



INSTITUTE FOR YOUTH,  
EDUCATION, AND FAMILIES



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# Aligning City, County and State Resources to Address the Opioid Epidemic

**LESSONS LEARNED AND FUTURE OPPORTUNITIES**

*Mayors' Institute on Opioids: Part of the Culture of Health NLC Mayors' Institute Series*



INSTITUTE FOR YOUTH,  
EDUCATION, AND FAMILIES

## About the National League of Cities

The National League of Cities (NLC) is the nation's leading advocacy organization devoted to strengthening and promoting cities as centers of opportunity, leadership, and governance. Through its membership and partnerships with state municipal leagues, NLC serves as a resource and advocate for more than 19,000 cities and towns and more than 218 million Americans. NLC's Institute for Youth, Education, and Families (YEF Institute) helps municipal leaders take action on behalf of the children, youth, and families in their communities. NLC launched the YEF Institute in January 2000 in recognition of the unique and influential roles that mayors, city council members and other local leaders play in strengthening families and improving outcomes for children and youth.

## About the Report

As part of NLC's multi-year initiative to engage mayors and city leaders in creating a Culture of Health, the YEF Institute led a Mayors' Institute on Opioids on May 9-11, 2018 in Boston and Cambridge, Massachusetts. This summary of findings from that meeting is made possible by the insights shared by participating mayors and team members, including county and state officials, from the following cities:

- Huntington, West Virginia;
- Knoxville, Tennessee;
- Madison, Wisconsin;
- Manchester, New Hampshire;
- New Bedford, Massachusetts; and
- Tacoma, Washington.

This report is also informed by the observations and contributions of expert faculty and partners listed in Appendix B and Traci Sampson of the Consillience Group, LLC.

## Acknowledgements

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**MAYORS' INSTITUTE ON OPIOIDS:**

# **Aligning City, County and State Resources to Address the Opioid Epidemic**

*Lessons Learned and Future Opportunities*

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# Summary of Key Findings

Local communities confront the realities of the opioid epidemic each day, as municipal leaders witness the devastating impacts on families and the increasing toll on first responders, educators, child welfare agencies, criminal justice and public safety officials, health professionals, community organizations and faith leaders, among others. No single city policy or program, and no one agency or organization acting alone, will be sufficient to resolve a crisis of this magnitude. The most promising strategies combine access to treatment, harm reduction, recovery, and prevention efforts with resources targeted through the effective use of data sharing and focused on evidence-based programs

and approaches. Successful coordination of services and collaboration among city, county and state leaders are two keys to breaking down silos and stretching scarce resources. Local leaders can also work to decrease the stigma of substance use disorders (SUD) in their communities by changing the narrative, sharing success stories and educating providers and residents about the role that trauma plays in driving opioid use. Finally, a commitment to promoting equity and tackling underlying challenges such as economic revitalization and job creation are essential to get at the roots of this disease of despair and build hope of better prospects for individuals, families and the cities in which they live.

## Introduction

As the opioid epidemic continues to ravage and spread throughout the country, mayors and other local elected officials remain at the forefront of the crisis. The crisis affects tens of thousands of people every day and knows no boundaries, reaching across demographic groups, socioeconomic levels, and geography as it spreads death, despair and trauma. In some neighborhoods, every family is affected – from the youngest children suffering from neonatal abstinence syndrome (NAS) to grandparents raising grandchildren.

Municipal leaders see the devastating impact this epidemic has on residents as well as the toll it takes on nearly every segment of their communities: first responders, educators, child welfare agencies, criminal justice and public safety officials, public health professionals, community organizations, faith leaders, health care professionals, and many others. The latest provisional estimates for 2017 from the Centers for Disease Control and Prevention (CDC) show 49,000 overdose deaths from opioids, up from 42,000 in 2016.<sup>1</sup>

At the same time, we know solutions are possible when aligned and coordinated strategies are developed across systems and all levels of government (local, state and federal). Cities, counties and states each have unique assets, oversight and responsibilities, and when working together they can leverage the fullest range of resources for the greatest impact. Recognizing the importance of intergovernmental collaboration, the National League of Cities, in partnership with the National Association of Counties, convened a joint task force of city and county leaders in 2016 to identify local policies and practices that reduce opioid misuse and related fatalities. The task force met twice and their deliberations, along with interviews with city leaders, public health and criminal



justice professionals, generated a series of recommendations around four key areas: leadership, education and prevention, treatment, and public safety and law enforcement. The full report is available at: <http://opioidaction.org/report/>.

The Mayors' Institute on Opioids builds upon this important work,<sup>2</sup> by going deeper with a select cohort of six cities to better support them as they continue to meet the challenges associated with the epidemic. In May 2018, following a competitive application process, six mayors came together with their respective teams to participate in the institute, including:

- **Steve Williams, Mayor, Huntington, West Virginia**
- **Madeline Rogero, Mayor, Knoxville, Tennessee**
- **Paul Soglin, Mayor, Madison, Wisconsin**
- **Joyce Craig, Mayor, Manchester, New Hampshire**
- **Jon Mitchell, Mayor, New Bedford, Massachusetts**
- **Victoria Woodards, Mayor, Tacoma, Washington**

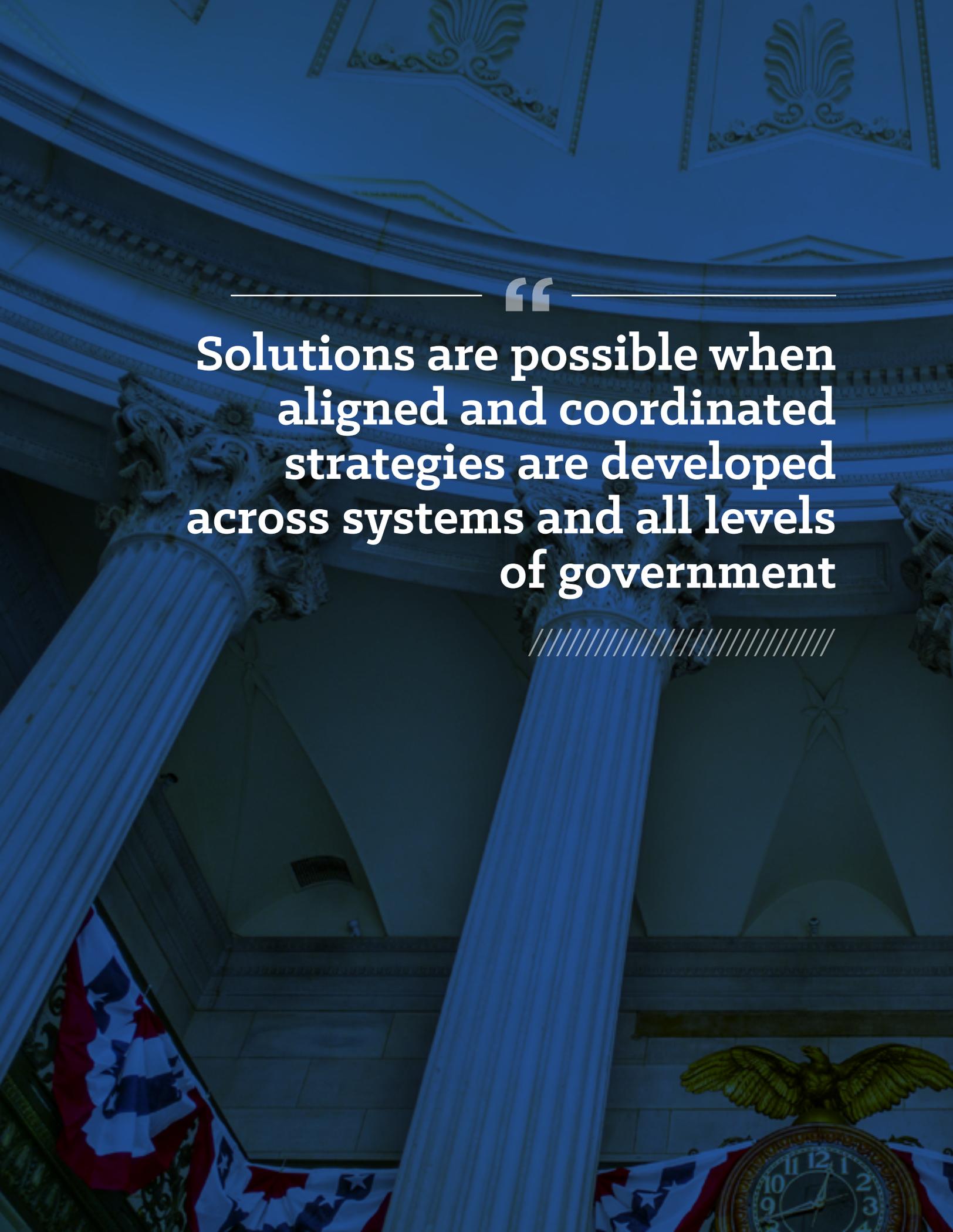
**A**s part of the Mayors' Institute on Opioids, each mayor assembled a team from their respective cities from a wide array of disciplines, including public health leaders, public safety officials, leaders from community-based organizations, and county and state officials (See Appendix A). Participating mayors and their teams presented case statements that outlined their specific goals, challenges and opportunities related to addressing the opioid epidemic in their respective cities. To cultivate shared learning and further inform efforts, each mayor's case statement presentation was followed by a strategy session that included an exchange of policy, practice and programmatic approaches as well as implementation strategies. Contributions from expert faculty and partners also informed the dialogue (see Appendix B).

NLC introduced four key themes into each strategy session, highlighting steps that are essential to combatting the epidemic and ultimately improving community health and well-being:

- **A pervasive emphasis on equity, including disparities in life expectancy and opioid outcomes based on hot spots within each participating city;**
- **Cross-sector partnerships and service delivery integration to ensure more robust alignment of efforts;**
- **Innovations in the use of data, with an emphasis on working across systems to accurately target prevention and treatment interventions; and**

- **Financing approaches to leverage federal, state and local public and private resources.**

Following the Mayors' Institute on Opioids, city teams participated in a Results-Based Accountability (RBA) workshop to enhance the effectiveness of their planning and implementation efforts upon returning to their communities. To provide further insights and inform city-level efforts, participants attended site visits throughout the City of Boston that highlighted local work in combatting the opioid epidemic.



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# Common and Emerging Priorities Among Participating Cities

**T**he six participating mayors and their teams ranged from cities that have been dealing with the epidemic for years to others that have more recently faced the crisis. This allowed for strong peer-to-peer engagement among city teams who could share their lessons learned to help inform other cities who are newer to the fight. The mayors observed that few families in their communities have not been touched in some way by the opioid crisis. They find themselves asking difficult questions, such as “How can children successfully thrive inside and/or outside the classroom when they watch their parents struggling with addiction every day?” They also hold the strong conviction that solutions exist – and that comprehensive efforts, including treatment, harm reduction, recovery, and prevention, are essential to ultimate success.

The robust conversation over the course of the two-day institute revealed a set of shared priorities among the participating cities and shed light on the continuum of efforts across these issues. These include:

- **Expand access to treatment:** All cities struggle with the need to expand access to treatment, including increasing access to medication-assisted treatments (MAT) like buprenorphine, naltrexone and methadone. Increasing both the number of treatment facilities as well as the number of physicians willing and able to prescribe MAT is needed. For cities with more experience in

battling the epidemic, they are looking for solutions related to reimbursement and workforce challenges, including identifying available clinicians who can treat individuals with substance use disorders with MAT. In addition to these same challenges, cities newer to the fight are grappling with how better to locate treatment based on areas of greatest need.

- **Create a comprehensive strategic plan** that addresses opportunities for both short-term gains and the full continuum of care from prevention through intervention, treatment, harm reduction and recovery strategies. Cities with initial plans in place seek to make them more comprehensive and ultimately deploy robust community engagement strategies to receive input and to foster greater understanding of needed interventions to combat the stigma of substance use disorder. Cities newer to the fight are working to identify and prioritize short-term, intermediate and long-term goals and effectively engage and align assets with clear roles and responsibilities for all key stakeholders. (See Appendix C)
- **Obtain and analyze robust data** from a variety of stakeholders. All cities recognize the need for more intentional and sophisticated data-sharing to better tailor and target



*Mayor Jon Mitchell of New Bedford and Mayor Joyce Craig of Manchester, NH*

interventions to where they are most needed and to ensure the right services at the right time. Cities that are earlier in their work are starting conversations around data sharing agreements between government agencies and with partners like hospital systems. In other cities further along in their work, municipal leaders are looking for ways to better integrate and analyze the data they do have through the development of data dashboards and working to effectively evaluate existing efforts.

- **Develop economic revitalization strategies as a foundation for prevention and effective treatment** that include housing stabilization, workforce readiness and job training programs for those in treatment and recovery. Cities that have long battled

the opioid epidemic have turned their attention to engagement strategies that follow treatment, seeking solutions that address the needs associated with maintaining long-term recovery. Access to economic mobility through good quality jobs, as well as a safe place to go following inpatient treatment or while in outpatient treatment, are vital to sustaining progress made in treatment and fostering long-term recovery.

- **Address stigma and “Not in My Backyard” NIMBYism** to change the narrative around individuals suffering with substance use disorders. Community stigma around SUD continues to create barriers to effective treatment both for communities and individuals. For many cities, this stigma makes it more

## //CITY SPOTLIGHT TACOMA, WASHINGTON

Tacoma has several initiatives in place to address the effects of the opioid crisis. The city is now seeking to scale up these efforts in partnership with the county, while also expanding its work to include upstream prevention. Tacoma currently operates a needle exchange program, and the Fire Department's CARES (Community, Assistance, Referral, and Education Service) program receives non-emergency medical calls and directs callers, including those suffering from substance use disorder, to needed medical and social services. This practice substantially decreases the burden on the 911-EMS response system. The City of Tacoma sustains a portion of this work through a 0.1% sales tax to support mental health and substance use treatment. Moving forward, Mayor Victoria Woodards, the City of Tacoma and Pierce County are exploring more robust and integrated data options to better target any expanded services. In addition, education initiatives aimed at youth seek to mitigate the onset of addiction. This body of work is being conducted by the Pierce County Opioid Task Force, a coalition of city and county agencies as well as key stakeholders, based on the action plan developed at its Summit in February 2017.

## //CITY SPOTLIGHT MANCHESTER, NEW HAMPSHIRE

Manchester has been a focal point for treatment across the state of New Hampshire due to both the high prevalence of substance use disorder and the outstanding accessibility of the Safe Station program, which opens fire stations as points of access for services. The inspiration for Safe Stations came from within the Fire Department. Using fire stations as a low-cost triage agency, the department educated firefighters on addiction so that those suffering from substance use disorder can walk into a Manchester fire station at any time to be directed to services. Given the success of Safe Stations, Manchester is exploring ways to amplify the network of hospitals and providers connected to the program, especially since demand for services is so high. Collaborative and culturally competent care are priorities in their service provision. Manchester will achieve this, in part, through a data dashboard that will integrate numerous sources of robust local data. At the same time, Manchester remains committed to advancing its youth prevention initiatives, such as the community health and social workers placed in schools to support students' health and behavioral needs. The city is also seeking to partner with more social service organizations to better identify individuals who are ready to seek help.

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difficult to implement harm reduction and treatment strategies, including the opening of new treatment facilities in high-need neighborhoods, and also limits employment opportunities for those in treatment and recovery.

■ **Promote equitable solutions for all those with substance use disorders.**

A stable job with a living wage is essential to both prevention of and rehabilitation from opioid addiction. Moreover, as the crisis continues to spread, cities are grappling with significant increases in the use of opioids in African American and Hispanic/Latino communities. These realities heighten the need for multi-faceted strategies that include community development approaches, provide equitable income opportunities, and other supports such as housing, transportation and access to healthcare for individuals with SUD. City leaders also highlight the importance of bilingual treatment providers, broad public education efforts and culturally appropriate solutions as well as deeper partnerships with faith-based leaders and other community organizations.

■ **Plan for sustainability.** Looking across needed core foundational capacities, including data, financing, civic engagement, equity and multi-sector partnerships, many cities lack the ability and resources to deploy integrated approaches that ensure long-term, sustainable solutions. As part of comprehensive planning, a

focus on leveraging all assets at the disposal of cities, counties and states is one key to sustaining robust efforts.

While participating cities share many similar challenges and, in some cases, strategies to address the opioid crisis, cities with longer-term efforts also shed light on new challenges that have yet to materialize for others. Newer challenges that have emerged from cities with longer-term efforts include issues such as first responder fatigue and ensuring employment opportunities for individuals who are leaving treatment and starting recovery to help engage them in meaningful work. The personal and professional toll to continue the fight calls for trauma and resilience strategies to help sustain the necessary workforce. At the same time, some cities state an emphasis on economic opportunity to “take back the city” is vital to inject a sense of hope in communities, propel recovery and prevent addiction in the first place.

# Lessons Learned and Informing Future City Strategies

**W**hen mayors and their teams came together for the Mayors' Institute, they felt that a key highlight was no longer feeling "alone" and understanding that others are grappling deeply with the challenges associated with combatting the opioid epidemic. This connection helped to alleviate the sense of isolation that is often felt in working to mitigate this public health emergency. The lessons learned throughout the course of the institute and captured below can be applied more broadly to municipal leaders throughout the country.

■ **Lead with a decisive message of "hope."** City leaders must be willing to lead in the face of challenge with a message of hope to their communities. Opioid Use Disorder is a disease of despair. Municipal leaders must galvanize their communities to instill a sense of hope and rally all stakeholders to engage in a meaningful way. Changing the conversation and taking ownership of how the community will be defined from its strengths and leveraging stakeholders from the business community, anchor institutions, community development organizations, among others, can foster a greater sense that the problem can be solved. This sends the message that everyone matters and has a role to play

■ **Change the narrative.** The headlines surrounding the opioid epidemic can often provide an image that nothing is working and it's only getting worse, but there are bright spots of notable decreases in the number of drug overdose deaths in some communities and states. This must be celebrated. Long-term recovery is possible. Mayors and other stakeholders must work together to convey what's working well and showcase the progress that is being made in combatting the epidemic.

■ **Target resources through expanded use of data.** Ensuring robust use of data and effective integration of available data are essential to making progress. Most cities recognize the need to better target interventions, but to do this effectively requires time and trust between a variety of stakeholders.

- Concerns across agencies and with health system partners regarding compliance with HIPPA privacy laws can delay this effort.
- Real-time data is vital to target local interventions effectively. Data from large government and research institutions are often years old and cities need to work with local hospitals, first



**The vital role and work of cities in addressing the opioid epidemic cannot be overstated. While no one entity can solve this crisis alone, it is through the voices and advocacy of city leadership at the state and federal levels, that we will begin to ensure the needs on the ground are met and we will begin to see real progress.**

**//MICHAEL BOTTICELLI**

Executive Director, Grayken Center for Addiction  
Boston Medical Center





## //CITY SPOTLIGHT NEW BEDFORD, MASSACHUSETTS

Between 2012 and 2017, there were more than 315 opioid related deaths in New Bedford. To reduce opioid overdoses, Mayor Jonathan Mitchell organized the Greater New Bedford Opioid task force, a team of 25 organizations and 70 members that includes city agencies, health care facilities, treatment and recovery centers, social services and community and faith-based organizations. To date, the task force implemented a Law Enforcement Assistant Diversion (LEAD) Program; created drop in centers that operate once a month to provide support and referrals; set up disposal kiosks at all police departments for unused prescription medications; provides Narcan training for community members; and created the Ride Along Outreach Team that consists of a police officer, clergy member and a recovery coach who visit individuals within 48 hours of an overdose to provide access to services. The Massachusetts Department of Public Health Prevention Grants fund a portion of this work and puts New Bedford in a “Prevention Cluster” with neighboring communities to encourage collaborative interventions. The city has also created a strong foundation for their prevention work by implementing Behavioral Youth Risk Surveys, Life Skills programming as well as by incorporating mindfulness training into schools. The Prevention Committee is working with schools to create school risk profiles by administering the Communities That Care (CTC) survey. These efforts form the basis of New Bedford’s efforts to identify and fill gaps in its task force to better share data and to collaborate with all levels of government.

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responders, and local research institutions to collect and analyze real-time data on fatal and non-fatal overdoses, hospital admissions, location of overdoses, residences of people overdosing, rates of neonatal abstinence syndrome to locate high utilizers of health care services and help people to get the care they need.

- In addition, data on social determinants such as income, homelessness, educational achievement and neighborhood safety are needed to provide a complete picture to inform prevention and comprehensive intervention strategies.

■ **Utilize evidence-based approaches.**

The gold standard for effective treatment for individuals with SUD is medication-assisted treatment. While the evidence is clear, the implementation of MAT is often challenging for a variety of reasons including gaps in understanding and availability of workforce, funding and facilities. Cities must partner more effectively with health-care stakeholders to ensure greater access to evidence-based treatment to achieve long-term success. At the same time, city leaders must balance the need for evidence-based approaches while managing gaps in evidence by allowing flexibility for innovation.

■ **Expand evidence-based prevention programs.**

The need to move upstream in at-risk populations to prevent the onset of addiction is clear. Although it might feel like a forced choice between prevention and treatment when resources are scarce, ultimately these efforts must be comprehensive in nature to change the trajectory. When it comes to prevention, it is important to look beyond simply school-based education prevention to evidence-based approaches like Communities that Care and the Good Behavior Game. Many of the participating cities are working to implement more comprehensive prevention approaches.

■ **Build connections across silos.**

“Breaking down silos” is a common refrain for collaborative action. However, acknowledging and respecting people as experts in their respective disciplines creates a sense of trust, mutual respect and increased desire for collaboration. Rather than disregard the need for agency structures and clear lines of authority and accountability within their respective domains, city leaders can create a “back door and a front door” to navigate across silos to make information sharing easier. There is value in the fact that different teams have different strengths.

■ **Create space for dialogue to change public perceptions of substance use disorders.** Participating cities all expressed a desire to overcome issues related to the stigma of SUD. Mayors' Institute participants explored an effort through Boston's South End Forum. The forum is an umbrella group of all 16 neighborhood associations in the South End of Boston. The forum engages providers, law enforcement, researchers, neighborhood leaders, residents and elected officials to work together to find solutions to the opioid crisis that confronts the South End neighborhood. Regular meetings have resulted in enormous cooperation among disciplines, joint progress, multi-disciplinary decision-making, and education to the needs of all stakeholders. Better spread and scale of these types of approaches are needed to help overcome stigma in other cities.

■ **Sustain efforts through long-term financing approaches.** Cities have blended and braided a variety of innovative funding mechanisms from various sources, including; federal and state funding; community foundations, health care institutions, public-private partnerships and levying tax increases to fund behavioral health initiatives. Grant funds can seed important programs but are not sustainable. Medicaid expansion supports the bulk of treatment in many states, but not all. Federal Substance Abuse Prevention and Treatment block grants pay for much of what insurance cannot pay and has not been raised

in 10 years. As cities seek expansion of treatment services, they are often confronted with how to pay for facilities, workforce and services. More innovative mechanisms are needed that leverage reimbursement for services already covered to ensure long-term sustainability. In order to address these factors, advocacy at the federal level is essential. In addition to federal and state reforms, promising sources of revenue include: Local Tax Revenue: Participating cities, as well as those that applied but were not accepted to the Mayors' Institute have sought out a variety of innovative ways to fund this work. For example, the City of Tacoma was able to successfully levy a 0.1% sales tax to support behavioral health funding.

■ **Philanthropic Support:** In addition to federal and state grants, cities are also leveraging support from philanthropic organizations. For example, the City of Huntington has also secured private funds from Bloomberg Philanthropies Mayors' Challenge.

■ **Provide wraparound services to foster comprehensive solutions.** A variety of services in addition to the more directly-related treatments and interventions are needed to ensure long-term recovery and prevention of addiction. These wraparound services can include birth control for women of child bearing age to prevent NAS; permanent supportive housing for those leaving long-term treatment facilities; and workforce development



## //CITY SPOTLIGHT MADISON, WISCONSIN

In light of a growing overdose death rate and an increasing disparity in overdose deaths, the City of Madison is working with Dane County and the State of Wisconsin to target its existing initiatives in a more equitable way. Currently, the Police Department runs the Madison Addiction Recovery Initiative (MARI), which is modelled after other Law Enforcement Assisted Diversion (LEAD) programs and receives funding from the United States Department of Justice Bureau of Justice Assistance. Graduates of this pre-arrest diversion program avoid all criminal charges from appearing on their record. Madison and Dane County also co-operate MedDrop, which places medication drop boxes at most law enforcement agencies throughout the county. In addition, Public Health Madison & Dane County operate a number of initiatives to combat the epidemic locally including operating multiple syringe exchange locations and providing naloxone. The next step Madison and Dane County are undertaking is an Overdose Fatality Review, which is being funded by the Wisconsin Department of Justice and the Centers for Disease Control and Prevention through the Wisconsin Department of Health Services Division of Public Health. The Overdose Fatality Review strives to identify service gaps for individuals who died from an overdose. In doing so, it will bring together players from multiple levels of government to unite around a shared mission and vision. Simultaneously, Public Health Madison & Dane County is conducting a comprehensive community health needs assessment to better understand how to effectively target prevention and interventions efforts and address disparities.



and job training programs to provide economic stability. Burlington, Vermont's "hub and spoke model" is a truly comprehensive approach that is showing positive outcomes. Vermont now has the highest capacity for treating Opioid Use Disorder (OUD) in the U.S. The model, now a statewide initiative, divides Vermont into regions, organized around an opioid treatment provider with a license to dispense buprenorphine and sufficient staff to assess and treat opioid patients' medical and psychiatric needs. From this "hub" jut "spokes" of nurse-counselor teams focused on family services, corrections, residential services, in-patient services, pain management clinics, medical homes, substance abuse outpatient treatment and/or mental health services.

- **Promote the use of trauma-informed approaches to encourage resilience.** The Martinsburg Initiative in Martinsburg, West Virginia, is a multi-faceted approach to strengthening families and communities as well as addressing long-term solutions to address the opioid epidemic. The program, which is led by a partnership between the Martinsburg Police Department, Berkeley County Schools and Shepard University, is working to prevent the onset of substance use disorder in children experiencing Adverse Childhood Experience (ACEs).
- **Work with multi-agency, multi-sector partners at the local and state level to increase collaborative policy approaches to addressing the epidemic.** Local governments should be aware of factors such as:



## //CITY SPOTLIGHT KNOXVILLE, TENNESSEE

The Metro Drug Coalition is the non-profit partner at the center of Knoxville's collaborative model, bringing together law enforcement officers, medical leaders, and government officials to tackle the opioid challenge. Efforts have included leading the effort with state legislation to address prescribing practices; providing education for providers; raising awareness of neonatal abstinence syndrome (NAS); and building coalitions. Recent efforts include enhancing harm reduction efforts, coordinating treatment options and opening a Behavioral Health Urgent Care Center (BHUCC). The BHUCC allows individuals with a substance use disorder or mental illness who are reported for minor, nonviolent crimes, to be diverted as an alternative to incarceration. In addition, first responders such as the Knoxville Police Department and the Knoxville Fire Department are equipped with naloxone, some of which has been purchased with grants from Appalachia High Intensity Drug Trafficking Area (HIDTA) program and the Blue Cross Blue Shield Tennessee Foundation. These efforts take advantage of Tennessee's state-run crisis stabilization units and the TennCare (Medicaid) Opioid Strategy. Additional efforts in harm reduction include a newly opened Syringe Services Program operated by a community non-profit, and a pilot program at the health department connecting non-fatal overdoses to opportunities for treatment. Knoxville is working with community partners to address the epidemic comprehensively - reducing both fatal and non-fatal overdoses, increasing harm reduction efforts, and focusing prevention and treatment in the community.

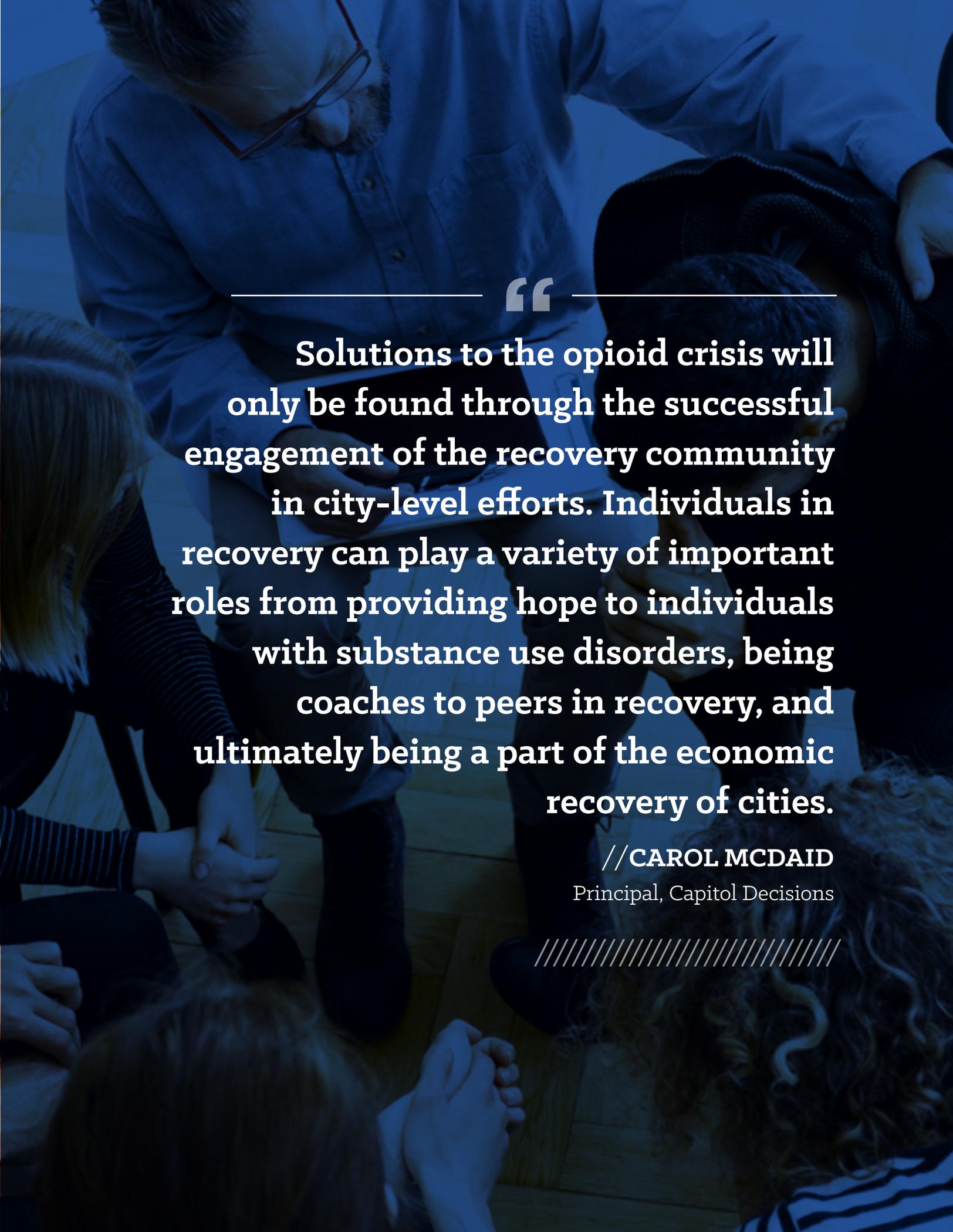
- Zoning laws and ordinances and their relation to treatment centers;
- Tracking of available local treatment options including available beds;
- Current priorities of local health and community foundations;
- The state's Medicaid expansion status, including whether there is a Medicaid 1115 waiver to increase access to treatment;
- A standing order from local or state officials, which allows the pharmacists to prescribe naloxone on his or her own authority;
- The role of advanced practice registered nurses in delivering MAT; and
- The status of laws related to CDC opioid prescriber guidelines and how hospitals and emergency rooms interpret these laws.

■ **Foster multi-sector approaches during crisis interventions to reduce the use of jails and emergency rooms.** Many cities have instituted co-responder teams consisting of a police officer and a mental health clinician who are dispatched to assist people experiencing a crisis who have mental health and/or SUD. In Indianapolis, Indiana, they have built upon this approach by adding a third member to their MCAT (Mobile Crisis Assistance Team) teams that includes a paramedic. This approach has led to significant reduction in arrests that result in time in jail.

■ **Engage individuals in recovery as peer supports to help others suffering from SUD.** Peer support has been proven as an effective approach to helping people maintain their recovery. Peer supports can help people who are new to treatment and recovery by alleviating a sense of loneliness and isolation that often accompanies this population as well as coping skills, education and resources.



*Mayor Madeline Rogero, Knoxville, TN*



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**Solutions to the opioid crisis will only be found through the successful engagement of the recovery community in city-level efforts. Individuals in recovery can play a variety of important roles from providing hope to individuals with substance use disorders, being coaches to peers in recovery, and ultimately being a part of the economic recovery of cities.**

//CAROL MCDAID

Principal, Capitol Decisions



## Looking Ahead –Next Steps for NLC

**N**LC is committed to building upon the lessons learned from the Mayors' Institute on Opioids to support mayors and city leaders in developing effective strategies to continue to combat the opioid epidemic. Next steps for NLC as it seeks to help city leaders address the opioid epidemic in local communities include:

- **Advocate at the federal level for increased representation of city voices in designing programs and funding opportunities.** Cities and towns disproportionately burdened by diseases often do not receive a proportionate share of resources under state control. NLC and its member cities will advocate to federal policymakers that cities need to be consulted as part of state submissions for federal grants and pass-through funding.
- **Foster opportunities for peer-to-peer learning:** NLC recognizes that bringing city leaders together to share their common opportunities and challenges is essential as they work toward lasting solutions. There are far more common challenges than unique issues. The uniqueness comes from the length of time fighting the epidemic; hence, it is essential to share these lessons learned with cities newer to the epidemic to avoid replication of efforts that do not improve outcomes.

- **Publicize and share city successes and opportunities, including stories that help alleviate the stigma associated with opioid addition.** NLC can help to change the framing from “What’s wrong with these people?” to “What’s going on with the community?” Real stories with personal narratives can change hearts and minds in ways data often do not. They can help build political will and traction with partners, while also boosting the morale of city residents as well as key policymakers.



**The leadership of cities is essential in responding to the opioid crisis. Cities can design and implement strategies to prevent addiction, enhance access to effective treatment, and promote successful recovery.**

**Mayors play a special role in countering misunderstanding and stigma and keeping their focused on core outcomes, including reducing overdose deaths. The National League of Cities is helping cities bring evidence to the front lines and save lives.**

**//JOSHUA M. SHARFSTEIN, MD**

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## //CITY SPOTLIGHT HUNTINGTON, WEST VIRGINIA

In the midst of a severe opioid epidemic, with 10 percent of its population affected by substance use disorder, Huntington has built a strong system of interventions aimed at mitigating the immediate harm experienced by those addicted, while also addressing root causes of poor health and inequity. Mayor Steve Williams is determined to maintain a bastion of hope in Huntington. The Mayor's Office of Drug Control Policy coordinates many of the agencies involved and has helped Huntington secure \$4.6 million in funding from federal, state, and philanthropic sources. Some of that money funds ongoing harm reduction strategies, including a syringe exchange, naloxone distribution, and HIV and STD testing. The funds are also powering innovation. Quick Response Teams comprised of medical care providers, law enforcement officers, recovery service providers, faith leaders, and university research partners visit individuals within 72 hours of an overdose to provide information on available services. The program is noticeably increasing the number of people seeking treatment after an overdose. Additionally, Huntington has placed a LEAD counselor within the police department, simultaneously diverting more individuals to services and providing a mental health resource to first responders in an effort to decrease compassion fatigue. For mothers and children already impacted by neonatal abstinence syndrome, the Marshall's Health Connections Coalition is working to build a center that will bridge service gaps and provide services such as childcare. These efforts are driven by a focus on equity of economic opportunity and quality of life, stemming from a community health needs assessment that found significant health disparities based on income. Post-recovery employment is therefore a driving goal of Huntington's work, pairing job training and placement with the treatment process. This is occurring within a larger context of city-building for improved job opportunities and community revitalization. Mayor Williams seeks to change the narrative that Huntington is the epicenter for the opioid epidemic to Huntington being the epicenter of solutions to the opioid epidemic. To both address the opioid epidemic as well as revitalize the economy, the City launched the My Huntington campaign to highlight their work to create economic opportunity for all its residents.

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The Mayors' Institute on Opioids offered participating mayors and their city teams a rare chance to learn from and share with peers while also drawing upon insights and resources from expert faculty and partners. NLC is building upon this unique convening with a year-long technical assistance effort, which will include one-on-one calls with city teams, structured peer-learning activities such as webinars and collaboration labs, and ongoing engagement with faculty, partners and additional experts. In addition, NLC's technical assistance is being augmented and enhanced by individualized consultations with experts at the Johns Hopkins University's Bloomberg American Health Initiative.

In addition, NLC is undertaking a new research effort to identify effective approaches to substance use disorders for broader spread and scale. As cities continue to grapple with increases in the number of individuals suffering with mental health challenges, substance use disorders and homelessness, the urgency in cities to find solutions that improve emergency response and ensure stabilization to improve outcomes. Breaking the cycle of incidents and arrests that often accompany calls to 911 due to drug use and behavioral health challenges requires innovative city-led approaches that effectively deploy community assets and ensure that treatment and services replace costly emergency room visits and/or time in jail. NLC will seek to identify critical, point-in-time opportunities to transition individuals to treatment, housing, and other services (e.g., food, transportation, etc.) that cities can adapt and implement at scale to improve local outcomes.

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# Appendix A

## City Team Participant List

### City of Huntington, WV

**The Honorable Steve Williams**  
*Mayor*  
City of Huntington

**Cathy Burns**  
*City Manager*  
City of Huntington

**Hank Dial**  
*Chief of Police*  
Huntington Police Department

**Robert Hansen**  
*Director of Addiction Services*  
Marshall Health

**Jan Rader**  
*Fire Chief*  
Huntington Fire Department

### City of Knoxville, TN

**The Honorable Madeline Rogero**  
*Mayor*  
City of Knoxville

**Martha Buchanan**  
*Director*  
Knox County Health Department

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Metro Drug Coalition, Inc.

**David Rausch**  
*Chief of Police*  
Police Department

**Marie Williams**  
*Commissioner*  
Tennessee Department of Mental Health and Substance Abuse Services

### City of Madison, WI

**The Honorable Paul Soglin**  
*Mayor*  
City of Madison

**Sarah Johnson**  
*Health Education Specialist*  
Public Health Madison & Dane County

**Julia Olsen**  
*Public Health Supervisor*  
Public Health Madison & Dane County

**Timothy Patton**  
*Lieutenant of Investigative Services*  
Police Department

### City of Manchester, NH

**The Honorable Joyce Craig**  
*Mayor*  
City of Manchester

**Daniel Goonan**  
*Fire Chief*  
Manchester Fire Department

**David Mara**  
*Governor's Advisor on Addiction and Behavioral Health*  
Office of the Governor of New Hampshire

**Jennifer O'Higgins**  
*SUD Continuum of Care Facilitator*  
Makin' It Happen

**Tim Soucy**  
*Public Health Director*  
Manchester Health Department

### City of New Bedford, MA

**The Honorable Jon Mitchell**  
*Mayor*  
City of New Bedford

**Damon Chaplin**  
*Director*  
New Bedford Health Department

**Christina Connelly**  
*Chief Operating Officer*  
City of New Bedford

**Joseph Cordeiro**  
*Police Chief*  
New Bedford Police Department

**Stephanie Sloan**  
*Grants Auditor*  
New Bedford Health Department

### City of Tacoma

**The Honorable Victoria Woodards**  
*Mayor*  
City of Tacoma

**Anthony Chen**  
*Director of Health*  
Tacoma-Pierce County Health Department

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*Principal Analyst*  
Pierce County

**Patti Jackson**  
*Chief of Corrections*  
Pierce County Sheriff's Department

**Conor McCarthy**  
*Council Member*  
City of Tacoma

# Appendix B

## Participating Expert Faculty and Partners

### **Facilitator**

#### **Traci Sampson**

*Managing Principal*  
Consilience Group LLC

### **Faculty**

#### **Michael Botticelli**

*Executive Director, Grayken*  
*Center for Addiction*  
Boston Medical Center

#### **Marc Gourevitch**

*Principal Investigator, City Health*  
*Dashboard, & Chair, Department*  
*of Population Health at NYU*  
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City Health Dashboard, NYU  
School of Medicine

#### **Dana Fields Johnson**

*Program Manager*  
Prevention Institute

#### **Carol McDaid**

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McShin Foundation/Capitol  
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#### **Rita Noonan**

*Chief, Health Systems and*  
*Trauma Systems Branch*  
Division of Unintentional Injury  
Prevention | Centers for Disease  
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#### **Joshua Sharfstein**

*Vice Dean for Public Health*  
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*Engagement*  
Johns Hopkins Bloomberg  
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#### **Thomas Synan**

*Chief*  
Newtown Police

#### **Don Teater**

*Owner, Teater Health Solutions*  
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### **Partners**

#### **Catie Bialick**

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Laura and John Arnold  
Foundation

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*Senior Program Officer*  
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Foundation

#### **Alexa Eggleston**

*Senior Program Officer*  
Conrad N. Hilton Foundation

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#### **Chelsea Kelleher**

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National Governors Association

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*Manager*  
Laura and John Arnold  
Foundation

#### **Jamie Wood**

*Senior Program Specialist, US*  
*Drug Policy*  
Open Society Foundations

### **City of Boston Partners**

#### **Jennifer Tracey**

*Director*  
City of Boston, Office of  
Recovery Services

#### **Marty Martinez**

*Chief of Health and Human*  
*Services*  
City of Boston

#### **Monica Valdes Lupi**

*Executive Director*  
Boston Public Health  
Commission

# 4 Keys to Addressing the OPIOID Epidemic

To save lives, local officials can work across sectors to engage their communities, model compassion and follow the evidence.

## Key 1. DATA & EVIDENCE

Given the limited resources, the complexity of the challenge and the pressing need to reduce overdoses, local officials cannot afford to bypass the use of data and evidence during the planning phase.

**To implement a successful response to the opioid crisis, local officials can partner with:**  
**COMMUNITY AND LOCAL EXPERTS.** Local officials can call for public comment on how to effectively address the opioid epidemic in the city. Public comment can identify challenges, bring attention to your efforts, and build public support. Local officials can leverage local expertise to put data into context and partner with trusted institutions of higher learning to gather evidence and best practices.

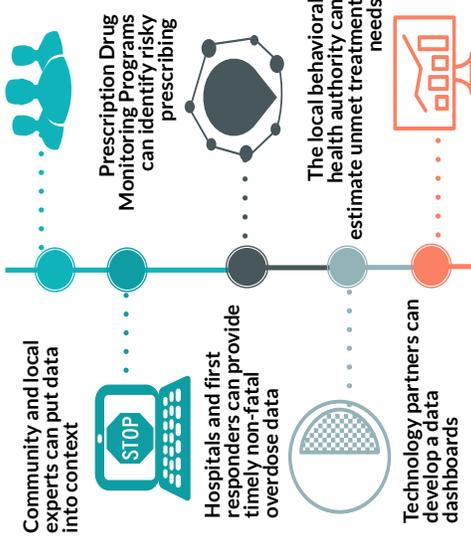
**PRESCRIPTION DRUG MONITORING PROGRAM ADMINISTRATORS.** Local officials can work with the state to generate regular local reports and automated flags to identify and respond to problematic prescribing and dispensing.

**HEALTH DEPARTMENTS, HOSPITALS AND FIRST RESPONDERS.** Local officials can develop agreements to share nonfatal overdose data. Partnerships with academic institutions and epidemiologists can support surveillance using fatal and non-fatal overdose data to track trends and identify opportunities for rapid response and targeted deployment of resources.

**THE LOCAL BEHAVIORAL HEALTH AUTHORITY.** Local officials can request data on the capacity in the city to meet the treatment needs of its residents.

**INFORMATION TECHNOLOGY EXPERTS.** Local officials can develop dashboards that are regularly updated throughout implementation as a useful tool to help keep everyone focused on the problem -- and on the progress of solutions.

## Local Partners



## Key 2. PREVENTION

The goal of primary prevention is to avoid the onset of disease. Local officials should focus on preventing the initiation of opioid misuse; promoting safer prescribing, dispensing and disposal of opioids; and expanding access to non-opioid alternatives.

**To implement a successful response to the opioid crisis, local officials can partner with:**

**COMMUNITY.** Local officials can involve individuals with lived experience in creating and disseminating prevention messages to increase awareness of risks of prescription opioids and benefits of non-opioid alternatives to pain management without stigmatizing patients who take opioids for pain.

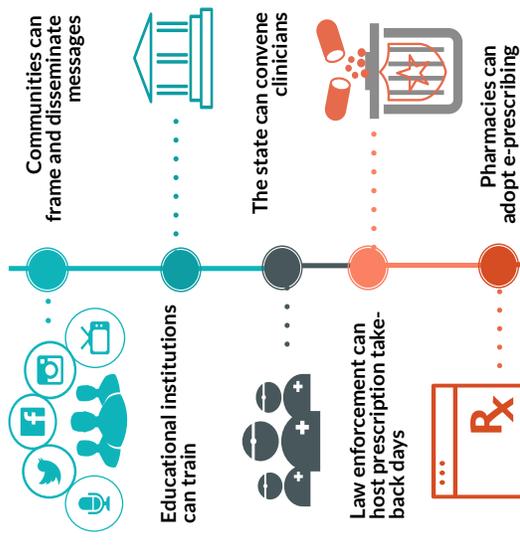
**EDUCATIONAL INSTITUTIONS.** Local officials can ask institutions of higher learning to require opioid-related education for students in the health professions. Current and future prescribers can learn how to prevent, identify and respond to opioid misuse and approaches for provider-to-patient education on pain management. Primary and secondary institutions can implement evidence based youth and family programs that are proven to decrease youth substance use initiation.

**STATE OFFICIALS.** Local officials can ask state agencies to convene clinicians to learn what specific barriers to quality pain management exist in public and private insurance coverage and reimbursement policies. They can focus on high-impact efforts like increasing access to non-opioid pain management therapies, adopting the Centers for Disease Control and Prevention guidelines on opioid prescribing and expanding the utility of prescription drug monitoring programs to improve accountability for risky prescribing and dispensing.

**LAW ENFORCEMENT.** Local officials can ask police departments to host prescription medication take-back days. Communication materials are available for use through the Drug Enforcement Agency's Take Back Day initiative.

**PHARMACIES.** Local officials can ask local pharmacies to support e-prescribing and query the PDMP prior to dispensing -- communicating with prescribers when risks are identified.

## Local Partners



## Key 3. HARM REDUCTION

Recognizing that not everyone with opioid use disorder is ready for treatment, harm reduction finds ways to engage, support and build trust with those at highest risk for overdose. Harm reductions programs serve as a trusted access point for medical care and addiction services when individuals are ready for treatment.

### To implement a successful response to the opioid crisis, local officials can partner with:

**COMMUNITY.** Local officials can confront the issue of stigma, head-on by bringing together the community, particularly those who have lost loved ones, and share the message that addiction can affect every family and that help is possible. Community organizations can play a vital role in establishing critical services such as naloxone distribution efforts, syringe exchange services, and fentanyl checking programs.

**PHARMACIES.** If available under state law, local officials can establish naloxone standing orders to expand access to naloxone. Pharmacies can then ensure that protocols are in place for dispensing, and naloxone is kept fully stocked.

**LAW ENFORCEMENT.** Local officials can encourage their police departments to adopt the 10 standards of care developed through a collaboration between public health and the Police Executive Research Forum.[1]

**PEER RECOVERY SPECIALISTS.** Individuals who have experience with misusing drugs can relate in important ways to those who have survived an overdose or are at risk for overdose. Local officials can support programs that help peers prepare for the certification exam and advocate at the state level for reimbursement to increase capacity for peer recovery services.

## Key 4. TREATMENT AND RECOVERY

Substance use disorder is a chronic condition, and treatment works. Local officials should ensure that evidence-based treatment options - particularly the use of medications methadone, buprenorphine and depot naltrexone - are available, accessible, of high quality, and delivered by appropriately trained staff.

### To implement a successful response to the opioid crisis, local officials can partner with:

**THE LOCAL BEHAVIORAL HEALTH AUTHORITY.** Local officials can ask behavioral health authorities to provide an accurate service locator and a 24-hour information line, ensuring information line staff have effective treatment referral protocols. Behavioral health authorities can also promote the chronic illness model of addiction by ensuring the availability of supportive housing, peers at multiple touchpoints and long-term recovery services. Local officials can hold behavioral health authorities accountable for quality improvement by establishing a process of reporting on performance metrics using American Society of Addiction Medicine standards.[2], [3]

**CLINICIANS AND TREATMENT PROGRAMS.** Local officials can ask primary care clinicians and drug treatment programs to offer access to FDA-approved medications for opioid use disorder. A supportive provider network involving opioid treatment programs, hospitals with buprenorphine induction and waived physicians can increase the ability to provide treatment proven to substantially reduce overdoses. An example to consider is Vermont's Hub and Spoke model, which has dramatically increased access to effective treatment with methadone and buprenorphine.[4]

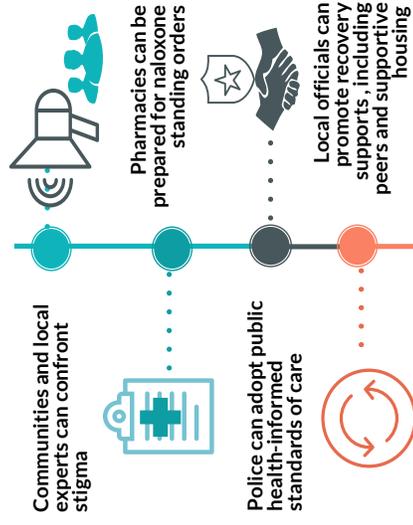
**STATE OFFICIALS.** To increase access to and capacity for medication assisted treatment, local officials can collaborate with the state and advocate for Medicaid to reimburse for all three FDA-approved medications (methadone, buprenorphine and naltrexone), incentivize providers to accept Medicaid patients and remove obstacles like the need for prior authorization.

**HEALTHCARE SYSTEMS.** Local officials can call for an increase in access to and initiation of evidence-based addiction treatment among those seeking care in a hospital setting. Successful approaches, like the those used in Rhode Island and Baltimore to encourage provision of buprenorphine in the Emergency Department, can be used as a model. Hospital administrators can support staff in responding to the needs of those with opioid use disorder by ensuring staff have access to addiction specialists for consultation purposes.

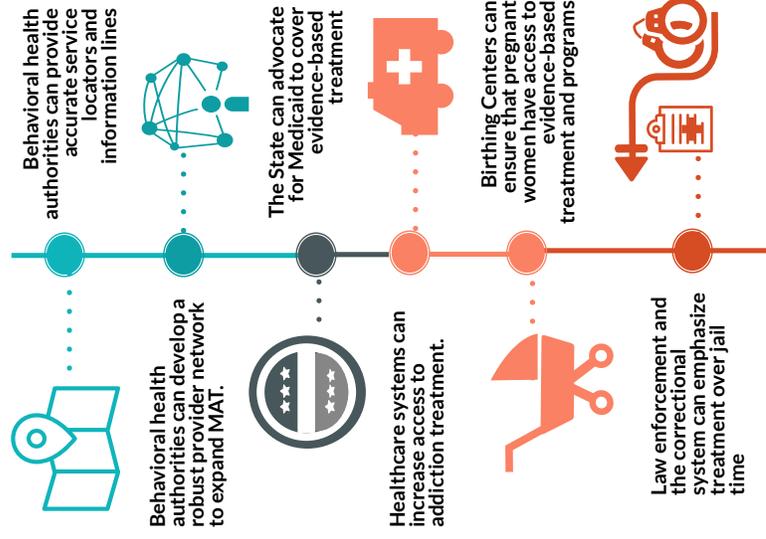
**LAW ENFORCEMENT AND THE CORRECTIONAL SYSTEM.** Local officials can work with law enforcement to pilot or expand pre-arraignment programs that divert people from jail to treatment. Local officials can also work with the correctional system to ensure treatment while in custody and treatment transitions between community, jail, prison and community supervision.

**BIRTHING CENTERS.** So that all pregnant women have access to critical medications and evidence-based programs, local officials can work with birthing centers to ensure that staff have training, protocols and a referral network to support women and their families with a history of substance use disorder.

## Local Partners



## Local Partners



[1] Bloomberg American Health Initiative (2018). Ten Standards of Care: Policing and The Opioid Crisis. <https://americanhealth.jhu.edu/article/policing-and-opioid-crisis-standards-care>

[2] The American Society for Addiction Medicine. The ASAM Standards of Care. Accessed October 11, 2018; <https://www.asam.org/docs/default-source/publications/standards-of-care-final-design-document.pdf>

[3] American Society of Addiction Medicine Level of Care Certification. <https://www.asam.org/resources/level-of-care-certification>

[4] Agency for Healthcare Research and Quality. December 2016. [https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder\\_technical-brief.pdf](https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder_technical-brief.pdf)

## Endnotes

1. National Institute on Drug Abuse (2018, Aug.) Overdose Death Rates. At: <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>
2. National League of Cities (2018). Opioid Use Disorder: City Actions and Opportunities to Address the Epidemic. At: [http://opioidaction.wpengine.com/wp-content/uploads/2018/03/NLC\\_OPIODS\\_bckgrndr\\_FINAL\\_032618\\_r2.pdf](http://opioidaction.wpengine.com/wp-content/uploads/2018/03/NLC_OPIODS_bckgrndr_FINAL_032618_r2.pdf)

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