

FAIRFAX COUNTY OPIOID RESPONSE PLAN FY 23-25



JULY 2022



INTRODUCTION

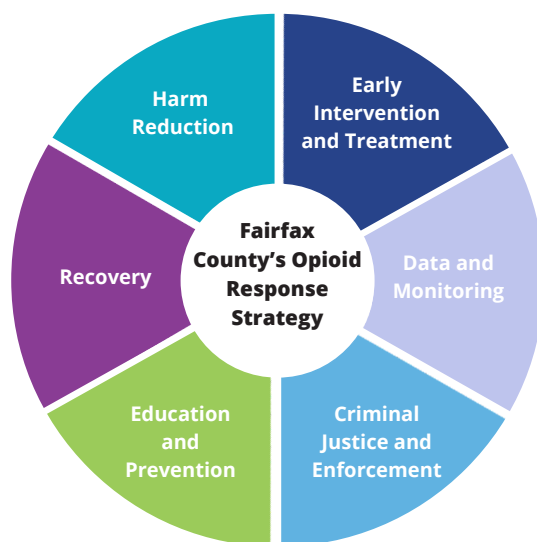
Addressing the opioid epidemic is a longstanding priority in Fairfax County. Since 2017, when the Board of Supervisors first requested a plan to respond to the opioid epidemic and the Opioid and Substance Use Task Force was established, substantial progress has been made to enhance county resources and services for individuals impacted by opioid use (view the FY 21 highlights sheet online at fairfaxcounty.gov/topics/opioids). Notable achievements include increased availability and awareness of drug storage and disposal options; a significant reduction in wait times for residential treatment; expansion of treatment and peer support options; establishment of the Drug Treatment Docket and jail-based medication for opioid use disorder program; and more. Significant local funding and strong cross-system collaboration have made these and other accomplishments possible. This progress contributed to a substantial reduction in fatal opioid overdoses in the Fairfax Health District from 114 in 2017 to 83 in 2018 and 83 again in 2019. Unfortunately, those downward trends did not continue in 2020 and 2021 during the pandemic, which has required the county to pivot and adjust its opioid response strategies.

This third iteration of the county's opioid response plan identifies the 40+ county opioid-related programs/activities that will continue or be initiated in FY 23-25, all with the common goals of

- Reducing deaths from opioids.
- Improving the quality of life of individuals impacted by opioid use disorder.
- Using data to describe the problem, target and improve interventions, and evaluate effectiveness.

Programs/activities will be strengthened and enhanced across six priority areas: Education and Prevention; Early Intervention and Treatment; Data and Monitoring; Criminal Justice and Enforcement; Harm Reduction; and Recovery. This work will continue to be guided by the U.S. Center for Disease Control's (CDC) principles for effective overdose prevention strategies which emphasize the importance of data-informed programming, collaboration, input from individuals with lived experience and a continuum of service options to meet individuals where they are at in their opioid use/recovery journey. In particular, individuals who have been impacted by the opioid epidemic will continue to inform the county's opioid response strategy through participation on the Opioid and Substance Use Task Force and its committees; the Fairfax Prevention Coalition; focus groups; and as program staff for various opioid-related activities.

With so many programs/activities already underway, a key focus in FY 23-25 will be optimizing and building on what is currently in place. Continued cross-system collaboration among county agencies and community partners — including medical and behavioral health providers — will be essential, as individuals with opioid use disorder (OUD) often have many touchpoints with government and community-based health and human services. Leveraging data, promising practices and funding available through national, state and regional opioid-related initiatives will be critical in helping the county pursue the aforementioned goals. Anticipated funding from opioid settlements (the lawsuits filed by government agencies against numerous corporations for their role in the opioid epidemic) will also provide additional resources for state



and local jurisdictions, including Fairfax County, to address the opioid epidemic. Details on the timing and amount of the multiple opioid settlements will continue to roll out in the coming months; therefore, instead of identifying specific funding amounts needed, areas where expansion and enhancement would be beneficial are outlined, so that plans can be developed to fit within the scope of settlement funding.

This document provides an inventory of current opioid programs/activities and serves as a guide for the county's FY 23-25 opioid response plan. Input from numerous county agencies and individuals with lived experiences helped to identify areas in the local continuum of opioid-related programs/activities that need to be bolstered to better serve the community. First, data on local opioid trends is presented; this will be continuously monitored in FY 23-25 to ensure the county is responsive to emerging trends and needs. Following that, there are six sections — one for each priority area — which identify the programs/activities that will advance in FY 23-25.

Fairfax County's Opioid Response Plan is advanced by the **Opioid and Substance Use Task Force**, which includes over 60 county staff representing public safety, criminal justice and health and human services, along with Fairfax County Public Schools and other stakeholders. The **Opioid Steering Committee**, comprised of county and FCPS leadership, provides strategic guidance. The **Fairfax Prevention Coalition** is the community engagement arm with broad, diverse community membership.

CDC'S GUIDING PRINCIPLES

Know your epidemic, know your response.

It is important to know the causes and characteristics of local health problems such as opioid misuse, and for the response to be driven by evidence and data.

The strategies used to address opioid use should be known to be effective, and communities must maintain an ongoing understanding of who is at risk of fatal overdose and what can be done to reduce that risk.

Make collaboration your strategy.

Effective solutions to the crisis will only be possible with collaboration across different sectors of government, legal, medical and other community stakeholders.

Nothing about us without us.

Strategies, policies and initiatives need to factor in the experiences and perspectives of those who have substance use disorders and people affected by opioid/substance use and overdose risk to ensure efforts are aligned with local realities.

Meet people where they are.

In order to help people with substance use disorders, it is important to understand their lives, circumstances and objectives. This understanding results in better supports in their progress toward healthy behavior change.

BY THE NUMBERS: THE OPIOID EPIDEMIC IN FAIRFAX COUNTY

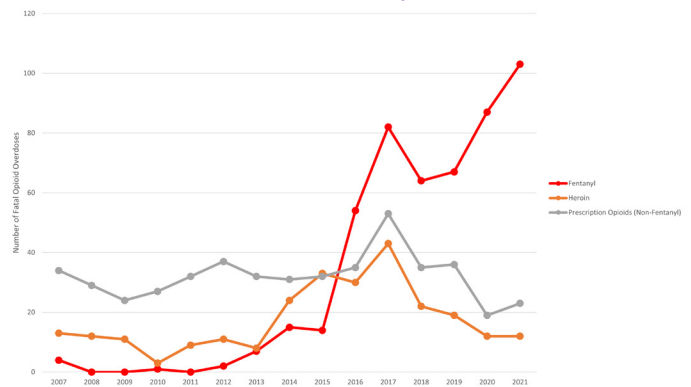
Across the nation and state, the number of fatal drug overdoses (of all types) has risen sharply in recent years. Notably, the CDC estimates there were over 107,620 drug overdose deaths in the U.S. in 2021, an increase of nearly 15% from the ~93,650 deaths in 2020. In Virginia, the number of fatal drug overdoses increased from ~1,630 in 2019 to a projected ~2,660 in 2021 — an increase of more than 1,000 people (or more than 60 percent) in just two years. In 2020 and 2021, the number of fatal drug overdoses in Virginia exceeded the combined number of motor vehicle and gun related deaths.

In the Fairfax Health District (inclusive of the County of Fairfax and cities of Fairfax and Falls Church), while the number of fatal overdoses has been trending higher in 2020 and 2021 relative to 2018 and 2019, the increase is not as dramatic as that observed statewide and nationally.

Between 2007 and 2021, a total of 1,247 drug overdose deaths (of all types) have been reported among residents of the Fairfax Health District.¹ Notably, between 2007 and 2015, the number of all-drug overdose deaths ranged from 40 to 89, but since 2016, over 100 fatal overdoses have occurred every year. Throughout this period, opioid overdoses accounted for most of the overdose deaths. Within the opioid deaths, there was a shift from overdose deaths being mostly caused by prescription opioid drugs in 2007 (34 of 45 deaths, or 76%) to most deaths in 2021 being caused by fentanyl (103 of 111, or 93%). Throughout the same time period, heroin deaths declined from constituting 29% of deaths in 2007 to 11% of deaths in 2021.

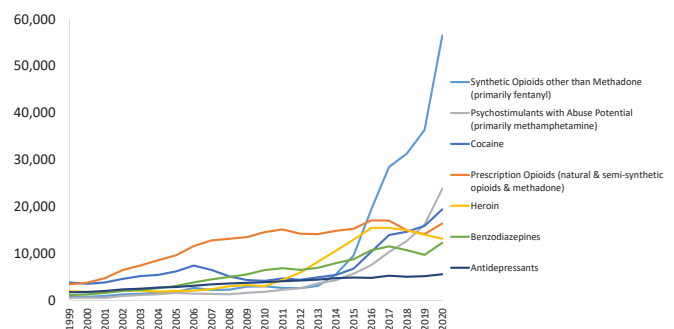
Statewide, there has been a similar upward trend in deaths from fentanyl overdoses while deaths from heroin and prescription opioid drugs have remained steady in the last few years. National data shows a spike in overdose deaths from synthetic opioids other than methadone (primarily fentanyl) starting in 2016 and continuing into 2020 (the year for which complete data are available).

**Number of Fatal Opioid Overdoses by Year
Fairfax Health District, 2007 to 2021**



Note: Overdose deaths can be named under multiple drug classifications in instances of polysubstance use. The sum of deaths in each opioid category per year is greater than the number of opioid overdose deaths per year.

**National Drug-Involved Overdose Deaths*
Number Among All Ages, 1999-2020**



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2020 on CDC WONDER Online Database, released 12/2021.

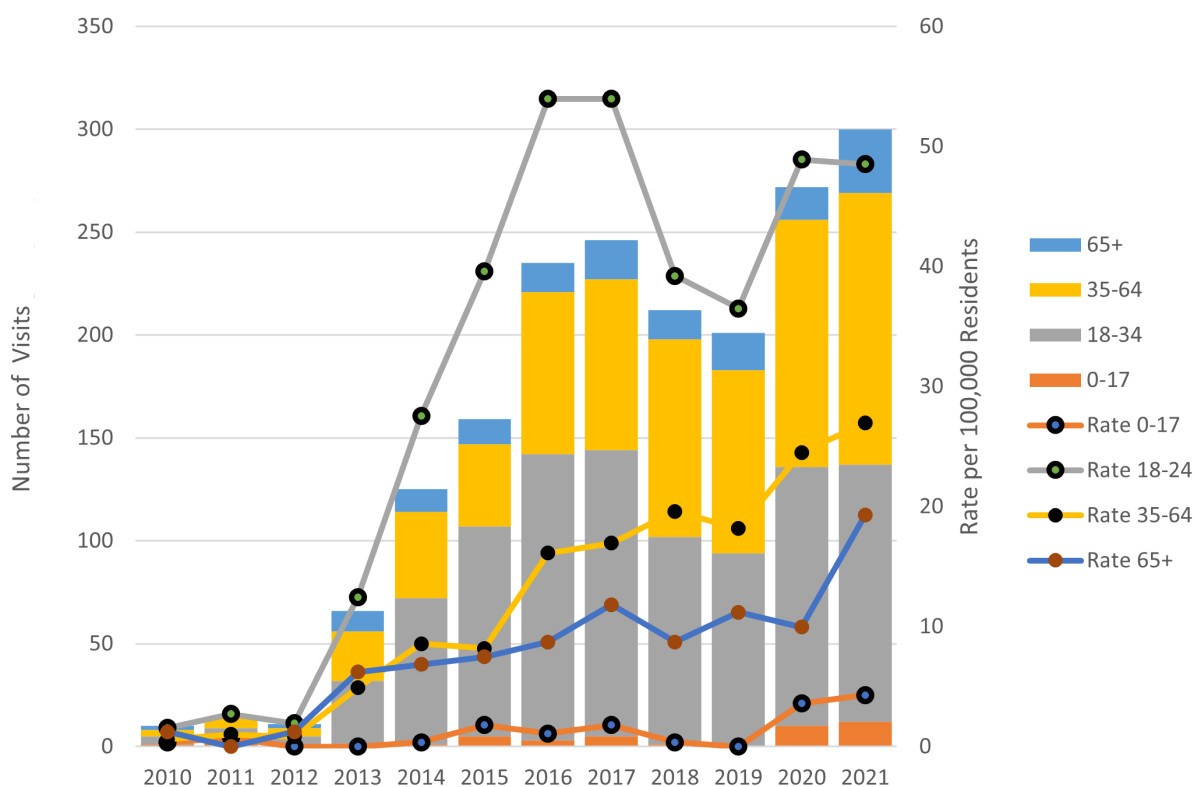
¹ Data obtained from the Office of the Chief Medical Examiner of Virginia: <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology>

This shift in types of opioids involved in overdoses was also observed in nonfatal overdoses reported by emergency departments in the Fairfax Health District. In all of 2010, a total of 10 nonfatal opioid overdoses were reported by emergency departments. By the end of 2021, a total of 300 nonfatal opioid overdoses were reported in that one year. Between 2012 and 2017, the number of emergency department visits for opioid overdoses climbed steadily from 11 in 2012 to 246 in 2017. A decrease in the number of visits for opioid overdoses was observed in 2018 and 2019, but then a rebound happened in 2020 and continued into 2021. Notably, the proportion of opioid overdoses reported by emergency departments involving heroin has declined from 2014 to 2021, and the proportion of overdoses involving non-heroin substances has increased; in 2021, 84 percent of all opioid overdose visits to emergency departments involved non-heroin substances.

As emergency department data on overdose visits shows, individuals of all ages are impacted by the opioid epidemic in the Fairfax Health District, with the 18-34 age range having the highest rates of nonfatal overdoses in recent years. The below graph includes total number of visits to emergency departments for opioid overdoses (as illustrated by each bar), with each color representing the number of visits within each age group; the line illustrates the rate (per 100,000) for the age groups. Rates have increased in the last couple years across multiple age ranges, though it is important to note that in some age groups, a small number of visits could cause the rate to significantly increase or decrease.

This comprehensive public health data, based on medical analysis/lab tests, will continue to be used as the primary data source for monitoring local opioid overdose trends over time, to inform the many opioid-related activities/programs on the following pages. In addition, data from various county agencies, including the Fire and Rescue (FRD) and Police (FCPD) departments and the Fairfax-Falls Church Community Services Board (CSB), will continue to provide more timely insights on emerging trends and issues warranting potential enhancements to activities/programs. One example is the concerning uptick in youth overdoses initially observed by FPCD in winter 2021/2022 that multiple agencies have been working to address by amplifying and tailoring prevention, outreach, support and treatment services.

ED Visits in the Fairfax Health District for Nonfatal Opioid Overdoses



FY 23-25 STRATEGIES, PROGRAMS AND ACTIVITIES

Addressing the opioid epidemic requires a multi-pronged strategy spanning from activities aimed at preventing opioid misuse from ever starting to those that support individuals in recovery — and everything in between. The many opioid-related activities and programs underway and/or planned for the future in Fairfax County are categorized into six priority areas, all with the goals of reducing opioid deaths, improving the quality of life for those impacted by opioid use disorder and using data to inform the county's opioid response activities/programs (see summary of Fairfax's opioid response strategy to the right).

Fairfax's Opioid Response Strategy Summary

Objectives

Reduce deaths from opioids

Improve the quality of life of individuals impacted by opioid use disorder

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

Priority Areas

- Education and Prevention
- Early Intervention and Treatment
- Data and Monitoring
- Criminal Justice and Enforcement
- Harm Reduction
- Recovery

EDUCATION AND PREVENTION

Education and prevention programs/activities are key, aiming to prevent opioid misuse from ever starting and increasing awareness of opioid use disorders and how to access support services.

OBJECTIVES

- Increase awareness of prevention strategies and opioid use disorder, treatment and recovery resources.
- Promote year-round safe disposal and storage of all prescription medications.
- Increase county staff understanding of opioid use disorder and knowledge of supports available for the individuals they serve.
- Reduce stigma and increase help-seeking behaviors for substance use disorders.

KEY ACTIVITIES

Public Communications Outreach/Campaign

The 2019-2021 countywide communication campaign on opioids produced numerous videos and social media graphics that are now available in a communication toolkit available online at fairfaxcounty.gov/topics/opioids for public use. In FY 23-25, videos/social media graphics will be created and existing county communication tools (i.e. social media, outreach staff, etc.) will be leveraged to educate both English and non-English speaking community members on substance use disorder, the dangers of fentanyl and how to access county prevention, treatment and recovery resources.



Community Coalition

The Fairfax Prevention Coalition (FPC) — online at fairfaxpreventioncoalition.com — is the Task Force's community engagement arm. In FY 23-25, the FPC will continue to implement awareness campaigns, advocate for policy and coordinate anti-drug strategies.



Presentations to Community Groups

Presentations on local opioid trends and prevention, treatment, harm reduction and recovery resources will continue to be provided upon request and as needed to respond to emerging trends. In FY 23-25, data-informed, targeted outreach to community organizations and residents will be a focus to amplify and broaden the reach of opioid prevention, treatment and recovery messages.

Training for County Staff

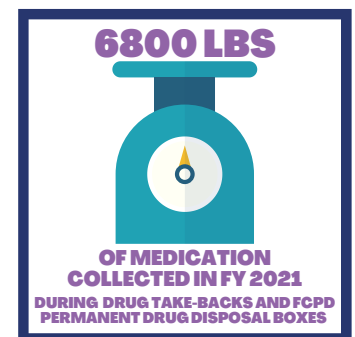
County staff in various public safety and health and human services agencies work with community members with opioid use disorder and their families. Educating staff on opioid and substance use disorder, how to connect individuals to opioid-related support services and how to reverse overdose will continue in FY 23-25 as training needs are identified.

Stigma

Stigma around opioid use disorder creates barriers for people to seek treatment and access care. In FY 23-25, the importance of using recovery-oriented, rather than stigmatizing, language will continue to be promoted through presentations and outreach materials. Additionally, the Partnership for a Healthier Fairfax will pursue strategies to encourage community organizations (such as nonprofits, workplaces and faith-based organizations) to address and prevent stigma by incorporating recovery-friendly language, policies and services into their operations.

Safe Storage and Disposal of Prescription Medication

Safely storing and disposing of unused prescription medication helps prevent misuse of prescription pills. This activity includes championing the biannual Drug Take Back Days, disposal boxes located at county police stations and outreach efforts to increase awareness of year-round safe disposal methods and disposal box locations, including through partnerships with pharmacies and community organizations. Outreach efforts also include partnership with the Department of Public Works and Environmental Sciences to advertise safe drug disposal as part of their human health and environmental outreach.



EARLY INTERVENTION AND TREATMENT

Treatment options ranging from outpatient to residential — and sufficient capacity to provide timely access to treatment — are critical to ensure the appropriate level of care is available when individuals are ready to begin their recovery journey.

OBJECTIVES

- Increase access and reduce wait times to treatment for opioid use disorder, including medication for opioid use disorder (MOUD).
- Expand public and private treatment options for individuals of all ages in the Fairfax community.
- Enhance staff capacity to assist families affected by opioid and substance use disorders.

KEY ACTIVITIES

Substance Abuse Prevention Specialists (SAPS) Program

This collaborative program involving CSB, Fairfax County Public Schools (FCPS) and Juvenile and Domestic Relations District Court's (JDRDC) Intake Office provides substance use prevention, education and intervention services to youth identified as using substances or at risk of misusing substances. In FY 23-25, the CSB will continue piloting a SAPS expansion by partnering with local private pediatric practices which will utilize evidence-based screening tools to identify behavioral health issues and refer patients to the CSB.

Expertise on OUD within the Maternal and Child Health (MCH) Program

A full-time public health nurse within the Health Department's MCH Program will provide service coordination, maternal/infant home visiting and serve as an expert resource for home visitors and community partners supporting opioid-exposed infants and families impacted by OUD. In FY 23-25, a focus will be strengthening collaborations with community and health providers to improve early identification and referral of pregnant and postpartum individuals with substance use disorders to better meet physical and behavioral health needs and promote positive maternal child outcomes.

Since the inception of the Task Force, the average wait time for residential treatment has been significantly reduced to an average current wait time of three to five weeks (down from two to six months in October 2017).

Parent Support Specialist Services in the Department of Family Services

A parent support specialist works with mandated child welfare programs to support families where substance use is the primary presenting problem and separation of the children from the parents is likely due to safety concerns. In FY 23-25, expanding and enhancing parent support specialist services will be explored.

Detoxification Services

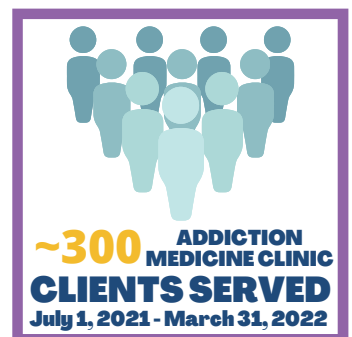
The CSB's Fairfax Detoxification Center (which operates 24/7/365) provides short-term residential detoxification services for individuals who need help to safely detoxify from the effects of opioids and other substances. Contracted hospital detoxification services are also available for individuals with medical complexity.

Residential Substance Use Disorder Treatment Services

The CSB operates four facilities that provide intermediate and long-term comprehensive residential substance use disorder treatment. Contracted intensive residential substance use disorder services are also available, with the goal of minimizing the length of time individuals are waiting for services in the community. Specialized treatment services are provided for pregnant and post-partum women; individuals with co-occurring disorders; and individuals with language barriers.

Addiction Medicine Clinic (AMC)

The clinic at the Sharon Bulova Center for Community Health provides MOUD — also known as medication-assisted treatment (MAT) — and medication for other substance use disorders to adults in an outpatient setting. MOUD is an evidence-based, highly effective FDA-approved treatment that significantly increases an individual's likelihood of success in recovery. In FY 23-25, the AMC will pilot partnerships with new referral sources (such as local emergency departments and private medical providers) and assess possible operational adjustments (hours, locations, etc.) to make it as easy as possible for individuals to access the AMC for treatment.



Jail-based MOUD Program

Individuals incarcerated at the Adult Detention Center with OUD may begin or continue suboxone (other medications, such as methadone and vivitrol, are also available to inmates with OUD). At any given time ~60 individuals (or 1 out of 10 inmates) are receiving MOUD, as well as CSB behavioral health services and peer support. In FY 23-25, continuous assessment and refinement of support services during the reentry period (such as transportation, housing, etc.) will occur, as such services are a key component to increase likelihood the individual continues MOUD treatment in the community upon release (at the CSB AMC or another provider). Additionally, efforts to educate and partner with criminal justice stakeholders will continue in FY 23-25.



Coordination with Local Hospital Emergency Departments

Timely and effective connections to community-based treatment (both public and private), harm reduction and recovery resources are critical for individuals who are treated for opioid overdoses in hospital emergency departments (EDs). In FY 23-25, the county will continue to collaborate with local EDs to strengthen the ED to community transition of care.

Private Medical Provider Education



Private medical providers, including nurses, pediatricians, general practitioners, OB/GYNs, specialists and ED personnel, can help to identify patients with opioid use disorder, connect them with services and, in some cases, even prescribe medication for OUD. In FY 23-25, activities will be pursued to increase local private medical providers' knowledge and use of substance use disorder screening and treatment tools and local support services available. Prospective activities include outreach and education to medical associations and a continuing education (CEU) training for providers on medication for opioid use disorder and how to obtain a waiver to prescribe it from the U.S. Drug Enforcement Administration (DEA).

Local Public and Private Substance Use Treatment Services Continuum

Substance use treatment services are available both through the CSB and private providers in the Fairfax community. In FY 23-25, services currently available for adults and youth will be reviewed to identify gaps where additional treatment options are needed and strategies for filling those gaps will be developed.

Outreach and Resource Navigation Services for Families/Youth

Navigating substance use treatment and support services can be confusing and difficult. Currently, the CSB PORT (see page 13) is available to assist individuals 18 and older. In FY 23-25, the county will pilot various strategies to enhance outreach and resource navigation services for families of youth who have overdosed or have serious opioid/substance use issues. One such strategy is a youth peer recovery specialist part-time grant-funded position.

DATA AND MONITORING

Analysis of national, state and local opioid data and cross-agency data sharing provide essential insights on opioid use and overdose trends in the Fairfax community, allowing county agencies to target and improve interventions appropriately, assess effectiveness and continuously adjust to respond to changing trends.

OBJECTIVES

- Identify, collect and analyze federal, state and local data to enhance understanding of local overdose trends.
- Educate stakeholders and community members on local opioid data and trends.
- Use data to design and improve interventions.

KEY ACTIVITIES

Opioid Data Dashboard

The internal opioid data dashboard, developed and regularly updated by the Fairfax Health Department, includes key data points for county program staff to track and understand local fatal and nonfatal overdose trends. In FY 23-25, the Health Department will make an opioid dashboard available to the public, and will provide ongoing maintenance and education on its use.

Interventions from Surveillance Data

The Fairfax Health Department will continue to analyze local emergency department, hospital and pharmacy data to design and inform opioid-related interventions. Examples of previous surveillance activities include analysis of local pharmacy data to reduce unused prescription medications in the community and analysis of local hospital data on Neonatal Abstinence Syndrome to better support children born with this syndrome.

Data Collection/Monitoring and Research on Trends and Interventions

Data collection activities and research on interventions underway will continue to inform program design and effectiveness and identify process improvements needed. Examples of efforts in progress/recently completed include a survey of community members' knowledge of drug disposal options; an evaluation of the jail-based MOUD program; and an evaluability study of Fairfax County Peer Recovery Services. In FY 23-25, opportunities to expand county staff capacity to collect and monitor program indicators for effectiveness will be explored.

CRIMINAL JUSTICE AND ENFORCEMENT

Programs/activities in this priority area focus on law enforcement efforts to limit the supply of deadly opioids in the Fairfax community, and connecting individuals who come into contact with the criminal justice system for substance use-related offenses to treatment and recovery supports.

OBJECTIVES

- Investigate overdoses with the goal of prosecuting those who distribute illegal and deadly drugs into the community.
- Divert individuals who come into contact with the criminal justice system for drug-related offenses.

SNAPSHOT OF SUCCESS

An FCPD OIU investigation led to the arrest of an individual for distributing fentanyl which caused at least one fatal overdose. The thoroughness of the investigation, which also revealed other fatal and nonfatal overdose victims, led the individual to plead guilty in federal court. The guilty plea carries a mandatory minimum sentence of 20 years in prison.

KEY PROGRAMS/ACTIVITIES

FCPD Overdose Investigation Unit (OIU)

Established as part of the 2018 opioid plan, this unit investigates persons involved in the distribution of drugs resulting in overdoses. In 2021, the unit investigated 89 fatal overdoses (~90 hours/ investigation) and 271 nonfatal overdoses. The unit also collects and analyzes data on individuals encountered by FCPD for nonfatal overdoses, providing partner agencies with important and timely information to monitor emerging trends and treatment and recovery needs.

Drug Treatment Docket

The mission of this specialty docket is to enhance public safety through cost-effective, research-based interventions that integrate treatment and court supervision and to connect individuals who come into contact with the criminal justice system for substance use-related offenses with treatment and recovery resources. In FY 23-25, the number of participants that the docket can serve at one time will double, from 25 to 50 participants.

Services for Court-Involved Individuals

Both Juvenile and Domestic Relations District Court and General District Court work with court-involved individuals with opioid and substance use issues. In FY 23-25, efforts to better understand the size and needs of these populations will be explored, as will opportunities to strengthen connections to treatment, harm reduction and recovery supports.



HARM REDUCTION

Harm reduction is a set of practical strategies and ideas to reduce negative consequences associated with drug use.

OBJECTIVES

- Provide harm-mitigating resources to individuals with substance use disorders and their families.
- Increase awareness and use of harm reduction strategies such as fentanyl test strips and naloxone.

KEY PROGRAMS/ACTIVITIES

Fentanyl Test Strips (FTS)

Since most fatal overdoses in the Fairfax Health District in 2020 and 2021 involved fentanyl, the CSB now provides FTS to individuals participating in various programs. In FY 23-25, expanding access to FTS for individuals served by other county agencies and the general public will be explored.

REVIVE!

The CSB will continue to provide REVIVE!, the Commonwealth of Virginia's free training program on how to recognize and reverse an overdose. Available in English and Spanish, residents who complete the training are provided with naloxone (also known as Narcan, the overdose reversal medication) and treatment and recovery resources. In addition to weekly training options, the CSB will continue to provide REVIVE! trainings upon request to community groups.



Expanded Naloxone Availability in FCPS

In FY 23-25, FCPS will equip schools and programs with naloxone and train select staff to administer naloxone in the event of an overdose on school property. Currently, FCPD school resource officers carry naloxone, but school staff do not.

FRD Distribution of REVIVE!

Because many individuals who overdose are at risk of future overdose, the Fairfax County FRD, in partnership with the CSB, will continue to provide REVIVE! information and naloxone for future use to individuals encountered on overdose calls (the patient and/or bystanders). This activity is part of the 4Recovery Project which aims to quickly connect individuals encountered by public safety for overdoses to treatment and support services.

Naloxone and FTS for Individuals Released from the Adult Detention Center

Individuals released from the Adult Detention Center will continue to be trained in REVIVE! and receive naloxone and FTS upon release.

Comprehensive Harm Reduction (CHR) Programs

CHR programs are evidence-based and effective in preventing overdoses, connecting people to treatment for substance use and related infections, and reducing drug use. In 2021, a local nonprofit, The Chris Atwood Foundation, launched a CHR which is staffed by certified peer recovery specialists and provides naloxone and overdose prevention training, FTS, peer support, sterile syringes and safe syringe disposal, HIV and Hepatitis C testing, counseling and connections to treatment, medical care and social services. It is operated out of a mobile van with stop locations throughout the Northern Virginia region. In FY 23-25, coordination between the CHR and county agencies will continue to assist the CHR in reaching those who could benefit from its services.



Early Alert System

Several jurisdictions, including Baltimore City, have developed early alert systems to help persons living with substance use disorders identify when deadly batches of heroin and other drugs are in the area. In FY 23-25, the Fairfax Health Department will continue to pursue the creation of such a system for the Fairfax community, which would include connections to treatment, harm reduction and recovery resources.

Relapse Prevention Education

Individuals participating in CSB treatment services currently receive relapse prevention education. In FY 23-25, relapse prevention education will be made available to the general public, possibly by offering county-provided training or partnering with community organizations to do so.

RECOVERY

Recovery is a process of change through which people with substance use disorders improve their health and wellness, live self-directed lives and strive to reach their full potential.

OBJECTIVES

- Expand access to recovery support services.
- Strengthen recovery-oriented systems of care.
- Increase local social and recreational recovery assets.

KEY ACTIVITIES

Peer Outreach Response Team (PORT)

This CSB team of peer recovery support specialists (initially established as part of the 2018 opioid plan) with experience in recovery from substance use disorders provides free resource navigation, one-on-one peer support, post-overdose support, harm reduction principles and more to county residents 18 years old and older. Individuals do not need to be receiving other CSB services to work with PORT and can connect with PORT via their preferred communication mode, location and frequency. In FY 23-25, PORT will continue to foster partnerships with new referral sources (county agencies and community stakeholders) and pursue strategies to expand the team's capacity and operational hours.

PORT'S IMPACT

*Hi! Just wanted to check in.
And say thank you! For not judging, being kind, showing compassion and your unfailing love! ... I have 31 days! You were a big contributing factor! And so much more! Thank you! Your delivery and approach was perfect! You help me to believe in the process. And that's huge! Because I was so afraid...*

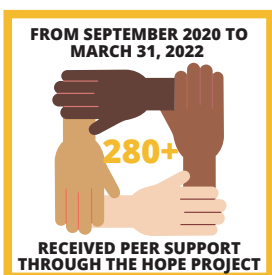
The 4Recovery (Rapid Referrals and Resources for Recovery) Project

Through this activity, individuals encountered by FCPD and/or FRD for nonfatal overdoses are connected to CSB for post-overdose follow-up and support services. This cross-agency effort has saved lives and improved quality of life for community members with OUD. In FY 23-25, continuous refinements will be made to increase engagement, such as piloting an in-field post-overdose response.

Striving to Achieve Recovery (STAR) Program

This voluntary, peer-led treatment and recovery program in the Adult Detention Center, a partnership between the Sheriff's Office and CSB, provides individuals an opportunity to work on their recovery while incarcerated.

HOPE (Harm Reduction and Overdose Prevention with Lived Experience) Project



This collaborative effort involving the Chris Atwood Foundation, CSB and Sheriff's Office provides peer support services to individuals incarcerated at the Adult Detention Center and during the re-entry period. Cell phones with resource information and recovery housing grants are also available to ensure individuals have the tools needed to be successful in treatment/recovery as they transition back to the community.

SNAPSHOT OF SUCCESS THE 4RECOVERY PROJECT

An individual that FCPD/FRD connected to PORT following multiple overdoses in one month is now in stable housing, participating in CSB treatment services and has not overdosed in the months following connection to PORT.

County-affiliated Support Groups

In addition to the many groups run by community organizations (such as Alcoholics Anonymous/ Narcotics Anonymous), the county hosts support groups for individuals working through substance use challenges and related issues, including

- SMART Recovery®, offered by DFS and NCS, a free, self-empowering mutual help group that teaches participants evidence-based recovery tools. It can be used to address substance use issues as well as other addictive behaviors.
- Pathways to Healing, offered by DFS, a support group for family and friends impacted by substance use.

- Parent Support Group, offered by JDRDC, for parents/guardians of teens under 18 with behavioral issues, including substance use (available in English and Spanish).
- Medication Assisted Peer Support (MAPS), offered by CSB, a support group especially for people using prescribed medications in their recovery.

Support for Those Impacted by Overdoses

Overdoses of a loved one can be traumatic for friends and family members. In FY 23-25, support services (such as family peer support, support groups, victim services, etc.) for individuals with loved ones of all ages who have overdosed will be enhanced and expanded.

National Recovery Month

Every September, this national observance raises awareness that substance use and mental health services can enable those with a mental and/or substance use disorders to live healthy and rewarding lives. In FY 23-25, opportunities to partner with community organizations to celebrate recovery will be pursued.



Recovery Assets

Recovery assets are the resources available to help an individual find and sustain recovery. In FY 23-25, the landscape of social and recreational recovery assets in the Fairfax community will be assessed. Strategies for Fairfax County Government to facilitate expansion of such assets will be executed (possibly through a micro-grant program or by partnering with recovery nonprofits to host events).

Recovery Community Center

In FY 23-25, a recovery community center will be established for people with substance use disorders to receive social, educational, legal, research, peer support and health care resources and services that support treatment and recovery.

Wraparound Support Services

Having transportation, stable housing and employment are key to a person's ability to sustain recovery. In FY 23-25, Fairfax County's TOPS (Transportation Options, Programs and Services) will continue to be used to help people in recovery get to their treatment program and/or recovery groups, and enhancing housing and employment supports available for individuals in recovery will be explored.

CONCLUSION

Over the next three years, as the county pursues these 40+ programs/activities in collaboration with community stakeholders, data-informed modifications will be made to adapt to emerging issues/trends and improve effectiveness. This ongoing assessment and optimization will ensure that every possible tool and resource available to address the opioid epidemic is working towards the goals of reducing opioid deaths and improving the lives of those impacted by opioid use disorder. While significant progress has been made, with increases in overdoses locally and across the state and nation in 2020 and 2021, there is much work to be done in FY 23-25 to meet the associated multi-faceted needs experienced across the community. Fairfax County is well-positioned to tackle this complex national epidemic in large part due to the strong, cross-system collaboration among county agencies and community partners.

CONTACT INFORMATION

Thomas G. Arnold

Deputy County Executive for
Safety and Security
Thomas.Arnold@fairfaxcounty.gov

Chris Leonard

Deputy County Executive for
Health and Human Services
Chris.Leonard@fairfaxcounty.gov

Ellen Volo

Opioid and Substance Use Task
Force Coordinator
Fairfax-Falls Church Community
Services Board
Ellen.Volo@fairfaxcounty.gov

Lisa Potter

Director of Diversion Initiatives
Fairfax-Falls Church Community
Services Board
Lisa.Potter@fairfaxcounty.gov



12000 Government Center Parkway
Fairfax, VA 22035