

Tackling Overdose with Networks (TOWN)

Tackling Overdose with Networks (TOWN) is a community-clinic linkage to care model that integrates prevention and treatment strategies in clinics and their surrounding communities to:

- Reduce the number of chronic opioid prescriptions.
 TOWN clinics develop controlled substance care teams to help patients taper their medications and provide safe ways to dispose of expired or unused prescriptions.
- Increase access to Medication for Opioid Use Disorder (MOUD).
 TOWN helps clinicians get the credentials needed to provide MOUD and manage the relationship between the health care system and patients.
- Promote community care coordination and prevention efforts.
 TOWN community task forces bring together mental and behavioral health experts, law enforcement, emergency medical teams, public health, non-profits, and for-profit organizations to help prevent substance use.



What are the benefits of implementing the TOWN program?

The TOWN model has shown improvements in care and access for patients to reduce opioid misuse and overdose, including:

- Increased community communication and collaboration on overdose.
- Identifying missed opportunities and system gaps in community.
- Improved service delivery and intervention by making recommendations to laws, policies, and programing at the local and state-level.

Fig. 1: Number of patients who received MOUD through TOWN clinics, 2020-2023

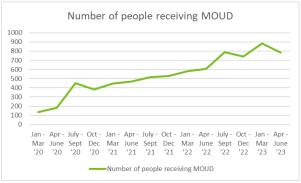
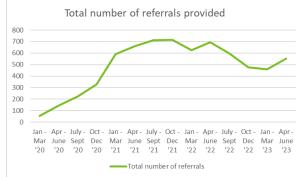


Fig. 2: Number of referrals made for supporting services through TOWN clinics, 2020-2023



Source: Minnesota Department of Health.

How can your community implement the TOWN model?

Step 1: Build Internal Capacity

- Hire or designate a nurse care coordinator.
- Train clinicians to get the credentials needed to provide MOUD.
- Begin clinic education on MOUD best practices.

Step 2: Create and Update Activities Across the Clinic

- Create controlled substance care team (CSCT).
- Review opioid prescription patterns with full physician team.
- Update individual care plans annually.
- Begin individual outreach to physicians identified as high-risk.

Step 3: Partnership and Formation

- Basic education of OUD, sharing available resources, and increasing awareness of MOUD options.
- Identify opportunities to coordinate prevention and referral efforts with naloxone distribution.
- Develop strategies for community outreach.

Step 4: Combine Processes for a Reliable System Change

- Integrate MOUD into Emergency Departments.
- The clinical team becomes a resource for problem solving and physician support as MOUD and other tapering efforts are adopted.

For more information about the TOWN model, please visit our website by scanning the QR code with your mobile device:



