

Worcester County, Maryland Heroin/Opioid Community Response Plan



Worcester County Health Department in
conjunction with community partners

worcester
County
Health
Department

A shore line to good health...



Prepared by the Worcester County
Health Department
3/29/17

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Worcester County Community Partners and Collaborative Groups

Atlantic Club

Atlantic General Hospital

In-house Opioid “Task Force”

Hudson Health Services, Inc.

Life Crisis Center

Worcester County Alcohol & Other Drugs Advisory Council

Opioid Misuse Awareness “Task Force”

Worcester County Government

Department of Public Safety and Correctional Services

Parole and Probation

Worcester County Department of Social Services

Worcester County Emergency Medical Services

Worcester County State’s Attorney

Worcester County Drug Treatment Court

Worcester County Commissioners

Worcester County Sheriff’s Office

Worcester County Jail

Correct Care Solutions

Board of Education

Youth Risk Behavior Survey (YRBS) Workgroup

Worcester County Health Department

Worcester County Health Department In-house Opioid Workgroup

Worcester County Local Behavioral Health Authority (WCLBHA)

Worcester County Health Department Behavioral Health Unit

Worcester County Health Department Crisis Response Team

Worcester County Health Department Prevention Unit

Drug Overdose Fatality Review Team

Worcester County Warriors Against Opiate Addiction

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Executive Summary

The Worcester County Heroin/Opioid Community Response Plan is submitted at the request of Worcester County Health Department (WCHD), Health Officer, Deborah Goeller, to assist in the coordination and collaboration of the community response to the heroin/opioid epidemic experienced nationally, in Maryland, and on the local level in Worcester County. This plan is a compilation of the heroin/opioid response efforts of state agencies, local law enforcement, local government, public and private treatment providers, grass roots community groups, education systems, recovery centers, and the community and its dedicated volunteers and citizens. The document includes both current initiatives and the identification of additional resources needed to assist Worcester County in successfully addressing the heroin/opioid epidemic.

Section 1 of this document introduces the Worcester County Alcohol and Other Drugs Council and describes Worcester County's current harm reduction and prevention strategies. This document includes descriptions of public awareness campaigns, naloxone training and distribution, school programming, law enforcement and the State Attorney's office interventions. It also discusses the Good Samaritan Law and plans to educate the community on their safeguards for reporting heroin/opioid overdoses.

Section 2 of the plan covers early identification and intervention screening activities meant to help identify people in need of addictions treatment at the earliest possible stage of the disease in order to decrease the catastrophic numbers of overdose deaths. There are three new initiatives introduced in this section the partners are planning to implement. First, the section describes the 211 Open Access system planned for roll-out by June 2017. Two additional programs, Screening and Brief Intervention and Referral to Treatment (SBIRT) and naloxone distribution in the Emergency Department, are also scheduled to begin within the next several months. The Worcester County Crisis Response Team is discussed as the team has 24 hour/7 days a week availability and has been working with law enforcement to assist with behavioral health needs of the community for over a decade

Section 3 of the plan describes treatment and peer support programs within our continuum of care. As with prior sections, there are descriptions of current initiatives and new activities that would complement the county's efforts and for which funding and additional resources will be sought. Treatment and peer support are essential to recovery from opioid addiction. There is no one right treatment but, aspects of many modalities of services are needed for long term sustained recovery. An expansion of Medication Assisted Treatment (MAT) and naloxone distribution to inmates prior to exiting the jail are new interventions recently targeted by the Health Department.

Section 3 also describes community groups and volunteers who are engaged in the fight against heroin and opioid deaths. This plan identifies those groups who have become known throughout the county and have become organized as private non-profits. It is not the intention of the plan to neglect newly formed groups, and such groups are encouraged to contact the Health Department for future consideration.

Section 4 of the plan describes the efforts to maintain the latest data on this public health crisis and the data needs of the county as it relates to data sharing. Two state databases, Chesapeake Regional Information System for our Patients (CRISP) and the Prescription Drug Monitoring Program (PDMP), are identified as areas where outreach and provider education is needed to intensify utilization. The section also includes a discussion of the Drug Overdose Fatality Review Team mandated by the State and its important role in helping the community to identify trends and concerns that will impact our outcomes.

The final section of the plan addresses coordination and specifically the new efforts by the governor following his declaration of a State of Emergency for the opioid epidemic. The governor has employed an Incident Command Structure for the State of Emergency, that outlines planning, operations, and financial/administration of resources on the state and local level.

Coordination of multiple responses is a challenge for any community. Worcester County has a long history of strong partnerships and collaboration that assist us through this and past public health emergencies, and are seen as the strength of our community both locally and on the state level. The Health Department thanks all our community stakeholders and partners for their outstanding commitment to the citizens of Worcester and for their dedication to improving the lives of those individuals and families struggling with addictions related disorders.

This plan is a living, working document that is expected to be revised and updated periodically to accurately reflect the activities of Worcester County.

Introduction

Unintentional intoxication deaths in Maryland have been increasing since 2010, with the yearly total of unintentional intoxication deaths in Maryland nearly doubling from 2010 to 2015 (649 to 1259 respectively) (Department of Health and Mental Hygiene (DHMH), 2016a). The heroin and opioid epidemic is affecting people of all demographics throughout the state and the nation as a whole. Over the last five years, the Eastern Shore, like other parts of Maryland, has seen an increase in drug use and drug-related health consequences including drug related deaths, emergency room visits, and hospitalizations. On the Lower Eastern Shore (Somerset, Wicomico, and Worcester Counties), the number of deaths associated with drug and alcohol increased from 20 deaths in 2011 to 40 in 2015 (DHMH, 2016a).

Worcester is one of the top five counties in Maryland for high rates of emergency department (ED) visits for prescription opioid-related ED visits (Department of Health and Mental Hygiene (DHMH), 2015). From 2008-2014 in Worcester, the average age-adjusted prescription opioid-related ED visits rate was 24.2 per 100,000 population (MD: 14.8 per 100,000 population) (DHMH, 2015). In Worcester, there were a total of 90 drug-and alcohol-related intoxication deaths during the nine-year period (2007-2015) (Worcester County Health Department (WCHD), 2017). The number of deaths in 2015 nearly tripled from 2013 and most of the increase was from opioid-related deaths (WCHD, 2017). Opioid-related deaths include deaths related to heroin, prescription opioids, and non-pharmaceutical fentanyl.

Worcester County and the state of Maryland have been taking action on multiple levels to address the opioid epidemic. Maryland has supported prevention and harm reduction efforts by supporting the expansion of naloxone training and dispersion and by establishing the Maryland Good Samaritan Law (Department of Health and Mental Hygiene (DHMH), 2016b). The state of Maryland is improving early identification and intervention by advocating for the use of Prescription Drug Monitoring Program (PDMP) and Screening, Brief Intervention, Referral, and Treatment (SBIRT) (DHMH, 2016b). Treatment and peer support are being improved through the implementation of the Overdose Survivors Outreach Program (OSOP) and the Maryland Medicaid waiver (DHMH, 2016b).

Worcester County has been taking steps to address the opioid epidemic with goals and strategies in line with the state's actions and plans. This plan is intended to be a comprehensive opioid plan that pulls together our community's various resources to address the different facets of this issue. Through these efforts the partners will be acting as an Addictions Public Safety Net, linking addictions clients to services regardless of where they present in the system. This plan focuses on five key components needed to address the opioid epidemic:

- 1) Prevention and Harm Reduction
- 2) Access to Early Identification and Intervention
- 3) Treatment and Peer Support
- 4) Data Management
- 5) Coordination

Prevention and Harm Reduction

Worcester County Alcohol and Other Drugs Advisory Council

Maryland Health General Codes- Section 8-1001 requires each county to establish a local drug and alcohol abuse council (Justia, n.d.). The Worcester County Alcohol and Other Drugs Advisory Council has been active and played a key role in the delivery of services, community education and awareness for decades. Appointed by the Worcester County Commissioners and according to Maryland laws, the members represent the sectors outlined in the code to include substance use providers, law enforcement, Health Officer, States Attorney, Prevention Specialists, Board of Education, Department of Social Services, consumers and other interested stakeholders.

The Council meets every other month at the Board of Education. The Council provides support and planning for:

- Annual Strategic Planning Retreat (August)
- Annual Prevention Awards Banquet (April)
- Annual Licensee Recognition Breakfast (April)
- After Prom Parties
- Play it Safe Program for graduating high school seniors

The Council has also supported different projects that teach opioid danger awareness to youth such as the Worcester County Youth Council and Peer Leadership trainings to the Students Against Destructive Decisions (SADD) groups at each school.

Public Awareness

Worcester County Alcohol and Other Drugs Advisory Council (Council) has formed an Opioid Misuse Awareness “Task Force”, which is a subcommittee of the Council. The subcommittee of the Worcester County Alcohol and Other Drugs Advisory Council was developed to help spread awareness of the opioid epidemic.

Currently, the Opioid Misuse Awareness subcommittee is working with the school system and the Council to secure funding to bring speakers to the local high schools to speak about opioid misuse and the opioid epidemic overall.

The Opioid Misuse Awareness subcommittee is also the liaison between the Council and the Prevention Department at the Worcester County Health Department for the Opioid Misuse Prevention Plan Grant. Worcester County Health Department’s Prevention Department continues its public awareness campaign “Decisions Matter”. The emphasis of the campaign is: “Addiction is a Disease. Recovery is a Decision. Decisions Matter.” In addition to the “Decisions Matter” campaign, there is also a complementary public awareness campaign “Be a Hero, Save a Life”, that is promoting overdose education and awareness along with naloxone training.

The public awareness campaigns will utilize a variety of tactics in a variety of venues. Tactics and targets include:

- Traditional media venues such as the Worcester County Health Department (WCHD)

- website, radio, and television will highlight this campaign
- Promotion of services through updated signage and distribution of rack cards
 - Promotion of drug take back days and stationary prescription drug drop off boxes
 - Open houses at Worcester Addictions Cooperative Services (WACS) Center and the Center for a Clean Start (C4CS)

Opioid and Heroin Curriculum School Pilot

The Board of Education in conjunction with the Health Literacy Initiative through Atlantic General Hospital (AGH) created a multidisciplinary pilot prescription opioid and heroin curriculum that was piloted in an 8th grade class at Stephen Decatur Middle School in the school year 2016-2017 (Maryland Youth Risk Behavior Survey (MYRBS) Task Force, 2016). The Youth Risk Behavior Survey (YRBS) data supported and informed this effort. The MYRBS Task Force in Worcester County wrote the pilot curriculum into their action plan. The pilot incorporates opioid and heroin education into language arts and science courses so the students will read and write about opioid and heroin addiction prevention and learn about how opioids interact with brain chemistry. In addition to these lessons, a modified version of the “Chasing the Dragon” movie will be shown to students. Pre- and post- assessments will be performed so the data correlated with the pilot can be presented to the county in July 2017. If the post-test results are positive and the unit is implemented effectively, the curriculum will be rolled out to all Worcester County Public School 8th graders in the 2017-2018 school year (MYRBS Task Force, 2016).

Naloxone Training and Distribution

Naloxone, (also known as Narcan), training and distribution programs have been in the United States since 1996. Naloxone is well established as an effective treatment for the symptoms of opioid overdose, if an adequate dose is administered in time (Hospira, Inc., 2017). A key risk of administering too little naloxone too late in opioid overdose, is potential morbidity and mortality (Hospira, Inc., 2017). Between the years of 1996 and 2010, there were 53,032 individuals trained to administer naloxone and 10,171 overdose reversals reported from 50 programs in the United States (Wheeler, Davidson, Jones, & Irwin, 2012). A report from the Department of Health and Human Services (DHHS) (2015) notes, “deaths related to heroin have...increased sharply since 2010, with a 39 percent increase between 2012 and 2013”.

Surveys and studies suggest “between 64.6% and 97.4% of those who misuse drugs have reported witnessing an overdose” as well as that “58% to 86% of heroin-related overdoses occur in the company of others” (Kim, Irwin, & Khoshnood, 2009). Research by Giglio, Li, and DiMaggio (2015) shows that education on naloxone administration and overdose recognition is correlated with increased odds of an individual recovering from an overdose when a bystander administers naloxone. These figures suggest naloxone distribution and training programs are needed and effective.

In March of 2014, the Worcester County Health Department (WCHD) was authorized as a training provider under the Maryland Overdose Response Program (ORP).

Since that time, WCHD provides training in the recognition of signs of an opioid overdose and how to respond appropriately, including the administration of naloxone. WCHD trainers include nurses, addictions therapists, health educators, and outreach workers. A Department of Health and Mental Hygiene (DHMH) provided standard core curriculum is utilized, and trainings are offered in several locations and venues:

- one on one with addictions clients during therapy appointments; this can include a family member when they are present
- in group settings to detainees in our local detention center
- twice a month at the WCHD in Snow Hill for any interested community member
- monthly at the Ocean Pines Library for any interested community member
- at agency request (Law Enforcement, Board of Education, Shelters, etc)

Attendees are issued a standard Maryland ORP certificate that enables them to obtain the medication at any pharmacy in Maryland under a statewide prescription and authorizes them to administer it per their training. In addition, Worcester residents are offered a voucher for use at a contracted pharmacy to obtain the prescription at no cost to the certificate holder. As of Jan. 24, 2017, Governor Hogan enacted the Overdose Prevention Act, which “expand(s) access to Naloxone prescriptions directly from a pharmacist without the current training requirements” (Office of Governor Larry Hogan, 2017). The Worcester County Health Department (WCHD) successfully trained 474 people in fiscal year 2016 and has trained 78 people as of 3/14/17 in fiscal year 2017.

The Worcester County Health Department has reallocated funds to ensure that individuals leaving the jail who are opioid users have naloxone upon release to reduce chances of fatal overdoses. Atlantic General Hospital (AGH) has emergency reversal kits at the entrances to address the need for naloxone at the hospital’s entrance.

General outreach about naloxone training is provided in coordination with other outreach efforts. Doctors’ offices, pharmacies, community libraries, and service agencies are provided flyers, brochures and marketing materials to promote the classes available. The Prevention Staff participate in a statewide training calendar, publicize their classes on the WCHD website (worchesterhealth.org), and staff continue to promote the course with individual clients as appropriate.

On-Scene Outreach, Education, and Naloxone Distribution **(funding needed to implement)**

Atlantic General Hospital (AGH), in partnership with the Worcester County Health Department plans to dispense naloxone from its Emergency Department. WCHD plans to continue regular training sessions and providing training upon request. But, in order to better reach more people in our community, outreach and training efforts will be used in the Emergency Departments (ED) and with the Emergency Medical Services (EMS) who arrive at the scene of overdoses (fatal and near misses). This will be to help family and friends better understand how to react in an overdose crisis and empower them to help save a friend or family member by using naloxone.

Good Samaritan Law Awareness

The Maryland Good Samaritan Law effective October 1, 2015, provides protection from arrest as well as prosecution for certain specific crimes and expands the charges from which people assisting in an emergency overdose situation are immune (Department of Health and Mental Hygiene, n.d.a). The Prevention Department of the WCHD plans to launch an awareness campaign for the Good Samaritan Law in April 2017.

Law Enforcement Strategies

The Worcester County Sheriff's Office (WCSO) has undertaken a number of initiatives to address the abuse, sale and rising overdose rate of heroin and other opioid substances occurring in Worcester County, Maryland. The Criminal Enforcement Team (CET) is a unit within the Sheriff's Office staffed by Worcester Sheriff's Deputies, Maryland State Troopers and Officers from the Ocean City and Pocomoke Police Departments, as well as an investigator from Homeland Security Investigations. The Criminal Enforcement Team conducts enforcement and investigative activities related to the use, sale and distribution of illegal narcotics, to include heroin and other opioids in an attempt to disrupt and dismantle drug trafficking organizations. CET works closely with various local, state and federal partners in order to accomplish this mission. CET established a policy in which an on call detective will respond to any reported opioid overdose including both fatal and non-fatal. The CET detectives have been provided with training in the use of naloxone. Each CET investigator has also been provided with a list of treatment providers and contact information to provide to the overdose victim and or family members of the victim.

In September 2016, the WCSO hired an analyst through a grant provided by the Governor's Office of Crime Control and Prevention. The analyst, known as the Heroin Coordinator, works closely with CET in collecting and reporting data and intelligence through a specific database that shares the information among various law enforcement agencies. The WCSO has undertaken efforts to have law enforcement personnel of the department trained and equipped in the use of naloxone.

The WCSO-CET Supervisor provides, and will continue to provide, training and instruction to various community groups and school age children regarding heroin and other drugs in an effort to educate and prevent further abuse of narcotics. Additionally, the WCSO operates the Drug Abuse Resistance Education (DARE) program in elementary and middle schools in Worcester County. The CET supervisor participates as a board member of the community group, Worcester Warriors against Opiate Addiction and also participates on an opiate sub-committee of the Worcester County Drug and Alcohol counsel. The WCSO-CET monitors and regularly accounts for any prescription narcotics, specifically opioids that are placed in one of the three prescription narcotics drop boxes throughout the county. The CET supervisor continues to work with members of two additional communities to have drop boxes placed in those communities.

The WCSO will continue to participate in the activities described above while remaining flexible and innovative in its efforts to educate, prevent and investigate the illegal use of all narcotics including heroin and other opioid substances.

State Attorney's Office

The State Attorney's Office focuses on the appropriate utilization of the criminal justice system and its resources to encourage (and in some cases mandate/compel) those in need of substance abuse treatment to be assessed and to engage in recommended treatment programs.

The State Attorney's Office coordinates with those specialized units that target drug dealers in an effort to hold them accountable for their criminal conduct and hopefully deter others from the same or similar conduct.

The State Attorney advocates for the County and State to dedicate energy and resources to educate our youth so they are empowered to make healthy decisions regarding risky behavior. This includes the decision not to use drugs like opioids.

The above prevention and harm reduction efforts are one of the many ways to combat the opioid epidemic. The prevention efforts attempt to raise awareness about opioid addiction while reducing stigma. These prevention efforts also aim to reduce the number of individuals who could start abusing opioids, but for those who are already affected directly or indirectly by opioid addiction, the harm reduction efforts are critical to reducing opioid overdose fatalities. In addition to these initiatives, complementary efforts are underway to improve access to early identification of and intervention for opioid addictions.

Access to Early Identification and Intervention

Open Access - 24/7

The Maryland 211 line connects people to health and human services and resources in their community 24 hours a day, 7 days a week in over 180 languages (2-1-1 Maryland, 2017). The Life Crisis Center is one of the four centers throughout Maryland that operates the 211 hotline and is located in Salisbury, Maryland. Worcester County health providers and agencies are collaborating with Life Crisis Center to provide the 211 hotline algorithms, which will help the hotline responders refer calls directly to peer support or treatment staff to ensure a warm handoff of a caller to an addictions specialist or peer recovery staff 24 hours a day, 7 days a week. A public awareness/promotional campaign will advertise the 211 number so all members of the community can have a place to call for treatment.

The Worcester County Health Department, the Life Crisis Center, and the Atlantic Club are preparing for a soft launch of the open access 211 system by June 2017.

Screening, Brief Intervention, Referral, and Treatment (SBIRT)

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs (Substance Abuse and Mental Health Services Administration (SAMHSA), n.d.). The Worcester County Health Department (WCHD) is in the planning stages of rolling out

SBIRT in adult services and reproductive health services. SBIRT is already used with youth in WCHD reproductive services and those in the primary care services have already been screened during a behavioral health intake. Consultation and financial support to train medical staff in primary care practices will be sought from the Maryland SBIRT grant. Training and implementation will span a nine month period with hopes that all providers include substance use disorder screening into routine medical appointments. Atlantic General Hospital is also looking to incorporate SBIRT into regular routine screenings in the near future.

Crisis Response Team (CRT)

The Crisis Response Team (CRT) of Worcester County operates 24 hours a day, 7 days a week and served 470 people in fiscal year 2016. CRT is composed of clinical social workers who respond to crisis calls along with law enforcement, and aid in assessing individuals in crisis, connecting them to appropriate supports, and providing 72 hour follow up on all calls received. In the second quarter of fiscal year 2017 (October through December 2016) CRT responded to 115 calls with a hospital diversion percentage of 43% (49 clients diverted from the Emergency Department (ED)). Thirty-five percent of the calls received during this quarter were related to substance abuse. The county relies heavily on our CRT Team to provide access to skilled clinical staff 24 hours a day, 7 days a week.

Atlantic General Hospital (AGH)

As our primary hospital in Worcester County, Atlantic General Hospital (AGH) has been actively working to respond to the opioid crisis in our community. The hospital is tracking the number of overdose cases that come through the emergency department and adjusting policies and practices that relate to opioid prescribing in the emergency room, urgent care centers as well as the hospital and health system as a whole. Doctors and medical professionals are being educated on the Centers for Disease Control and Prevention (CDC) opioid prescribing guidelines and monitoring prescribing practices as well as the use of Chesapeake Regional Information System for our Patients (CRISP) and Prescription Drug Monitoring Program (PDMP). A dedicated narcotics clinical specialist is available to staff for questions related to patient care and resources.

AGH continues to partner with local law enforcement agencies, County officials, and local health departments to improve care in the community. They are also working with community organizations such as Worcester County Warriors (WOW) Against Opiate Addiction, the WACS Center, and Hudson Health Services, Inc. to conduct short and long range planning to address gaps in services in our service continuum.

AGH has formed an In-house Opioid “Task Force” and some members serve on the Worcester County Alcohol and Other Drugs Advisory Council and that Council’s subcommittee, Opioid Misuse Awareness “Task Force”. Other groups led by AGH include the Healthy Happenings committee, which arranged for the Heroin Alert Program and the Worcester County Sheriff’s Office to do a program free to all community members to help educate the community on this epidemic.

On the patient level, the hospital has implemented an Integrated Health Program for pain management and brought on a pain management specialist to provide treatment and guidance on chronic pain treatment. They are offering self help in chronic disease management and pain management to the community.

Naloxone Training and Distribution in the Emergency Department **(funding needed to implement)**

Worcester County hopes to create a peer support structure similar to that of the Overdose Survivors Outreach Program (OSOP) piloting in Baltimore and Anne Arundel Counties hospital emergency departments (Rutherford, 2015; Holler, 2016). Collaboration between the Atlantic General Hospital and the Worcester County Health Department would help in the creation, implementation, and maintenance of this type of project. A key part of this type of program would be that peer support and/or outreach workers in the emergency department would try to engage patients to get them connected to services and patients would be given information about harm reduction tactics like how to use naloxone. Reinforcement of the Maryland Good Samaritan Law will occur to reduce fear and stigma, while promoting effectiveness of crisis response and harm reduction tactics.

The rationale driving the OSOP pilot is that individuals who are at a high risk for fatal overdoses have been seen in the emergency department several times before they have a fatal overdose (Department of Health and Mental Hygiene (DHMH), n.d.b). While the OSOP pilot is still in its early stages, 13% rate of successful enrollment in treatment programs was seen in the first quarter of the program in the urban models noted above (Holler, 2016). The goals for this peer support program in the emergency department will be to connect individuals to appropriate services and resources, reduce emergency department recidivism, and in the long term reduce overdose fatalities.

Improving access to early identification and intervention is key to increasing people being connected to appropriate treatment and care. Treatment works, but finding the right types of treatment and services can be challenging. Treatment for addictions is multi-faceted and there is no “one size fits all” approach. Holistic treatment is needed, like for any other chronic condition. Peer support and community support are vital to help reduce stigma, while empowering people to get help and stay in recovery.

Treatment and Peer Support

Overdose Outreach Team **(funding request submitted to the Behavioral Health Administration to implement)**

The Behavioral Health Administration (BHA) recently made a grant opportunity available to the Drug Overdose Fatality Review Team (DOFRT) to provide outreach to families and providers after a fatal overdose or near miss. An annual review of overdose fatality review data supports such a team for Worcester County.

The highlights of the DOFRT Annual Report include:

- Alcohol is still a significant cause in overdose deaths in Worcester County, contributing to half (12/24) of all deaths reviewed in 2015-16, and 50% of all deaths occurring in 2016 year to date.
- Family Involvement: In most cases, family members or support persons were present in the home at the time of death and/or found the decedent and reported the death to authorities. Despite increasing awareness and availability of naloxone training and administration, in all but one instance the household members were not trained and did not have naloxone.
- Recent Incarceration: This trend has been tracked during 2016 reviews and 5 of the 19 cases reviewed had a history of recent release from jail, suggesting fatal relapse after a period of forced abstinence.
- Prescription Drug Monitoring Program (PDMP): The number of deaths in Worcester County attributed primarily to prescription medications, including opioids, remains low and has declined since 2014. A concerning issue is the frequent finding of prescribed medications "also present" in the decedent.

The Worcester County Health Department will seek additional funding from the Behavioral Health Administration to provide the following services postvention.

- Targeted Family Member Outreach: The team intends to conduct direct outreach and engagement with individuals connected to the overdose deaths including family members and significant others who may benefit from harm reduction or drug treatment. Direct outreach will include attempts to engage family members in substance use services, train family members in naloxone and include linkage with mental health and trauma support services for children when indicated. Peer support and best practices of motivational interviewing will be utilized.
- Provider Outreach: The DOFRT will develop protocols for the engagement of providers, create outreach materials, and implement an outreach campaign for prescribers in the jurisdiction. Included in these plans will be the promotion of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) and PDMP utilization to ensure prescribers provide brief screening to promote early identification and referral to treatment of substance use.

Treatment

Addiction is a disease and opiate addiction is best treated with behavioral therapy and for most in conjunction with medication-assisted treatment (MAT). Behavioral therapies are used to address and improve behavior control and attitudes towards drugs, while aiming to increase coping skills, stress management, and mindfulness (National Institute of Drug Abuse (NIDA), 2012).

Worcester County Health Department Treatment

The Worcester County Health Department (WCHD) operates five outpatient behavioral health clinics (Snow Hill, Pocomoke, Berlin, WACS Center, and C4CS). All five outpatient behavioral health clinics are dually licensed for mental health and addictions treatment. Each of these clinics offers an array of services that include:

- **Individual Therapy:** Individual therapy focuses on identifying and meeting the client's treatment goals and needs. Clinical staff uses various techniques such as Motivational Interviewing, Cognitive Behavioral Therapy (CBT), and trauma focused CBT.
- **Group Therapy:** Group therapy is performed with outpatient groups with a focus on CBT. Group therapy is available at all WCHD behavioral health clinics Monday through Friday, with evening groups available in both Snow Hill and the WACS center.
- **Intensive Outpatient Program:** Intensive Outpatient Programs (IOP) are available at all WCHD behavioral health clinics Monday through Friday. IOP is for clients who can benefit from regular group and individual therapy sessions, yet do not need to be enrolled into an inpatient substance abuse treatment center. Intensive Outpatient Groups meet more frequently and for longer durations than regular group therapies.
- **Continuing Care:** Continuing Care is essential for recovery especially after leaving a residential addictions program. It is easier to refrain from relapse when you are inpatient with staff and others working on recovery. However, when an individual leaves treatment, it becomes more difficult. Continuing Care assures that follow up care is received. Individuals are encouraged to continue to attend meetings, individual therapy, and work on the skills they learned in treatment.

Special Populations

Department of Social Services (DSS)

Currently, the Department of Social Services (DSS) provides an integrated substance abuse treatment program, Family Addiction Support Team (FAST) Program, which is a partnership between DSS and the Worcester County Health Department. This team works collaboratively to provide in-home services and expedite behavioral health evaluations and admission into treatment. The team is comprised of a DSS social worker, Substance Abuse Counselor and Peer Support Worker. DSS provides family preservation services to families in which an indicated or substantial finding of child abuse or neglect is determined and the primary factor related to the familial dysfunction is substance abuse (opioid addiction).

Additionally, DSS has a fundamental role in the structure of Incident Command for emergency management. Like the Health Department, the Department of Social Services will likely play a key role in the management of the opioid epidemic as a declared “State of Emergency.”

Jail Addictions Treatment

Correct Care Solutions provides our local detention center with a staffed managed care model that implements comprehensive, accredited medical programs and services that include off-site hospital contracting and dental. Correct Care Solutions’ goals are to reduce cost, improve clinical quality, mitigate risk of malpractice and litigation, increase stabilization of jails, and address chronic disease in a correctional environment. Correct Care Solutions provides psychiatry and mental health therapy to identified inmates.

In addition to Correct Care Solutions, the WCHD staffs a licensed behavioral health therapist to conduct addictions counseling. This worker provides individual and group therapy. Additional

WCHD staff provide parenting and educational groups at the jail for select populations. Finally, the WCHD provides a re-entry coordinator two days per week in the jail to assist with transitions from the jail. The County would like to explore more comprehensive plans to address the opioid crisis in the jail system and develop best practices for re-entry to the community. County data and anecdotal overdose reviews show that the population leaving the jail has a high risk for recidivism or worse overdose. The WCHD is exploring options to offer additional services including vivitrol.

The Center for a Clean Start (C4CS)

The Center for a Clean Start (C4CS) provides services for Somerset, Wicomico, Worcester and Dorchester counties, specifically clinical outpatient services for pregnant and postpartum women with substance abuse/addiction disorders. C4CS has a partnership with Hudson Health Services Inc. to link the women in treatment at C4CS with the supportive housing Hudson Health Services Inc. provides.

Data from the Lt. Governor's Task Force Final Report (Rutherford, 2015) indicates that: 60 percent of the women who engage in the public behavioral health system sought treatment for heroin, oxycodone, or nonprescription methadone. This population of women also had a history of trauma, intimate partner violence, criminal justice involvement, and less involvement with medical professionals, and late prenatal care (Rutherford, 2015, p. 7).

The Center for a Clean Start (C4CS) is an intensive program for pregnant and postpartum women who are experiencing difficulty with alcohol and/or drugs. This is a cooperative project between the Health Departments in Dorchester, Somerset, Wicomico, and Worcester counties. C4CS provides dual diagnosis and family education services. Transitional housing is provided through a partnership with Hudson Health Services, Inc. for some of the women. Childcare is available on-site and transportation can be provided.

Following the recommendations of the Heroin and Opioid Emergency Task Force, convened by Lt. Governor Rutherford, the Behavioral Health Administration has made additional funding available for peer support, care coordination, and parenting classes at C4CS.

Medication-Assisted Treatment (MAT)

Research by Volkow, Frieden, Hyde, and Cha (2014) provides important background information about medication-assisted treatments (MATs):

A key driver of the overdose epidemic is underlying substance-use disorder. Consequently, expanding access to addiction-treatment services is an essential component of a comprehensive response...Fortunately; clinicians have three types of medication-assisted treatment (MATs) for treating patients with opioid addiction: methadone, buprenorphine, and naltrexone. Yet these medications are markedly underutilized. Of the 2.5 million Americans 12 years of age or older who abused or were dependent on opioids in 2012 (according to the National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration

[SAMHSA]), fewer than one million received MAT.

When prescribed and monitored properly, MATs have proved effective in helping patients recover. Moreover, they have been shown to be safe and cost-effective and to reduce the risk of overdose. A study of heroin-overdose deaths in Baltimore between 1995 and 2009 found an association between the increasing availability of methadone and buprenorphine and an approximately 50% decrease in the number of fatal overdoses. In addition, some MATs increase patients' retention in treatment, and they all improve social functioning as well as reduce the risks of infectious-disease transmission and of engagement in criminal activities (Volkow, Frieden, Hyde, & Cha, 2014).

In 2017, the Worcester County Health Department started an embedded buprenorphine MAT program and is very close to starting a vivitrol MAT program within its integrated behavioral health unit. In addition, WCHD has a long history of collaborating with the Wicomico County Health Department for their mobile methadone van. The methadone van comes to the Worcester Addictions Cooperative Services (WACS) Center daily to dose Worcester County residents.

Detoxification Beds and Residential Treatment

Detoxification Beds

Detoxification beds, especially for opiates, remain a gap in service for the Worcester County community. Acute hospital systems do not typically admit patients for detoxification unless they have a co-occurring medical contradiction. Therefore, detoxification beds are limited to Hudson Health Services, Inc. located in Salisbury, Maryland (Wicomico County) and Warwick Manor Behavioral Health, Inc. in East New Market, MD (Dorchester County).

Residential Treatment/Recovery Residences

The residential treatment programs that are available within and around the Worcester County area are Hudson Health Services, Inc., Warwick Manor Behavioral Health, Inc., Second Wind, and other small recovery or sober houses. Hudson Health Services, Inc. and Warwick Manor Behavioral Health, Inc. both offer full continuum of care services (Hudson Health Services, Inc., 2017a; Warwick Manor Behavioral Health, Inc., n.d.a). All of Warwick Manor Behavioral Health, Inc. programs are State licensed and accredited by the "Commission on Accreditation of Rehabilitation Facilities" (CARF) (Warwick Manor Behavioral Health, Inc., n.d.b).

Hudson Health Services, Inc. is currently the main provider of recovery housing in the tri-county area and already partners with the Worcester County Health Department to help connect clients to supportive recovery housing (American Society of Addiction Medicine (ASAM) level 3.1) (Hudson Health Services, Inc., 2017b). Hudson Health Services, Inc. provides a variety of recovery residential options ranging in severity and supervision (ASAM levels 2.5, 3.1, 3.7) (Hudson Health Services, Inc., 2017a). Hudson Health Services, Inc. currently has recovery residences in Salisbury, Maryland and Georgetown, Delaware (Hudson Health Services Inc., 2017b). Hudson Health Services, Inc. has discussed plans to collaborate further with Worcester County partners with the goal of opening a recovery residence in Worcester County.

Hudson Health Services, Inc. is accredited by The Joint Commission and a member of National Association of Addiction Treatment Providers (NAATP), Maryland State Association of Recovery Residences (MSARR), Root Drumming Systems, National Association of Recovery Residences (NARR), and Pennsylvania Alliance of Recovery Residences (PARR) (Hudson Health Services Inc., 2017c). While upholding quality services and providing holistic care, Hudson Health Services, Inc. provides cost-effective care and helps combat misconceptions of recovery residences such as recovery homes will affect property value, community safety, or other adverse effects in the community (The Lewin Group, 2004; American Planning Association, 1997).

Peer Support Groups

Currently, there are peer support groups in the tri-county area available through the Atlantic Club in Ocean City, MD, Lower Shore Friends in Salisbury, MD, and Hudson Health Services, Inc. in Salisbury, MD. A number of 12 step groups like Narcotics Anonymous, Alcoholics Anonymous, and Families Anonymous meet within Worcester County as well.

Recovery Community Efforts

According to the Surgeon General's key findings on substance use report, there are many paths to recovery (Department of Health and Human Services (DHHS), 2016):

People will decide their pathway based on their cultural values, their socioeconomic status, their psychological and behavioral needs, and the nature of their substance use disorder. Mutual aid groups and newly emerging recovery support programs and organizations are a key part of the system of continuing care for substance use disorders in the United States. A range of recovery support services have sprung up all over the United States, including in schools, health care systems, housing, and community settings (DHHS, 2016, p. 5-2).

Worcester County has experienced a surge of volunteers, community members, and family groups formed as a result of the opioid epidemic. The groups are providing services, giving support to families and are essential to community response efforts. The community groups listed below are noted due to their established nature and due to their collaboration with the Worcester County Health Department and other agencies in the county.

Worcester County Warriors (WOW) Against Opiate Addiction

The Worcester County Warriors (WOW) Against Opiate Addiction is a local grassroots advocacy group. WOW aims to model their organizational structure based on the Operation Hope program from Maine. Operation Hope is a program that enlists volunteer "Angels" to assist individuals who have an opiate addiction. The volunteers search for treatment beds around the country and search for scholarships for individuals whose insurance will not cover that type of treatment. WOW hopes to replicate this program in Worcester County.

WOW's mission is to provide education, support, awareness and navigation of resources to the

people of Worcester County who have been impacted by the opiate epidemic. WOW holds monthly meetings and has held several fundraisers, which has allowed them to sponsor a community member in recovery. WOW has participated in several events to raise awareness about opioid addictions and has started training their volunteer “Warrior Angels”. WOW has launched their website and on March 12, 2017, the “Warrior Angels” began operating a 1-800 number from which they will provide education, support, awareness and navigation of resources to callers and will assist with treatment scholarships and transportation as funding allows.

Atlantic Club

The Atlantic Club Recovery Center is currently open 24 hours a day, 7 days a week and allows anyone with a desire to become substance free to use their facility as a safe place until treatment can be arranged. The Atlantic Club is staffed by managers in recovery who serve as mentors and support for those visiting the center for 12 step meetings and seeking services. The Atlantic Club targets social challenges people face when trying to become substance free by providing a safe place for people in recovery to do social activities such as dinners, lunches, dances, talent shows, pool, ping pong, darts, and many organized group activities. There is an exercise room to give people the opportunity to work on the physical damage addiction has caused. There are also computers to allow people that need housing and jobs a place to make contact and fill out applications. The Worcester County Health Department WACS Center is upstairs to address the counseling, education and mental health aspects of addictions.

The Worcester County Health Department

Peer support has been recognized as a key component of quality substance use service provision. The WCHD staff three peer support specialists within the continuum of services offered. Peer support specialists work at the Center for a Clean Start, Worcester Addictions Cooperative Services (WACS) Center, and at the other health department sites as needed.

Diversions and Re-entry Programs

Diversions programs are embedded throughout the criminal justice system to help connect people to the most appropriate services and aims to prevent further penetration/recidivism in the system (Munetz & Griffin, 2006). Munetz and Griffin’s (2006) Sequential Intercept Model is used by the State of Maryland and outlines five places where individuals in the criminal justice system can be targeted with the intention of helping connect individuals with behavioral health problems to appropriate resources while in the system and once back in the community.

Crisis Intervention Team (CIT)

The Worcester County Crisis Intervention Team (CIT) provides a comprehensive training designed to develop the knowledge and skills needed to guide first responders when interacting with individuals in behavioral health crises. In fiscal year 2016, four 40-hour trainings were held and 31 officers were trained. This is a diversion program in which our law enforcement can divert individuals with behavioral health crisis to medical and social services rather than arresting them and sending them to jail (Center for Health and Justice (CHJ) at Treatment

Alternatives for Safe Communities (TASC), 2013).

Drug Court

Drug court is a type of diversion program at the problem solving/specialty court level (CHJ at TASC, 2013). Drug court is overseen by the court and aims to reduce recidivism while providing supervised rehabilitation best practices (CHJ at TASC, 2013). In fiscal year 2016, there were 85 active drug court clients and over 90% were opioid dependent. In the first half of fiscal year 2017, there have been 73 active clients and over 90% have been opioid dependent.

The Drug Court Division of the Worcester County Circuit Court was established in 2005. The Circuit Court operates two programs in Worcester County: Juvenile Drug Court and Adult Drug Treatment Court. All programs are designed to help those battling substance abuse and their related criminal offenses or child welfare matters. The Drug Courts recognize that changing addictive behavior requires constant vigilance, motivation, reinforcement and treatment to prevent relapse and promote change. All programs operate with a team of agencies working together for service integration and collective treatment planning.

- ***Juvenile Drug Court:*** The Mission of the Worcester County Juvenile Drug Court is to reduce crime and eliminate alcohol and drug use among youth participating in the program, to improve juvenile and family functioning, and to increase community safety, through a caring, integrated, and strength-based approach that includes comprehensive service delivery, intensive court supervision, and enhanced accountability.
- ***Adult Drug Treatment Court:*** The mission of the Worcester County Adult Drug Treatment Court is to decrease substance abuse and related criminal behavior of non-violent habitual offenders through a comprehensive court-supervised drug treatment program, thereby increasing public safety by helping the participants to lead healthier, productive lives.

Parole and Probation

Parole and Probation works with a high risk population, but they have the opportunity for high impact as well (Department of Public Safety and Correctional Services (DPSCS) & Department of Health and Mental Hygiene (DHMH), 2014). Parole officers being involved with offenders prior to release and continually asking questions about substance use before and after release will enhance continuity of care (DPSCS & DHMH, 2014). Engaging in the creation of treatment plans as well as setting special conditions for addicted offenders will hopefully lead towards better outcomes for the offender as they transition back into the community (DPSCS & DHMH, 2014).

Diversionary and re-entry programs aim to help address the needs of individuals suffering with substance use disorders by linking them to appropriate resources and services to help move them towards a healthier lifestyle.

Treatment (counseling and MAT) are necessary components to helping individuals with addictions move towards recovery. Peer community support are important to help individuals move into and stay in recovery. Recovery residences are important to helping individuals re-

establish healthy lifestyle behaviors in a supportive environment. Our efforts in all treatment related services are enhanced when supported by data. Improving our efforts at all levels (prevention and harm reduction, early identification and intervention, treatment and peer support) is connected to and enhanced by quality data.

Data Management

While all of the organizations are collecting and managing their own data related to the opioid epidemic, there are several statewide organizations, systems, and task forces that are examining data from several sources.

Office of the Chief Medical Examiner (OCME)

The Office of the Chief Medical Examiner (OCME) is a statewide agency that is designated by law to investigate deaths, determine manner and cause of death, and provide public health information such as injury trends (Department of Health and Mental Hygiene (DHMH), n.d.c). The Office of the Chief Medical Examiner (OCME) is the main provider of data related to drug-related intoxication deaths to the Maryland Department of Health and Mental Hygiene and the Behavioral Health Administration (BHA) with other information gathered from the Vital Statistics Administration (VSA) (DHMH, 2016a). These organizations cooperate to provide the local Drug Overdose Fatality Review Teams (DOFRT) with information about the decedents and circumstances of death.

Drug Overdose Fatality Review Team (DOFRT)

The Worcester County Health Department (WCHD) is the lead agency for the County's Drug Overdose Fatality Review Team (DOFRT), which provides a review process mandated Health-General Article § 5-903, Annotated Code of Maryland. The Worcester County Drug Overdose Fatality Review Team consists of 17 members, representing various local and state agencies, as defined or provided for in Maryland statute.

The goal of the Worcester County Drug Overdose Fatality Review Team is to gather and share information that may lead to systemic changes aimed to reduce morbidity and mortality related to drug and alcohol misuse. The Worcester County Overdose Fatality Review Team investigates the circumstances leading up to and surrounding an overdose death in the county. The team aims to identify potential actions and interventions which may prevent future deaths and make those recommendations for change to relevant local and state entities.

The Worcester County Drug Overdose Fatality Review Team (DOFRT) has been granted the authority to share information about decedents between organizations for targeted clinical services and for general prescriber outreach. The Worcester County DOFRT Annual Report outlines recommendations and actions for the DOFRT. The DOFRT has requested to get fatality information in a more timely fashion in order to act as quickly as possible after an incident to improve responses and services provided to surviving family and friends. In addition to more timely information, the DOFRT requested to have more complete treatment data, similar to data

provided in the past through a different data system. The DOFRT recommends continued efforts to train family and friends of high risk individuals to use Naloxone, providing support and coordination services to those who were close to a recent decedent, increasing outreach and follow-up with prescribing providers, and increasing the availability of medication-assisted treatment (MAT).

Chesapeake Regional Information System for our Patients (CRISP)

The Chesapeake Regional Information System for our Patients (CRISP) is the regional health information exchange (HIE) serving Maryland and Washington D.C., which connects hospitals and providers across the state. The electronic system allows providers to use web-based portals to access patient information and clinical data from Prescription Drug Monitoring Program (PDMP), hospitals, and other providers (DHMH, 2016c). Providers in Maryland and the District of Columbia get free online access to PDMP via CRISP.

Prescription Drug Monitoring Program (PDMP)

A needs assessment from February 2016 indicated that there was a lack of registered Prescription Drug Monitoring Program (PDMP) users in Worcester County. Activities to address this need include:

- Prescriber and pharmacist education on prescribing practices and PDMP registration,
- Expanding outreach to help families understand responsible opioid prescription consumption and what questions to ask,
- Have local pharmacist attach opioid information and drop box information to prescriptions.

On April 26, 2016, Governor Hogan signed a bill that made legal changes in relation to PDMP registration, use, and data access (DHMH, 2016c). The first legal change requires pharmacists and prescribers (i.e. practitioners who are authorized to prescribe controlled dangerous substances (CDS)) in Maryland to register for PDMP by July 1, 2017. The second legal change requires that pharmacists and CDS prescribers use PDMP beginning July 1, 2018. The last legal change is that pharmacists and CDS prescribers may delegate other healthcare staff to acquire a CRISP account and access data on their behalf (DHMH, 2016c).

While data and data management are important to our response to the opioid epidemic, there are often delays and issues with acquiring timely and valid data. Ongoing communication and coordination with community and state partners and agencies provides a way to stay up to date on current issues and trends. Utilizing the data from many different agencies and programs requires deliberate coordinated efforts.

Coordination

Worcester County agencies and organizations have strong partnerships, communicate regularly, and coordinate efforts to increase effectiveness and reduce duplication. There are several mandated as well as less formal committees, councils, and groups that bring together people

from disciplines to break down silos. In addition to local coordination, there are several agencies that are mandated and have a larger scope of coordination within the county and across the state.

Worcester County Local Behavioral Health Authority (WCLBHA)

The Worcester County Core Service Agency (WCCSA) is the Local Behavioral Health Authority, which is responsible for planning, managing, and monitoring public behavioral health services at the local level as stipulated by the Health General Article 10-10-1203, Annotated Code of Maryland. The WCLBHA provides leadership and accountability in Worcester County for the establishment of a diverse, comprehensive, and accessible array of quality behavioral health services responsive to the needs and desires of citizens with behavioral health disorders, their families, and service providers. A core function of the WCCSA is to identify trends and service needs and to promote prevention, outreach, education, referral, advocacy, and service delivery through collaboration with the community and partners.

Through community resource mapping and the needs assessment process the WCLBHA has identified the Worcester County Health Department as being the only provider of addiction outpatient counseling services in Worcester County. There has been an increase in interest in MAT and substance related disorder treatment from other health care providers and the LBHA will work with these providers to ensure access to services expands as there continues to be a need in our community.

The Worcester County Health Department contracts with the Atlantic Club to operate a 24/7 recovery center in Worcester County that offers support to residents and visitors alike, in need of a sober support system, and remains a welcome place for hundreds of recovering visitors and community residents.

Each year, the LBHAs in Somerset, Wicomico, and Worcester collaborate to develop and publish the “Tri-County Behavioral Health Resource Guide.” The guide is disseminated to the health department sites, local hospitals, the prevention program for outreach events, and are available for pick up to any interested party. The Tri-County Behavioral Health Resource Guide may be accessed online at the Worcester County Health Department website (worcesterhealth.org). The resources published include: emergency hotline numbers, an overview of the Public Behavioral Health System, a glossary of terminology, community behavioral health providers, and information regarding other social service organizations.

The WCLBHA is working with the Worcester County Health Department, Atlantic General Hospital, and Life Crisis Center to create a single point of access to alleviate barriers for Worcester County residents attempting to access treatment in a residential treatment setting, detoxification services, outpatient services, and recovery supports. The LBHA is also collaborating with community partners to develop a Community Opioid Overdose Response Plan, searching for opportunities to expand Medication Assisted Treatment (MAT), and opportunities to bring recovery housing into Worcester County.

Maryland Opioid Operational Command Center

The Maryland Opioid Operational Command Center (Center) was established by Executive Order [01.01.2017.01] as part of the Hogan administration's 2017 Heroin and Opioid Prevention, Treatment, and Enforcement Initiative (Office of Governor Larry Hogan, 2017). The Center serves as the operational coordination entity for opioid-reduction activities across the state.

Heroin and opioid drug dependency has surged in Maryland over the last decade, resulting in an urgent and growing public health threat affecting all demographics and geographical settings in Maryland (Office of Governor Larry Hogan, 2017). In response, Governor Hogan established, by Executive Order, a Heroin and Opioid Emergency Task Force [01.01.2015.12], a Council [01.01.2015.13], and the Center [01.01.2017.01] – composed of member agencies with expertise in addiction treatment, law enforcement, education, and prevention.

Along with much of the nation, Maryland is experiencing the emergence of a new threat in the form of potent and cheap synthetic opioids, such as fentanyl. Deaths related to fentanyl have risen dramatically in the state. Governor Hogan established the Center to continue addressing the growing problems of the heroin and opioid addiction epidemic as well as the new threat of synthetic opioids in Maryland (Office of Governor Larry Hogan, 2017).

The Center is tasked with the following objectives:

- Develop operational strategies to continue implementing the recommendations of the Heroin and Opioid Emergency Task Force;
- Collect, analyze, and facilitate the sharing of data relevant to the epidemic from state and local sources while maintaining the privacy and security of sensitive personal information;
- Develop a memorandum of understanding among state and local agencies that provides for the sharing and collection of health and public safety information and data relating to the heroin and opioid epidemic;
- Assist and support local agencies in the creation of opioid intervention teams; and
- Coordinate the training of and provide resources for state and local agencies addressing the threat to the public health, security, and economic well-being of the State.

Inter-Agency Heroin and Opioid Coordinating Council

The Inter-Agency Heroin and Opioid Coordinating Council [01.01.2015.13] was established on February 24, 2015. The Department of Health and Mental Hygiene (n.d.d) outlines:

The Council includes multiple state agencies and will provide the opportunity to share data for the purpose of supporting public health and public safety responses to the heroin and opioid crisis. It will also serve to develop recommendations for policy, regulations, and legislation to facilitate improved sharing of public health and public safety information among State agencies.

The Council will include the following agencies:

- Department of Health and Mental Hygiene (Chair)
- Maryland State Police
- Department of Public Safety and Correctional Services

- Department of Juvenile Services
- Institute for Emergency Medical Services System
- State Department of Education
- Governor's Office of Crime, Control and Prevention
- Other state agencies at the request of the Chair (Department of Health and Mental Hygiene, n.d.d).

Worcester County Opioid Intervention Team

Worcester County will be working with the local Directors of Emergency Services, Maryland Emergency Management Agency (MEMA), the Interagency Heroin Council, and the State Command Center regarding an Opioid Intervention Team. The Local Health Officer/ Emergency Managers have been charged with convening meetings in the jurisdiction to begin the important work of this team. It is anticipated that the Health Officers and/or Emergency Managers will receive additional information and clarification about the role of this team and representatives in the next several weeks.

Conclusion

The opioid epidemic has negatively impacted our country, state, and county. Collaborative and coordinated efforts at the national, state, and local levels are vital to a successful response. While Worcester County faces specific challenges in relation to the opioid epidemic due to its rural geography, being a health professional shortage area (HPSA) and a medically underserved area (MUA), Worcester County has strengths that will enable a powerful response. Worcester County's strong collaborations and partnerships with organizations across sectors and counties will be critical in addressing this epidemic. In addition to strong partnerships, Worcester County has a history of being progressive and implementing new or improved initiatives ahead of mandated schedules. Coordinating efforts and data at the national, state, and local levels are important to improving outcomes in the other needed priority areas (prevention and harm reduction, open access - 24/7, and treatment and peer support).

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List of Abbreviations

AGH: Atlantic General Hospital
ASAM: American Society of Addiction Medicine
BHA: Behavioral Health Administration
CARF: Commission on Accreditation of Rehabilitation Facilities
CBT: Cognitive Behavioral Therapy
CDC: Centers for Disease Control and Prevention
CDS: Controlled Dangerous Substances
CET: Criminal Enforcement Team
CHJ: Center for Health and Justice
CIT: Crisis Intervention Team
CRISP: Chesapeake Regional Information System for our Patients
CRNP: Certified Registered Nurse Practitioner
CRT: Crisis Response Team
C4CS: Center and the Center for a Clean Start
DARE: Drug Abuse Resistance Education
DHHS: Department of Health and Human Services
DHMH: Department of Health and Mental Hygiene
DOFRT: Drug Overdose Fatality Review Team
DPSCS: Department of Public Safety and Correctional Services
DSS: Department of Social Services
ED: Emergency Department
EMS: Emergency Medical Services
FAST: Family Addiction Support Team
HIE: Health Information Exchange
HPSA: Health Professional Shortage Area
IOP: Intensive Outpatient Program
LBHA: Local Behavioral Health Authority
MAT: Medication-Assisted Treatment
MEMA: Maryland Emergency Management Agency
MSARR: National Association of Addiction Treatment Providers

MUA: Medically Underserved Area
MYRBS: Maryland Youth Risk Behavior Survey
NAATP: National Association of Addiction Treatment Providers
NARR: National Association of Recovery Residences
NIDA: National Institute of Drug Abuse
OCME: Office of the Chief Medical Examiner
ORP: Overdose Response Program
OSOP: Overdose Survivors Outreach Program
PARR: Pennsylvania Alliance of Recovery Residences
PDMP: Prescription Drug Monitoring Program
SADD: Students Against Destructive Decisions
SAMHSA: Substance Abuse and Mental Health Services Administration
SBIRT: Screening, Brief Intervention, Referral, and Treatment
TASC: Treatment Alternatives for Safe Communities
VSA: Vital Statistics Administration
WACS: Worcester Addictions Cooperative Services
WCCSA: Worcester County Core Service Agency
WCHD: Worcester County Health Department
WCLBHA: Worcester County Local Behavioral Health Authority
WCSSO: Worcester County Sheriff's Office
WOW: Worcester County Warriors Against Opiate Addiction
YRBS: Youth Risk Behavior Survey