

Harford County

Opioid Overdose Prevention Plan

Updated: July 2017

Executive Summary

Historically, the Harford County Health Department (HCHD), the Harford County Department of Community Services-Office of Drug Control Policy (ODCP) and the Office on Mental Health-Core Service Agency have teamed with key stakeholders in the County to address opioid overdose deaths through prevention, intervention, and treatment. Through a collaborative effort, the Maryland Department of Health Behavioral Health Administration, the Vital Statistics Administration's Virtual Data Unit, and the Office of Chief Medical Examiner are making alcohol and drug intoxication death data available to local health departments on a quarterly basis. Data from 2016 shows the two (2) highest leading causes of overdose deaths are from heroin-related and fentanyl-related opiate drugs.

In recent years, the effort to reduce opioid overdose deaths has broadened to include multiple stakeholders representing health and medical, law enforcement, justice system, human services, education, planning, advocacy and other important areas. A number of new, innovative Harford County initiatives have been implemented over the past year and are documented in Appendix A.

In 2017, following the lead of the Governor's Opioid Operational Command Center (OOCC), Harford County convened its own Local OOCC Senior Policy Group and Opioid Intervention Team. One of the first actions has been to update the County's 2014 Opioid Overdose Plan. The purpose of the Opioid Overdose Plan is to reduce unintentional, life-threatening poisonings related to the ingestion of opioids. In Harford County, stakeholders are striving to create a paradigm shift in the county, reduce overdose deaths, and increase the number of people receiving behavioral health services.

The plan is comprised of four components:

1. Historical review of Prevention and Intervention Initiatives,
2. Needs Assessment/Analysis of Data,
3. Strategic Initiatives (including Education of the Clinical Community and Outreach to high risk individuals), and
4. Performance Metrics.

With the promise of additional funding for FY 2018 and beyond through the Governor's OCCC initiative, Harford County will take the next steps for combatting its opioid overdose epidemic through treatment, prevention, and enforcement.

Historical Review of Prevention and Intervention Initiatives

Prevention

Historically, Harford County Department of Community Services-Office of Drug Control Policy (ODCP) receives substance abuse prevention funding from the Maryland Department of Health Behavioral Health Administration (BHA) and a variety of other sources (e.g. Harford County Government, Highway Safety, etc.). The Harford County Health Department provides treatment for addiction services and receives funding from BHA and Harford County Government. Since 2000, ODCP has promoted and provided prevention services through strategies utilizing the resources of public and private agencies, and citizens. ODCP was the recipient of a DFC (Drug Free Communities) Grant for ten years and has received federal training in programs that reduce substance abuse in the county. Since 2001, ODCP has been responsible for obtaining over 15 million dollars in grant funds to address substance abuse issues in the county. For the past ten years, ODCP has implemented programs for over 20,000 residents annually in an effort to reduce substance abuse in the county. In FY 17 over 33,000 residents benefited from such programs.

Intervention/Treatment

The Harford County Health Department Division of Behavioral Health (HCHD-DBH) provides a comprehensive array of clinical co-occurring treatment services for people with addiction. Services include: comprehensive assessments, individual/group and family counseling, referrals for detoxification and inpatient treatment, specialty programming (jail-based services, drug court) and medication management (e.g. Methadone, Suboxone, and psychotropic). The highly successful HOPE Project, initially funded by a Maryland Community Health Resources Commission grant, targets dually diagnosed inmates and links them to substance abuse, mental health, medical, and case management services with the goal of reducing recidivism. Funding for

the HOPE Project expired in the Fall 2013, but the Health Department has continued this important program. The Adolescent Addiction Program provides substance abuse education and treatment to adolescents and their families. Substance abuse assessments are conducted at the HCHD-DBH as well as in schools, by request through the Maryland Student Assistance Program. The Drug Court Addiction Program provides substance abuse education and treatment services to nonviolent substance abuse offenders. In FY 16, the health department processed 1,063 client intakes and completed 9,520 individual and group appointments.

By providing education, comprehensive treatment options, and maintaining a visible presence in the community, ODCP and the Health Department work daily as the voice of a drug-free Harford County. Below is a summary of successful addiction prevention and intervention activities:

- Harford County Leadership – The Harford County Mental Health and Addictions Advisory Council (MHAAC) established a Prescription Drug Task Force sub-committee in 2012 to address the increase of opiate deaths in the county. The Harford County Health Department- Local Health Improvement Coalition (LHIC) identified behavioral health as one of the top health priorities for the county. The LHIC established a dedicated behavioral health sub-committee to develop recommendations for addressing behavioral health needs in the county. The Harford County Local Health Improvement Coalition oversees and provides direction to the behavioral health sub-committee.
- Community Drug Take Back Initiatives – ODCP, local law enforcement agencies, and DEA sponsor no-questions-asked prescription drug take-backs. Six (6) permanent receptacles have been stationed throughout the county for drug disposal on an ongoing basis. The following chart outlines the number of pounds of prescription drugs collected annually.

Year	Number of Pounds	Number of Citizens
2010	1,900	407
2011	1,850	629
2012	3,692	1,270
2013	4,044	1,065
2014	5,010	1,132
2015	5,134	1,180
2016	7,075	1,210
Total	28,705	6,893

Source: Harford County Office of Drug Control Policy

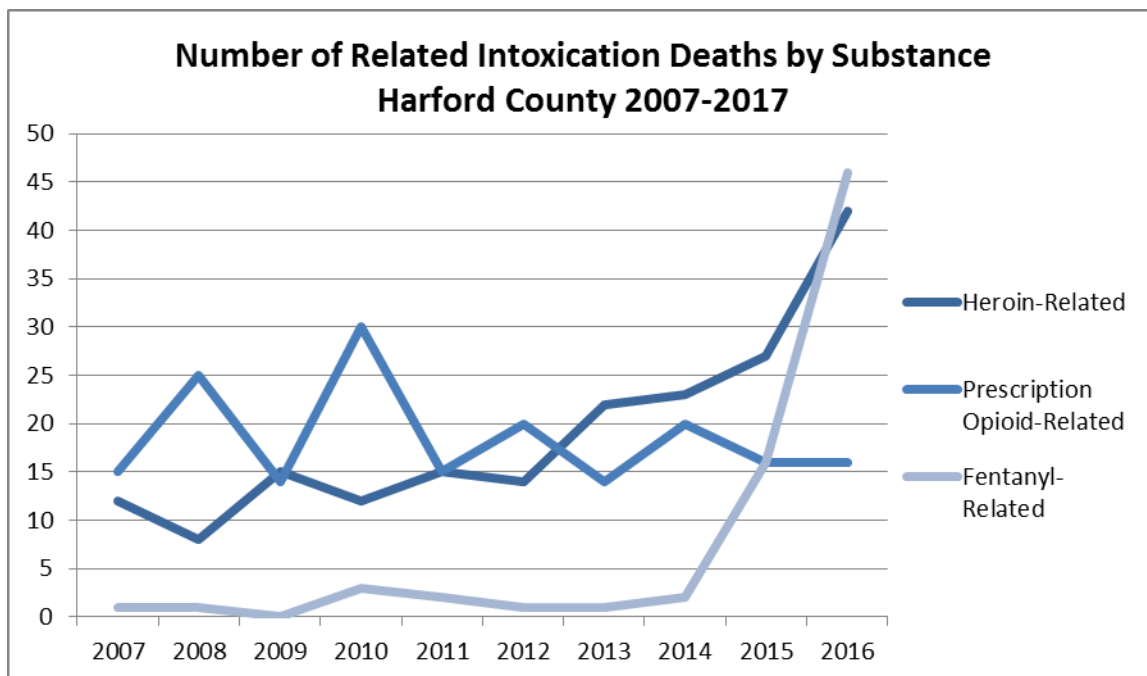
- Community Education – Numerous community outreach programming, trainings, and educational seminars spearheaded by ODCP and the HCHD have been implemented in the county. ODCP prevention programming has reached middle/high school students, Boy/Girl Scouts, business leaders, faith-based community, inmates, parents through the PTA, law enforcement agencies, medical and social service professionals, etc. The HCHD has been active in the community by hosting the local television program called Public Health Matters which airs on the Harford Cable Network. Public Health Matters had the opportunity to interview Mr. Keith Mills, WBAL/Channel 11, to talk about his personal experiences with addiction.
- Treatment – The Harford County Health Department Division of Behavioral Health utilizes Suboxone and Vivitrol medications as well as residential detoxification, and outpatient treatment. In FY 16, 262 Vivitrol injections were administered and 376 clients were referred for Suboxone treatment. Furthermore, the HCHD-DBH actively engages community partners in Recovery Orientated Systems of Care (ROSC) and has hired 4 Peer Specialists/Recovery Coaches to assist in moving clients toward recovery. The ODCP oversees and funds 4 problem-solving courts (3 district and 1 circuit). The specialized courts include: family recovery court, driving under the influence court, and mental health court, and opiate recovery court.
- Naloxone – Naloxone is currently available and utilized by Harford County Emergency Medical Services. It is currently available in all ambulances in the county. In addition, it is available for use by the Harford County Sheriff's Office- SWAT team for opiate overdose prevention (under physician orders). HCHD-DBH was approved as a training entity to train and educate the community on how to use Naloxone. Certificates and prescriptions are given to persons who complete the training successfully. HCHD-DBH provides funding for Naloxone to those participants without insurance or whose insurance will not pay for the prescription.

Needs Assessment/Analysis of Data

A review of quantitative and qualitative data was used to gain an overall understanding of the addiction issues in the county. The data snapshot presented below is based on information available from the Maryland Department of Health and local data sources (Harford County Sheriff's Office, University of MD Upper Chesapeake Medical Center, etc.). This first broad step in conducting the data review provides ideas, measures, and areas to dig deeper to better understand how to meet the addiction prevention and intervention needs in the community.

Figure 1: Opioid-Related Intoxication Deaths

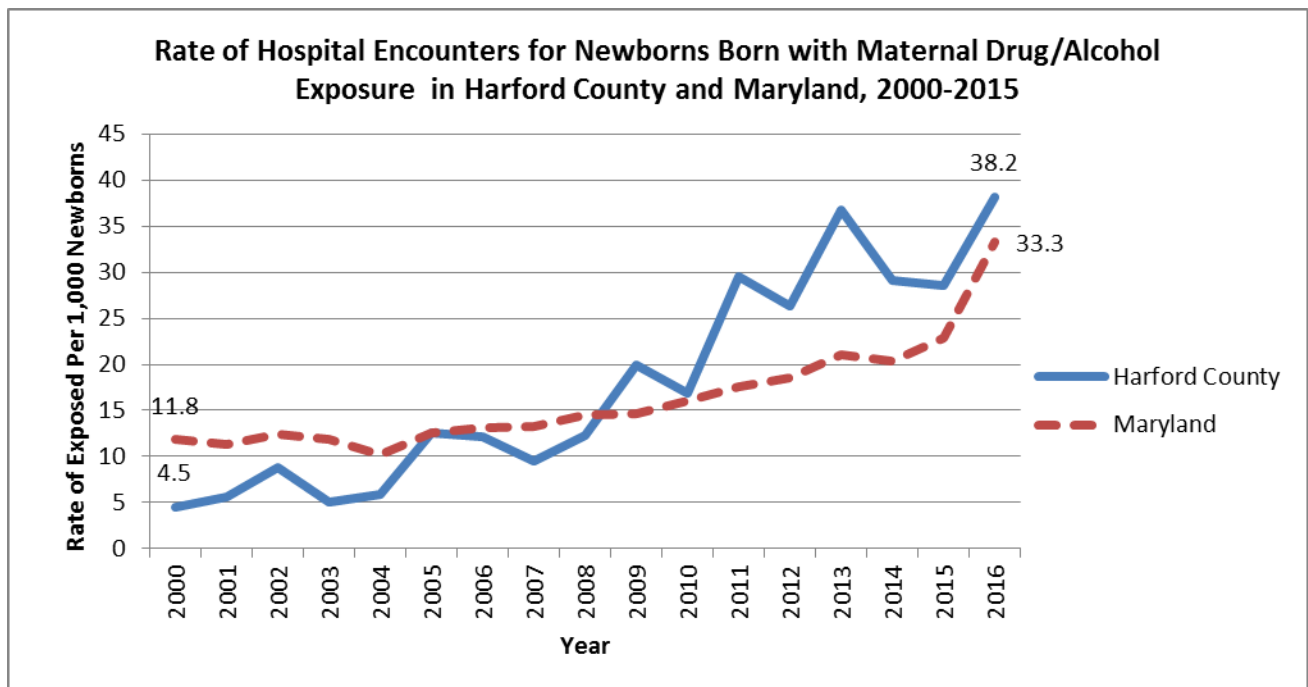
Between the years 2007 – 2016, the prescription opioid-related overdose deaths have remained relatively stable, ranging from 14-30 deaths per year. However, overdose deaths related to heroin and fentanyl have increased significantly since 2007, with the most dramatic increases occurring in 2014 and 2015. Heroin-related deaths have increased 71% since 2007 and fentanyl-related deaths have increased 98%.



Source: Maryland Vital Statistics Drug and Alcohol-Related Intoxication Deaths in Maryland 2016

Figure 2: Newborn Drug/Alcohol Exposure

The Upper Chesapeake Hospital System tracks the number of babies born exposed to drugs. As the table indicates, the newborn substance exposure rate has experienced an 8 fold increase between 2000 and 2016. The Harford County Child Fatality Review (CRF) Board regularly reviews this indicator, which is an indirect reflection of the rate of addiction increasing in the county. This data is also monitored by the Harford County Fetal Infant Mortality Review (FIMR) Board.

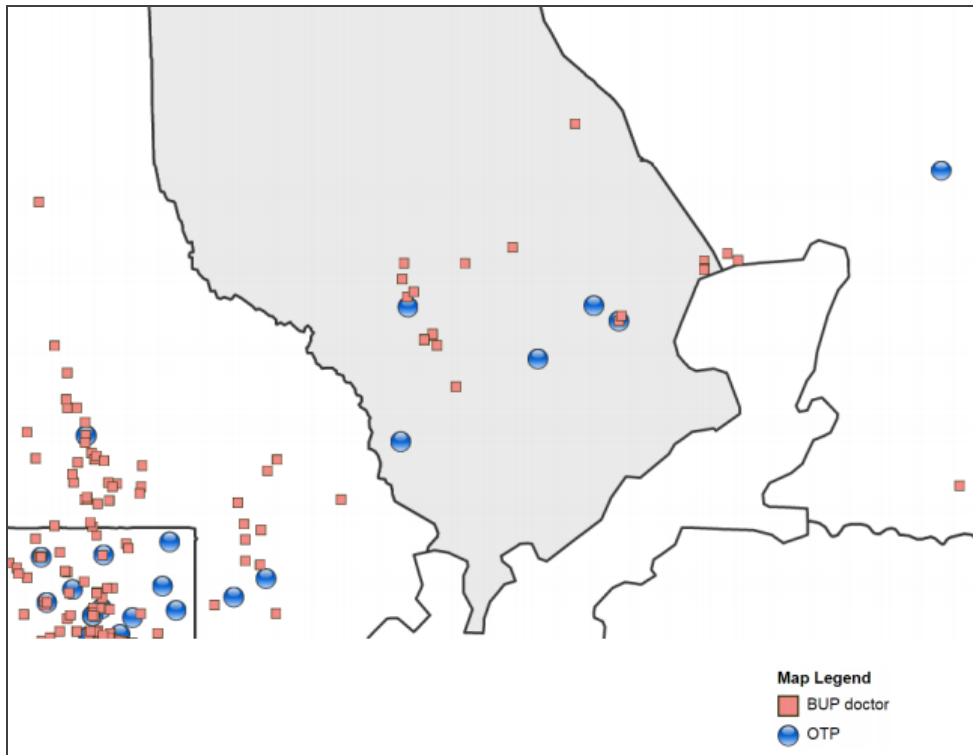


Source: HSCRC Hospital Data, 2000-2015

NOTE: ICD-10 Codes Used 760.70, 760.71, 760.72, 760.73, 760.75, 760.77, 779.5

Figure 3: Opioid Treatment Program (OTP) Capacity

The Maryland Behavioral Health Administration compares each Maryland county’s Opioid Treatment Program (OTP) capacity to the estimated need in that county. In 2015 Harford County’s estimated need was 2,570 patients. In comparison, existing capacity could only facilitate 1,687 patients. That estimate left around 883 persons in need above capacity. The figure below maps Buprenorphine Treatment Providers and OTP facilities throughout the county.



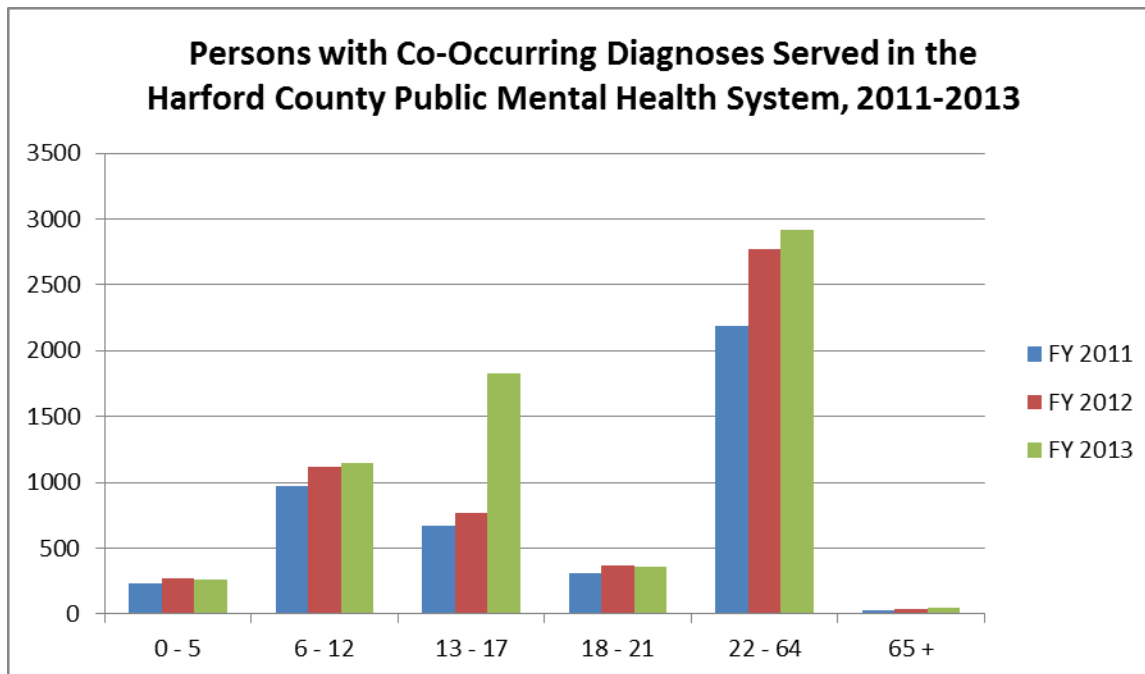
Source: Maryland Behavioral Health Administration Opioid Treatment Programs in Maryland: Needs Assessment Report

Figure 4: Co-Occurring Diagnoses

The Harford County Office on Mental Health/Core Service Agency monitors the number of people who received public mental health services in the county. The total number of co-occurring people served:

- FY 11, 4,392
- FY 12, 5,333
- FY 13, 5,557
- FY 14, 6,288
- FY 15, 7,332
- FY 16, 8,205

As shown in the following graph, the overall number of people dually diagnosed served in the public mental health system continues to increase each year, with the greatest incidence occurring in people 22-64 years of age.



Source: Maryland Department of Health, Behavioral Health Administration

Figure 4: Heroin and Prescription Opiate Seizures

Over the last four years, the amount of heroin and opiate pill seizures has grown exponentially. This is due in part to the increase amount of prescribing/use of prescription medications and heroin, and targeted efforts through the law enforcement agencies. The following table provides annual quantities of heroin and prescription opiate seizures in Harford County.

Year	Heroin (grams)	Opiate/Prescription Meds (pills)
2009	61 g.	395
2010	138 g.	1,076
2011	341 g.	4,011
2012	2,336 g.	1,628
2013	1,231 g.	775
2014	314 g.	1,952
2015	2,048 g.	825
2016	2,013 g.	374

Source: Harford County Sheriff's Office/Task Force

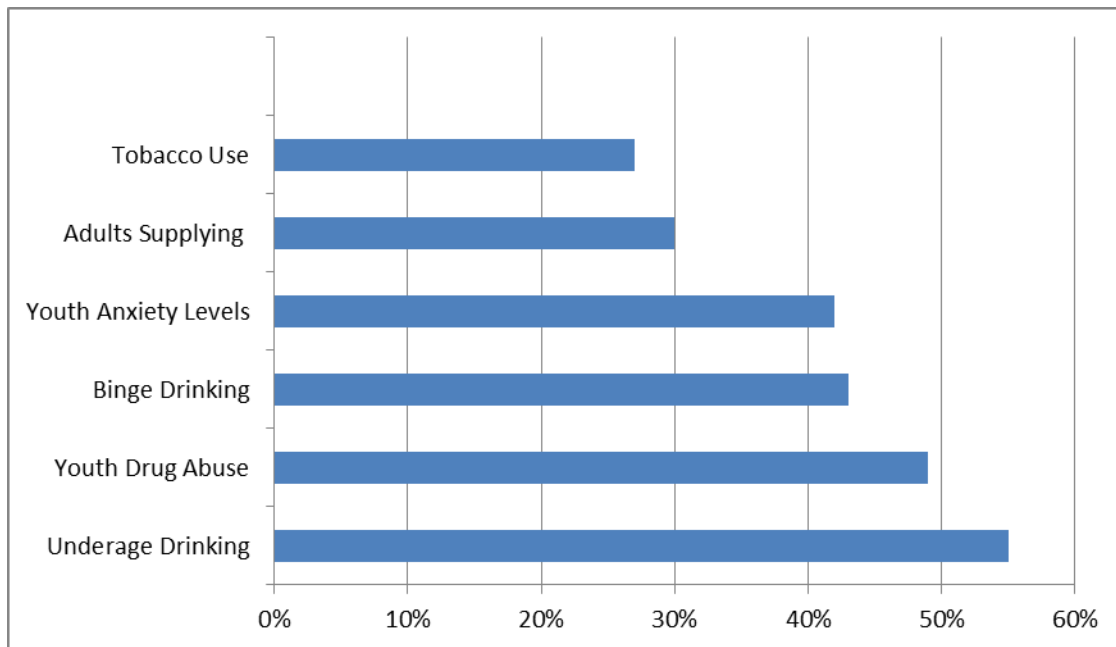
Figure 5: Online Parent Survey about Youth Addiction

Purpose: An online survey was conducted to determine parent/guardian opinions on youth behavioral health in Harford County. The survey was compiled by the Harford County Health Department and the Department of Community Services-Office of Drug Control Policy for the purpose of the Harford County Local Health Improvement Plan- Behavioral Health Workgroup.

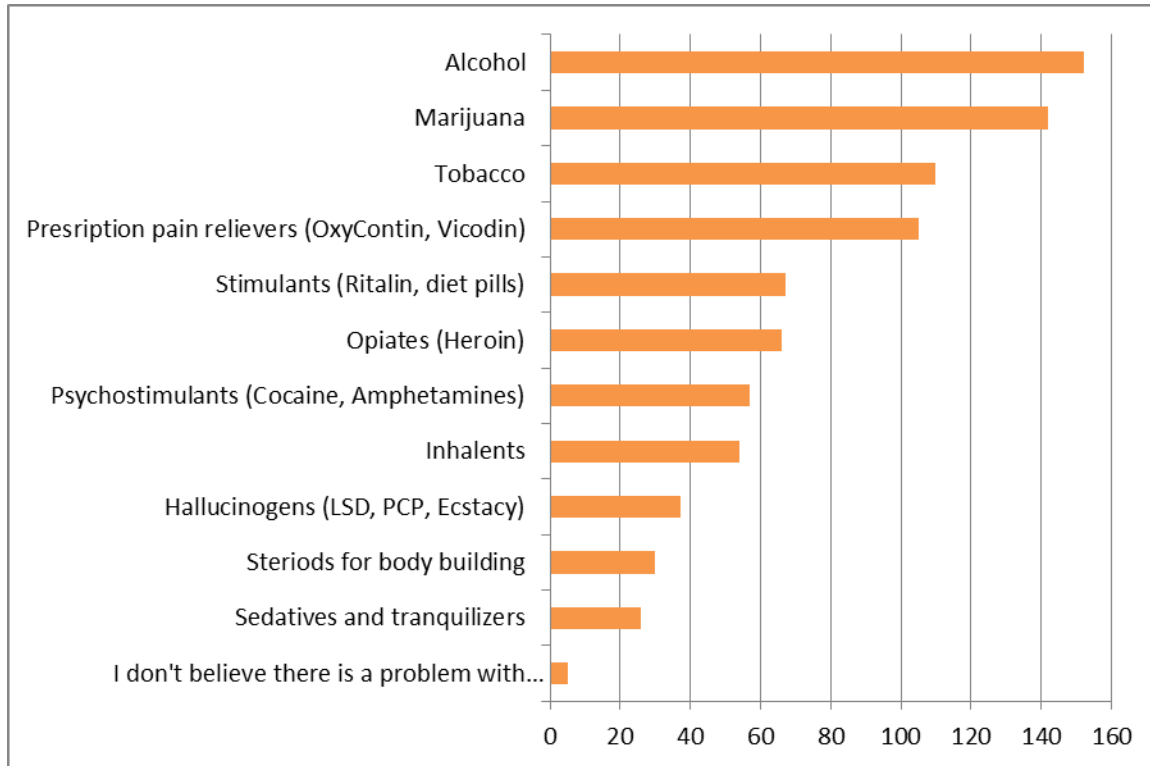
Responses: 170 parents across Harford County answered questions about their views of addiction, mental health and treatment resources in the county.

Methodology: An online survey (Survey Monkey) was distributed to parents of Harford County Public School students by the DCS/ODCP between April and June, 2012. In addition to the School System, the survey was promoted through the Harford County Local Management Board and the Office of Drug Control Policy websites during 2012.

Which of the following do you believe are problems within our youth community?



Which of the following substances do you believe are problems within our youth community?



Summary: Parents believe substance abuse is a problem among youth, with alcohol being a primary concern, followed by drugs. On surveys, parents highlighted that anxiety among youth is of significant concern among parents. Parents also reported the following:

- Youth need more [productive] places to socialize
- Increase direct educational awareness programs in schools
- Increase faith-based activities to address addiction
- Focus on strong parental relationships
- Need more classes for youth on managing stress, making good decisions, and healthy living
- Small accountability groups with peers and a trusted adult for youth who have used substances
- Stronger discipline for youth caught abusing drugs or alcohol as well as parents who supply substances
- Need to increase access for the mobile crisis team

Figure 7: Targeted Focus Group- Emergency Department

In June 2012, a targeted focus group was held with Emergency Room Staff from Upper Chesapeake Health and Harford Memorial Hospital. The purpose of the focus group was to explore with front-line staff, the trends, areas of challenges, positive experiences and opportunities to improve behavioral health services in the county. Physicians, nurses, patient navigators and social workers reported the following:

- People using substance are arriving in the emergency department seeking detoxification.
- Individuals with severe psychological needs are referred to the ED.
- There is a general lack of known resources in the community among treatment providers in the ED.
- There are no substance abuse programs for uninsured other than the Health Department.
- The Sheriff's Office is responding to an increased number of calls for service for overdoses and burglaries (stealing to then purchase drugs).
- There are waiting lists to serve people in community mental health programs in the community.
- Some psychiatrists won't see individuals with a substance abuse addiction.
- Children are growing up in environments where addiction is the norm.
- The mobile crisis team services need to be expanded.
- Crisis residential program beds need to be developed in the county.
- Although parent/family support services are available in the Health Department, many do not take advantage of the opportunity.
- The ED is seeing more youth who are abusing spice and coming to the ED psychotic or suicidal; treatment options are very difficult.

Strategic Initiatives

After reviewing and analyzing the data, strategic initiatives have been identified to help begin establishing prevention and intervention priorities for the county. The overall goal of the strategic initiatives is to support the county in making systematic changes, ultimately decreasing the number of opioid overdose deaths. The Harford County Opioid Prevention Implementation Plan is anticipated to impact overdoses in the community by reducing overdose deaths by 10% by the year 2020. Some changes may require a shift in resources that are already in place. However, every change will require the energy of the community to collaborate throughout the process.

As the foundation, the strategic initiatives of the Harford County Opioid Overdose Prevention Plan is based on the SAMHSA recognized Lazarus Project. The Lazarus Project is a public health model founded on the principles that "drug overdose deaths are preventable and that all communities are ultimately responsible for their own health" (www.ProjectLazarus.org).

Model components include:

- ❖ Monitoring and epidemiologic surveillance,
- ❖ Community activation and coalition building,
- ❖ Prevention of overdoses through medical education and other means,
- ❖ Treatment & Use of rescue medication to reverse overdoses by community members, and
- ❖ Evaluation components.



Overall Goal – Impact Statement

The Harford County Opioid Prevention Implementation Plan is anticipated to impact overdoses in the community by reducing overdose deaths by 10% by the year 2020.

Review and Analysis of Data

Community Objective	Strategy	Action	Timeline	Performance Measure	Measurable Indicators
Monitor Data and Recommend Changes to Policies and Practice.	Monitor the effectiveness of prevention and intervention activities throughout the community.	Utilize data points as benchmarks to monitor the effectiveness of prevention and intervention activities.	2013 and ongoing	Increase participation in the county-wide behavioral health integration strategic planning process to create a cultural shift in the county.	The Opioid Prevention Workgroup will meet quarterly to monitor strategic activities and data points which are available.

Education of the Community

Community Objective	Strategy	Action	Timeline	Performance Measure	Measurable Indicators
Prevention	Community Organization and Activation	<ol style="list-style-type: none"> 1. Identify and engage with persons in recovery to assist in coalition building. 2. HCHD will explore using eligibility outreach workers to provide information to encourage those who are eligible to apply for Medicaid benefit. 3. Develop and strengthen Community Coalitions (Faith-based prevention board, town hall meetings, school-student partnerships, etc.). 	<p>2013 and ongoing</p> <p>2013 and ongoing</p> <p>2013 and ongoing</p>	Increase participation in the county with grassroots "change-agents" to create community buy-in within the county.	Increase the number of attendees participating in planning for the integration of behavioral health services.

Education of the Clinical Community

Community Objective	Strategy	Action	Timeline	Performance Measure	Measurable Indicators
Prevention	Prescriber Education and Behavior	1. In partnership with BHA, facilitate prescriber education/trainings on pain management and the prescription drug monitoring program. This training will also reach out to the Dental Society, and local dentists in the county who are known to prescribe prescription medications.	2014 and ongoing	Increase participation of educational forums by professionals who are prescribers of pain medications.	Increase the number of attendees participating in prescriber prevention/ awareness activities.
		2. Partner with BHA to assist in identifying and recruiting prescribers to participate in Risk Evaluation and Mitigation Strategy (REMS) training.	2014 and ongoing		

Education of the Clinical Community

Community Objective	Strategy	Action	Timeline	Performance Measure	Measurable Indicators
Prevention	Supply Reduction and Diversion Control	1. Modify the drug take-back message to include a broader public health/education message (modeled after Lazarus message).	2013 and ongoing	Number of babies born addicted Number of permanent drop-sites established	Reduce the rate of newborns exposed to drugs by 5%. In 2013, the newborn drug exposure rate was 36.7 per 1,000 newborns. This rate decreased by 4.1% to 38.2 in 2016. 6 permanent drop sites are currently in use.
		2. Continue to partner with strategic partners to implement county-wide Drug-Take-Backs (creating a schedule for the year).	2013 and ongoing		
		3. Work in partnership with local law enforcement to identify and establish a permanent drop-site for prescription drug returns.	2014 and ongoing		

Outreach to High Risk Individuals and Communities

Community Objective	Strategy	Action	Timeline	Performance Measure	Measurable Indicators
Intervention/ Treatment	Increase number of citizen receiving treatment services.	1. HCHD will establish a partnership with Harford County Public School guidance counselors to address needs of children of parents (currently in treatment at the Health Dept.). The needs of the children will be addressed through community programs.	2015 and ongoing	Number of co-occurring mental health consumers in treatment	Increase the number of people entering the public mental health system who utilize co-occurring services by 5%. Between 2011 and 2016, there was an 86.8% increase in utilization of co-occurring services.
		2. In partnership with the Upper Chesapeake Health System- HealthLink, promote Screening, Brief Intervention and Referral to Treatment (SBIRT) among the physicians and nurse practitioners to identify addiction needs in the practice. HealthLink serves a predominantly low-income population and serves as the Health Care for the Homeless treatment site.	2015 and ongoing	Number of people treated for opiate addiction	

Outreach to High Risk Individuals and Communities

Community Objective	Strategy	Action	Timeline	Performance Measure	Measurable Indicators
Intervention/ Treatment	Emergency Treatment through Medication ~ Rescue and "Alternative"	<ol style="list-style-type: none"> 1. Work with hospitals to identify patients who frequently use the emergency department and develop a mechanism for rapid treatment referrals. 2. Work with EMS providers to continue monitoring the usage of Naloxone as a rescue medication. 3. Provide Naloxone Certification and Training Program to community members. 	Ongoing	<p>Deaths due to overdoses</p> <p>Number of people trained in the use of Naloxone</p>	<p>Decrease overdose deaths by 10%.</p> <p>Overdose deaths in Harford County have increased 133% between 2013 and 2016.</p>

Summary

Key stakeholders throughout Harford County are being mobilized to mount an effective response to tackle opioid addiction in the County. We are working to create community champions affecting a County-wide paradigm shift. In partnership and with support from the Governor's Office, the Maryland Department of Health and numerous community partners, we are actively working to mitigate drug overdoses in Harford County through treatment, prevention and enforcement.

Appendix A. Opioid Initiatives in Harford County



Acronyms

BH	Behavioral Health
CIT	Crisis Intervention Team
DC	Harford County Detention Center
DSS	Department of Social Services
ER	Emergency Room
HCC	Harford Community College
HCCS	Harford County Court System
HCHD	Harford County Health Department
HCPL	Harford County Public Library
HCPS	Harford County Public Schools
HCSO	Harford County Sherriff's Office
LHIC	Local Health Improvement Coalition
MD	Maryland
MA	Medicaid
MCT	Mobile Crisis Team
MHAAC	Mental Health and Addictions Advisory Council
MOU	Memorandum of Understanding
ODCP	Office of Drug Control Policy
OIT	Opioid Intervention Team
OOCC	Opioid Operational Command Center
PCP	Primary Care Physician
SEN	Substance Exposed Newborn Taskforce
SUD	Substance Use Disorder
TCA	Temporary Cash Assistance
SSP	Syringe Service Program
UM-BHU	University of Maryland Upper Chesapeake and Union Memorial Hospital Behavioral Health Unit

Law Enforcement

Initiative	Description	Lead Agency(s)
HOPE for Harford Workgroup	HOPE workgroup is designed to understand the heroin problem in our community, develop ways to reduce heroin addiction and promote Overdose Education.	HCSO
Crisis Intervention Team	HCSO offers services by CIT trained individuals for BH crisis intervention.	HCSO
Emergency Responder Safety Program	HCSO and local EMS will develop a policy regarding personal protective equipment protocols for first responders when responding to a possible drug overdose.	HCSO
Overdose Coordination and Referral	HCSO provides HCHD with contact information for individuals who have overdosed. HCHD contacts the individual to promote access to care.	HCSO/ HCHD

Health and Medical

Initiative	Description	Lead Agency(s)
Mental Health and Addictions Advisory Council (MHAAC)	Advise on the progress of county efforts, advocate for a comprehensive approach to the prevention and treatment, determine the needs of the county, and review the availability and quality of SUD facilities and services.	
Overdose Fatality Review Team	Team reviews overdose deaths to identify trends, service gaps, improve coordination of care and make state and local level recommendations.	HCHD
LHIC - Behavioral Health Workgroup	Objective; develop mechanisms to integrate substance abuse and mental health treatment programs and Improve delivery of behavioral health services.	LHIC
Substance Exposed Newborn (SEN) Taskforce	Recommendation to incorporate A Peer Recovery Specialist into the treatment team when a patient is identified to have a SUD.	HCHD/SEN/PCP
Care Coordination	HCHD provides residential support services to individuals who are transitioning to and from residential to ensure continuity of care.	HCHD
Walk-In SUD assessment and referral	Individuals in need of an SUD assessment and are uninsured or Medicaid eligible can be seen by the HCHD at 8:00 am Monday – Friday.	HCHD
HCHD - Outpatient SUD Treatment	Individuals in need of outpatient SUD or Dual Diagnosis treatment and are uninsured or Medicaid eligible can receive treatment at the HCHD.	HCHD
Medication Services – Vivitrol, Psychiatric, Suboxone, Subutex	Individuals in need of medication management and are uninsured or Medicaid eligible can receive treatment at the HCHD.	HCHD
SUD Treatment and Supports	Community-based opioid maintenance treatment, halfway houses, residential treatment.	HCHD/MHAAC
Local Addictions Authority	Overseeing and providing technical assistance to Licensed/Certified SUD providers.	HCHD

Insurance Navigators	HCHD Provides insurance navigator assistance to all individuals presenting to the HCHD for SUD treatment. Individuals can with the assistance of the navigator apply for MA or other insurance.	HCHD
Presentations/Public Announcements/ Social Media/ Awareness Events	HCHD provides SUD awareness such as Presentations /Public Announcements/Awareness Events.	HCHD
University of MD Upper Chesapeake and Union Memorial Hospital Behavioral Health Unit	UM-BHU receives referrals from the ER and inpatient for SUD. If needed, assessment and rapid referral services to the HCHD are initiated. HCHD receives the referral and attempts to contact the individual to promote access to care.	UM-BHU/ HCHD
Care Coordination	HCHD receives referrals from UM-BHU. HCHD recovery Specialist is stationed at the hospital 20 hours a week and establishes contact with the patient at the hospital to promote access to care.	UM-BHU/HCHD
Mobile Crisis	STOP grant will include the hiring of a FT Staff member trained to treat co-occurring disorders.	MCT/ HCHD
Mental Health First Aid	Bi-monthly trainings offered on Mental Health First Aid.	Healthy Harford
Naloxone Education and Distribution Program	Training and Certification on the use and administration of Naloxone.	HCHD

Human Services

Initiative	Description	Lead Agency(s)
DSS – Peer Recovery Specialist	Incorporate of a Peer Recovery Specialist at DSS.	DSS/ HCHD
TCA – Temporary Cash Assistance	Providing SUD assessment and referral services to individuals applying for or receiving TCA.	DSS/ HCHD
Presentations/Billboards/Public Announcements/Drug Take Back Days/Awareness Events/Social Media	ODCP provides SUD awareness such as Presentations/Billboards/Public Announcements/Drug Take back Days/Awareness Events.	ODCP
Targeted Outreach - HCPS	ODCP provides SUD prevention based education to HCPS students.	ODCP

Justice System

Initiative	Description	Lead Agency(s)
Family Drug Court	HCHD provides treatment to some individuals enrolled in this court program.	HCCS/ HCHD
Opioid Recovery Court	In lieu of incarceration participants can participate in an intense recovery program. HCHD provides case management services.	HCCS/ HCHD
Truancy Court	Expand services to include 120 Day Treatment – to be added to MOU.	HCCS/ HCHD
Reentry Program	DC support re-entry by making the necessary referrals to treatment.	DC

Vivitrol Outreach Program	Vivitrol outreach, education and treatment.	DC/ HCHD
Education		
Initiative	Description	Lead Agency(s)
Skills-based health education	HCPS Health Education Curriculum is being aligned to a skills-based approach to drug education. Professional development with a nationally renowned trainer in November 2016, with follow up in April 2017. Curriculum writing Summer 2017.	HCPS - CIA
Health Education Teacher Training	All health education teachers are provided annual training by the Office of Drug Control. Updated information is provided throughout the year to the Health Education Supervisor.	HCPS
Special Events	Speakers, assemblies, and other special events regarding drug education are vetted through the Office of Health Education and, when approved, available for instructional use.	HCPS
Grass Roots Initiative	Every HCPS secondary school SAAD/STARS team received training with Office of Drug Control and Sheriff's Dept. Teams developed action plans for their school to address Opioids. Results submitted to the Office of Health Education. (second year)	HCPS
Community Information Meetings	This is a two year project with the Sheriff's Department and the Office of Drug Control to provide information to the community regarding Opioid use in Harford County. Year one consisted of five evening programs at middle schools and year two was held at three high schools serving diverse geographic areas of Harford County.	HCPS
Naloxone Training/ Naloxone Availability in All Schools	During school year 2016-2017, all middle and high school nurses were instructed in the use of naloxone and 2 doses of intranasal naloxone were available in all middle and high schools. For school year 2017-2018, all school nurses will be trained and naloxone will be available in all of our school buildings. <i>Cost: \$75 per school; \$4,275 (awaiting notification if the local health department can supply any doses; will also pursue Adapt Pharma's program to supply high schools- if approved 10 free doses may be available</i>	HCPS
Prevention of Addiction of Heroin/Opioid Use Grant	In February 2017, Students Against Destructive Decisions (SADD) at Harford Technical High School created a "Faces of Addiction" display designed to educate their peers about the lives lost to heroin overdoses. Using this model, SADD programs in all high schools will create social marketing campaigns designed to raise awareness during the 2017-2018 school year. <i>Cost: \$400 per SADD program = \$4,000</i>	HCPS