A large, stylized compass rose graphic in shades of blue and light blue, centered on the page. It features a central four-pointed star with a circular center containing a smaller star. The rose is overlaid with a large, semi-transparent orange circle.

**PA Opioid
Overdose
Reduction**

**Technical
Assistance
Center**

**Minimum Requirements to Work
with the TAC**

Funded by: Pennsylvania Commission on Crime and Delinquency



**PittPharmacy
PER_XU**

MINIMUM REQUIREMENTS TO WORK WITH THE TAC

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MINIMUM REQUIREMENTS TO WORK WITH THE TAC

Objective

The following are minimum requirements that each community must meet in order for the TAC to work with your community. These requirements are part of our agreement with PCCD in their funding of the TAC. Please let us know if you have any questions about any of the criterion below.

Minimum Requirements to Work with the TAC

Commitment to the Coalition/Task Force

A county should show commitment to establishing a coalition/task force/CJAB subcommittee/collaborative with stakeholders suggested by the TAC (see "Potential Coalition Members" list). The coalition will bridge public health and public safety and must have members that represent components of each.

- Each coalition should have two dedicated leaders. Suggested leadership will bridge public health and public safety (e.g., District Attorney and Single County Authority);
- The coalition will schedule regular meetings and maintain an updated roster, including subcommittee members. This roster will be provided to the TAC;
- Leadership will schedule regular meetings with the TAC and will attend/participate in 90% of regularly scheduled leadership meetings.

Administrative Capacity

The coalition/task force will appoint someone to champion administrative tasks within 6 months of the coalition's establishment. The TAC will provide training and templates to assist this individual with this role. Administrative tasks include: coalition roster management, agenda preparation and dissemination, meeting and action item reminder notifications, and meeting minute creation and dissemination.

Data Collection

The coalition/task force will have the ability to access suggested local data points and sustain data collection. The TAC will provide support and analysis, but the coalition will need to be able to lead efforts for data collection and sustainability in this collection. Examples of suggested data sets are listed below (not all of this information will need to be collected/accessible, but coalitions should be able to access some of the information):

- Overdose death data;
- Emergency Department data with respect to persons receiving care for fatal and nonfatal overdoses;
- Emergency Medical Service data;
- Substance Use Disorder Treatment data;
- Naloxone administration data.

Planning and Implementation

The coalition/task force will be open to strategic planning and implementation with guidance from the TAC. This includes the following:

- A strategic plan will be developed by the coalition/task force.
- Subcommittees will be established and maintained that meet regularly to implement the strategic plan.
- Implementation guides will be developed and maintained to ensure optimal program and activity implementation.
- The strategic plan can be revisited and amended as needed, under the direction of coalition leadership. The TAC can help to revise this document.

Evaluation

The coalition/task force will complete evaluations of the TAC's work with your community as requested by the TAC. Evaluations of the TAC are typically collected on a bi-annual basis. The TAC is also required to complete

MINIMUM REQUIREMENTS TO WORK WITH THE TAC

The Implementation Framework



Identify a Vision



Collect and Assess Data

Build Capacity and Leadership



Develop and Implement a Strategic Plan



Improve Continually and Sustain Programs

evaluations of the counties indicating what the county's strengths and challenges are in moving towards its intended goals.

Coalition Health Assessments

Completion of yearly coalition health assessments are required to ensure that the coalition is functioning effectively. The TAC will provide feedback and suggestions for counties following the completion of the coalition health assessment.

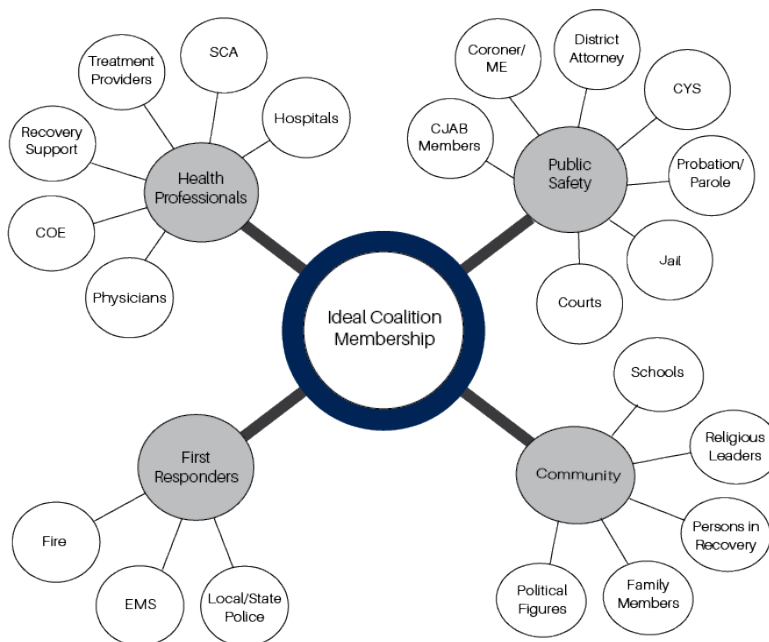
Potential Coalition Members

The TAC emphasizes the importance of developing coalitions that work to bridge public health and public safety. As public health and safety have not traditionally partnered with each other to address local concerns, technical assistance is often needed to address coordination of efforts between the two sectors.

County coalitions are strongly encouraged to have leaders that represent public safety and public health (e.g. County Drug and Alcohol Treatment Authority (SCA) and District Attorney (DA)), to improve community buy-in and ensure a broad enough scope of activities for the coalition to be effective.

Domain Members	Role in Coalition
Single County Authority	Assist in improving access to substance use disorder (SUD) treatment and developing treatment models involving Medication-Assisted Treatment (MAT).
Criminal Justice Advisory Board (CJAB)	Assist in coordinating state, county, and local level criminal justice system entities and facilitating connections.
EMS	Provide information on non-fatal overdoses and assist with expanded naloxone availability. Assist in developing programs that aim to connect individuals to treatment.

MINIMUM REQUIREMENTS TO WORK WITH THE TAC



Domain Members	Role in Coalition
Coroner/Medical Examiner	Assist in providing real-time data from which strategies emerge to identify and eliminate new drug forms that appear within the community, and understand how the overdose phenomena is expressing itself within the community, so that data-driven strategies for reducing overdoses can be planned and evaluated.
General Health Care Provider (e.g., physicians, nurses, pharmacists, physician assistants, etc.)	Assist in identifying persons who are at risk of overdose, assist in implementing programs that affect opioid prescribing practices, assist in referring patients to specialty care, assist in enhancing participation in the prescription drug monitoring program (PDMP), assist in enhancing development and participation with MAT program (among others).
Specialty Health Care Provider	Assist in improving access to SUD and MH treatment and in developing new treatment models involving MAT.
Jail	Assist in designing and implementing educational programs and linkages to relevant programs within the community that are designed to reduce overdose risk among inmates. Raise awareness of decreased tolerance on release.
Family Members	Provide context for the gaps that prevent individuals from obtaining the services they need to prevent overdoses.
Academia	Assist in identifying evidence-based practices and evaluating the coalition's ability to reduce overdoses.
Political Leaders	Influence public policy around awareness and strategies to reduce overdoses. Connect resources availability in the community.
Schools	Assist in developing and implementing programs that are designed to identify and intervene with students at risk for overdoses.
Religious Leaders	Assist in providing educational and interventional services that are endorsed by these leaders and even provided within their facilities that are aimed at reducing overdoses.
County Agencies (e.g. human services, health departments, children and youth)	Assist in providing relevant data about the overdose crisis for their population and development and implementation of programs to reach target population. Develop educational and awareness sessions for county agencies, as well as target population.
Foundation Community	Assist in providing resources and funding for the coalition's efforts.

MINIMUM REQUIREMENTS TO WORK WITH THE TAC

Why Work with the TAC?

Key TAC Activities

- Bridge the gap between public health and public safety to ensure the health, safety, and well-being of individuals with opioid use disorder.
- Monitor coalition health, and provide training to allow for coalitions to have the structure, leadership, learning, behavior, quality improvement measures, culture, and vision necessary to initiate multiple programs across a wide breadth to achieve sufficient outcomes in reducing overdose.
- Research, clarify, and share local, state, and national best practices as well as real-time overdose death data through OverdoseFreePA.org and online learning collaboratives.

TAC Accomplishments in 2017

- 48 out of 67 counties enrolled in technical assistance since TAC inception in 2016.
- Trained 1152 county coalition members on the TAC process.
- Developed 22 county strategic plans.
- Initiated over 150 county programs to reduce overdose.
- 22 counties received PCCD grant funding to implement new initiatives (over \$1.6 million in total funding).
- Established collaboration with major health and safety state departments as well as the DEA, US Attorney's Office, FBI, HIDTA, and other partners.