



**ST. MARY'S COUNTY GOVERNMENT
DEPARTMENT OF
AGING & HUMAN SERVICES**

ST. MARY'S COUNTY OVERDOSE PREVENTION PLAN



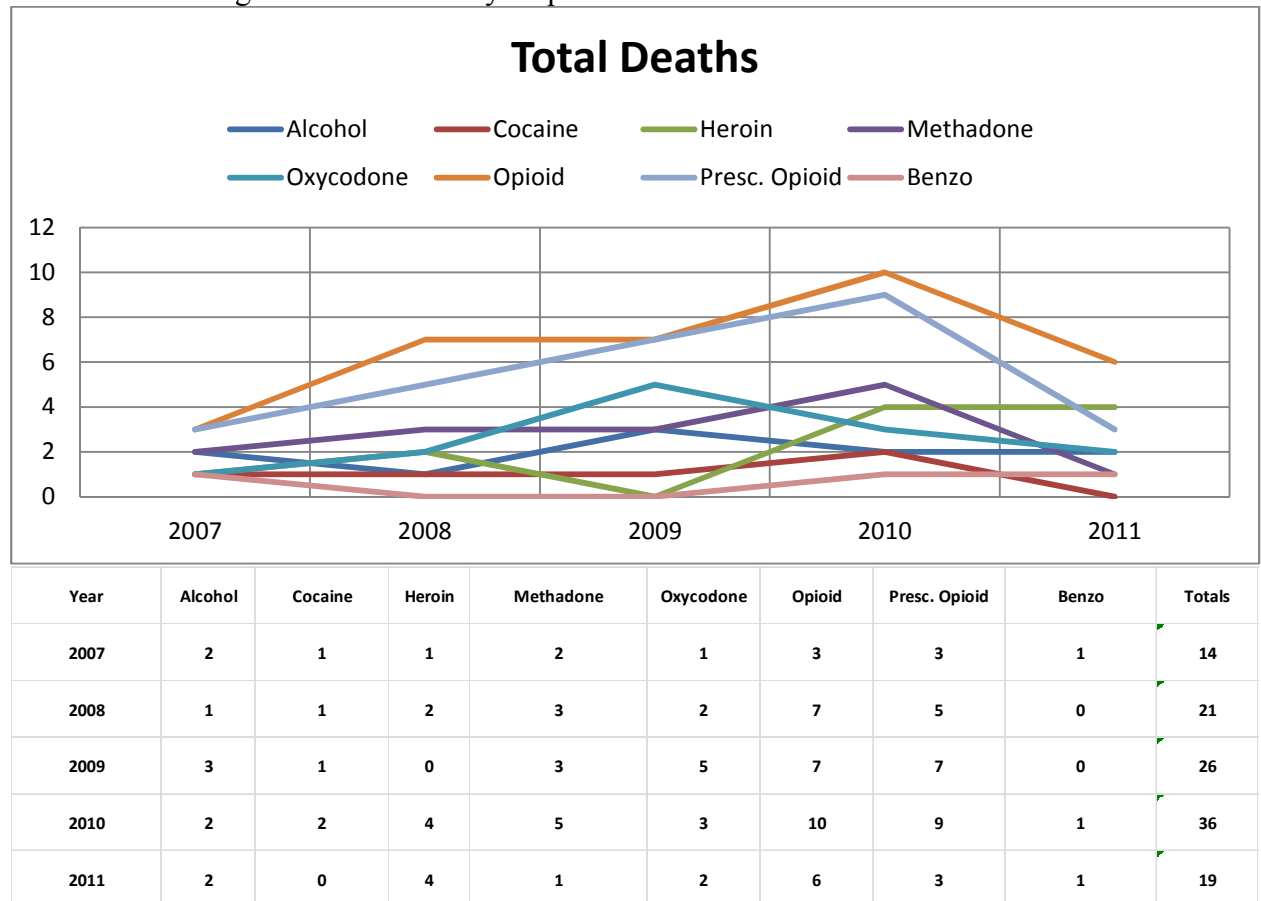
Section 1: Review and Analysis of Data

Describe the overdose-related data that your jurisdiction has reviewed and provide an analysis of overdose trends based on this review. Include a description of other sources of data that you plan to access and review and describe the process for access and any challenges that you foresee.

The following overdose-related data has been identified and reviewed for St. Mary's County:

1) Drug and Alcohol Intoxication Deaths in Maryland, 2007-2011 (OCME).

This report indicates that heroin overdose deaths in St. Mary's County increased from 2009 to 2010 (from 0 to 4), but remained the same from 2010 to 2011, but remained the same from 2010 to 2011. Opioid deaths, after rising for three years, have dropped 40% from 2010 to 2011. In fact, 2011 shows the fewest number of drug and alcohol intoxication deaths in St. Mary's County since 2007, as well as the first reversal in the trend of increasing deaths over the 5 year period.

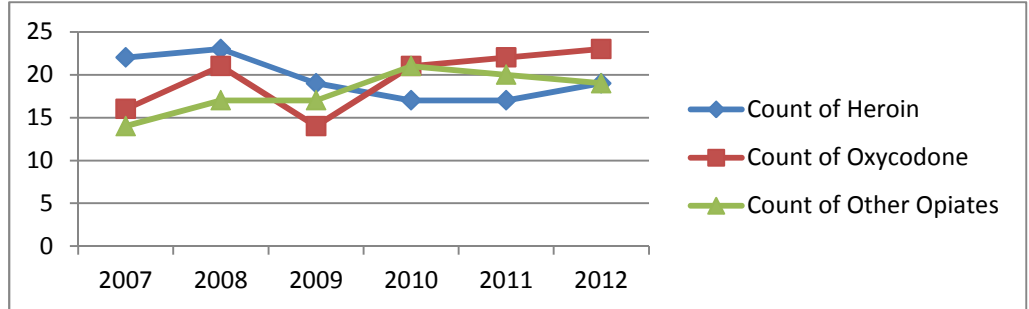




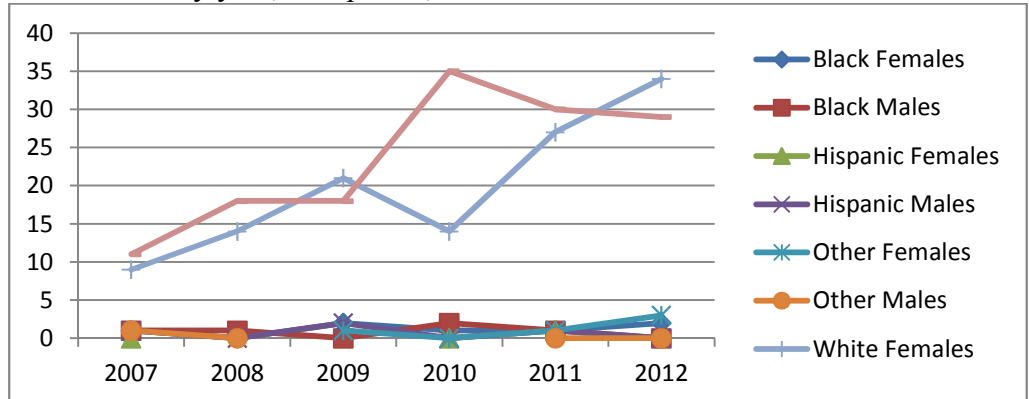
2) **St. Mary's County Level III.7d Admissions to Walden Sierra, 2007-2012 (SMART)**

This data indicates that:

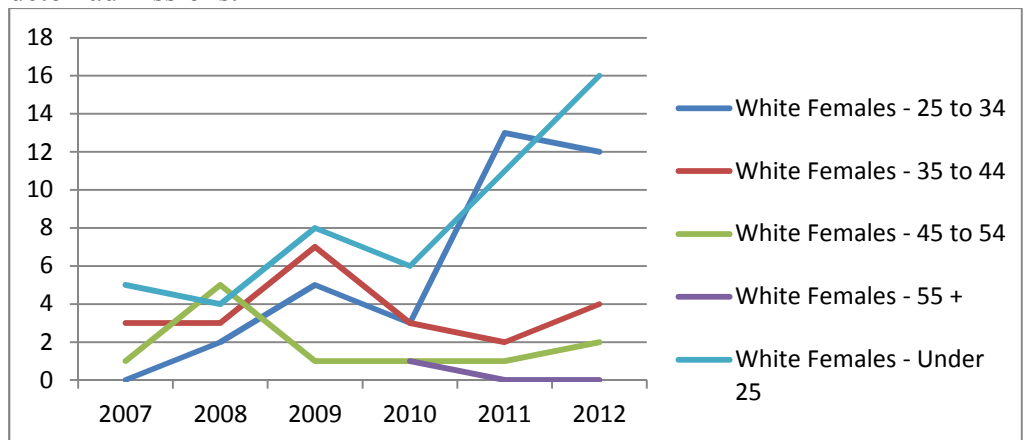
- a. St. Mary's County Level III.7d admissions involving oxycodone is on the rise and surpassed heroin and other opiates for treatment admissions in 2011 & 2012



- b. The populations primarily reporting this trend are white males and white females. White males show a decrease since 2010, but white females have increased every year, except one, since 2007.



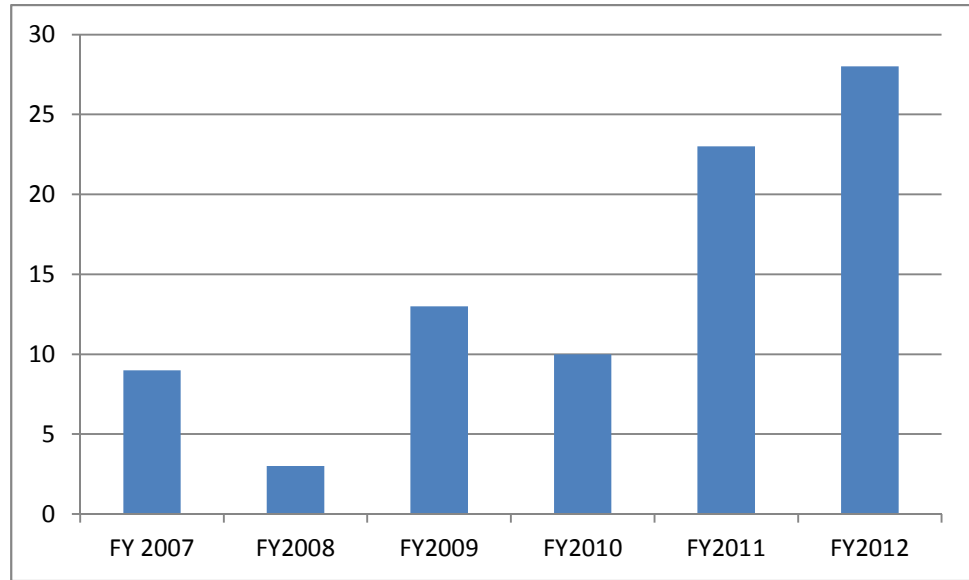
- c. Young white females (especially under 25) show the greatest increase in detox admissions.



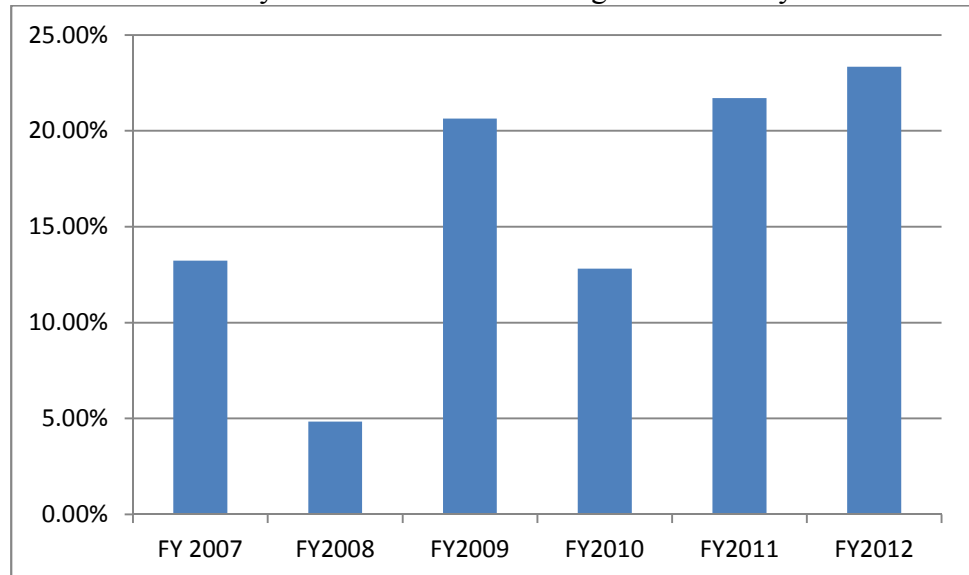


3) St. Mary's County readmissions to residential level care (within 1 year of disenrollment) to Walden Sierra, 2007-2012 (SMART)

- a. The number of St. Mary's County resident readmissions to level III.7 level of care involving opiates has tripled since 2007.

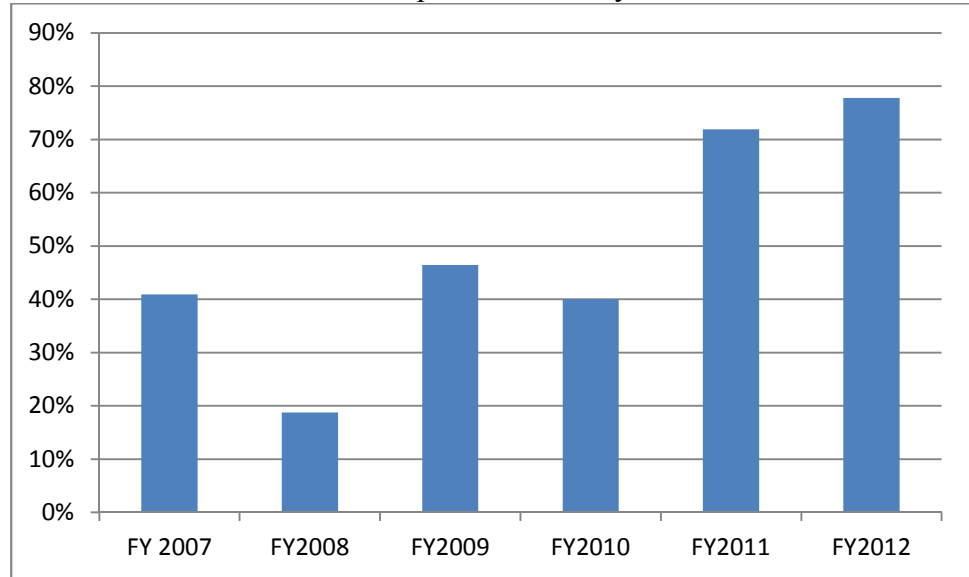


- b. The percentage of III.7 disenrollments with opiates in matrix that return to level III.7 within 1 year of disenrollment has grown to nearly 1 in 4.



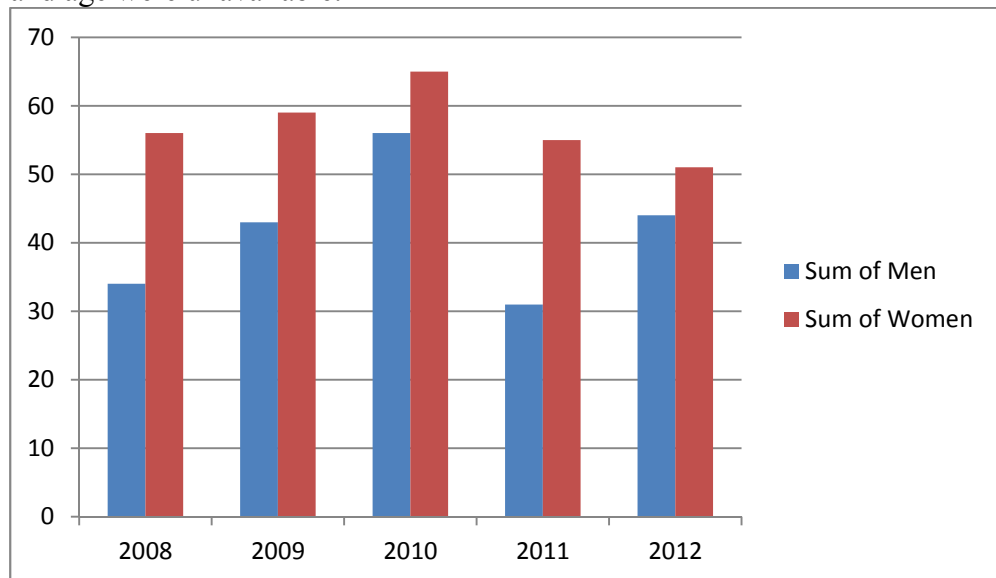


- c. The percentage of all St. Mary's County resident readmissions to level III.7 level of care that involve opiates has nearly doubled since 2007.



4) **Drug Related Emergency Petitions, 2008-2012 (St. Mary's County Sheriff's Office)**

- a) Drug related emergency petitions show a decrease from 2010 to 2012 with women making up the majority of those petitions every year. Data on race and age were unavailable.





5) St. Mary's County Detention Center Female Inmate Population Data

- a. Maryland Monthly Jail Statistics
- b. Jail Management System Recidivism Report
- c. Sheriff's Office Corrections Division Inmate Demographics Report

The following overdose-related data has been requested for St. Mary's County and will be reviewed upon availability:

- 1) ER data from St. Mary's Hospital of St. Mary's County, Inc.
- 2) Maryland Poison Center (MPC) data. Update- St. Mary's County has received access to the MPC dashboards and is in the process of reviewing data.

Section 2: Planned Interventions/Initiatives

(A) Education of the Clinical Community

Based on the analysis of local data, provide a strategy for engagement with the medical community as well as mental health and substance use disorder treatment providers about overdose and opportunities for effective intervention.

A local overdose prevention workgroup was established to analyze data and to develop the St. Mary's County Overdose Prevention Plan. The workgroup is composed of representatives from the county's Division of Human Services, the local Health Department, Sheriff's Office, St. Mary's Hospital, the Detention Center, and the local substance abuse treatment provider, Walden Sierra. Additional representation has been provided by local pharmacists and practitioners.

Data review and workgroup discussions suggested several opportunities to improve engagement, coordination and education of the clinical community. Initial efforts will focus on raising awareness of the local problem, developing a collaborative network with providers and stakeholders, and assessing the current strengths and needs of the clinical community in addressing misuse, abuse and overdoses in St. Mary's County.

The following strategies and activities have been identified for this effort:

- 1) Collaborative network for disseminating education; national, state and local updates (ie, PDMP); and strategies for our local providers
- 2) Letter to practitioners that will:
 - a. use local data to define the problem in St. Mary's County; and
 - b. Provide an overview of state initiatives and local plans.
- 3) Forum for the clinical community to discuss the problem in St. Mary's, as well as strengths and needs of the clinical community.
- 4) "Toolkits" and educational materials to disseminate and make available to the clinical community. Toolkits may include:
 - a. Stats and comparisons of data (local, state, national),



- b. Treatment and prevention resources and access mechanisms,
 - c. Information on identifying aberrant drug-taking behavior and other signs of diversion, misuse, abuse, and overdose.
 - d. Algorithms for different “roles” (nursing, admins, etc.)
 - e. Use of PDMP
- 5) Regional collaboration with Calvert and Charles counties.

(B) Outreach to High-Risk Individuals and Communities

Based on the analysis of local data, provide a strategy for identifying high-risk individuals and situations and intervening with education, appropriate referrals and any other steps considered appropriate by the locality.

In identifying high-risk populations, the workgroup relied mainly on local treatment episode data available through SMART, as well St. Mary’s County Detention Center Inmate Population data. The workgroup also considered the myriad entry points in which they present (emergency petitions, incarceration, hospitals, etc.) and the multiple roles within those systems (deputies, doctors, nurses, admins, peers, etc.). Data and sources for identifying High-risk individuals and communities are limited, but thus far indicate the following:

1. Young white females- Level III.7d admission data for our primary Substance Abuse Treatment provider indicate a rising number of white females between the ages of 18-34 reporting opioids on admission.
2. Level III.7 disenrollments involving opiates that return to Level III.7 within one year of disenrollment.
3. Female inmates at the detention center- There are few substance abuse resources for female inmates at the detention center, where 50% of the population is under the age of 29.

The following strategies and activities have been identified for this effort:

1. Presentations, educational materials and newsletters to high risk individuals and communities, as well as other community populations.
 - a. PTAs
 - b. Schools
 - c. Community events
 - d. Local coalitions and civic organizations
 - e. The recovery community (AA, NA, Al-Anon)
2. “Release and Reintegration Preparation” program for female inmates.
3. Blueprints for interventions (Algorithms for different roles).
 - a. Entry points
 - b. What to ask and what to do
 - c. Decision trees



4. Collaboration and engagement of the local recovery community.
5. HEZ opportunities.

High-risk individuals and communities will continue to be defined as data is collected. Outreach strategies will be determined through collaboration with the clinical community as well as the SPF process through a new prescription drug abuse coalition described below. St. Mary's County was also awarded a grant as a Health Enterprise Zone. Opportunities for identification and intervention within the HEZ will continue to be discussed as that project is developed.

(C) Other Interventions/Initiatives

Provide information on other interventions or initiatives the jurisdiction plans to implement. These could include initiatives covered during the conference (i.e. naloxone training and distribution, ED case management for chronic pain patients, PDMP registration/use policies, etc.) or any others as appropriate.

St. Mary's County is currently planning to use the Strategic Prevention Framework (SPF), and some of the capacity developed through our MSPF coalition for underage drinking, to address prescription drug abuse through a coalition approach. Prescription drug abuse priorities and strategies will be identified and implemented by a prescription drug coalition using this model. This will provide for a more thorough assessment of data as well as a more comprehensive and ongoing determination of community strategies with coordinated implementation and evaluation.

1. Media campaign to initially provide awareness to the general population, later targeting physicians and high risk individuals.
2. Prescription drop boxes at St. Mary's County Sheriff's office-
 - a. Educate community on availability/use of drop boxes
 - b. Attempt to identify a process for collecting significant data from drop boxes
 - c. Determine opportunities to support, enhance, and possibly expand current activities.
3. Education and resource toolkits included with filled prescriptions.
 - a. Emergency and non-emergency numbers for questions and help
 - b. Information on prescriptions
4. National prevention and awareness campaigns (Red Ribbon Week, National Prevention Week, Lock Your Meds, etc.)



Section 3: Performance Metrics

Include at least five performance metrics to assess the implementation and effectiveness of the interventions/initiatives adopted. The metrics should allow for quantitative, objective measurement of implementation and impact and be time-limited.

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
<p>Lack of an organized community body tasked with defining, addressing, and evaluating prescription drug activities.</p>	<p>Address local prescription drug priorities through a prescription drug coalition using the SPF process.</p>	<p>Current overdose prevention plan workgroup to serve as an interim workgroup to a prescription drug coalition, implementing and evaluating current strategies.</p> <p>Identify stakeholders to establish a coalition.</p> <p>Assist with efforts to develop the new Healthy St. Mary's Partnership (HSMP), establishing a behavioral health action team and building capacity for a prescription drug abuse coalition.</p> <p>Identify and complete trainings for addressing prescription drug abuse through the SPF.</p>	<p>June 2014</p> <p>*Convene prescription drug abuse coalition and begin holding regular meetings- monthly or bi-monthly (every other month)</p> <p>*Begin a comprehensive data assessment of the prescription drug abuse problem in St. Mary's county.</p> <p>*Jurisdictional Treatment and Prevention Coordinator to complete CADCA's "Applying the Strategic Prevention Framework to Prescription Drug Abuse" course.</p>
<p>Clinical and professional communities lack resources including coordination and education (materials, data, updates, etc.)</p>	<p>Enhance education and collaboration within the clinical and professional communities.</p>	<p>Identify all appropriate contacts within the clinical and professional communities.</p> <p>Prepare letters to practitioners, defining the problem in St. Mary's</p>	<p>Letters to 100% of identified contacts in the clinical and professional communities by November 2013.</p> <p>At least 20 toolkits developed and</p>



		<p>County and providing an overview of state initiatives and local plans.</p> <p>Develop "Toolkits" and educational materials to disseminate and make available to the clinical community.</p> <p>Plan a forum for the clinical community to discuss the problem in St. Mary's, as well as strengths and needs of the clinical community.</p>	<p>disseminated by November 2013.</p> <p>Hold at least 1 forum for the clinical community by June 2014</p>
<p>Local community and residents lack resources and education related to prescription drug use, misuse, abuse, and overdose.</p>	<p>Enhance education and awareness of local residents and the general public.</p>	<p>Develop a general awareness media campaign to define and illustrate the problem of prescription drug abuse.</p> <p>Develop educational materials for general population</p> <p>Develop components for prescription drug presentations (stating the problem, providing education and resources, defining local efforts, etc.)</p> <p>Identify opportunities, groups and populations to engage with</p>	<p>Contract with a local media team and develop media campaign concept by October 2013.</p> <p>Reach at least 10,000 residents with a prescription drug media campaign by June 2014.</p> <p>Disseminate educational materials to at least 1,000 residents by June 2014</p> <p>Conduct at least 10 presentations by June 2014</p> <p>At least 4 press releases or</p>



<p>Insufficient resources, including education and support, for high risk populations.</p>		<p>presentations, educational materials and newsletters. Groups and Populations may include: 1) PTAs 2) Senior centers/seniors 3) Civic groups 4) Community coalitions 5) Schools/students Opportunities may include: 1) Community events (health fairs, etc.) 2) National campaigns (Red Ribbon Week, National Prevention Week, etc.)</p>	<p>newsletter submissions by June 2014. Participate in at least 3 National Awareness campaigns with prescription drug messages or activities.</p>
<p>Enhance education to high risk populations and individuals. Increase opportunities for collaboration with recovery community and high risk individuals.</p>	<p>Implement A New Direction module program: "Release & Reintegration Preparation" for inmates. Use local data to determine further identify high-risk individuals. Engage recovery community and high risk individuals in planning messages and activities for Awareness Campaigns (Recovery Month, Red Ribbon Week,</p>	<p>By June 30, 2014 At least 30 female inmates complete the "Release and Reintegration Preparation" module by June 30, 2014. Engage at least 20 individuals identified as either high-risk or within the recovery community to assist with development of National Awareness campaign messages and activities. Engage at least 3 pharmacies to</p>	



<p>Medication Diversion</p>		<p>National Prevention Week, Lock Your Meds, etc.).</p> <p>Develop a toolkit of educational and resource materials for pharmacies to include with prescriptions that contain opiates.</p>	<p>provide educational and resource toolkits with prescriptions that contain opiates.</p> <p>Disseminate at least 1,000 education and resource toolkits with prescriptions that contain opiates.</p>
	<p>Promote use and awareness of Prescription Drug Drop Boxes at St. Mary's County Sheriff's Office.</p>	<p>Educate community on availability/use of drop boxes.</p> <p>Attempt to identify a process for collecting significant data from drop boxes</p> <p>Determine opportunities to support, enhance, and possibly expand current activities.</p>	<p>At least four press releases or newsletter submissions promoting use of Prescription Drug Drop Boxes by June 2014.</p> <p>Meet with St. Mary's County Sheriff's office to discuss collection data by October 2013.</p> <p>Provide information on opportunities to enhance or expand prescription drug take back activities to prescription drug coalition by June 2014.</p>