



STRATEGIC PLAN FOR | **OVERDOSE RESPONSE** | 2023



ST. MARY'S COUNTY  
HEALTH DEPARTMENT  
Heart. Science. Service.

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# INTRODUCTION and HISTORY

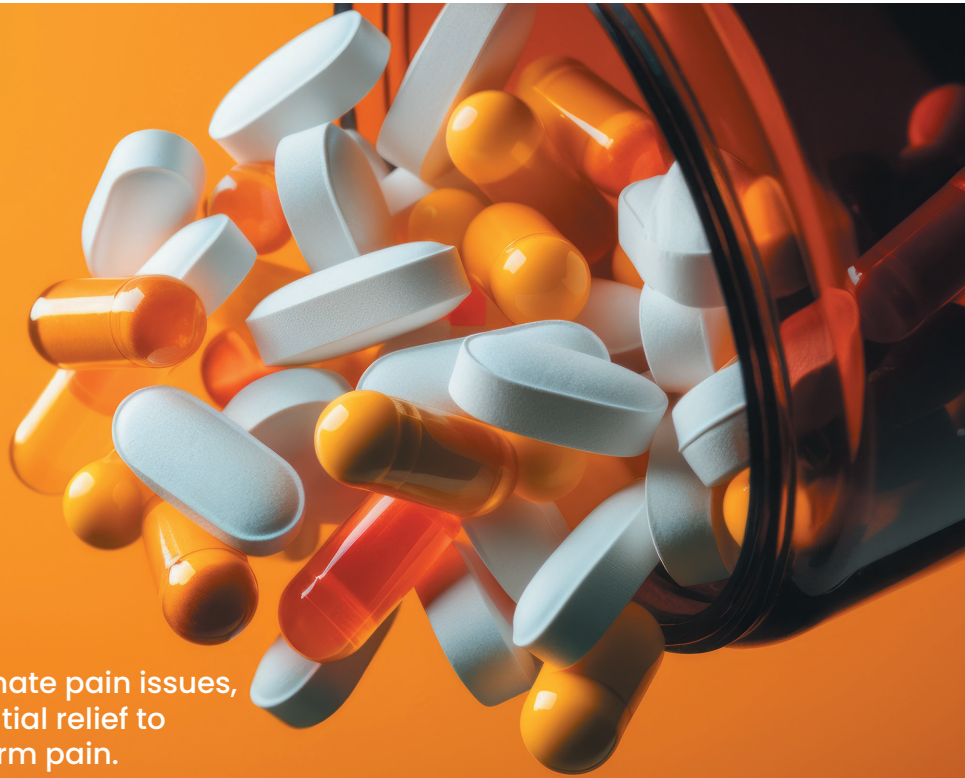
- **In March of 2017**, Governor Larry Hogan declared Maryland's opioid crisis a state of emergency and committed additional funding over the next five years, which was extended for a sixth year in 2022, to improve enforcement, prevention and treatment services throughout Maryland.
- **October 2017** - First St. Mary's County Opioid Crisis Response Plan published
- **August 2019** - Updated Opioid Crisis Response Plan published
- **The 2023 Strategic Plan for Overdose Response** builds upon the previous plan, outlining new strategies to address the overdose epidemic in addition to the ongoing and completed work identified in 2019.
- **Moving forward** - update published every 3 years

# MAJOR ACCOMPLISHMENTS

- **Health Hub in Lexington Park, MD** opens in November of 2022, a vital facility in the community that aims to remove barriers to accessing critical mental and physical health services.
- **School-Based Health Centers** were opened at Spring Ridge Middle School and Margaret Brent Middle School to provide primary medical care, health education and promotion, case management and nutrition education to students, staff, and community members.
- **St. Mary's County Health Department established a partnership with St. Mary's County Sheriff's Office** to implement the Law Enforcement Assisted Diversion (LEAD) Program and Co-Responder Program.
- **St. Mary's County Health Department established the Rapid Analysis of Drugs (RAD) Program** in our lab at the Health Hub.
- **St. Mary's County Health Department BSL Lab offers rapid PCR testing** for sexually transmitted infections (STIs) and urine drug testing.
- **St. Mary's County Health Department established a partnership with Anne Arundel County** to launch the St. Mary's County Crisis WarmLine 410-768-5522.

# DRUGS MOST FREQUENTLY INVOLVED IN DRUG OVERDOSES:

**HYDROCODONE**  
**OXYCODONE**  
**OXYMORPHONE**  
**HYDROMORPHONE**  
**MORPHINE**  
**MEPERIDINE**  
**CODEINE**  
**METHADONE**  
**BUPRENORPHINE**  
**HEROIN**  
**FENTANYL**  
**CARFENTANIL**  
**XYLAZINE**  
**COCAINE**  
**BENZODIAZEPINES**



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

## THE RELATIONSHIP BETWEEN OPIOIDS AND BENZODIAZEPINES:

Combining opioids and benzodiazepines can increase risk of overdose because both types of drugs can cause sedation and suppress breathing—the cause of overdose fatality—in addition to impairing cognitive functions.

## 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.

# ST. MARY'S STRATEGIC PLAN FOR OVERDOSE RESPONSE 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 overdose epidemic is a national and local public health crisis that is expected to get worse before it gets better. The St. Mary's County Strategic Plan for Overdose Response 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 overdose-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:*

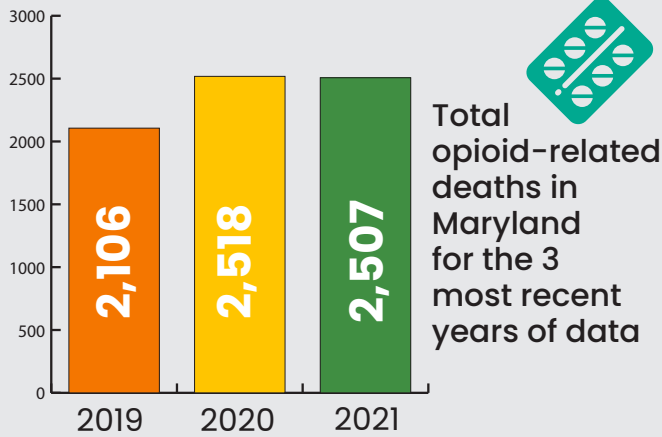


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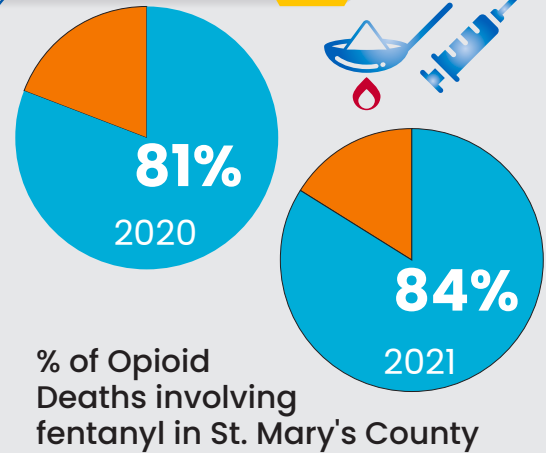
(301) 475-4330  
[smchd.org/opioid](http://smchd.org/opioid)  
[smchd.healthdept@maryland.gov](mailto:smchd.healthdept@maryland.gov)

# OPIOID CRISIS BY THE NUMBERS

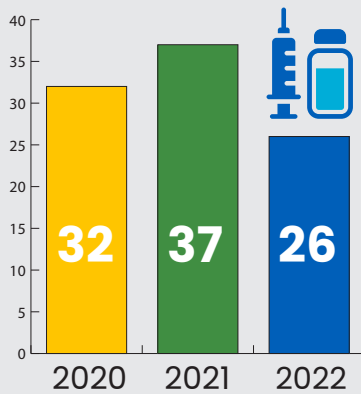
## Maryland



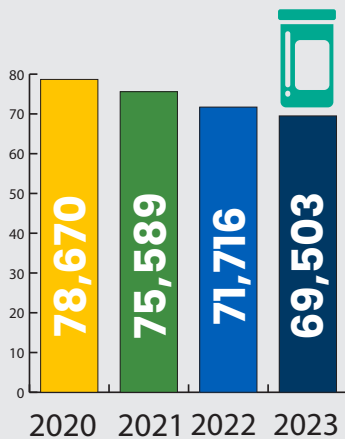
## Fentanyl



## St. Mary's County

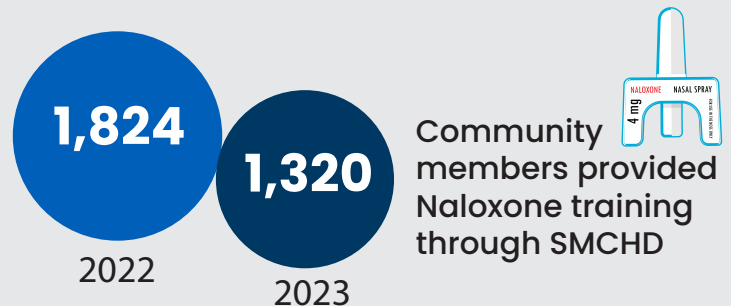
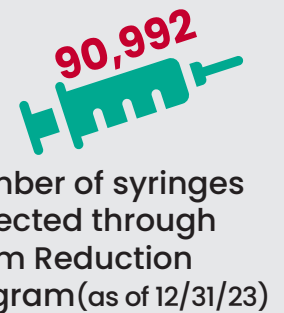
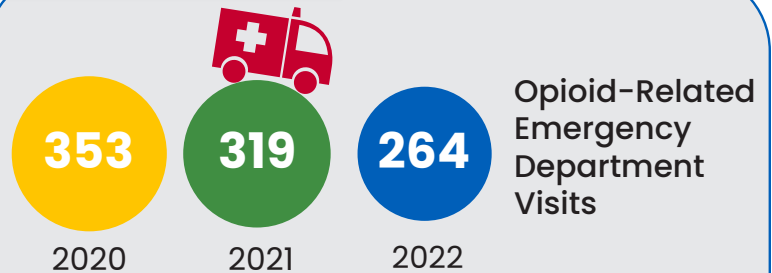


Opioid-Related Deaths in SMC



Number of prescriptions filled for opiates (in thousands)

## Response



## GOAL 1

# Prevent new cases of opioid misuse and substance use disorder



### 1.1: Reduce inappropriate or unnecessary opioid prescribing and dispensing

**Strategy:** Feedback on individual prescribing trends with prescribers

**Tactic:** Statewide policy to allow access to PDMP for purpose of provider profiles

**Strategy:** Increase utilization of non-opioid pain management therapies as appropriate

**Tactic:** Expand insurer coverage for non-opioid pain management services (e.g., counseling, physical therapy, massage, acupuncture)

### 1.5: Increase public safety knowledge of opioid risk and benefits

**Strategy:** Education for Law Enforcement

**Tactic:** In-service on substance use treatment system

### 1.6: Decrease adverse childhood experiences (ACEs)

**Strategy:** Evidence-based home visiting programs for families

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

\* NEW\* **Strategy:** Reduce homicide and gun violence

\* NEW\* **Tactic:** Group Violence Intervention (GVI) Strategy

### 1.7: Enhance youth socio-emotional development, decision-making, and mental well-being

\* NEW\* **Strategy:** School-based counseling

\* NEW\* **Tactic:** School based health centers provide behavioral health counseling

## Completed & Ongoing Tactics

### 1.1: Reduce inappropriate or unnecessary opioid prescribing and dispensing

**Strategy:** Continuing professional education for prescribers

**Tactics:**

- Expand distribution of Opioid Misuse Prevention Toolkit to additional prescribers
- Maryland Board of Physicians – one hour CME requirement per two year license renewal cycle
- MAC Training

**Strategy:** Updates to prescribers on ongoing opioid crisis and Rx drug involvement

**Tactics:**

- Regular updates to local clinicians about opioid crisis (e.g., via LHAN)
- Web page and electronic resources for health care providers (continuous updates)

## 1.2 Reduce illicit opioid supply

**Strategy:** Enforcement/Supply-chain intervention

**Tactic:** Case Investigations

**Strategy:** Prosecution

**Tactic:** Successful prosecution of criminal cases to deter potential dealers

**Strategy:** Law enforcement information sharing

**Tactic:** Case Explorer, CAP, OD Map

**Strategy:** Drug take-back initiatives

**Tactics:**

- Sheriff's Office – 24/7 med drop-box in lobby
- MSP – 24/7 med drop-box in lobby
- Take-back initiatives at community events (Health Fair, County Fair, in conjunction with Smart Rx campaigns, etc.)
- MSP – med take-back days

**Strategy:** Lock meds community-wide campaign

**Tactics:**

- Smart Rx – Lock Your Meds campaign: PSAs (TV/digital), billboard, social media; lock box distribution at select events; webpages with electronic resources and info; tabling at community events
- Expand Smart Rx-Lock Your Meds campaign

## 1.3: Increase patient knowledge of opioid risk and benefits

**Strategy:** Messaging targeting patients requiring pain management, opioid users, etc

**Tactics:**

- Standard discharge language re: opioid risks, treatment availability, and opioid drug crisis in ED and inpatient discharge paperwork
- Mass media communications campaign on risk of dependence with Rx opioid drug use

## 1.4a: Increase public knowledge of opioid risk and benefits

**Strategy:** Community-wide campaigns (media, PSAs)

**Tactic:** Smart Rx – Lock Your Meds campaign: PSAs (TV/digital), billboard, social media; webpages with electronic resources and info; tabling at community events (implemented to max funding)

**Strategy:** Point-of-Sale messaging at local pharmacies

**Tactics:**

- 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



### **1.4a: Increase public knowledge of opioid risk and benefits (cont.)**

**Strategy:** Community forums/presentations/panels/events

**Tactics:**

- Community Forums for Parents and Guardians (300 parents/guardians/community members annually)
- “Panel discussions/presentations – multiple events”

**Strategy:** Additional Tactics

**Tactic:** Expand utilization of Parent Toolkit developed by SMCHD

### **1.4b: Increase youth knowledge of opioid risk and benefits through the education system**

**Strategy:** Curriculum – drug misuse prevention education

**Tactics:**

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

**Strategy:** Youth-focused events

**Tactics:**

- Youth drug prevention summits addressing high risk behaviors – Annually (Began Spring 2016) – 100 MS & HS students annually
- Red Ribbon Week – Annual Activities – 3,800 MS students participate annually
- Student Assemblies – Annual – All High Schools, 5,000 HS students participate annually

### **vi. 1.6: Decrease adverse childhood experiences (ACEs)**

**Strategy:** Evidence-based home visiting programs for families

**Tactics:**

- Healthy Families program
- Strong Beginnings Program
- Improve Pregnancy Outcomes Program

**Strategy:** Evidence-based parenting/families intervention

**Tactics:**

- 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
- Maternal Opioid Misuse (MOM) Model

**Strategy:** Additional Tactics

**Tactics:**

- Establish TILT (trauma-informed leadership team) at GW Carver Elem School
- Conduct community health assessment on topic of Adverse Childhood Experiences
- Develop local ACEs task force to research, plan, and advocate for needed strategies to address ACEs
- Expand # of ACE teams in specific schools

## 1.7: Enhance youth socio-emotional development, decision-making, and mental well-being

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

**Tactics:**

- “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)”
- Expand Second Steps curriculum to additional grades

**Strategy:** School-based counseling

**Tactic:** Group counseling in select schools

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

**Tactic:** Thoughtful Decision Making dialogue and education via adolescent clubhouse staff (using Will Interactive programming, SMART Teen/Young Adult) in middle and high schools – clubhouses go to middle/high schools on a standing day of the week in space designated by schools and be available so students can drop in as desired...can progress further by organizing after-school or off-site activities periodically.

**Strategy:** Expand effective youth mentoring programs

**Tactics:**

- Faith-based partnerships for youth mentors equipped with trainings and curriculum
- 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

**Strategy:** Provide an evidence-based program that supports social emotional learning and teaches adults to regulate their own emotions as they help children do the same.

**Tactic:** Conscious Discipline



## GOAL 2

### Improve early identification and intervention for opioid use disorder



#### 2.1: Reduce stigma and improve knowledge and understanding about opioid addiction

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

**Tactic:** MARS-informed presentations about recovery/treatment to individuals and their families that are currently not in treatment and/or early in process

#### 2.4d: Identify and connect individuals to treatment and recovery services at all points of contact with social services system

**Strategy:** Prevention and Early Intervention messages for DSS clientele

**Tactic:** Utilize the DSS lobby televisions to promote ongoing information on SUDs, especially around opioids

## Completed & Ongoing Tactics

#### 2.1: Reduce stigma and improve knowledge and understanding about opioid addiction

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

**Tactics:**

- MARS educational curriculum delivered by MARS trained staff regarding brain's response to addiction and recovery
- Short videos about opioid/addiction brain science and stories of treatment/recovery to put out through social media

#### 2.2: Build capacity of health care system to identify opioid use disorders and link patients to appropriate specialty care

**Strategy:** Increase utilization of SBIRT

**Tactics:**

- SBIRT CME event for local health care providers (2014)
- SBIRT training of local primary care providers (2014/2015)
- Online SBIRT for local health care providers (ongoing)
- Online Motivational Interviewing for local health care providers (ongoing)
- Intensive SBIRT training/EMR modifications – health dept & three local primary care practices (started summer 2017)
- Opioid Misuse Prevention Toolkit for local primary care clinicians – SBIRT tool (Previously sent; updated distribution in progress)
- Training of inpatient nurses on effective SBIRT and available resources
- Conduct SBIRT for all inpatient admissions

## **2.3: Improve identification of and provision of services to youth at high-risk for opioid addiction and their families**

**Strategy:** Increase utilization of SBIRT in school settings

**Tactic:** SBIRT training of school counselors/nurses (2015)

**Strategy:** Increase awareness of adolescent clubhouse as a resource

**Tactics:**

- Monthly “Pop Up Cove” events at Middle and High Schools that directly engage youth and staff
- Adolescent Clubhouse

## **2.4a: Identify and connect individuals to treatment and recovery services at all points of contact with public health systems**

**Strategy:** Increase utilization of SBIRT in public health services

**Tactics:**

- Incorporate SBIRT into all patient assessments in Health Clinic
- SBIRT training and protocol for MCEH services (ACCU, AERS, and I&T program nurses)

**Strategy:** Increased access to primary care and medication maintenance/Reduce ED utilization for preventable complications

**Tactic:** Provide primary care clinical services at Hub and School Based Health Centers

**Strategy:** Increase utilization and access to evidence based programs for those experiencing chronic conditions

**Tactic:** Refer eligible adults to evidence-based community programs

**Strategy:** Increase access to medicaid enrollment services

**Tactic:** Connect eligible individuals to Medicaid enrollment specialists

## **2.4b: Identify and connect individuals to treatment and recovery services at all points of contact with public safety (law enforcement, Fire, EMS)**

**Strategy:** Substance use assessment & connection to treatment

**Tactics:**

- Substance use assessment & connection to treatment – pre-trial program
- Substance use assessment & connection to treatment – 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 – detention center

**Strategy:** Suspected substance misuse identification and referral

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

## 2.4c: Identify and connect individuals to treatment and recovery services at all points of contact with hospitals

**Strategy:** SBIRT protocol for all ED visits

**Tactics:**

- Training ED staff on SBIRT
- Implement SBIRT protocol for all ED visits

**Strategy:** Facilitate enrollment into treatment from ED

**Tactic:** Hospital employed Peer Recovery Support Specialists responding 24/7 to ED to work with patients who have experience nonfatal OD

**Strategy:** SBIRT protocol for all inpatient admissions

**Tactics:**

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

**Strategy:** Peer Recovery Team

**Tactic:** Peer Recovery Team

## 2.4d: Identify and connect individuals to treatment and recovery services at all points of contact with social services system

**Strategy:** SBIRT/Assessments for Temporary Cash Assistance (TCA) recipients

**Tactic:** TCA Assessor on-site with Dept of Social Services

**Strategy:** Additional Tactics

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

**Strategy:** Increase the capacity of the Child Welfare System to assess involved families and youth for SUDs and refer appropriately for behavioral health services, especially opioid treatment

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

**Strategy:** Increase awareness of available tx and recovery resources among clientele of social services system

**Tactic:** Provide "Pop Up Beacon" activities monthly at DSS, DJS, P&P, libraries delivered by tabling, activities

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

**Tactic:** DSS staff arranges training for local BH clinicians on FFT and START

**Strategy:** Strengthen connection to tx from APS cases

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

### GOAL 3

**Expand access to services that promote recovery and prevent disease progression/death**



#### **3.1: Improve access to and quality of opioid addiction treatment in the community**

**Strategy:** Intensive Care Coordination for pregnant women misusing substances

**Tactic:** Establish local Substance Exposed Newborn Taskforce

#### **3.3b: Increase access to other harm reduction services for active opioid users (services that reduce the negative health impacts of opioid use)**

**Strategy:** Increase Hepatitis A testing and vaccination

**Tactics:**

- 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

#### **3.5c: Expand access to treatment and recovery services for individuals with justice system involvement with substance use disorders in correctional facilities**

**Strategy:** Deliver treatment in detention center

**Tactic:** Trauma, Addictions, Mental Health, and Recovery for women (TAMAR)s

## Completed & Ongoing Tactics

#### **3.1: Improve access to and quality of opioid addiction treatment in the community**

**Strategy:** Medication-Assisted Treatment (Medicaid covered)

**Tactics:**

- Increase number of buprenorphine services available to community members
- Emergency Dept offers buprenorphine induction for patients with opioid overdose
- Facilitate transfer of patient care from emergency department 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
- Inpatient - MAT

**Strategy:** Crisis Support Services

**Tactics:**

- Increase crisis intervention team services (CIT) in law enforcement responses
- Co Responder Program
- Mobile Response Stabilization Services (MRSS)
- St. Mary's County Crisis Warmline

### **3.1: Improve access to and quality of opioid addiction treatment in the community (cont.)**

**Strategy:** Encourage treatment services in those experiencing nonfatal opioid overdose

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

**Strategy:** Intensive Care Coordination for pregnant women misusing substances

**Tactics:**

- Implement intensive care coordination for pregnant/postpartum women using substances
- Research evidence-based initiatives and funding mechanisms
- Implement intensive care coordination for substance exposed newborns

**Strategy:** Increase substance use crisis treatment beds available locally 24/7

**Tactic:** Increase substance use crisis treatment beds available locally 24/7

**Strategy:** Establish safe stations throughout county as access points to 24/7 substance use crisis services

**Tactic:** Establish safe stations throughout county as access points to 24/7 substance use crisis services

**Strategy:** Youth Hub and Spoke Program

**Tactic:** Youth Hub and Spoke Program

**Strategy:** CAYA SUD services

**Tactic:** CAYA SUD services

### **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**

**Strategy:** Naloxone training and distribution

**Tactics:**

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

### **3.3b: Increase access to other harm reduction services for active opioid users (services that reduce the negative health impacts of opioid use)**

**Strategy:** Harm reduction services

**Tactics:**

- Implement harm reduction services with wrap-around supports
- Expand amount of sharps containers/returns throughout our community
- Expand access to fentanyl test strips within community
- Provide HIV testing and referral to treatment, Hepatitis C testing and treatment, distribution of sterile syringes and injection equipment, tips on safer injection, referrals for STI testing, tips and resources for safer sex, including condoms, etc.
- BSL - Urine drug testing & rapid STI testing

**Strategy:** Increase Hepatitis C testing

**Tactic:** Infectious Disease case management/investigations for past and new Hep C reported cases

**Strategy:** Increase HIV testing

**Tactic:** ID case management for HIV

**Strategy:** Rapid Analysis of Drug (RAD) Program

**Tactic:** Utilize rapid analysis of drug program (RAD) to reduce the number of opioid overdose deaths within the community

**Strategy:** Family Planning & STI Testing

**Tactic:** Health Department Clinical Services

### **3.4a: Expand access to recovery support services**

**Strategy:** Expand access to peer recovery support

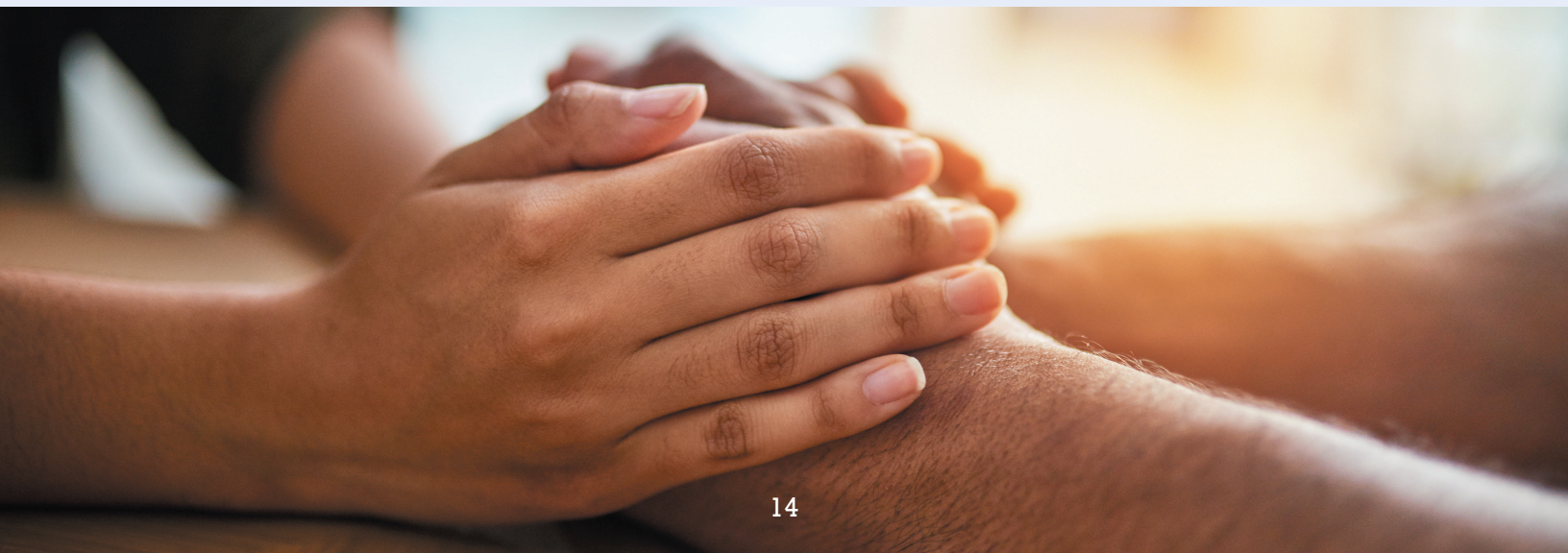
**Tactics:**

- Adult recovery center
- Youth recovery clubhouse

### **3.4b: Increase access to grief support services**

**Strategy:** Grief Recovery Group

**Tactic:** Grief Recovery Group





### **3.5a: Implement law enforcement diversion programs to connect low-level drug-involved offenders with treatment services**

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

**Tactic:** Adult Recovery Court

**Strategy:** Pretrial release program

**Tactic:** Substance use assessment and connection to tx services for those eligible

**Strategy:** Day check in program

**Tactic:** Offer day check in location/services program

**Strategy:** LEAD program

**Tactic:** Develop LEAD program model for SMC

### **3.5c: Expand access to treatment and recovery services for individuals with justice system involvement with substance use disorders in correctional facilities**

**Strategy:** Deliver treatment in detention center

**Tactics:**

- Assessment, outpatient, 3.1 treatment services, care coordination, peer support specialist supported (STOP grant)
- 3.5/3.7 services as needed (OCC grant funding)
- Expand Recovery Coaching and continue Care Coordination to detention center outreach service in addition to established treatment services
- Detention Center offers pharmacotherapy onsite for OUD (buprenorphine, vivitrol, methadone)
- HB116
- Friends Research

### **3.5d: Transition individuals with justice system involvement leaving incarceration with substance use disorders to outpatient treatment services**

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

**Tactic:** Review detention center rosters and prep MA enrollment activation for target release dates

### **3.5e: Programs offering treatment alternatives to incarceration**

**Strategy:** Drug Recovery Courts

**Tactic:** Facilitate enrollment into treatment through drug recovery courts

## GOAL 4

# Enhance Data Analysis & Coordination of Response



### 4.1: Evaluate epidemiological trends

**Strategy:** Local Opioid Data Trends Analysis

**Tactics:**

- Data sharing agreements with substance use treatment providers and ACO re: treatment utilization data and demographics
- Data sharing agreements/collection system with pharmacies re: aggregate naloxone distribution, syringes/needle sales, and opioid Rx
- PDMP individual provider profiles
- Discuss with policymakers 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

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

\* NEW\* **Strategy:** Hot-spotting/GIS mapping

\* NEW\* **Tactics:**

- Sterile Syringes Collection & Distribution (Hub Data)
- Opioid OD Nonfatal (CRISP Data)

**Strategy:** Additional Tactics

**Tactics:**

- Collect data regarding # substance-exposed newborns, including prescription-associated and non-prescription associated
- Collect quantitative and qualitative data related to Adverse Childhood Experiences in county
- Collect quantitative and qualitative data related to youth mentoring in county

## Completed & Ongoing Tactics

### 4.1: Evaluate epidemiological trends

**Strategy:** Local Opioid Data Trends Analysis

**Tactics:**

- Monitor opioid OD and fatality rates, opioid dispensing, SU treatment, naloxone use by public safety, SEN
- Data sharing arrangements with first responders (EMS, MSP, Sheriff's office) re: overdose responses
- Data sharing agreements with hospital, HSCRC re: opioid-related visits and non-fatal Ods

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

**Strategy:** Overdose Review Team

**Tactics:**

- Review available records for OD fatalities of SMC residents
- Expand OD review to include patients with nonfatal opioid overdose

**Strategy:** Local data dashboard

**Tactics:**

- IT infrastructure for data dashboard
- Identify public-facing and actionable data for dashboard

**Strategy:** Hot-spotting/GIS mapping

**Tactics:**

- OD protocol 9-1-1 calls
- Enforcement response
- Opioid OD fatalities
- Naloxone distribution
- Opioid OD's (Essence data)

## 4.3: Improve prevention program operations and initiatives through data sharing and analysis projects

**Strategy:** SDI

**Tactics:**

- Add SDI to standard language for Requests for Proposal (RFP)
- Any and all data sharing sent, received, or stored must go through SDI for evaluation/review and documentation

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

**Strategy:** Partner communications

**Tactics:**

- OPT meetings
- Quarterly SPG
- Monthly BHAT
- Regular e-updates to all involved partners

**Strategy:** SMCHD Internal Opioid Commands

**Tactic:** SMCHD regular internal meetings

## GOAL 5

### Expand services offered and usage of services at the St. Mary's County Health Hub



#### 1.4a: Increase public knowledge of opioid risk and benefits

**Strategy:** Community forums/presentations/panels/events

**Tactic:** Develop and implement 8 outreach events within the community (community baby shower, drug take back initiatives, collection and safe disposal of used syringes etc.).

#### 1.6: Decrease adverse childhood experiences (ACEs)

**Strategy:** Health Hub Questionnaire

**Tactic:** Assess for ACE's through questionnaire (not an actual ACEs assessment)

#### 1.7: Enhance youth socio-emotional development, decision-making, and mental well-being

**Strategy:** Expand effective youth mentoring programs

**Tactic:** Provide a minimum of 20 referrals for youth connected to adults who visit the Hub in order to link those youth family/other household members to SMCHD youth mentoring program, or mentoring/violence prevention efforts of NAACP/CMC

#### 2.4a: Identify and connect individuals to treatment and recovery services at all points of contact with public health systems

**Strategy:** Address social determinants of health thereby, reducing health disparities and improving health outcomes by implementing expungement/legal services clinic

**Tactic:** Hold 12 expungement/legal services clinics annually (July '22-March '24)

**Strategy:** Address social determinants of health thereby, reducing health disparities and improving health outcomes by implementing housing stability seminars, workshops, programs, resource events, updates, forums, tours, etc.

**Tactics:**

- 2 home buying seminars, 4 entrepreneur workshops, 4 financial literacy programs, 4 education resource events, 2 anti-bullying workshops, 2 superintendent community updates, 6 legislative forums, 2 community listening tours, 4 sheriff community updates, 4 health officer community updates, citizens academy (numbers for the full 2-year funding period)
- Host community workshops to improve knowledge/skills for acquiring and maintaining stable housing: 8 workshops/year (working towards home ownership, managing rent, simple home maintenance, accessing loan/mortgage/housing assistance programs, home environmental remediation resources). Prioritize referrals from Hub for housing case management support

**Strategy:** Address social determinants of health thereby, reducing health disparities and improving health outcomes through shelter services

**Tactic:** Provide Community-based shelter services, crisis stabilization site, medical respite

## **2.4a: Identify and connect individuals to treatment and recovery services at all points of contact with public health systems (cont.)**

**Strategy:** Address social determinants of health thereby, reducing health disparities and improving health outcomes by implementing mediation

**Tactic:** Hold 75 on-site mediations

**Strategy:** Address social determinants of health thereby, reducing health disparities and improving health outcomes by implementing educational workshops

**Tactic:** Hold education planning workshops, aid in filling educational gaps for patients

**Strategy:** Care coordination/linkage to care

**Tactic:** Utilize case managers and community health workers to connect patients with partner organizations and community services

**Strategy:** Decrease BH-related ED visits. Decrease recidivism in the criminal justice system.

**Tactic:** Establish behavioral health-law enforcement partnership interventions

**Strategy:** Increase access to BH services within the target area and population

**Tactic:** Provide BH services at the Health Hub

**Strategy:** Medication-Assisted Treatment

**Tactic:** Provide Medication Assisted Treatment (MAT)

**Strategy:** Increase capacity to obtain, process, and understand basic health information needed to make appropriate health decisions

**Tactic:** Provide education and other interventions to increase the health literacy of the target population

**Strategy:** Increase access to ongoing primary care for persons who are without housing

**Tactic:** Implement medical respite program for those without housing

**Strategy:** Reduce barriers and increase access to healthy lifestyle programs that promote positive behavior changes

**Tactic:** Host evidence-based healthy lifestyle programs at the Health Hub (Tobacco cessation, Diabetes Prevention Program, etc)

## **3.1: Improve access to and quality of opioid addiction treatment in the community**

**Strategy:** Medication-Assisted Treatment

**Tactic:** Provide Buprenorphine treatment

# Completed tactics with no further action required at this time

## 1.1: Reduce inappropriate or unnecessary opioid prescribing and dispensing

**Strategy:** Continuing professional education for prescribers

**Tactics:**

- Opioid Misuse Prevention Toolkit – CDC guidelines for opioid prescribing; distributed to local primary care providers
- Increase CME on opioid prescribing to all MedStar clinicians (e.g., 3 hour online CME developed in NY)
- “In-person CME series on opioid-related topics:
  - Overview of opioid crisis (11/28 eve, 12/4 lunch) – local data trends, emergence of opioid crisis, and overview local response efforts
  - Treatment for Opioid Use Disorder – understand pathophysiology and pharmaceutical treatment for OUD; understanding local treatment services and how to connect patients to appropriate treatment
  - Pain Management – the non-pharmaceutical approach
  - Pain Management – using pharmaceuticals wisely
  - Encouraging treatment for opioid misuse”

**Strategy:** Updates to prescribers on ongoing opioid crisis and Rx drug involvement

**Tactic:** Opioid Misuse Prevention Toolkit – OD fatality data, letter to prescribers (Previously sent; updated distribution in progress)

**Strategy:** Prescription Drug Monitoring Program (PDMP) utilization

**Tactics:**

- Mandatory registration into PDMP for all prescribers and pharmacists by July 1, 2017
- Mandatory utilization of PDMP by prescribers at start of opioid/BZD Rx and every 90 days if indicated by July 1, 2018
- Mandatory utilization of PDMP by pharmacists when dispensing CDS if reasonable belief of misuse/diversion by July 1, 2018
- PDMP CMEs (2015/2016)

**Strategy:** Increase utilization of non-opioid pain management therapies as appropriate

**Tactics:**

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

## 1.4a: Increase public knowledge of opioid risk and benefits

**Strategy:** Community-wide campaigns (media, PSAs)

**Tactics:**

- “PSA (Movie Theater/Radio) – begins October 13, 2017
- 13 weeks 30 sec both theaters (PG13 & R movies), social media, & school system”
- 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
- Code Red message (Aug 2017)

**Strategy:** Community forums/presentations/panels/events

**Tactic:** Opioid Education Series (start January 2018 q2wks for six-part series)

**Strategy:** Additional Tactics

**Tactic:** Develop online Parent Toolkit with information about how to talk to your kids about drug prevention, recognizing signs/sx of drug use, basic info about drug use and addiction, etc.

## 1.4b: Increase youth knowledge of opioid risk and benefits through the education system

**Strategy:** Curriculum – drug misuse prevention education

**Tactics:**

- Mandated Health Curriculum – All High Schools (HS) (Primarily Grades 9 & 10 – approximately 1,000 HS students annually). Classroom instruction on alcohol, tobacco, and substance misuse. Graduation requirement for all HS students.
- Cove Walden curriculum–opioid awareness/dialogue for middle and high schools (one time 45-90 min and one-one follow-up as needed with youth at risk; eval – pre/post)

**Strategy:** Additional Tactics

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

## 1.5: Increase public safety knowledge of opioid risk and benefits

**Strategy:** Education for EMS

**Tactics:**

- In-person trainings/discussions (in conjunction with other first responders) – opioid basics and safety
- Interactive online modules re: opioid basics & safety

**Strategy:** Education for Fire

**Tactics:**

- In-person trainings/discussions (in conjunction with other first responders) – opioid basics and safety
- Interactive online modules re: opioid basics & safety

**Strategy:** Education for Law Enforcement

**Tactic:** Trainings on opioid trends/drug variants, how treatment system works, and referral options for those using, family, friends (also part of Libraries Series)

## 1.6: Decrease adverse childhood experiences (ACEs)

**Strategy:** Evidence-based home visiting programs for families

**Tactic:** Maintain Healthy Families program

## 1.7: Enhance youth socio-emotional development, decision-making, and mental well-being

**Strategy:** School-based counseling

**Tactics:**

- Great Mills Student Prevention Program (individual & group counseling; implement Botvin Life Skills Curriculum on individual basis)
- Expand Great Mills Student Prevention Program model (Botvin Life Skills training; prevention/intervention counseling services) to all middle and high schools

**Strategy:** Walden MSAP (GW Carver Elementary School, Lexington Park Elementary School)

**Tactics:**

- SMART Kids curriculum provided by MSAP counselor for children identified by school (parental permission, children identified by school w/ certain red flags or RFs; K-5th grades; 1-1 or small groups; Walden counselor goes on site and does 5 or 6 sessions of the rolling curriculum STRONG kids life skills program; implemented to max of Walden's crisis grant – 24 hrs/wk)
- Expand SMART/STRONG kids initiative

**Strategy:** Expand effective youth mentoring programs

**Tactic:** Conduct community health assessment on topic of Youth Mentoring

## 2.1: Reduce stigma and improve knowledge and understanding about opioid addiction

**Strategy:** Address structural stigma (stigmatizing attitudes/language/practices from health care providers, public safety, and other systems)

**Tactics:**

- "Community partners, health care providers, First Responders - Anti-Stigma trainings (part of library series, CME series, and online modules) - addiction is a disease, evidence-based practices, recovery panel"
- ED staff - Anti-Stigma trainings: addiction is a disease, evidence-based practices, recovery panel

**Strategy:** Address social stigma (stigmatizing attitudes/language from general public/groups)

**Tactic:** Screening of The Hungry Heart documentary with panel discussion at multiple locations - libraries, schools

## 2.4c: Identify and connect individuals to treatment and recovery services at all points of contact with hospitals

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

**Tactics:**

- Training ED staff about BNI
- BNI implementation/evaluation in ED

**Strategy:** Facilitate enrollment into treatment from ED

**Tactic:** ED obtains pre-authorizations for those needing 3.7 level of services



## **2.4d: Identify and connect individuals to treatment and recovery services at all points of contact with social services system**

- Strategy:** Education and Training to increase DSS staff knowledge and reduce stigma around SUDs
- Tactic:** Provide training at DSS All-Staff, Geo-Team and Unit meetings on topics such as the Recovery Model, pharmacotherapy for OUD, and Behavioral Health Treatment Resources

## **3.1: Improve access to and quality of opioid addiction treatment in the community**

**Strategy:** Locally available comprehensive, co-occurring continuum of care for substance use treatment

**Tactic:** Providers are CARF accredited and utilize EBP

**Strategy:** Medication-Assisted Treatment (Medicaid covered)

**Tactics:**

- Increase DATA-2000 waiver primary care providers offering buprenorphine treatment
- Develop MOU between MAT providers when referrals are needed for higher levels of care

**Strategy:** Crisis Support Services

**Tactic:** Appropriate crisis info distributed from ED on all crisis services available at different times/days via bed board

**Strategy:** Intensive Care Coordination for pregnant women misusing substances

**Tactic:** Research evidence-based initiatives and funding mechanisms

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

**Strategy:** Naloxone training and distribution

**Tactic:** Schools

**Strategy:** International Overdose Awareness Day event

**Tactic:** Provide an educational and supportive venue and activities/information/next action steps at community event

## **3.3a: Increase access to naloxone for first responders**

**Strategy:** Naloxone – EMS

**Tactics:**

- Supply with each vehicle; refills through MSMH
- Expand naloxone access for EMS

**Strategy:** Naloxone – Fire

**Tactics:**

- Mixed supply status; some supply via EMS mechanism via MSMH, some personal Rx, some health dept doses upon naloxone training
- Assessment of Fire apparatus carrying naloxone/sourcing
- Expand naloxone access for Fire

**Strategy:** Harm reduction services

**Tactic:** Researching feasibility and funding needs

**Strategy:** Naloxone – Law Enforcement

**Tactics:**

- Sheriff’s Office – carry two doses; refills through health dept (based on small grant funds)
- Sheriff’s Office – refills after hours and on weekends
- MSP – refills through MSP leadership

**Strategy:** Increase Hepatitis C testing

**Tactics:**

- Outreach to local health care providers re: Hep C testing
- Revised reporting format to improve RF screening

**Strategy:** Increase HIV testing

**Tactics:**

- Screening outreach in communities
- Offer local pre- and post-exposure prophylaxis services for HIV

### **3.4a: Expand access to recovery support services**

**Strategy:** Expand access to peer recovery support

**Tactic:** Increased outreach in community of available recovery programming

**Strategy:** Expand recovery residence beds locally

**Tactics:**

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

### **3.5a: Implement law enforcement diversion programs to connect low-level drug-involved offenders with treatment services**

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

**Tactic:** Expand Drug Recovery Court treatment services

### **3.5e: Programs offering treatment alternatives to incarceration**

**Strategy:** Create dialogue between treatment and judicial system about treatment alternatives

**Tactic:** Training of State’s Attorney staff

- Understanding illness of addiction & process/expectations of recovery
- Levels of treatment, pharmacotherapy, and local treatment options

### **4.1: Evaluate epidemiological trends**

**Strategy:** Local Opioid Data Trends Analysis

**Tactic:** Work with state to decrease lag-time on sharing local data (OCME, HSCRC)

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

**Strategy:** Nonfatal OD reporting

**Tactic:** Establish reporting from emergency department to health department of nonfatal opioid overdose situations to facilitate entry into treatment and identify emerging trends

# Glossary of Acronyms

<b>ACEs</b>	Adverse Childhood Experiences	<b>MAC</b>	Medical Assistant Certification
<b>ACCU</b>	Administrative Care Coordination Unit	<b>MARS</b>	Medication Assisted Recovery Services
<b>ACO</b>	Accountable Care Organizations	<b>MAT</b>	Medication-Assisted Treatment
<b>AED</b>	Automated External Defibrillators	<b>MCEH</b>	Maternal, Child, and Elder Health
<b>APS</b>	Adult Protective Services	<b>MOU</b>	Memorandum of Understanding
<b>AERS</b>	Adult Evaluation and Review Services	<b>MS</b>	Middle School
<b>BH</b>	Behavioral Health	<b>MSAP</b>	Maryland Student Assistance Program
<b>BHAT</b>	Behavioral Health Action Team	<b>MSMH</b>	MedStar St. Mary's Hospital
<b>BNI</b>	Brief Negotiated Interview	<b>MSP</b>	Maryland State Police
<b>BSL</b>	Biosafety Level Lab	<b>NAACP</b>	National Association for the Advancement of Colored People
<b>BZD</b>	Benzodiazepine	<b>OCME</b>	Office of the Chief Medical Examiner
<b>CAP</b>	Communications Analysis Portal	<b>OD</b>	Overdose
<b>CARF</b>	Commission on Accreditation of Rehabilitation Facilities	<b>OCC</b>	Opioid Operational Command Center
<b>CAYA</b>	Child, Adolescent, and Young Adult	<b>OPT</b>	Overdose Prevention Team
<b>CMC</b>	Community Mediation Center	<b>OD</b>	Opioid Use Disorder
<b>CDC</b>	Centers for Disease Control and Prevention	<b>P&amp;P</b>	Parole & Probation
<b>CME</b>	Continuing Medical Education	<b>PDMP</b>	Prescription Drug Monitoring Program
<b>CWS</b>	Child Welfare System	<b>PSA</b>	Public Service Announcement
<b>DARE</b>	Drug Abuse Resistance Education	<b>RF Screening</b>	Risk Factor Screening
<b>DJS</b>	Department of Juvenile Services	<b>Rx</b>	Prescription
<b>DSS</b>	Department of Social Services	<b>SBIRT</b>	Screening, Brief Intervention, and Referral to Treatment
<b>EBP</b>	Evidence-Based Practices	<b>SDI</b>	Strategic Data Initiative
<b>ED</b>	Emergency Department	<b>SEN</b>	Substance Exposed Newborn
<b>EMR</b>	Electronic Medical Records	<b>SMART</b>	Self-Management and Recovery Training
<b>EMS</b>	Emergency Medical Services	<b>SMC</b>	St. Mary's County SMCHD - St. Mary's County Health Department
<b>FFT</b>	Functional Family Therapy	<b>SPG</b>	Senior Policy Group
<b>GIS</b>	Geographic Information System	<b>START</b>	Systemic, Therapeutic, Assessment, Resources, and Treatment
<b>HB</b>	House Bill	<b>STI</b>	Sexually Transmitted Infections
<b>HEP C</b>	Hepatitis C	<b>STOP Grant</b>	Substance Abuse Treatment Outcomes Partnership Fund Grant
<b>HIV</b>	Human Immunodeficiency Virus	<b>SU</b>	Substance Use
<b>HS</b>	High School	<b>SUDs</b>	Substance Use Disorders
<b>HSCRC</b>	Health Services Cost Review Commission	<b>TCA</b>	Temporary Cash Assistance
<b>IDT</b>	Interdisciplinary Team		
<b>I&amp;T</b>	Infants & Toddlers		
<b>IT</b>	Information Technology		
<b>LEAD</b>	Law Enforcement Assisted Diversion		
<b>LHAN</b>	Local Health Alert Network		
<b>MA</b>	Medicare		