Dependence

Adverse Withdrawal Heroin Detox

Epidemic Depression Drugs Fatal Laws Addiction

Abuse Overdose

OPIOID CRISIS

Usage Communities Injections Usage Control

Addiction Deaths Treatment

Policies Control Policing Stigma Health

Fatal Antidote Families

Drugs Doctors Political

Overdose

# OPIOID CRISIS RESPONSE PLAN

OCTOBER 2017

CONTENTS

BACKGROUND

Our nation is in the midst of an opioid epidemic, which is getting worse every year. According to the CDC, both sales of prescription opioids and opioid-related overdose rates nearly quadrupled from 1999 to 2014. In 2015, almost 2.6 million Americans were living with a substance use disorder involving prescription pain relievers or heroin.[1]
Last year, more people died from drug overdoses than any other year on record, and almost nine out of ten intoxication deaths that occurred in Maryland in 2016 were opioid-related.[2]

Drug - and Alcohol - Related Intoxication Deaths in Maryland, 2016
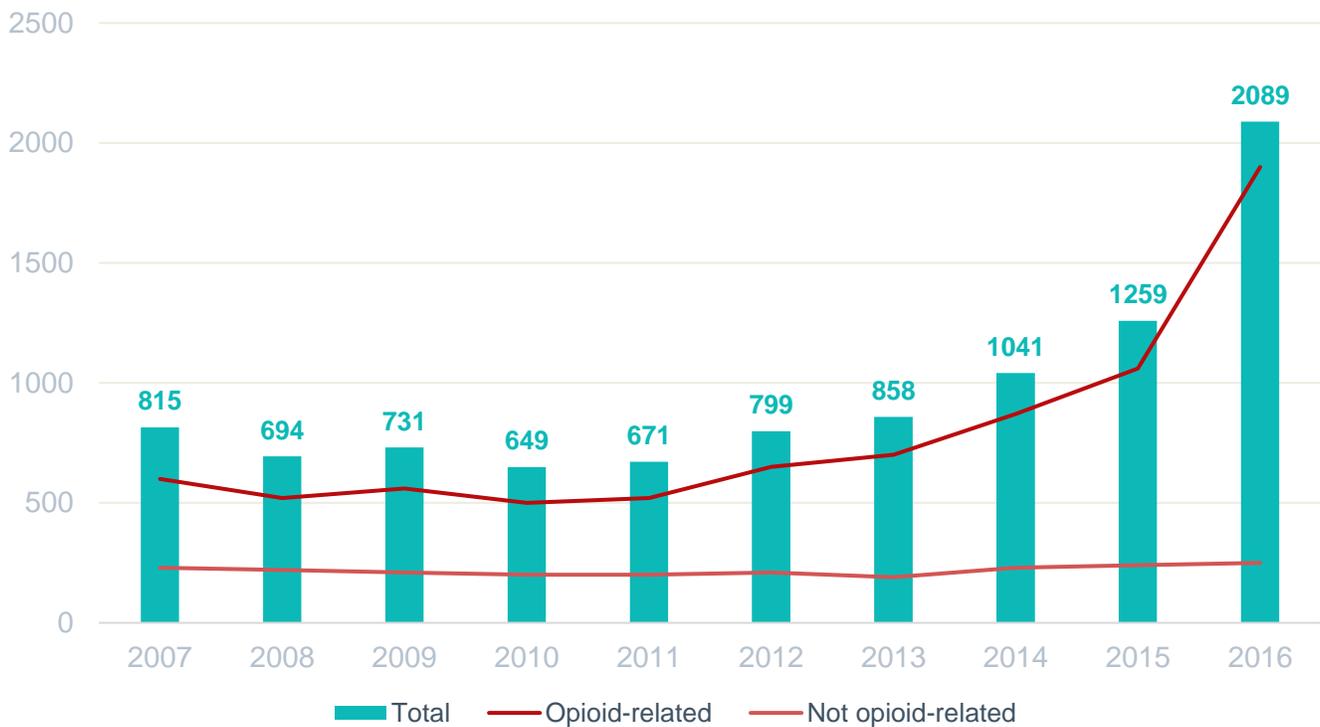
An "Opioid" is any drug that contains or is derived from opium. Opioids can be natural or synthetic, and come in many forms (including pills, capsules, powders and liquids). As a result, they can be swallowed, drunk, smoked, snorted or injected.

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[1] https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf
[2] file:///Users/kate/Desktop/Maryland%202016%20Overdose%20Annual%20report.pdf

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 and Carfentanil

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

OPIOID-RELATED INTOX DEATHS

ST. MARY'S COUNTY OPIOID-RELATED DRUG INTOXICATION DEATHS

Source: Maryland Vital Statistics Administration

MARYLAND'S OPIOID EPIDEMIC BY THE NUMBERS[3]

1

Opioid drug deaths are now the leading cause of accidental death and are more common than fatalities related to car accidents and guns.

5

There were five opioid-related deaths in Maryland per day in 2016.

70

The number of opioid-related deaths in Maryland increased by 70% between 2015 and 2016, and has nearly quadrupled since 2010.

89

Eighty-nine percent of all intoxication deaths that occurred in Maryland in 2016 were opioid-related. Opioid-related deaths include deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl.

1856

There were 1,856 opioid-related deaths in Maryland in 2016. Maryland has already surpassed this many deaths in the first half of 2017.

ST. MARY'S COUNTY'S 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 (see Appendix 1) have been working together to address the growing crisis through public information campaigns (such as the Smart Medicine campaign), 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 St. Mary's County Opioid Response Plan is built around a framework with four goals set forth by the state, meant to improve coordination between our partners as we continue to expand our efforts to address a growing health crisis.

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[3] file:///Users/kate/Desktop/Maryland%202016%20Overdose%20Annual%20report.pdf

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
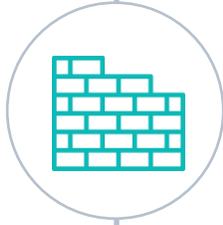
IMPROVE
EARLY IDENTIFICATION AND INTERVENTION

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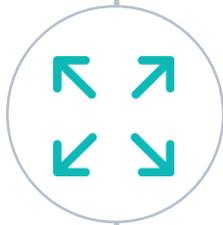
EXPAND
ACCESS TO SERVICES

- 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

The opioid epidemic is a national and local emergency 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 resources, respond to emerging trends, and review what works in other communities in order to be more effective in our own efforts to curb the epidemic. 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 local opioid crisis related efforts, please contact:

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

| **01** GOAL | **02** GOAL | **03** GOAL | **04** GOAL |

PREVENT NEW CASES OF MISUSE & SUBSTANCE USE DISORDER

OBJECTIVE 1.1. REDUCE INAPPROPRIATE OR UNNECESSARY OPIOID PRESCRIBING AND DISPENSING

Continuing professional education for prescribers
- Opioid Misuse Prevention Toolkit – CDC guidelines for opioid prescribing; distributed to local primary care providers
- Maryland Board of Physicians CME requirement for license renewal
- Increase CME opportunities on opioid prescribing for all St. Mary's clinicians

Update prescribers on opioid crisis & Rx drug involvement
- Webpage and electronic resources for health care providers
- Opioid Misuse Prevention Toolkit – OD fatality data, letter to prescribers
- Regular electronic notifications to prescribers

Prescription Drug Monitoring Program (PDMP) utilization
- 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

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)

- **Expand distribution of Opioid Misuse Prevention Toolkit to other prescribers**
- **Identify data source and set-up for provider profiles (for feedback on individual prescribing trends with prescribers strategy)**
- **Expand pain management services locally to include focus on non-opioid therapeutic modalities and SBIRT**

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, OD Map

Drug take-back initiatives
- 24/7 med drop-box in lobby at Sheriff's Office and MSP
- Med take-back days
- Take-back initiatives at community events (Health Fair, County Fair, etc.)

Lock meds community-wide campaign
- Smart Rx – Lock Your Meds campaign (PSAs, billboards, social media, etc.)

> **FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)**
>
> › **Expand Smart Rx – Lock Your Meds campaign**

OBJECTIVE 1.3. INCREASE PATIENT KNOWLEDGE OF OPIOID RISK AND BENEFITS

Messaging for patients requiring pain management, using opioids, etc.
- Standard hospital discharge language re: opioid risks, treatment availability, and opioid drug crisis in ED and inpatient discharge paperwork

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

Community-wide campaigns (media, PSAs, events)
- Smart Rx – Lock Your Meds campaign (PSAs, billboard, social media, etc.)
- Code Red phone call message
- PSA ads in movie theaters
- PSA ads on hospital electronic board
- Pop-up banners in libraries

Community forums/presentations/panels/events
- Chasing the Dragon movie screenings
- Community Forums for Parents and Guardians
- Panel discussions and informational presentations coordinated by various community groups, including local Rotary Clubs
- Opioid Education Series through libraries and HSMP

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

Curriculum - drug misuse prevention education

- Enhance existing substance use prevention curriculum in high schools with curriculum specific for illicit opioid use prevention and opioid drug awareness.
- Annual DARE Keeping it Real curriculum at all middle schools for 6th grade and summer camps
- Enhanced opioid curriculum/health instruction at all schools
- Cove Walden curriculum-opioid awareness/dialogue for middle + high schools

Youth-focused events

- Youth drug prevention summits addressing high risk behaviors
- Red Ribbon Week - Annual Activities
- Student Assemblies at all High Schools

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

Education for EMS & Fire

- Evening trainings/events on opioid crisis, illness of addiction, etc.
- Compassion Fatigue circles as part of opioid education training
- Interactive online modules on opioid basics, safety, and treatment options

Education for Law Enforcement

- Trainings on opioid trends/drug variants, and referral options for those using, family, friends
- Compassion Fatigue circles as part of opioid education training with follow-up materials/training for those interested (Healing the Helper, etc.)
- In-service on how treatment system works

OBJECTIVE 1.6. DECREASE ADVERSE CHILDHOOD EXPERIENCES (ACES)

Evidence-based home visiting programs for families

- Healthy Families program

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)

> **Expand Healthy Families program**

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)
  - Tiered Systems of Supports (MTSS)

School-based counseling

- Group counseling in select schools
- Great Mills Student Prevention Program

Walden MSAP (Carver, Lex Park Elem)

- SMART Kids curriculum provided by MSAP counselor for children identified by school (parental permission, children identified by school w/ certain red flags or risk factors; K-5th grades).

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 in middle and high schools

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)

- **Expand Second Steps curriculum to additional grades**
- **Expand Great Mills Student Prevention Program model**
- **Expand SMART Kids curriculum**
- **Implement Botvin LifeSkills curriculum combined with Strengthening Families Program**
- **Faith-based partnerships for youth mentors equipped with trainings and evidence-based curriculum**

01 GOAL   02 GOAL   03 GOAL   04 GOAL

IMPROVE EARLY IDENTIFICATION AND 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)

- Opioid 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

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

- Anti-Stigma trainings for Community partners, Health care providers, First Responders, ED staff, DSS, Health Department and other public agencies

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

- Screenings of The Hungry Heart documentary with panel discussions at various locations

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

Increase utilization of SBIRT

- SBIRT CME event for local health care providers (2014)
- SBIRT training of local primary care providers (2014/2015)
- SBIRT training of school counselors/nurses (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 (2017)
- Opioid Misuse Prevention Toolkit for local primary care clinicians – SBIRT tool
- 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

Increase utilization of SBIRT in school settings

⊙ SBIRT training of school counselors/nurses (2015)

Increase awareness of adolescent clubhouse as a resource

⊙ Monthly "Pop Up Cove" events at Middle and High Schools that directly engage youth and staff

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

⊙ Include community partners who have youth who need assessment and treatment and identify host of regular meeting with follow up capability

OBJECTIVE 2.4a. IMPROVE IDENTIFICATION OF AND PROVISION OF SERVICES TO YOUTH AT HIGH-RISK FOR OPIOID ADDICTION AND THEIR FAMILIES

Increase utilization of SBIRT in public health services

⊙ Incorporate SBIRT into all patient assessments in Health Clinic

⊙ SBIRT training and protocol for health department MCEH services (ACCU, AERS, and I&T program nurses)

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

⊙ Substance use assessment & connection to treatment and to level 3.5 treatment (if indicated) – pre-trial program and 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

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

⊙ Training emergency department (ED) staff about brief negotiated interview (BNI)

⊙ BNI implementation/evaluation in ED

Facilitate enrollment into treatment from ED

⊙ ED obtains pre-authorizations for those needing 3.7 level of services

SBIRT protocol for all inpatient admissions

⊙ Training of inpatient nurses on effective SBIRT and available resources

⊙ Conduct SBIRT for all inpatient admissions

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 Dept. of Social Services

Prevention and Early Intervention messages for DSS clientele

⊙ Utilize the DSS lobby televisions to promote ongoing information on SUDs, especially around opioids

Education and Training to increase DSS staff knowledge and reduce stigma around SUDs

⊙ Provide training at DSS All-Staff, Geo-Team and Unit meetings on topics such as the Recovery Model, MAT, and Behavioral Health Treatment Resources

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

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

Strengthen connection to treatment from 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)

› **Expand substance use disorder assessment services to be co-located with DSS Child Welfare Services staff**

| 01 GOAL | 02 GOAL | **03 GOAL** | 04 GOAL |

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

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

Locally available comprehensive, co-occurring continuum of care for substance use treatment
- Providers are CARF accredited and utilize evidence-based protocols

Medication-Assisted Treatment (Medicaid covered)
- Develop MOU between MAT providers when referrals are needed for higher levels of care
- Provide eligibility determinations for insurance services
- Move 3.7 treatment patients to lower levels of care as appropriate in order to make 3.7 level beds more available

Crisis Support Services
- Crisis Intervention Team (CIT) in law enforcement
- Crisis info distributed from ED on all crisis services available at different times/days

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

Intensive Care Coordination for pregnant women misusing substances
- Research evidence-based initiatives and funding mechanisms

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)

- **Implement intensive care coordination for pregnant and postpartum women misusing substances**
- **Increase number of buprenorphine services available to community members**

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

- General community (parents, family, friends, others)
- Law enforcement
- Staff in public agencies (DSS, health dept., libraries, etc.)
- Individuals in recovery
- Detention center upon release
- Schools
- Hospital ED to those with nonfatal opioid OD (began July 2017)
- Online naloxone training (smchd.org)
- Naloxone standing order with pharmacies
- Training local pharmacies on naloxone standing order

International Overdose Awareness Day event

- Provide an educational and supportive venue and activities/information/next action steps at community event

OBJECTIVE 3.3a. INCREASE ACCESS TO NALOXONE FOR FIRST RESPONDERS

Naloxone - EMS
- Supply with each vehicle; refills through MSMH

Naloxone – Fire
- Mixed supply status – address supply mechanism
- Assessment of Fire apparatus carrying naloxone/sourcing

Naloxone – Law Enforcement
- Sheriff's Office – carry two doses - refills through health dept.
- MSP – refills through MSP leadership

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)

› Expand naloxone supply for fire rescue
› Establish 24/7 naloxone supply source for law enforcement

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

Needle exchange services

- ⊙ Researching feasibility and funding needs

Increase Hepatitis C testing

- ⊙ Outreach to local health care providers re: Hepatitis C testing Health Department Infectious Disease case management/investigations for past and new Hepatitis C reported cases
- ⊙ Revised reporting format to improve risk factor screening

Increase HIV testing

- ⊙ Health Department Infectious Disease case management for HIV

> **FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)**
>
> - › **Implement needle exchange harm reduction services with wrap-around supports at the local level**
> - › **HIV and Hepatitis C screening outreach in communities**

OBJECTIVE 3.4. EXPAND ACCESS TO RECOVERY SUPPORT SERVICES

Expand access to peer recovery support

- ⊙ Adult recovery center
- ⊙ Youth recovery clubhouse
- ⊙ Increased outreach in community of recovery programming

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

Pre-trial release program

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

> **FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)**
>
> - › **Offer day check in location/ services between treatment services and law enforcement**

OBJECTIVE 3.5b. ENHANCE CRIMINAL JUSTICE SERVICES FOR OFFENDERS WHO ARE OPIOID-ADDICTED TO PREVENT REENTRY AND REPEAT RECIDIVISM INTO THE CRIMINAL JUSTICE SYSTEM

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

- Adult Recovery Court / Juvenile Recovery Court / Teen Court

OBJECTIVE 3.5c. 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 supported
- 3.5 services as needed
- Expand Recovery Coaching and continue Care Coordination to detention center outreach service in addition to established treatment services

OBJECTIVE 3.5d. 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 3.5e. PROGRAMS OFFERING TREATMENT ALTERNATIVES TO INCARCERATION

Enhance dialogue between treatment and judicial system about treatment alternatives

- Research promising practices of other communities & explore with States Attorney
- Expand training of States Attorney staff on topic of opioid use disorder treatment options

Drug Recovery Courts

- Facilitate enrollment into treatment through drug recovery courts

01 GOAL	02 GOAL	03 GOAL	04 GOAL

ENHANCE DATA COLLECTION, SHARING, AND ANALYSIS TO IMPROVE UNDERSTANDING OF AND RESPONSE TO THE OPIOID EPIDEMIC

OBJECTIVE 4.1. EVALUATE EPIDEMIOLOGICAL TRENDS

Local Opioid Data Trends Analysis
- Monitoring opioid related fatalities and overdoses.
- Data sharing arrangements (ES&T, MSP, Sheriff's office, MSMH, HSCRC, Beacon/SA treatment, DSS)
- Work with state to decrease lag-time on sharing local data

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
- Expand overdose review to include patients with nonfatal opioid overdose

Nonfatal OD reporting
- Establish reporting from emergency department to health department of nonfatal opioid overdose situations to facilitate entry into treatment and identify emerging trends

Hot-spotting/GIS mapping
- OD protocol 9-1-1 calls

FUTURE TACTICS (REQUIRING ADDITIONAL FUNDING)

- **Local data dashboard**
  - **IT infrastructure for data dashboard**
  - **Identify public-facing and actionable data for dashboard**
- **Hot-spotting/GIS mapping of enforcement response, Opioid OD fatalities, Naloxone distribution and Opioid OD's**
- **PDMP local provider profiles**

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

Share Updates to Local Data

- Health Dept updates local data with members of Senior Policy Group

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

Establish Internal Opioid Command for Key Partners

- SMC Health Department Internal Opioid Command

Partner Communications & Progress Evaluation

- Opioid Intervention Team (OIT) meetings
- Quarterly Opioid Senior Policy Group
- Monthly Healthy St. Mary's Partnership Behavioral Health Action Team meeting
- E-updates to involved partners

SELECT PARTNERS

- Adult Substance Abuse Recovery Court
- Center For Children
- Emergency Medical Services
- Fire Rescue
- Healthy St. Mary's Partnership (HSMP) Behavioral Health Action Team (BHAT)
- Interfaith Council and multiple Faith Based Partners
- Jude House
- Juvenile Drug Court
- Local health care clinicians
- Local pharmacies
- Maryland State Police (MSP)
- MedStar St. Mary's Hospital (MSMH)
- Outlook Recovery
- Rotary Clubs in St. Mary's County
- St. Mary's County Department of Aging and Human Services (DAHS)
- St. Mary's County Department of Juvenile Services (DJS)
- St. Mary's County Department of Social Services (DSS)
- St. Mary's County Detention Center
- St. Mary's County Emergency Services and Technology (ES&T)
- 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 Information Office
- St. Mary's County Public Library (SMCPL)
- St. Mary's County Public Schools (SMCPS)
- St. Mary's County Sheriff's Office (SMCSO)
- State's Attorney Office
- Teen Court
- Tri-County Youth Services Bureau
- Walden Sierra Behavioral Health