

**Worcester County, Maryland
Heroin/Opioid Community
Response Plan
Revised April 2018**



**Prepared by the Worcester County Health Department
in conjunction with community partners**



Acknowledgements

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

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Worcester County Community Partners and Collaborative Groups

Atlantic Club

Atlantic General Hospital
Opioid Stewardship Committee

Hudson Health Services, Inc.

Life Crisis Center

Worcester County Alcohol & Other Drugs Advisory Council
Opioid Misuse Awareness “Task Force”

Worcester County Government

Department of Public Safety and Correctional Services
Parole and Probation

Worcester County Department of Social Services

Worcester County Emergency Medical Services

Worcester County State’s Attorney

Worcester County Drug Treatment Court

Worcester County Commissioners

Worcester County Sheriff’s Office

Worcester County Jail

Correct Care Solutions

Board of Education

Youth Risk Behavior Survey (YRBS) Workgroup

Worcester County Health Department

Worcester County Health Department In-house Opioid Workgroup

Worcester County Local Behavioral Health Authority (WCLBHA)

Worcester County Health Department Behavioral Health Unit

Worcester County Health Department Crisis Response Team

Worcester County Health Department Prevention Unit

Drug Overdose Fatality Review Team

Worcester County Warriors Against Opiate Addiction

Worcester County Opioid Intervention Team and the Senior Policy Group

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EXECUTIVE SUMMARY

This plan is a compilation of the heroin/opioid response efforts of state agencies, local law enforcement, local government, public and private treatment providers, grass roots community groups, education systems, recovery centers, and the community and its dedicated volunteers and citizens. The document includes current initiatives, progress made in the last year, and the identification of potential new practices needed to assist Worcester County in successfully addressing the heroin/opioid epidemic.

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

Section 2 of the plan covers early identification and intervention screening activities meant to help identify people in need of addictions treatment at the earliest possible stage of the disease in order to decrease the catastrophic numbers of overdose deaths. There are three collaborative initiatives described in this section, including the 211 Open Access system, Screening and Brief Intervention and Referral to Treatment (SBIRT), and addictions care coordination in the Emergency Department. The Worcester County Crisis Response Team is discussed as the team has 24 hour/7 days a week availability and has been working with law enforcement to assist with behavioral health needs of the community for over a decade. Additionally, new funds have allowed for the Worcester County Health Department to create a High-risk Addictions Response, Treatment, and Support (HARTS) team. In addition to the more permanent HARTS team, a time limited grant has allowed for the Worcester County Health Department to conduct follow up with families who have lost someone to an opioid overdose or have been impacted by a friend or family members' near miss.

Section 3 of the plan describes treatment and peer support programs within our continuum of care. Treatment and peer support are essential to recovery from opioid addiction. There is no one right treatment but, aspects of many modalities of services are needed for long term sustained recovery. Also described in Section 3, community groups and volunteers who are engaged in the fight against heroin and opioid deaths. This plan identifies those groups who have become known throughout the county and have become organized as private non-profits. It is not the intention of the plan to neglect newly formed groups, and such groups are encouraged to contact the Health Department for future consideration.

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

Section 5 of the plan addresses coordination and specifically the new efforts by the governor following his declaration of a State of Emergency for the opioid epidemic. The governor continues to employ an Incident Command Structure for the State of Emergency, that outlines planning, operations, and financial/administration of resources on the state and local level.

Coordination of multiple responses is a challenge for any community. Worcester County has a long history of strong partnerships and collaboration that assist us through this and past public health emergencies, and are seen as the strength of our community both locally and on the state level.

The final section of the plan addresses future considerations including evidence based and promising practices. The County may want to review these strategies for planning purposes.

The Health Department thanks our community stakeholders and partners for their outstanding commitment to the citizens of Worcester and for their dedication to improving the lives of those individuals and families struggling with addictions related disorders.

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

INTRODUCTION

Unintentional intoxication deaths in Maryland have been increasing since 2010, with the yearly total of unintentional intoxication deaths in Maryland basically tripling from 2010 to 2016 (649 to 2089 respectively) (Maryland Department of Health (MDH), 2017a). Maryland has had increasing age-adjusted rates of drug overdose deaths from 2010 to 2016, moving from being in the top 25 states for high age-adjusted rates of drug overdose deaths in 2013 to being in the top 10 states in 2016 (CDC, 2017). Worcester County was in the top 10 Maryland counties for high rates of age-adjusted death rates for total unintentional intoxication deaths by place of residence (2011-2015), but dropped to being in the top 15 counties in 2016 (MDH, 2017a).

The top four contributing substances to the spike in overdose fatalities in Maryland from 2015 to 2016 are 1) fentanyl, 2) heroin, 3) alcohol, and 4) cocaine (MDH, 2017a). Fentanyl and heroin have been the strongest contributing substances to the increases in unintentional intoxication fatalities in Worcester County from 2010 to 2016 (MDH, 2017a). While there has been an increasing trend in alcohol and drug intoxication deaths in Worcester over the past 3 years, preliminary comparisons from the first half of 2017 to the first half of 2016 showed a reduced number of deaths or no change (MDH, 2017b).

Worcester County has been taking steps to address the opioid epidemic with goals and strategies in line with the state's actions and plans. This plan is intended to organize our community's various resources to address the different facets of this issue.

This plan focuses on five key components needed to address the opioid epidemic:

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

1. PREVENTION AND HARM REDUCTION

Worcester County Public Schools

The Board of Education, in conjunction with the Integrated Health Literacy Initiative through Atlantic General Hospital (AGH), created a multidisciplinary instructional unit on prescription opioid and heroin that was piloted in an 8th grade class at Stephen Decatur Middle School in the school year 2016-2017 (Maryland Youth Risk Behavior Survey (MYRBS) Task Force, 2016). The Youth Risk Behavior Survey (YRBS) data supported and informed this effort. The pilot incorporated opioid and heroin education into social studies and science courses. The students learned how opioids and heroin affect the brain and its chemistry. In addition, the students learned societal impacts of addiction. Pre- and post-assessments were performed with positive results in the final data. The unit is being rolled out to all Worcester County Public School 8th graders in the 2017-2018 school year (MYRBS Task Force, 2016). In addition to these lessons, a modified version of the “Chasing the Dragon” movie was piloted with Snow Hill High School juniors and seniors. This activity will be expanded to students at Pocomoke High School and Stephen Decatur High School in the 2017-2018 school year.



The Worcester County Public Schools (WCPS) have created a Heroin Prevention Action Team and a Heroin Prevention Action Plan. There are 6 actions that will be underway in the upcoming school year (beginning in May 2017).

1. **Create a Heroin Prevention Action Team:** Quarterly health newsletters for staff are distributed to schools. Each newsletter consistently contains a message regarding opioids or heroin (Stall Talk). WCPS held an Opioid/Heroin Informational meeting for all School Administrators and Central Office Supervisors (Aug. 2017). WCPS held an Opioid/Heroin Informational Professional Day for all High School Physical Education/Health teachers, as well as some coaches (Oct. 2017). Secured a \$4000 grant to contract D3 Corporation to create an awareness website on heroin/opioids. Looking to partner with several other agencies on this.
2. **Heroin Prevention Education in the Prek-8 Health classroom/curriculum:** The high school health teachers and middle school HealthFACS teachers were shown “Operation: Prevention”, a Drug Enforcement Agency (DEA) and Discovery Education program for students, as an option to use in their classroom.
3. **Heroin Prevention Education in the Prek-8 Content classroom/curriculum:** High school art classes are participating in the United Way’s Addiction Awareness Art Competition.

The Worcester County Alcohol and Other Drugs Advisory Council Art contest has been updated to include new forms of media and prizes for the winners.

4. **Create a system of 'vetting' speakers for WCPS to host:** Plan to work with the Worcester County Alcohol and Other Drugs Advisory Council to create a list of 'recommended' speakers. Committee members would preview the speaker/event, ask necessary questions, determine prices, get various community member input, etc. Outside agencies would still fund the speakers.
5. **Develop a team of qualified, trained Narcan administrators:** All Nurses and Deputies have received Narcan training. All high schools currently house at least one Narcan kit. By the end of the school year, all schools will house a Narcan kit. These actions address the requirements set forth in House Bill 1082/Senate Bill 1060.
6. **WCPS representation on local substance abuse committees:** Local community group "Worcester Warriors" has gone to several middle and high schools to speak to students about heroin/opioid prevention. Heroin/opioid education and prevention was addressed at the high school SADD Peer Leadership retreat, representative of all three WCPS high schools. The technical high school partnered with local agencies to host a "Hidden in Plain Sight" event for parents in the community.

Worcester County Alcohol and Other Drugs Advisory Council

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

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

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

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

Public Awareness

Worcester County Alcohol and Other Drugs Advisory Council (Council) has formed an Opioid Misuse Awareness "Task Force", which is a subcommittee of the Council. The subcommittee of the Worcester County Alcohol and Other Drugs Advisory Council was developed to help spread awareness of the opioid epidemic. Currently, the Opioid Misuse Awareness subcommittee is working with the school system and the Council to secure funding to bring speakers to the local high schools to speak about opioid misuse and the opioid epidemic overall.

The Opioid Misuse Awareness subcommittee is also the advisory committee between the Council and the Prevention Department at the Worcester County Health Department (WCHD) for the Opioid Misuse Prevention Plan Grant. Worcester County Health Department's Prevention Department continues its public awareness campaign "Decisions Matter". The emphasis of the campaign is: "Addiction is a Disease. Recovery is a Decision. Decisions Matter." In addition to the "Decisions Matter" campaign, there is also a complementary public awareness campaign "Be a Hero, Save a Life", which is promoting overdose education and awareness along with naloxone training. The Prevention Department launched an awareness campaign for the Good Samaritan Law in April 2017. The Maryland Good Samaritan Law effective October 1, 2015, provides protection from arrest as well as prosecution for certain specific crimes and expands the charges from which people assisting in an emergency overdose situation are immune (Maryland Department of Health, n.d.a).



The public awareness campaigns will utilize a variety of tactics in a variety of venues and blended funding. The WCHD received a Health Resources and Services Administration Grant, which includes funding for anti-stigma activities. Tactics and targets include:

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

Law Enforcement Strategies

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

have been provided with training in the use of naloxone. Each CET investigator has also been provided with a list of treatment providers and contact information to provide to the overdose victim and or family members of the victim.

In September 2016, the WCSO hired an analyst through a grant provided by the Governor's Office of Crime Control and Prevention. The analyst, known as the [Heroin Coordinator](#), works closely with CET in collecting and reporting data and intelligence through a specific database that shares the information among various law enforcement agencies.

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



The WCSO and law enforcement activities and successes were highlighted in the October 2017 Opioid Operational Command Center (OCCC) webinar. The WCSO will continue to participate in the activities described above while remaining flexible and innovative in its efforts to educate, prevent and investigate the illegal use of all narcotics including heroin and other opioid substances.

State's Attorney Office

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

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

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

Naloxone Training and Distribution

Naloxone (also known as Narcan) training and distribution programs have been in the United

States since 1996. Naloxone is well established as an effective treatment for the symptoms of opioid overdose, if an adequate dose is administered in time (Hospira, Inc., 2017). A key risk of administering too little naloxone too late in opioid overdose, is potential morbidity and mortality (Hospira, Inc., 2017).

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

In March of 2014, the Worcester County Health Department (WCHD) was authorized as a training provider under the Maryland Overdose Response Program (ORP). Since that time, WCHD provides training in the recognition of signs of an opioid overdose and how to respond appropriately, including the administration of naloxone. WCHD trainers include nurses, addictions therapists, health educators, and outreach workers who provide trainings:

- one on one with addictions clients during therapy appointments; this can include a family member when they are present,
- twice a month at the WCHD in Snow Hill for any interested community member, and
- at agency request (Law Enforcement, Shelters, Community Groups, etc).

Clients and family members of clients who are trained by our substance use counselors are offered the medication directly from the WCHD. Medication is available to agencies and organizations who indicate need for assistance with cost. In addition, Worcester residents who participate in the community-based overdose response training are offered a voucher for use at a contracted pharmacy to obtain the medication if they indicate that they are uninsured, or have a cost prohibitive copay. The Worcester County Health Department (WCHD) successfully trained:

- 553 people in fiscal year 2017 and provided 308 vouchers for medication and
- 234 people as of 12/20/17 in fiscal year 2018 and provided 16 vouchers and 147 medication kits.



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

2. ACCESS TO EARLY IDENTIFICATION AND INTERVENTION

Open Access - 24/7

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

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

211

Maryland

**Life
Crisis
Center**



Crisis Response Team (CRT)

The Crisis Response Team (CRT) of Worcester County operates 24 hours a day, 7 days a week and served 487 people in fiscal year 2017. CRT is composed of clinical social workers who respond to crisis calls along with law enforcement, and aid in assessing individuals in crisis, connecting them to appropriate supports, and providing 72 hour follow up on all calls received.

In the first quarter of fiscal year 2018 (July through September 2017) CRT responded to:

- 124 calls with a hospital diversion percentage of 54% (67 clients diverted from the Emergency Department (ED)) and
- 45% of the calls received during this quarter were related to substance abuse.

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

Emergency Department Care Coordination

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

Family and Survivor Outreach

The Worcester County Drug Overdose Fatality Review Team (DOFRT) received a grant to provide outreach to families and providers after a fatal overdose or near miss. The goals of the DOFRT grant are to:

- reduce overdose deaths in Worcester County,
- develop outreach plan that includes stigma reduction activities related to opiate addiction,
- increase communication between partner agencies related to overdose deaths, and
- increase education and outreach to partners and prescribers.



Have you or someone you know lost a loved one to overdose?

YOU ARE NOT ALONE
91 Americans die each day from overdose.

Emotions after an overdose death can be more complex and may include:

*Sadness • Anger • Relief • Fear
Frustration • Blame • Anxiety*

WE WANT TO HELP

CALL WORCESTER COUNTY
BEHAVIORAL HEALTH AUTHORITY

410.632.3366

The overdose outreach coordinator will be tasked with conducting outreach to family members who have lost a loved one to overdose. Through contact and outreach the coordinator will assist with getting family members and others who closely supported the decedent connected to support groups, referrals to appropriate behavioral health services including therapies, trauma support, grief support group information, and other options available that may help them through their bereavement process.

In addition, the coordinator will attempt outreach and engagement with someone who is considered a “near miss,” or a non-fatal overdose. These individuals will be provided direct outreach that will include attempts to engage individuals or family members in substance use services, train family members in naloxone, and include linkage with mental health and trauma support services for children when indicated. Peer support and best practices of motivational interviewing will be utilized.

The outreach coordinator is a member of Worcester County’s DOFRT. The DOFRT carries the responsibility to develop protocols for the engagement of providers, create outreach

materials, and implement an outreach campaign for prescribers in the jurisdiction. Included in these plans will be the promotion of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Prescription Drug Monitoring Program (PDMP) utilization to ensure prescribers provide brief screening to promote early identification and referral to treatment of substance use. The outreach coordinator will work closely with the DOFRT and partners for providing education and outreach to providers.

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs (Substance Abuse and Mental Health Services Administration (SAMHSA), n.d.). The Worcester County Health Department (WCHD) with the help of the Mosaic Group have implemented SBIRT in reproductive health services, vulnerable adult programs, and prevention programs such as Lifestyle Balance (a prediabetes program). SBIRT was already used with youth in WCHD reproductive services and those in the primary care services have already been screened during a behavioral health intake. Consultation and financial support to train staff in these new program practices was provided by the Maryland SBIRT grant. Training of the WCHD staff began in early 2018.

Diversions and Re-entry Programs

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

Crisis Intervention Team (CIT)

The Worcester County Crisis Intervention Team (CIT) provides a comprehensive training designed to develop the knowledge and skills needed to guide first responders when interacting with individuals in behavioral health crises. In fiscal year 2017, six trainings were held resulting in 30 law enforcement and other public safety employees being trained. This is a diversion program in which our law enforcement can divert individuals with behavioral health crisis to medical and social services rather than arresting them and sending them to jail (Center for Health and Justice (CHJ) at Treatment Alternatives for Safe Communities (TASC), 2013).

Drug Court

Drug Court is a type of diversion program at the problem solving/specialty court level (CHJ at TASC, 2013). Drug Court is overseen by the court and aims to reduce recidivism while providing supervised rehabilitation best practices (CHJ at TASC, 2013). In fiscal year 2017, there were 80 active Drug Court clients and over 90% were opioid dependent.

The Drug Court Division of the Worcester County Circuit Court was established in 2005. The Circuit Court operates two programs in Worcester County: Juvenile Drug Court and Adult Drug

Treatment Court. Programs are designed to help those battling substance use disorders and their related criminal offenses or child welfare matters. The Drug Courts recognize that changing addictive behavior requires constant vigilance, motivation, reinforcement and treatment to prevent relapse and promote change. All programs operate with a team of agencies working together for service integration and collective treatment planning.

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

Department of Parole and Probation

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

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

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

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

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

3. TREATMENT AND PEER SUPPORT

The National Survey on Drug Use and Health (NSDUH) reports that in 2013, more than 95 percent of those who needed specialty substance abuse treatment, did not receive it and did not think they needed it. In 2013, only 10.9 percent of the individuals who needed treatment in a specialized facility for a substance use or dependency concern actually received it (NSDUH, 2013.) One of the most challenging and bewildering tasks of parents, caregivers, family, and treatment providers, is to help the person suffering from a substance use disorder agree to treatment. For some individuals persistent messages about their health and offers of treatment support are needed. Therefore, engagement and development of relationships are key as are certain harm reduction techniques that can be employed when all else fails. This section describes the treatment and peer support efforts present in Worcester County.

Treatment

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

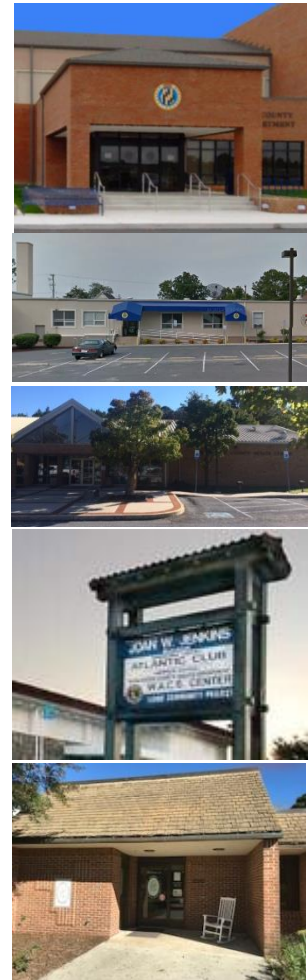
High-risk Addiction Response, Treatment, and Support (HARTS) Team

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

Worcester County Health Department

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

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



Special Populations

Department of Social Services (DSS)

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

There has been a significant increase in the number of children entering foster care because of parents' addiction to opioids. The number of children in need of a temporary out of home placement has doubled within the past two years with many placements being made with relatives, because of the FAST Program. Worcester County DSS has seen a 61% increase in the number of children needing foster care placement since 2015. Last year, 20 children were

in need of out of home placement.

Jail Addictions Treatment

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

In addition to Correct Care Solutions, the WCHD staffs a licensed behavioral health therapist to conduct addictions counseling. This worker provides individual and group therapy. Additional WCHD staff provide parenting and educational groups at the jail for select populations. The WCHD provides a re-entry coordinator two days per week in the jail to assist with transitions from the jail. This re-entry coordinator provides clients who are pre- and post-release with referrals and linkage to treatment and other services. Clients are provided case management, assistance with insurance, transportation, housing, recovery groups, somatic health, behavioral health treatment, and naloxone. The Local Management Board (LMB) is funding a program called Building Bridges, which enhances existing re-entry and recovery services to inmates of the Worcester County Detention Center, pre- and post-release. Staff provide transitional care and coordination of services to incarcerated parents who reside in Worcester County, with an additional aim at reducing the impact of incarceration on children, families, and the community. Goals include promoting family stability, maintaining family connections, and reunification.

The County would like to explore more comprehensive plans to address the opioid crisis in the jail system and develop best practices for re-entry to the community. County data and anecdotal overdose reviews show that the population leaving the jail has a high risk for recidivism or worse overdose. The WCHD is exploring options to offer additional services including Vivitrol at the jail.

The Center for a Clean Start (C4CS)

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

The Center for a Clean Start (C4CS) is an intensive program for pregnant and postpartum women who are experiencing difficulty with alcohol and/or drugs. C4CS provides dual diagnosis and family education services. Childcare is available on-site and transportation can be provided.

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

Detoxification Beds and Residential Treatment

Detoxification Beds

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

Residential Treatment

The residential treatment programs that are available within and around the Worcester County area are Hudson Health Services, Inc., and Warwick Manor Behavioral Health, Inc. Each program is licensed by the State of Maryland and accredited - Hudson Health Services by the Joint Commission and Warwick Manor by the Commission on Accreditation of Rehabilitation Facilities (CARF). Hudson Health Services offers a short-term residential treatment with a full continuum of care including ASAM levels 3.7WM, 3.7, 3.5, 3.3, and 2.5 on its campus in Salisbury. Warwick Manor offers ASAM level 2.5 at its campus in East New Market. The typical length of stay at Hudson Health Services is a minimum of 30 days up to about 60 days. The typical length of stay at Warwick Manor Behavioral Health is about 14 days.

Medication Assisted Treatment (MAT)

Research by Volkow, Frieden, Hyde, and Cha (2014) provides important background information about Medication Assisted Treatments (MATs):

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

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

In 2017, the Worcester County Health Department (WCHD) started an embedded buprenorphine MAT program and is very close to starting a Vivitrol (long acting injectable

naltrexone) MAT program within its integrated behavioral health unit. In addition, WCHD has a long history of collaborating with the Wicomico County Health Department for their mobile methadone van. The methadone van comes to the Worcester Addictions Cooperative Services (WACS) Center daily to dose Worcester County residents. MAT are evidence based practices that help improve recovery outcomes (see Table 1).

Treatment Type	Retention in treatment (first 12 months)	Cost of Treatment ⁴¹	Safety Profile	Long term Abstinence Rates	Diversion Rates
Buprenorphine	56-90% ³⁵	\$430-640/month	Overdose much less likely ⁴²	61-70% ^{43,44}	6-19% ^{39,45}
Methadone	70-80% ^{46,47}	\$391/month	Compared to buprenorphine, increased risk of -Cardiac arrhythmias (QT prolongation) -Respiratory depression -Neonatal abstinence syndrome -Overdose	60-90%	18% ³⁸
Abstinence-based treatment	20% ^{48,49}	Variable	Compared to MAT, increased mortality (overdose) ^{12,50}	8.6-50% ⁴³	N/A

Table 1: Comparison of Treatment Options for Opiate Use Disorder (National Rural Health Association Policy Brief: Treating the Rural Opioid Epidemic)

Atlantic General Hospital (AGH)

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



A WCHD Emergency Department Care Coordinator is available to consult with patients throughout the AGH system and into the community, consult with staff for questions related to patient care and resources, and is tracking utilization, reasons, and substance abuse patterns.

Through the funding from a grant, this program has expanded to allow for a single source of contact for our AGH physician practices when they encounter barriers to accessing behavioral health services.

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

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

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

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

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

Peer Support

Peer Support Groups

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

Recovery Community Efforts

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

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

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

Atlantic Club

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

The Worcester County Health Department contracts with the Atlantic Club to operate the 24/7 recovery center in Worcester County that offers support to residents and visitors alike, in need of a sober support system, and remains a welcome place for hundreds of recovering visitors and community residents. The Worcester County Health Department WACS Center is upstairs to address the counseling, education, and mental health aspects of addictions.

The Atlantic Club has completed its HOPE garden construction and plans to start planting in Spring 2018. The garden will be maintained by Atlantic Club members as well as by individuals who need to complete community service as part of Drug Court. The garden is comprised of raised beds that spell out the word HOPE. The Atlantic Club hosted its "6th Annual Walk/Run for Recovery" on Saturday, November 4, 2017 on the Ocean City Boardwalk.

Worcester County Warriors (WOW) Against Opiate Addiction

The Worcester County Warriors (WOW) Against Opiate Addiction is a local grassroots organization providing education, support, awareness and navigation of resources to the people of Worcester County who have been impacted by opiate addiction. Part of WOW, the Warrior Angels, aims to model their structure based on the Operation Hope program from Maine. The angels are volunteers who assist individuals looking for treatment for an opiate addiction. They help search for treatment beds around the country and locate funding to help overcome obstacles to treatment.

WOW holds monthly meetings spotlighting available resources and stories of hope. They have held many fundraisers allowing them to assist community members seeking recovery. They are available to speak at any type of conference or organizational meeting and have presented at numerous meetings and forums throughout the state, and even in Delaware, during 2017. At the end of 2017, WOW started to expand meetings to other areas of Worcester County (e.g. Snow Hill and Pocomoke).



Heidi McNeeley (left), co-founder of WOW, receiving Rural Maryland Council Outstanding Rural Health Volunteer Award 2017

The Worcester County Health Department

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

Halfway Housing and Recovery Residences

Hudson Health Services, Inc., is currently the main provider of recovery housing in the tri-county area and already partners with the Worcester County Health Department and the Center for a Clean Start to help connect clients to halfway housing (American Society of Addiction Medicine (ASAM) level 3.1) (Hudson Health Services, Inc., 2017b). The only other ASAM level 3.1 in the area is Second Wind, Inc., a Halfway House for men in Salisbury.

Hudson Health Services has opened a new ASAM level 3.1 Halfway House for women in Salisbury. The 12 bed facility opened its doors in March 2018 and the program is ready to receive referrals from the entire tri-county area. This program was funded in part through



**HUDSON
HEALTH
SERVICES, INC.**

Maryland Opioid Rapid Response (MORR) grant funding as requested by the Worcester County Local Behavioral Health Authority (LBHA). Initially the MORR grant proposal to start recovery halfway housing in Worcester County was denied, but second tier funding became available (much less than originally requested), so the new plan has been to use the funding to support level 3.1 beds.

The Worcester County LBHA proposed to support expansion of ASAM 3.1 level of care by 8 beds. The reimbursement rate of each bed will not exceed \$60 per day between 1/1/18-4/30/18. The total grant award for this expansion will not exceed \$62,102. The contracted provider (Hudson Health Services) will be expected to sustain these services without grant support after 4/30/18. The plan for sustainability for these 8 beds will be to link individuals with supportive employment programs and other services available to help support self sufficiency through increasing income. Individuals will be required to contribute to the cost of care once the individual has income. In addition, the provider has obligated themselves to continue this service after start up between 5/1/18-12/31/18 until this level of care moves to the fee for service system in Maryland.

Hudson Health Services also operates several recovery residences in Salisbury, Maryland and Georgetown, Delaware. Hudson Health Services plans to have all of its Maryland houses licensed as ASAM 3.1 by the end of 2018 and continue to staff them with clinical staff, peer support specialists, case managers, and house managers. Its Delaware residences are staffed in this manner, but are not licensed as an ASAM level of care. The Maryland houses will be certified by Medicaid and will be able to be reimbursed for the ASAM level 3.1 when it is available.

All of Hudson Health Services' houses are certified by a regulating body and accredited by the Joint Commission. Its Delaware houses are certified using standards set forth by the National Association of Recovery Residences (NARR), specifically certified in Delaware by its Pennsylvania affiliate, the Pennsylvania Alliance of Recovery Residences (PARR). Its Maryland houses are certified by the Maryland Certification for Recovery Residences (MCORR).

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

While upholding quality services and providing holistic care, Hudson Health Services provides cost-effective care and helps combat misconceptions of recovery residences such as recovery homes will affect property value, community safety, or other adverse effects in the community (The Lewin Group, 2004; American Planning Association, 1997).

Recently plans have been made to expand recovery housing to Worcester County. Both the Health Department and the LBHA support the attempts to provide recovery house options to the residents of our community in their hometowns.

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

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

4. DATA MANAGEMENT

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

Chesapeake Regional Information System for our Patients (CRISP)

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



Prescription Drug Monitoring Program (PDMP)

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

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



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

Office of the Chief Medical Examiner (OCME)

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



Office of the Chief Medical Examiner

Drug Overdose Fatality Review Team (DOFRT)

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

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

The Worcester County DOFRT has been granted the authority to share information about decedents between organizations for targeted clinical services and for general prescriber outreach. The Worcester County DOFRT Annual Report outlines recommendations and actions for the team. The DOFRT has requested to get fatality information in a more timely fashion in order to act as quickly as possible after an incident to improve responses and services provided to surviving family and friends. In addition to more timely information, more complete treatment data, similar to data provided in the past through a different data system, was requested. The DOFRT recommends continued efforts to train family and friends of high risk individuals to use naloxone, providing support and coordination services to those who were close to a recent decedent, increasing outreach and follow-up with prescribing providers, and increasing the availability of Medication Assisted Treatment (MAT).

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

5. COORDINATION

Worcester County agencies and organizations have strong partnerships, communicate regularly, and coordinate efforts to increase effectiveness and reduce duplication. There are several mandated as well as less formal committees, councils, and groups that bring together people from disciplines to break down silos. In addition to local coordination, there are several agencies that are mandated and have a larger scope of coordination within the county and across the state.

Worcester County Local Behavioral Health Authority (WCLBHA)

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

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

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



The WCLBHA is working with the Worcester County Health Department, Atlantic Club, and Life Crisis Center to create a single point of access to alleviate barriers for Worcester County residents attempting to access treatment in a residential treatment setting, detoxification services, outpatient services, and recovery supports.

Maryland Opioid Operational Command Center (OOCC)

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

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

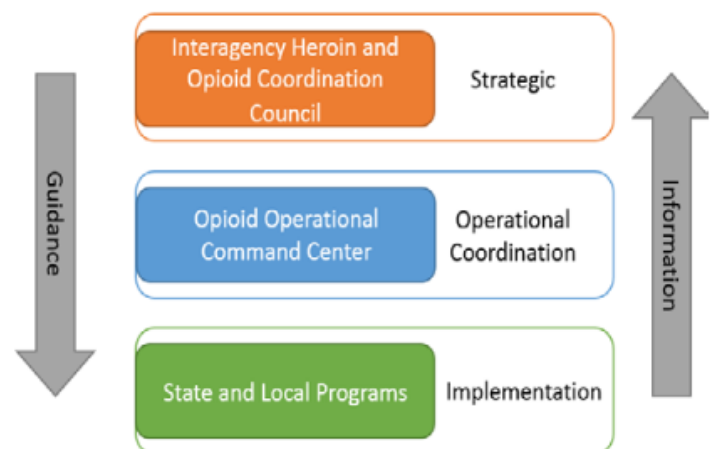


The OOCC is tasked with the following objectives to:

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

Worcester County Opioid Intervention Team

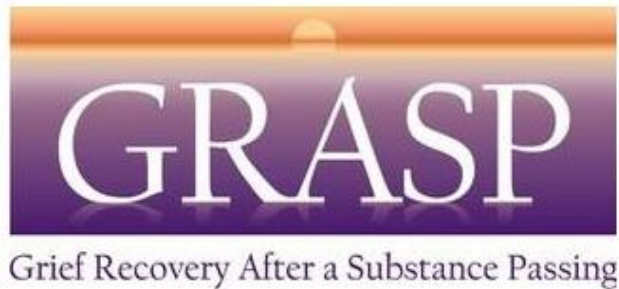
Worcester County is working with the local Directors of Emergency Services, Maryland Emergency Management Agency (MEMA), the Interagency Heroin Council, and the State Command Center regarding an Opioid Intervention Team. The Local Health Officer and Emergency Managers have been charged with convening meetings in the jurisdiction to begin the important work of this team. The local Opioid Intervention Teams (OITs) coordinate with the state Opioid Operational Command Center (OOCC) to provide information and guidance from the top down and bottom up.



FUTURE CONSIDERATIONS

Grief After a Substance Passing (GRASP) Support Groups

The Atlantic General Hospital's faith based partnership offers a support group entitled, "Life after Loss." The Health Department has been researching a national support group model called Grief After a Substance Passing (GRASP) as a support service that can be offered to surviving family members of a deceased individual. There are currently chapters of this group active in Towson, Perry Hall, Howard and Harford counties in Maryland. Should the need arise, the county and community partners may choose to begin a local chapter.



Safe Stations - Open Access to Treatment

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

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

The Worcester County Local Behavioral Health Authority, on behalf of the Lower Shore Counties, submitted an unified crisis proposal for the jurisdiction. A replication of the "Safe Stations" initiative was proposed as a seamless effort to link individuals with treatment and resources. This initiative will be explored with appropriate community professionals, law enforcement and fire departments to secure their input and participation.



Medication Assisted Treatment (MAT) in Correctional Facilities

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

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

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

Syringe Services Program (SSP)

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

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

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

Number and Percent by Estimated Exposure Category⁸ of Adult/Adolescent Reported HIV Cases, Age 13+ at HIV Diagnosis, with or without an AIDS Diagnosis (Adult/Adolescent Reported HIV Diagnoses) by Year of HIV Diagnosis from 1985 through 2016, as Reported through 6/30/2017

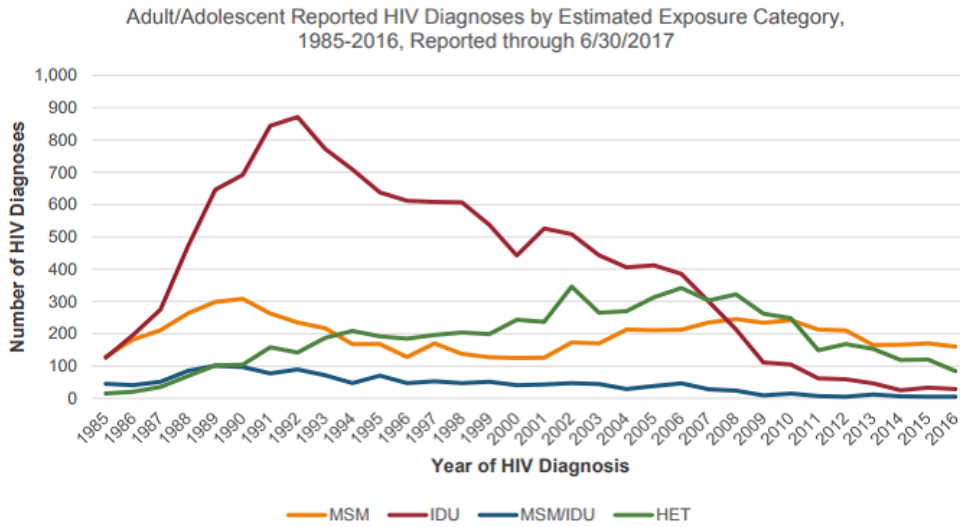
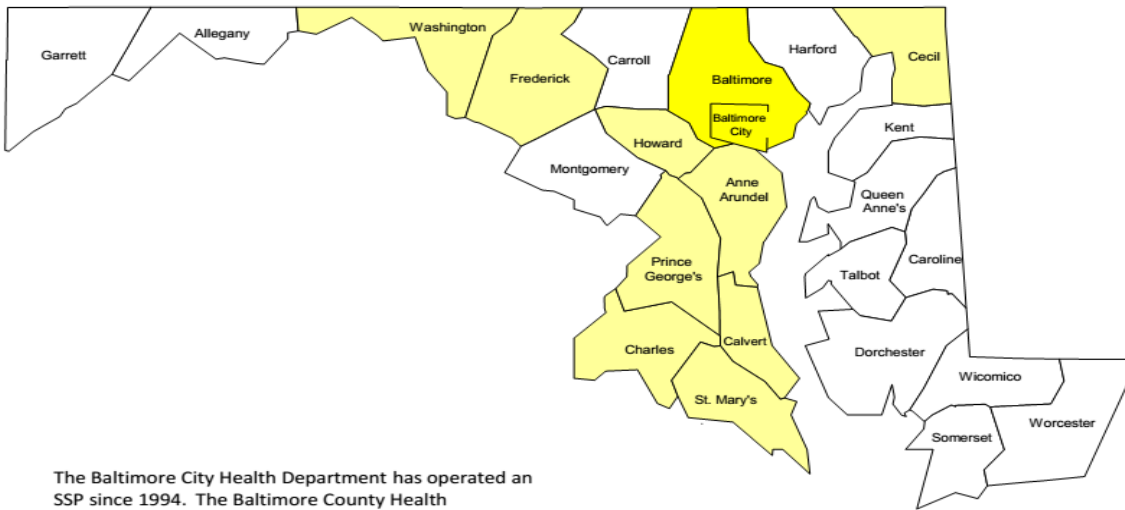


Figure 1: Trends in adult/adolescent reported HIV diagnoses by estimated exposure category, 1985-2016, reported through 6/30/2017. (Castner, 2018)

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

Syringe Service Programs Being Developed



The Baltimore City Health Department has operated an SSP since 1994. The Baltimore County Health Department's application to implement SSP was approved this summer. They will go live in 2018. Lighter-shaded jurisdictions are developing their applications to operate SSP. (St. Mary's for Southern)

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

Stages of Change and the Recovery Cycle

The stages of change model explains the progression through making changes (before, during, and after change has been initiated) and the psychological states associated with each stage (DiClemente, C. & Prochaska, J.O., 1970-1980s). Understanding a person's stage of change is critical to working with them to promote intentional behavior change. Knowledge of the stages of change and motivation to change are vital to determining interventions and helping an individual suffering from a substance use disorder. Through all the stages of change, peer support is invaluable. Peers provide an opportunity for hope and support, to improve self-efficacy of clients, and serve as role models for clients by showing them that change can happen (see Fig. 3.)

The stages of change are briefly described below:

- **Pre-contemplation (NOT READY):** The stage where a person is not thinking their behavior is problematic. Harm reduction techniques like naloxone are the best interventions.
- **Contemplation (GETTING READY):** The stage where individuals may be realizing they have a problem. However, they are only "thinking" about making a change. They are not actively pursuing behavior change. Again, harm reduction techniques such as syringe services programs are best suited.
- **Preparation (READY):** In this stage, the person prepares for change. They may go into a treatment program or facility. They recognize they need assistance. Treatment is the appropriate intervention for this stage and the action and maintenance stages.
- **Action:** This stage is the active treatment stage.
- **Maintenance:** The period after treatment when relapse may occur. The task of the client is to maintain their sobriety and maintain treatment.

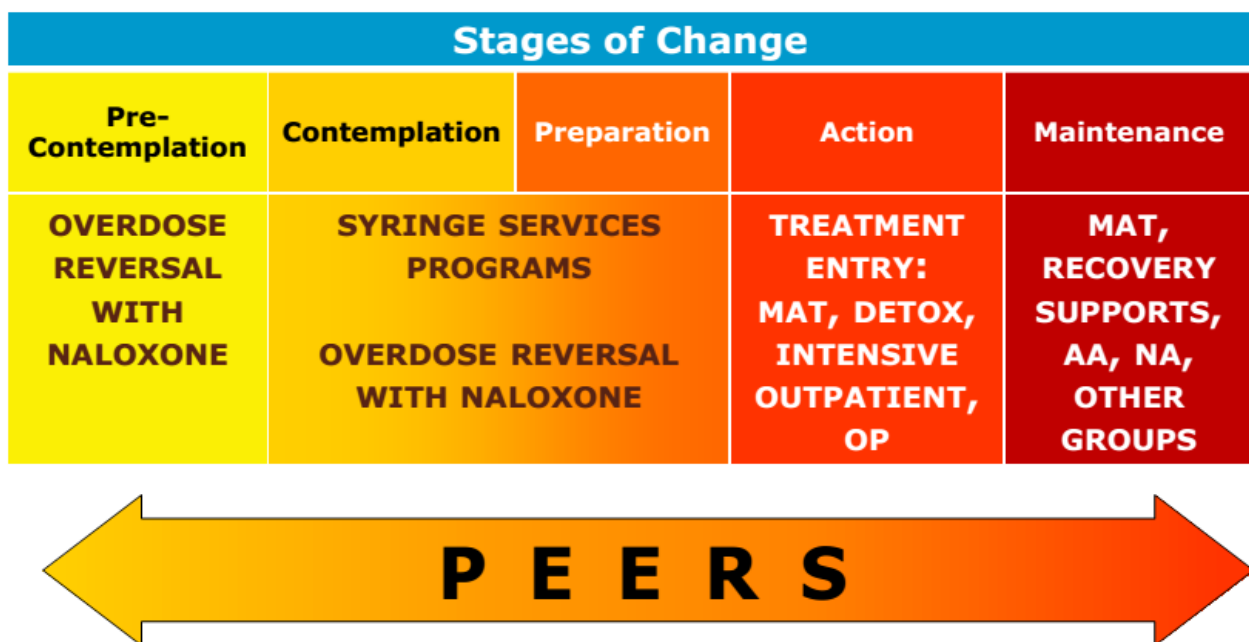


Figure 3: The role of harm reduction in combating the opioid epidemic. (Castner, 2018)

Progression through the stages of change is not linear and recovery is never static (see Fig. 4). Recovery is a cycle of working through change, moving in and out of different stages over time. With time and treatment, relapses and the risk of relapse decrease, but like with all chronic conditions, symptoms can flare up requiring treatment and response plans to adapt to a person's current needs and stage of change.

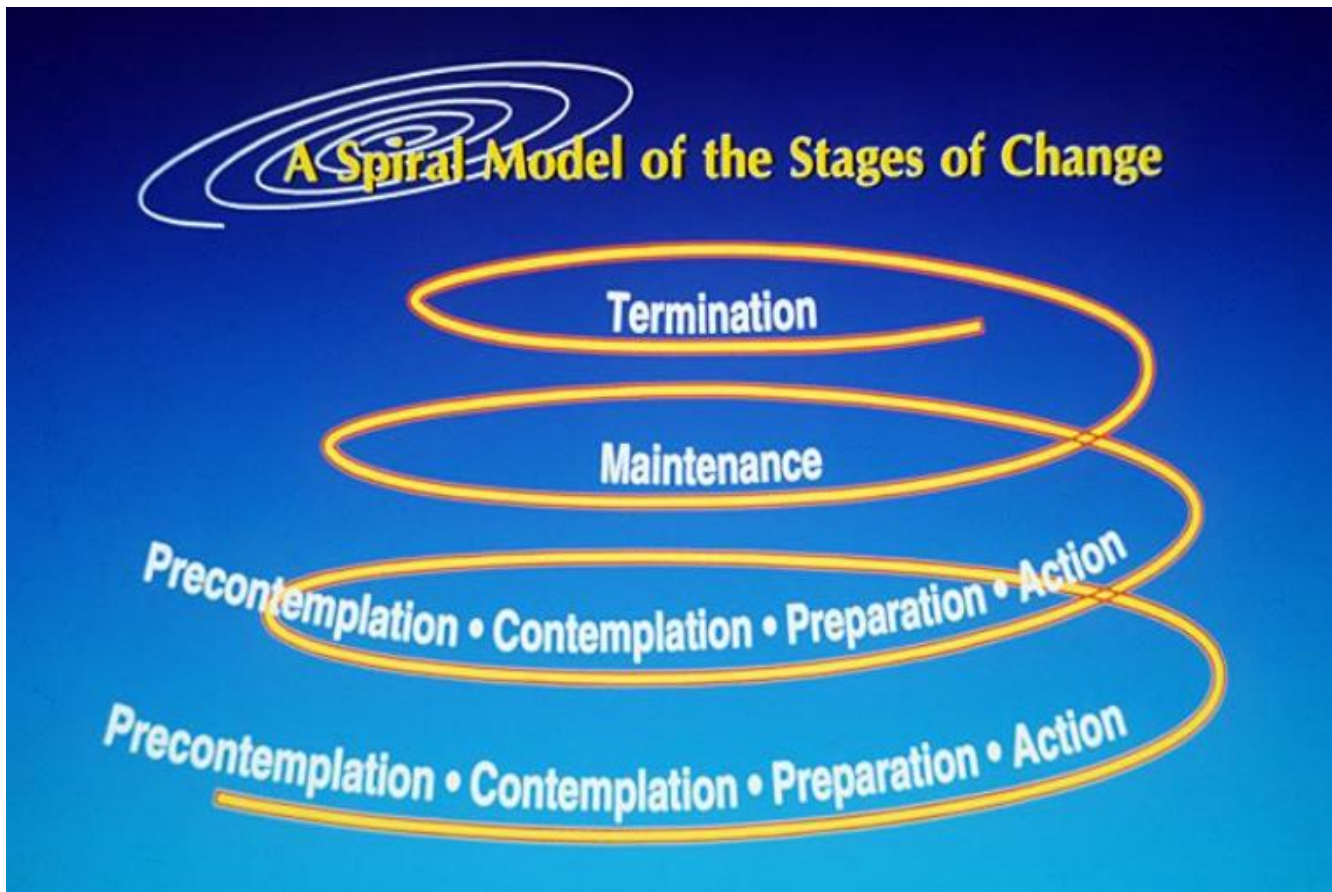


Figure 4: A spiral model of stages of change. (DiClemente, 2018)

CONCLUSION

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

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List of Abbreviations

AGH: Atlantic General Hospital	MSARR: National Association of Addiction Treatment Providers
ASAM: American Society of Addiction Medicine	MUA: Medically Underserved Area
BHA: Behavioral Health Administration	MYRBS: Maryland Youth Risk Behavior Survey
CARF: Commission on Accreditation of Rehabilitation Facilities	NAATP: National Association of Addiction Treatment Providers
CBT: Cognitive Behavioral Therapy	NARR: National Association of Recovery Residences
CDC: Centers for Disease Control and Prevention	NIDA: National Institute of Drug Abuse
CDS: Controlled Dangerous Substances	OCME: Office of the Chief Medical Examiner
CET: Criminal Enforcement Team	ORP: Overdose Response Program
CHJ: Center for Health and Justice	OSOP: Overdose Survivors Outreach Program
CIT: Crisis Intervention Team	PARR: Pennsylvania Alliance of Recovery Residences
CRISP: Chesapeake Regional Information System for our Patients	PDMP: Prescription Drug Monitoring Program
CRNP: Certified Registered Nurse Practitioner	SADD: Students Against Destructive Decisions
CRT: Crisis Response Team	SAMHSA: Substance Abuse and Mental Health Services Administration
C4CS: Center and the Center for a Clean Start	SBIRT: Screening, Brief Intervention, Referral, and Treatment
DARE: Drug Abuse Resistance Education	TASC: Treatment Alternatives for Safe Communities
DHHS: Department of Health and Human Services	VSA: Vital Statistics Administration
DOFRT: Drug Overdose Fatality Review Team	WACS: Worcester Addictions Cooperative Services
DPSCS: Department of Public Safety and Correctional Services	WCCSA: Worcester County Core Service Agency
DSS: Department of Social Services	WCHD: Worcester County Health Department
ED: Emergency Department	WCLBHA: Worcester County Local Behavioral Health Authority
EMS: Emergency Medical Services	WCSSO: Worcester County Sheriff's Office
FAST: Family Addiction Support Team	WOW: Worcester County Warriors Against Opiate Addiction
HIE: Health Information Exchange	YRBS: Youth Risk Behavior Survey
HPSA: Health Professional Shortage Area	
IOP: Intensive Outpatient Program	
LBHA: Local Behavioral Health Authority	
MAT: Medication Assisted Treatment	
MEMA: Maryland Emergency Management Agency	
MDH: Maryland Department of Health	