Worcester County Community Partners and Collaborative Groups

Atlantic Club

Atlantic General Hospital
  Opioid Stewardship Committee

Faith-Based Community

Hope4Recovery Inc.

Hudson Health Services, Inc.

Life Crisis Center

Lower Shore Friends Inc.

Wicomico County Health Department

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 LLC
  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 Opioid Intervention Team and the Senior Policy Group

Worcester County Warriors Against Opiate Addiction
Community’s Role in Public Health Response

Public health agencies in communities throughout the United States are responsible for protecting, assessing, and assuring individual, community, and environmental health. Public health issues affect people every day, in every part of the world with impact on both community and population health. While public health responsibilities are usually implemented by state and government agencies, the role of the community in the work of public health is vital. This role has become increasingly important in relation to the opioid epidemic experienced by the nation.

The participation of the community is celebrated and exemplified in this document. Many of the projects presented in this plan have their starts in grassroots community efforts. The Worcester County Health Department is proud to partner with the community to bring necessary services to reduce the overdose rates in Worcester County and Maryland. The broad range of interventions and initiatives encompass public health science and research, harm reduction techniques, and community engagement strategies. The Health Department is proud of the overall response of Worcester County community partners to protect, prevent and promote public health in the community and jurisdiction at large.

The Health Department invites continued participation and partnership as the opioid epidemic and state of emergency continues. The Health Department invites the community to support and be engaged in two new initiatives starting in Worcester County in 2019: Worcester Goes Purple and Worcester Station of Recovery Services (SORS). Worcester Goes Purple will kickoff August 31 and run through September (Recovery Month). Worcester SORS is in the planning stage in the spring and invites the community to join the project steering committee. For more information or to join the Worcester SORS steering committee, please contact Jackie Ward at jackie.ward@maryland.gov or Jennifer LaMade at jennifer.lamade@maryland.gov

Acknowledgements

The Worcester County Health Department would like to thank all the community members, partners, and organizations for the commitment of their time and for their valuable contribution in the planning and creation of this plan. The collaborative efforts our community has put forth to address important behavioral health issues, such as the heroin/opioid epidemic, form a strong foundation for this plan.

If you have any questions or concerns about the plan, please contact Jackie Ward at jackie.ward@maryland.gov or Jennifer LaMade at jennifer.lamade@maryland.gov
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>6</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>8</td>
</tr>
<tr>
<td>PREVENTION AND HARM REDUCTION</td>
<td>9</td>
</tr>
<tr>
<td>Worcester County Public Schools</td>
<td>9</td>
</tr>
<tr>
<td>Worcester County Alcohol and Other Drugs Advisory Council</td>
<td>10</td>
</tr>
<tr>
<td>Public Awareness</td>
<td>10</td>
</tr>
<tr>
<td>Law Enforcement Strategies</td>
<td>12</td>
</tr>
<tr>
<td>State’s Attorney Office</td>
<td>13</td>
</tr>
<tr>
<td>Naloxone Training and Distribution</td>
<td>13</td>
</tr>
<tr>
<td>ACCESS TO EARLY IDENTIFICATION AND INTERVENTION</td>
<td>14</td>
</tr>
<tr>
<td>Open Access - 24/7</td>
<td>14</td>
</tr>
<tr>
<td>Crisis Response Team (CRT)</td>
<td>15</td>
</tr>
<tr>
<td>Worcester Station of Recovery Services (SORS)</td>
<td>15</td>
</tr>
<tr>
<td>Emergency Department Care Coordination</td>
<td>16</td>
</tr>
<tr>
<td>Family and Survivor Outreach</td>
<td>16</td>
</tr>
<tr>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</td>
<td>17</td>
</tr>
<tr>
<td>Diversionary and Re-entry Programs</td>
<td>17</td>
</tr>
<tr>
<td>TREATMENT AND RECOVERY COMMUNITY SUPPORTS</td>
<td>19</td>
</tr>
<tr>
<td>Treatment</td>
<td>19</td>
</tr>
<tr>
<td>Recovery Community Supports</td>
<td>24</td>
</tr>
<tr>
<td>DATA MANAGEMENT</td>
<td>28</td>
</tr>
<tr>
<td>Chesapeake Regional Information System for our Patients (CRISP)</td>
<td>28</td>
</tr>
<tr>
<td>Prescription Drug Monitoring Program (PDMP)</td>
<td>28</td>
</tr>
<tr>
<td>Office of the Chief Medical Examiner (OCME)</td>
<td>29</td>
</tr>
<tr>
<td>Drug Overdose Fatality Review Team (DOFRT)</td>
<td>29</td>
</tr>
<tr>
<td>COORDINATION</td>
<td>30</td>
</tr>
<tr>
<td>Worcester County Local Behavioral Health Authority (WCLBHA)</td>
<td>30</td>
</tr>
<tr>
<td>Maryland Opioid Operational Command Center (OOCC)</td>
<td>31</td>
</tr>
<tr>
<td>Worcester County Opioid Intervention Team (OIT)</td>
<td>31</td>
</tr>
</tbody>
</table>
FUTURE CONSIDERATIONS 32
   Medication Assisted Treatment Expansion 32
   Syringe Service Program (SSP) 33
   Fentanyl Test Strips 34
   Stages of Change and the Recovery Cycle 35

CONCLUSION 37
REFERENCES 38
EXECUTIVE SUMMARY

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 current initiatives, progress made in the last year, and the identification of potential new practices 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, harm reduction trainings, law enforcement and the State’s Attorney 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 collaborative initiatives described in this section, including the 211 open access system, Screening and Brief Intervention and Referral to Treatment (SBIRT), and addictions care coordination in the Emergency Department. 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. Additionally, new funds have allowed for the Worcester County Health Department to create a High-risk Addictions Response, Treatment, and Support (HARTS) team. In addition to the more permanent HARTS team, a time limited grant has allowed for the Worcester County Health Department to conduct follow up with families who have lost someone to an opioid overdose or have been impacted by a friend or family members’ near miss.

Section 3 of the plan describes treatment and peer support programs within our continuum of care. 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. Also described in Section 3, 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. Progress has been made in data sharing among partners but more work can be done to solidify efforts. Two state databases, Chesapeake Regional Information System for our Patients (CRISP) and the Prescription Drug Monitoring Program (PDMP), are identified as programs that require more outreach and provider education 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.
Section 5 of the plan addresses coordination and the efforts by the governor following his declaration of a State of Emergency for the opioid epidemic. The governor continues to employ 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 final section of the plan addresses future considerations including evidence-based and promising practices.

The Health Department thanks 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

Among the nine counties on the Eastern Shore, only two outrank Worcester County in relation to total drug and alcohol-related fatalities and only three outrank Worcester County in relation to age-adjusted death rates for total unintentional intoxication deaths by place of residence (Maryland Department of Health [MDH], 2018a). Over the past three years (2015-2017), opioid-related fatalities have comprised more than 70% of all drug and alcohol-related fatalities with a spike to 87.5% in 2015 and most recently 79% in 2017 (15 opioid-related fatalities out of 19 drug and alcohol-related fatalities).

The top four contributing substances to the spike in overdose fatalities in Maryland from 2015 to 2017 are 1) fentanyl, 2) heroin, 3) cocaine, and 4) alcohol (MDH, 2018a). Fentanyl and heroin have been the lead contributing substances to the increases in unintentional intoxication fatalities in Worcester County from 2015 to 2017 (MDH, 2018a). While there has been an increasing trend in alcohol and drug intoxication deaths in Worcester over the past three years, preliminary comparisons from the first three quarters of 2018 to the first three quarters of 2017 showed a reduced number of deaths or no change (MDH, 2018b).

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 organize our community’s various resources to address the different facets of this issue.

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
1. PREVENTION AND HARM REDUCTION

Worcester County Public Schools

The Board of Education, in conjunction with the Integrated Health Literacy Initiative through Atlantic General Hospital (AGH), taught a multidisciplinary instructional unit on prescription opioids and heroin that was piloted in an 8th grade class at Stephen Decatur Middle School in the school year 2016-2017. The students learned how opioids and heroin affect the brain and its chemistry. In addition, the students learned societal impacts of addiction.

Pocomoke High School held a Heroin/Opioid Community event for the students and parents in October 2018. There was an expert panel who spoke and answered questions on the topic.

The Worcester County Public Schools (WCPS) have continued their Heroin Prevention Action Team and Heroin Prevention Action Plan. There are six actions that will be underway in the upcoming school year (beginning in May 2019).

1. **Continue the work of the Heroin Prevention Action Team**: Quarterly health newsletters for staff are distributed to schools. Each newsletter consistently contains a message regarding opioids or heroin (Stall Talk). WCPS, the Opioid Intervention Team (OIT) and the Worcester County Health Department (WCHD) are working together to use some heroin prevention grant funding to create a mobile version of “Hidden in Plain Sight” for the community.

2. **Heroin Prevention Education in the prek-8 health classroom/curriculum**: High school health teachers were once again trained on trends and data related to heroin/opioid prevention with our local Heroin Prevention Team (Passwaters/Sponaugle).

3. **Heroin Prevention Education in the prek-8 content classroom/curriculum**: High school art classes are participating in the United Way’s Addiction Awareness Art Competition. The Worcester County Alcohol and Other Drugs Advisory Council Art contest has been updated to include new forms of media and prizes for the winners.

4. **Create a system of vetting speakers for WCPS to host**: Plan to work with the Worcester County Alcohol and Other Drugs Advisory Council to create a list of ‘recommended’ speakers. Committee members would preview the speaker/event, ask necessary questions, determine prices, get various community member input, etc. Outside agencies would still fund the speakers.

5. **Develop a team of qualified, trained Narcan administrators**: All nurses and some deputies have received Narcan training. All high schools currently house at least one Narcan kit. By the end of the 2019 school year, ALL Worcester County schools will have 2-3 Naloxone kits on hand at each school building and will have 3-4 people trained in its usage.

6. **WCPS representation on local substance abuse committees**: Heroin/opioid education and prevention was addressed at the high school Students Against Destructive Decisions (SADD) Peer Leadership retreat, representative of all three WCPS high schools. WCPS has representation with the OIT, Worcester County Drug Overdose Fatality Review Team, Worcester County Alcohol and Other Drugs Advisory Council, and the Maryland State School Health Council.
The WCPS policy on naloxone storage and usage has been written and approved, in compliance with the Start Talking Maryland Act (effective February 19, 2019).

In addition, the WCPS has grant funding to work with WCHD and AGH, to help organize and support a ‘Worcester Goes Purple’ (WGP) event in September 2019. The WCPS will be seeking the community’s help in creating awareness and participating in this event. WCPS funds will support a part-time WGP Event Coordinator, supplies and public relations for the event. The WCPS will also be coordinating with the surrounding Lower Shore counties for this event.

**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, State’s 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 and Annual Licensee Recognition Breakfast,
- After Prom Parties, and
- Play it Safe Program for graduating high school seniors.
  - In 2018, 5,515 graduating high school seniors participated, which provided 47 fun and safe alcohol and drug free events.

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 middle and high 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 advisory committee between the Council and the Prevention Department at the Worcester County Health Department (WCHD) for the Opioid Misuse Prevention Plan Grant.
Worcester County Health Department’s Prevention Unit 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 “Know The Law, Save A Life”, which is promoting awareness of the Maryland Good Samaritan Law. The Prevention Unit launched an awareness campaign for the Good Samaritan Law in April 2017. 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 (Maryland Department of Health, n.d.a).

Through a partnership with the Snow Hill Rotary, the Prevention Unit is distributing medication lock boxes throughout the community to encourage the safe storage of medications. In 2018, 160 medication lock boxes were distributed to community members.

The Prevention Unit is also working to encourage the public to talk to their doctor before taking new medications through the new “Talk Before You Take” campaign.

In 2018, the WCHD established an interdisciplinary workgroup, composed of behavioral health staff, community health education/prevention staff, environmental health inspectors, planning staff, and outreach workers, to address addiction in the workplace and determine the best ways to intervene and address the problem.

The Addiction in the Workplace (AIW) workgroup was established for the oversight and completion of grant deliverables focusing on the hospitality industry as a key target population. This workgroup has distributed rack cards, paycheck inserts, posters, and business cards to businesses in the hospitality industry and schools that train students about to enter the hospitality field (e.g. culinary students and hotel/motel management students).
The public awareness campaigns will utilize a variety of tactics in a variety of venues and blended funding. The WCHD received a Health Resources and Services Administration Grant, which includes funding for anti-stigma activities. Tactics and targets include:

- traditional media venues such as the Worcester County Health Department website, radio, and television will highlight this campaign including “Stories from the Field” videos of people in recovery from substance use disorders,
- promotion of services through updated signage and distribution of rack cards,
- promotion of drug take back days and stationary prescription drug drop off boxes,
- launch of an anti-stigma campaign,
- training on signs and symptoms of abuse as requested, and
- Mental Health and Youth Mental Health First Aid courses.

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-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 the Opioid Misuse Awareness subcommittee of the Worcester County Alcohol and Other Drugs Advisory Council. 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 and law enforcement activities and successes were highlighted in the October 2017 Opioid Operational Command Center (OOCC) webinar. 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.

The Office of the State’s Attorney

The Office of the State’s Attorney 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 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’s 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.

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).

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 who provide trainings:

- one on one with addictions clients during therapy appointments; this can include a family member when they are present,
- twice a month at the WCHD in Snow Hill for any interested community member, and
- at agency request (Law Enforcement, Shelters, Community Groups, etc.).
Community members, clients, family members, law enforcement agencies, shelters, community groups, etc. who are trained by the WCHD are offered the Naloxone kit at the time of training at no cost. In 2018, the Worcester County Health Department (WCHD):

- successfully trained 550 individuals to respond to an overdose,
- dispensed 547 kits (each containing 2 naloxone doses), and
- educated the community at 33 opioid education events.

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.

### 2. 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 Department is 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 advertised the 211 number so all members of the community can have a place to call for treatment.

211 collaboration for open access (launched June 1, 2017 officially) has seen mild success bringing in a handful of callers about substance use disorders (SUD) and related resources. Due to population size and general low call volume to the 211 line, this was expected. Some reporting, data collection, and implementation issues have been noted since the launch and have been discussed among key partners along with action items to help improve the 211 open access system.
Crisis Response Team (CRT)

The Crisis Response Team (CRT) of Worcester County operates 24 hours a day, 7 days a week and served 510 people in fiscal year 2018. CRT is composed of licensed 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 first two quarters of fiscal year 2019 (July through December 2018) CRT responded to:
- 262 calls with a hospital diversion percentage of 50% (132 clients diverted from the Emergency Department (ED)) and
- 28% of the calls received during this quarter were related to substance abuse.

The County relies heavily on our CRT to provide access to skilled clinical staff 24 hours a day, 7 days a week.

Worcester Station of Recovery Services (SORS)

In late March 2017, Anne Arundel County initiated the "Safe Stations" program, which is modeled after a similar successful program in Massachusetts, the Police-Assisted Addiction Recovery Institute (PAARI), designating fire and police stations as a safe location for individuals to make the first steps in recovering from their heroin and opioid addictions. The initiative links Anne Arundel County and Annapolis firefighters, paramedics and police with the County's Crisis Response Team (CRT) to provide 24-hours/7 days a week assistance to anyone who enters a fire or police station seeking help.

Upon arrival and request for assistance, firefighters and paramedics perform a medical assessment to determine if the individual needs immediate medical attention. If there is cause for concern, emergency medical services transport the individual to a local hospital or medical facility. If there is no need for medical attention, the CRT is notified that there is an active Safe Station patient and then they determine which option is best for the individual, including access to the County's detoxification services. Any needles or other drug paraphernalia, as well as drugs or other illegal substances, are collected and/or disposed of by the police without threat of arrest.

In July 2018, the Worcester County Local Behavioral Health Authority (WCLBHA) submitted a proposal for planning for a “Safe Stations” initiative. In February 2019, the WCLBHA received funding to start planning for a “Safe Stations” initiative. A replication of the “Safe Stations” program from Anne Arundel County was proposed as a seamless effort to link individuals with treatment and resources. The planning phase has included presenting the idea of a “Safe Stations” initiative to Worcester County community members and partner organizations with more community engagement outreach and educational events planned such as a harm reduction training to increase awareness about people who use drugs as well as reduce stigma around addictions.

In 2019, the Worcester County Health Department applied for and received a complimentary grant to support the planning and implementation of the “Safe Stations” initiative in Worcester County called Worcester Station of Recovery Services (SORS). Through these planning efforts,
input and support will be solicited from the community, professionals, law enforcement, and fire departments. These planning efforts will guide the creation of the implementation plan and garner community support as well as formalize partnerships for Worcester SORS.

Emergency Department Care Coordination

The Worcester County Health Department provides care coordination to patients seen in the Atlantic General Hospital Emergency Department who have been identified to have behavioral health concerns. The Emergency Department Care Coordination (EDCC) provides referred clients linkage to mental health treatment, substance use treatment, and Peer Support services by meeting with them in the Emergency Department (ED) and in the community. Clients receive assistance with insurance, transportation, and referrals to Targeted Case Management and other resources, as appropriate. The Coordinator engages with the clients and their families to identify appropriate services and supports. Naloxone, along with education and training for administration, is provided to the families. Plans have been formalized to increase staffing in the ED to 1.6 full time employees (FTEs) by adding a new staff member to the team. From July 2017 - Jan. 2018, only 27 clients out of 187 clients referred to the recovery specialist have returned to the ED, with a recidivism rate of ~14%. From Feb. 2018 - Jan. 2019, only 52 clients out of 490 clients came back to the ED less than 6 months from their first initial hospital visit with a recidivism rate of ~11%.

Family and Survivor Outreach

The Worcester County Drug Overdose Fatality Review Team (DOFRT) received a grant to provide outreach to families and providers after a fatal overdose or near miss. The goals of the DOFRT grant are to:
- reduce overdose deaths in Worcester County,
- develop outreach plan that includes stigma reduction activities related to opiate addiction,
- increase communication between partner agencies related to overdose deaths, and
- increase education and outreach to partners and prescribers.

The overdose outreach coordinator is tasked with conducting outreach to family members who have lost a loved one to overdose. Through contact and outreach, the coordinator assists with getting family members and others who closely supported the decedent, connected to support services. The coordinator may make referrals to behavioral health services as appropriate which may include therapies and trauma support. The coordinator is also familiar with local grief support group information and/or other local options that may assist individual and families through the bereavement process.

The Worcester County Health Department has partnered with Atlantic General Hospital (AGH) and is providing a licensed clinical therapist to attend the monthly support group meetings that occur at AGH.
In addition to grief support, the coordinator attempts outreach and engagement with someone who is considered a “near miss,” or a non-fatal overdose. These individuals are provided direct outreach that includes attempts to engage individuals or family members in substance use services, train family members in the use of naloxone, and link individuals with mental health and trauma support services when indicated. Peer support and best practices of motivational interviewing are utilized.

The outreach coordinator is a member of Worcester County’s DOFRT. The DOFRT carries the responsibility to develop protocols for the engagement of providers, create outreach materials, and implement an outreach campaign for prescribers in the jurisdiction. Included in the plans will be the promotion of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Prescription Drug Monitoring Program (PDMP) utilization to ensure prescribers provide brief screening to promote early identification and referral to treatment of substance use. The outreach coordinator will work closely with the DOFRT and partners for providing education and outreach to providers.

**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) with the help of the Mosaic Group have implemented SBIRT in reproductive health services, vulnerable adult programs, and prevention programs such as Lifestyle Balance (a prediabetes program). SBIRT was already used with youth in WCHD reproductive services. Consultation and financial support to train staff in these new program practices was provided by the Maryland SBIRT grant. Training of the WCHD staff began in early 2018, implementation occurred directly after training.

**Diversionary and Re-entry Programs**

Diversionary programs are embedded throughout the criminal justice system to help connect people to the most appropriate services and aim to prevent further penetration/recidivism in the system (Munetz & Griffin, 2006). These programs provide support while individuals are 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 2018, three trainings were held resulting in 72 law enforcement and other public safety employees being 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.
Drug Court

Drug Court is a type of diversion program at the problem solving/specialty court level (Center for Health and Justice at Treatment Alternatives for Safe Communities [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 2018, there were 60 active Drug Court clients and over 90% were opioid dependent.

The Drug Court Division of Worcester County was established in 2005. The Circuit & District Courts both operate Adult Drug Treatment Courts. Programs are designed to help those battling substance use disorders 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.

- **Adult Drug Treatment Court**: The mission of the Worcester County Adult Drug Treatment Court is to decrease substance misuse 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.

Department of Parole and Probation

The Department of Parole and Probation (DPP) works with a high risk population and have the opportunity for high impact (Department of Public Safety and Correctional Services [DPSCS] & Maryland Department of Health [MDH], 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 & MDH, 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 & MDH, 2014).

DPP is working to reduce the harmful impacts of opioid addiction in Maryland communities through partnerships and education. DPP will be working with local health departments to receive naloxone training for volunteer employees to carry and administer naloxone and with local Crisis Intervention/Crisis Response Teams to begin organizing Mental Health First Aid training for staff. A notification process is being developed whereby agents would be notified by local first responders of supervised individuals’ overdose events. DPP is also working with the Governor’s Office on Crime Control and Prevention (GOCCP) to develop a statewide notification process by the Heroin Coordinators and to identify priority referrals for treatment services.

DPP staff have been informed on the Good Samaritan Law and an agency policy is being developed to guide staff. The Department is discussing a proposal to provide newly released inmates (State facilities) with a prescription for naloxone. There is also discussion of a campaign to make inmates and individuals under supervision aware that there is no penalty for seeking emergency assistance for anyone experiencing an overdose. DPP staff will provide opioid education and prevention material to individuals under supervision, in pre-trial status, and to post in DPP field offices where appropriate. DPP staff will have access to training on substance use disorder and the nature of additions, current trends, understanding the addicted
offender, prescription opioids abuse, medical assisted treatment, motivational interviewing/engagement, and effective ways to document observations for appropriate treatment planning and referrals.

The diversionary programs presented seek to assist people with substance use disorders to engage in treatment through numerous entry points of the system. The focus on recovery efforts demonstrates the commitment to culturally competent and holistic care.

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.

3. TREATMENT AND RECOVERY COMMUNITY SUPPORTS

The National Survey on Drug Use and Health (NSDUH) 2017 report states that there have been significant increases in those with SUDs receiving treatment in specialty settings and physician office settings (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). While there has been some progress getting more people with SUDs to treatment, there remains a large gap in treatment need vs. treatment access. Most notably, of the 19.7 million people ages 12 and older who need substance use disorder treatment, 92.3% did not get treatment (SAMHSA, 2018).

One of the most challenging and bewildering tasks of parents, caregivers, family, and treatment providers, is to help the person suffering from a substance use disorder agree to treatment. For some individuals persistent messages about their health and offers of treatment support are needed. Therefore, engagement and development of relationships are key as are certain harm reduction techniques that can be employed when all else fails. This section describes the treatment and peer support efforts present in Worcester County.

Treatment

Addiction is a disease and opioid 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

The Worcester County Health Department (WCHD) operates five outpatient behavioral health clinics (Snow Hill, Pocomoke, Berlin, Worcester Addictions Cooperative Services (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 use 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.

- **Psychiatry**: Some individuals will respond better to treatment that includes both behavioral counseling as well as medication management. WCHD employs psychiatrists and psychiatric nurse practitioners to evaluate and prescribe medications as necessary. WCHD also maintains a relationship with Sheppard Pratt Health System, making psychiatrists from Sheppard Pratt available to individuals in Worcester County by way of Telemedicine.

**High-risk Addiction Response, Treatment, and Support (HARTS) Team**

The High-risk Addiction Response, Treatment, and Support (HARTS) Team is a multidisciplinary team that was developed to review, refer, and coordinate the care of individuals deemed to be at highest risk for suicide, homicide, or overdose. Team members make recommendations for services to benefit the client and the family, and aid in facilitating communication between providers. The HARTS Team ensures proper protocols and best practice techniques are used and documented properly. This team meets weekly to discuss cases and ensure all appropriate resources are being utilized to support recovery and enhance safety.

**Medication Assisted Treatment (MAT)**

There are three main types of medication assisted treatments (MATs): methadone, buprenorphine, and naltrexone. All of these MATs are evidence-based and can increase a person’s retention in treatment and reduce the risk of morbidity and mortality.
In 2017, the Worcester County Health Department (WCHD) started an embedded buprenorphine MAT program. In 2018, WCHD started a Vivitrol (long acting injectable naltrexone) 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.

Special Populations

**Department of Social Services (DSS)**

The Department of Social Services (DSS) provides an integrated substance abuse treatment program, Families Achieving Sobriety Together (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 a substance use disorder (e.g. opioid addiction).

There has been a significant increase in the number of children entering foster care because of parents’ addiction to opioids. The number of children in need of a temporary out of home placement has doubled within the past two years with many placements being made with relatives, because of the FAST Program. Worcester County DSS has seen a 65% increase in the number of children needing foster care placement since 2017. Last year, 33 children were in need of out of home placement.

The Department is moving forward with implementing the START model, which is Sobriety Treatment and Recovery Teams. The vision with START is that every family with parental/caregiver substance use disorder and involvement with the child welfare system will have timely access to comprehensive and coordinated screening, assessment, and treatment services to reach sustainable recovery so families can remain together when it’s safe and possible. This partnership will be with DSS, the Worcester County Health Department and our Local Addiction Authority. Similar to our FAST team, the START team will be comprised of a DSS Social Worker, and Family Mentor Worker. This dyad will service families where parental substance use is the primary child welfare risk factor; at least one child in the home is between 0-5 years with a Risk of Harm, Substance Exposed Newborn (SEN) case, or Risk of Harm; Caregiver Impairment Case with SUD present as a factor, or an open child protective service (CPS) investigation with parental SUD present as a factor and the likelihood the case will be referred for continuing services.

**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 Worcester County Health Department (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. The WCHD provides a re-entry coordinator two days per week in the jail to assist with transitions from the jail. This re-entry coordinator provides clients who are pre- and post-release with referrals and linkage to treatment and other services. Clients are provided case management, assistance with insurance, transportation, housing, recovery groups, somatic health, behavioral health treatment, and naloxone. The Local Management Board (LMB) is funding a program called Building Bridges, which enhances existing re-entry and recovery services to inmates of the Worcester County Detention Center, pre- and post-release. Staff provide transitional care and coordination of services to incarcerated parents who reside in Worcester County, with an additional aim at reducing the impact of incarceration on children, families, and the community. Goals include promoting family stability, maintaining family connections, and reunification.

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 fatal overdose. The WCHD is exploring options to offer additional services including Vivitrol at the jail.

**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 use/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.

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. C4CS provides dual diagnosis and family education services. 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.

**Detoxification Beds and Residential Treatment**

**Detoxification Beds**

Detoxification beds, especially for opioids, 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

The residential treatment programs that are available within and around the Worcester County area are Hudson Health Services, Inc. and Warwick Manor Behavioral Health, Inc. Each program is licensed by the State of Maryland and accredited - Hudson Health Services by the Joint Commission and Warwick Manor by the Commission on Accreditation of Rehabilitation Facilities (CARF). Hudson Health Services offers a short-term residential treatment with a full continuum of care including ASAM levels 3.7WM, 3.7, 3.5, 3.3, and 2.5 on its campus in Salisbury. Warwick Manor offers ASAM level 2.5 at its campus in East New Market.

Atlantic General Hospital (AGH)

As the primary hospital in Worcester County, Atlantic General Hospital (AGH) continues to respond to the opioid crisis in our community. The hospital is currently tracking and reporting to the Worcester County Health Department (WCHD) the number of overdose cases that present through the Emergency Department (ED). These are being reviewed as part of the Drug Overdose Fatality Review Team. AGH has implemented a formal opioid discharge procedure for the ED, which includes naloxone with training, referral, and follow-up. Doctors and medical professionals have been educated about opioid safety using multiple techniques, including formal education, memos, and discussion in medical staff meeting. The education has focused 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) by AGH providers. AGH has adopted “best practice” prescribing guidelines as defined by the Maryland Hospital Association for Emergency Services, CDC, and the new Medicaid Prescribing Guidelines and attestation form.

A WCHD Emergency Department Care Coordinator is available to consult with patients throughout the AGH system and into the community, consult with staff for questions related to patient care and resources, and is tracking utilization, reasons, and substance abuse patterns. Through the funding from a grant, this program has expanded to allow for a single source of contact for our AGH physician practices when they encounter barriers to accessing behavioral health services.

SBIRT (Screening, Brief Intervention, and Referral to Treatment Screening) is being deployed throughout the AGH Primary Care Network for early identification, referral, and treatment for those that are experiencing addiction or potentially could receive early intervention to prevent addiction. This was funded through the Maryland SBIRT grant and will be fully deployed by April 2018.

The Surgical Department at AGH is offering a new service, anesthesia that is focused on reduction of the need for opioids post procedure through the use of regional blocks and non-narcotic drugs introduced to create extended local anesthesia. In January of 2018, AGH implemented a program called “Heal Faster” which uses proven techniques in meditation pre-
and post-operatively, guided imagery, and subliminal messaging. When used in conjunction with the surgical procedure these techniques have improved the rate of healing and reduced the need for opioids postoperatively by up to 40%. AGH’s inpatient services recently expanded services for relaxation and reduction of pain through TV access to include guided imagery, meditation, and healing music. Melatonin and aroma therapy has been approved for use to facilitate sleep and reduce the need for sedatives.

Through the AGH Medication Therapy Management Program, follow-up on patients with opioid prescriptions has been implemented through RediScripts Pharmacy to ensure patients placed on short-term opioids are supported through termination of the opioids or intervention occurs to reduce risk of addiction and encourage safe disposal of medications. A program to assure all patients in the AGH system are offered naloxone and education if they are on long term opioids is planned for March of 2018.

Through Care Coordination, AGH is a leader in the state in the use of Care Alerts, a concise manner of communication to all providers regarding high risk individuals for opioid addiction. Through their fully integrated electronic medical records (EMR), AGH has expanded tools for convenient access to CRISP/PDMP.

Addressing care delivery opportunities, the hospital has implemented an Integrated Health Practice for Osteopathic Therapy Management (OTM) to treat chronic pain in partnership with the Pain Center. Strategically, AGH is pursuing funding for a Pain Rehabilitation program to provide intensive treatment and management for living with chronic pain. In partnership with Maintaining Active Citizens (MAC), AGH offers a structured Stanford Model for self-help in chronic disease management and pain management to the community.

**Recovery Community Supports**

There is no one path to and through recovery. People decide their path based on their cultural values, preferences, and needs. Worcester County has experienced a surge of volunteers, community supports, and family groups formed as a result of the opioid epidemic. These organizations provide support to those in recovery as well as to their loved ones. These programs compliment treatment and provide needed recovery supports within the community. The community groups listed below are noted due to their established nature and collaborative efforts in the county.

**Peer Support**

**Support Groups**

There are peer support groups in the tri-county area available through the Atlantic Club in Ocean City and Hudson Health Services, Inc. and Lower Shore Friends in Salisbury. Lower Shore Friends offers a methadone support group. Hudson Health Services provides a variety of recovery support groups on their treatment campus, including Narcotics Anonymous, Alcoholics Anonymous, Self-Management and Recovery Training (SMART) Recovery, and Celebrate Recovery groups. The Atlantic Club hosts regular Alcoholics Anonymous groups as well as other social and peer support activities. A number of 12 step groups like Narcotics Anonymous, Alcoholics Anonymous, and Families Anonymous also meet in Worcester County.
Atlantic Club

The Atlantic Club Recovery Center is 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 contracts with the Atlantic Club to operate the 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. The Worcester County Health Department WACS Center is upstairs to address the counseling, education, and mental health aspects of addictions.

The Atlantic Club has completed its HOPE garden construction and has 3 planting seasons planned for 2019. The garden is comprised of raised beds that spell out the word HOPE. The garden will be maintained by Atlantic Club members as well as by individuals who need to complete community service as part of Drug Court. Anyone in the community is welcome to volunteer their services to help with the HOPE garden. In addition, the Atlantic Club will be hosting its “8th Annual Walk/Run for Recovery” on Saturday, September 7, 2019 at 2pm on the Ocean City Boardwalk.

The Worcester County Health Department

Peer support has been recognized as a key component of quality substance use service provision. The Worcester County Health Department (WCHD) staffs five peer support specialists within the continuum of services offered. Peer support specialists work with clients who are in treatment or not in treatment, and at all levels of use and stages of change. They assist clients with engaging in treatment and promote recovery related activities. Peer support staff work closely with treatment providers, recovery groups, and the DSS.

Family and Faith-Based Support

Worcester County Warriors (WOW) Against Opiate Addiction

The Worcester County Warriors (WOW) Against Opiate Addiction is a local grassroots organization providing education, support, awareness and navigation of resources to the people of Worcester County who have been impacted by opiate addiction.

WOW holds regular meetings spotlighting available resources and stories of hope. They hold regular fundraisers allowing them to assist community members seeking recovery. They are available to speak at any type of conference or organizational meeting and have presented at numerous meetings and forums throughout the state, and even in Delaware, since 2016.
**The Faith-Based Community**

The Faith-Based Community is a unique partner in the community in responding to the opiate epidemic since it is a natural support network, which works directly with those experiencing addiction as well as families and friends by providing pastoral care for individuals with addictions and those affected by addiction. The Faith-Based Community offers counseling and guidance in entering and navigating the social service network for those affected by addiction as well as funeral services and preaching a meaning given to lives of individuals who struggled with addictions and those who are left behind in order to offer consolation.

The Faith-Based Community supports recovery efforts by being “eyes on the ground” looking over members of congregations and reaching out to those who demonstrate or appear to present signs of addiction. The Faith-Based Community networks with organizations in order to communicate, learn, offer observations, and respond to the epidemic. These organizations include Ecumenical and interfaith networks like the Clergy United for Reconciliation and Equality and Congregational and denominational networks like Lutheran Social Services as well as other partners like local care facilities like Atlantic General Hospital’s Faith Partnerships and local and State Government like the Worcester County Drug and Alcohol Committee.

The Faith-Based Community supports those in recovery by offering financial resources from the congregation or discretionary funds in order to meet their needs for food, clothing, and shelter as well as space for Twelve Step Groups and similar addiction programs.

The Faith-Based Community supports education and stigma reduction by offering space for conversations regarding addiction and forming congregational responses, for training the congregations in the use of Narcan, and for encouraging members of congregations to be active in their social networks or work areas to share learnings as well as bring learnings to the congregation.

It is vital to note that the Faith-Based Community is embedded in the opioid epidemic because each congregation has members who are struggling with addiction or touched by addiction. Pastoral care and rituals can provide meaning and connection to congregations especially those who are living with addiction as well as those touched by addiction.

There are myriad informal ways that the Faith Leaders as well as congregations interact and intersect in the lives of those touched by addiction, from a quick request for advice after a service to a moment of comfort after a death or finding out that a relative is struggling with an addiction. Many involved in the recovery community and efforts to address the opioid epidemic are strengthened and supported by their faith and faith community.

**Halfway Housing and Recovery Residences**

Hudson Health Services, Inc., is currently the main provider of halfway and recovery housing in the tri-county area and already partners with the Worcester County Health Department and the Center for a Clean Start to help connect clients to halfway housing (American Society of Addiction Medicine (ASAM) level 3.1) (Hudson Health Services, Inc., 2017a). The only other ASAM level 3.1 in the area is Second Wind, Inc., a Halfway House for men in Salisbury. There are also new Level 2 sober homes, one in Salisbury (Douglas K. Hamilton House for Recovery) and one in Berlin (Hope4Recovery).
Hudson Health Services

Hudson Health Services has expanded halfway housing services (NARR level IV) - adding a new halfway house for men, in addition to its existing halfway housing for women and women with children. Halfway housing is best used as a step down from higher levels of care (i.e. Hudson’s residential campus in Salisbury), but referrals from outside agencies will be considered on a case-by-case basis. Hudson Health Services now has a total of eight women’s, ten men’s, and six women with children’s halfway housing beds in Wicomico County. These homes are staffed with clinical staff, peer support specialists, case managers, and live-in house managers.

Hudson Health Services also provides recovery housing in Wicomico County, which can receive referrals from all outside agencies, as well as self-referrals. In total, there are ten recovery-housing beds for men and seven recovery-housing beds for women in Wicomico County. These houses are certified as NARR level II recovery residences.

Hudson Health Services is accredited by The Joint Commission and is a member of the National Association of Addiction Treatment Providers (NAATP), Maryland Certification for Recovery Residences (MCORR), National Association of Recovery Residences (NARR), and Pennsylvania Alliance of Recovery Residences (PARR) (Hudson Health Services Inc., 2017b).

Hope4Recovery

In 2018, Hope4Recovery Inc., opened its first sober home in Worcester County, which is also the first recovery residence in Worcester County. Hope4Recovery, the recovery residence in Berlin, is modeled after the Douglas K. Hamilton House for Recovery in Salisbury, which opened in 2017.

Hope4Recovery Inc., is a non profit organization that is committed to providing a safe, sober and structured living environment for men in active recovery from substance use disorder. Hope4Recovery is categorized as a Level II men's recovery home by the Maryland Certification of Recovery Residences and Behavioral Health Administration. Hope4Recovery is a 12 bed home where men live in a structured environment while in early recovery. The home requires residents to follow house rules, live as a family and remain clean. The residents are required to obtain employment, attend counseling and complete community service.

While upholding quality services and providing holistic care, these recovery residences provide cost-effective care and help 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).

Treatment (counseling and MAT) are necessary components to helping individuals with addictions move towards recovery. Peer community support is critical to help individuals move into and stay in recovery. Recovery residences are an essential part of helping individuals re-establish healthy lifestyle behaviors in a supportive environment. 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.
4. 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.

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 (MDH, 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, and
- having local pharmacists 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 (MDH, 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 (MDH, 2016c).
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 (Maryland Department of Health (MDH), n.d.b). The OCME is the main provider of data related to drug-related intoxication deaths to the Maryland Department of Health and the Behavioral Health Administration (BHA) with other information gathered from the Vital Statistics Administration (VSA). 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 DOFRT consists of 17 members, representing various local and state agencies, as defined or provided for in Maryland statute.

The goal of the Worcester County DOFRT 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 DOFRT 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 DOFRT Annual Report outlines recommendations and actions for the team. The local DOFRT has been awarded funding from the Behavioral health Administration for survivor outreach to family and friends of decedents for counseling, and to help to mitigate potential family drug usage. 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).

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.
5. 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 Local Behavioral Health Authority (WCLBHA), formerly the Worcester County Core Service Agency, is now integrated (mental health and addictions) and 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 WCLBHA 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 largest provider of addiction outpatient counseling services in Worcester County. There has been an increase in interest in Medication Assisted Treatment (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.

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 continues working with the Worcester County Health Department, Atlantic Club, 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.
Maryland Opioid Operational Command Center (OOCC)

The Maryland Opioid Operational Command Center (Center or OOCC) 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 OOCC serves as the operational coordination entity for opioid-reduction activities across the state.

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 OOCC 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 OOCC is tasked with the following objectives to:

- 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.

Worcester County Opioid Intervention Team

Worcester County is 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 and Emergency Managers have been charged with convening meetings in the jurisdiction to begin the important work of this team. The local Opioid Intervention Teams (OITs) coordinate with the state Opioid Operational Command Center (OOCC) to provide information and guidance from the top down and bottom up.
FUTURE CONSIDERATIONS

While these future considerations are not all inclusive, the focus of all programs and services, current and new, should be harm reduction. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction helps reduce morbidity and mortality while helping support individuals regardless of where they are on their path to recovery.

Medication Assisted Treatment (MAT) Expansion

Access to MAT options to compliment counseling is needed to make individuals in recovery have the better chance at staying in treatment and maintaining recovery. While all three types of MAT (methadone, buprenorphine, and long-acting injectable naltrexone) are available in Worcester, the number of prescribers and places the treatment is offered are limited.

Correctional Facilities

According to the National Center on Addiction and Substance Abuse’s report “Behind Bars II”, 85% of the 2.3 million inmates in our nation’s prisons and jails were substance-involved (National Center on Addiction and Substance Abuse, 2010). The phrase “We can’t arrest ourselves out of this problem,” is often used when speaking of the opioid epidemic. Despite this knowledge, substance use disorders are prevalent in our jail systems and present challenges for re-entry to the community. Of the inmates at the Worcester County jail receiving substance use disorder counseling, approximately 53% of these individuals have opiate use disorder as their primary problem.

Individuals, who are leaving inpatient facilities or jail where there has been a period of abstinence, have a reduced tolerance to drugs and therefore are at a much higher risk of fatally overdosing shortly after returning to the community. The Worcester County Drug Overdose Fatality Review Team reports that of cases reviewed in 2016, 26% of the individuals died within 2 weeks of leaving jail.

Several jails throughout the state have piloted Medication Assisted Treatment (MAT) programs for inmates exiting the jail. Initiation of Vivitrol prior to release provides the best opportunity for the inmate to begin recovery. Research indicates that Vivitrol is less likely to be used illegally/incorrectly than the other MAT options. Vivitrol also shows promise as a medication to assist with recovery from alcohol use disorders. The Health Department submitted a proposal to the Community Health Resource Commission for initiation of a Vivitrol program in the jail. Although funding was not awarded, the Health Department will continue to seek funding and support to launch a Vivitrol program with the county jail and other providers.

Buprenorphine Expansion

The Worcester County Local Behavioral Health Authority has applied for funding to expand the number of buprenorphine prescribers in the County. Currently, the only prescriber in Worcester County also serves as the prescriber to all three counties in the tri-county area. The WCHD will
help with the education and outreach to practices and providers to increase the number of prescribers in the area. While the training to become a buprenorphine prescriber is free, the education and outreach will be not only to provide technical support to help assist in gaining prescribing privileges, but also to increase knowledge and reduce stigma and misconceptions.

**Syringe Services Program (SSP)**

Syringe Services Programs (SSP) provide harm reduction and early intervention programming to individuals who use injection drugs. The required components of SSPs are collection and safe disposal of used syringes, distribution of sterile injection equipment, HIV/HCV education, naloxone education, condom distribution, linkage to needed services (e.g. treatment for substance use disorders) (Castner, 2018). Optional SSP components are HIV, HCV, and STI testing, wound care, naloxone training, reproductive health services, substance use disorder treatment planning, and HIV Pre-Exposure Prophylaxis (PrEP).

SSPs save lives and money. The rates of HIV among injection drug users (IDU) have been decreasing since 1992 and SSPs started in the early 1990s in the United States (see Fig. 1). SSPs provide opportunities for individuals to be engaged and referred to services. In Seattle, SSP users were 5 times more likely to enter treatment than individuals who use injection drugs than those who did not use the SSP. Helping connect people to services helps treat and in some cases prevent diseases that can be costly to treat or cure.

- The lifetime cost of treating HIV is approximately $600,000.
- The cost of curing Hepatitis C (once) ranges from $54,600 to $94,500.
- The cost of a liver transplant ranges from $100,000 to $575,000.

![Figure 1: Trends in adult/adolescent reported HIV diagnoses by estimated exposure category, 1985-2016, reported through 6/30/2017. (Castner, 2018)](image)

SSPs are legal and supported by the state as early as 2016 when Governor Hogan signed SB97 into law as part of his response to the heroin/opioid epidemic. The state has renewed focus on SSPs and all counties are being encouraged to start SSPs, whether that be county specific or through county collaborations (see Fig. 2). Maryland is at risk for a new outbreak of
HIV due to injection drug use. SSPs establish trust between users and public health, making it easier for users to seek help when they are ready, and reduces the costs and harms related to using injection drugs (Castner, 2018).

**Syringe Service Programs Being Developed**

![Map of Maryland with Syringe Service Programs](image)

> Figure 2: Syringe service programs being developed in Maryland. (Castner, 2018)

**Fentanyl Test Strips**

Data from the Maryland Department of Health Behavioral Health Administration show that fentanyl has overtaken heroin to become the leading cause of overdose death in Maryland (Annapolis Government, 2018). Providing tools for people who use drugs to screen for the presence of fentanyl offers a promising opportunity to prevent overdose. A positive test provides critical knowledge to an individual who may then change their behavior in ways that reduce overdose risk, such as using less drugs, injecting more slowly, changing the route of administration (from injecting to inhaling), using in the presence of someone with Naloxone, or not using at all. There is published literature that highlights the validity and effectiveness of fentanyl test strips (FTS) as a harm reduction strategy.

There are several ways the use of FTS has effects on public health, harm reduction, and the opioid epidemic. First, fentanyl test strips are legal in Maryland and the Maryland Department of Health will start distributing FTS kits to local health departments and local organizations at the end of March 2019. As with existing harm reduction interventions, FTS would not be a stand-alone intervention, rather they would be offered in a context of health education, harm reduction counseling, and offers of other services such as Hepatitis C testing and referrals to substance abuse treatment.

Secondly, utilizing FTS in the community improves harm reduction as well as increasing education, awareness, and possibility of people getting the treatment they need. The use and dissemination of FTS helps to build rapport with people who use drugs. Education about and
The provision of FTS is valuable for people who use drugs so they can use responsibly, which may mean using with a friend, taking a small tester sample, using more slowly, or not using at all. Like other harm reduction strategies, the timing of education and use is critical. Training people who use drugs to test before they consume drugs helps increase mindfulness and safety.

Lastly, the use of FTS helps build public health awareness of the drug supply through interactions with those providing the test strips and those using them. The information about what is being detected in drugs that may not be labeled as fentanyl can be helpful to law enforcement and for public health harm reduction through educating people about the dangers and what to look for. The anecdotal information received through supplying the FTS and engaging people who use drugs helps inform public health efforts to hopefully better understand needs, barriers, and challenges to changing the tide on the opioid epidemic.

In conclusion, many people who inject drugs are concerned about the presence of fentanyl in the drug supply, are aware of its consequences, and already take steps to reduce their risk of overdose. FTS are legal, inexpensive, and easy to use. Fentanyl test strips would add to Maryland’s toolkit for reducing the number of overdose deaths related to fentanyl (Annapolis Government, 2018).

### Stages of Change and the Recovery Cycle

The stages of change model explains the progression through making changes (before, during, and after change has been initiated) and the psychological states associated with each stage (DiClemente, 2018). Understanding a person’s stage of change is critical to working with them to promote intentional behavior change. Knowledge of the stages of change and motivation to change are vital to determining interventions and helping an individual suffering from a substance use disorder. Through all the stages of change, peer support is invaluable. Peers provide an opportunity for hope and support, to improve self-efficacy of clients, and serve as role models for clients by showing them that change can happen (see Fig. 3.)

The stages of change are briefly described below:

- **Pre-contemplation** (NOT READY): The stage where a person is not thinking their behavior is problematic. Harm reduction techniques like naloxone are the best interventions.
- **Contemplation** (GETTING READY): The stage where individuals may be realizing they have a problem. However, they are only “thinking” about making a change. They are not actively pursuing behavior change. Again, harm reduction techniques such as syringe services programs are best suited.
- **Preparation** (READY): In this stage, the person prepares for change. They may go into a treatment program or facility. They recognize they need assistance. Treatment is the appropriate intervention for this stage and the action and maintenance stages.
- **Action**: This stage is the active treatment stage.
- **Maintenance**: The period after treatment when relapse may occur. The task of the client is to maintain their sobriety and maintain treatment.
Progression through the stages of change is not linear and recovery is never static (see Fig. 4). Recovery is a cycle of working through change, moving in and out of different stages over time. With time and treatment, relapses and the risk of relapse decrease, but like with all chronic conditions, symptoms can flare up requiring treatment and response plans to adapt to a person’s current needs and stage of change.

Figure 3: The role of harm reduction in combating the opioid epidemic. (Castner, 2018)

Figure 4: A spiral model of stages of change. (DiClemente, 2018)
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 rural specific challenges in relation to the opioid epidemic, such as being a health professional shortage area (HPSA) and a medically underserved area (MUA), Worcester has strengths that will enable a powerful response. Worcester’s strong collaborations and partnerships with organizations across sectors and counties are critical in addressing this epidemic. In addition to strong partnerships, Worcester 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, harm reduction, open access - 24/7, treatment, and peer support).
References


National Center on Addiction and Substance Abuse. (2010). Behind Bars II.


