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**CECIL COUNTY PLANS FOR OVERDOSE PREVENTION**  
**Prepared by Cecil County Health Department**

- June 30, 2013 -

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The following is submitted by the Cecil County Health Department and serves as a plan for the reduction and prevention of drug overdoses in Cecil County, Maryland.

**I. Review and Analysis of Data:**

Overdose-related Data Reviewed by the Jurisdiction:

Cecil County is located in the northeast corner of Maryland, adjacent to Harford County, Maryland on the west, and bordering Chester County, and Lancaster County, Pennsylvania on the north, and New Castle, County, Delaware on the east. The County is bisected east-to-west by Interstate 95. Cecil County is primarily rural, with denser development around the city of Elkton. During the recent twelve years, Cecil County observed a significant growth in population, increasing from 85,951 in 2000, to an estimated 101,696 in 2012. Twenty-five percent of the population in 2012 was under the age of 18, slightly larger than the Maryland average of 23%.<sup>1</sup> Unemployment rates in Cecil County have been higher than many other Maryland jurisdictions, peaking in 2011 at 10.8% for all populations, and 19.5% for young adults aged 20 to 24.<sup>2</sup> Between 2007 and 2011, 9.4% of households were below the poverty level, slightly above the Maryland poverty level of 9%. The median household income for residents was \$5,516 below the Maryland median household income of \$72,419. For residents above the age of 25, 86.9% are high-school graduates, slightly less than the Maryland rate of 88.2%, and neighboring New Castle County, Delaware rate of 88.9%.<sup>3</sup>

A significant percentage of Cecil County residents are concerned about substance use and the potential for their children's abuse of alcohol and drugs.<sup>4</sup> In Cecil County, illicit drug use ranks among the highest in the state of Maryland. The average number of people reporting current illicit drug abuse or dependence in Cecil County (4.4%) exceeds the state average (2.88%)<sup>5</sup> and 29.1% of young adults, aged 18 to 24, report a history of illegal drug use.<sup>6</sup> The rate of drug-related public school suspensions in Cecil County has also been higher than most jurisdictions in Maryland.

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<sup>1</sup> U.S. Department of Commerce, United States Census Bureau

<sup>2</sup> American Community Survey, 2011 Health Resources in Action, Preliminary Report of Cecil County Substance Abuse, 2013

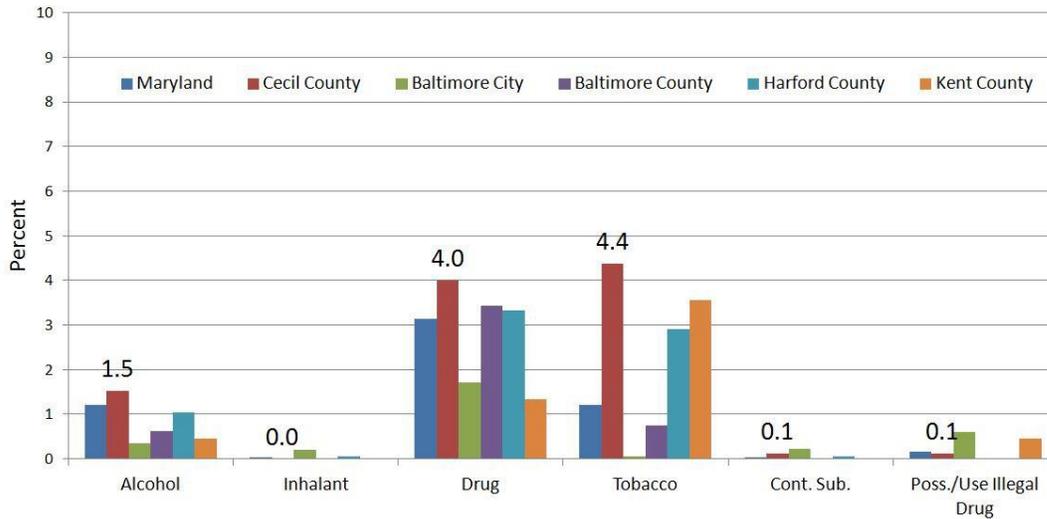
<sup>3</sup> U.S. Department of Commerce, op. cit.

<sup>4</sup> The Cecil County Community Health Survey 2009 Report, Cecil County Health Department, Elkton, Maryland, May 2010.

<sup>5</sup> Maryland Epidemiological Profile: Consequences of Illicit Drug Use, Alcohol Abuse, and Smoking. The Alcohol and Drug Abuse Administration and the Center for Substance Abuse Research, University of Maryland, College Park, March 14, 2008.

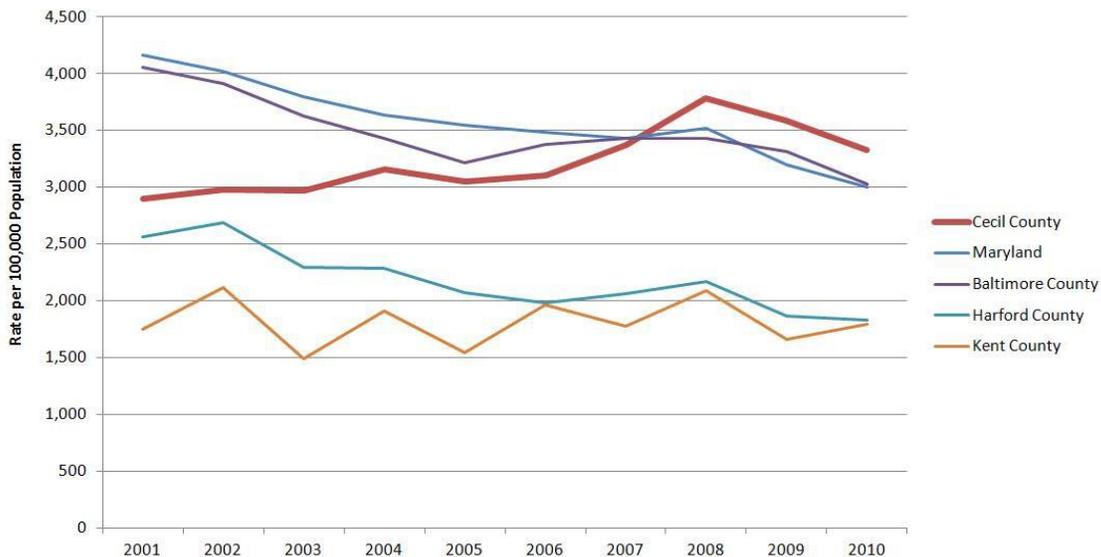
<sup>6</sup> The Cecil County Community Health Survey 2009 Report. Cecil County Health Department, Elkton, Maryland, May 2010.

**Percent of Student Suspensions and Expulsions from Public Schools by State, County, and City 2010-2011<sup>7</sup>**



Additionally, the rate of drug-related motor vehicle thefts in Cecil County was 22.1 per 100,000 population (5th highest in Maryland), and the rate of drug-related burglaries in Cecil County was 266.3 per 100,000 population (the 6th highest in Maryland).<sup>8</sup> Cecil County property and violent crime, which may correlate with substance abuse, is also higher than neighboring counties and the Maryland average.

**Rate of Property Crimes per 100,000 Population by State, County, and City, 2001-2010<sup>9</sup>**

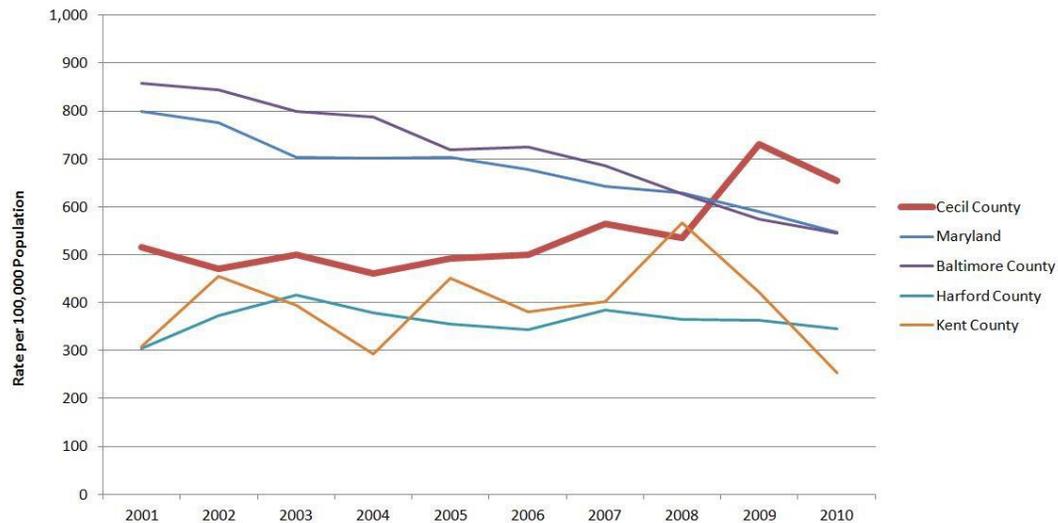


<sup>7</sup> Maryland Department of Education, 2010-2011 (Chart prepared by Health Resources in Action)

<sup>8</sup> Maryland Epidemiological Profile: Consequences of Illicit Drug Use, Alcohol Abuse, and Smoking. The Alcohol and Drug Abuse Administration and the Center for Substance Abuse Research, University of Maryland, College Park, March 14, 2008.

<sup>9</sup> Vital Statistics, 2009-2011 (Graph prepared by Health Resources in Action)

## Rate of Violent Crimes per 100,000 Population by State and Counties, 2001-2010 <sup>10</sup>



Related to increasing criminal activity and drug use, the Cecil County community is concerned regarding substance overdoses. Between 2007 and 2011, Cecil County had the 2nd highest drug-induced death rate in Maryland. Drug-induced deaths include those deaths resulting from recent ingestion or exposure to alcohol or another type of drug, including heroin, cocaine, phencyclidine, prescription opioids, benzodiazepines, methamphetamines and other prescribed and un-prescribed medication. During FY 2011, the drug-induced death rate in Cecil County was 28.59 per 100,000 population. The only jurisdiction in Maryland with a higher per-capita number of deaths attributed to illicit drug use was Baltimore City; the Baltimore rate was 35.14 per 100,000. Intoxication deaths in neighboring counties, Harford and Kent, were 22.22 and 23.08, respectively. The average intoxication death rate in Maryland for FY2011 was 13.94 deaths per 100,000. <sup>11</sup> The per-capita average number of intoxication deaths in Cecil County for years 2007 through 2011, was twenty-four. <sup>12</sup>

Twenty-two intoxication deaths, on average, occurred in Cecil County each year between 2007 and 2012, (aggregate totals include twenty-four total deaths in 2007, 2009 and 2010, nine deaths in 2008, twenty-eight in 2011, and twenty-three in 2012). In 2010, the percentage of opioid-related intoxication deaths in Maryland was 77%; opioid-related intoxication deaths in Cecil County was 88%. In 2012, the percentage of opioid-related intoxication deaths increased in Maryland and Cecil County to 81% and 91% respectively. <sup>13</sup> Intoxication deaths in Maryland most commonly occurred among white males between the ages of 45 and 54 years. <sup>14</sup>

<sup>10</sup> National Survey on Drug Use and Health, 2008-2010 (Graph prepared by Health Resources in Action)

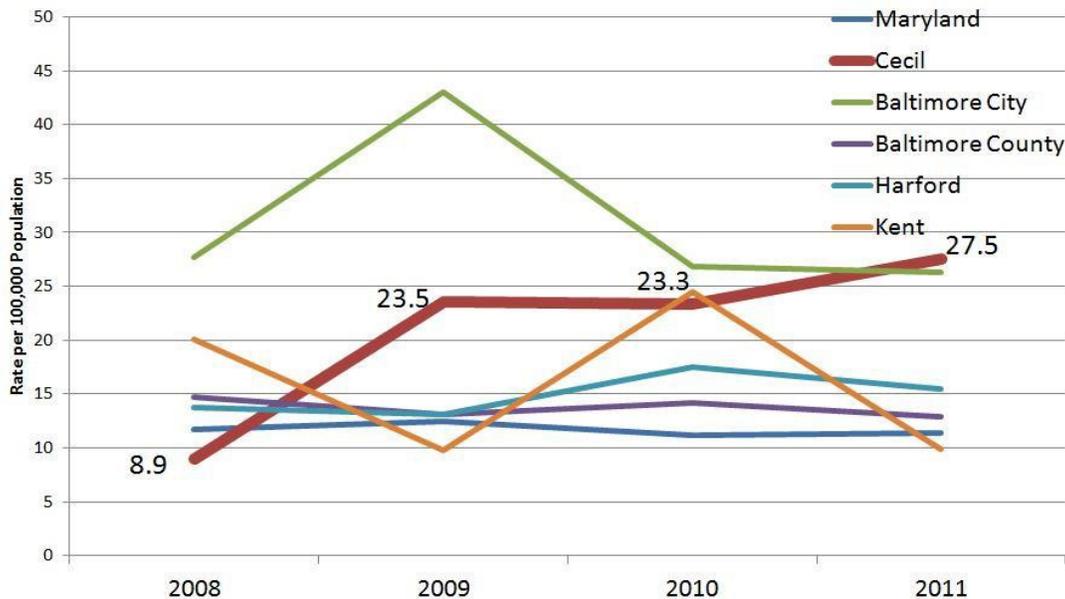
<sup>11</sup> Maryland Department of Health and Mental Hygiene, Factsheet - "Intoxication Deaths Fiscal Year 2011," January 24, 2011

<sup>12</sup> Maryland Department of Health and Mental Hygiene, Factsheet - "Maryland State Health Improvement Process – Objective 29a; Reduce Drug and Alcohol Related Intoxication Deaths," February 2013

<sup>13</sup> Alcohol and Drug Abuse Administration, Intoxication Deaths by Substance Involved and Location of Occurrence, June 2013.

<sup>14</sup> National Vital Statistics System, Multiple Cause of Death Dataset and DEA ARCOS, "Abuse of Marketed Analgesics and Its Contribution to the National Problem of Drug Abuse," Leonard Paulozzi, MD, MPH, October 2010

**Rate of Overdose Deaths (Any Substance) per 100,000 Population, by State, County, and City, 2008-2011<sup>15</sup>**



Like many other counties in Maryland, Cecil County experienced rising rates of prescription drug abuse. Nationally, since 1997, unintentional opioid deaths increased concurrent with the increased per capita annual sales of opioid analgesics. Deaths from opioid pain relievers exceeded the sum of all deaths involving heroin or cocaine.<sup>16</sup> Since 2008, drug treatment admissions related to prescription opioids like oxycodone, hydrocodone and methadone increased steadily. The Maryland rate of prescription opiate-related treatment admissions during fiscal year 2011 was 159 per 100,000 population over the age of 14. In Cecil County, the 2011 per-capita opiate-related treatment admission rate was 588 per 100,000.<sup>17</sup>

However, these trends appeared to reverse in 2011 and 2012. While concurrent use of multiple substances appeared to be a factor in the majority of treatment admissions and overdoses, many substance users appeared to trend from prescription opioids to heroin. For some, heroin proved an accessible and relatively inexpensive alternative to prescription opioids. As a result, heroin treatment admission increased. Increased overdose deaths due to heroin, and decreased overdoses from prescription opioids were also observed. In Maryland, between 2010 and 2011, heroin related deaths increased by 3%, and prescription opioid-related deaths decreased by 10%. However, during the same time frame in Cecil County, heroin related deaths increased by 100%, and prescription opioid-related deaths were unchanged. In Cecil County, between 2011 and 2012, heroin related deaths increased by 25%, and prescription opioid-related deaths decreased by 13%.<sup>18</sup>

<sup>15</sup> Maryland Department of Health and Mental Hygiene, 2008-2011 (Graph prepared by Health Resources in Action)

<sup>16</sup> National Vital Statistics System, Multiple Cause of Death Dataset and DEA ARCOS, "Abuse of Marketed Analgesics and Its Contribution to the National Problem of Drug Abuse," Leonard Paulozzi, MD, MPH, October 2010

<sup>17</sup> Maryland Department of Health and Mental Hygiene, Factsheet - "Prescription Opiate-Related Treatment Admissions Fiscal Year 2011," January 2011

<sup>18</sup> Alcohol and Drug Abuse Administration, Intoxication Deaths by Substance Involved and Location of Occurrence, June 2013.

Similar trends are observed by the combined data for all nine Maryland Eastern Shore.<sup>19</sup> Illicit prescription opioid drug use, and heroin use remain significant in Cecil County.

Notably, in 2012, overdose deaths in Cecil County decreased by 18% from the prior year. During the same time frame, overdose deaths for all of Maryland increased by 15%. A summary of intoxication deaths by substance involved and location of occurrence, 2007 through 2012, is below. (Note that if multiple substances were detected in the toxicology screen, each drug is credited individually for cause of death. Aggregate number of deaths will be less than the sum of the individual substances.)

**Intoxication Deaths by Substances & Location of Occurrence**<sup>20</sup>

Calendar Year	2007	2008	2009	2010	2011	2012
<b>Total Overdoses</b>						
Maryland	777	658	709	643	663	761
Cecil County	24	9	24	24	28	23
<b>Total Opioid-Related</b>						
Maryland	597	499	552	498	522	619
Cecil County	22	8	21	21	24	21
<b>Heroin-Related</b>						
Maryland	382	280	348	238	245	378
Cecil County	8	4	12	4	8	10
<b>Prescription-Opioid-Related</b>						
Maryland	283	260	244	305	335	293
Cecil County	18	5	10	20	20	17
<b>Oxycodone-Related</b>						
Maryland	62	69	79	111	115	95
Cecil County	3	0	3	13	9	4
<b>Methadone-Related</b>						
Maryland	196	155	132	170	168	180
Cecil County	15	2	6	9	9	9
<b>Alcohol-Related</b>						
Maryland	181	165	154	159	160	181
Cecil County	5	4	7	6	3	5
<b>Cocaine-Related</b>						
Maryland	239	150	155	134	147	142
Cecil County	5	3	4	3	7	1
<b>Benzodiazepine-Related</b>						
Maryland	36	45	49	56	66	65
Cecil County	4	0	2	2	6	6

<sup>19</sup> Maryland Department of Health and Mental Hygiene, Factsheet: Heroin, op. cit.

<sup>20</sup> Alcohol and Drug Abuse Administration, Intoxication Deaths, op. cit.

### Data that the Jurisdiction Plans to Access:

The Department will seek additional local data. Data will be used to identify areas at greatest risk for prescription drug diversion, opioid abuse, and overdose deaths. Data will be collected from various relevant sources (i.e., medical examiners, emergency services, law enforcement, healthcare, and others) to provide information on specific communities within the jurisdiction that are at-risk for prescription drug abuse and overdose. Additional data will guide informed responses. Education, outreach, treatment, and enforcement options may subsequently be deployed based on identified trends. Data will guide the dissemination of educational and prevention materials, as well as outreach initiatives. Connecting with those communities and locations identified as high-risk, outreach staff will facilitate focused treatment interventions, and increase opportunities for new treatment admissions. Similarly, additional data will suggest targeted concentrations for law enforcement actions.

## **II. Planned Interventions/Initiatives**

The Department will employ several strategies within the jurisdiction to impact prescription drug abuse rates and decrease overdose deaths, including the promotion (and/or expansion) of the following:

- Public Awareness and Education: The Department will expand evidence-based prevention, public education, and outreach initiatives which provide information to parents, youth, and patients about the dangers of abusing prescription drugs and other opioids. The Department will also assist in the education of members of the community for secure storage and disposal of prescription drugs, especially controlled substances.
- Drug Take Back Events: The Department will promote fixed and convenient medication drop boxes for the collection and disposal of unused or expired prescription drugs.
- Guidance: The Department will facilitate clinical guidance for prescribers and dispensers on responsible opioid prescribing practices, and appropriate and safe use of medication.
- Prescription Drug Monitoring: The Department will promote significant prescriber use of Maryland's prescription drug monitoring program (PDMP) (upon activation of the Maryland PDMP). PDMPs help prevent and detect the diversion and abuse of pharmaceutical controlled substances. The Department will encourage local prescriber use of the PDMP, and could support a requirement that all prescribers check the PDMP prior to prescribing schedule-II medications.
- Screening and Referral: The Department will promote Screening, Brief Intervention and Referral to Treatment (SBIRT) within primary care and other healthcare settings including a local federally qualified health center and the local hospital. For primary care settings, the Department will work with healthcare providers to increase awareness and provide training. Within the hospital, the Department will promote use of SBIRT for both the emergency department and at bedside for inpatient admissions. The Department plans to support SBIRT

with a hospital embedded peer-recovery advocate who will assist and connect identified patients with substance abuse services and other related resources.

- Public Health Fatality Review: The Department will facilitate a Local Overdose Fatality Review Team (LOFRT) to provide a multidisciplinary, public health focused review of local fatal overdose incidents. The LOFRT would serve as a forum for the sharing of information essential to the improvement of a community's response to overdose deaths. The review team, consisting of public health officials, law enforcement officers, physicians, nurses, hospital administration, emergency responders, substance abuse and mental health counselors, social service staff, and others, will track and analyze drug overdose deaths. Participants would report and discuss details related to overdose events, review medical and mental health records and/or take testimony from anyone involved in an overdose investigation. Based on information obtained, the LOFRT would seek to identify root causes, determine trends, target resources to decrease death rates, and support implementation of other prevention/intervention efforts.
- Secondary and Tertiary Prevention: The Department will facilitate overdose prevention education and related outreach to individuals and groups identified as high risk. Education would focus on training opioid users on risk factors associated with overdose, overdose recognition, and overdose response techniques.
- Naloxone: An emergency overdose response kit which includes a take-home medication for intranasal Naloxone will be offered to high-risk individuals who complete overdose prevention training. Naloxone is an opioid inverse agonist used to counter the effects of opiate overdose including life-threatening depression of the central nervous system and respiratory system. Combined with training on overdose prevention, recognition and response, the distribution of Naloxone has been shown to reduce rates of fatal overdose in many communities throughout the United States.

#### Engagement and Education of the Clinical Community:

The Health Department, collaborative with the Core Services Advisory Board (CSAB) and Local Drug and Alcohol Abuse Council (LDAAC), will engage the medical community, and all local behavioral health treatment providers (including Elkton Treatment Center, Haven House, Serenity Health, Union Hospital, and Upper Bay Counseling and Support Services) to identify opportunities and implement effective overdose intervention.

A lead agency responsible for coordination of mental health and substance abuse prevention, intervention, and treatment services within the jurisdiction is the Cecil County Health Department (CCHD). The mission of the CCHD is to improve the health of its residents, in partnership with the community, by providing leadership to find solutions to our health problems through assessment, policy development, and assurance of quality health services. The Department implements local mental health and substance abuse coordination via the Core Service Agency within the Division of Special Populations, and via a leadership team within the Division of Addiction Services. Both divisions are active participants on the CSAB and the LDAAC. The CSAB and the LDAAC membership concurrently include representatives from

local and regional behavioral health providers, local government, public schools, county libraries, the local hospital, social services, the faith community, law enforcement, and criminal justice organizations; local physicians and pharmacists; interested and knowledgeable community members; prevention advocates; the recovery community; and family members of those in recovery, and others.

Health Department staff and membership of the CSAB and the LDAAC are also participants of Cecil County Community Health Advisory Committee (CHAC). CHAC is a partnership of community organizations, government, groups, and individuals committed to improve the overall quality of health in Cecil County. The Committee is charged to provide leadership and solutions to the jurisdictions health problems through assessment, planning, policy development and assurance of quality health services and education.

During the autumn of 2011, the Cecil County Community Health Advisory Committee (CHAC) became recognized as the Local Health Improvement Coalition (LHIC) for the State of Maryland Health Improvement Process. This Coalition, with CSAB and LDAAC participants, completed an extensive discussion and review of the health profile data for Cecil County. Based on this review, the Coalition identified five health priority areas for the Cecil County, including: (1) prescription drug abuse, (2) access to mental/behavioral health treatment and services, (3) substance abuse prevention, (4) child abuse prevention, and (5) childhood obesity. A sampling of goals for these health priorities includes: (a) the reduction in the incidence of abuse of prescription drugs; (b) increased access to mental/behavioral health treatment services in Cecil County; (c) increased community awareness of the potential root causes of substance abuse in Cecil County, and (d) increased public action to reduce substance abuse in Cecil County.

During the spring of 2012, an LDAAC workgroup reviewed the substance abuse related priorities identified by the LHIC / CHAC and developed target areas for immediate action. Targeted initiatives recommended by the Workgroup focused on four goals: (1) research and study, (2) prescription drug take back, (3) community education, and (4) physician training. Identified progress toward these goals follow:

- Research and Study: During autumn of 2012, an independent consultant (Health Resources in Action) was selected from four applicants to complete a comprehensive analysis of, and recommend solutions for Cecil County's substance abuse problem. The consultant was charged to utilize data-driven needs assessment and analysis to identify key contributing factors of substance abuse in the county and recommend solutions. The consultant is expected to release a summary report in summer of 2013.
- Prescription Drug Take Back: Successful prescription drug take back events (safe options for disposal of unused medications) occurred during the Fall 2012 and Spring 2013. New programs developed in partnership with the Cecil County Public Library, included events at North East Branch Library with the North East Police Department, and the Perryville Branch Library by the Perryville Police Department on September 29, 2012. Additionally, the Cecil County Department of Public Works sponsored Household Hazardous Waste Days (with medications acceptance) at the Cecil County Central Landfill on October 7, 2012, and April 21, 2013.

- Community Education: During calendar years 2012 and 2013, multiple community drug awareness forums entitled “A Conversation on Substance Abuse in Cecil County” were conducted. Forum topics included “6 Parenting Practices to Help Reduce the Chance Your Child will Develop a Drug or Alcohol Problem,” “A Discussion on Prevention, Detection, Enforcement, and Treatment of Substance Abuse,” “Heroin Alert,” “Street Drugs,” “Community Policing,” and others. Additionally, during autumn of 2012, community education occurred during the County’s Second-Annual 5K Twelve-Step Recovery Walk, which included distribution of prescription drug addiction information and testimonials from those in recovery from addiction.
- Physician Training: Progress toward education for health professionals and community members on the effects of prescription drug abuse in Cecil County was evidenced. During the summer of 2012, DHMH Deputy Secretary for Public Health Services and the DHMH Chief Medical Officer delivered a detailed presentation on “Prescription Overdose” to Union Hospital medical staff. A subsequent presentation entitled “Risk Evaluation and Mitigation Strategies for Prescribing Opioids in Patients with Chronic Pain” was also facilitated by a local pain management specialist for the Union Hospital medical staff. Additionally, in the winter 2012 and spring 2013, the LDACC hosted presentations respectively by a Delaware Public Health Program Administrator on “Delaware efforts to Reduce Addiction, and Doctor Shopping,” by a Deputy Attorney General from the Delaware Department of Justice on “Delaware Prescription Drug Diversion.”

The above evidences successful efforts to engage behavioral health and medical providers, and community members. The Health Department plans to employ similar strategies to expand overdose prevention opportunities. The Health Department, via the CSAB and LDAAC, with guidance from the Cecil County Community Health Advisory Committee, will also incorporate suggestions from the Department’s substance abuse consultant’s research and study.

#### Outreach to High-Risk Individuals and Communities:

Individuals most likely at greatest risk for overdose include chronic opioid users with mental health disorders, and those individuals prescribed high doses of opioids.<sup>21</sup> The Department plans to focus efforts on individuals meeting these general criteria. Additional focus and strategy for identifying high-risk individuals and situations will be guided by the Department, collaborative with the CSAB and the LDAAC, and responsive to data and recommendations identified by the Local Overdose Fatality Review Team.

#### Other Interventions/Initiatives

Additional interventions or initiatives may be recommended based on the comprehensive analysis in process by Health Resources in Action, the substance abuse independent consultant hired by the applicant. Again, the consultant was charged to utilize data-driven needs assessment and

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<sup>21</sup> Webster, L.R. & Dasgupta, N., “Obtaining Adequate Data to Determine Causes of Opioid-Related Overdose Deaths.” Pain Medicine, June 2011.

analysis to identify key contributing factors of substance abuse in the county and recommend solutions. The consultant is expected to release a summary report in summer of 2013.

Additional treatment and prevention efforts will be developed and prioritized based the Local Overdose Fatality Review Team reviews of deaths in which the cause is linked to an unintentional drug overdose, as well as documented trends and patterns related to the illegal sale and distribution of prescription drugs.

### **III. Performance Metrics**

In general, the Department is focused on preventing overdoses from occurring. Effectiveness will be measured by a reduced incidence of fatal and non-fatal overdoses. Selected performance outcomes used to assess the implementation and effectiveness of the interventions / planned initiatives are documented on the following pages. Subsequent reports will summarize progress toward stated activities and objectives.

**Performance Metrics (Planned Activities and Timeline for Implementation)**

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline
<p>Incomplete information within the community regarding the prevalence and risk for drug dependence resulting from use of opioids.</p>	<p>Expand opportunities for increased community awareness</p>	<p>The Department will develop a twelve-month public awareness campaign focused on the education of parents, youth, and patients about the dangers of abusing prescription drugs and other opioids.</p>	<p>A coordinated media strategy with multiple components and media outlets will be developed by September 2013. A coordinated public awareness campaign will begin by November 2013.</p>
<p>Unused medications are diverted for abuse.</p>	<p>Increase community disposal of unused medications, especially controlled substances.</p>	<p>The Department will encourage additional prescription drug take back events (safe options for disposal of unused medications). The Department will help promote all local collection events.</p>	<p>Between July 2013 and February 2014, the Department will implement a minimum of two public services announcements promoting prescription drug take events / opportunities.</p> <p>Before February 2014, the Department will identify opportunities for expanding prescription drug take back events. The Department will advocate for fixed and convenient medication drop boxes for the collection and disposal of unused or expired prescription drugs.</p>
<p>Pharmaceutical controlled substances are diverted for abuse, by patients obtaining multiple prescriptions from different doctors and pharmacies.</p>	<p>Elevate physician participation in Maryland’s prescription drug monitoring program (PDMP)</p>	<p>The Department will facilitate provider education and training on responsible opioid prescribing practices, and encourage all prescribers to check the PDMP prior to prescribing schedule-II medications.</p>	<p>By February 2014, the Department will consult with a minimum of 25 physicians regarding opioid prescribing practices and the PDMP benefits.</p>

<b>Problem Statement</b>	<b>Strategies</b>	<b>Activities</b>	<b>Measurable Outcomes/ Timeline</b>
Individuals who may benefit from substance abuse treatment are not routinely identified and referred for services by all healthcare providers.	Increase healthcare provider screening of patients for substance abuse treatment.	The Department will promote Screening, Brief Intervention and Referral to Treatment (SBIRT) within primary care and other healthcare settings.	By September 2013, the Department will support implementation of SBIRT within a minimum of two healthcare organizations, including Union Hospital. (Within Union Hospital, SBIRT will be utilized for emergency department patients and/or at bedside for inpatient admissions. The Department will support SBIRT with a hospital embedded peer-recovery advocate who will assist and connect identified patients with substance abuse services and other related resources.)
Incomplete overdose prevention information among those at high risk for overdose.	Increase overdose prevention education and related outreach to individuals and groups identified as high risk.	The Department will promote and facilitate training to high risk groups on risk factors associated with overdose, overdose recognition, and overdose response techniques.	Before December 2013, at least fifty individuals identified as high risk will demonstrate increased awareness regarding risk factors associated with overdose, overdose recognition, and overdose response techniques.
Incomplete overdose prevention resources among those at high risk for overdose.	Increase availability of emergency overdose response kits and intranasal Naloxone medication.	The Department will facilitate distribution of Naloxone to members of high risk groups who complete overdose prevention training.	By January 2014, 85% of individuals who successfully completed overdose prevention training will receive the overdose prevention kit and Naloxone.
Incomplete information and review of local overdose incidents and trends.	Elevate review and consideration of local overdose incidents.	The Department will facilitate a Local Overdose Fatality Review Team (LOFRT) to provide a multidisciplinary, public health focused review of local fatal overdose incidents	By September 2013, the Department will complete a Charter establishing a Local Overdose Fatality Review Team. The Charter will define the principles and authority under which the Team will operate; its background and purpose; membership and responsibilities; and policies and procedures for the operation of the Team. By October 2013, the LOFRT will begin monthly/quarterly review of all local overdose incidents. *