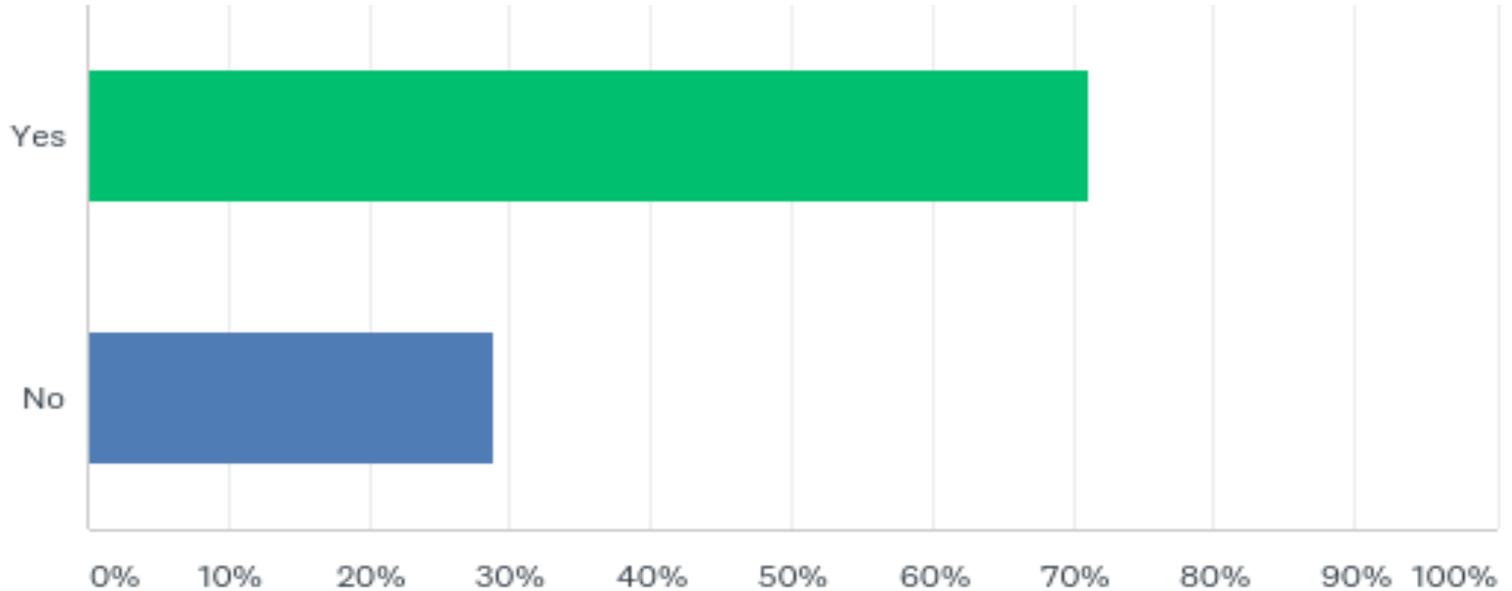
Urban	31	(22.96%)
Rural	35	(25.93%)
Mixed	69	(51.11%)
Frontier	0	

- **Size of Jurisdiction Served**

Less than 50,000	10	(7.41%)
50,000 to 100,000	26	(19.26%)
>100,000 to 200,000	26	(19.26%)
>200,000 to 1 million	38	(28.15%)
>1 million to 3 million	22	(16.30%)
>3 million to 5 million	5	(3.70%)
>5million to 15 million	7	(5.19%)
Greater than 15 million	1	(0.74%)

# Q4: Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community – Did your health department include opioid misuse in its Community Health Assessment?

Answered: 132 Skipped: 3



# Community Health Assessment Findings

- Rates of unintentional overdose deaths increased substantially and were noted as public health priorities
- Illegal drug use and misuse of legal drugs were noted
- Opioids were the primary substance of abuse (increase in opiate and heroin users)
- Rates included in CHA: prescribing rates, EMS runs with naloxone administration, Hepatitis B, C, and HIV, ED visits, hospital admissions, death rates due to overdose, number of arrests by Narcotic Units, Coroner Reports, syringe exchange, neonatal abstinence syndrome
- Specific populations addressed: military, youth/young adult, pregnant/post partum women, those involved in the criminal justice system, and LGBTQ
- Poly-substance use that includes marijuana
- Stigma associated with opioid abuse makes data gathering a challenge

## Community Health Assessment Findings (Continued)

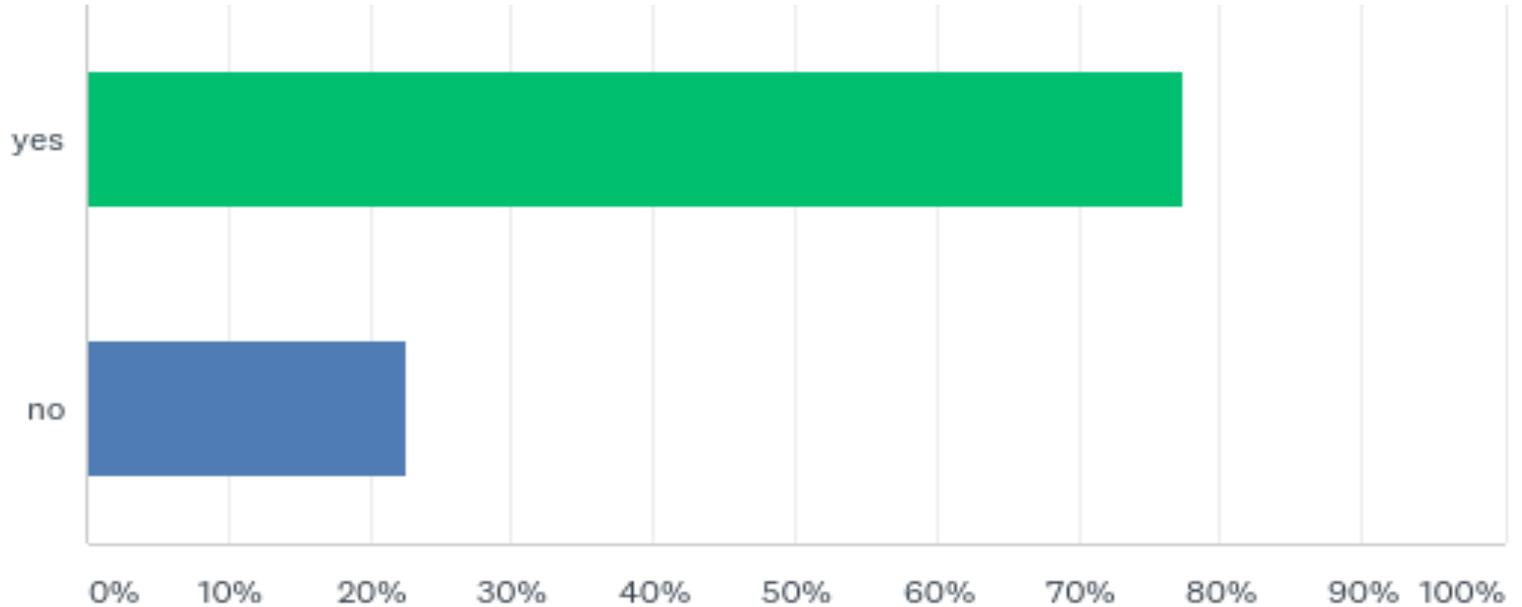
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- CHAs highlighted need for substance abuse awareness, prevention, education, screening, intervention, treatment, and recovery strategies
- Behavioral health and substance abuse were noted as top concerns that needed to be addressed
- Trends: greater numbers of males than females that overdose
- Root Causes: Poverty, lack of employment, adverse childhood experiences, easy access to drugs and alcohol
- Increase in number of individuals seeking opiate treatment (as much as a 200% increase)
- If opioid misuse/substance abuse was not identified in CHAs, it will be addressed in the future

## Q5: Domain 2: Investigate health problems and environmental public health hazards to protect the community –

**Does your health department conduct or partner with another agency that conducts surveillance for opioid misuse/overdose?**

Answered: 133 Skipped: 2



# Prevalence of Opioid Misuse in Health Departments' Jurisdiction

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**Prevalence** rates reported:

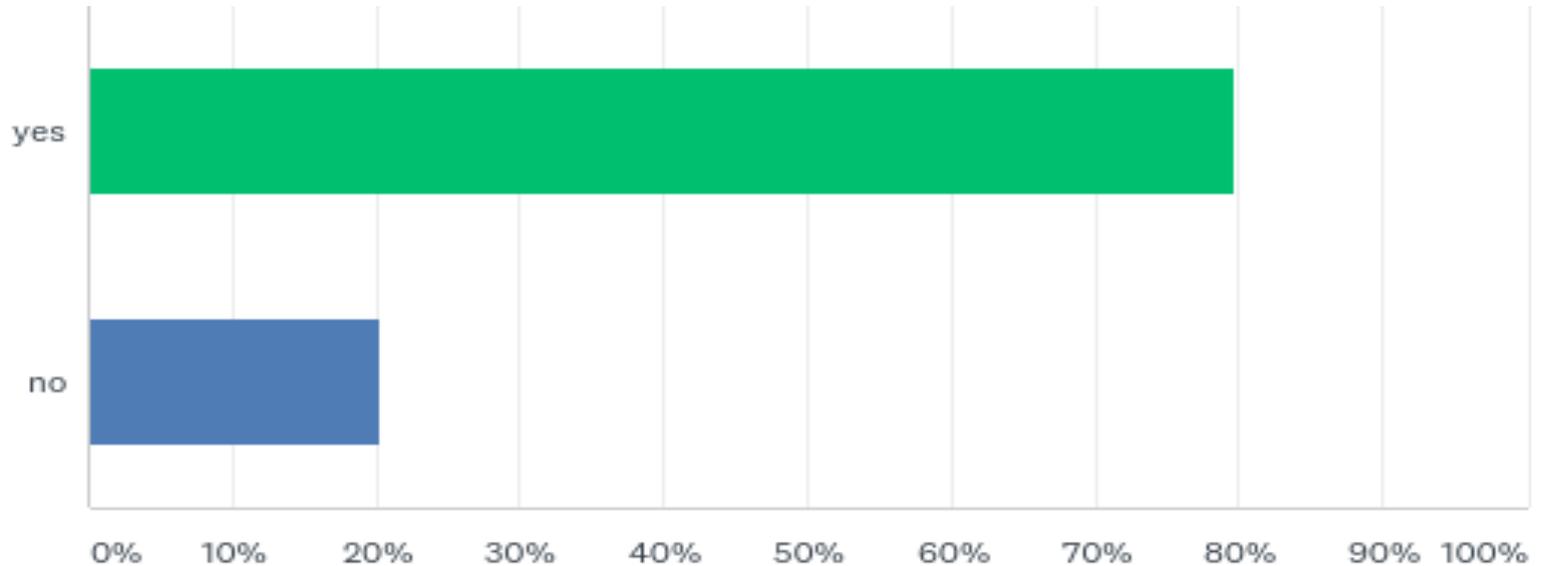
- Opioid misuse ranged from 7.6/100,000 to 242.8/100,000)
- Fatal overdoses from opioid misuse ranged from 7/100,000 to 37.5/100,000)

**Data elements utilized:** Number of overdose deaths annually, number of 911 calls related to overdose/opiate misuse, number of ED visits that are drug related (overdose), arrests made via Narcotic Units, school reports of drug use, number of overdoses reversed with naloxone administration, number of individuals admitted to treatment facilities

**Other sources of data:** hospital admissions, NICU admissions due to NAS births, urgent care visits, medical examiner reports

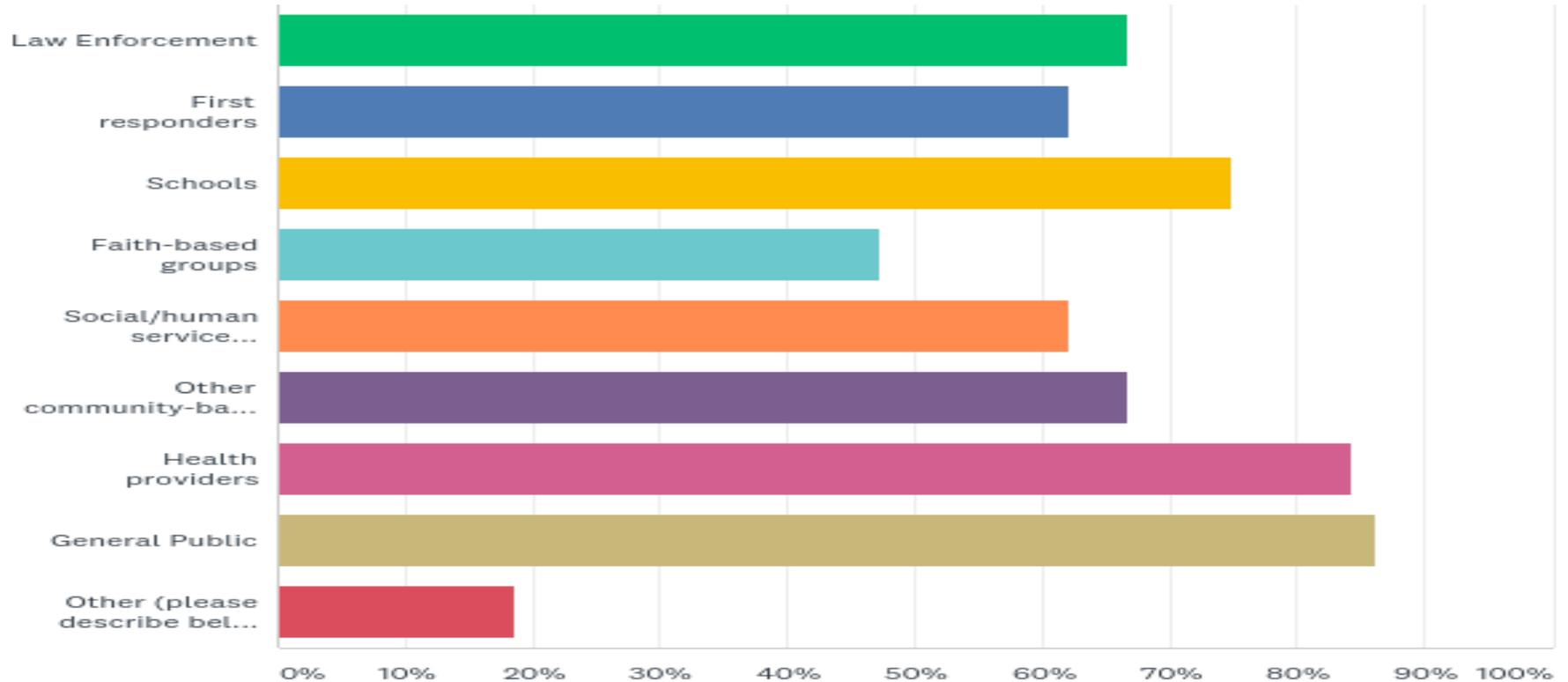
## Q6: Domain 3: Inform and educate about public health issues and functions - Does your health department offer opioid misuse prevention education?

Answered: 133 Skipped: 2



# Q7: If yes, what types of groups do you target the education to? Check all that apply.

Answered: 108 Skipped: 27



# “Other” Types of Groups Targeted for Education

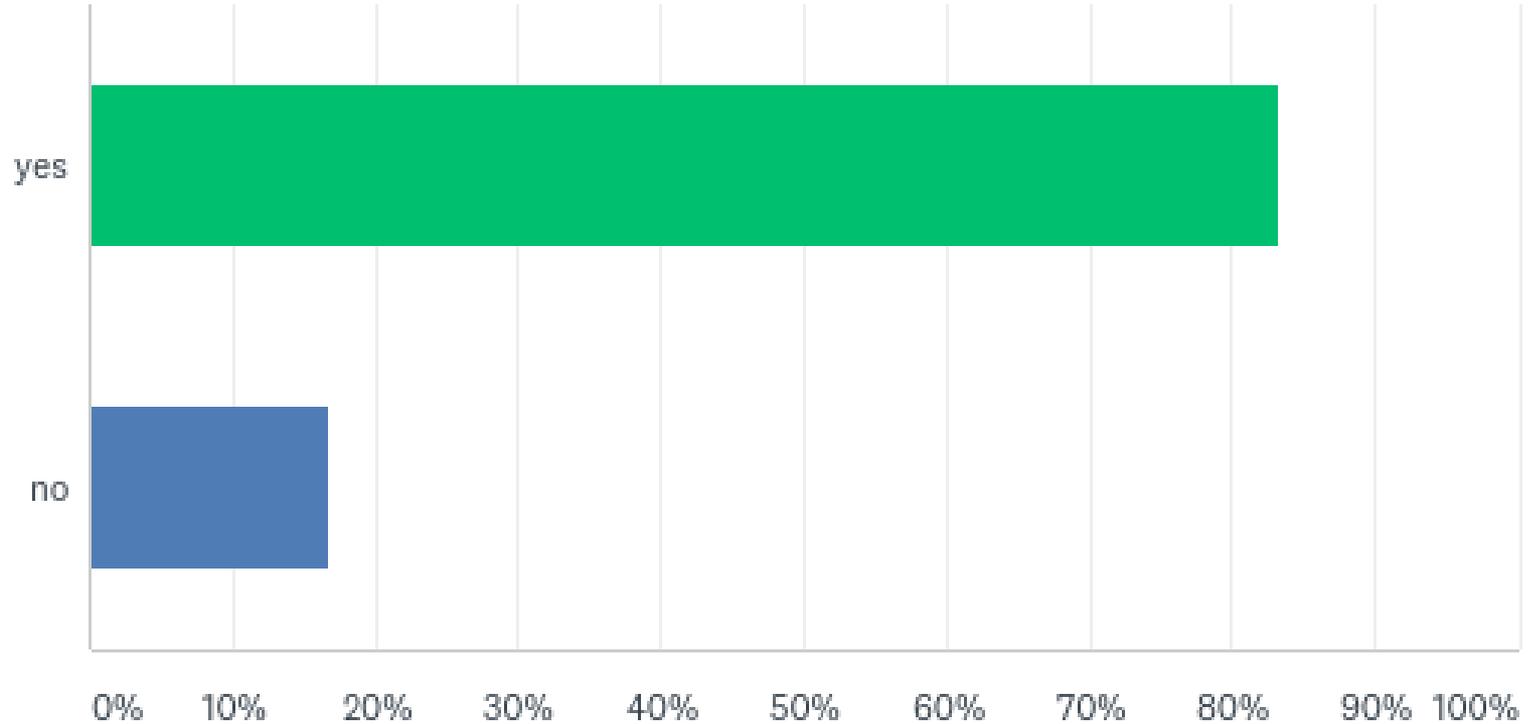
- Elected officials and policy makers
- Employers
- Rehab facilities and transitional housing
- Librarians
- Individuals receiving prescriptions
- Syringe service programs (SSP)
- Residents who pick up Naloxone kits
- FQHCs
- Civic and social organizations
- Businesses
- Chamber of Commerce
- Graduate and Medical students

## Education is Delivered in Various Formats

- **Media:** radio, television, YouTube videos, email blasts, public service announcements (many in movie theatres), twitter, Facebook, newspapers, fact sheets posted on websites, podcasts
- **Written Materials:** handouts, magnets, banners, placards, print ads, billboards, healthcare provider newsletters, posters, news stories, water bill stuffers, monthly epi bulletins, bookmark style flyers, mobile billboards (city bus wrap, delivery truck wrap), prescription bag messaging, data briefs, surveillance reports, data story maps, infographics, door hangers
- **Community Events:** forums, presentations, health fairs, coalition meetings, school nights
- **Other:** door-to-door campaigns, toolkits, written materials displayed at pharmacies, 2-1-1 (directs callers to resources)

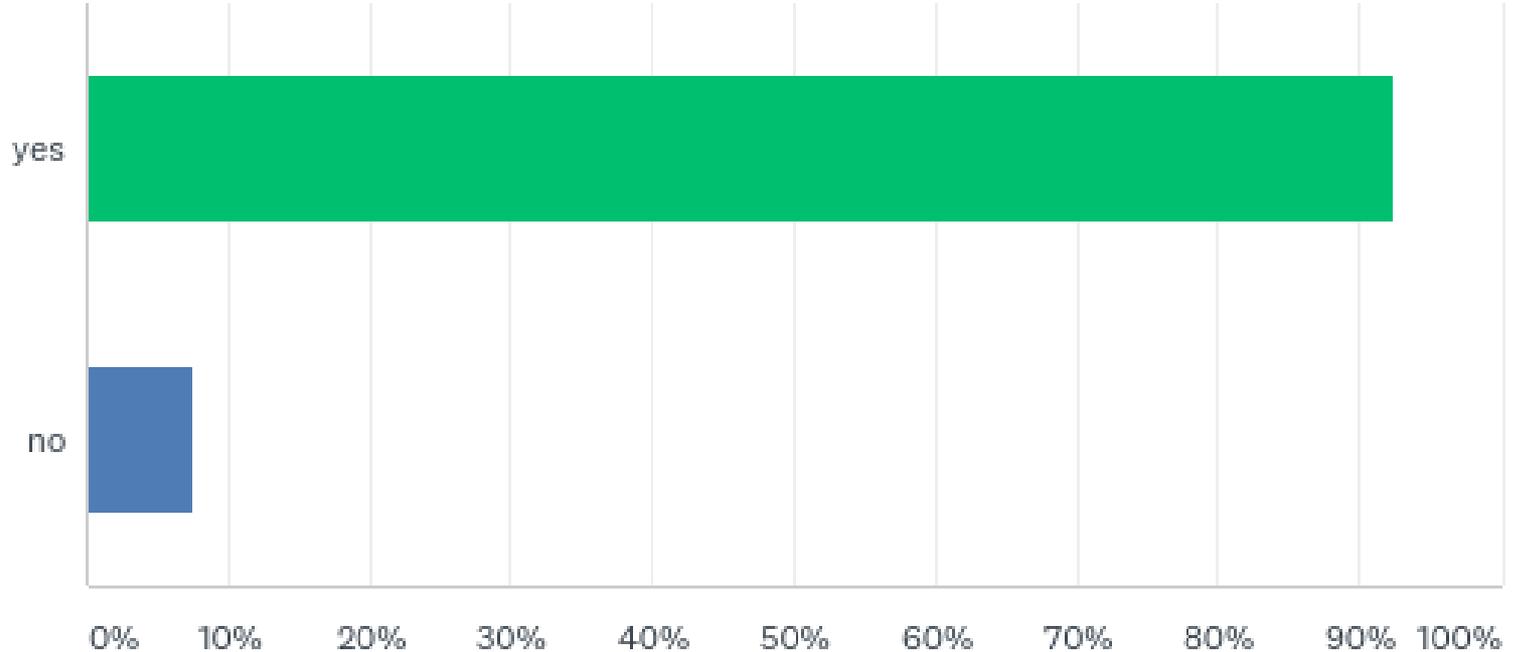
## Q8: Does your health department distribute information to the public about opioid misuse?

Answered: 132 Skipped: 3



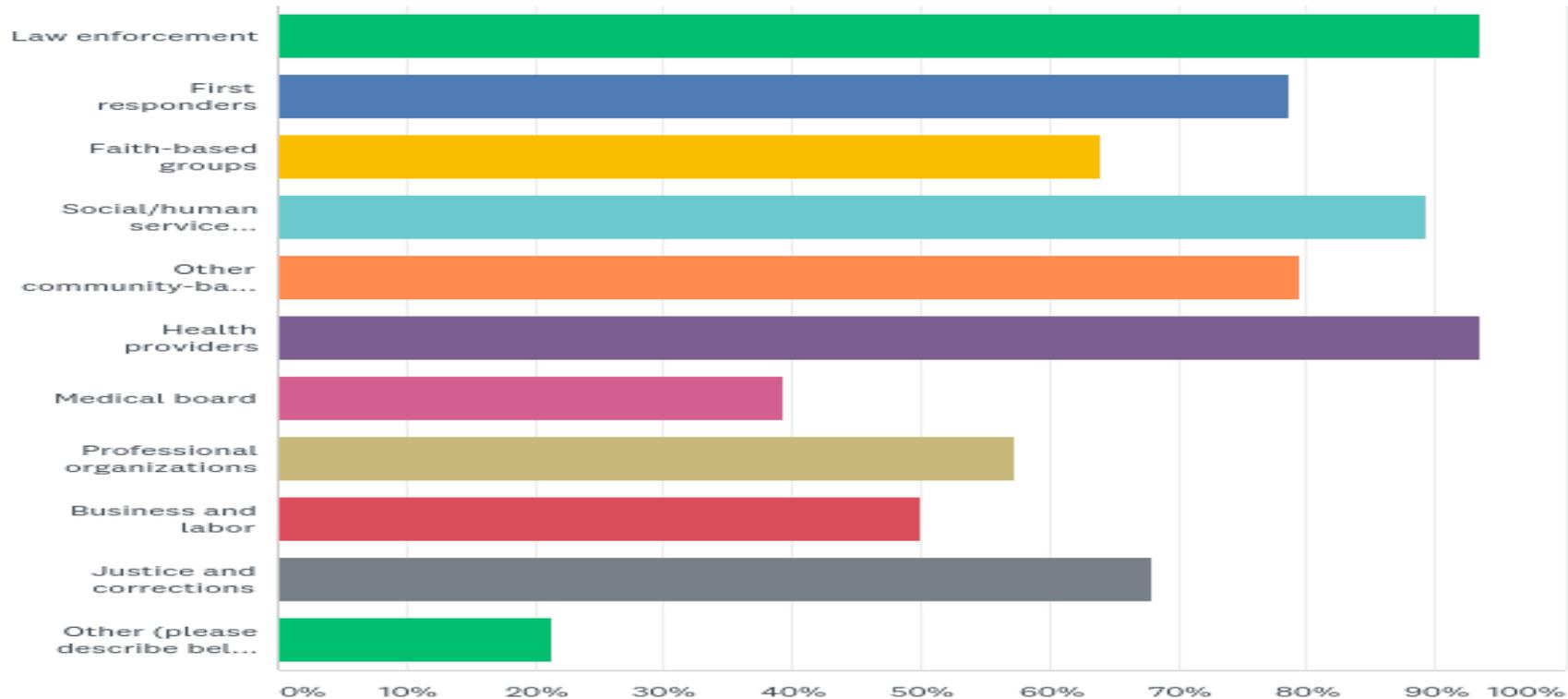
# Q9: Domain 4: Engage with the community to identify and address health problems - Does your health department engage with other sectors in the community on opioid misuse prevention strategies?

Answered: 133 Skipped: 2



# Q10: If yes, with what sectors in the community do you engage? Check all that apply.

Answered: 122 Skipped: 13



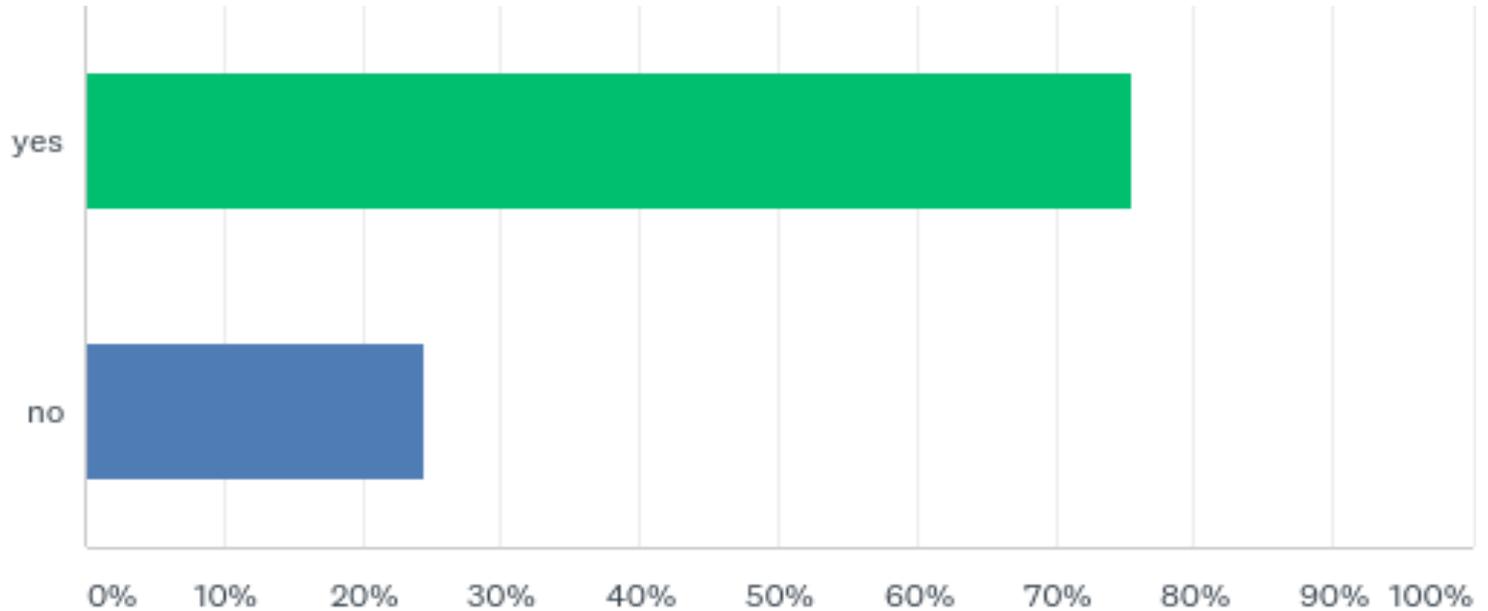
# “Other” Community Sectors Engaged in Opioid Misuse Prevention Strategies

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- Families who struggle with addictions (support groups)
- Health insurance companies, Medicaid
- Rotary and civic organizations
- Public: Elected officials, schools (all grade levels), academic partners, research affiliates, park districts, libraries, coroners, military, correctional health - incarcerated men and women
- Private: Bar owners, athletic associations, pharmacies, media, youth serving organizations
- Other providers: veterinarians, home health agencies that provide services to maternal/child/infant groups, birthing units/NICU - SEN), substance abuse networks

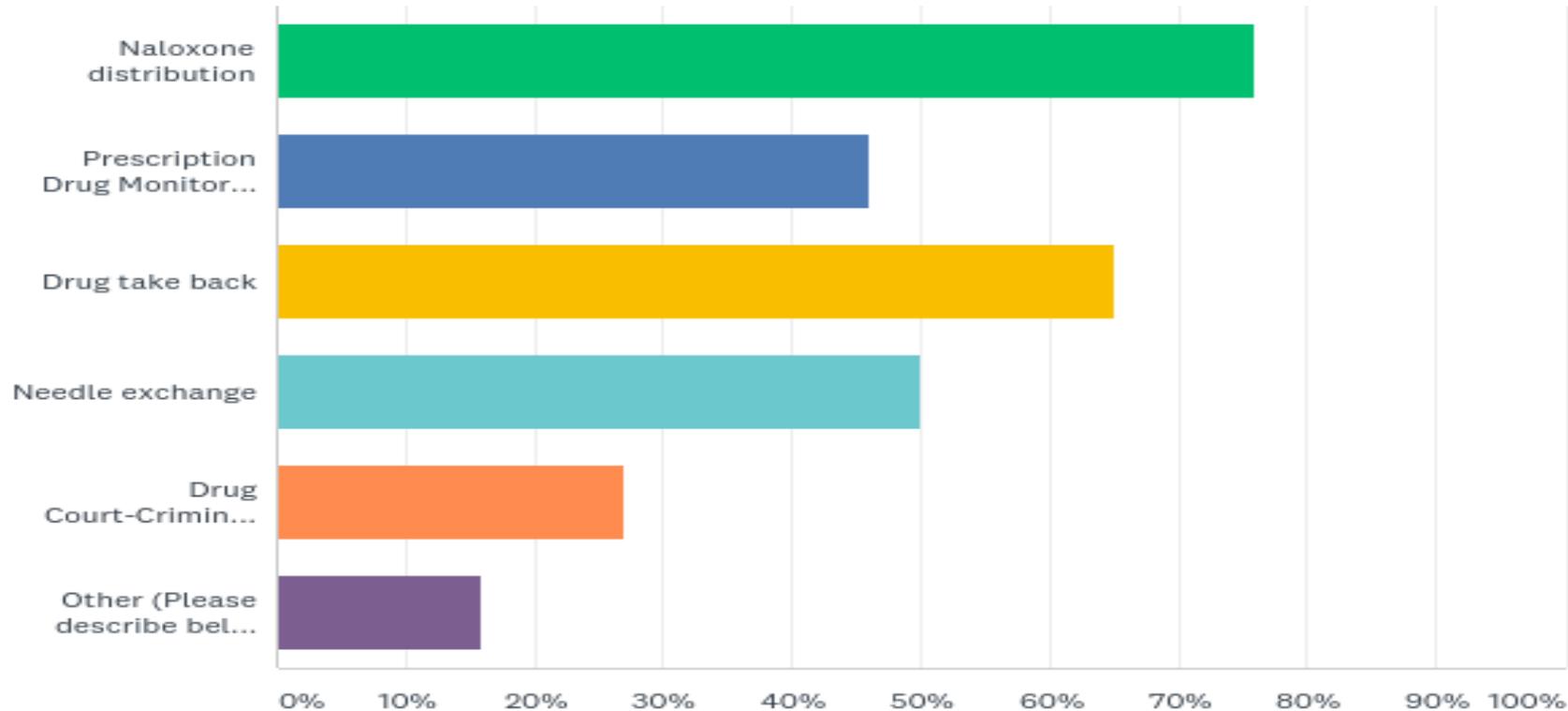
# Q11: Domain 5: Develop public health policies and plans - Has your health department either developed or participated in the development of policies, laws, ordinances, etc. related to opioid misuse?

Answered: 131 Skipped: 4



## Q12: If yes, on what topic area? Check all that apply.

Answered: 100 Skipped: 35



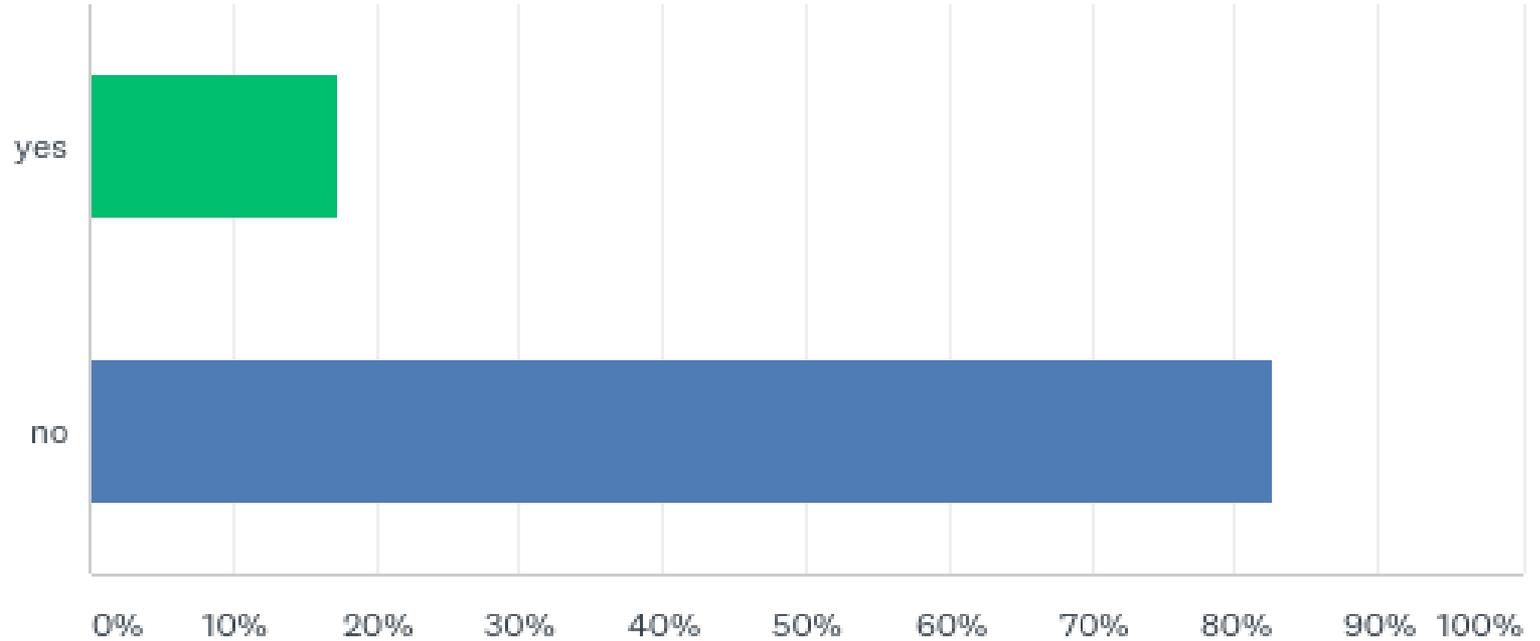
## “Other” Areas of Participation in the Development of Policies, Laws, Ordinances, etc. Related to Opioid Misuse

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- **Prevention:** updated school drug policies
- **Education:** provide and track SBIRT School trainings, increase naloxone education
- **Treatment:** expand access to behavioral health services, increase length of stay, detox and treatment capacity, increase coverage for SUD by Medicaid
- **Laws:** Good Samaritan Law, statewide lawsuit against pharmaceutical industry, safe prescribing practices (5-7 day prescriptions)
- **Ordinances:** regulation of pharmaceutical representatives (licensure and summaries of interactions with providers), safe prescribing

# Q13: Domain 6: Enforce public health laws - Does your health department have the authority to enforce any of the policies, laws, ordinances, etc. related to opioid misuse?

Answered: 133 Skipped: 2



## **Policies, Laws, Ordinances, etc. Related to Opioid Misuse that Health Departments are Authorized to Enforce**

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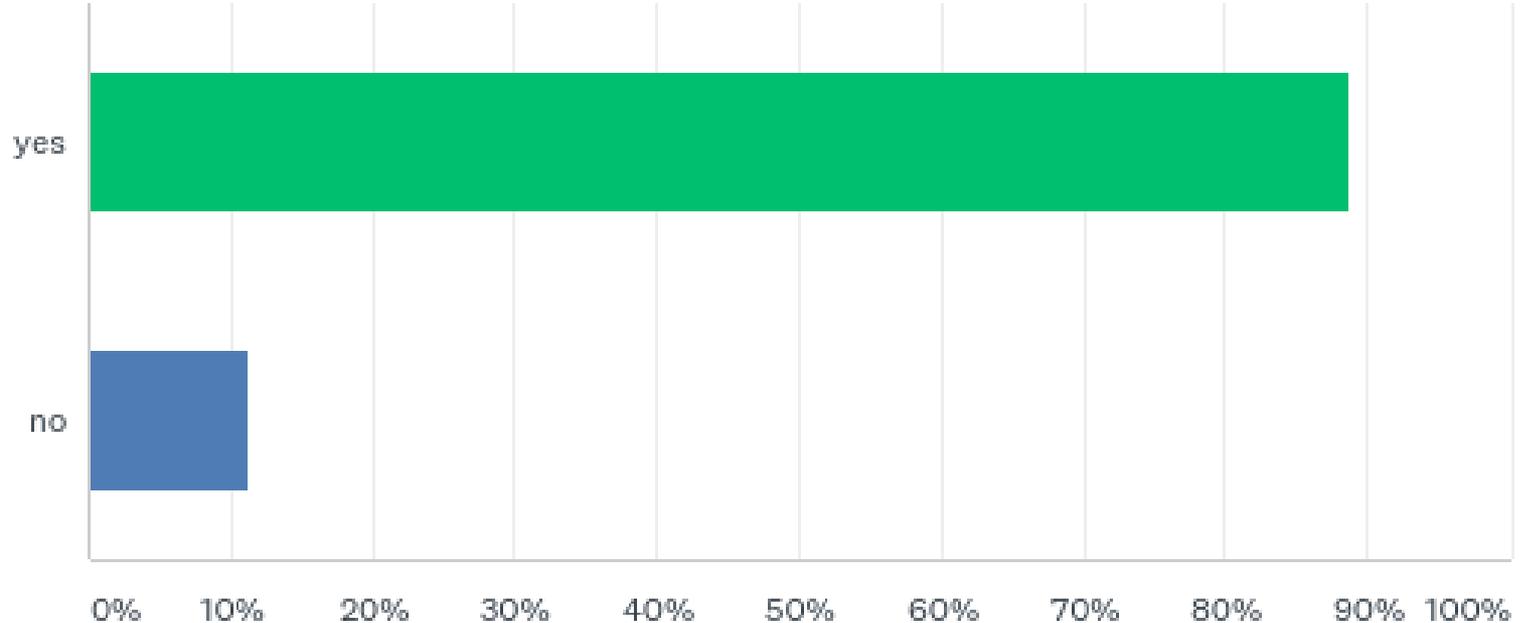
**Policies:** Naloxone standing orders and needle/syringe exchange

**Laws:** opioid prescribing laws (5-7 days), Good Samaritan Laws, regulation of pain management clinics, pharmacy representative licensure compliance

**Ordinances:** PDMPs, governs licensure and operation of opioid treatment centers and methadone clinics, drug control of pharmacies, Meth lab mitigation, synthetic marijuana

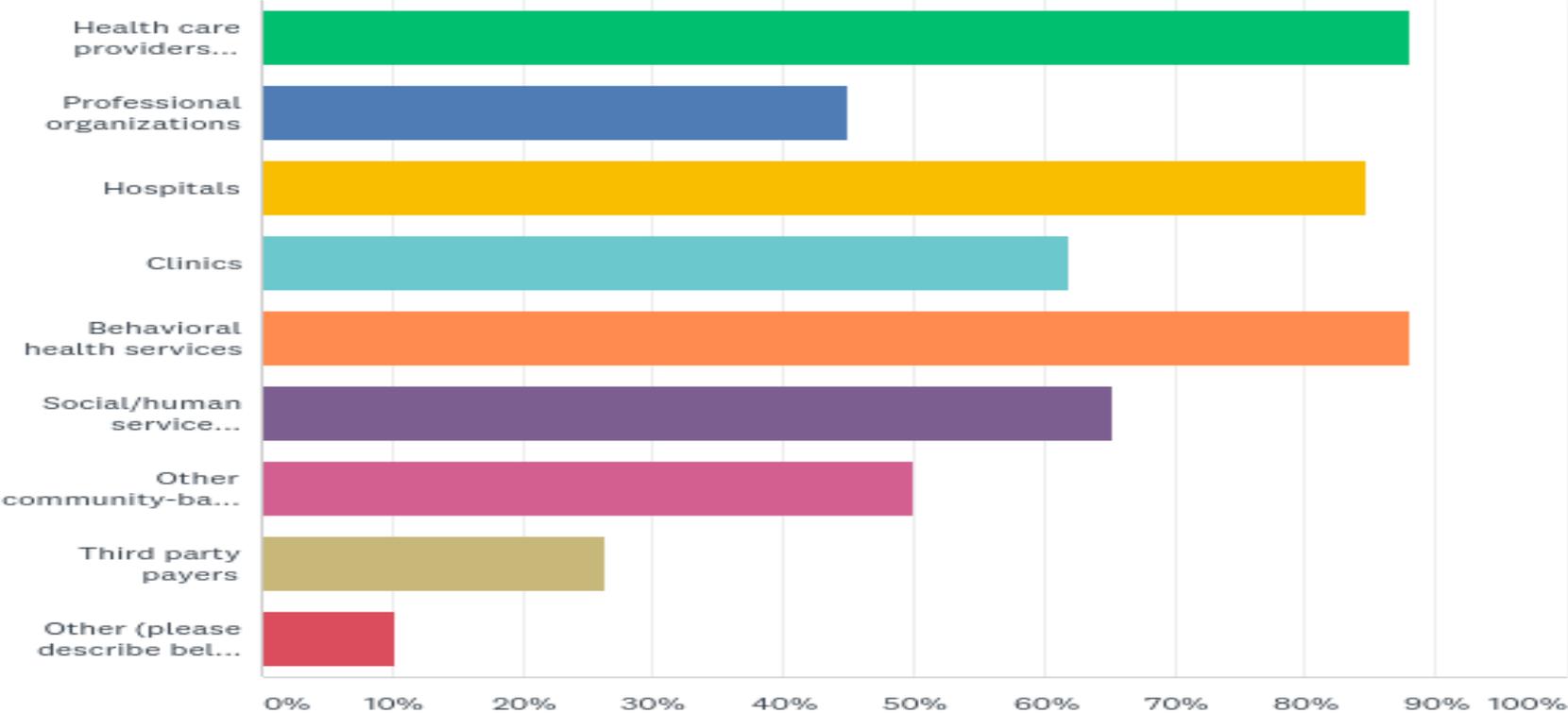
# Q14: Domain 7: Promote strategies to improve access to health care - Does your health department partner/collaborate with the health care system to address opioid misuse treatment/intervention?

Answered: 133 Skipped: 2



# Q15: If yes, identify the collaborative partner group(s). Check all that apply:

Answered: 118 Skipped: 17



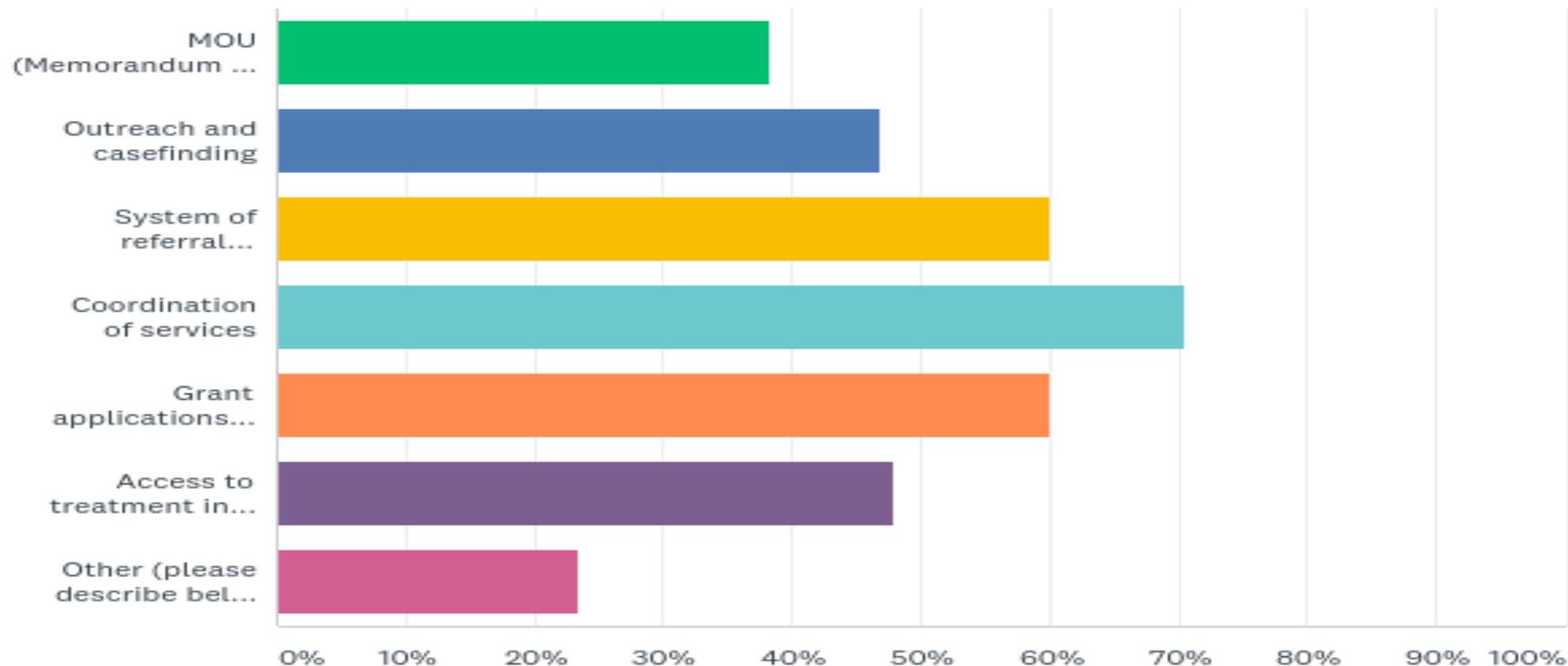
# “Other” Collaborative Partner Groups

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- Pharmacies
- Hospital Councils
- Universities
- Task Forces: focusing on education of ED Physicians
- Certified Recovery Mentors
- State Organizations
- National Organizations: SAMHSA, CDC

# Q16: What types of strategies are included in the partnerships/collaboration? Check all that apply.

Answered: 115 Skipped: 20



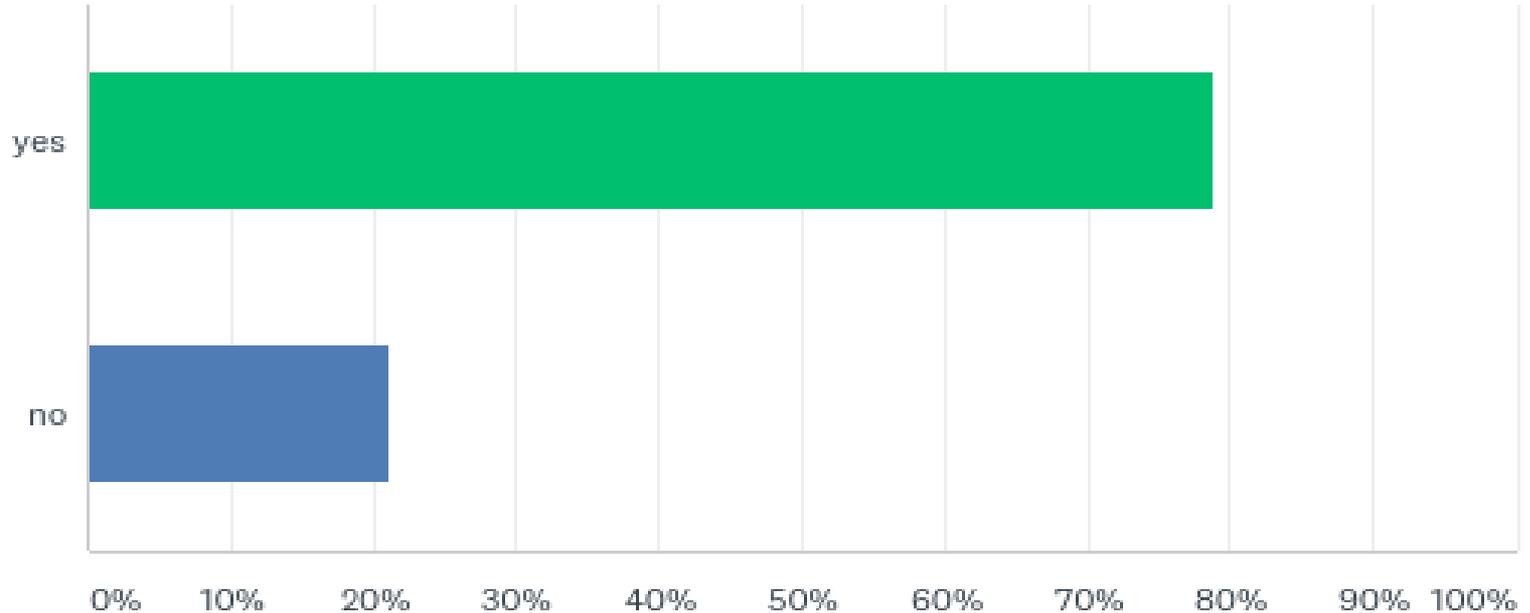
## “Other” Strategies Included in Partnerships/Collaborations

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- Increase communicable disease testing with history of drug use
- Improve Access to Care – identify barriers, referral roadmaps, and mapping of services
- Coordination of services for inmates
- Education of HC providers that includes prescribing training
- Naloxone training/distribution
- PDMP data analysis provided to healthcare providers
- Coalition collaboration (i.e., Drug courts – MAT, increase access to treatment)
- Behavioral Health Task Forces/Advisory Councils
- Outreach and case management services to pregnant and parenting women with a history of SUD
- Reduce stigma related to SUD
- Opioid Action Plan: 1) Prevention/Community Education, 2) Healthcare and Risk reduction, 3) Treatment and Support, and 4) First responders and Law enforcement

## Q17: Domain 8: Maintain a competent public health workforce - Has your health department staff participated in training/professional development around opioid misuse?

Answered: 133 Skipped: 2



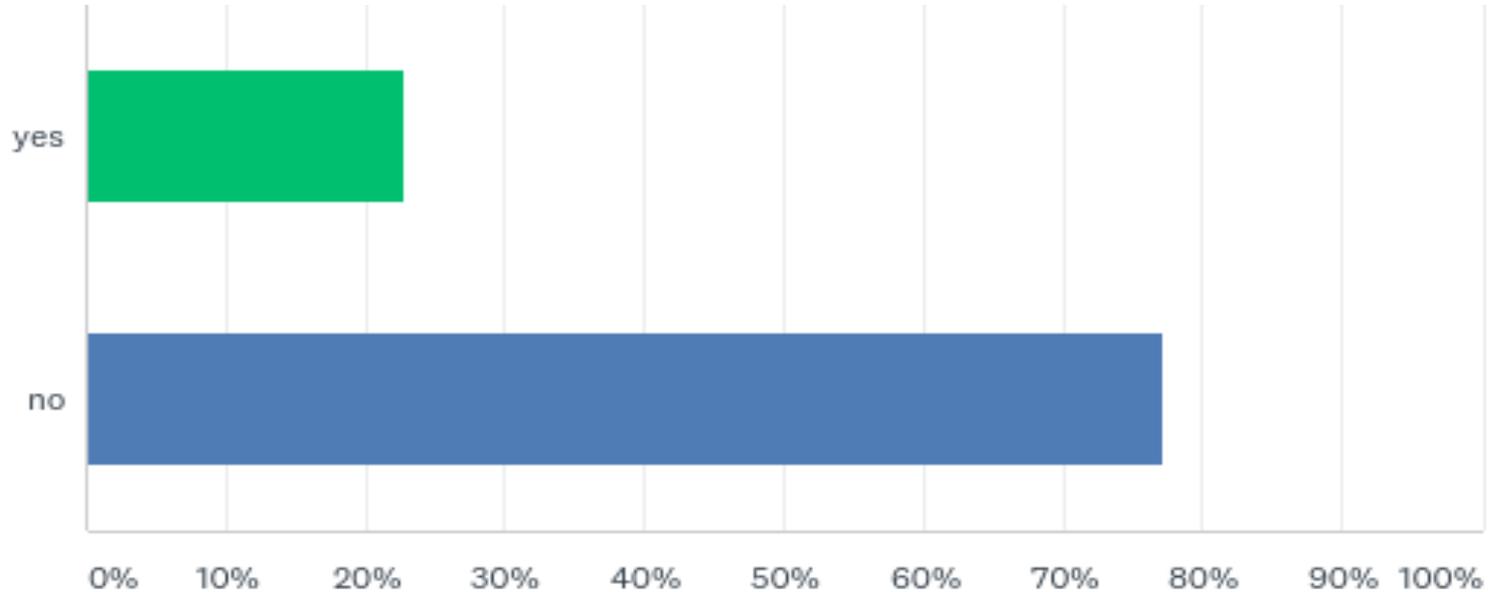
# Staff Participation in Training/Professional Development

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- **Education/Training:** local, regional, state, and national
- **Method:** on-line, webinars, symposiums, summits, workshops, meetings
- **Courses:** CDC, NORC, NACCHO, universities with schools of public health, law enforcement, CADCA (Community Anti-Drug Coalitions of America)
- **Topics:** opioid misuse and implications/impact on population, safe prescribing practices, needle/syringe exchange, naloxone administration, surveillance for opioids

## Q18: Domain 9: Evaluate and continuously improve processes, programs, and interventions - Is opioid misuse prevention part of your health department quality improvement plan?

Answered: 131 Skipped: 4



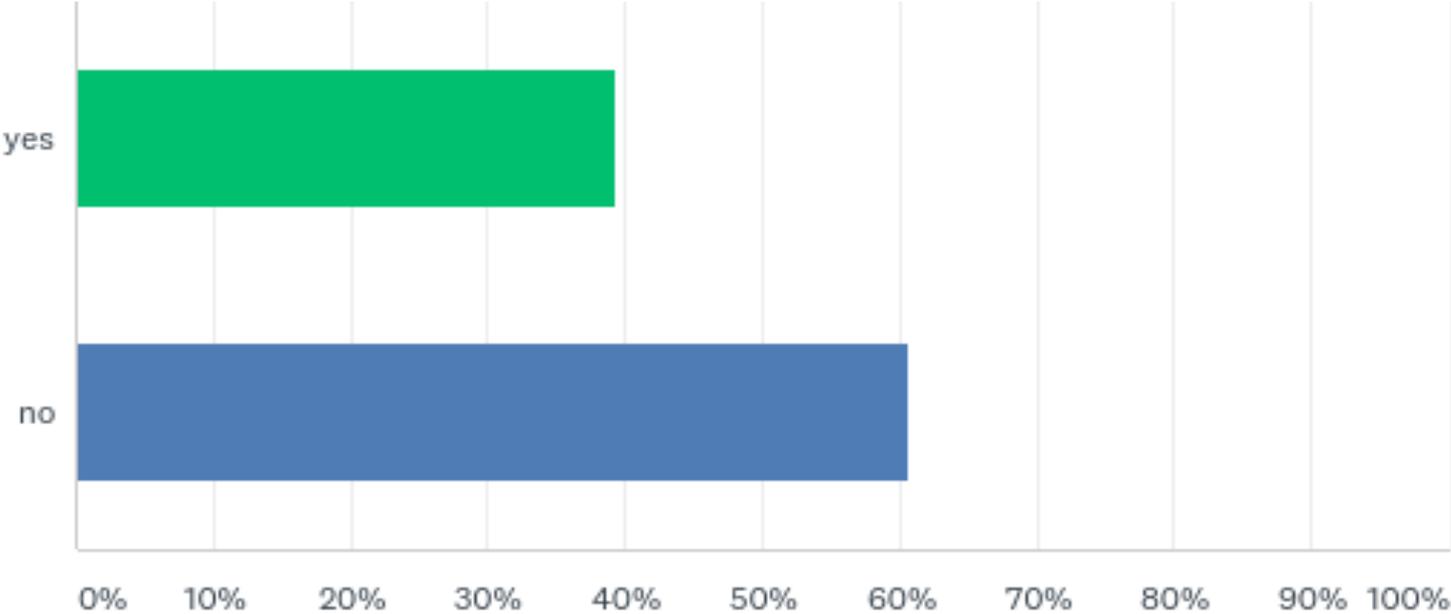
## Describe Opioid Misuse Prevention as Part of Quality Improvement Plans

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- Opioid surveillance reporting the success of overdose response with naloxone administration
- Data collection from harm reduction programs
- Naloxone training and distribution
- Monitor number of opioid related deaths per month on a scorecard
- Grant from SAMHSA – opioid misuse prevention activities; awareness and use of medication disposal boxes
- PDMP – 95% enrollment
- HIV/AIDS programs have QI plans that include opioid use among people who use drugs
- Decrease in opioid prescriptions
- Development of a best practice toolkit

# Q19: Domain 10: Contribute to and apply the evidence base of public health - Has your health department published or presented any of your opioid misuse prevention work?

Answered: 132 Skipped: 3



## Describe Your Department's Published or Presented Opioid Misuse Prevention Work

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- Published articles on prevention and intervention of opioid use disorder
- Published journal article “Overdose Prevention for Prisoners” in the Journal of Harm Reduction
- Peer reviewed journal articles on overdose prevention
- Research partnerships with universities – co-authored articles – Impact of PDMPs
- Surveillance reports/Annual reports/overdose fatality reports
- EMS overdose Maps
- Presentations at ASTHO sponsored summits: Opioid Prevention, Education & Outreach Campaigns
- NACCHO Annual Conferences & poster presentations
- Local and statewide conferences

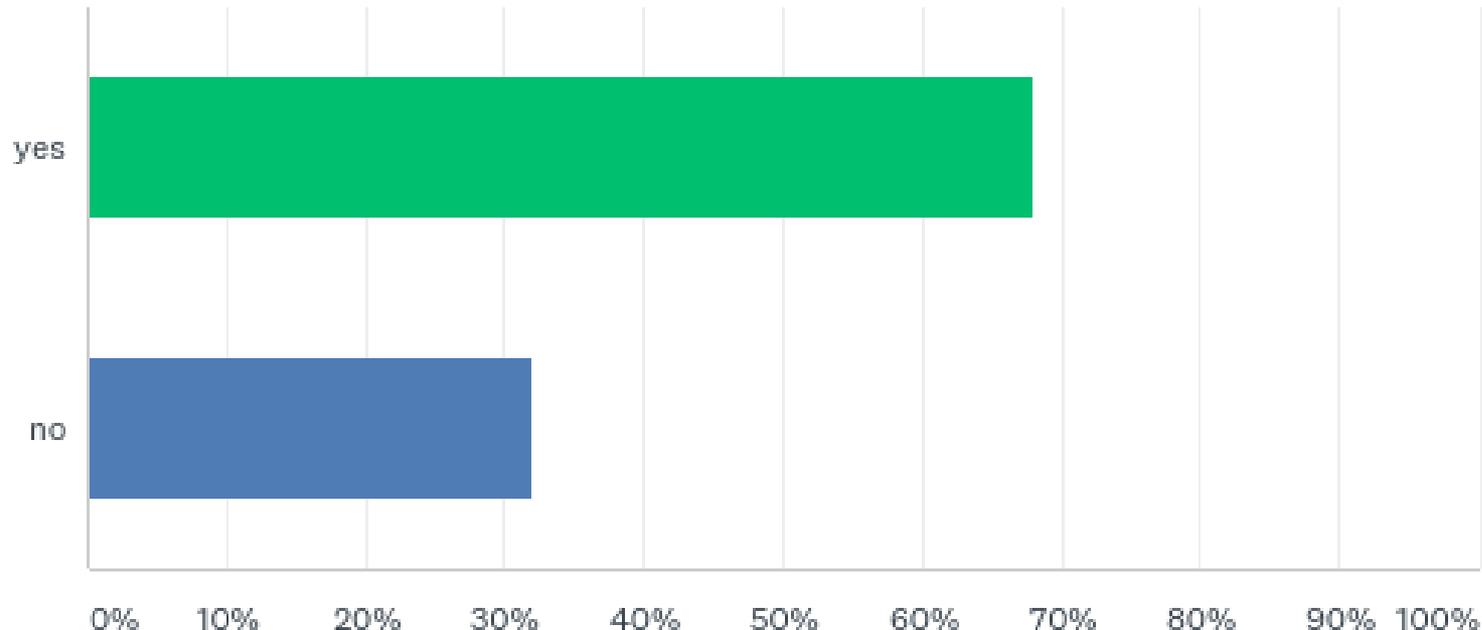
## Describe Your Department's Published or Presented Opioid Misuse Prevention Work (Continued)

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- Model Website – opioid data/interactive
- Webinars and summits on safe prescribing
- Annual summits on the opioid crisis, safe prescribing, and other best practices and models
- Rx360 Toolkits (Prevention Work)
- Abstracts presented at APHA
- Presentations to county boards, community schools, law enforcement, EMS/fire departments, businesses, human services, and other governmental agencies
- Media campaigns on proper medication disposal
- Reports on laws (opioid, drug take back)
- Roundtable discussions on reducing prescription drug and opioid abuse
- Newsletters

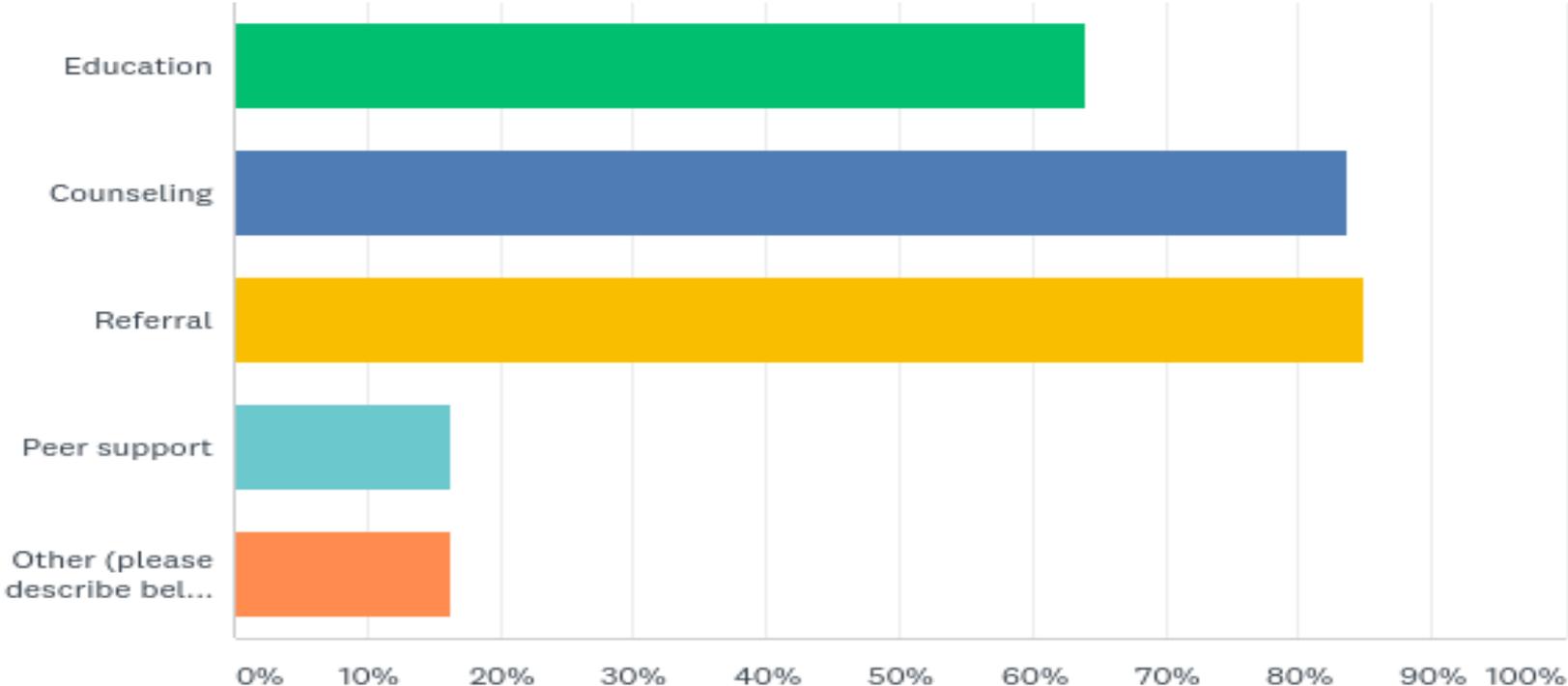
## Q20: Domain 11: Maintain administrative and management capacity - Does your health department provide services for opioid misuse to workers through an employee assistance program?

Answered: 131 Skipped: 4



# Q21: If yes, please identify the services that are provided. Check all that apply.

Answered: 86 Skipped: 49



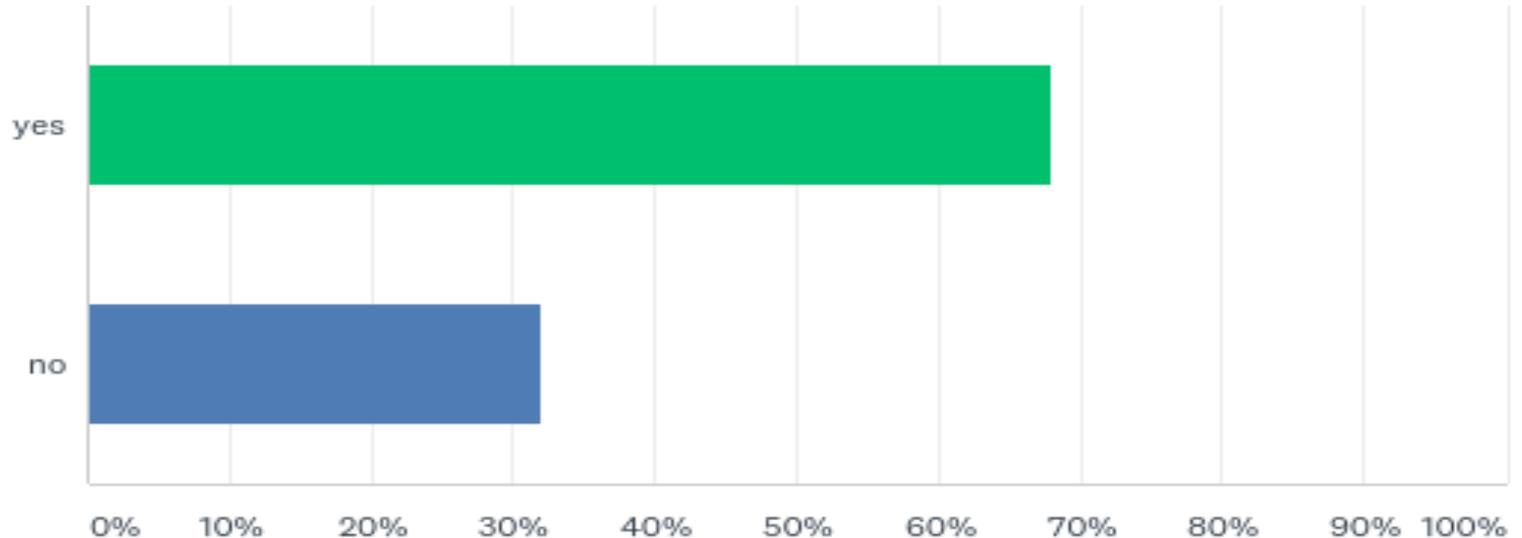
# “Other” Services Provided by Employee Assistance Programs

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- Life management concerns that include alcohol and drug abuse
- Educational workshops related to opioid addiction and Narcan training
- SBIRT (Screening, Brief Intervention, and Referral to Treatment)

## Q22: Domain 12: Maintain capacity to engage the public health governing entity - Has your governing entity (board of health, governor's office, county/city commissioners, etc.) been actively engaged with the health department in developing and implementing the opioid misuse prevention initiatives in your jurisdiction?

Answered: 131 Skipped: 4



# Governing Entities Engaged with Health Departments in Developing and Implementing Opioid Misuse Prevention Initiatives

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- Emergency declarations to address opioid deaths
- Increase access to treatment
- Data collection and dissemination
- Ensuring access to Mental and Behavioral Health services
- Injury Prevention Grants/harm reduction: syringe access (needle exchange), naloxone training and distribution, drug take back (dispose-a-med)
- Feasibility of establishing a Drug Action Response Team or Post Overdose Response Team
- Heroin-Opiate Coalitions/Task Force
- Meth Strike Task Force
- Prescription Drug Abuse Task Force

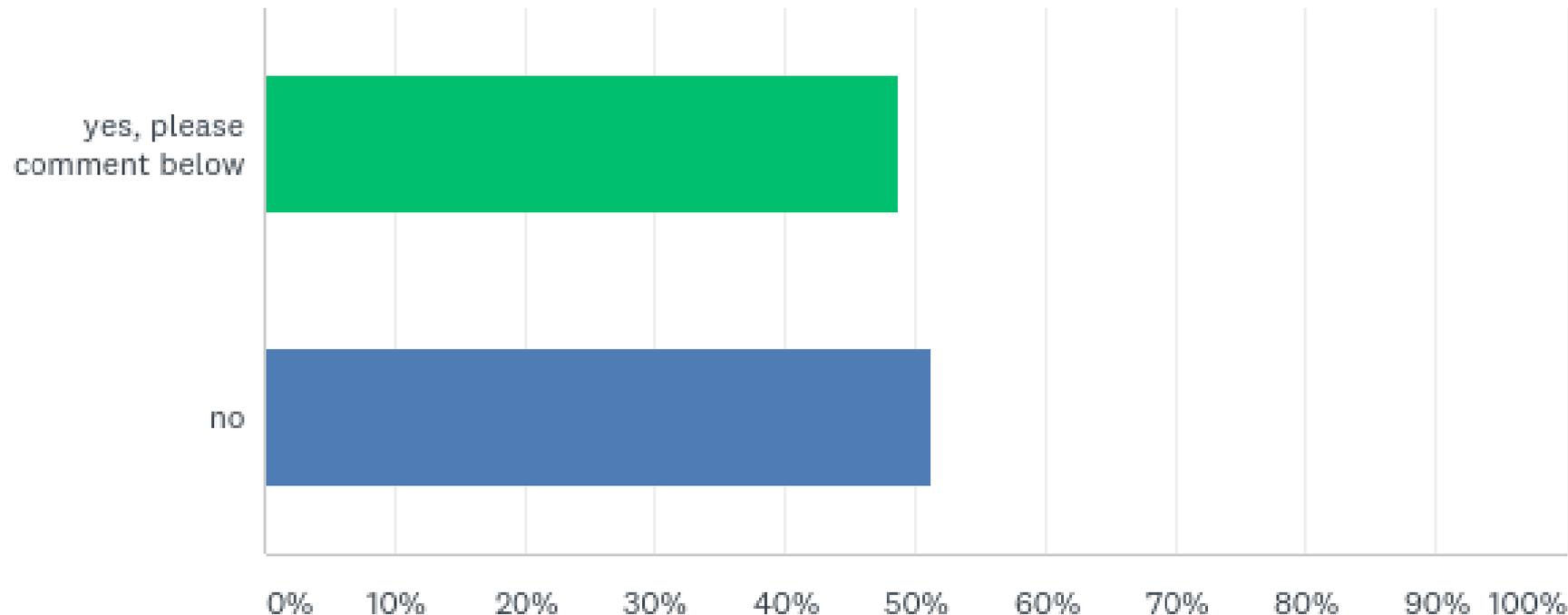
# Governing Entities Engaged with Health Departments in Developing and Implementing Opioid Misuse Prevention Initiatives

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- Youth Substance Abuse Prevention Program
- Community Town Hall Meetings/Forums
- PDMP ordinances (advocacy and education with community partners)
- Alcohol & Drug Advisory Boards
- Blood Borne Pathogen Reduction Program
- Telephone helpline and central identification/intake system w/plans for a 24/7 crisis walk-in center
- Pain guidance document
- Funding of peer recovery specialists to conduct outreach to connect individuals to treatment

## Q23: Last question. Is there anything else you want to share with PHAB about the health department's role in addressing the nation's opioid misuse crisis?

Answered: 127 Skipped: 8



# Additional comments to be shared with PHAB regarding the health department's role in addressing the nation's opioid misuse crisis

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- Need national standards for opioid prevention
- Much to be done in the prevention realm and difficult to quantify (i.e., lives saved, addictions avoided)
- Need prevention, education, data surveillance and analysis, capacity building, and engagement with multiple community partners
- Need to change prescribing practices, access to treatment, overdose prevention strategies
- Need funding for resources and public health workforce capacity to engage in upstream community-based prevention strategies
- Funding needed from state and federal government to coordinate community collaborative efforts regarding substance abuse to ensure alignment, effective use of resources, strategy implementation, and the development of proactive approaches to the community
- Multi-agency collaborative networks or teams need to be developed
- Environmental health services need to organize safe disposal of unused drugs
- Local and state partnerships collaborations needed

# Additional comments to be shared with PHAB regarding the health department's role in addressing the nation's opioid misuse crisis

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- Requesting PHAB to define the health department's role in addressing the nation's opioid crisis
- Access to recovery (ATR) needs to increase support services to pregnant women and infants
- Inmates who are released should be screened, interviewed, and trained for naloxone use and referred to treatment as needed
- Individuals discharged from EDs at risk for an overdose should be given naloxone
- Launch campaign to decrease stigma associated with SUD
- Expand addiction surveillance at the state and local levels
- Explore interventions programs for post overdose
- Offer information and non-judgmental referrals on opioid safety, prevention, and risk for infectious diseases
- All drugs should be included in conversations, especially with recent legalization of marijuana
- Complex and multi factor approach – Naloxone access and distribution workshop, overdose education, expand to high-risk communities, syringe access services, access to recovery

# Additional comments to be shared with PHAB regarding the health department's role in addressing the nation's opioid misuse crisis

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- Need funds from SAMHSA and DHS
- Most grant funding is treatment oriented; Need access to funds specific to address prevention
- Health departments view their principal role as a convener at this time. Strongly encourage PHAB to consider public health activities related to the opioid epidemic to fall within their scope
- Opioid use/substance abuse disorders and Behavioral Health are integral public health issues that should be addressed in the PHAB standards
- Destigmatize mental illness and highlight addiction prevention science
- Generic standards should be all encompassing and demonstrate how health departments have responded to national and state declared public crises and not specific crises.
- Requesting PHAB to cite specific samples in the standards regarding substance abuse
- Alcohol, Meth, marijuana, cocaine, and tobacco all need to be addressed in substance abuse as each jurisdiction has different substance abuse priorities

# Additional comments to be shared with PHAB regarding the health department's role in addressing the nation's opioid misuse crisis

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- Health departments have had to reframe opioid misuse/any SUD, as not traditionally/officially part of public health
- Substantive work has been done through partnerships without funding sources
- PHAB should reconsider the barriers it has placed around the ability of LHDs to use substance abuse prevention and intervention examples for accreditation
- Recommend PHAB and NACCHO take the lead in educating 3,000 health departments in the U.S. regarding ideal role in this complex, national public health crisis
- Nationally the opioid epidemic appears to be looking straight at local health departments as the key drivers of developing and implementing evidenced-based and experimental intervention to manage the incidence of opioid addiction
- Addressing BH through surveillance, program and policy development, implementation and evaluation is public health - PHAB needs to consider BH as part of PH
- Tools: epidemiology, coalition building, vital statistics