

Black Hawk County Opioid Abatement Strategy Priorities Table			
Tier 1: Black Hawk County Primary Strategies			
Strategy #	Focus Area	Strategy	Exhibit E Reference
1.1	Prevention	Funding & training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.	Schedule A, G. Prevention Programs, #5.
1.2	Treatment	Provide evidence-based treatment and recovery support including MAT for persons with Opioid Use Disorder (OUD) and co-occurring Substance Use Disorder/Mental Health (SUD/MH) disorders within and transitioning out of the criminal justice system.	Schedule A, F. Treatment for Incarcerated Populations, #1.
1.3	Recovery	Expand warm hand-off services to transition to recovery services.	Schedule A, E. Expansion of Warm Hand-Off Programs & Recovery Services, #2.
1.4	Recovery	Broaden scope of recovery services to include co-occurring SUD or mental health conditions.	Schedule A, E. Expansion of Warm Hand-Off Programs & Recovery Services, #3.
1.5	Recovery	Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare.	Schedule A, E. Expansion of Warm Hand-Off Programs & Recovery Services, #4.
Tier 2: Black Hawk County Secondary Strategies			
Strategy #	Focus Area	Strategy	Exhibit E Reference
2.1	Prevention	Expand Screening, Brief Intervention, & Referral to Treatment (SBIRT) services to non-Medicaid eligible or uninsured pregnant women.	Schedule A, C. Pregnant & Postpartum Women, #1.
2.2	Prevention	Funding for evidence-based prevention programs in schools	Schedule A, G. Prevention Programs, #2.
2.3	Prevention	Funding for media campaigns to prevent opioid use	Schedule A, G. Prevention Programs, #1.

2.4	Prevention	Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.	Schedule A, A. Naloxone or other FDA-Approved Drug to Reserve Opioid Overdoses, #2.
2.5	Treatment	Provide MAT education & awareness training to healthcare providers, EMTs, law enforcement, & other first responders.	Schedule A, B. Medication-Assisted Treatment (MAT) Distribution & Other Opioid-Related Treatment, #3.
2.6	Recovery	Expand services such as navigators & on-call teams to begin MAT in hospital emergency departments	Schedule A, E. Expansion of Warm Hand-Off Programs & Recovery Services, #1.

Tier 3: Remaining Exhibit E, Schedule A Core Strategies

Strategy #	Focus Area	Strategy	Exhibit E Reference
3.1	Prevention	Expand training for first responders, schools, community support groups & families	Schedule A, A. Naloxone or other FDA-Approved Drug to Reserve Opioid Overdoses, #1.
3.2	Treatment	Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service.	Schedule A, B. Medication-Assisted Treatment (MAT) Distribution & Other Opioid-Related Treatment, #1.
3.3	Prevention	Provide education to school-based & youth-focused programs that discourage or prevent misuse.	Schedule A, B. Medication-Assisted Treatment (MAT) Distribution & Other Opioid-Related Treatment, #2.
3.4	Treatment	Provide treatment & recovery support services such as residential & inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, & recovery housing that allow or integrate medication & with other support services	Schedule A, B. Medication-Assisted Treatment (MAT) Distribution & Other Opioid-Related Treatment, #4.

3.5	Treatment/ Recovery	Expand comprehensive evidence-based treatment & recovery services, including MAT, for women with co-occurring OUD and other SUD/MH disorders for uninsured individuals for up to 12 months postpartum	Schedule A, C. Pregnant & Postpartum Women, #2.
3.6	Recovery	Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training & childcare.	Schedule A, C. Pregnant & Postpartum Women, #3.
3.7	Treatment/ Recovery	Expand comprehensive evidence-based treatment & recovery support for NAS babies	Schedule A, D. Expanding Treatment for Neonatal Abstinence Syndrome (NAS), #1.
3.8	Treatment/ Recovery	Expand services for better continuum of care for infant-need dyad	Schedule A, D. Expanding Treatment for Neonatal Abstinence Syndrome (NAS), #2.
3.9	Treatment/ Recovery	Expand long-term treatment & services for medical monitoring of NAS babies & their families	Schedule A, D. Expanding Treatment for Neonatal Abstinence Syndrome (NAS), #3.
3.10	Recovery	Hire additional social workers or other behavioral health workers to facilitate expansions of Schedule A, E. Expansion of Warm Hand-Off Programs & Recovery Services	Schedule A, E. Expansion of Warm Hand-Off Programs & Recovery Services, #5.
3.11	Treatment	Increase funding for jails to provide treatment to inmates with OUD	Schedule A, F. Treatment for Incarcerated Populations, #2.
3.12	Prevention	Funding for medical provider education & outreach regarding best prescribing practices for opioids consistent with 2016 CDC guidelines, including providers at hospitals (academic detailing)	Schedule A, G. Prevention Programs, #3.
3.13	Prevention	Funding for community drug disposal programs	Schedule A, G. Prevention Programs, #4.