

## Garrett County Overdose Prevention Plan

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### County Overview:

Garrett County is the western most jurisdiction in Maryland and is very rural by nature, with a population of just over 30,000 individuals. It borders West Virginia and Southwestern Pennsylvania, and encompasses an area of 648 square miles. Garrett County exemplifies the geologic and geographic features of Appalachia with deep valleys and vast expanses of hardwood forests. The county has a central mountain plateau, bound on each side by deeply cut river canyons on the west and southeast borders. The average elevation is 2,500 ft. above sea level, with elevations ranging from 3,300 to 900 ft. above sea level. The yearly snowfall average is 84 inches with an average winter temperature of 28 degrees F (65.9 degrees in the summer).

Garrett County has eight incorporated towns and many small clusters of homes and farms. The census population density of 46.1 people per square mile is the lowest in the State, which has an average of 541.9 people per square mile. Due to the growing popularity of outdoor recreational opportunities and increased vacation tourism associated with Deep Creek Lake, Garrett County's population more than doubles during summer months and holiday weekends. Over 5,000 vacation homes are available in the County, many of them catering to groups of 15 or more.

The Garrett County Center for Behavioral Health is the primary provider of both substance abuse and mental health services for the county. Due to extreme weather and natural boundaries, access to care of all levels is quite limited. In addition, the variety of services within the boundaries of Garrett County is limited. The Center currently provides prevention, outpatient and intensive outpatient services to the substance affected population. These services are provided in two clinic locations, the county jail and the school system. The Center for Behavioral Health has integrated its substance abuse and mental health services several years ago, which has helped in many areas including treating the co-occurring population. It has also helped consumers deal with medication issues and provides patients with a holistic approach to treatment.

The Center has active partnerships with community based physician practices, including Mountain Laurel Medical Center, the Federally Qualified Health Care Center. Detoxification services are located at least 50 miles from our clinic locations and there are no halfway or sober living facilities within our county. There is very limited public transportation that will provide medically related transportation by appointment only. This transportation is provided through Community Action and is limited to day time hours of operation. There is an active AA, NA and Al-anon community.

### Section I: REVIEW AND ANALYSIS OF DATA:

Although our numbers are relatively low when compared to more metropolitan areas of the state, the trend for overdose deaths is still alarming. The data from 2007 until 2011 indicates that Garrett County has suffered from 11 deaths that have occurred from intoxication. By year; the total is 1 in 2007, 3 in 2008, 2 in 2009, 3 in 2010 and 2 in 2011. Opiates have been involved in 6 of these deaths. See chart below for specific substances involved in victim's death.

Substance involved in Death	2007	2008	2009	2010	2011
Heroin related	0	0	0	0	1
Prescription opiate related	0	2	2	1	1
Oxycodone related	0	1	0	0	0
Methadone related	0	0	1	1	0
Fentanyl related	0	1	0	0	1
Tramadol related	0	1	1	0	0
Cocaine related	0	0	0	1	0
Benzodiazepine related	0	0	1	0	0
Alcohol related	1	2	1	1	1
<b>Total Opiate Related Deaths</b>	0	2	2	1	1
<b>Total Intoxication related Deaths</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>2</b>

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As the data suggests, most deaths have been involved with a combination of substances including alcohol. Opiates did not appear to play a role in intoxication deaths until 2008. Most substance related deaths are prescription related with heroin playing a smaller role. It is unknown whether or not the victim’s had been prescribed these opiates or if they were received elsewhere. We expect, as prescription drugs become less available that heroin will play a larger role within our communities. However, the most current data provided from the Maryland Department of Health and Mental Hygiene indicates that total deaths from “All Drugs”, “All Opioids”, “Prescription Opioids” and “Heroin” decreased in Western Maryland counties for the periods on January to July 2011 and January to July 2012.

Upon reviewing admission data into our treatment programs, the demographics have changed significantly over the past decade. Based upon current data, 42.4% of new clients (FY 2012) entering the system report a heroin or opiate related substance as primary drug of abuse. In addition, the age of admission is typically in their early to mid 20’s. Male to female admissions appear to be relatively equal.

For admissions whose primary drugs of abuse are opiates, intake workers indicate that the majority (between 50% and 80%) report having experienced accidental overdoses.

**Section II: PLANNED INTERVENTIONS/INITIATIVES:<sup>2</sup>**

**A. Education of Clinical Community**

Education of the clinical community will be a critical component in our work in Garrett County. Garrett County has 1 hospital and 7 primary care practices, including one FQHC. While the number fluctuates, in total the county has 15 primary physicians and approximately 12 full time equivalent mid-level providers associated with group practices. Specific training and outreach to the clinical community will include:

- A mini-series of Grand Rounds at the hospital to relate to the treatment of pain and addiction as a side effect.
- Outreach to group and solo practices in the use of SBIRT (Screen, Brief Intervention, and Referral to Treatment) to encourage referrals to treatment as appropriate.
- Provide educational materials for offices on risks of overdose and lifesaving procedures in case of overdose.
- Encourage physicians, physician assistants and nurse practitioners to use the Maryland Prescription Drug Monitoring Program (PDMP).

<sup>1</sup> Drug and Alcohol Deaths Intoxication Deaths in Maryland, 2007 to 2011: MD Department of Health and Mental Hygiene - Extracted from Maryland Vital Records

<sup>2</sup> All planned initiatives are dependent on the availability of funding.

- Encourage the continued use of the West Virginia and Pennsylvania prescription drug monitoring systems.
- Encourage clinic psychiatrists to utilize on site drug screens for high risk mental health patients who seek treatment for anxiety, panic disorders, attention deficit disorders, and pain related issues in our mental health clinic prior to treating with certain types of medications.
- Continue utilizing the GAIN (Global Appraisal of Individual Needs) screening instrument for patients re-entering the Behavioral Health Clinics if they are identified as high risk or have previous drug abuse histories in order to provide most appropriate service.
- Support Maryland’s Risk Evaluation and Mitigation Strategy (REMS), for a class of potent pain medicines called extended-release and long-acting (ER/LA) opioid analgesics.
- Assist the State in tailoring the REMS to include poly substance abuse which is a factor in the vast majority of overdose deaths in Garrett County.
- Assist with recruitment of prescribers to participate in the REMS training and also provide logistical support and facilities for the trainings if necessary.

**B. Outreach to High-Risk Individuals and Communities**

In order reduce the number of opioid related overdoses and impact and risk of death by those persons who do overdose, certain interventions will be provided directly to high risk individuals and communities. These include:

- Expansion of outpatient addiction services at our Grantsville clinic location. This will include increased services for both our co-occurring population and for individuals suffering with opiate addiction.
- Develop a training module to be used in our IOP program and for all of our opiate support groups. This will include periodic training for individuals involved in medication assisted therapy.
- Provide overdose prevention training for all clients enrolled in the jail-based substance abuse program.
- Utilize currently existing community planning groups to promote proper storage and disposal of medications. Help identify local individuals who may be at risk for having medications stolen and provide special assistance.
- Continue to organize, participate in, and promote the prescription take-back initiatives. Garrett County currently has two permanent take back locations operating including the Garrett County Sherriff’s office and the State Police barracks in McHenry.
- Provide pharmacies with patient information regarding overdose risks and proper storage of medicines to be included in prescriptions of opiates, stimulants and benzodiazepines.

**C. Other Interventions/Initiatives**

Other interventions and initiatives will include:

- Continue to provide treatment consultation to all hospital admissions that have been identified as substance related. For patients admitted due to opiate related issues, provide overdose prevention materials and encourage treatment.
- Development of local “Overdose Review Panel.” This issue has already been discussed at our Local Drug Free Communities Coalition and they have agreed to develop a group to function in this capacity and report back to the Coalition. The Overdose Review Panel will review all overdose deaths, assess appropriateness of any interventions and make recommendations to the larger group on potential additional initiatives that could benefit the community.
- Assure all emergency squad vehicles have Naloxone available for overdoses. We have been in contact with the Emergency Squad and all vehicles are currently equipped with Naloxone.

### Section III: Performance Metrics

Goal: Garrett County will reduce the average number of persons dying from overdose from 2.2 (Approximately 6.8 /100,000) per year to 1 (Approximately 3.3/100,000) per year 2015.

<b>Problem Statement</b>	<b>Strategies</b>	<b>Activities</b>	<b>Measurable Outcomes/ Timeline</b>
<i>Primary Care practitioners have not been trained in opioid intoxication overdose prevention</i>	<i>Provide overdose prevention training for primary care providers.</i>	<ol style="list-style-type: none"> <li>1) Recruit a community physician to be a champion to provide the training.</li> <li>2) Develop the content of the training</li> <li>3) Schedule to be part of grand rounds training at GCMH</li> <li>4) Provide PPT slide presentation to physicians who missed as well as NPs and PAs who do not regularly attend rounds.</li> </ol>	<i>10 physicians and mid-level providers will attend grand rounds or receive the PPT presentation on opioid intoxication overdose prevention by April 1, 2014</i>
<i>Primary Care Medical Practices have not received training in SBIRT (Screening, Brief Intervention and referral to treatment)</i>	<i>Collaborate with the State to facilitate training in SBIRT in Garrett County</i>	<ol style="list-style-type: none"> <li>1) Support the grant application to SAMHSA</li> <li>2) Facilitate the strategy implementation in Garrett County.</li> <li>3) Have physician champion help engage the primary care practices</li> </ol>	<i>6 primary care medical practices will receive S-BIRT training by June 15 2014.<sup>3</sup></i>
<i>Physicians practices, dentist offices, Garrett County Memorial Hospital and pharmacists do not have access to a Maryland PDMP.</i>	<i>Provide information to the providers and pharmacists when the PDMP is unveiled by the state.</i>	<ol style="list-style-type: none"> <li>1) Keep the providers informed of the utility of the PDMP.</li> <li>2) Educate the providers when the PDMP is available.</li> <li>3) Check with providers six month after implementation to check on or encourage the use of the PDMP.</li> </ol>	<i>100% of medical and dental practices, pharmacies and ER physicians will be using the PDMP by June 30, 2014</i>
<i>Addicted persons do not have good information on how to prevent unintentional overdoses</i>	<i>All persons in treatment will have a unit on overdose prevention.</i>	<i>1) A policy and procedure will be developed to assure that all persons in treatment for an addictive disorder receive overdose prevention information.</i>	<i>100 % of persons in drug and alcohol treatment will receive an overdose prevention unit as part of their treatment regimen by 10/1/2014</i>
<i>Overdose deaths are not being reviewed by a panel of experts.</i>	<i>Review all overdose deaths in the county.</i>	<ol style="list-style-type: none"> <li>1) Develop an Overdose Review Panel (ORP) Protocol</li> <li>2) Recruit local experts to serve on the panel</li> <li>3) Train the panel members.</li> </ol>	<i>The ORP will review 100% of accidental overdoses by 1/1/2014</i>

<sup>3</sup> There are 7 primary care practices in Garrett County