

# OVERDOSE PREVENTION PLAN FOR HOWARD COUNTY

The Howard County Health Department is committed to developing and implementing interventions to reduce the number of drug overdoses. A multifaceted approach which includes partners and key stakeholders is described below in the overdose prevention plan.

## Section 1: Review and Analysis of Data

### A. Data Reviewed

1. Drug Overdose Deaths data from Office of the Chief Medical Examiner provided in December 7, 2012 Memorandum from Gayle Jordan-Randolph, MD, Deputy Secretary for Behavioral Health and Disabilities and Kathleen Rebbert-Franklin, Acting Director, Alcohol and Drug Abuse Administration: The following information regarding Howard County is gleaned from this memorandum. Howard County was identified as one of the jurisdictions with a “significant increase” in heroin-related overdose deaths in 2012. During the second half of 2012, heroin-related deaths increased by 67% over the first half of the year. The table below presents data on drug overdose deaths in Howard County as provided by this Memorandum.

	Jan-Jul 2011	Jan-Jul 2012	Percent Change
<b>Drug Involvement</b>			
Total Drug-Related	7	16	128.6%
Total Opioid-Related	6	14	133.3%
Total Rx Opioid-Related	1	7	600.0%
Total Heroin-Related	6	10	66.7%
<b>Age-Range: Heroin-Related</b>			
15-24	3	2	-33.3%
25-34	2	2	0.0
35-44	1	3	200.0%
45-54	0	2	*
55-64	0	0	*
65+	0	1	*
<b>Race/Ethnicity: Heroin-Related</b>			
White	5	9	80.0%
Black	1	1	0.0
Hispanic (may be any race)	0	0	*
Other	0	0	*
<b>Gender: Heroin-Related</b>			
Male	4	9	125.0%
Female	2	1	-50.0%

In Howard County the only age range that experienced a percentage increase in heroin-related overdose deaths was 35-44 whereas in Maryland, the age ranges of 15-24 and 35-44 experienced increases. Howard County data is markedly different than State data for heroin-related deaths by race/ethnicity and by gender. For Maryland, white-black and

male-female percentage increases in heroin-related deaths appear very similar. In Howard County, the percentage of heroin-related deaths increased for white individuals and for males and did not change for black individuals and even decreased for females.

2. “Heroin Overdose Deaths on the Rise, Rx Opioid Overdose Deaths Down”, Maryland Department of Health and Mental Hygiene, December 2012: The following information is summarized from this report. With this data the Department of Health and Mental Hygiene offers evidence of the increase in drug overdose deaths due to heroin. The Central region of the State, which includes Howard County, had the largest number of heroin-related deaths in 2012, an increase of 47%. As with all regions, the Central region also experienced a decrease (11%) in prescription opioid-related deaths during the same time period. However, Howard County’s specific data showed a significant increase (600%) in prescription opioid related death rates from 2011-2012. In addition, the Central region had an upward trajectory in opioid-related admissions to publically-funded substance use disorder treatment programs from 2008 – 2011 (approximately 1,800 in 2008 increasing to approximately 3,400 in 2011 which would represent an approximate increase of 89% in four years).

3. The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) also provides data related to substance use disorder treatment in Howard County. SMART data is presented on “Admissions for Prescription Opioid-Related Treatment by County of Residence, FY 2012” with Howard County at 63 (other jurisdictions ranged from 36 to 640). HSCRC data is provided on opioid-related services in Howard County:

- From 2008 to 2011 opioid-related inpatient visits increased 0.20%. Percentage increase in Howard County was greater than overall increase for Maryland at 0.18% (other jurisdictions ranged from 0.32% decrease to 1.96% increase).
- From 2008 to 2011 opioid-related emergency department visits increased 0.14%. Howard County increase was two times the overall Maryland increase of 0.07% (other jurisdictions ranged from 0.10% decrease to 0.98% increase).
- 2011 opioid-related inpatient admissions were 1.62% of inpatient admissions (this places Howard County in the middle category of 5 categories with total range of 0.72% to 8.99%)

#### B. Plans for Additional Data Collection and Analysis

The need for additional data collection and analysis is clear. The significant increase in heroin-related deaths is concerning. During the week that the first draft of the overdose prevention plan was being prepared, there were 4 overdoses in the County with one fatality. The data to be collected and analyzed includes the data on overdoses as presented above as well as process and outcome data on the planned interventions.

### **Section 2: Planned Interventions/Initiatives**

#### A. Education of the Clinical Community:

1. *Naloxone Training*: The Howard County Health Department is planning a community training program for health care providers to present the overdose prevention strategies.

Specifically the intervention for Naloxone training and distribution will be addressed with the following three objectives:

- a. Present the pathway for consumers to receive the Naloxone kit: consumer completes training (as evidenced by certificate of completion) followed by physician visit to receive prescription for Naloxone kit which can then be collected at designated pharmacy by presenting prescription.
- b. Determine role of health care program/provider in Naloxone training process which consists of the following: i) provide consumer training and physician visit; ii) offer consumer training only (Howard County Health Department will provide physician services); and iii) distribute program flyers or display program posters.
- c. Provide “train the trainers” approach for health care providers that will offer the consumer training.

The following health care programs and providers will be invited to participate in this intervention:

- Substance Use Disorder Treatment Programs
- Mental Health Treatment Programs
- Federally Qualified Health Center
- Urgent Care Centers
- Physicians with x licenses
- Detention Center
- Wellness Center
- Homeless Shelter
- Chronic Pain Clinics
- Recovery Coaches/Peer Counselors
- Outreach Workers

2. Risk Evaluation and Mitigation Strategy (REMS) -Compliant Continuing Education Program: Howard County looks forward to collaborating with the ADAA on this initiative and will assist with logistical support as well as recruitment of participants (prescribers).

B. Outreach to High-Risk Individuals and Communities: The overdose prevention interventions are designed in response to high-risk populations such as those identified in the “Maryland Opioid Overdose Prevention Plan: January 2013” including individuals with any of the following:

- Chronic opioid use at high dosage levels
- Multi-drug use
- Substance use disorder and co-occurring mental health disorder
- Individuals re-entering community following period of detention in criminal justice system.

The overdose prevention plan recognizes the times that individuals with substance use disorders can be at risk for relapse such as transitioning from structured living arrangements to unstructured (residential treatment to outpatient treatment or detention center to community). By strengthening partnerships with other health care programs and providers through the training described above (Education of the Clinical Community), the overdose prevention interventions will have a broader reach to a larger number of consumers. This also provides opportunities to increase referrals for substance use disorder treatment from other health care programs and

providers. The outreach interventions will also include the distribution of flyers and/or posters about the Naloxone training and distribution intervention to health care programs and providers to share with consumers.

C. Other Interventions/Initiatives:

1. Howard County Health Department will implement a Naloxone Training and Distribution Intervention with the following steps:

- Contract with pharmacy to purchase 125 Naloxone intranasal doses (prescription and nasal kit) and to distribute when presented with prescription and voucher (evidence that individual has been trained in administration of prescription).
- Develop materials to promote this free intervention for consumers (flyers and/or posters).
- Prepare “train the trainers” program for health care programs and providers willing to provide the training to consumers; recruit health care programs and providers to participate in this training; and deliver “train the trainers” program.
- Review and adopt/tailor existing training curriculums for consumers such as the one utilized by “Staying Alive” in Baltimore City and SKOOP (Skills and Knowledge on Opiate Prevention) used in New York City.
- Establish capability to present consumer training in language other than English if needed (currently access Spanish and Burmese translators/interpreters).
- Implement, monitor and evaluate intervention.

2. Howard County has developed and/or planned initiatives that are very similar to the examples of local programs mentioned in the “Maryland Opioid Overdose Prevention Plan: January 2013” (presented below in italics). The Howard County interventions are described below with the comparable strategies in the State Plan.

a. *Multi-disciplinary overdose prevention coordination council:* The Alcohol and Drug Advisory Board, a well-established multi-disciplinary board that meets monthly, has enthusiastically received a presentation on the proposed overdose prevention plan for Howard County and will be kept apprised of developments and accomplishments.

b. *Incorporation of overdose prevention education into treatment plans for mental health and substance use disorder clients:* Currently at the Howard County Health Department the substance abuse disorder treatment staff include overdose prevention plans in the written, individualized treatment plans developed with consumers. This presents opportunities for substance use disorder staff to provide education as well as answer questions and gauge the responsiveness of consumers to the material presented. The treatment plans are also reviewed with consumers on a regular basis.

c. *Working with local health care providers to institute SBIRT:* Howard County is expanding its initiative to facilitate the adoption of SBIRT in health care settings. An addictions psychiatrist, experienced in the use of SBIRT, has been engaged to provide consultation and training to health care professionals

on SBIRT. The settings identified in the plan for the SBIRT training include the following:

- Primary Care Providers
- Mental Health Treatment Programs
- Hospital Emergency Room
- Urgent Care Centers
- Detention Center
- Federally Qualified Health Center
- Wellness Center
- Homeless Shelter
- Chronic Pain Clinics

d. *Establishing fixed medication drop boxes for the collection and disposal of unused or expired prescription drugs:* The semi-annual event to collect and dispose of unused or expired prescription drugs in Howard County will continue with the support of several local partners. Medication disposal sites are established in 8 locations and during the last event (fall 2012) 491 pounds of prescription drugs were collected and destroyed. These events are widely advertised throughout the County.

**Section 3: Performance Measures**

Impact Statement: Howard County expects the implementation of the Overdose Prevention Plan to reduce the number of fatalities due to overdoses by 25% by the end of the second year following implementation. During the first half of 2012 there were 16 overdose-related fatalities which produced an annualized number of 32. A 25% reduction in this number after two years (by July 2015) represents 8 fewer overdose-related fatalities (total of 24). This number will continue to diminish as more people are reached by the planned interventions.

*Goal 1: Begin to educate the clinical community on the Overdose Prevention Plan and recruit at least 3 Healthcare Providers to participate in the training project.*

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
Clinical community unable to utilize Naloxone for those at risk of overdose.	Offer information and education on ODPP and Naloxone to clinical community.	Develop information material on ODPP and Naloxone and distribute to 11 types of health care programs/providers.	Distribute materials by 10/1/13.
	Engage health care program/provider in training process by	Follow up with the recipients to invite to training events	Recruit 15 individuals to participate in

	offering 3 levels of participation.	and to solicit engagement.	training by 12/1/13.
	Utilize “train the trainers” approach to support numerous activities and wide-spread information/education.	Offer training event.  Identify 3-5 individuals to serve as trainers and provide training.	Deliver training event by 2/1/14.  Deliver training to potential trainers by 2/1/14.

*Goal 2: Participate in State REMS-Compliant Continuing Education Programs by supporting one event in Howard County each year.*

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
Continuing education on ER/LA opioid analgesics has not been widely available for prescribers.	Partner with the PDMP to facilitate REMS-compliant continuing education program.	Provide logistical support for event.  Recruit prescribers to participate in event.	Sponsor one event by 6/30/14.  Recruit 20 prescribers to participate in event.

*Goal 3: Develop and implement interventions targeting times that individuals are at risk for relapse that results in reduced risk and ultimately less overdoses and deaths by 2015 (25% reduction in this number after two years, represents 8 fewer overdose-related fatalities or a total of 24 by July 2015.)*

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
Individuals are at risk for relapse when transitioning from structured living arrangements to community living.	Establish intervention that supports transition from residential SUD treatment to outpatient SUD treatment.	Develop MOUs between residential treatment providers and outpatient providers that require more supports during	MOUs established by 12/1/14.  Number of consumers that engage in outpatient treatment following residential treatment as measured by attendance increases by 20% by July

	Establish intervention that supports transition from detention center to outpatient SUD treatment.	transition (warm hand-off).  Develop MOUs between detention center and outpatient treatment that require more support during transition.	2015 (data to be gathered from SMART).  MOUs established by 12/1/14.  Number of consumers that engage in outpatient treatment following release from detention center as measured by attendance increases by 20% by July 2015.
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*Goal 4: Recruit, train, and certify 125 consumers and 30 family members who are trained and certified to administer Naloxone by July 2015.*

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
Family members are not able to utilize Naloxone for those at risk of overdose.	Train and certify individuals who are able to administer Naloxone.	Contract with pharmacy to purchase Naloxone kits and to require distribution of Naloxone when presented with prescription and certification (voucher).	Contract established with Pharmacy by 9/1/13 to purchase 125 kits.
	Inform consumers about this free Intervention.	Develop and distribute information to promote this intervention.	Materials distributed by 11/1/13.
	Utilize trained providers to deliver training to consumers.	Recruit individuals to participate in “train-the-trainers” session to become qualified to train consumers.	Recruit 4-6 individuals by 11/1/13.
		Determine curriculum and schedule training.	Finalize by 11/1/13.
		Deliver initial training.	Train 4-6 individuals by 12/1/13.

	Utilize qualified trainers to train consumers.	Promote training events and provide logistical support.	Training schedule for 3 events publicized by 6/1/14.
		Deliver training to consumers.	Three training sessions deliver by 7/1/14.
	Develop methodology to evaluate interventions.	Track number of consumers who participate in training.	125 consumers will participate in training sessions.
		Track percentage of consumers who bring family member to training.	25 consumers will be accompanied by a family member at training session.
		Track number of Naloxone kits distributed by pharmacy.	125 Naloxone kits will be distributed by July 2015.

*Goal 5: Engage the Alcohol and Drug Abuse Council in the active support of the Overdose Prevention Plan by providing presentations and reports to Council on the implementation and evaluation of the initiative on a semi-annual basis.*

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
Alcohol and Drug Council can enhance community support for ODPP.	Solicit endorsement of ODPP by Council.	Provide presentation on final ODPP at meeting of Council.	Documentation in meeting minutes that presentation on ODPP was provided.
	Solicit input and feedback from Council on activities related to ODPP and evaluation findings.	Request opportunity to provide report on ODPP activities on semi-annual basis.	Documentation in meeting minutes that report on ODPP activities and evaluation finding was provided on a semi-annual basis.

*Goal 6: Increase the number or proportion of substance use disorder (SUD) and mental health (MH) treatment plans that include overdose prevention plans by fiscal year 2015.*

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
<p>The number/percentage of substance use disorder and mental health treatment plans that incorporate overdose prevention plans is unknown.</p>	<p>Determine a baseline of the number/percentage of treatment plans that include overdose prevention plans.</p> <p>Develop targets to increase the proportion of treatment plans that include overdose prevention plans (if needed).</p> <p>Annually track the number/percentage of treatment plans that include overdose prevention plans.</p>	<p>Request the SUD and MH providers determine the percentage of treatment plans that include overdose prevention plans.</p> <p>Develop guidance on how to incorporate overdose prevention plans in treatment plans and distribute to SUD and MH providers in the community.</p> <p>Annually ask the SUD and MH providers to report the percentage of treatment plans that include overdose prevention plans.</p>	<p>A reasonable estimate of the number/percentage of treatment plans that included overdose prevention plans in FY 2012 is established.</p> <p>Feasible targets will be established for FY 2013 and FY 2014.</p> <p>Evaluate the increase (and progress toward meeting targets) on an annual basis and revise strategies if needed.</p>

*Goal 7: Expand the adoption of SBIRT in health care settings by July 2016.*

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
<p>The number and type of health care settings that currently utilize SBIRT is unknown. However, it is assumed that this number needs to be increased.</p>	<p>Determine the current and potential settings for the utilization of SBIRT.</p>	<p>Develop directory of the 9 health care settings that will be targeted.</p> <p>Develop and implement user-friendly method to determine which settings are using SBIRT and which settings are interested in learning more about SBIRT.</p>	<p>Directory developed by 1/1/2014.</p> <p>Determine current usage and interest by 1/1/2014.</p>
	<p>Increase the types and number of health care settings interested in SBIRT.</p>	<p>Develop customized materials and methods to inform health care settings about SBIRT.</p> <p>Develop mechanisms to track and monitor the participation by health care settings in informational and engagement activities.</p>	<p>Final plan with objectives and target dates for informing health care settings about SBIRT by 12/1/14.</p> <p>Provide first targeted informational service by 6/1/14.</p> <p>Findings from ongoing activities from plan to expand interest in SBIRT utilization.</p>
	<p>Increase the types and number of health care settings utilizing SBIRT.</p>	<p>Develop mechanism to track and monitor the health care settings that adopt utilization of SBIRT.</p>	<p>Final plan with targeted settings, milestones and dates to increase adoption of SBIRT by 6/1/14.</p> <p>Increase the type and number of health care settings utilizing SBIRT by July 2016.</p>

*Goal 8: Continue active role in the medication drop box initiative in Howard County by participating in the semi-annual events.*

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
Continuing community engagement in this activity is critical to effectiveness.	Develop system to review each event to determine if modifications are needed in order to maintain community participation.	Continue to serve as active participant in semi-annual events.  Prepare brief summary following each event.	Brief report prepared following every event that presents results and any suggestions for improvements.