MEMORANDUM

Date: February 27, 2025

To: The Honorable Chair and Members
       Pima County Board of Supervisors

From: Jan Lesher
       County Administrator

Re: **Regional Gaps Analysis: Comparative Findings on Opioid Response Recommendations**

As part of the County's efforts to systematically strengthen and coordinate our regional response to the opioid crisis, the Pima County Health Department recently assembled and reviewed a comprehensive set of 24 documents produced between 2021 and 2025 by City, County, and partner organizations. This review identified and compared actions and recommendations across sources to clarify existing areas of focus, alignment, gaps, and opportunities for more effective engagement. The results of this analysis are presented in the attached report, *Regional Gaps Analysis: Comparative Findings on Opioid Response Recommendations*.

Recommendations from the collected documents were synthesized into ten strategic themes and assessed to determine implementation progress, structural needs, and opportunities for unified policy and operational action. The report identifies several regional strengths, including well-established harm reduction strategies such as naloxone distribution, fentanyl test-strip pairing, and co-responder models, all of which are consistently operating and reflect strong momentum in frontline engagement. Additionally, ongoing opioid settlement allocations and aligned legislative agenda items demonstrate continued commitment to addressing the crisis.

The analysis also highlights significant gaps requiring attention. Key structural elements such as interoperable data systems, standardized warm handoff protocols, centralized referral and resource hubs, and long-term stabilization capacity remain in development. Additional gaps related to youth prevention, workforce sustainability, and needed policy changes currently limit our region's ability to deliver continuous, integrated care. These findings reinforce the need for a coordinated, cross-jurisdictional approach to ensure resources and actions are aligned toward shared goals.

To address these needs, the report recommends developing a unified regional opioid response plan over the next six months that brings together jurisdictions, partners and people with lived experience under a shared governance framework. A unified plan would incorporate common data systems, transparent performance metrics, and coordinated funding strategies to move the region from aligned intentions to integrated, sustainable practice.

I am pleased to share this report and welcome the opportunity to discuss its findings and the next steps required to strengthen our collective response to the opioid crisis in Pima County.

JKL/dym

Attachment

c: Carmine DeBonis, Jr., Deputy County Administrator
Steve Holmes, Deputy County Administrator
Chad Kasmar, Deputy County Administrator
Terry Cullen, MD, MS, Public Health Director, Health Department

REGIONAL GAPS ANALYSIS:

Comparative Findings on Opioid Response Recommendations

PIMA COUNTY

HEALTH DEPARTMENT

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Comparative Findings on Opioid Response Recommendations

Pima County Health Department

February, 2026

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1. Executive Summary

This report presents a comprehensive analysis of opioid response recommendations across City, County, and partner plans in Pima County, organized within the public health principles of policy, assessment, and assurance. The purpose of this work is to systematically compare recommendations, identify areas of alignment and divergence, and assess implementation progress to inform next steps that include a more cohesive regional strategy.

The analysis evaluates current actions and gaps (assessment), identifies policy levers needed to enable continuity and integration (policy), and emphasizes strategies to ensure coordinated implementation and accountability (assurance). Data governance and data sharing underpin effective assessment and are needed to inform policy decisions and transparent assurance through shared metrics and near real-time reporting.

Scope of Analysis:

The review draws on 24 documents produced between 2021 and 2025, including County and City plans, strategic memos, and operational reports (see Appendix A). Recommendations were synthesized, normalized, and coded into ten thematic areas, enabling a crosswalk analysis of priorities and progress.

It is noted that this report reflects a point-in-time analysis based on a set of documents primarily produced by Pima County, the City of Tucson, and regional partners. Additional relevant materials may not have been identified at the time of this report.

Key Findings:

The documents reviewed reveal strong alignment on core themes such as treatment access, harm reduction, workforce development, and social determinants of health. Current activity is concentrated in harm reduction and outreach strategies (i.e. naloxone distribution, fentanyl test-strip pairing, peer navigation, and co-responder models), many of which are active and ongoing. However, other actions that support continuity of care and system integration are still required. These include shareable data systems, standardized warm-handoff protocols, centralized resource hubs, and long-term stabilization access and capacity.

While alignment exists in multiple areas, implementation gaps create risks of fragmentation and duplication, particularly in public education campaigns, referral tools, and workforce training. Youth prevention-focused activities, workforce sustainability, and policy asks such as AHCCCS rule changes and prescribing authority expansions require accelerated attention.

Opportunities and Strategic Imperatives:
The report identifies near-term work to convert efforts into practice, such as deploying an interim referral service, stabilizing youth prevention, piloting transport and step-down capacity linked to sobering and reentry programs, and advancing data sharing and workforce development support. These steps, strengthened by policy actions, can close critical gaps and strengthen continuity of care.

This report recommends developing a joint regional response plan that aligns recommendations and activities across local governments, nonprofits, healthcare providers, and justice partners under a shared governance framework. Such a plan should integrate common data, transparent performance metrics, and coordinated governance and funding strategies to transform promising actions into a cohesive system capable of delivering equitable, evidence-based solutions to the opioid crisis.

2. Methods

Document Assembly:
Documents for this analysis drew from recent reports, strategic plans, operational documents, and analytic memos produced by the City of Tucson, Pima County, and local partners since 2021. The review reflects the most current thinking and activity across the region's opioid and substance use response.

Recommendations were synthesized into clear, actionable statements, regardless of their original format or phrasing. This process allowed for the normalization of language and the removal of duplicative or overlapping content, resulting in a unified set of recommendations suitable for cross-document comparison.

The comprehensive list of recommendations and current statuses, organized by source document, is provided in Appendix B. This appendix serves as a reference for all recommendations reviewed and forms the foundation for the thematic analysis and crosswalk presented in this report.

Developing the Framework:
This report uses a data-driven process to develop the framework.

The language, context, and intent of each recommendation was analyzed and developed into themes. The framework grouped recommendations that shared similar concepts, strategies, or goals. For example, recommendations about naloxone, fentanyl test strips, and overdose prevention were clustered together as harm reduction strategies, while those about housing,

transportation, and food support formed another group related to social determinants of health.

Ten distinct themes were identified, each representing a core area of strategic focus in Pima County's opioid and substance use response:

1. **Cross-Sector Collaboration & Governance** – Formalizing partnerships and coordination across health, justice, housing, and community systems.

2. **Harm Reduction & Overdose Prevention** – Strategies to reduce risk of overdose and death through tools, education, and outreach.

3. **Stigma Reduction & Public Education** – Campaigns and interventions to reduce stigma and increase awareness of harm reduction and treatment.

4. **Treatment Access & Continuity** – Expanding availability, affordability, and retention in medication-assisted treatment (MAT/MOUD) and recovery programs.

5. **Workforce Development & Capacity Building** – Addressing shortages and burnout among behavioral health and SUD providers; training clinicians and peers.

6. **Social Determinants of Health (SDOH) & Wraparound Supports** – Addressing housing, employment, transportation, childcare, and food insecurity for individuals in recovery.

7. **Youth Prevention & School-Based Strategies** – Early intervention and education for adolescents and families.

8. **Data Integration & Surveillance** – Improving data sharing, monitoring, and early warning systems for overdose trends and treatment outcomes.

9. **Policy & Legislative Advocacy** – Structural changes to expand access, funding, and legal protections.

10. **Technology & Innovation** – Using digital tools and apps to improve access, navigation, and engagement.

Each theme is documented in the Opioid Comparative Analysis Thematic Framework (see Appendix C), which provides clear definitions and representative examples to guide consistent tagging and future updates. This framework served as the backbone for all subsequent grouping, analysis, and crosswalks, ensuring that recommendations from diverse sources can be meaningfully compared and synthesized.

Tagging, Normalization, and Comparative Analysis:

Each synthesized recommendation was assigned to one or more of the ten themes based on its content and intent. Where a recommendation addressed more than one theme, it was split and tagged accordingly to ensure that the full scope of each action was captured.

Frequencies were calculated across the entire set of recommendations to quantify which strategic areas received the most attention. This approach enabled primarily quantitative insights. We can see which themes are most and least prevalent, and which documents contributed most to each theme.

Limitations:

The findings reflect a point-in-time review of documents which are not exhaustive, as new programs, funding, policy efforts, guidance, and interagency initiatives emerge frequently. While the review is comprehensive within its scope, the documents primarily originate from Pima County, the City of Tucson, and select regional partners, meaning other relevant community-based, provider-generated, state-level, or academic materials may not have been included due to availability or timing.

Several structural supports remain in development or early stages, limiting the availability of consistent metrics and outcomes data to support deeper evaluation and impact. Additionally, the level of detail varied significantly across source documents. This lack of detail may influence how recommendations were mapped to themes. As a result, certain nuances or distinctions may not be fully reflected in the consolidated analysis.

Finally, while identified and included materials emphasize early engagement, harm reduction, and access to treatment entry points, fewer recommendations focus on long-term treatment retention, or multi-year stabilization supports. Studies continue to indicate that opioid use disorder often requires years of sustained treatment and wraparound services. As a result, opportunities identified here may reflect an emphasis on front-end access while underrepresenting the long-term infrastructure and resources needed to maintain recovery over time. It should also be noted that the opportunities presented are not prioritized and are intended as a set of high-leverage options requiring iterative refinement, stakeholder engagement, resource assessment, and alignment across jurisdictions.

3. Results

Crosswalk Table:

The crosswalk table (see Appendix D) provides a consolidated view of how recommendations from all reviewed documents align with the ten themes. This table is helpful for understanding

the distribution of emphasis across strategic areas and identifying where support is strong versus where gaps persist.

The crosswalk includes frequency counts, showing how often each theme appears across the reviewed documents, to create a transparent and practical tool for understanding where emphasis is strongest, where coverage is limited, and how strategic priorities vary across documents.

Top Three Themes:

1. **Treatment Access & Continuity**
   This theme appears most often, reflecting strong consensus on expanding MOUD/MAT availability, improving linkage and retention, and ensuring continuity of care during transitions such as jail release or hospital discharge. Its prominence highlights that treatment access is foundational to reducing overdose deaths and supporting recovery.

2. **Cross-Sector Collaboration & Governance**
   The second most common theme emphasizes integrated approaches, including governance structures, shared data platforms, and coordinated referral systems. This reflects recognition that siloed efforts cannot effectively address the complexity of substance use and homelessness.

3. **Social Determinants of Health (SDOH) & Wraparound Supports**
   The third most frequent theme highlights housing, transportation, childcare, and employment supports. Recovery cannot be sustained without addressing these needs, and multiple documents point to housing instability and lack of transportation as major barriers to treatment engagement.

Strengths:

The analysis identified several areas where implementation is most advanced and operationally stable, providing a strong foundation for regional efforts:

1. <u>Field-based harm reduction and outreach are scaled and consistent.</u>
   Naloxone distribution is normalized across high-risk corridors and community locations (libraries, leave-behind programs), often paired with fentanyl test-strip distribution and overdose response education. These activities recur across multiple documents and are described as embedded and ongoing, reflecting strong assurance in frontline operations. Co-responder models (TPD CORE/MHST, CARES, CODAC peers, CSHW coordinators) are actively diverting individuals to treatment, while Overdose Data-to Action (OD2A) outreach and education maintain cadence in prevention messaging.

2. Coordinated engagement efforts are providing momentum.
   Projects like the SAFR center development, quarterly Narcan events with Fire & Life
   Safety Educators, TC-3 linkage for frequent 911 callers, and early-warning surveillance
   for fentanyl are active and provide tangible touchpoints for engagement and rapid
   response. These help stabilize immediate risk while longer-term integration builds.

3. Governance and investment signals are positive.
   The County's opioid settlement allocations with transparent reporting and the legislative
   agenda items for extended MOUD and coverage demonstrate sustained commitment.
   Ongoing activities noted across One Pima illustrate continuity of funding and a
   system-wide commitment to accountability.

Gaps:

Despite the strengths outlined above, several critical gaps remain, many of which are tied to
structural supports and system integration:

1. Transition points and continuity of care.
   Many discharge protocols, warm-handoff practices, and peer placements across
   hospitals, courts, and jail release are initiated but not yet stabilized as uniform practice.
   Critical system components, such as standardized warm-handoff portals, shared intake,
   and 24/7 non-law-enforcement transport are not yet started, creating inconsistent
   linkage and retention at high-risk handoffs.

2. Structural integration and shared infrastructure.
   A centralized regional care/resource hub connected to electronic health records and
   peer referral systems remains not yet started, and several data-sharing and health
   information technology enhancements are in development rather than full production.
   Without unified portals, dashboards, and interoperability, evaluation and coordination
   remain fragmented, increasing duplication risk in campaigns and referral tools.

3. Capacity for stabilization and step-down care.
   Longer-term secured detox beds, 24/7 transport, and step-down services linking crisis
   stabilization to community treatment are not yet started or are early-stage. This limits
   the ability to sustain gains from frontline engagement and increases churn between
   emergency department, custody, and homelessness.

4. Youth prevention work and coverage.
   School-based overdose plans, toolkits, and mental health literacy initiatives are initiated but not uniformly implemented with fidelity measures, routine evaluation, and district-wide coverage.

5. Workforce sustainability.
   Recruitment, retention, pipelines, and clinician training (including stigma reduction and evidence-based practices) are initiated but remain dependent on short-cycle funding and lack centralized credential tracking and career pathways to make capacity durable.

6. Policy and reimbursement alignment.
   Key levers (e.g., pharmacist MOUD prescribing, AHCCCS authorization simplification) are initiated or not yet started, slowing normalization of best practices across clinical and community settings.

4. Opportunities

To accelerate progress and close critical gaps, opportunities have been organized under Governance, Policy, Assessment, and Assurance. The following opportunities outline high-leverage actions that could be initiated or strengthened in the next 6 months to accelerate progress, convert initiated efforts into durable practice, and close the most pressing gaps:

Governance:

Resource requirements: support from involved organizations; identified lead(s)

1. Develop and implement a Unified Regional Opioid Response Plan with Stakeholders
   Create and adopt a joint Regional Plan that aligns recommendations and activities across local governments, nonprofits, healthcare providers, and justice partners under a shared governance framework. This plan should integrate common data needs, transparent performance metrics, and coordinate funding strategies to transform fragmented efforts into a cohesive system. Hiring a Public Health Strategist within the Pima County Health Department to lead this work is a critical component of advancing this activity.

   Development of such a plan would include people with lived experience, jurisdictions leadership, including City and County departments, justice system representatives, major healthcare systems, and community-based organizations.

2. Formalize Governance Structures
   Strengthen and expand standing multi-jurisdictional workgroups dedicated to key areas

such as treatment access, housing and social determinants, health IT and data, youth services, and justice/reentry. PCHD can align workgroups that currently exist to identify data sharing opportunities should be a key priority and lead new workgroups that can strengthen and inform additional efforts with input from jurisdiction partners.

Policy:

Resource Requirements: Individual or group to serve as Policy Lead

3. <u>Advance Enabling Policy Actions</u>
   Pursue AHCCCS rule changes to reduce authorization barriers for medication-assisted treatment, expand prescribing authority for pharmacists, increase duration of inpatient treatment coverage, and standardize insurance and billing reforms to support low-barrier access. These policy shifts will increase continuity of care and normalize evidence-based practices across clinical and community settings. This may include working with other stakeholders including state policymakers and other policy and advocacy organizations.

Assessment:

Resource requirements: funding for data support and analytics; resources for evaluation framework

4. <u>Accelerate Data Interoperability and Shared Analytics</u>
   Move in-development dashboards and cross-sector platforms into production by finalizing data-use agreements, harmonizing privacy compliance under HIPAA and 42 CFR Part 2, and implementing common data models across behavioral health, housing, and justice systems.

   This initiative would involve County and City IT teams, healthcare providers, housing authorities, and justice partners. Funding should come from opioid settlement allocations and federal interoperability grants, with a high level of effort anticipated for technical build and legal compliance.

5. <u>Develop an Evaluation Framework</u>
   Create a unified evaluation plan that applies across initiatives, encompassing metrics such as linkage and retention rates, naloxone reach, housing placements, youth program fidelity, and workforce sustainability. This framework will enable continuous quality improvement and accountability. The evaluation framework should be developed by PCHD in partnership with third party evaluators and/or academic institutions such as the University of Arizona and funders.

Assurance:

Resource Requirements: Data and technology support; funding for pilots for transportation and step-down beds; funding for youth prevention as well as development of workforce training. Estimated initial evaluation and planning costs: $3 Million in addition to current funding through PCHD Overdose to Action grants, Justice Reinvestment funds, and Opioid Settlement funds.

6. <u>Stand Up an Interim Shared Referral System</u>
Develop and deploy a portal with common intake and standardized warm-handoff protocols to enable real-time tracking of referrals and appointments, while the comprehensive platform is under development. This effort would involve County and jurisdiction IT teams, hospitals, justice reentry programs, and peer navigation networks. Funding for these efforts is yet to be identified.

7. <u>Pilot Transport and Step-Down Capacity Linked to Sobering and Reentry</u>
Launch targeted pilots that tie the sobering center and justice reentry programs to 24/7 transport and step-down beds, with rapid evaluation against linkage time and 30/90-day retention metrics. County agencies, law enforcement, and contracted providers would lead this initiative, with minimal funding currently available through PCHD Overdose to Action grants and Opioid Settlement funding.

8. <u>Stabilize and Standardize Youth Prevention</u>
Publish countywide standards, schedules, and key performance indicators (KPI) for youth prevention programs, and align reporting cycles with shared dashboards to ensure consistency and accountability. School districts, PCHD, and youth-serving nonprofits should lead this work. Minimal funding is currently available through PCHD OD2A grants, Justice Reinvestment funds, and Opioid Settlement funding.

9. <u>Strengthen Workforce Pipelines and Training</u>
Centralize training (clinical best practices, stigma reduction), and career pathways for peers and clinicians; pair with multi-year funding coalitions to create stability beyond grant cycles. This initiative would require multiple County and City agencies, workforce boards, and academic institutions. Minimal funding is currently available through PCHD OD2A grants.

5. Conclusion

Pima County and its partners share a strong commitment to reducing opioid-related harms through expanded treatment access, harm reduction strategies, and integrated supports addressing social determinants of health. The region has made meaningful progress in scaling

frontline interventions such as naloxone distribution, peer navigation, and co-responder models, while also initiating steps toward governance, workforce development, and data-driven accountability.

The findings reveal a persistent gap between operational momentum and structural integration. Many enabling mechanisms, such as interoperable data systems, standardized warm-handoff protocols, and long-term stabilization capacity remain in development or have not yet started. Without these foundational elements, efforts risk fragmentation, duplication, and uneven outcomes across jurisdictions and service sectors.

Moving forward, success will depend on accelerating these structural supports while sustaining the strengths already in place. This requires a deliberate, coordinated approach that aligns recommendations and activities across all documents into one joint and unified regional strategy. Such a plan should connect the efforts of local governments, nonprofit organizations, healthcare providers, and justice partners under a shared governance framework, supported by common data models and transparent performance metrics.

Pima County can transform a collection of promising actions into a cohesive system which ensures continuity of care, maximizes resources, and delivers equitable, evidence-based solutions to the opioid crisis. The opportunity now is to move from alignment in principle to integration in practice, through a regional plan that unites all stakeholders in a common mission for impact and sustainability.

APPENDIX A

Appendix A

Source Documents of Opioid Response Recommendations

Source Documents
2021 Draft PCHD Opioid Response Plan
2022 Overdose Fatality Review Annual Report
2023 Joint Memo: Promising Practices
2023 Overdose Fatality Review Annual Report
2024 Community Health Needs Assessment
2024 Memo_Compilation and Review of Justice Reform Initiatives
2024 Pima County Opioid Response Needs and Assets Report
2025 CWD Community Needs Report
2025 Memo ROSAC Priorities
2025 Plan Tucson
2025 Sequential Intercept Model Mapping Report (SIM).pdf
ARPA-H- Tech & Mgmt Application
Behavioral Health Conference Overview and summary
CHIP Draft _12.15.25
COT Gaps Analysis - Final DRAFT 2.7.25
OD2A Logic Model
One Pima Initiative
PCHD Legislative Proposals
Pima County Health Department Strategic Plan 2026 to 2030
Prosperity Initiative Report
Safe City Initiative and Services FINAL
Safe-City-Initiative-Coordinated-Field-Operations (Deployments)
TPCH 2024 Gaps Analysis_FINAL
Transit System Safety Action Plan

APPENDIX B

Opioid Response Comparative Analysis

Extracted Recommendations

Document	Produced By	Original Phrasing	Synthesized Action Statement	Status
2021 Draft PCHD Opioid Response Plan	*Pima County Health Department*	Establish Narcan distribution points based on geographic overdose clusters through assertive outreach and face-to-face distribution.	Expand naloxone distribution in high-risk geographic clusters using peer navigators and correctional health screening.	Active/Ongoing
		Community-wide distribution of Narcan is essential, especially during periods of crisis and escalating OD rates.	Normalize naloxone access through public libraries, clinics, and first responder leave-behind programs.	Active/Ongoing
		Partner with PCSD and DEA on large scale Take Back events to reduce the presence of drugs in Pima County.	Expand drug take-back events and fixed disposal sites; integrate Rx360 education.	Initiated
		Distribute fentanyl test strips in tandem with Narcan rescue kits.	Pair fentanyl test strip distribution with naloxone outreach in high-risk settings.	Active/Ongoing
		Expand subcontracted services to leverage more peer navigation encounters following reported overdoses.	Increase peer navigation workforce and embed in hospitals, jails, detox centers.	Initiated
		Expand MAT services among all specialties and providers.	Train non-behavioral health providers to prescribe buprenorphine and integrate MAT into EDs and primary care.	Initiated

		Promote community awareness about the Good Samaritan law.	Launch public education campaign on overdose response and legal protections.	Initiated
		Develop public health advisories comprising a data overview, advisory, and actionable recommendations.	Issue overdose trend advisories and integrate into provider training and media campaigns.	Active/Ongoing
		Increase community awareness of signs/symptoms of SUD and available resources.	Deliver evidence-based curricula and stigma reduction campaigns.	Active/Ongoing
		Train the entire public health workforce in trauma-informed approaches.	Embed trauma-informed care across all programs and partnerships.	Initiated
		Develop and disseminate stigma-reducing media campaigns.	Implement anti-stigma messaging in media and provider education.	Active/Ongoing
		Encourage health promotion programs to reduce isolation.	Expand community-based exercise, art therapy, and adventure programs.	Initiated
		Develop a fidelity monitoring tool to measure key functions.	Create program evaluation framework for opioid response initiatives.	Active/Ongoing
2022 Overdose Fatality Review Annual Report	*Pima County Health Department*	Healthcare providers should increase access to medications for opioid use disorder (MOUD) and increase service capacity.	Expand MOUD availability across healthcare settings and reduce barriers to MAT.	Initiated
		Implement medical record flags and alerts in CSPMP for patients who experience an overdose.	Add overdose risk alerts in EHR and CSPMP systems.	Not Yet Started

		Increase follow-up efforts for high-risk patients post-discharge.	Develop post-discharge protocols and warm handoffs to treatment.	Initiated
		Residential programs should establish specialized discharge plans focused on overdose prevention.	Require overdose prevention planning at treatment discharge.	Active/Ongoing
		Housing programs should increase availability for individuals with substance use and mental health conditions.	Expand supportive housing for SUD and co-occurring conditions.	Initiated
		Promote community education on harm reduction strategies.	Launch campaigns on safer use practices, naloxone, and fentanyl test strips.	Active/Ongoing
[2023 Overdose Fatality Review Annual Report](#)	*Pima County*	Expand mental health service capacity and coverage.	Increase behavioral health capacity and integrate long-term case management for dual-diagnosis individuals.	Initiated
		Implement harm reduction programs and MAT support.	Scale naloxone distribution, fentanyl test strips, and MAT access.	Active/Ongoing
		Train primary care physicians to screen for SUD and mental illness.	Embed behavioral health screening in primary care workflows.	Initiated
		Ensure continuity of care post-discharge for individuals with behavioral health and SUD needs.	Develop discharge planning protocols and peer support follow-up.	Initiated
		Expand naloxone distribution and educate communities.	Normalize naloxone access and overdose response training.	Active/Ongoing

		Increase supportive housing for individuals with serious mental illness and those in recovery.	Invest in housing-first models and wrap-around supports.	Initiated
2023 Joint Memo: Promising Practices	*Pima County & City of Tucson*	Establish a Fentanyl/Opioid Coordination Team.	Create cross-jurisdictional governance structure for opioid response.	Not Yet Started
		Develop culturally competent popular education tools and communication campaigns.	Launch regional anti-stigma and harm reduction campaigns tailored to cultural and linguistic needs.	Active/Ongoing
		Strengthen individual and family trauma and recovery support.	Expand trauma-informed services and grief counseling.	Active/Ongoing
		Rapid access to behavioral health residential care.	Increase availability of step-down beds and crisis stabilization units.	Initiated
		Train frontline staff in overdose prevention.	Implement overdose prevention and naloxone training for public servants.	Active/Ongoing
		Expand post-overdose interventions.	Deploy rapid response teams for nonfatal overdoses within 72 hours.	Initiated
2024 Community Health Needs Assessment	*Pima County Health Department*	There is a need for more funding for prevention, treatment and recovery services, as well as investments into the workforce in order to combat burnout and shortages.	Increase funding for prevention, treatment, and recovery services for SUD, and invest in workforce development to address provider shortages and burnout.	Initiated

	Stigma, housing instability and difficulty navigating the health care system are barriers to accessing care.	Implement anti-stigma campaigns, expand stable housing options, and improve navigation support for accessing SUD and mental health care.	Initiated
	Recovery from substance use disorder is challenged by unmet need for treatment programs, accessible and stable housing, job placement programs, dental treatment and wraparound social support services.	Expand access to long-term treatment, stable housing, job placement, dental care, and wraparound supports for people in recovery.	Initiated
	There is a high need for these services and access to SUD treatment and recovery programs, particularly long term (over 120 days) services.	Increase availability of long-term SUD treatment and recovery programs.	Initiated
	Workforce shortages and burnout among direct service providers, including peer support specialists and therapists, limit access to care.	Invest in recruitment, retention, and support for peer specialists and therapists.	Initiated
	Stigma remains a barrier that prevents people who use drugs from accessing care.	Launch anti-stigma education and outreach campaigns.	Active/Ongoing

		Agencies and organizations in Pima County that provide SUD treatment and recovery services provide quality care and collaborate closely with other organizations to provide wrap-around services. There are many resources for housing, medication-assisted treatment and peer support; however, unmet needs remain high due to funding, workforce and programmatic challenges.	Strengthen cross-agency collaboration and increase funding for wraparound services, housing, MAT, and peer support.	Initiated
2024 Pima County Opioid Response Needs and Assets Report	*Pima County Health Department*	Collaborate in disseminating destigmatizing public health messaging about substance use and opioid misuse at all levels.	Launch coordinated, destigmatizing public health campaigns about substance use and opioid misuse.	Active/Ongoing
		Support appropriate street outreach.	Expand peer-led, culturally competent street outreach for SUD/OUD engagement.	Active/Ongoing
		Establish and promote treatment and recovery program navigation assistance.	Develop navigation assistance programs to help people access SUD/OUD treatment and recovery, including insurance enrollment support.	Active/Ongoing
		Assist tribes in obtaining health data about tribal members.	Improve data sharing and collaboration with tribes to support culturally appropriate care.	Initiated

	Promote education about the effectiveness of MAT/MOUD at all levels in the county.	Implement MAT/MOUD education for providers, community, and support staff; designate MAT/MOUD champions in organizations.	Initiated
	Promote an increased availability of prevention and treatment programs for adolescents.	Expand adolescent prevention and treatment programs, and advocate for policy changes to improve access to MAT/MOUD for youth.	Initiated
	Advocate for changes in AHCCCS rules related to MAT/MOUD.	Advocate for reduced authorization requirements, expanded coverage, and incentive programs for MAT/MOUD.	Initiated
	Advocate for extending the duration of treatment and recovery programs.	Support longer-term treatment and recovery programs beyond 30 days.	Initiated
	Promote enhanced support for people experiencing mental health issues and addiction.	Develop integrated, ongoing support for people with co-occurring disorders.	Initiated
	Establish a broad-based collaborative to address SUD and OUD.	Create a formal, collective impact collaborative led by PCHD to address SUD/OUD.	Not Yet Started
	Advocate for improved continuity of care.	Enhance post-treatment support for housing, employment, and resources to maintain sobriety.	Initiated
	Support the engagement of pregnant women in treatment.	Destigmatize and facilitate access to SUD/OUD treatment for pregnant women.	Initiated

		Collaborate in the establishment of safe sites.	Work with partners to establish safe sites for overdose monitoring and harm reduction.	Not Yet Started
		Support efforts to improve off-reservation treatment and recovery services for Native Americans.	Educate off-reservation providers on culturally appropriate care for Native Americans.	Initiated
		Collaborate with programs that assist individuals reentering the community from incarceration.	Strengthen reentry support for formerly incarcerated individuals with SUD/OUD.	Initiated
		Collaborate in addressing staffing shortages at behavioral health organizations.	Develop strategies to recruit and retain behavioral health staff.	Initiated
2025 CWD Community Needs Report	*Pima County Community Workforce and Development*	Affordable housing is a widespread concern due to long waitlists and rising rents. Eviction prevention is critical, especially for those on fixed incomes or who miss work.	Expand affordable housing, rental assistance, and eviction prevention programs for individuals in recovery or impacted by SUD.	Initiated
		Healthcare access: High demand for dental, vision, and hearing services—especially among adults and seniors. Mental health services are needed but limited due to long waitlists and nonprofit capacity.	Increase access to mental health services for individuals with SUD and co-occurring conditions; integrate behavioral health with primary care.	Initiated

		Employment & Workforce Development: Many individuals work full-time without benefits. There is a strong desire for better-paying jobs with benefits.	Expand workforce development and job placement programs for people in recovery from SUD.	Initiated
		Childcare: Lack of affordable and flexible childcare limits employment and education opportunities.	Provide childcare support for parents in recovery programs to improve treatment retention.	Initiated
		Transportation: A major barrier, particularly in rural areas or for those without personal vehicles.	Expand transportation assistance for individuals accessing SUD treatment and recovery services.	Initiated
		Food Insecurity: High reliance on food banks and mobile meal programs. Seniors and low-income families are particularly affected.	Integrate food assistance into wraparound recovery support for individuals with SUD.	Initiated
		Social Support & Civic Engagement: Programs like Las Comadritas are vital for mental health and social connection.	Invest in peer support and community engagement programs to reduce isolation among individuals in recovery.	Initiated
2025 Memo ROSAC Priorities	*Pima County*	Increase Naloxone Access and Training	Expand naloxone distribution and training for at-risk populations and providers.	Active/Ongoing
		Expand Peer Support and Harm Reduction Services	Increase peer navigation and harm reduction outreach, especially in healthcare and justice settings.	Active/Ongoing

	Strengthen Coordination and Referral Systems Across Healthcare and Justice Systems	Improve cross-system coordination and referral pathways for SUD/OUD care.	Active/Ongoing
	Enhance Education and Awareness Campaigns	Launch education and awareness campaigns on substance use, harm reduction, and stigma.	Active/Ongoing
	Address Social Determinants of Health for At-Risk Individuals	Integrate SDOH interventions (housing, employment, transportation) into SUD/OUD strategies.	Active/Ongoing
	Improve Linkage to & Retention to Care	Develop and fund programs to improve linkage and retention in SUD/OUD care.	Initiated
	Improve Access to Harm Reduction	Expand harm reduction services and supplies, including mobile outreach.	Active/Ongoing
	Reduce Stigma Experienced by PWUD	Implement anti-stigma initiatives for people who use drugs (PWUD).	Active/Ongoing
	Improve Clinician Best Practices with PWUD	Train clinicians in evidence-based, nonjudgmental care for PWUD.	Initiated
	Improve and Support Health Information Technology Enhancements	Invest in health IT to support care coordination and data sharing.	Initiated
	Epidemiological Surveillance Infrastructure Building Addressing Substance Use	Build surveillance infrastructure for substance use trends and outcomes.	Active/Ongoing

		Youth Prevention	Fund youth prevention programs, out-of-school activities, and K-12 substance use prevention curriculum.	Initiated
		Peer Navigation Support	Place peer navigators in healthcare, justice, and outreach settings.	Initiated
		Transitional Wrap-Around Support	Fund recovery support centers, employment, housing, transportation, and childcare for people in recovery.	Initiated
		Law Enforcement Co-Response	Deploy behavioral health specialists and peer navigators with law enforcement.	Initiated
		Mobile MAT Services	Fund mobile clinics and transportation for MAT in hard-to-access areas.	Not Yet Started/Initiated
		SAFR Center Implementation Plan Development	Fund and implement a 24/7 sobering center with wraparound services.	Active/Ongoing
		Continued PCHD Staffing to Support Contracting and Overdose Prevention	Sustain staffing for program coordination, evaluation, and grant management.	Active/Ongoing
2025 Plan Tucson	*City of Tucson*	provisions for expanding access to naloxone (a medication used to reverse opioid overdoses)...	Expand access to naloxone for opioid overdose prevention.	Active/Ongoing
		increasing addiction treatment programs...	Increase addiction treatment program availability.	Initiated

	supporting community education initiatives...	Support and expand community education initiatives on opioid misuse and prevention.	Active/Ongoing
	enhancing data sharing between agencies to better track and respond to the crisis.	Enhance data sharing between agencies to improve opioid crisis response.	Initiated
	implement various strategies for prevention, treatment, and recovery services.	Implement coordinated prevention, treatment, and recovery strategies for opioid use disorder.	Initiated
	provide a variety of day services for unsheltered individuals, such as case management and linkages to social services such as medical care, behavioral health support, substance abuse recovery services, education programs, and employment training programs.	Provide case management for unsheltered individuals to connect them with substance abuse recovery services.	Initiated
	linkages to social services such as medical care, behavioral health support, substance abuse recovery services, education programs, and employment training programs.	Link unsheltered individuals to behavioral health support services.	Initiated (Limited)
	linkages to social services such as medical care, behavioral health support, substance abuse recovery services, education programs, and employment training programs.	Link unsheltered individuals to medical care and education/employment programs as part of recovery support.	Initiated (Limited)

		The Community Safety Training Institute...The curriculum addresses critical issues including housing inequalities, substance abuse, the fentanyl crisis, domestic violence, and gun violence prevention.	Provide training on substance abuse and the fentanyl crisis to community members and staff.	Active/Ongoing
		The intersection of mental health and substance use disorders requires comprehensive, individualized approaches, which has led to the creation of Tucson's Community Safety, Health, and Wellness Division as a dedicated resource for addressing these complex challenges.	Coordinate individualized pathways to treatment for mental health and substance use disorders through the Community Safety, Health, and Wellness Division.	Initiated
		Through coordinated efforts, the City provides accessible pathways to treatment while fostering a compassionate environment that reduces stigma and promotes community safety and wellness.	Reduce stigma and promote community safety and wellness for people with SUD through accessible, coordinated treatment.	Active/Ongoing
Behavioral Health Conference Overview and summary	*Pima County Health Department*	Launch a centralized regional care hub and resource portal, connected to EHR and peer referral systems.	Launch centralized regional care hub and resource portal integrated with EHR and peer referral systems.	Not Yet Started
		Invest in mobile services – MAT, peer response, crisis stabilization, harm reduction (especially in rural zones).	Invest in mobile MAT, peer response, crisis stabilization, and harm reduction services in rural areas.	Active/Ongoing

	Embed peers at all system transition points (hospital discharge, court, street outreach, jail release).	Embed peer navigators at all major system transition points.	Initiated
	Support long-term funding coalitions – jointly apply for grants, advocate for extended grant cycles.	Form and support long-term funding coalitions for joint grant applications and extended cycles.	Not Yet Started
	Create quarterly outreach and collaboration events to sustain inter-agency trust and planning.	Host quarterly outreach and collaboration events to strengthen inter-agency trust and planning.	Not Yet Started
	Establish a centralized behavioral health resource hub, physical and digital, to coordinate access, transportation, housing, and follow-up.	Establish centralized behavioral health resource hub for coordinated access and follow-up.	Not Yet Started
	Fund mobile service units for MOUD, mental health, and harm reduction, including jail transitions and rural outreach.	Fund mobile units for MOUD, mental health, harm reduction, and jail transition support.	Not Yet Started
	Create a standard warm handoff protocol, supported by shared intake systems and reduced documentation barriers.	Develop standardized warm handoff protocol with shared intake systems.	Initiated
	Expand reentry coordination infrastructure with transitional housing, recovery support, and direct handoffs to MAT or therapy.	Expand reentry coordination infrastructure with housing, recovery support, and MAT handoffs.	Initiated

	Launch a cross-sector shared data platform, aligned with privacy laws and integrated across behavioral health, housing, and justice sectors.	Develop cross-sector shared data platform for behavioral health, housing, and justice systems.	Initiated
	Create transitional service hubs (e.g., repurposed hotels) with wraparound care and rapid stabilization supports.	Create transitional service hubs with wraparound care and stabilization supports.	Not Yet Started
	Reform insurance structures and billing systems to support low-barrier access, MOUD coverage, and flexible intake.	Reform insurance and billing systems for low-barrier access and MOUD coverage.	Not Yet Started
	Establish peer-led, community-based triage and navigation teams, embedded in high-need settings (e.g., schools, jails, shelters).	Establish peer-led triage and navigation teams in high-need settings.	Initiated
	Launch equity-informed youth prevention strategies, with mentorship, early interventions, and family engagement.	Launch equity-informed youth prevention programs with mentorship and family engagement.	Initiated
	Launch a universal warm handoff portal, to digitally track referrals, appointments, and service uptake.	Develop universal warm handoff portal for digital referral and service tracking.	Not Yet Started
	Invest in long-term, flexible funding, like multi-year grants and value-based care to reduce system churn.	Invest in multi-year grants and value-based care for system stability.	Initiated

[COT Gaps Analysis - Final DRAFT 2.7.25](#)	*City of Tucson*	Coordinate with clinical teams and explore options to expedite appointment scheduling for high-need and vulnerable clients. Identify ways to assist clients who need appointments.	Streamline behavioral health appointment scheduling for vulnerable clients.	Initiated
		Various services are available and need increased coordination between transportation providers and providing agencies. Decrease barriers and increase visibility of services and education for those who need to access them.	Enhance transportation coordination and awareness for behavioral health access.	Not Yet Started
		Explore possibilities to increase availability and/or insurance coverage for 90+ day inpatient programs and improve coordination and availability of detox beds. Identify appropriate partial hospitalization and intensive outpatient options for utilization.	Expand long-term recovery programs and detox bed availability.	Initiated
		Explore opportunities to provide funding or insurance reimbursement for pet boarding and belongings storage. This could also be addressed if rehab entry without detox referral can be allowed.	Fund pet boarding and belongings storage; allow direct rehab entry without detox.	Initiated

	Explore options that provide additional time or alternate placements for continued recovery and exit planning.	Improve discharge planning with extended recovery options.	Initiated
	Increase MAT access through increased coordination with Pima County, expand access through mobile and at-home options, and fund more of these options. Coordinate organizations providing MOUD service to ensure 24/7 availability. Ensure adequate availability of MOUD for those who are uninsured and being released from incarceration.	Expand MAT/MOUD access via mobile services and ensure 24/7 availability.	Initiated
	Increase CMT availability and access, raise public awareness, and reduce response time to 30 minutes or less.	Improve Crisis Mobile Team response times and public awareness.	Initiated
	City leadership would collaborate with County leadership to reassess investment needs, considering current and future workload.	Reassess prosecution resource allocation collaboratively.	Initiated
	Evaluate and invest in expanding both City Court and Pima County Superior Court programs.	Expand pre-indictment diversion programs across courts.	Initiated

	Collaborate with County to decrease jail booking process and develop protocols or alternative locations to address medical rejection issues.	Streamline jail booking and create medical rejection alternatives.	Active/Ongoing
	Encourage data sharing between City and County Courts and collect data to assess individual participation and program outcomes.	Implement data-sharing protocols for diversion program evaluation.	Initiated
	Utilize STEPS court, Community Court, and mobile court options to expand access and provide alternatives to traditional court appearances. Expanding options for court appearance will directly assist in lowering FTA rates and lead to lightened caseloads/court calendars.	Expand alternative court appearance options to reduce failure-to-appear rates.	Initiated

One Pima Initiative	Pima County	In the adopted FY26 budget, the Board reaffirms continued funding for key behavioral health and prevention initiatives, including community mental health and addiction services, fentanyl test-strip distribution, Narcan access, overdose response, trauma-informed prevention, and youth substance-use education - representing more than $14 million in County investment since 2018.	Sustain funding for behavioral health, overdose prevention, and youth education programs.	Initiated
		In the adopted FY26 budget, the Board reaffirms medication-assisted treatment and behavioral health services for inmates at the Pima County Jail, ensuring individuals in custody receive treatment and are connected to care upon release.	Ensure MAT and behavioral health continuity for incarcerated individuals and post-release care.	Initiated
		In the adopted FY26 budget, the Board reaffirms continued funding for involuntary stabilization and court-ordered treatment services at the Pima County Crisis Response Center, which provides 24/7 psychiatric and substance-use stabilization at an annual cost of approximately $3.4 million.	Maintain funding for 24/7 crisis stabilization and court-ordered treatment services.	Initiated

	The Board reaffirms the County's long-term commitment to allocate the $126 million in opioid settlement funds over the next 18 years with transparent reporting, annual performance tracking, and public accountability measures to evaluate impact and outcomes.	Implement transparent allocation and reporting of opioid settlement funds for treatment and prevention.	Active/Ongoing
	Direct the County Administrator to add to the County's 2026 Legislative Agenda a request that the Arizona Legislature require AHCCCS to provide up to six months of continuous medication-assisted treatment and behavioral health coverage for individuals recovering from substance use disorders, including those exiting county custody.	The legislative agenda should mandate extended MAT and behavioral health coverage post-release and create a statewide treatment-linkage system.	Initiated
	The Board requests $300,000 from the Regional Opioid Settlement Advisory Committee to expand treatment, diversion, and recovery programs at the Pima County Transition Center in FY26.	Expand Transition Center to seven days per week for treatment and diversion programs.	Initiated

	In the FY27 budget recommendations, the County Administrator shall allocate $350,000 for the Board's consideration to fund expansion of the County Attorney's Drug Treatment Alternative Program (DTAP) to expand diversion capacity and peer support.	Increase funding for DTAP to enhance diversion and peer support services.	Initiated
	In the FY27 budget recommendations, the County Administrator shall allocate $350,000 for the Board's consideration to fund the Supportive Treatment and Engagement Program (STEPs) at Pima County Superior Court to serve low-risk offenders and improve reentry coordination.	Expand STEPs program for low-risk offenders to improve reentry and treatment engagement.	Initiated
	The Board requests $2.2 million from the Regional Opioid Settlement Advisory Committee for the Sobering Alternative for Recovery (SAFR) Center using opioid settlement dollars in FY26.	Establish SAFR Center for sobering, stabilization, and linkage to recovery and housing services.	Active/Ongoing

[Pima County Health Department Strategic Plan 2026 to 2030](#)	*Pima County*	Expand mobile services and clinical services and hours to provide more harm reduction services including providing medication for opioid use disorder and behavioral health treatments. Focus on reaching community members where they are, particularly those who may be less likely to visit treatment centers or clinics (e.g., pregnant and parenting women with substance abuse disorders).	Increase mobile harm reduction and MAT services for hard-to-reach populations.	Initiated (working with AZ Poison control to expand)
		Continue to support harm reduction, treatment access, workforce training, and stigma reduction for all through the CDC's Overdose Data to Action program, which enhances efforts in reducing overdose fatalities. In addition, continue to gather data to guide these initiatives.	Sustain overdose prevention programs and expand data-driven harm reduction strategies.	Initiated
		Expand youth-focused prevention programs, integrate mental health education in schools, and increase access to harm reduction services (e.g., needle exchanges).	Broaden youth prevention and harm reduction programs, including school-based mental health education.	Initiated

	Expand Mental Health First Aid program and strengthen partnerships to deliver training to schools throughout the county.	Increase mental health literacy and crisis response capacity in schools.	Initiated/Active/Ongoing
	Expand awareness of and referrals to community-based programs and services that support behavioral health.	Enhance referral networks for behavioral health services.	Initiated
	Increase awareness campaigns by expanding partnerships and outreach to address the stigma surrounding accessing mental healthcare, particularly among groups that are least likely to access mental health supports.	Reduce stigma and improve access to mental health care through targeted outreach.	Active/Ongoing
	Convene a collaborative with academic partners such as Pima Community College, Joint Technical Education District, and other health sector educators to identify strategies to increase interest and encourage careers in behavioral health.	Develop educational pathways to grow behavioral health workforce.	Not Yet Started
	Expand mobile clinics, telehealth access, and community health worker programs to improve healthcare reach.	Increase mobile and telehealth services for behavioral health and harm reduction.	Initiated
	Expand capacity to gather data to inform and evaluate the Youth and School Communities program.	Strengthen data-driven evaluation for youth prevention and behavioral health programs.	Initiated

		Continue to inform proposed regulations and enforcement mechanisms for vaping.	Support policy development for vaping prevention and enforcement.	Initiated
Safe City Initiative and Services FINAL	*City of Tucson*	TPD's co-responder model pairs CORE officers with two CODAC Peer Support Responders and CSHW Care Coordinators to engage people with substance use disorders in the field, offering referrals, interventions, and placement into treatment including medication-assisted care.	The City should expand co-responder teams to provide field-based engagement and MAT referrals for individuals with SUD.	Active/Ongoing
		TPD's CORE Unit advances Safe and Just Tucson by prioritizing equitable public safety, collaboration, and diversion from the justice system. In partnership with CODAC and CSHW Care Coordinators, officers redirect people with substance use or behavioral health needs to free treatment and recovery services instead of arrest.	Increase diversion programs that connect individuals with SUD to treatment rather than incarceration.	Active/Ongoing

	In 2024, CSHW was awarded the State Opioid Response (SOR IV) grant for $110,992 annually... funds a full and a part-time Care Coordinator who provide peer support and connection to detox, rehab, shelter, and long-term housing to at least 100 individuals in 2025-2026, and educate 2000 individuals per year about prevention and recovery from opioid misuse, with a focus on fentanyl.	Deploy SOR IV-funded Care Coordinators to expand detox and rehab linkage and opioid prevention education.	Active/Ongoing
	MHST is TPD's dedicated behavioral health unit that focuses on reducing arrests, repeat crises, and unsafe encounters involving people experiencing mental illness or substance use issues. The team uses a co-responder model that pairs trained officers with licensed clinicians, which allows them to provide immediate crisis support, on-scene assessments, and safe transport to treatment when needed.	Expand MHST co-responder model to provide immediate crisis intervention and transport to treatment for SUD cases.	Active/Ongoing

	The CARES co-responders can quickly triage cases referred from patrol divisions, determine enrollment and diagnosis information, and inform investigative decisions. Additionally, CARES co-responders attend follow-up meetings with treatment providers seeking long term solutions for high utilizers of patrol division resources.	Enhance CARES co-responder capacity for triage and long-term treatment coordination for high-risk individuals.	Active/Ongoing
	The Tucson Police Department receives federal support through the Department of Justice's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)... Funding supports overdose prevention, timely data sharing, and stronger coordination between first responders, behavioral health providers, and harm-reduction partners.	Leverage COSSUP funding to scale overdose prevention and improve coordination with harm-reduction partners.	Initiated

		Defense-Care Coordinator Services... Help coordinate treatment as an alternative to jail. Work with both jail medical staff at Naphcare, behavioral health agencies, and the Pima County Transition Center to plan and coordinate release to treatment, AHCCCS applications, and transportation.	Implement jail discharge planning to connect individuals with SUD to treatment and housing upon release.	Initiated
		Fire and Life Safety Educators... partnership with the Pima County Health Department to lead quarterly Narcan distribution events in high drug use corridors of the City.	Continue and expand Narcan distribution events in high-risk areas to prevent opioid overdoses.	Active/Ongoing
		TC-3 clients are connected to housing, food stability, and long-term care for behavioral health, substance abuse and complex medical issues.	Ramp up TC-3 program to link frequent 911 callers with housing and behavioral health treatment for SUD.	Active/Ongoing
Prosperity Initiative Report	*Pima County*	Provide healthcare insurance enrollment assistance to protect against medical debt.	Expand health insurance enrollment assistance to reduce medical debt and improve access to preventive and ongoing care, especially for low-income and marginalized populations.	Initiated

	Reduce unintended pregnancies by increasing access to contraception, improving use of long-acting reversible contraception, and through education.	Expand access to contraception, LARCs, and reproductive health education to reduce unintended pregnancies and improve health and economic outcomes.	Initiated
	Prioritize workforce development for low-income job seekers with evidence-based case management practices that include apprenticeships, on the job training, and supportive services that prepares participants for jobs with self-sufficient wages and benefits.	Implement workforce development programs with wraparound supports, including behavioral health and SUD supports, to help low-income individuals access stable, living-wage jobs.	Active/Ongoing
	Improve community financial capability for low-income families and small businesses to increase access to fair credit and to gain and protect income and wealth building assets.	Expand financial empowerment programs, including trauma-informed financial coaching and bundled services, to improve financial stability and reduce stress-related health impacts.	Not Yet Started
	Increase access to affordable high quality early childcare and education for children from low-income families.	Invest in high-quality early childcare and education as a two-generation strategy to improve long-term health, reduce ACEs, and support parental employment.	Initiated

	Improve housing stability among low-income renters and homeowners by preventing evictions and foreclosures, increasing homeownership, developing more affordable housing, and reducing home energy and weatherization costs, especially for those in high poverty areas.	Expand eviction prevention, legal aid, rental assistance, and homeownership programs to reduce homelessness and its associated health and SUD risks.	Active/Ongoing
	Increase the supply of housing by prioritizing practices and investments that focus on families with children and result in diverse housing types and prices in neighborhoods, ensuring affordable housing options are available throughout Pima County, especially in low poverty neighborhoods.	Promote housing mobility and affordable housing in low-poverty areas to improve health, educational, and economic outcomes for families at risk of SUD and related challenges.	Active/Ongoing
	Expand broadband services and address barriers so all Pima County residents have access, equipment, and skills for digital inclusion and to expand opportunities for economic growth for rural communities.	Expand broadband access and digital literacy to improve access to telehealth, behavioral health, and SUD treatment, especially in rural and underserved communities.	Initiated

	Identify and prioritize safe, reliable, and affordable transportation options, and encourage mixed-use and transit-oriented developments where appropriate, to better connect disadvantaged communities with jobs and other resources, and reduce travel times, traffic injuries, transportation costs, and air pollution.	Invest in transportation solutions to improve access to healthcare, behavioral health, SUD treatment, and employment for disadvantaged communities.	Not Yet Started
	Reduce and prevent crime in neighborhoods, as well as reduce and prevent youth involvement in crime and the criminal justice system.	Implement evidence-based violence prevention, community policing, and diversion programs to address root causes of crime, including SUD and behavioral health needs.	Initiated
	Improve quality of life and opportunity in high poverty areas by investing in both physical and social infrastructure in ways that intentionally strive to center the priorities of local residents, improve access to resources, prevent the displacement of vulnerable residents, reduce the exposure to violence and build community wealth in these high poverty areas.	Invest in neighborhood revitalization, violence prevention, and resource navigation to address social determinants of health and reduce SUD risk factors.	Initiated

Safe-City-Initiative-Coordinated-Field-Operations (Deployments)	*City of Tucson / Pima County*	Formalize the Coordinated Operations Framework	Standardize roles, timelines, and communication across all partner departments	Initiated
		Expand to a more flexible model to allow for multiple deployments throughout the city each day	Develop a flexible deployment model enabling multiple daily operations citywide	Not Yet Started
		Strengthen Shelter and Placement Capacity	Increase partnerships with shelters, respite centers, and housing providers to expand capacity	Active/Ongoing
		Enhance Staffing Across Core Teams	Improve staffing for outreach, behavioral health, Environmental Services, Parks, and TPD; create sustainable on-call/flex teams	Not Yet Started
		Improve Site Monitoring and Stabilization	Implement twice-daily Encampment Assessor visits and consistent overnight patrols; integrate monitoring into work plans	Active/Ongoing
		Strengthen Funding and Long-Term Support	Identify grant, county, and state funding; pursue multi-year funding for public and nonprofit partners	Initiated
		Prioritize Next Corridors and Deployment Areas	Use hotspot data, community reports, and risk indicators to identify next operational zones; prepare Q1–Q2 schedule	Active/Ongoing

		Utilize our existing low-barrier shelter inventory to maximize real-time availability for deployments and first responders	Optimize shelter inventory for immediate deployment needs	Not Yet Started
TPCH 2024 Gaps Analysis_FINAL	*Tucson/Pima County*	TPCH leadership might encourage providers to consider offering more evidence-based homelessness prevention and housing navigation supports to their clients, as they are able, and advocate for a more coordinated local/regional approach to homelessness prevention	Encourage providers to integrate evidence-based prevention and housing navigation supports, including behavioral health and SUD treatment linkages	Initiated
		TPCH leadership may consider more aggressively exploring and facilitating, in collaboration with providers, less traditional housing arrangements for clients such as home sharing, various cooperative housing models, and temporary housing options in hotel, SRO-style units, micro shelters, and other innovative options	Explore alternative housing models paired with wraparound services, including detox and MAT access for high-risk populations	Active/Ongoing
		Another area of where TPCH leadership may be able to improve system performance is reducing returns to homelessness among households who previously exited to a permanent destination	Implement post-exit support programs including behavioral health and SUD treatment continuity to prevent returns to homelessness	Not Yet Started

	Increasing job quality and the degree of training for frontline homeless service provider staff would likely have positive impacts on service engagement and outcomes for clients	Enhance staff training on trauma-informed care, SUD treatment coordination, and harm reduction strategies	Active/Ongoing
	Given the urgency of the current situation, it would be ideal for a local government office and/or a non-profit entity to house, direct, and staff this effort to build a community approach to homelessness prevention	Establish a centralized entity to coordinate prevention efforts, including behavioral health and opioid treatment integration	Active/Ongoing
	Research using a systems dynamics modeling approach indicates that increased homelessness prevention increases the rate and efficiency with which communities can reduce homelessness	Pair housing-first strategies with targeted prevention interventions for high-risk groups, including those with SUD and opioid-related vulnerabilities	Active/Ongoing
	Universal, selective, and indicated prevention approaches should be coordinated to stem inflow into homelessness	Implement selective prevention for individuals exiting institutions or detox programs and indicated prevention for those with opioid-related housing instability	Initiated

Transit System Safety Action Plan	City of Tucson	We further move that the City Manager work with relevant and appropriate state and local jurisdictions for the provision of mental, substance abuse and behavioral health resources for impacted individuals	Coordinate with state and local agencies to integrate mental health, substance use treatment, and behavioral health resources into transit safety strategy	Not Yet Started
		Empower ambassadors to connect individuals directly to available services, such as shelter beds, mental health providers, or substance-use support programs	Deploy Transit Ambassadors trained to provide real-time referrals to behavioral health and substance use treatment services	Initiated
		Track outcomes of outreach contacts to measure program effectiveness and identify emerging needs	Implement data tracking for outreach engagements, including referrals to detox and SUD treatment programs, to evaluate impact	Initiated
		Create formal response protocols for referrals to behavioral health, shelter, and social-service partners through CSHW	Develop structured referral pathways for individuals with substance use or behavioral health needs via Community Safety, Health & Wellness program	Active/Ongoing
		Pursue dedicated funding for ambassador and outreach positions to maintain consistent coverage and prevent burnout among existing CSHW staff	Secure funding for outreach teams specializing in behavioral health and substance use intervention on transit routes	Initiated

		Expand coordination between ambassadors, security, and social service providers	Integrate outreach teams with law enforcement and social service partners to address drug use and behavioral health crises on transit system	Not Yet Started
		Use existing CSHW or care coordination staff to launch a pilot phase, modeling best practices in field engagement and data tracking	Leverage current behavioral health outreach staff for immediate deployment to address substance use and crisis intervention needs	Not Yet Started
2025 Sequential Intercept Model Mapping Report (SIM)	*Pima County, AZ*	Strengthen jail reentry connections, continuity of care, and warm handoffs from jail into the community, as well as continuous medication-assisted treatment (MAT) disbursement at the time of release.	Ensure continuous MAT access and warm handoffs for individuals with SUD leaving jail, including bridge dosing and coordinated reentry planning.	Active/Ongoing
		Develop a centralized location to access resources, probation, and housing into a one-stop shop. Incorporate housing, treatment, and justice services.	Establish a 24/7 one-stop center for justice-involved individuals to access housing, SUD treatment, MAT, probation, and peer support.	Initiated
		Implement systems-wide stigma assessment. Address stigma among SUD and criminal-justice populations.	Conduct a countywide stigma assessment and implement anti-stigma interventions for SUD and justice-involved populations.	Initiated
		Employment resources for the SUD and criminal justice populations.	Expand employment resources and Second Chance employer support for people with SUD and criminal justice involvement.	Initiated

	Treatment and resources for stimulant use disorders.	Increase access to evidence-based treatment and resources for stimulant use disorders.	Not Yet Started
	Sobering Center for MOUD initiation with transition to housing.	Develop a sobering center model for MOUD (MAT) initiation and seamless transition to housing and ongoing care.	Initiated
	24/7 transportation (non-law enforcement transport).	Implement 24/7 non-law enforcement transportation services for individuals needing SUD treatment, detox, or reentry support.	Not Yet Started
	There is a lack of long-term 90-day-plus secured court-ordered beds for detox services.	Increase the number of long-term, secured detox beds for individuals with SUD under court order.	Not Yet Started
	There is a need for a sobering center where people can safely withdrawal, and where anyone can drop the individual off 24/7.	Establish a 24/7 sobering center for safe withdrawal and immediate access to SUD treatment.	Initiated
	Implement data tracking for outreach engagements, including referrals to detox and SUD treatment programs, to evaluate impact.	Track and evaluate SUD treatment referrals and outcomes across agencies for continuous improvement.	Initiated
	Expand training for CMTs on how to explain the purpose and use of the Psychiatric Advance Directive (PAD) and Title 36 petition.	Provide additional training for crisis teams on PADs and involuntary SUD treatment processes.	Not Yet Started

	Increase cross-system understanding of HIPAA, 42 CFR Part 2, and HMIS for mental health, substance use, and homelessness information sharing.	Train stakeholders on legal and policy requirements for SUD data sharing and confidentiality.	Initiated
	Improve health care outcomes and reduce recidivism for people with mental and substance use disorders through increased jail services and a jail reentry program.	Expand jail-based SUD services, transition planning, and post-release Medicaid/benefits enrollment.	Initiated
	Maximize and leverage housing options across a continuum of resources, including options for individuals with a history of criminal legal system involvement.	Expand housing-first and supportive housing options for people with SUD and justice involvement.	Initiated
	Target strategies/interventions to address the arrest, incarceration, and re-arrest cycles of homeless individuals and other individuals that return to the health care and/or criminal legal system repeatedly.	Develop intensive case management and supportive housing for high utilizers with SUD and frequent justice involvement.	Initiated
	Communities should ensure support, especially peer support, to help persons maintain MAT and their recovery.	Expand peer support programs for individuals with SUD and MAT needs.	Initiated

		Explore and be creative with how Landlord Incentive Programs are being utilized to support housing for justice involved individuals.	Develop landlord incentive and navigation programs to increase housing access for people with SUD and criminal justice involvement.	Not Yet Started
		Expand, coordinate, and connect reentry services to community supervision.	Integrate SUD treatment and recovery supports into community supervision and reentry planning.	Active/Ongoing
CHIP Draft _12.15.25	*Pima County, AZ*	Substance Use Disorder (SUD) is when a person is unable to control their use of substances like alcohol, illegal drugs, or prescription medications even though there are negative consequences.	Define SUD as a chronic condition requiring integrated prevention, treatment, and recovery strategies.	Active/Ongoing
		In the 2024 Pima County CHNA Survey, more than a quarter (27%) of respondents rated their access to substance use treatment services as "fair" or "poor."	Address gaps in access to SUD treatment services through expanded provider capacity and community-based programs.	Initiated
		Workforce shortages and burnout among direct service providers, including peer support specialists and therapists, limit access to care.	Invest in workforce development for SUD treatment providers and peer support specialists to improve service availability.	Initiated

	Partner with local researchers, schools, and community organizations to understand youth mental health and substance use needs in Pima County, share those findings in ways that are accessible and actionable, and work together to create culturally responsive resources to arm parents and teachers with skills and education to talk about mental health/substance use with young people.	Develop culturally responsive education and prevention programs for youth substance use and mental health.	Initiated
	Collaborate with local housing support agencies to strengthen caseworkers' capacity to recognize, respond to, and connect clients experiencing housing insecurity or homelessness with appropriate mental health and substance use services-ultimately improving client stability, reducing crisis episodes, and supporting long-term well-being.	Integrate SUD and mental health services into housing support programs to reduce crises and improve stability.	Initiated
	Use published survey data and community input to highlight local trends and gaps in opioid prevention and treatment efforts and bring partners together to turn that information into action.	Leverage local data to inform opioid prevention and treatment strategies through collaborative planning.	Active/Ongoing

		Utilize opioid fatality review and suicide mortality review report findings through sharing reports, setting priorities with community partners, and carrying out plans that address suicide and opioid-related deaths.	Implement data-driven interventions to reduce opioid-related fatalities and suicide through coordinated community action.	Initiated
OD2A Logic Model	*Pima County, AZ*	Expanding and reinforcing existing services for SUD. Engaging more people who use drugs to connect them to services. Retention of people already engaged in services.	Expand SUD treatment capacity, improve outreach to PWUD, and strengthen retention strategies for long-term recovery.	Active/Ongoing
		Peer navigation-connecting and educating people at risk of overdose and their loved ones to resources through direct engagement and referral.	Implement peer navigation programs to link individuals at risk of overdose to treatment and recovery services.	Active/Ongoing
		Providing individual and group education sessions on how to respond to an overdose, overview of overdose in Pima County, substance use disorder, and resources to help those at risk of an overdose.	Deliver overdose response and SUD education sessions for individuals, families, and community members.	Active/Ongoing
		Distribution of Narcan to stores, apartment complexes, libraries and other places in or near overdose hotspots.	Expand naloxone distribution to high-risk community locations to prevent opioid overdose deaths.	Active/Ongoing

	Distribution of Narcan and testing strips to people at risk of an overdose and community members.	Couple naloxone and fentanyl test strip distribution with education and linkage to care for PWUD.	Active/Ongoing
	Prioritize expansion to target youth in schools in Pima County to provide training, implement an overdose response plan, and provide Narcan to be available on site.	Implement school-based overdose prevention programs, including naloxone availability and training for staff and students.	Active/Ongoing
	Work with families, foster care providers, parents, child welfare, and juvenile justice system to provide harm reduction education and distribute Narcan.	Engage families and justice systems in harm reduction education and naloxone distribution to protect vulnerable populations.	Initiated
	Develop a youth media campaign and distribute communication and educational materials to reduce perpetuation of stigma and negative stereotypes around substance misuse.	Launch youth-focused anti-stigma campaigns to change perceptions and encourage engagement in care for SUD.	Active/Ongoing
	Develop and implement "linkage to care" protocol to include four PCHD outpatient clinics that will provide linkage to care, harm reduction, and resource distribution for individuals struggling with substance use in a stigma-free and person-centered environment.	Establish linkage-to-care protocols in PCHD clinics to integrate harm reduction and SUD treatment in a stigma-free setting.	Initiated/Active/Ongoing

		Establish sub-recipient agreement with UA CPAC to assess health care workforce training needs and develop a robust and locally responsive training initiative for clinical healthcare providers on overdose prevention strategies, CDC opioid prescribing guidelines, and provide anti-stigma education and training for Emergency Medical Technicians.	Develop and deliver clinician training on opioid prescribing best practices, overdose prevention, and stigma reduction.	Initiated
		Coordinate with AZ State Board of Pharmacy for MAT use data and regular meetings to ensure data interoperability and prevent duplication of surveillance efforts.	Enhance MAT data sharing and interoperability to improve monitoring and access for underserved populations.	Initiated
		Implement an early alert surveillance system, utilizing law enforcement drug seizure activity, to improve our ability to respond and notify local community partners when fentanyl exposure risk is expected to be high.	Deploy early warning systems for fentanyl-related overdose risk to enable rapid community response.	Active/Ongoing
ARPA-H- Tech & Mgmt Application	*Pima County, AZ*	Establish clinical and support pathways involving primary care providers, first responders, CHWs, peer navigators, pharmacists, police departments, and allied health professionals.	Create integrated clinical and support pathways across healthcare and public safety to improve opioid care coordination.	Initiated

Identify high-risk occupations and deploy targeted workplace interventions to mitigate opioid exposure.	Implement workplace-based opioid prevention strategies for high-risk occupations.	Initiated
Collaborate with Pima Council on Aging and UA Comprehensive Center for Pain and Addiction to advance alternative pain treatment strategies for older adults and enhance MOUD prescription access.	Expand alternative pain management and MOUD access for older adults through strategic partnerships.	Active/Ongoing
Expand post-overdose interventions to include family and home-visit support via CHWs, peer navigators, and case managers.	Provide family-centered post-overdose interventions and home visits to support recovery.	Initiated
Integrate pharmacists and peer navigators into emergency rooms for extended patient support.	Embed pharmacists and peer navigators in ER settings to improve MOUD initiation and linkage to care.	Not Yet Started
Broaden the reach of the SaludArte initiative and explore additional strategies to foster resiliency and healing.	Expand arts-based resiliency programs to support behavioral health recovery.	Active/Ongoing
Develop an economic framework with public health economists to evaluate the opioid crisis's direct and social costs.	Create scalable economic models to assess and mitigate opioid-related costs.	Not Yet Started

	Implement anonymous mailing systems for NARCAN and fentanyl test strips to reduce stigma.	Launch anonymous harm reduction supply distribution to decrease stigma and increase access.	Active/Ongoing
	Establish 24/7 telephone-based evaluation and initiation of MOUD access.	Provide round-the-clock MOUD evaluation and initiation via telehealth.	Initiated
	Pilot mobile MOUD services, including home-based evaluation and treatment initiation for individuals with polypharmacy.	Deploy mobile MOUD units for home-based treatment initiation and evaluation.	Initiated
	Enable first responders to initiate MOUD as part of field interventions.	Train and authorize first responders to initiate MOUD during overdose response.	Initiated
	Enhance care access for unhoused populations, including those without fixed addresses, and for pregnant and post-partum persons diagnosed with MOUD.	Expand MOUD and harm reduction services for unhoused and pregnant individuals.	Initiated
	Develop a shared data lake across judicial, legal, healthcare, and community partners to address data-sharing constraints.	Create integrated data-sharing infrastructure to improve coordination and surveillance.	Initiated
	Expand pharmacists' practice scope to include MOUD initiation and prescription within policy limits.	Advocate for policy changes enabling pharmacists to prescribe MOUD.	Initiated

	Pilot rapid clinical field assessments with healthcare professionals accompanying police officers on opioid-related field calls.	Implement co-response teams for rapid clinical assessment during opioid-related incidents.	Initiated
	Advance Health Information Technology (HIT) integration within opioid care management systems.	Enhance HIT systems to support opioid care coordination and data interoperability.	Initiated
	Utilize journey mapping to understand diverse age groups' lived experiences, informing prevention, stigma reduction, and intervention efforts.	Apply human-centered design and journey mapping to improve stigma reduction and intervention planning.	Initiated
	Pilot stratified online support groups for families based on the substance user's age.	Develop virtual peer support groups tailored by age cohort to strengthen family engagement.	Initiated
	Develop a comprehensive treatment locator and app to enhance access to residential and outpatient OUD services.	Create a digital treatment locator and app for rapid access to OUD services.	Initiated
	Design a "Do I need treatment?" app for personal and family assessments following ASAM criteria.	Develop a self-assessment app based on ASAM criteria to guide treatment decisions.	Not Yet Started
	Create a youth curriculum within a software application to address opioid prevention, including naloxone training and stigma reduction campaigns.	Launch a digital youth prevention curriculum with naloxone training and anti-stigma education.	Initiated

[2024 Memo_Compilation and Review of Justice Reform Initiatives](#)	*Pima County*	Increase community resources for mental health and substance use disorder.	Expand mental health and substance use disorder treatment capacity and provider incentives.	Initiated
		Expand current crisis facilities to include "Step Down" services to bridge the gap between crisis and connection to community treatment.	Develop step-down services linking crisis stabilization to community treatment and housing.	Not Yet Started
		Increase the availability of dedicated housing for justice-involved persons.	Invest in dedicated housing options for justice-involved individuals to support reentry and stability.	Initiated
		Coordinate release times with reentry plans; longer-term opportunities, such as ongoing discussions with AHCCCS to ensure continuation of individuals' Medicaid benefits while incarcerated to avoid delayed coverage reinstatement post release.	Coordinate release planning and advocate for AHCCCS policy changes to maintain Medicaid coverage during incarceration for SUD treatment continuity.	Initiated
		Directed action can be taken into release times, exploring the suspension of Medicaid benefits, and adjusting the definition of homeless chronicity during long incarceration periods.	Implement operational and policy changes to improve release planning, Medicaid continuity, and housing eligibility for individuals with SUD.	Initiated

		More capacity for comprehensive (regional) service planning in the 'community' definition is critical.	Expand regional planning for integrated behavioral health, substance use treatment, and housing supports.	Not Yet Started
		Explore ways to enhance data initiatives, such as developing informatics justice dashboards for internal and external use, and comprehensive analytics to inform policy decisions, justice outcomes, and system impacts.	Develop dashboards and analytics to monitor opioid and SUD-related justice outcomes and treatment access.	Initiated
		An inventory of the external community resources, programs and providers that are able to address these identified gaps should be done to better understand actual capacity needs and evaluate how to better connect and integrate programs into the full justice system.	Compile external inventory of SUD treatment, detox, MAT, and recovery programs for integration with justice system.	Initiated
		A comprehensive mapping of the services provided within the region is critical.	Map behavioral health and substance use treatment services regionally for better connectivity.	Initiated

	Review programs and their evaluative capacity, as they need to be evaluated against the system and not just against the program itself, and explore how data can be shared across agencies for comprehensive understanding of system outcomes.	Implement system-wide evaluation for SUD and MAT programs and enable interagency data sharing.	Initiated
	Continue focused investment on the reentry connectivity through intercept 4 and 5.	Increase investment in reentry programs that link individuals with SUD to treatment and housing post-incarceration.	Initiated
	Expand current crisis facilities to include "Step Down" services to bridge the gap between crisis and connection to community treatment.	Develop transitional care programs for individuals leaving detox or MAT facilities to prevent relapse and justice involvement.	Initiated
	Increase the availability of dedicated housing for justice-involved persons.	Create housing-first models for individuals with substance use disorders exiting incarceration.	Not Yet Started

APPENDIX C

Appendix C

Opioid Response Thematic Framework

Theme/Tag	Definition	Example Recommendations
Harm Reduction & Overdose Prevention	Strategies to reduce immediate risk of overdose and death through tools, education, and outreach.	• Expand naloxone distribution in high-risk geographic clusters using peer navigators • Distribute fentanyl test strips alongside Narcan rescue kits • Implement anonymous mailing systems for NARCAN and fentanyl test strips to reduce stigma • Launch campaigns on safer use practices, naloxone, and fentanyl test strips
Treatment Access & Continuity	Actions to increase availability, affordability, and retention in medication-assisted treatment (MAT/MOUD) and recovery programs.	• Expand MAT services among all specialties and providers • Ensure continuous MAT access and warm handoffs for individuals leaving jail • Fund mobile clinics and transportation for MAT in hard-to-access areas • Increase availability of long-term SUD treatment and recovery programs (90+ days)
Workforce Development & Capacity Building	Address shortages and burnout among behavioral health and SUD providers; train clinicians and peers.	• Invest in recruitment, retention, and support for peer specialists and therapists • Train clinicians in evidence-based, nonjudgmental care for PWUD • Develop educational pathways with academic partners to grow behavioral health workforce • Expand Mental Health First Aid program and school-based training
Stigma Reduction & Public Education	Campaigns and interventions to reduce stigma and increase awareness of harm reduction and treatment.	• Develop and disseminate stigma-reducing media campaigns • Launch youth-focused anti-stigma campaigns to change perceptions • Conduct countywide stigma assessment and implement anti-stigma interventions • Promote education about MAT/MOUD effectiveness at all levels

Data Integration & Surveillance	Improve data sharing, monitoring, and early warning systems for overdose trends and treatment outcomes.	- Develop a shared data lake across judicial, legal, healthcare, and community partners - Implement early alert surveillance system using law enforcement drug seizure data - Track and evaluate SUD treatment referrals and outcomes across agencies - Build surveillance infrastructure for substance use trends and outcomes
Policy & Legislative Advocacy	Structural changes to expand access, funding, and legal protections.	- Advocate for AHCCCS rule changes to reduce MAT authorization barriers - Support legislation to expand naloxone access and reduce cost - Establish six-month minimum standard for inpatient SUD treatment - Protect Medicaid coverage and oppose cuts to behavioral health services
Social Determinants of Health (SDOH) & Wraparound Supports	Address housing, employment, transportation, childcare, and food insecurity for individuals in recovery.	- Expand affordable housing, rental assistance, and eviction prevention programs - Provide childcare support for parents in recovery programs - Integrate food assistance into wraparound recovery support - Expand workforce development and job placement programs for people in recovery
Cross-Sector Collaboration & Governance	Formalize partnerships and coordination across health, justice, housing, and community systems.	- Establish a Fentanyl/Opioid Coordination Team - Create a formal, collective impact collaborative led by PCHD - Host quarterly outreach and collaboration events to sustain inter-agency trust - Develop universal warm handoff portal for digital referral and service tracking
Technology & Innovation	Use digital tools and apps to improve access, navigation, and engagement.	- Develop a comprehensive treatment locator and app for OUD services - Design a "Do I need treatment?" app for personal and family assessments - Create a youth curriculum within a software application for opioid prevention - Pilot stratified online support groups for families based on substance user's age

Youth Prevention & School-Based Strategies	Early intervention and education for adolescents and families.	- Expand adolescent prevention and treatment programs - Implement school-based overdose response plans and naloxone availability - Launch equity-informed youth prevention programs with mentorship and family engagement - Integrate mental health education in schools and increase harm reduction services

APPENDIX D

Appendix D

Opioid Response Recommendations Crosswalk

Theme	Definition	Examples	Frequency	Documents referencing this theme
Treatment Access & Continuity	Actions to increase availability, affordability, and retention in MOUD/MAT and recovery programs; ensure seamless linkage and warm handoffs across care transitions.	Expand MAT/MOUD in ED/primary care; bridge dosing and warm handoffs at jail release; mobile/tele-MOUD; standardized intake and referral protocols	79	2021 Draft PCHD Opioid Response Plan 2022 Overdose Fatality Review Annual Report 2023 Overdose Fatality Review Annual Report 2023 Joint Memo - Promising Practices; 2024 Community Health Needs Assessment; 2024 Pima County Opioid Response Needs and Assets Report 2025 Memo ROSAC Priorities 2025 Plan Tucson - COT Gaps Analysis - Final DRAFT 2.7.25 - Safe City Initiative and Services FINAL - OD2A Logic Model; Pima County Health Department Strategic Plan 2026-2030 - One Pima Initiative 2025 Sequential Intercept Model Mapping (SIM) - Behavioral Health Conference Overview and summary - CHIP Draft _12.15 - ARPA-H Tech & Mgmt Application

Cross-Sector Collaboration & Governance	Formalize partnerships and coordination across health, justice, housing, and community systems to align strategy, funding, and operations.	Fentanyl/Opioid Coordination Team; collective impact collaborative; universal referral/portal; coordinated co-responder models	64	2023 Joint Memo: Promising Practices 2024 Pima County Opioid Response Needs and Assets Report - Behavioral Health Conference Overview and summary - Safe-City-Initiative-Coordinated-Field-Operations (Deployments) - Safe City Initiative and Services FINAL 2025 Plan Tucson - Transit System Safety Action Plan_20251216 - One Pima Initiative 2024 Memo_Compilation and Review of Justice Reform Initiatives 2025 Sequential Intercept Model Mapping (SIM) - CHIP Draft _12.15
SDOH & Wraparound Supports	Address housing, employment, transportation, childcare, food insecurity, and other social needs that support stabilization and recovery.	Housing-first and supportive housing; rental assistance & eviction prevention; childcare and transportation supports; recovery support centers	44	2024 Community Health Needs Assessment 2025 CWD Community Needs Report - Prosperity Initiative Report - TPCH 2024 Gaps Analysis_FINAL - Safe City Initiative and Services FINAL 2025 Sequential Intercept Model Mapping (SIM) 2024 Memo_Compilation and Review of Justice Reform Initiatives 2025 Memo ROSAC Priorities; Behavioral Health Conference Overview and summary - One Pima Initiative - Safe-City-Initiative-Coordinated-Field-Operations (Deployments) - Pima County Health Department Strategic Plan 2026â-2030 2025 Plan Tucson - CHIP Draft _12.15

Workforce Development & Capacity Building	Grow and support the behavioral health/SUD provider and peer workforce; improve training, recruitment, and retention.	Train clinicians and peers in stigma-free care; embed peers at transitions; academic pipelines and MHFA; clinician best practices with PWUD	43	• 2021 Draft PCHD Opioid Response Plan • 2024 Community Health Needs Assessment • 2024 Pima County Opioid Response Needs and Assets Report • 2025 Memo ROSAC Priorities; Pima County Health Department Strategic Plan 2026-2030 • Behavioral Health Conference Overview and summary • COT Gaps Analysis - Final DRAFT 2.7.25 • Safe City Initiative and Services FINAL • TPCH 2024 Gaps Analysis_FINAL • ARPA-H Tech & Mgmt Application • OD2A Logic Model • CHIP Draft _12.15
Harm Reduction & Overdose Prevention	Reduce immediate risk of overdose and death through tools, education, and outreach.	Expand naloxone/Narcan distribution; fentanyl test strips; safe sites/leave-behind programs; post-overdose outreach within 72 hours	35	• 2021 Draft PCHD Opioid Response Plan • 2022 Overdose Fatality Review Annual Report • 2023 Overdose Fatality Review Annual Report • 2023 Joint Memo: Promising Practices • 2024 Pima County Opioid Response Needs and Assets Report; 2025 Memo ROSAC Priorities • 2025 Plan Tucson • Safe City Initiative and Services FINAL • OD2A Logic Model • Pima County Health Department Strategic Plan 2026-2030 • One Pima Initiative; 2025 Sequential Intercept Model Mapping (SIM) • ARPA-H Tech & Mgmt Application

Stigma Reduction & Public Education	Campaigns and interventions to reduce stigma and increase awareness of harm reduction and treatment.	Good Samaritan education; countywide anti-stigma media (including youth-focused); provider education to reduce stigma	27	2021 Draft PCHD Opioid Response Plan 2022 Overdose Fatality Review Annual Report 2023 Overdose Fatality Review Annual Report 2023 Joint Memo: Promising Practices 2024 Community Health Needs Assessment 2024 Pima County Opioid Response Needs and Assets Report; 2025 Memo ROSAC Priorities 2025 Plan Tucson - Transit System Safety Action Plan_20251216 - OD2A Logic Model - Pima County Health Department Strategic Plan 202-2030 - CHIP Draft _12.15
Policy & Legislative Advocacy	Structural and policy changes to expand coverage, reduce authorization barriers, and protect public health authorities.	AHCCCS rule changes for MOUD; extended Medicaid/MAT coverage post-release; naloxone access laws; inpatient standards expansion	20	2024 Pima County Opioid Response Needs and Assets Report - PCHD Legislative Proposals; One Pima Initiative 2024 Community Health Needs Assessment 2024 Memo_Compilation and Review of Justice Reform Initiatives 2025 Sequential Intercept Model Mapping (SIM) - Transit System Safety Action Plan_20251216 - Prosperity Initiative Report - COT Gaps Analysis - Final DRAFT 2.7.25 - ARPA-H Tech & Mgmt Application

Data Integration & Surveillance	Improve data sharing, monitoring, and early warning systems for overdose trends and treatment outcomes.	Shared data lakes; EHR/CSPMP alerts; dashboards & outcome tracking; fentanyl early alert surveillance; interoperability training	19	2021 Draft PCHD Opioid Response Plan 2022 Overdose Fatality Review Annual Report 2025 Plan Tucson - OD2A Logic Model - Behavioral Health Conference Overview and summary 2025 Sequential Intercept Model Mapping (SIM) 2024 Memo_Compilation and Review of Justice Reform Initiatives - Transit System Safety Action Plan_20251216 - ARPA-H Tech & Mgmt Application - CHIP Draft _12.15
Technology & Innovation	Use digital tools and apps to improve access, navigation, and engagement.	Treatment locator app; universal warm-handoff portal; tele-MOUD; HIT integration; online family support groups	17	- Behavioral Health Conference Overview and summary - ARPA-H Tech & Mgmt Application - OD2A Logic Model - Pima County Health Department Strategic Plan 202-2030 2025 Sequential Intercept Model Mapping (SIM) 2025 Plan Tucson - Transit System Safety Action Plan_20251216 - CHIP Draft _12.15
Youth Prevention & School-Based Strategies	Early intervention and education for adolescents and families; school-based overdose response.	K-12 prevention & mental health curricula; naloxone on campus; youth media campaigns to reduce stigma	9	- OD2A Logic Model - Pima County Health Department Strategic Plan 2026-2030; 2025 Memo ROSAC Priorities 2025 Plan Tucson 2024 Community Health Needs Assessment - Behavioral Health Conference Overview and summary - ARPA-H Tech & Mgmt Application - CHIP Draft _12.15