

# NORTHERN VIRGINIA OPIOID RESPONSE COORDINATION



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# Northern Virginia Opioid Task Force

- A regional, cross-jurisdiction coordinating body aligning opioid response efforts
  - Includes Arlington, Fairfax, Prince William, and Loudoun Counties and the cities of Alexandria, Manassas, and Manassas Park
  - Engages health departments, Community Services Boards, public safety, corrections, and community partners
  - Facilitates regional planning, data sharing, and priority alignment
  - Supports cross-jurisdiction initiatives across prevention, treatment, recovery, and re-entry



# Why This Matters for Opioid Abatement

- Reduces fragmentation across local boundaries
  - Improves continuity for vulnerable populations
  - Demonstrates scalable regional governance



# Northern Virginia counties and independent cities collaborate across boundaries through:

- **Shared data and situational awareness**
  - Regional review of overdose trends, jail releases, EMS activity, and emerging substances across Fairfax, Prince William, Loudoun, Arlington, Alexandria, Manassas, and Manassas Park.
- **Cross-jurisdiction jail-to-community workflows**
  - Individuals incarcerated in one locality and released to another receive coordinated MOUD referrals and discharge planning across counties and cities.
- **Regional peer recovery coordination**
  - Peer Recovery Specialists work across jurisdictions, sharing referrals, locating service openings, and maintaining engagement as individuals move between communities.
- **Aligned programming and service design**
  - Jurisdictions plan services to complement—not duplicate—each other, allowing specialized programs in one locality to serve residents region-wide.
- **Youth-focused regional collaboration**
  - School systems, public health, and youth-serving organizations align prevention, early intervention, and referral pathways across county and city lines.



# Fairfax County YMAT: Bridging Youth to Care Through Collaboration

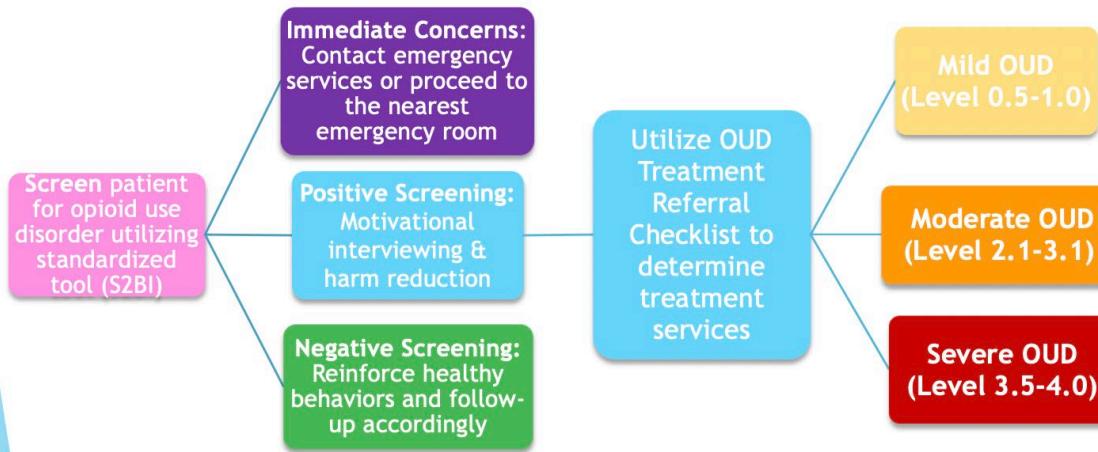
- YMAT partners with bridge programs to rapidly connect youth from identification to treatment
  - Bridge programs reduce delays between referral, assessment, and initiation of care
  - Peer Recovery Specialists are embedded as connectors across YMAT, bridge programs, and community services
  - PRS support youth and families through transitions between school, outpatient care, and recovery supports
  - YMAT coordinates clinical care while partners maintain continuity across systems



# Expanding the Role of Peer Recovery Specialists

- Peers work across jurisdictions, and connect through their own networking.
  - Shared training, orientations, and referral pathways
  - Peer-led regional networks strengthen engagement and trust

# OUD Screening & Referral Algorithm



## George Mason University's Mason and Partner MOUD Clinic

99 Tremont St, Manassas Park, VA, 20111

**Referral method:** Phone call, QR Code referral form, Walk-ins accepted

**Phone:** 703-539-2951

**QR Code:**



<https://www.fairfaxcounty.gov/community-services-board/sites/community-services-board/files/Assets/documents/pdf/map-bridge-mat-program-202403.pdf>

**Accepted insurance:** Uninsured, Medicaid, private

**Ages:** All ages

**Pregnancy:** Patients accepted for treatment

**Levels of Care:**

- Level 1.0 (Outpatient)
- Level 2.1 (Intensive Outpatient Program - IOP)

This algorithm is an exemplar of a screening and referral workflow that has been implemented in practice. The specific steps and tools are less important than the broader concept: standardized workflows, shared referral criteria, and accessible resources allow multiple partners to coordinate care efficiently.



# GMU State OAA Project: Bridge MOUD Warm Line Pilot (2025-26)

**Goal:** Expand access to evidence-based treatment for opioid use disorder (OUD) through a regional Warm Line that facilitates same-day buprenorphine initiation and peer-led recovery support for high-risk populations in Northern and Central Virginia.

**Key Features:**

- Centralized referral Warm Line serving EMS, EDs, jails, and shelters
- Same-day telehealth visits with on-call providers
- Peer Recovery Specialist (PRS)-led follow-up and navigation

**Core Objectives:**

- **Clinical Services:** Warm Line with 7-day/week coverage
- **Follow-up & Linkage:** Provide PRS follow-up within 48 hours and link 80% of clients to long-term care within 7 days.
- **Regional Collaboration:** Engage partners and host quarterly stakeholder meetings for alignment and coordination.
- **Outcome-Driven:** Performance in this pilot year will influence renewal and funding from the Opioid Abatement Authority (OAA) and expansion to other Virginia communities.



# Best Practices We Can Take From Northern Virginia

- Encourage cross-county opioid response planning beyond individual jurisdictions
  - Use Opioid Restitution Fund dollars to support regional coordination infrastructure
  - Align jail-based MOUD, re-entry, and community treatment across county lines
  - Support regional peer recovery specialist networks that follow individuals
  - Incentivize shared data review and common referral pathways

# **Thank you!**