

OD Stat Recommendations - In Progress	Lead Agency
PDPH should create a one pager about contingency management for the Mayor's Policy Office to utilize for advocacy.	PDPH
DBHIDS should require methadone providers to share guest dosing protocols. Guest dosing protocols should include emergency guest dosing to ensure continuity of care and reduce risk of fatal overdose. DBHIDS should require providers to report how many patients are provided take homes and the amount of take homes to ensure methadone providers are providing equitable access to take homes.	DBHIDS
MDO and PPD should coordinate a peer-based program that provides follow up post-non-fatal overdose through a harm reduction lens.	MDO/PPD
DBHIDS should build warm handoffs capacity between FQHCs and substance use (SU) treatment providers by developing referral networks between specific FQHCs and SU treatment providers in the same geographic area.	DBHIDS
DBHIDS should evaluate the effectiveness of warm handoffs across all protocols. (A warm handoff is defined as the transfer of care of an individual with substance use disorder from a healthcare unit to substance use treatment.)	DBHIDS
DAO should create public health centered free diversion programs with City agencies or community partners that do not require substance use treatment.	DAO
First Judicial Courts should increase the number of safe surrender events by offering a rolling schedule of at least quarterly events in geographically representative areas of the city.	FJD
PDPH, DBHIDS, MDO, and DAO should develop cross-system public health-centered approaches to “subsistence dealers” (individuals who sell drugs to support a drug habit for survival). This group will provide a written recommendation within 6 months of formation.	MDO CJ-PS/DAO
The City of Philadelphia will create alternative crisis response programs including plugging behavioral health resources into 911.	MDO
DHS should improve community outreach efforts by addressing concerns regarding child removal in cases involving parental substance use.	DHS
DBHIDS should ensure Crisis Response Centers (CRC's) provide comfort medication and buprenorphine inductions in order to reduce AMA's.	DBHIDS
First Judicial Court should purge all active warrants connected to misdemeanor-level cases for anything prior to 2010.	FJD
First Judicial Court should sunset all warrants for Police Assisted Diversion (PAD)-eligible offenses that were received before the creation of the PAD program.	FJD/MDO-CJ
PDPH and MDO should advocate for State legislation which supports overdose fatality review activities.	PDPH
DBHIDS should ensure preventive services for children are well known and easily accessible without formal child welfare involvement.	DBH/CBH

PDPH should provide harm reduction resources to ORP (Office of Reentry Partnerships) to include in their resource packet provided to people leaving incarceration. PDPH will provide a script to ORP to include in outreach calls about harm reduction resources.	ORP
DBHIDS will expand mobile crisis capacity from one full time mobile team to four full-time regional providers to cover the city 24/7. Crisis team should include a nurse, behavioral health specialist, and a person or family member with lived experience.	DBHIDS
DBHIDS should develop plan for hospital-based CRS to be able to bill independently by end of calendar year 2022.	DBHIDS
Commercial health insurance plans should make Certified Recovery Specialist (CRS) services a Medicaid billable service.	Commercial Health Insurers (IBX, Aetna, etc.)
DBHIDS should provide signage to all funded substance use treatment/assessment sites stating nobody should be turned away from treatment due to lack of ID by 1/1/2022. Signage should have a 24/7 phone number people can use if they are denied treatment due to the lack of ID. DBHIDS should also reissues the policy around ID's immediately and offer technical assistance to providers if concerns arise. Calls due to this issue should be tracked by DBHIDS by provider as well as the race/ethnicity/age of individual seeking services.	DBHIDS
The City of Philadelphia should reengage the Mother/Baby Taskforce to ensure residential, inpatient, and outpatient substance use treatment facilities are providing evidence-based practices around parenting and attachment. The task force should center racial equity as it relates to available services and resources and ensure membership includes people with lived experience.	PDPH
SUPHR should develop a campaign for Summer 2022 to provide education about risk of fentanyl contamination and overdose, prioritizing communities with increasing overdose rates among polysubstance users	PDPH
PDPH should create a city-wide work group with clinical providers to discuss evolving clinical education needs. This group should focus on inpatient and emergency levels of care, expanding to outpatient once clinical protocols are developed. This work group will share information and recommendations with the larger provider community via guidelines and/or conferences/webinars. This group will convene for the first time by January 2022.	PDPH
DBHIDS should provide 24/7 access to DBHIDS funded bed-based levels of care.	DBHIDS
DBHIDS should expand methadone treatment via new mobile sites in historically underserved communities.	DBHIDS
PDPH will work with a Racial Equity Consultant who will examine the culture of PDPH's Division of Substance Use Prevention and Harm Reduction (SUPHR) to ensure that they have the necessary training and skills to lead a response to address the high levels of overdose among Black and Latinx Philadelphians.	PDPH
To address high levels of overdose in Black Philadelphians, PDPH will prioritize providing overdose prevention and harm reduction resources, including but not limited to Narcan and fentanyl test strips, to Black and Latinx-led organizations and organizations serving primarily Black and Latinx Philadelphians.	PDPH

PDPH/SUPHR will ask primary care providers to universally provide naloxone education, naloxone prescriptions, and/or access to free naloxone to all patients regardless of historical or current substance use. As part of this universal prescribing initiative, Health Federation will include this topic in CME trainings. PDPH will also develop a visual communications plan including posters for primary care offices and buttons for providers to wear encouraging patients to ask about naloxone.	PDPH
PDPH should identify a site to put one or more public health vending machines, to include but not limited to naloxone, fentanyl test strips, condoms, hygiene kits, and pregnancy tests.	PDPH
PDPH/SUPHR should engage faith communities in conversations around substance use and overdose prevention.	PDPH
DBHIDS demonstration project addressing long-term care for people with behavioral health needs should incorporate the needs of those who use drugs, have substance use disorder, and/or use medications for opioid use disorder (MOUD).	DBHIDS
OD Stat Recommendations - Resolved / Completed	Lead Agency
Include School District of Philadelphia (SDP) as a participant	MDO
Re-examine EMS protocol that withholds Narcan in instances of cardiac arrest	PFD, MDO
Develop and disseminate guidance to providers about best practices for switching MAT types	DBHIDS/CBH
Developing additional inpatient bed "surge" capacity for CBH and DBH patients	CBH
Develop and disseminate a protocol for patients leaving a Halfway House AMA	DBHIDS/CBH
Explore ways to engage with individuals following a diversion event.	PDP
Improve communication between prenatal providers and Substance Use treatment community.	DBHIDS/CBH/Prenatal Provider Community
Improve access to treatment for individuals with chronic health issues who require life-saving medication (HIV, diabetes, etc.)	CBH/AACO
Update EMS policy to provide Naloxone to any individual who uses drugs regardless of whether they are an opioid user or experienced an overdose. EMS to provide education to PWUD about widespread fentanyl contamination.	PFD/EMS
Improve community naloxone awareness and use by developing new wave of Naloxone Awareness Campaign and utility/awareness of www.phillynaloxone.com	PDPH
Continue to focus on release from incarceration as a critical point for support. Ensure that all incarcerated individuals with SUD are offered case management support and a cell phone.	PDP, PDPH, MDO.
DBHIDS/CBH to provide best practices guide to MAT providers around MAT dosing and policies around withholding dosing.	DBHIDS
Focus on emergency departments as a connection point for MAT induction and naloxone distribution.	PDPH
The MDO should move to create a non-enforcement agreement as it relates to fentanyl test strips.	MDO HHS
PA DHS should apply for a Section 1115 Waiver Request (or plan to submit a State Plan Amendment) to CMS to extend Medicaid coverage for pregnant individuals from 60 days to 12 months postpartum.	PA DHS

<p>PDPH should develop a protocol to address patient’s needs following Pill Mill enforcement or sudden buprenorphine clinic closures.</p>	<p>PDPH</p>
<p>PDPH should coordinate the creation of a citywide overdose prevention plan to address the rise in drug-related overdoses among Black and Hispanic Philadelphians: <i>PDPH will fund seven community-based organizations (CBO) led by people of color to build harm reduction capacity and provide overdose prevention awareness among the populations they serve. Activities will include naloxone and fentanyl test strip distribution in hard-hit areas in North and South West Philadelphia and “train the trainer” workshops aimed at ensuring that crucial messaging is delivered by trusted community ambassadors. Funding will be distributed not only to prominent CBOs but also small, grassroots organizations that are often excluded from traditional funding processes.</i></p>	<p>PDPH</p>
<p>PDPH should coordinate the creation of a citywide overdose prevention plan to address the rise in drug-related overdoses among Black and Hispanic Philadelphians: <i>PDPH will fund the Linkage and Engagement After Prison (LEAP) case management program, run by CBO Action Wellness. Most of LEAP’s clients are Black and Latinx because the War on Drugs and cash bail has led to a disproportionate number of Black and Latinx people incarcerated in PDP. LEAP’s staff is also multiracial, as well as bilingual and bicultural, providing culturally appropriate care.</i></p>	<p>PDPH</p>
<p>PDPH should explore feasibility of accessing the Health Share Exchange.</p>	<p>PDPH</p>
<p>PDPH should expand overdose prevention and naloxone/fentanyl test strip distribution to new community partners.</p>	<p>PDPH</p>
<p>PDPH and DBHIDS should include individuals with lived experience in OD Stat meetings and the OD Stat Recommendations Work Group.</p>	<p>PDPH</p>
<p>PDP will complete benzodiazepine withdrawal screening for anyone who reports opioid use by 11/1/2021. (This is to address presence of xylazine in opioid supply and risk of seizures)</p>	<p>PDP</p>
<p>ODVS should coordinate the delivery of training around IPV screening and follow up to medical providers and social workers at medical/behavioral health/substance use treatment locations annually. Trainings should include information about the effects of IPV and sexual trauma for both children and adults, trauma-informed interventions to support individuals and families, and implicit bias.</p>	<p>ODVS</p>
<p>PDPH should coordinate the creation of a citywide overdose prevention plan to address the rise in drug-related overdoses among Black and Hispanic Philadelphians: PDPH will plan a fentanyl test strip awareness campaign for Summer 2021. The campaign will be designed in collaboration with grantees as well as with other CBOs that serve predominantly Black and Latinx Philadelphians.</p>	<p>PDPH</p>
<p>PDPH should coordinate the creation of a citywide overdose prevention plan to address the rise in drug-related overdoses among Black and Hispanic Philadelphians: PDPH will ensure the fentanyl awareness campaign addresses the presence of fentanyl in not only the heroin supply, but also the stimulant drug supply, contamination that has had an outsized effect on Black Philadelphians who use substances.</p>	<p>PDPH</p>

PDPH should coordinate the creation of a citywide overdose prevention plan to address the rise in drug-related overdoses among Black and Hispanic Philadelphians: PDPH will hire and work with a Racial Equity Consultant who will help to inform hiring processes within PDPH's Division of Substance Use Prevention and Harm Reduction (SUPHR), consult with the funded community-based organizations to provide technical assistance and implicit bias trainings, provide guidance to ensure that SUPHR's public health messaging reaches Black and Latinx populations, help SUPHR to build partnerships in Black and Latinx communities, and meet with representatives from other City agencies that work with Black and Latinx populations affected by substance use.	PDPH
PDP will provide information to visitors on mail order naloxone by providing website for Next Distro on PDP website and in person when possible (post Covid restrictions)	PDP
DBHIDS should move towards more value-based payment models which allow for increased outreach and engagement in populations where it is most challenging (i.e. unhoused persons, people with histories of reduced linkage).	CBH