



ST. MARY'S COUNTY
HEALTH DEPARTMENT



2019

OPIOID CRISIS RESPONSE PLAN

CONTENTS

02	CONTENTS	15	GOAL 02 - IMPROVE EARLY IDENTIFICATION & INTERVENTION FOR OPIOID USE DISORDER
04	BACKGROUND	15	OBJECTIVE 2.1. Reduce stigma and improve knowledge and understanding about opioid addiction
10	GOAL 01 - PREVENT NEW CASES OF OPIOID MISUSE & SUBSTANCE USE DISORDER	15	OBJECTIVE 2.2. Build capacity of health care system to identify opioid use disorders and link patients to appropriate specialty care
10	OBJECTIVE 1.1. Reduce inappropriate or unnecessary opioid prescribing and dispensing	15	OBJECTIVE 2.3. Improve identification of and provision of services to youth at high-risk for opioid addiction and their families
11	OBJECTIVE 1.2. Reduce illicit opioid supply	16	OBJECTIVE 2.4A. Identify and connect individuals to treatment and recovery services at all points of contact with public health systems
11	OBJECTIVE 1.3. Increase patient knowledge of opioid risk and benefits	16	OBJECTIVE 2.4B. Identify and connect individuals to treatment and recovery services at all points of contact with public safety (law enforcement, Fire, EMS)
12	OBJECTIVE 1.4A. Increase public knowledge of opioid risk and benefits	16	OBJECTIVE 2.4C. Identify and connect individuals to treatment and recovery services at all points of contact with hospitals
12	OBJECTIVE 1.4B. Increase youth knowledge of opioid risk and benefits through the education system	17	OBJECTIVE 2.4D. Identify and connect individuals to treatment and recovery services at all points of contact with social services system
13	OBJECTIVE 1.5. Increase public safety knowledge of opioid risk and benefits		
13	OBJECTIVE 1.6. Decrease adverse childhood experiences (ACEs)		
14	OBJECTIVE 1.7. Enhance youth socio-emotional development, decision-making, and mental well-being		

18 GOAL 03 - EXPAND ACCESS TO SERVICES THAT PROMOTE RECOVERY & PREVENT DISEASE PROGRESSION/DEATH

18 OBJECTIVE 3.1.

Improve access to and the quality of opioid addiction treatment in the community

19 OBJECTIVE 3.2.

Make overdose education and naloxone distribution available to individuals at high risk for opioid overdose and their families/friends at all contact points with health, safety, and social service systems

20 OBJECTIVE 3.3.

Increase access to other harm reduction services for active opioid users (services that reduce the negative health impacts of opioid use)

20 OBJECTIVE 3.4.

Expand access to recovery support services

20 OBJECTIVE 3.5A.

Implement law enforcement diversion programs to connect low-level drug-involved offenders with treatment services

21 OBJECTIVE 3.5B.

Expand access to treatment and recovery services for inmates with substance use disorders in correctional facilities

21 OBJECTIVE 3.5C.

Transition inmates leaving incarceration with substance use disorders to outpatient treatment services

21 OBJECTIVE 3.5D.

Programs offering treatment alternatives to incarceration

22 GOAL 04 - ENHANCE DATA ANALYSIS & COORDINATION OF RESPONSE

22 OBJECTIVE 4.1.

Evaluate epidemiological trends

23 OBJECTIVE 4.2.

Establish a public health surveillance system to monitor indicators of opioid-related morbidity and mortality for informed rapid and actionable response

23 OBJECTIVE 4.3.

Improve prevention program operations and initiatives through data sharing and analysis projects

24 OBJECTIVE 4.4.

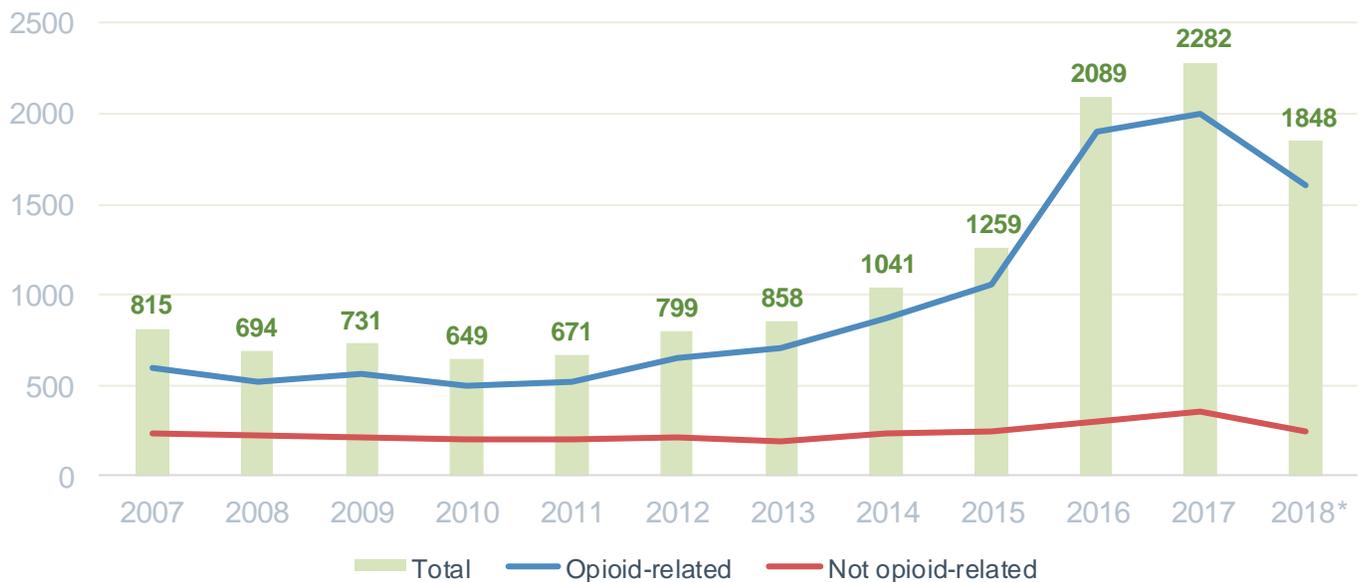
Conduct ongoing monitoring and evaluation of response initiatives to ensure successful implementation and outcomes

25 PARTNERS

BACKGROUND

Drug overdose deaths continue to increase in the United States. From 1999 to 2017, more than 700,000 people have died from a drug overdose. Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid. In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999. On average, 130 Americans die every day from an opioid overdose.¹ In 2017, there were 1,985 overdose deaths—involving opioids in Maryland—a rate of 32.2 deaths per 100,000 persons, which is twofold greater than the national rate. Maryland ranks in the top 5 for opioid-related overdose death rates with the largest increase attributed to cases involving synthetic opioids (mainly fentanyl).²

Drug and Alcohol Related Intoxication Deaths in Maryland, 2018



Source: *Unintentional Drug - and Alcohol - Related Intoxication Deaths in Maryland Annual Report*

An “Opioid” is any drug that contains or is derived from opium. Opioids can be natural or synthetic, and come in many forms (including pills, capsules, powders and liquids). As a result, they can be swallowed, drunk, smoked, snorted or injected.

* 2018 data is available through September

¹ Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>.

² Maryland Opioid Summary. Rockville, Maryland: National Institute on Drug Abuse (NIH); 2019. Available at: <https://www.drugabuse.gov/opioid-summaries-by-state/maryland-opioid-summary>.

COMMON OPIOIDS INCLUDE:

- > **HYDROCODONE** (Zohydro™ER, Vicodin®, Lorcet®, Lortab®)
- > **OXYCODONE** (OxyContin®, Percocet®, Roxicodone®)
- > **OXYMORPHONE** (Opana®)
- > **HYDROMOPHRPHONE** (Dilaudid®)
- > **MORPHINE**
- > **MEPERIDINE** (Demerol®)
- > **CODEINE** (Tylenol®3 and 4)
- > **METHADONE**
- > **BUPRENORPHINE** (Suboxone® or Subutex®)
- > **HEROIN**
- > **FENTANYL**
- > **CARFENTANIL**

Many opioids are prescribed for legitimate pain issues, and when used properly provide essential relief to those suffering from short and long-term pain.

OPIOIDS MISUSE:

Happens when any of the above drugs are used in a manner or dose other than prescribed; taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high).

OPIOID OVERDOSE DEATHS:

Occur when the power of the drug overcomes the body and signals it to stop breathing. The amount of the drug needed to cause an overdose varies based upon the drug or drug mixture, the person using, and other circumstances. Even the same person who uses the same drug may not overdose one day, but could overdose and die the next day.



Narcan® (naloxone)

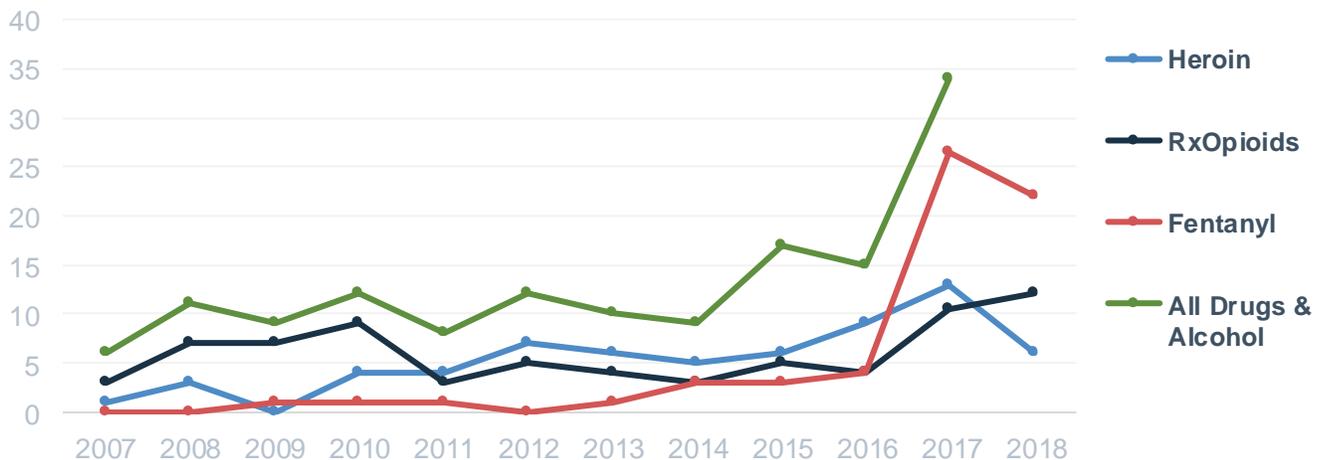
Is a drug used to restore breathing in an opioid overdose and save that person's life so they have a chance at getting the longer term help they need. Narcan is available for free with a St. Mary's County Health Department Overdose Response Program (ORP) training (www.smchd.org/overdose/). It is also available for sale under a standing prescription at St. Mary's County pharmacies. Anyone interested in buying naloxone can do so by simply asking a pharmacist.



Fentanyl

Is 50-100 times more powerful than heroin and as much as 10,000 times more potent than morphine. Fentanyl is exacerbating the crisis, as it is being laced into other street drugs, including cocaine and can easily lead to accidental overdose and death. Naloxone may not work as well to prevent death with Fentanyl overdoses. As a result, Fentanyl is a key player in St. Mary's rising opioid-related fatality rate.

Opioid – Related Intoxication Deaths in St. Mary's County, 2018



Source: Maryland Vital Statistics Administration & Office of the Chief Medical Examiner

Opioid Crisis By The Numbers

WWW.SMCHD.ORG/OPIOID



88%

2017

OF ALL INTOXICATION DEATHS THAT OCCURRED IN MARYLAND IN 2017 WERE **OPIOID-RELATED**.

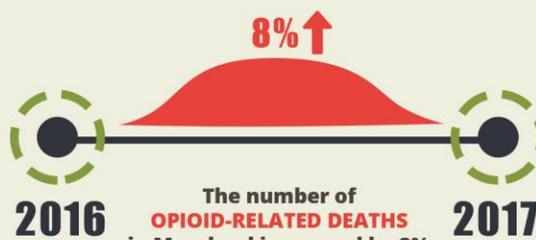


Opioid-related deaths include deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl.

MARYLAND



OPIOID DRUG DEATHS are now the leading cause of accidental death and are more common than fatalities related to car accidents and guns.

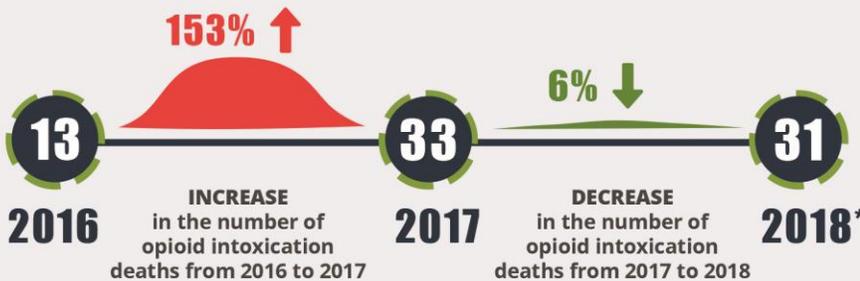


The number of **OPIOID-RELATED DEATHS** in Maryland increased by 8% between 2016 and 2017



There were 5 **OPIOID DRUG DEATHS** per day in **2017**

ST. MARY'S COUNTY



13 2016
INCREASE in the number of opioid intoxication deaths from 2016 to 2017

33 2017

31 2018*
DECREASE in the number of opioid intoxication deaths from 2017 to 2018

*DATA IS PROVISIONAL

FENTANYL

FENTANYL CONTINUES TO CONTRIBUTE TO MOST OPIOID RELATED DEATHS IN ST. MARY'S COUNTY (SMC)



79%

OF THE OPIOID DEATHS IN 2017 INVOLVED FENTANYL

2017

71%

OF THE OPIOID DEATHS IN 2018 INVOLVED FENTANYL

2018

RESPONSE



263

EMS RESPONSES TO OPIOID INCIDENTS IN ST. MARY'S COUNTY (SMC)

2018

328

OPIOID-RELATED EMERGENCY DEPARTMENT* VISITS BY SMC RESIDENTS

*in Maryland



ST. MARY'S COUNTY OPIOID CRISIS RESPONSE PLAN

St. Mary's County partners launched collective action to fight the opioid epidemic in March 2014, with a drug summit event for 600 parents held at the Hollywood Fire Department. Since then, our many public and private partners (pg. 25) have been working together to address the growing crisis through public information campaigns, advancing treatment availability, drug take-back events, naloxone education and distribution efforts, school and community programming and more.

In March of 2017, Governor Larry Hogan declared Maryland's opioid crisis a state of emergency and committed additional funding over the next five years to improve enforcement, prevention and treatment services throughout Maryland. The first St. Mary's County Opioid Response Plan³ was published that same year. The plan was built around the framework of the four goals set forth by the state and meant to improve coordination between our partners as we expanded our local efforts to address a growing health crisis.

Highlights of accomplishments from the 2017 plan include:

- Development and distribution of an Opioid Misuse Prevention Toolkit to local primary care providers
- CME series offered on opioid-related topics
- Increased utilization of the Prescription Drug Monitoring Program
- Community-wide education for parents, youth, emergency medical services, law enforcement, and more
- Anti-stigma training for community partners, health care providers and first responders
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) training for health care providers and school staff
- CARF Accreditation for behavioral health providers and utilization of Evidence Based Practices (EBP)
- Naloxone training and distribution to schools, emergency medical services, fire and rescue, and law enforcement
- Established reporting from emergency department to health department of nonfatal opioid overdoses

The 2019 Opioid Crisis Response Plan for St. Mary's County builds upon the previous plan, outlining new strategies to address the opioid epidemic in addition to the ongoing and completed work identified in 2017.

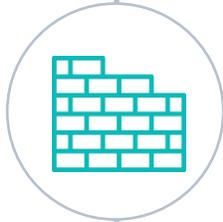
³ St. Mary's County Opioid Response Plan 2017 is available at: <http://www.smchd.org/opioid/>

ST. MARY'S OPIOID CRISIS RESPONSE PLAN GOALS



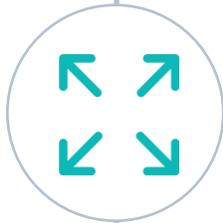
PREVENT NEW CASES OF MISUSE

- ⦿ Reduce any unnecessary opioid prescribing or supply
- ⦿ Educate consumers about opioid addiction risks
- ⦿ Support vulnerable populations to reduce addiction risk-factors



IMPROVE EARLY IDENTIFICATION AND INTERVENTION

- ⦿ Reduce stigma and increase knowledge of the disease
- ⦿ Improve identification of opioid use disorder
- ⦿ Connect more individuals with treatment and recovery services



EXPAND ACCESS TO SERVICES

- ⦿ Improve access to/quality of addiction treatment services
- ⦿ Increase access to naloxone
- ⦿ Promote treatment as an alternative to incarceration



ENHANCE DATA COLLECTION, SHARING AND ANALYSIS

- ⦿ Evaluate epidemiological trends
- ⦿ Establish a public health surveillance system
- ⦿ Improve response and programs based on data
- ⦿ Implement and evaluate coordinated response efforts

The opioid epidemic is a national and local public health crisis that is expected to get worse before it gets better. The St. Mary's County Opioid Crisis Response Plan is a living document that will continue to be updated as we secure additional funding, build capacity, and review the data we are collecting to become more effective and efficient in our efforts to curb the epidemic at every stage of the disease. By working together as a coordinated community (with partners at every level), we hope to significantly reduce the number of opioid-related deaths in St. Mary's County and to begin stabilizing, and ultimately reversing, this deadly trend.

For questions about this plan, or any of our opioid crisis related efforts, please contact:

***St. Mary's County Health Department
Phone (301) 475-4330
www.smchd.org/opioid
smchd.healthdept@maryland.gov***



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING

01 GOAL

02 GOAL

03 GOAL

04 GOAL

PREVENT NEW CASES OF OPIOID MISUSE & SUBSTANCE USE DISORDER

OBJECTIVE 1.1. REDUCE INAPPROPRIATE OR UNNECESSARY OPIOID PRESCRIBING AND DISPENSING

Continuing professional education for prescribers

-  Expand distribution of Opioid Misuse Prevention Toolkit to additional prescribers
-  Maryland Board of Physicians – One hour Continuing Medical Education (CME) requirement per two year license renewal cycle
-  Increase CME on opioid prescribing to all MedStar clinicians (e.g., 3 hour online CME developed in NY)

Update prescribers on opioid crisis & Rx drug involvement

-  Regular updates to local clinicians about opioid crisis via Local Health Alert Network (LHAN)
-  Webpage and electronic resources for health care providers

Increase utilization of non-opioid pain management therapies as appropriate

-  Train local behavioral health clinicians in Cognitive Behavioral Therapy (CBT) strategies for pain management
-  Work with local medical clinicians to link patients with pain to CBT for pain management

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

- > Expand insurer coverage for non-opioid pain management services (e.g., counseling, physical therapy, massage, acupuncture)
- > Statewide policy to allow access to PDMP for purpose of provider profiles



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OBJECTIVE 1.2. REDUCE ILLICIT OPIOID SUPPLY

Enforcement / Supply-chain intervention

-  Case Investigations

Prosecution

-  Successful prosecution of criminal cases to deter potential dealers

Law enforcement information sharing

-  Case Explorer, CAP, Overdose Map

Drug take-back initiatives

-  Sheriff's Office – 24/7 medication drop-box in lobby
-  Maryland State Police (MSP) 24/7 medication drop-box in lobby
-  Take-back initiatives at community events (Health Fairs, in conjunction with SmartMedicine campaigns, law enforcement take-back days, etc.)

Lock meds community-wide campaign

-  SmartMedicine – Lock Your Meds campaign: Public Service Announcements (PSAs), health education, billboards, social media; lock box distribution at select events; webpages with electronic resources and info; tabling at community events

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

- > **Expand SmartMedicine – Lock Your Meds campaign**

OBJECTIVE 1.3. INCREASE PATIENT KNOWLEDGE OF OPIOID RISK AND BENEFITS

Messaging for patients requiring pain management, using opioids, etc.

-  Mass media communications campaign on risk of dependence with prescription opioid drug use



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OBJECTIVE 1.4a. INCREASE PUBLIC KNOWLEDGE OF OPIOID RISK AND BENEFITS

Community-wide campaigns (media, PSAs, events)

-  SmartMedicine – Lock Your Meds campaign: PSAs, health education, billboards, social media; webpages with electronic resources and info; tabling at community events
-  Add opioid-related PSA messages to hospital electronic board off of Rte 5
-  Opioid-related features in hospital publications (community resources, highlights of clinician special strategies to address opioid use, etc)
-  Pop-up PSA banners in lobbies

Point-of-Sale messaging at local pharmacies

-  Countertop/pharmacy distributed information on opioid risks and community resources at hospital pharmacy
-  Countertop/pharmacy distributed information on opioid risks and community resources at community pharmacies

Community forums/presentations/panels/events

-  Community Forums for parents and guardians
-  Panel discussions/presentations

Additional Tactics

-  Expand utilization of Parent Toolkit developed by SMCHD

OBJECTIVE 1.4b. INCREASE YOUTH KNOWLEDGE OF OPIOID RISK AND BENEFITS THROUGH THE EDUCATION SYSTEM

Curriculum - drug misuse prevention education

-  Annual DARE Keeping It Real curriculum – all middle schools for 6th grade (1200 students) and summer camps (100 students)
-  Enhance annual opioid curriculum/drug prevention education – all schools

Youth-focused events

-  Youth drug prevention summits addressing high risk behaviors – Annually (began Spring 2016) – 100 MS & HS students
-  Red Ribbon Week – annual activities – 3,800 MS students
-  Annual student assemblies – all high schools, 5,000 high school students



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Additional Tactics



Youth coordinated peer-to-peer communications campaign re: opioid crisis

OBJECTIVE 1.5. INCREASE PUBLIC SAFETY KNOWLEDGE OF OPIOID RISK AND BENEFITS

Education for EMS & Fire



Interactive online modules on opioid basics & safety

Education for Law Enforcement



In-service on substance use treatment system

OBJECTIVE 1.6. DECREASE ADVERSE CHILDHOOD EXPERIENCES

Evidence-based home visiting programs for families



Healthy Families program



Family preservation approach for children at risk for out-of-home placement

Evidence-based parenting/families intervention



Train local trainers for Strengthening Families program



Build capacity of Child Advocacy Center to work with families with substance-exposed newborns



Handle with Care program

Additional Tactics



Establish TILT (trauma-informed leadership team) at GW Carver Elem School



Conduct community health assessment on ACEs



Develop local ACEs task force to research, plan, and advocate for needed strategies to address ACEs



Expand # of ACE teams in specific schools

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

- > **Expand Healthy Families program**



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OBJECTIVE 1.7. ENHANCE YOUTH SOCIO-EMOTIONAL DEVELOPMENT, DECISION-MAKING, AND MENTAL WELL-BEING

School-based curriculum: enhance student decision-making/socio-emotional learning

-  Second Steps curriculum – preK to Grade 8 (currently in preK only)
 - > Restorative Practices
 - > Zones of Regulation
 - > Skill Streaming
 - > Positive Behavioral Interventions of Support (PBIS)
 - > Multi-Tiered Systems of Supports (MTSS)

School-based counseling

-  Group counseling in select schools
-  Expand Great Mills Student Prevention Program model (Botvin Life Skills training; prevention/intervention counseling services) to all middle and high schools

Walden MSAP (Carver, Lex Park Elem)

-  SMART Kids curriculum provided by MSAP counselor for children identified by school

Thoughtful decision making/YPR (Young People in Recovery), Youth/Young Adult SMART recovery project curriculum established

-  Thoughtful Decision Making dialogue and education via adolescent clubhouse staff (using Will Interactive programming, SMART Teen/Young Adult) in middle and high schools.

Expand effective youth mentoring programs

-  Conduct community health assessment on topic of Youth Mentoring
-  Implement communications network with youth mentor organizations to promote collaborative exchange/learning
-  Technical assistance for youth mentor organizations to improve capacity and youth mentoring
-  Expand utilization of Botvin Life Skills training in community and school-based settings

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

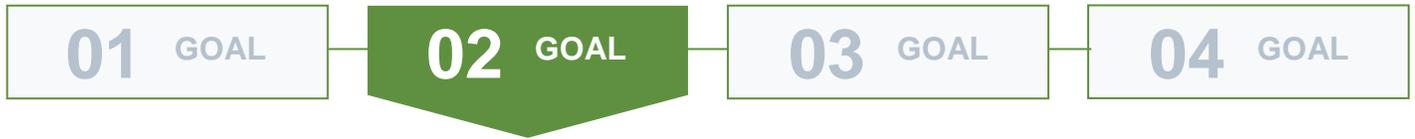
- > Expand Second Steps curriculum to additional grades
- > Expand SMART/STRONG kids initiative



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING



IMPROVE EARLY IDENTIFICATION & INTERVENTION FOR OPIOID USE DISORDER

OBJECTIVE 2.1. REDUCE STIGMA AND IMPROVE KNOWLEDGE AND UNDERSTANDING ABOUT OPIOID ADDICTION

Address self-stigma (internalized stigma that may be inhibiting successful treatment or recovery)

-  Medication Assistance Recovery Supports (MARS) educational curriculum delivered by MARS trained staff regarding brain's response to addiction and recovery
-  MARS-informed presentations about recovery/treatment to individuals and their families that are currently not in treatment and/or early in process
-  Short videos about opioid/addiction brain science and stories of treatment/recovery to put out through social media

OBJECTIVE 2.2. BUILD CAPACITY OF HEALTH CARE SYSTEM TO IDENTIFY OPIOID USE DISORDERS AND LINK PATIENTS TO APPROPRIATE SPECIALTY CARE

Increase utilization of Screening, Brief Intervention, and Referral to Treatment (SBIRT)

-  Online SBIRT for local health care providers
-  Online training on Motivational Interviewing for local health care providers
-  Training of inpatient nurses on effective SBIRT and available resources
-  Conduct SBIRT for all inpatient admissions

OBJECTIVE 2.3. IMPROVE IDENTIFICATION OF AND PROVISION OF SERVICES TO YOUTH AT HIGH-RISK FOR OPIOID ADDICTION AND THEIR FAMILIES

Develop interdisciplinary team approach for young people in need of referral to treatment

-  Include community partners who serve youth that need assessment and treatment



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OBJECTIVE 2.4a. IDENTIFY AND CONNECT INDIVIDUALS TO TREATMENT AND RECOVERY SERVICES AT ALL POINTS OF CONTACT WITH PUBLIC HEALTH SYSTEMS

Increase utilization of SBIRT in public health services

-  Incorporate SBIRT into all patient assessments in Health Clinic
-  SBIRT training and protocol for Maternal Child and Elder Health (MCEH) services

OBJECTIVE 2.4b. IDENTIFY AND CONNECT INDIVIDUALS TO TREATMENT AND RECOVERY SERVICES AT ALL POINTS OF CONTACT WITH PUBLIC SAFETY (LAW ENFORCEMENT, FIRE, EMS)

Substance use assessment & connection to treatment

-  Pre-trial program
-  Detention center (STOP grant funding for treatment services except levels 3.5/3.7)
-  Substance use assessment & connection to level 3.5 treatment if indicated at the detention center

Suspected substance misuse identification and referral

-  Informational cards with resource information provided to those suspected of misusing opioids, family and friends

OBJECTIVE 2.4c. IDENTIFY AND CONNECT INDIVIDUALS TO TREATMENT AND RECOVERY SERVICES AT ALL POINTS OF CONTACT WITH HOSPITALS

SBIRT protocol for all Emergency Department (ED) visits

-  Implement SBIRT protocol for all ED visits

Brief Negotiated Interview (BNI) in ED with patients experiencing nonfatal opioid overdose

-  BNI implementation/evaluation in ED

Facilitate enrollment into treatment from ED

-  Hospital employed Peer Recovery Support Specialists responding 24/7 to ED to work with patients who have experience nonfatal overdoses

SBIRT protocol for all inpatient admissions

-  Training of inpatient nurses on effective SBIRT and available resources
-  Conduct SBIRT for all inpatient admissions



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING

OBJECTIVE 2.4d. IDENTIFY AND CONNECT INDIVIDUALS TO TREATMENT AND RECOVERY SERVICES AT ALL POINTS OF CONTACT WITH SOCIAL SERVICES SYSTEM

SBIRT/Assessments for Temporary Cash Assistance (TCA) recipients



TCA Assessor on-site with Department of Social Services (DSS)

Additional Tactics



Mental health crisis & stabilization services for children in child welfare service programs

Prevention and Early Intervention messages for DSS clientele



Utilize the DSS lobby televisions to promote ongoing information on Substance Use Disorders (SUDs), especially around opioids

Increase awareness of available treatment and recovery resources among clientele of social services system



Provide “Pop Up Beacon” activities monthly at DSS, Department of Juvenile Services (DJS), libraries, etc. delivered by tabling, activities

Increase local behavioral health provider capacity to provide Functional Family Therapy (FFT) and START services



DSS staff arranges training for local behavioral health clinicians on FFT and START

Strengthen connection to treatment from Adult Protective Services (APS) cases



Care Coordinator participates as a member of the IDT adult team convened by DSS bi monthly and upon request at DSS staff meetings

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

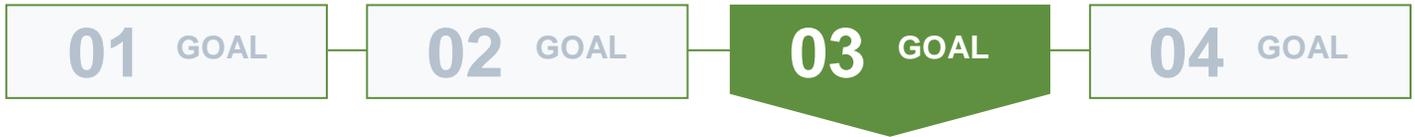
- > **Expand SUD assessment services to be co-located with CWS staff**



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING



EXPAND ACCESS TO SERVICES THAT PROMOTE RECOVERY & PREVENT DISEASE PROGRESSION/DEATH

OBJECTIVE 3.1. IMPROVE ACCESS TO AND QUALITY OF OPIOID ADDICTION TREATMENT IN THE COMMUNITY

Medication-Assisted Treatment (Medicaid covered)

-  Increase number of buprenorphine services available to community members
-  Increase number of DATA-2000 waived primary care providers offering buprenorphine treatment for opioid use disorder
-  Emergency Department (ED) offers buprenorphine induction for patients with opioid overdose
-  Facilitate transfer of patient care from ED buprenorphine induction to community treatment provider buprenorphine maintenance
-  Local substance use treatment providers increase availability of buprenorphine and vivitrol treatment (including walk-in assessment/induction hours)
-  Provide eligibility determinations for insurance services

Crisis Support Services

-  Increase crisis intervention team services (CIT) in law enforcement responses

Encourage treatment services in those experiencing nonfatal opioid overdose

-  Peer recovery or other trained outreach to those discharged from ED who had nonfatal opioid overdose but refused referral for substance use treatment



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING

Intensive Care Coordination for pregnant women misusing substances

-  Establish local Substance Exposed Newborn Taskforce

Intensive Care Coordination for Substance Exposed Newborns

-  Research evidence-based initiatives and funding mechanisms

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

- > Implement intensive care coordination for pregnant/postpartum women using substances
- > Implement intensive care coordination for substance exposed newborns
- > Increase substance use crisis treatment beds available locally 24/7
- > Establish safe stations throughout county as access points to 24/7 substance use crisis services

OBJECTIVE 3.2. MAKE OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION AVAILABLE TO INDIVIDUALS AT HIGH RISK FOR OPIOID OVERDOSE AND THEIR FAMILIES/FRIENDS AT ALL CONTACT POINTS WITH HEALTH, SAFETY, AND SOCIAL SERVICE SYSTEMS

Naloxone training and distribution

-  Law enforcement
-  Staff in public agencies (DSS, health department, libraries, etc)
-  Detention center upon release – Medicaid mechanism as arranged through private pharmacy delivery for those incarcerated with planned release date
-  Hospital ED to those with nonfatal opioid overdose (began July 1, 2017)
-  Naloxone standing order with pharmacies
-  Increase naloxone availability to general community – parents, family, friends, others - via peer recovery support specialists
-  Individuals in recovery
-  Detention center upon release – for non-Medicaid or those without enough lead time to release date
-  Retraining local pharmacies on naloxone standing order
-  EMS naloxone leave-behind program



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING

OBJECTIVE 3.3. INCREASE ACCESS TO OTHER HARM REDUCTION SERVICES FOR ACTIVE OPIOID USERS (SERVICES THAT REDUCE THE NEGATIVE HEALTH IMPACTS OF OPIOID USE)

Harm reduction services

-  Implement harm reduction services with wrap-around supports

Increase Hepatitis C testing

-  Infectious Disease (ID) case management / investigations for past and new Hep C reported cases

Increase HIV testing

-  ID case management for HIV
-  Offer local pre- and post-exposure prophylaxis services for HIV

Increase Hepatitis A testing and vaccination

-  Communications campaign with health care providers and substance use treatment providers for connecting patients with Hepatitis A vaccine
-  Hepatitis A vaccine in Detention Center settings

OBJECTIVE 3.4. EXPAND ACCESS TO RECOVERY SUPPORT SERVICES

Expand access to peer recovery support

-  Adult recovery center
-  Youth recovery clubhouse

Expand recovery residence beds locally

-  Establish Oxford House recovery residence beds locally
-  Increase access to One Step at a Time recovery residence beds

OBJECTIVE 3.5a. IMPLEMENT LAW ENFORCEMENT DIVERSION PROGRAMS TO CONNECT LOW-LEVEL DRUG-INVOLVED OFFENDERS WITH TREATMENT SERVICES

Identify cases appropriate for referral to adult and juvenile recovery court and teen court

-  Adult Recovery Court

Pre-trial release program

-  Substance use assessment and connection to treatment services for those eligible

LEAD program

-  Develop local LEAD program model



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

- > Expand Drug Recovery Court treatment services
- > Offer day check in location/services program

OBJECTIVE 3.5b. EXPAND ACCESS TO TREATMENT AND RECOVERY SERVICES FOR INMATES WITH SUBSTANCE USE DISORDERS IN CORRECTIONAL FACILITIES

Deliver treatment in detention center

-  Assessment, outpatient, 3.1 treatment services, care coordination, peer support specialist supported
-  3.5/3.7 services as needed
-  Expand Recovery Coaching and continue Care Coordination to detention center outreach service in addition to established treatment services
-  Detention Center offers pharmacotherapy onsite for opioid use disorder (buprenorphine, vivitrol, methadone)

OBJECTIVE 3.5c. TRANSITION INMATES LEAVING INCARCERATION WITH SUBSTANCE USE DISORDERS TO OUTPATIENT TREATMENT SERVICES

Ensure enrollment in Medicaid for those eligible upon release from detention center

-  Review detention center rosters and prep Medicaid enrollment activation for target release dates

OBJECTIVE 3.5d. PROGRAMS OFFERING TREATMENT ALTERNATIVES TO INCARCERATION

Drug Recovery Courts

-  Facilitate enrollment into treatment through drug recovery courts



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING



ENHANCE DATA ANALYSIS & COORDINATION OF RESPONSE

OBJECTIVE 4.1. EVALUATE EPIDEMIOLOGICAL TRENDS

Local Opioid Data Trends Analysis

-  Monitor opioid overdose and fatality rates, opioid dispensing, substance use treatment, and naloxone use by public safety
-  Data sharing arrangements with first responders (Emergency Services, MSP, Sheriff's office) re: overdose responses
-  Data sharing agreements with hospital, Health Services Cost Review Commission (HSCRC) re: opioid-related visits and non-fatal overdose
-  Data sharing agreements with substance use treatment providers and Administrative Service Organization (ASO) re: treatment utilization data and demographics
-  Data sharing agreements/collection system with pharmacies re: aggregate naloxone distribution, syringes/needle sales, and opioid Rx
-  Discuss with policymaker's potential public health impact of making individual prescriber profile data available to local public health and individual clinicians
-  Internal reviews of prescribing trends across clinicians

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

- > Prescription Drug Monitoring Program (PDMP) individual provider profiles



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING

OBJECTIVE 4.2. ESTABLISH A PUBLIC HEALTH SURVEILLANCE SYSTEM TO MONITOR INDICATORS OF OPIOID-RELATED MORBIDITY AND MORTALITY FOR INFORMED RAPID AND ACTIONABLE RESPONSE

Overdose Review Team



Review available records for overdose fatalities of SMC residents

Local data dashboard



IT infrastructure for data dashboard



Identify public-facing and actionable data for dashboard

Hot-spotting/GIS mapping



Overdose protocol 9-1-1 calls



Enforcement response



Opioid overdose fatalities



Naloxone distribution



Opioid overdose (Essence data)

Additional Tactics



Collect data regarding # substance-exposed newborns, including prescription-associated and non-prescription associated

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING OR POLICY)

> Expand OD review to include patients with nonfatal opioid overdose

OBJECTIVE 4.3. IMPROVE PREVENTION PROGRAM OPERATIONS AND INITIATIVES THROUGH DATA SHARING AND ANALYSIS PROJECTS

Additional Tactics



Collect quantitative and qualitative data related to Adverse Childhood Experiences in county



Collect quantitative and qualitative data related to youth mentoring in county



= PLANNED/IN PROGRESS



= COMPLETED/ONGOING

OBJECTIVE 4.4. CONDUCT ONGOING MONITORING AND EVALUATION OF RESPONSE INITIATIVES TO ENSURE SUCCESSFUL IMPLEMENTATION AND OUTCOMES

Partner communications

-  Opioid Intervention Team (OIT) meetings
-  Quarterly Senior Policy Group (SPG)
-  Monthly Behavioral Health Action Team (BHAT) meetings
-  Regular e-updates to all involved partners

SMCHD Internal Opioid Command

-  SMCHD regular internal meetings

▶ **KEY PARTNERS**

- ▶ **Adult Substance Abuse Recovery Court**
- ▶ **Center for Children**
- ▶ **Chamber of Commerce**
- ▶ **Healthy St. Mary's Partnership (HSMP) Behavioral Health Action Team (BHAT)**
- ▶ **Interfaith Council and multiple faith based partners**
- ▶ **Local health care clinicians**
- ▶ **Local pharmacies**
- ▶ **Maryland State Police (MSP)**
- ▶ **MedStar St. Mary's Hospital (MSMH)**
- ▶ **Outlook Recovery**
- ▶ **Project Chesapeake**
- ▶ **Pyramid Walden**
- ▶ **Rotary Clubs in St. Mary's County**
- ▶ **State's Attorney's Office**
- ▶ **St. Mary's County Department of Aging and Human Services (DAHS)**
- ▶ **St. Mary's County Department of Economic Development (DED)**
- ▶ **St. Mary's County Department of Emergency Services**
- ▶ **St. Mary's County Department of Juvenile Services (DJS)**
- ▶ **St. Mary's County Department of Social Services (DSS)**
- ▶ **St. Mary's County Detention & Rehabilitation Center**
- ▶ **St. Mary's County Emergency Medical Services**
- ▶ **St. Mary's County Fire & Rescue Services**
- ▶ **St. Mary's County Government**
- ▶ **St. Mary's County Health Department (SMCHD)**
- ▶ **St. Mary's County Local Management Board (LMB)**
- ▶ **St. Mary's County Public Library (SMCPL)**
- ▶ **St. Mary's County Public Schools (SMCPS)**
- ▶ **St. Mary's County Sheriff's Office (SMCSO)**
- ▶ **Teen Court**
- ▶ **Tri-County Youth Services Bureau, Inc.**



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