Worcester County, Maryland
Heroin/Opioid Community Response Plan
5th Edition
Revised December 2021

Prepared by the Worcester County Health Department

With support from Maryland Department of Health

Community's Role in Public Health Response

Public health agencies in communities throughout the United States are responsible for protecting, assessing, and assuring individual, community and environmental health. Public health issues affect people every day, in every part of the world with impact on both community and population health. While public health responsibilities are usually implemented by state and government agencies, the role of the community in the work of public health is vital. This role has become increasingly important in relation to the opioid epidemic experienced by the nation.

The participation of the community is celebrated and exemplified in this document. Many of the projects presented in this plan have their starts in grassroots community efforts. The Worcester County Health Department is proud to collaborate with the community to bring necessary services to reduce the overdose rates in Worcester County and Maryland. The broad range of interventions and initiatives encompass public health science and research, harm reduction techniques, and community engagement strategies. The Health Department is proud of the overall response of Worcester County community partners to protect, prevent and promote public health in the community and jurisdiction at large.

Public Health
Prevent.Promote.Protect.

Acknowledgements

The Worcester County Health Department would like to thank all the community members, partners, and organizations for the commitment of their time and for their valuable contribution in the planning and creation of this plan. The collaborative efforts our community has put forth to address important behavioral health issues, such as the heroin/opioid epidemic, form a strong foundation for this plan.

If you have any questions or concerns about the plan, please contact Jackie Ward at jackie.ward@maryland.gov or Jennifer LaMade at jennifer.lamade@maryland.gov

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Executive Summary

This 5th edition of the Worcester County, Maryland Heroin/Opioid Community Response Plan will look similar to the 4th edition, with some data updates and the same focus on how the community as a whole can work together to address the opioid epidemic. The plan has always been linked with Maryland's plans (Maryland's Inter-Agency Opioid

Coordination Plan and now the Maryland COVID-19: Inter-Agency Overdose Action Plan) priorities and strategies, and is similar in format as well. The plan is centered around the state's policy priorities: Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery. An overarching focus on data collection, use and coordination is understood as an essential part of all the goals, strategies, and activities outlined here.

This plan has been informed and assisted by the Center for Harm Reduction Services (CHRS) at the Maryland Department of Health (MDH) via the Overdose Data to Action (OD2A) grant. The OD2A project has aided in the updates to the plan being more data driven and informed using data from national, state, and local sources. This plan marks another step towards improving our local opioid response by being more data driven, informed, and using that to advance ongoing learning and continuous improvement. Continued collaboration with state and local partners is key to making sure we do not lose sight of the opioid epidemic amidst the Coronavirus Disease-2019 (COVID-19) pandemic. Technical assistance from CHRS and MDH has been valuable and will be crucial in our continued work.

Lastly, this plan should be viewed as a strategic plan for the County, a living and ever-evolving document. This is the groundwork and starting place to guide our collective work to address the opioid epidemic. This is not meant to limit any additional projects and any omission of community projects or partners is not purposeful. Partners are encouraged to reach out to Jackie Ward at jackie.ward@maryland.gov with any additional questions, concerns, or considerations.

Introduction

This plan serves as the strategic plan for Worcester County, which is led locally by the Opioid Intervention Team (OIT) and statewide by the Opioid Operational Command Center (OOCC). This plan has been created using data, qualitative and quantitative, from various sources ranging from federal to local. The strategic plan will strive to mirror the state's coordination plan while having specific activities tailored to the needs of Worcester County. The state's policy priorities that guide our response are Prevention &

Education, Enforcement & Public Safety, and Treatment & Recovery.

Prevention & Education

In order to protect the current and future health and wellness of Marylanders, the OOCC supports programs and strategies that prevent current and future substance use and mitigates the consequences associated with substance use disorder (SUD) (Opioid Operational Command Center (OOCC), 2020a).

The OOCC categorizes prevention strategies as either primary prevention or harm reduction. Primary prevention strategies aim to reduce individual and environmental risk factors while increasing protective factors to prevent or delay the onset of drug use. Examples of primary prevention strategies include public health messaging campaigns, school curricula that address the risks associated with substance use, and initiatives that support the safe storage and disposal of prescription drugs (OOCC, 2020a).

Harm reduction strategies aim to meet drug users where they are by offering a spectrum of services. These services range from mitigating the negative health effects of drug use to abstinence programs (Harm Reduction Coalition, 2020). Strategies that reduce harm related to drug use provide an opportunity for individuals who use drugs to engage with systems of care in a dignified and humane manner. Examples of harm reduction programming in Maryland include targeted naloxone distribution through the Maryland Department of Health's supported Overdose Response Programs (ORPs) and emergency medical systems (EMS) naloxone leave-behind programs. Additionally, some local jurisdictions and community organizations have begun expanding access to harm reduction services through the provision of wound-care treatment and by distributing harm reduction tools such as fentanyl test strips (OOCC, 2020a).

Enforcement & Public Safety

Law enforcement and public safety officials play a critical role in addressing the opioid crisis. Reducing the supply of illicit drugs remains a priority, and law enforcement agencies are using innovative technologies to identify, arrest, and prosecute large-scale drug traffickers (OOCC, 2020a).

While reducing the drug supply is a high priority, the OOCC does not believe that the opioid crisis can be solved by a focus on arrests alone. Public safety officials are in a

unique position to help individuals at what may be their lowest points by diverting or deflecting arrests and by connecting those in need with treatment and other resources. Two jurisdictions in Maryland have established pre-arrest diversion programs and Worcester County is in the process of piloting such a program. Close collaboration between public health, law enforcement, and detention centers is needed to treat people in need of addiction services and coordinate community services upon release (adapted from OOCC, 2020a).

Treatment & Recovery

Substance use disorder (SUD) is a complex disease, and no single treatment is appropriate for everyone. Treatment for SUD should be individualized to meet the needs of the person. SUD treatment services, interventions, and care settings should be tailored to provide individuals with the greatest opportunity for successful outcomes (OOCC, 2020a).

Individuals should be able to access all levels of substance use treatment, ranging from outpatient services to medically managed, intensive residential care. Gaps in treatment services exist throughout Maryland, and the state is working tirelessly to identify opportunities to expand services to all geographic regions (OOCC, 2020a).

Although there are gaps, there are many efforts underway to expand treatment options. Local initiatives like Screening, Brief Intervention and Referral to Treatment (SBIRT) that aid in early identification and access to treatment are being expanded. State level initiatives are looking at enhancing the system by addressing service gaps as well as recruiting and retaining behavioral health workers. The need for a full continuum of care for individuals leaving SUD treatment, including stable housing and other supports for long-term recovery are noted (adapted from OOCC, 2020a).

Coordination Plan Overview

Shown below is an overview of Maryland's Inter-Agency Opioid Coordination Plan (see Figure 1). This overview outlines the nine goals identified in the plan based on policy priority. Worcester County will be addressing all of these goals, with the exception of one that only has state level strategies, and the addition of one from the Maryland COVID-19: Inter-Agency Overdose Action Plan. The next section provides an overview of some key data points followed by a strategic plan that lists goals, strategies, and tactics and implementation partners. For clarity, this strategic plan defines a goal as a broad, desired outcome; a strategy as an approach that will be taken to achieve a goal; and a tactic as the specific actions that will be taken to implement a strategy (adapted from OOCC, 2020a).

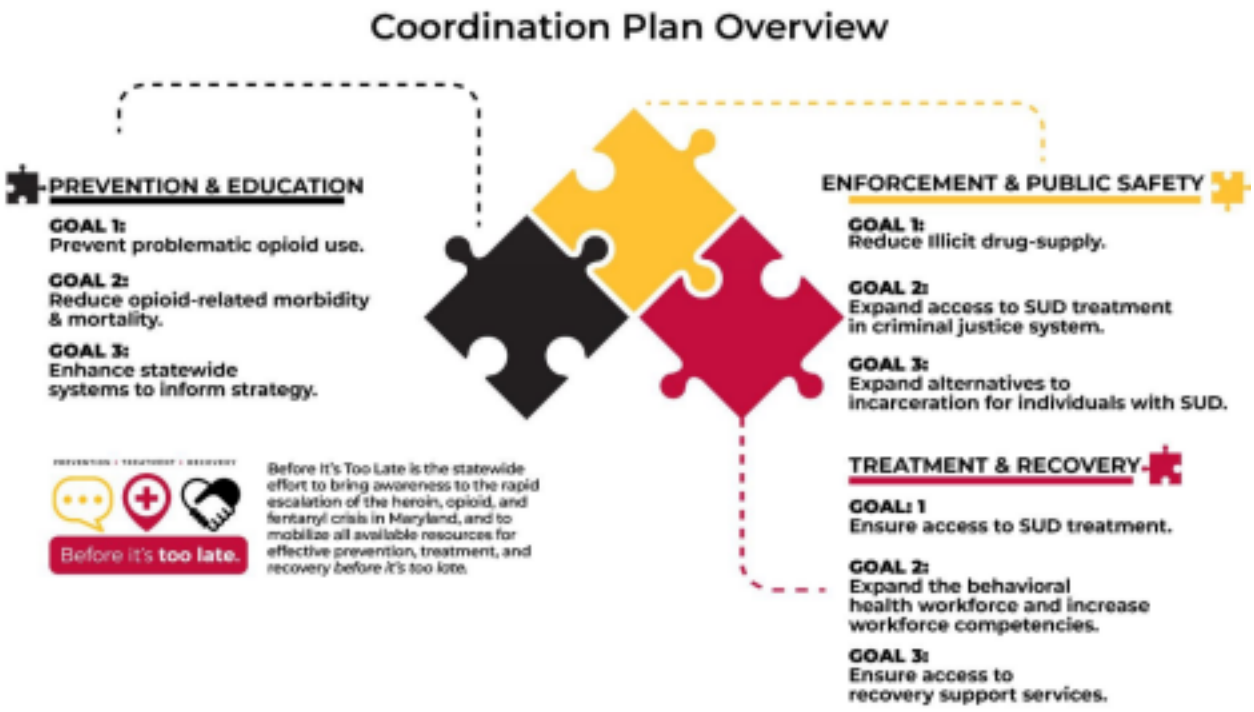

Figure 1: Coordination Plan Overview (OOCC, 2020a)

In addition to the plan being informed and guided by the Maryland plans and the noted data sources, the strategies are centered around and informed by the Centers for Disease Control and Prevention (CDC) guiding document from 2018: *Evidence-based strategies for preventing opioid overdose*.

The strategies noted by the CDC (2018) for preventing opioid overdose include:

- Targeted naloxone distribution
- Medication-assisted treatment (MAT)
- Academic detailing
- Eliminating prior-authorization requirements for medications for opioid use disorder
- Screening for fentanyl in routine clinical toxicology testing
- 911 Good Samaritan Laws
- Naloxone distribution in treatment centers and criminal justice settings
- MAT in criminal justice settings and upon release
- Initiating buprenorphine-based MAT in emergency departments
- Syringe Services Programs

The guiding principles from the CDC *Evidence-based strategies for preventing opioid overdose* were instrumental in guiding this plan:

- Know your epidemic, know your response
- Make collaboration your strategy
- Nothing about us without us
- Meet people where they are

National Data

Nationally, the United States has seen significant increases in behavioral health issues

including increased substance use due to COVID-19. While the opioid epidemic and the COVID-19 pandemic correlate with the increase in fatal overdoses seen across the country, this increase was also noted in 2019 when compared to 2018. The CDC's Morbidity and Mortality Weekly Report (MMWR), 2020 states that "younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation" (CDC, 2020). In addition to this, a recent report also shows that "64.1% of surveyed U.S. adults with disabilities reported adverse mental health symptoms or substance use; past-month substance use was higher than that among adults without disabilities" (CDC, 2021b). This data also corresponds with ongoing concerns about co-occurring disorders and substance use in subpopulations.

Drug overdose deaths have been decreasing or plateauing since Oct. 2017, but have started to increase again starting in July 2019 and are still increasing steadily (see Figure 2) (CDC, 2021a). The reported percent change for the United States from June 2019 to June 2020 was 22.3% in Reported 12 Month-ending Count of Drug Overdose Deaths. The percent change from June 2020 to June 2021 was an 18.2% increase, which shows a downward trend in the overall overdose deaths nationally.

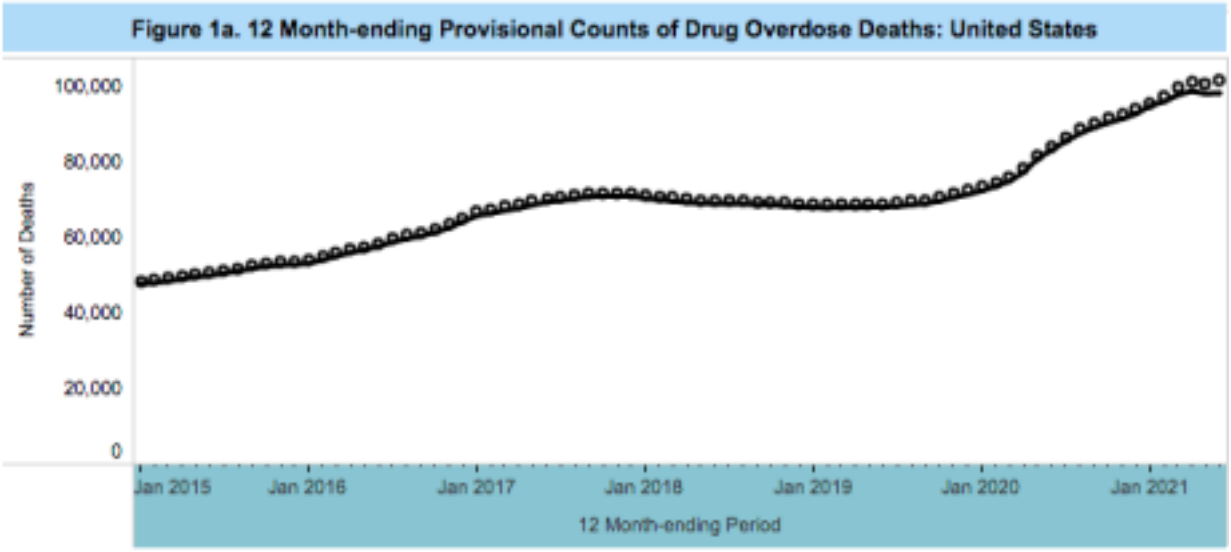

Figure 2: 12 Month-ending Provisional Counts of Drug Overdose Deaths (CDC, 2021a)

Maryland Data

Maryland has also seen an increase in drug overdose deaths from 2020 to 2021. The Maryland Department of Health reported, in the second quarter of 2021, there were 1,217 opioid-related deaths in Maryland, a 1.1% increase from the first six months of 2020 (see Figure 3) (OOCC, 2021). There were 1,358 unintentional intoxication deaths

involving all types of drugs and alcohol in Maryland through the second calendar quarter of 2021. This represents a 0.5% increase from the first six months of 2020, when there were 1,351 such fatalities. While opioids accounted for 89.6% of all unintentional

Figure 2. Opioid-Related Fatal Overdoses

*2011 through the Second Calendar Quarter, 2021**

intoxication fatalities, fentanyl was involved in 92.8% of all opioid-related deaths and 83.1% of all fatal overdoses. Fentanyl was involved in 1,129 fatal overdoses in the first half of 2021. This represents an increase of 1.2% from the same time frame in 2020 (OOCC, 2021).

Figure 3: Opioid- related Fatalities in Maryland: 2011 Through the Second Calendar Quarter, 2021. *2021 cou

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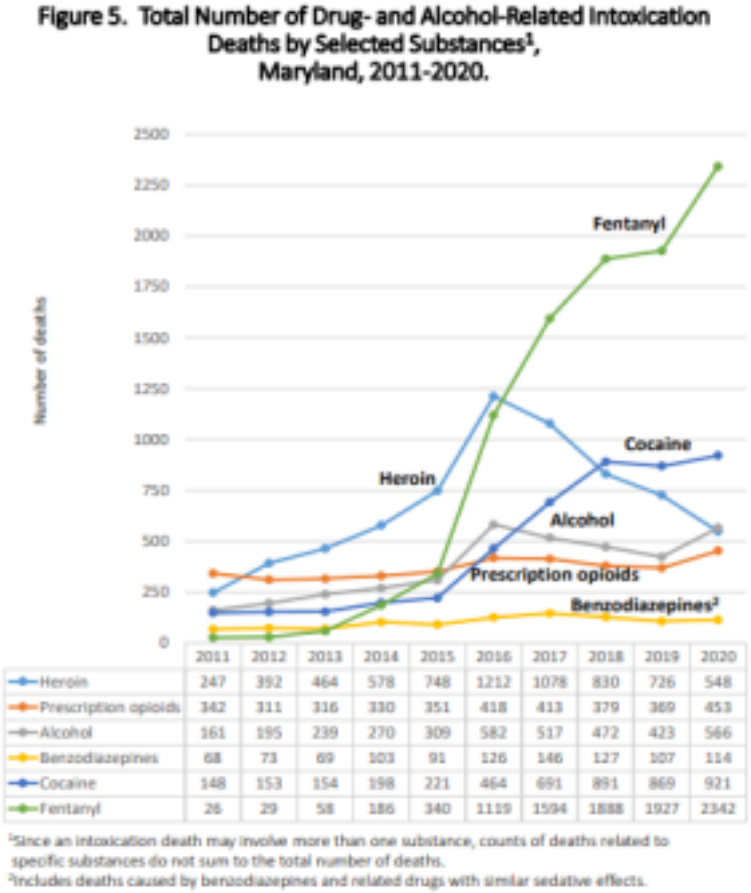


Fentanyl is the main contributing drug to most overdose deaths in the Maryland with cocaine, and heroin following respectively (see Figure (MDH, 2021b).

Figure 4: Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances, Maryland, 2011-2020 (MDH, 2021b)

While the state overall saw an increase, a few rural communities like Worcester County saw decreases in drug overdose fatalities when data from the first six months of 2020 and 2021 was compared.

The disparities among counties can be seen in the county specific comparisons of Jan. – Jun. 2020 and 2021 data for total drug and alcohol-related intoxication deaths, opioid-related intoxication deaths, fentanyl-related intoxication deaths, and heroin-related intoxication deaths respectively (Maryland Department of Health (MDH), 2021a) (see Tables 1-4) (tables using data from MDH, 2021a).

The state saw increases ranging from +0.52% to +1.16% except for the heroin intoxication deaths where the state saw a decrease by -34.35%. However, Worcester County saw decreases ranging from -46.66% to -100.00%. Table 1 shows Maryland total drug and alcohol-related intoxication deaths increased by 0.52% while Worcester County decreased by 46.66%. Table 2 shows that Maryland opioid-related intoxication deaths increased by 1.07% while Worcester County decreased by 50%.

Table 1: Comparison of Total Drug and Alcohol-Related Intoxication Death by Place of Occurrence, Maryland, January—June, 2021* and 2020.

Jurisdiction	Drug & Alcohol Intoxication Deaths 2021 vs. 2020
	Jan-Jun 2021 Jan- Jun 2020 % Difference
Maryland Total	1358 1351 +0.52%
Regional	
Urban/Suburban Areas	
Anne Arundel	129 120 +7.50%
Howard	18 29 - 37.93%
Baltimore County	198 194 +2.06%
Prince George's	104 110 - 5.45%
Baltimore City	514 465 + 10.54%
Montgomery	68 67 + 1.49%
Rural Areas	
Baltimore/Washington Carroll Harford	29 23 + 26.08% 52 39 +33.33%
Frederick **Southern Maryland** St. Mary's Calvert	27 36 - 25.00% 20 11 + 81.81% 12 12 0.00%

Charles **Western Maryland** Allegany Washington	13 25 - 48.00% 20 23 - 13.04% 40 58 - 31.03%
Garrett **Upper Eastern Shore** Queen Anne's Cecil	1 6 - 83.33% 8 7 + 14.29% 44 48 - 8.33%
Talbot	6 9 - 33.33%
Caroline	4 9 - 55.55%

Kent	5 2 +150.00%
Lower Eastern Shore	
Wicomico	22 21 + 4.76%
Somerset	5 9 - 44.44%
Worcester	**8 15 - 46.66%**
Dorchester	11 13 - 15.38%

Table 2: Comparison of Opioid-Related Intoxication Deaths by Place of Occurrence, Maryland, January—June, 2021* and 2020.	
Jurisdiction	Opioid Intoxication Deaths 2021 vs. 2020
	Jan-Jun 2021 Jan- Jun 2020 % Difference
Maryland Total	1217 1204 + 1.07%
Regional	
Urban/Suburban Areas	
Anne Arundel	115 103 + 11.7%
Howard	14 27 - 48.1%
Baltimore County	184 178 + 3.4%
Prince George's	75 87 - 13.8%
Baltimore City	485 434 + 11.8%
Montgomery	60 51 + 17.6%

Rural Areas	
Baltimore/Washingt on Carroll	27 21 + 28.6%
Harford Frederick **Southern Maryland** St. Mary's	44 34 + 29.4% 21 34 - 38.2% 18 11 + 63.6%
Calvert Charles **Western Maryland** Allegany	9 11 + 18.2% 12 17 - 29.4% 17 22 - 22.7%
Washington Garrett **Upper Eastern Shore** Queen Anne's	35 56 - 37.5% 1 3 - 66.7% 7 6 + 16.7%
Cecil Talbot	38 44 - 13.6% 5 7 - 28.6%
Caroline	3 8 - 62.5%
Kent	5 2 +150.0%
Lower Eastern Shore	
Wicomico	20 16 + 25.0%
Somerset	5 7 - 28.6%
Worcester	**7 14 - 50.0%**
Dorchester	10 11 - 9.1%

Table 3: Comparison of Fentanyl-Related Intoxication Deaths by Place of Occurrence, Maryland, January—June 2021* and 2020.

Jurisdiction	Fentanyl Intoxication Deaths 2021 vs. 2020
	Jan-Jun 2021 Jan- Jun 2020 % Difference
Maryland Total	1129 1116 + 1.16%
Regional	
Urban/ Suburban	
Howard	12 21 - 42.85%
Anne Arundel	103 95 + 8.42%

Baltimore County	167 165 + 1.21%
Prince George's	71 85 - 16.47%
Baltimore City	471 416 + 13.22%
Montgomery	57 46 + 23.91%
Rural Areas	
Baltimore/ Washington	
Harford	39 31 + 25.80%
Carroll Frederick **Southern Maryland** St. Mary's	20 18 + 11.11% 20 32 - 37.50% 15 9 + 66.66%
Calvert Charles **Western Maryland** Allegany	9 8 + 12.50% 11 12 - 8.33% 16 20 - 20.00%
Washington Garrett **Upper Eastern Shore** Queen Anne's	30 49 - 38.77% 1 3 - 66.66% 5 5 0.00%
Cecil Talbot	36 43 - 16.27% 4 6 - 33.33%
Caroline	3 7 - 57.14%
Kent	3 2 + 50.00%
Lower Eastern Shore	
Somerset	5 6 - 16.66%
Wicomico	18 14 + 28.57%
Worcester	**5 12 - 58.33%**
Dorchester	8 11 - 27.27%

Table 4: Comparison of Heroin-Related Intoxication Deaths by Place of Occurrence, Maryland, January—June, 2021* and 2020.	
Jurisdiction	Heroin Intoxication Deaths 2021 vs. 2020
	Jan-Jun 2021 Jan- Jun2020 % Difference
Maryland Total	193 294 - 34.35%

Regional	
Urban/ Suburban	
Howard	2 7 - 71.42%
Anne Arundel	19 25 - 24.00%
Baltimore County	37 39 - 5.13%
Prince George's	17 30 - 43.33%

Montgomery	8 17 - 52.94%
Baltimore City	67 99 - 32.32%
Rural Areas	
Baltimore/ Washington	
Carroll	4 5 - 20.00%
Harford	13 4 + 225.00%
Frederick	0 6 - 100.00%
Southern Maryland	
St. Mary's	0 3 - 100.00%
Calvert	1 3 - 66.66%
Charles	1 7 - 85.71%
Western Maryland	
Garrett	1 1 + 0.00%
Allegany	2 7 - 79.43%
Washington	6 14 - 57.14%
Upper Eastern Shore	
Cecil Queen Anne's	3 11 - 72.72% 0 2 - 100.00%
Caroline Talbot Kent **Lower Eastern Shore**	1 3 - 66.66% 0 0 + 0.00% 0 1 - 100.00%

Somerset 2 0 + 200.00% Wicomico 5 6 - 16.66% Dorchester 4 2 + 100.00% **Worcester 0 2 - 100.00%**

Regional Data

A new data source, State Unintentional Drug Overdose Reporting System (SUDORS), released its first report in 2020 that highlights key variables about the circumstances of overdose fatalities in Maryland using data from the Office of the Chief Medical Examiner (OCME), the Vital Statistics Administration, and multiple law enforcement agencies (State Unintentional Drug Overdose Reporting System (SUDORS), 2020). While SUDORS is new and also experiences data delays, they are able to highlight some interesting data that has proven challenging for the local Drug Overdose Fatality Review Team to retrieve such as details from OCME reports like methods of use and additional toxicology details. In 2018 on the Eastern Shore, there was evidence of injection drug use for 5 of 9 decedents (55%) and that fentanyl was the most common drug used and contributed to most deaths (see Figures 5 and 6 respectively) (SUDORS, 2020).

Figures 5: Route of Administration, 2018 (Region of Injury: Eastern Shore) (SUDORS, 2020)

Figure 12: Positive Toxicology Findings in Overdose Deaths, 2018

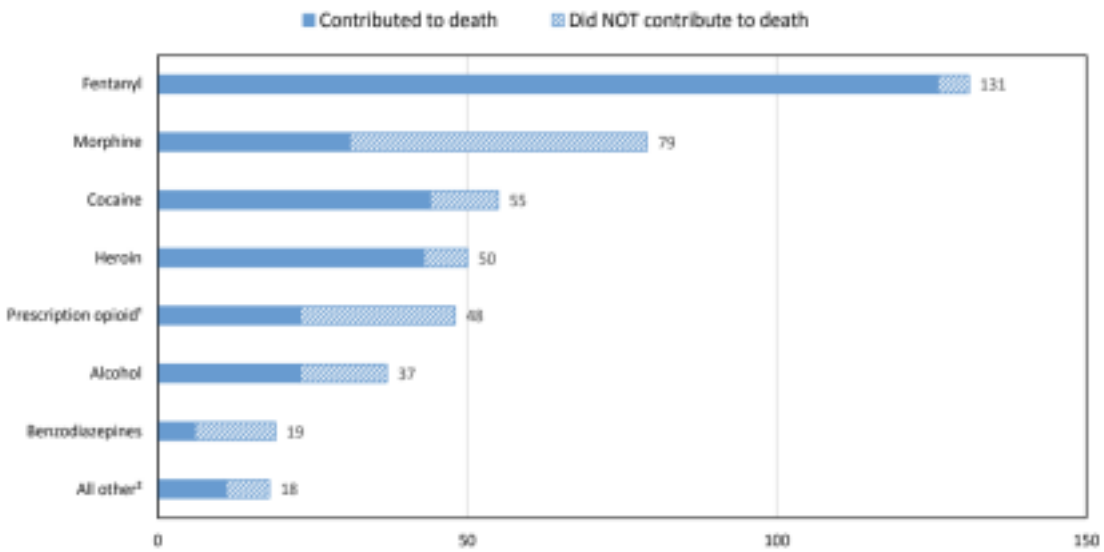
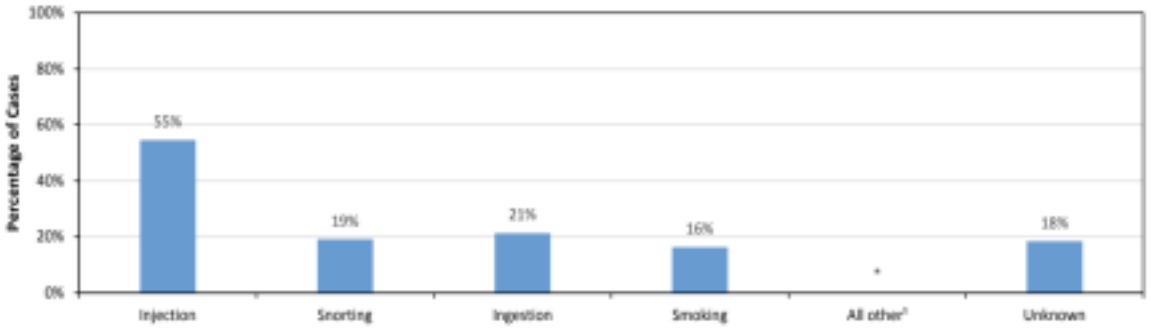


Figure 11: Route of Administration, 2018



*Per Centers for Disease Control and Prevention (CDC) requirement: data suppressed due to fewer than 11 cases.

[1]Other includes: sublingual, suppository, and transdermal.

Note: Counts may exceed the total number of cases due to multiple findings at the scene.

Figure 6: Positive Toxicology Findings in Overdose Deaths, 2018 (Region of Injury: Eastern Shore) (SUDORS, 2020)

When looking at the regional trends throughout Maryland, all of the five regions saw an increase in the total number of drug- and alcohol-related intoxication deaths from 2019 to 2020 (see Figure 7) (MDH, 2021b). However, percent change in opioid-related fatal overdoses by region January through June 2020 vs 2021 shows that all regions except Central Maryland had a decrease or no change (see Figure 8) (OOCC, 2021).

Figure 6. Percent Change in Opioid-Related Fatal Overdoses by Region
*January through June, 2020 vs. 2021**

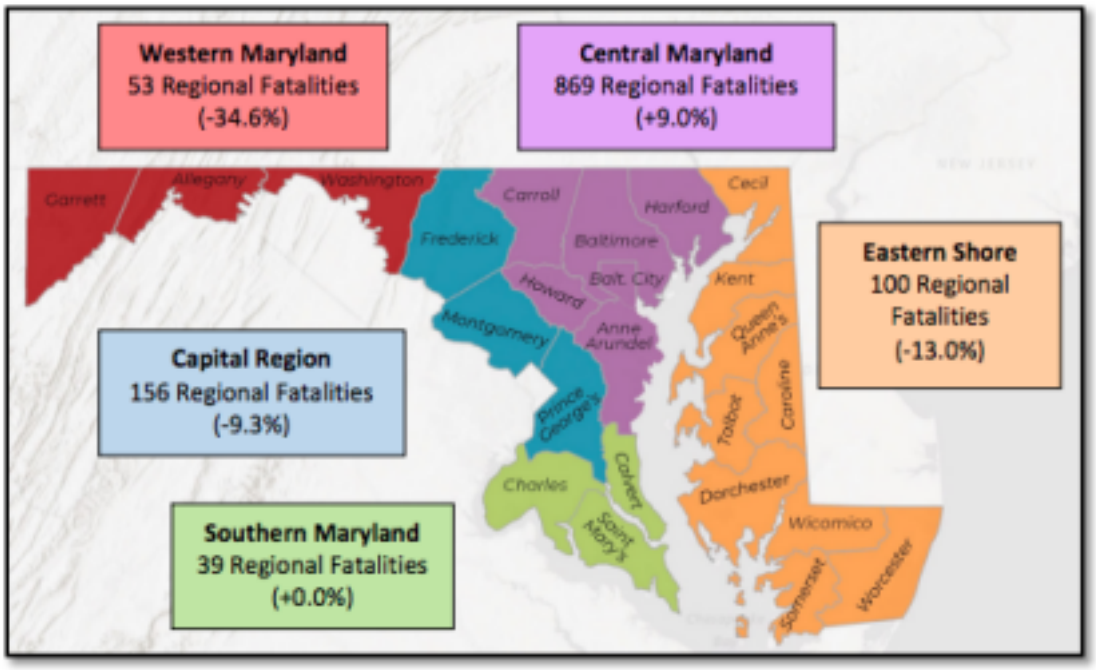


Figure 4. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Place of Occurrence, Maryland, 2011-2020.

Total Number of Drug- and Alcohol-Related Intoxication Deaths by Place of Occurrence, Maryland, 2011-2020. (MDH, 2021b).

Figure 8: Percent change in Opioid-Related Fatal Overdoses by Region January through June 2020 vs. 2021.* 2021 data are preliminary. (OOCC, 2021).

Worcester County Data

The Worcester County Health Department (WCHD) received funding to participate in the CHRS OD2A grant project that has emphasized using data to formulate strategies

to address the opioid epidemic. This includes data from national, state, and local levels and both quantitative and qualitative data in order to understand the needs of the local community.

Maryland Department of Health

When looking at the MDH overview of the deaths by region in Figure 7, due to the small population on the Eastern Shore compared to the Baltimore Metro area, it may seem like the opioid epidemic and overall drug use issues on the Eastern Shore are not as much of an issue. Figure 9 highlighting total number of deaths, provides a County specific view of drug and alcohol related deaths. It can be seen that while the total numbers are low compared to the state, the changes in the County are still significant and need to be addressed (MDH, 2021a).

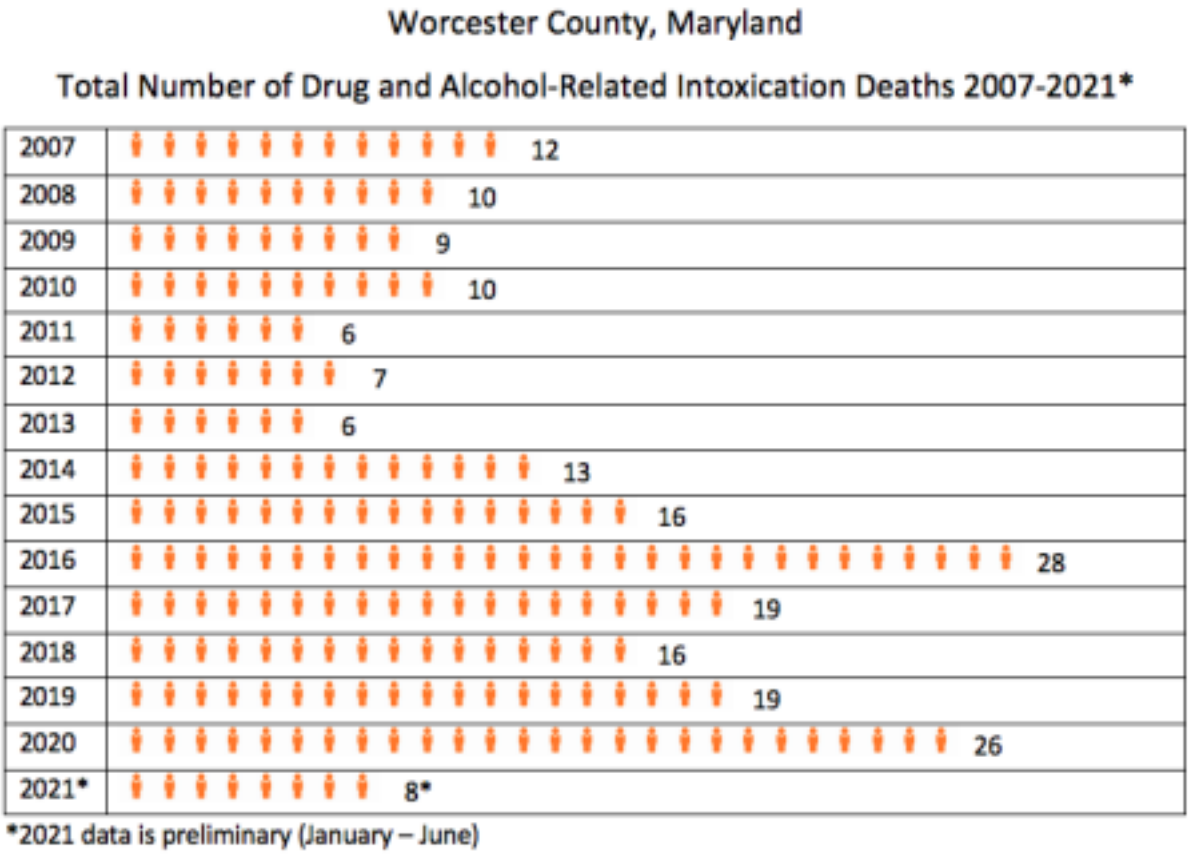
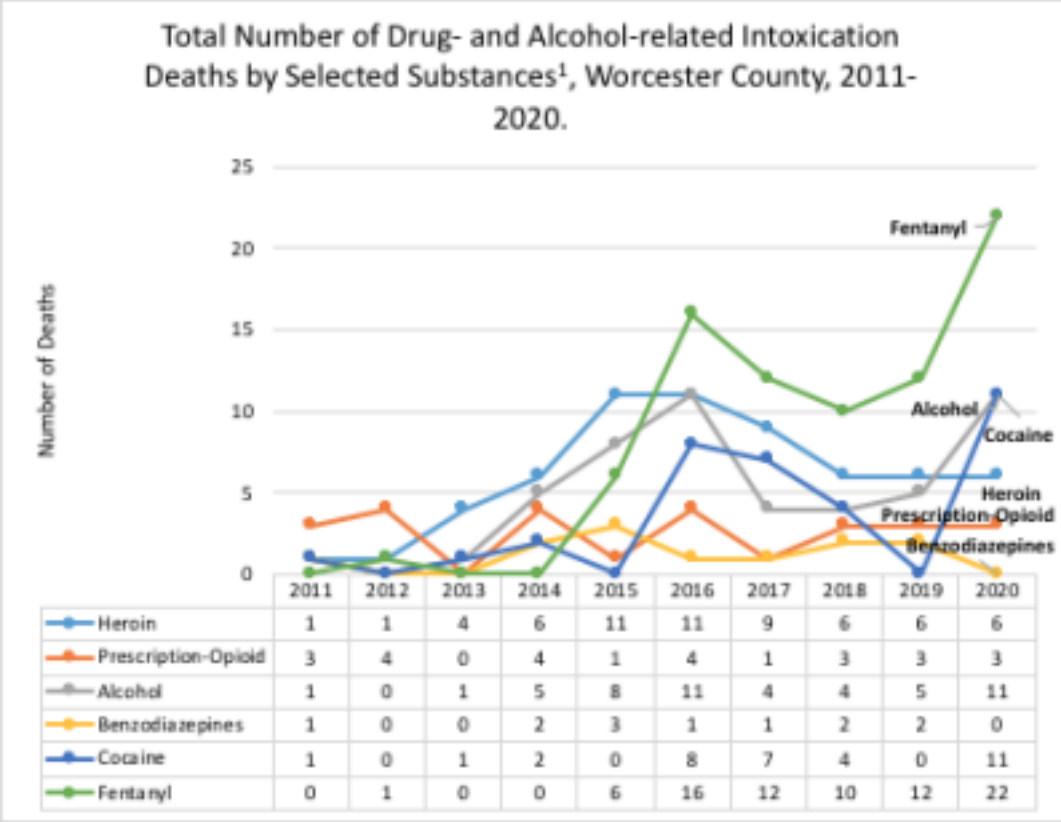


Figure 9: Worcester County, Maryland Total Number of Drug and Alcohol-Related Intoxication Deaths 2007-2021* (MDH, 2021a)

When the number of drug and alcohol related intoxication deaths were broken down by type of substances, like the state of Maryland, fentanyl is the main contributing drug to most overdose deaths in Worcester County with alcohol, cocaine, and heroin following respectively (see Figure 4 and 10) (MDH 2021b). Opioids are the main drug involved in overdose deaths in Worcester County; 92.3% of overdose deaths in 2020 were opioid related and 92% of the opioid-related deaths included fentanyl (MDH, 2021b).



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Heroin	1	1	4	6	11	11	9	6	6	6
Prescription-Opioid	3	4	0	4	1	4	1	3	3	3
Alcohol	1	0	1	5	8	11	4	4	5	11
Benzodiazepines	1	0	0	2	3	1	1	2	2	0
Cocaine	1	0	1	2	0	8	7	4	0	11
Fentanyl	0	1	0	0	6	16	12	10	12	22

[1]Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.

Figure 10: Total Number of Drug-and Alcohol-related Intoxication Deaths by Selected Substances, Worcester County, 2011-2020.

Worcester County Drug Overdose Fatality Review

The Worcester County Drug Overdose Fatality Review Team (Worcester County DOFRT) is an interagency team, as defined or provided for in the Maryland statute, that provides an annual report noting key trends in local drug overdose fatalities and recommended actions to reduce morbidity and mortality due to drug overdose. The 2019 report notes that fentanyl related deaths are on the rise and noted in 73% of reviewed cases (Worcester County Drug Overdose Fatality Review Team (DOFRT), 2020). In 73% of the cases, a family member or friend was present at the time of the death and/or found the decedent; naloxone was used in only two instances with EMS and twice by a family member/friend. Seven percent of cases were recently released from jail or treatment and 53% of the reviewed cases had prior record of behavioral health treatment at the WCHD. 71% of cases reviewed had prescription drugs and therapeutic behavioral health medications as well as illicit drugs involved (Worcester County DOFRT, 2020).

This data supports the need for increased education about fentanyl and how to get help in a crisis (i.e. Good Samaritan Law). It also supports family and first responder support, outreach and education. Educating first responders on how to support harm reduction

through providing education as well as naloxone (i.e. naloxone leave-behind) would help address the low use of naloxone reported.

Increasing understanding of the risks of drug use and how to reduce the harm while using drugs could be a useful tool in behavioral health facilities (both in and outpatient) as well as in the criminal justice system. Education of clients along with re-entry services and transition planning are also ways to reduce risk of fatal overdoses among these higher risk groups.

This data strongly supports the need for provider outreach and education such as academic detailing. Academic detailing will help educate a variety of providers not only on safe prescribing and the use of Prescription Drug Monitoring Program (PDMP), but it could also help educate them on harm reduction and alternative pain management therapies. These actions could help reduce potential harm caused by the combination of prescription medications and illicit drugs. Academic detailing began in year two of the OD2A grant and has been instituted in the county by the WCHD Prevention Unit.

While the community input and collaboration is helpful in these reviews, improved data sharing from the OCME would help expedite and better inform investigations and associated actions.

Community Themes and Strengths Assessment

The Worcester County Health Department conducted a Community Themes and Strengths Assessment (CTSA) as part of the community health planning framework MAPP (Mobilizing for Action through Planning and Partnerships). This assessment identifies the community's thoughts and ideas about what is important to health, perceived quality of life, and assets to improve health. This assessment had targeted outreach to vulnerable and typically under-represented populations through outreach at homeless shelters, soup kitchens, libraries, and senior centers. A total of 569 community members participated in this survey. This survey was conducted between January 13, 2020 and March 12, 2020 so the survey results were concluded before COVID-19 made a direct impact on Maryland.

The CTSA results showed that the community identified behavioral health (substance use and mental health) as the top health issue (see Figure 11) (Worcester County Health Department (WCHD), 2020). The community identified substance abuse as the top risk behavior in the community (see Figure 12). It is important to note that bullying is ranked in the top six risk behaviors and is a known factor that can contribute to substance abuse. These results are further confirmed by the community noting that the community needs more information about substance use disorders and mental health disorders (see Figure 13) (WCHD, 2020).

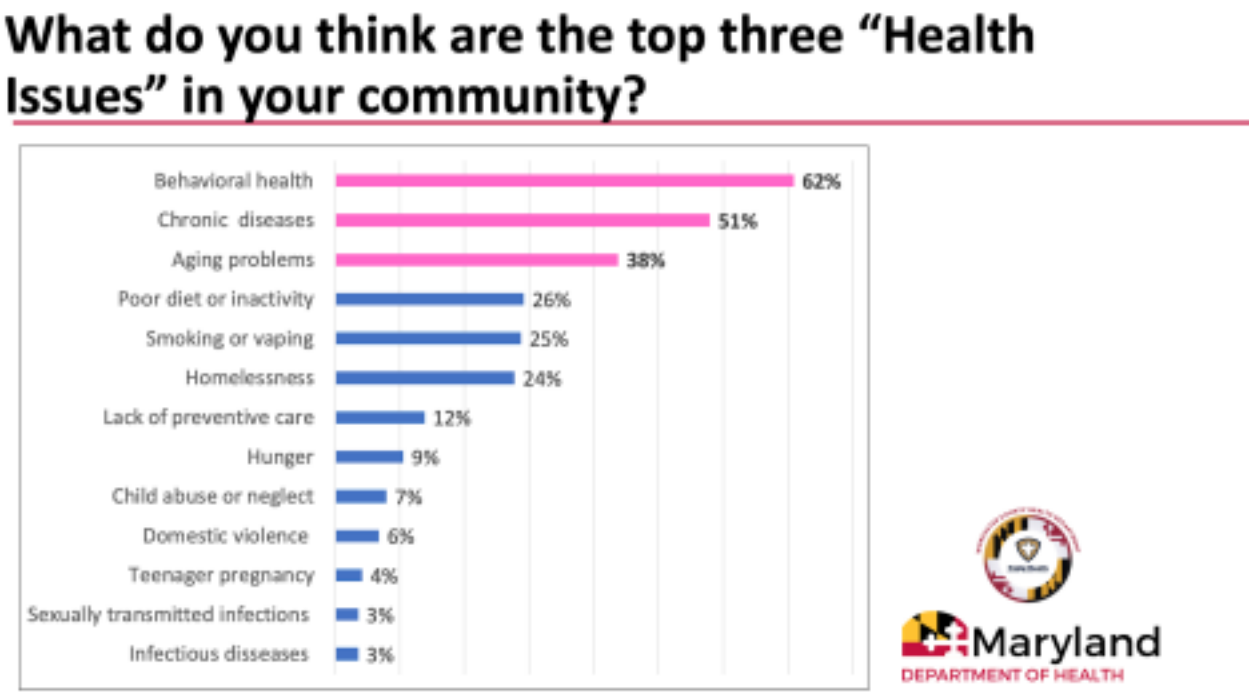


Figure 11: Health Issues (WCHD, 2020)

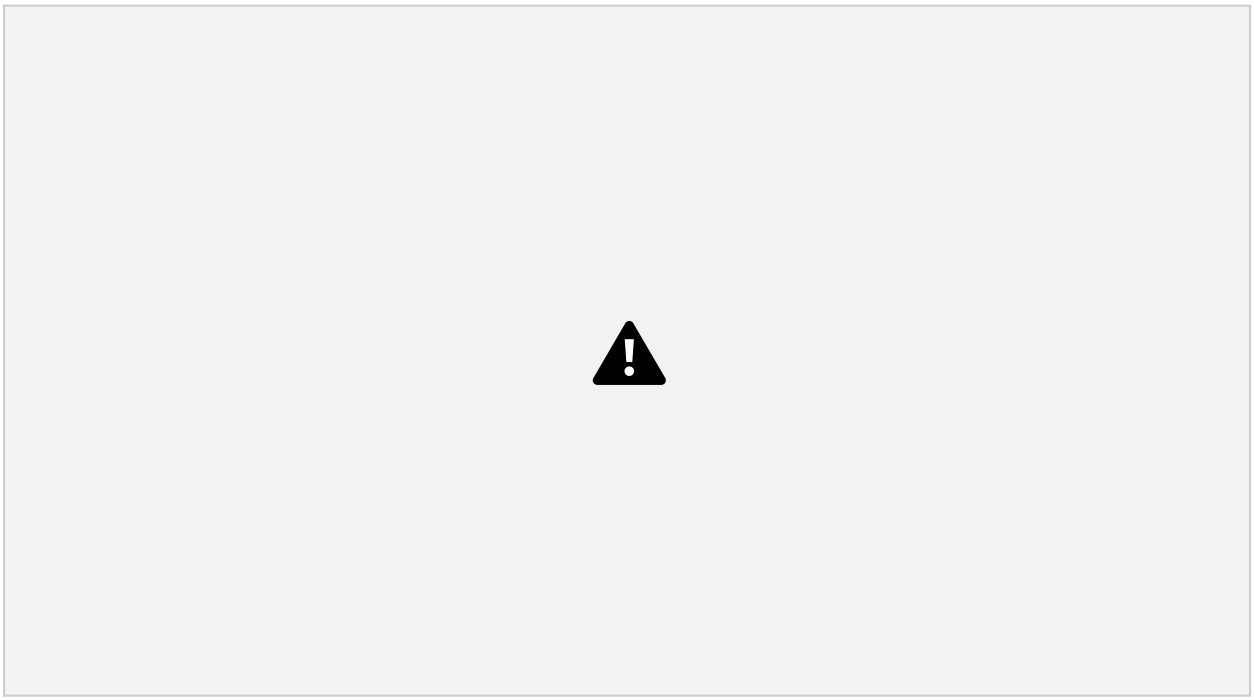


Figure 12: Risk Behaviors (WCHD, 2020)

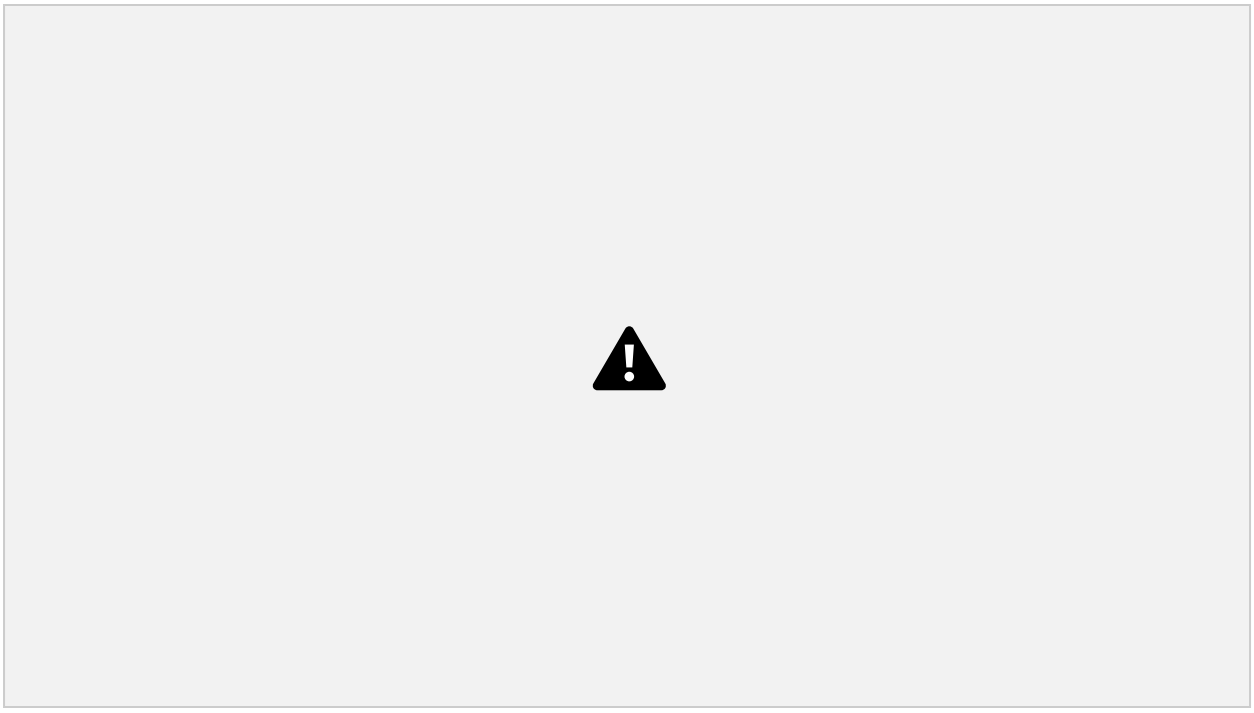


Figure 13: Topics people in your community need more information about (WCHD, 2020)

In addition to identifying substance use and mental health as major concerns in the community, the CTSA results also highlights some factors that can contribute to and compound substance use such as disparities and lack of employment opportunities (see Figures 14 and 15 respectively) (WCHD, 2020).

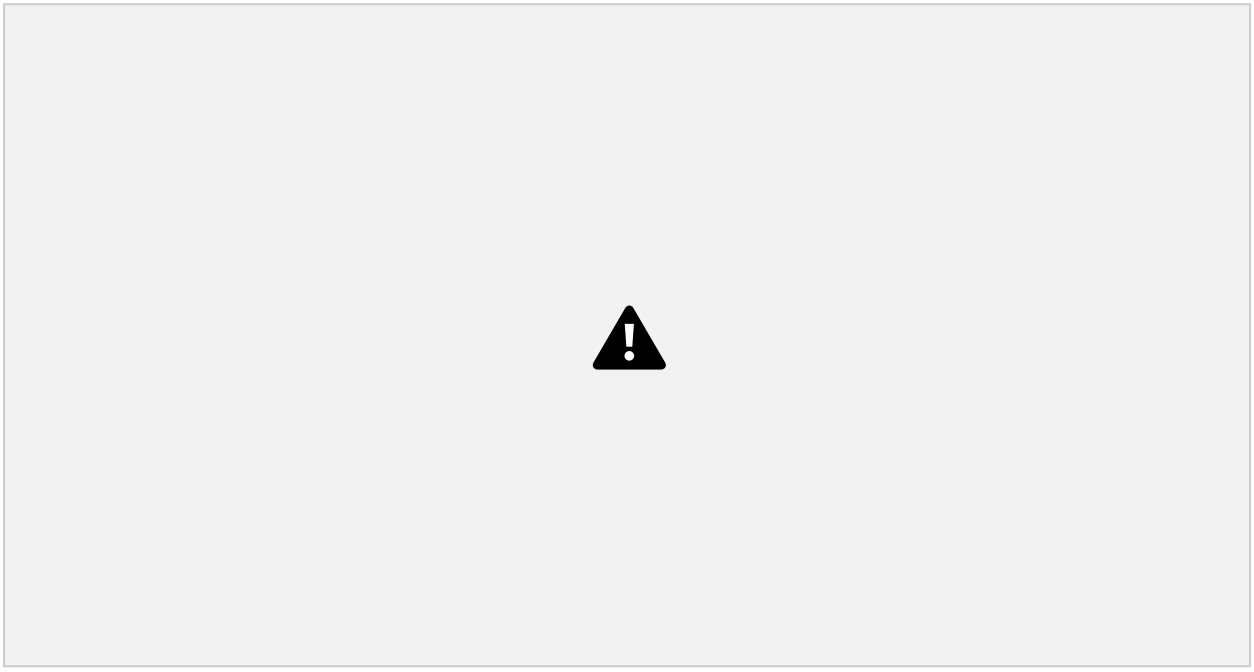


Figure 14: Disparity exists among groups in your community (WCHD, 2020)

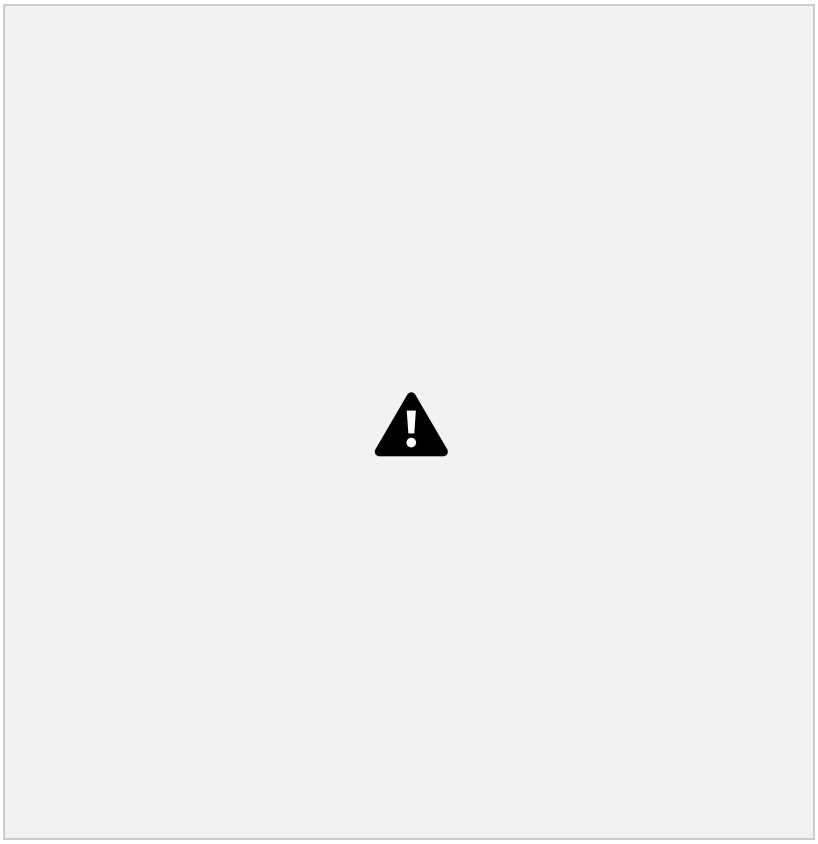


Figure 15: Employment opportunities (WCHD, 2020)

The importance of addressing the opioid epidemic is shown not only in the numerical health data, but also confirmed by the community members qualitatively. The next data set builds on this local data with further contextualization of community perceptions and experiences with substance use and services.

Statewide Ethnographic Assessment of Drug Use and Services

"The Statewide Ethnographic Assessment of Drug Use and Services (SEADS) Project was a statewide assessment conducted in every county in Maryland to characterize the experiences of people who use drugs (PWUD) and the potential for expansion of harm reduction services statewide" (Statewide Ethnographic Assessment of Drug Use and Services (SEADS), 2019). The SEADS data for Worcester County noted patterns & experiences, service capacity, service gaps, and potential harm reduction expansion. Below are the key findings and themes within each of these categories:

- Patterns & experiences:
    - o Trauma, injury, and bullying connected to substance use
    - o Mental health and trauma have led to increased substance use and decreased access to services
    - o Intercounty/interstate use and purchase of drugs was noted
    - o Stigma was noted especially in relation to interactions with law enforcement and medical visits

    - o Seasonal tourism was noted as having a negative impact on drug use and social determinants of health such as housing and employment

- Service capacity:
    - o Recovery and treatment are successful when collaborative
    - o Varied perspectives (both good and bad) were noted about drug court o Treatment centers with comprehensive and emergency service capacity were effective at providing immediate care
- Service gaps:
    - o Public transportation is limited
    - o Treatment capacity viewed as limited in County; inpatient and residential recovery housing needed and existing facilities need greater capacity o Need more resources for those in jail and recently released
    - o Special considerations needed for specific populations such as women who use drugs, pregnant women who use drugs, people with children who use drugs and people of color who use drugs within recovery, SUD treatment and broader social services
- Potential harm reduction expansion:
    - o Good Samaritan Law was viewed as a positive tactic, but not all people trust it or know about it
    - o Mixed feelings expressed about fentanyl test strips
    - o Narcan was noted as highly accessible
    - o Person who used drugs noted that sterile syringe access was reliant on pharmacies or other informal methods such as other PWUD

(SEADS, 2019)

Local Focus Groups and Key Informant Interviews

The WCHD, as part of the OD2A project, conducted seven focus groups and three key informant interviews that took place from February 26, 2020 - March 26, 2020. The focus groups and key informants were chosen based on their knowledge and experience as well as based on their connection to key issues or target populations identified through current data sources. The focus groups included OIT, Peer Support Specialists, a drug court intensive outpatient program (IOP) group, an addiction IOP group, a male detention center group, Atlantic Club (recovery center) participants, and Worcester County Warriors Against Opiate Addiction (WOW) (grassroots community group). The three key informants included a behavioral health supervisor, a parent of a child who uses drugs, and a person whose siblings use drugs. During these sessions, a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was conducted in relation to Worcester County and the opioid epidemic.

Strengths

The main themes and issues raised by the groups are not all unfamiliar and many have already been noted in other data sources like the CTSA results and SEADS report. The collaboration among agencies throughout the County is the most noted strength along

with the programs implemented through these partnerships. Other strengths are that services like peer support and MAT are being provided, with special note of the Worcester Addiction Cooperative Services (WACS) Center being a one-stop shop for

mental health and addictions care. Many participants said that the amount of naloxone education and distribution was a strength in Worcester County. When talking about organizations with supportive leadership, it was noted that the “right” thing would be done regardless if there was funding for it or not.

Weaknesses

Weaknesses highlight some larger problems related to transportation, housing and employment. There are geographical disparities noted throughout the County and the region for treatment and recovery services. Organization level issues that are noted as weaknesses are long wait times, rigid qualifications for certain programs, and cumbersome process as well as lack diversion to or provision of needed support in different situations (e.g. no detox support at the detention center). Recidivism and cycling on and off drugs when in and out of the criminal justice system was noted. Without supports to help with certain parts of life (e.g. taxes, signing up for health insurance) people may end up starting to use again because “life can be too much sometimes” and the substance use closely noted by one participant was linked with physical and mental pain, which contributed to the drug use and suicide attempts.

Stigma not just in the community but also among providers and the recovery community itself (i.e. Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) vs. MAT) is a weakness that still needs to be addressed. Compassion fatigue was noted as a weakness in the County as a whole, but especially for first responders and providers. System challenges with recruitment and hiring adds an additional barrier to the base challenges of getting staff in a rural, health professional shortage area. Supporting and following legislation was another system level weakness noted.

Most participants thought the feedback and input from people who use drugs is needed and those who participated were very grateful to be heard. Many said that people need to be educated on fentanyl, but alcohol (most notably) and other drugs were brought up as problems that also needed to be addressed. Connections to supports for recovery and other social determinants of health are noted as needing improvement. The utilization of 211 for connection with addictions treatment and support was discussed as not as effective as ideal and that a direct line to peers or support is more helpful.

Many in the groups were heavily involved in the opioid response work, but those who were not did not know of some of the highly acclaimed programs like Safe Stations. While coordination, collaboration, and communication were often noted positively, these things were also noted as having room for improvement to provide better services. Support from leadership was another point that was noted with mixed reviews. While some note the good use of many data sources, others note the weakness of not using hot spot information and this lack of alert and transparency with the community has led

some to question why things are or are not being shared and their accuracy. Many weaknesses discussed were rephrased or linked to a related opportunity for example-having peers go to the spot where someone has overdosed was seen as an opportunity.

Opportunities

The opportunities and threats identified by the focus groups have been noted in the past and relevant ongoing work and planning have been consistent over the past several years. Opportunities noted include strengthening and expanding current services, especially cross sector and cross agency collaborations. Organizational level opportunities include looking into different funding sources to start needed services like recovery housing and implementing trauma informed best practices. Some opportunities/promising pilot programs have since then been stopped due to COVID-19 and subsequent lack of funding (e.g. Crisis Stabilization Center). Maximizing the use of staff and community members' strengths is an opportunity that will continue to be key in planning and evaluation of the County's efforts. Like noted earlier with compassion fatigue, community outreach burnout was noted, but the opportunity to have the community champion the outreach was viewed as an opportunity. Serving children affected by substance use in the family through the schools was noted as an opportunity and something several participants wished had been more accessible when they were in school (some noted they did not feel comfortable talking to school counselors or other agency representatives out of fear). Like in the SEADS data, there were mixed feelings about the helpfulness and effectiveness of drug court. This supports that there is no one path to recovery and that options to "meet people where they are" are important to help get people into recovery.

Threats

The threats noted include funding challenges, jurisdictional constraints, community and government support of treatment and recovery services, seasonal nature of employment, insurance restrictions/limitations, and fentanyl (wide use and presence in many different types of drugs).

Below is compiled the key strengths, weaknesses, opportunities and threats surmised from the focus groups and key informant interviews.

Strengths

- Cross sector and agency collaborations and partnerships within County, Tri-County as well as across state borders with VA and DE
- Creative grants used to fit needs
    - Harm reduction programs like Safe Stations, Emergency Department Care Coordination (EDCC), and other mobile programs that improve access to care ● Expanded access to different options for recovery (inpatient, crisis house) helped reduce long wait time for beds and treatment (about a day wait for a bed whereas

in the previous year it would take about 1-3 weeks) - NOTE: this was noted before it was stopped due to COVID-19
- WACS – one stop shop for mental health/addictions care
- Peers and recovery community including 12 step programs
- MAT – provide all types through partnerships – Narcan available and affordable

treatment at the health department

Weaknesses

- Stigma among providers, community in general, and recovery community (e.g. stigma faced by people who use MAT in AA/NA)
- Lack of recovery housing (especially for women), detox, and inpatient treatment centers
- Limited treatment and services in detention center and need to strengthen re-entry programs and supports
- No parity for addictions/substance abuse – must be in counseling treatment in order to get prescription
- Lack of resources to support social determinants of health (SDOH): Lack of public transportation, affordable housing, child care, employment opportunities, safe social gathering places, access to ID services
- Organizational barriers such as limited providers and steps/wait for MAT, resources not the same throughout County (most on the north end, need resources in Pocomoke), not all programs open to all diagnoses
- Improve child centered services to youth in families with substance use disorder to reduce trauma, increase safety, increase trust/rapport
- Need for more support, education and recognition of peer support and first responders
- Barriers to homeless getting the help they need (some have serious medical issues on top of having addiction and that can lead to additional barriers to treatment)
- Lack of awareness or bad experiences with the Good Samaritan Law and law enforcement, but more engagement directly between law enforcement and people in recovery outside of crisis could help improve relations
- Under use of holistic resources (e.g. yoga, art therapy, sound drumming)

Opportunities

- Peers and community are willing to engage, discuss, and share thoughts ● Expand peers to other locations/agencies (e.g. hospitals, schools, parole) and going out with law enforcement after overdose incidents
- Family education and outreach to improve help seeking and harm reduction ● Partnerships to create unique and creative solutions like working with Ocean City Hotel-Motel-Restaurant Association (OCHMRA) to create places and jobs for people in recovery
- Funding for recovery house
- Strengthen detention center services and re-entry services with better discharge planning to reduce issues upon release (e.g. no medication upon release)

- Trainings and education needed for all staff, but especially behavioral health staff, peers and first responders
- Vocational programs like NASA program for people with a disability/in recovery
- Evidence-based trauma informed practices
- Faith-based partnerships

Threats

- Funding for behavioral health staff, first responders, and related programming – issues with sustainability and reimbursement – issues with hiring as well ● Differences between what the state allows and what Behavioral Health Administration (BHA) asks for (e.g. BHA wants 24/7 coverage, but the state does not allow it [e.g. they don't let people have "shifts"])
- Jurisdictional constraints (movement of drugs and addressing law enforcement)
- Reaching the "hidden" drug users
- Insurance coverage and changes
- Global budgets for hospitals can lead to people being sent home earlier ● MA Transportation structure and governance changes (good if you have it but still has limitations to how many trips you can have in a day - usually one stop) ● Support for treatment and recovery services by community and government ● Competition from other providers (good for community, but hard on organization) ● Year round employment needs – seasonal employment not enough ● Issues serving all those who need services: barriers to serving vulnerable populations such as homeless, transient people, and sex offenders ● Fentanyl

The key takeaways from the focus groups and key informant interviews are to continue and improve collaborations and communications with partners and community, value and support a variety of workers and programs (one size does not fit all), monitor and stay aware of constraints outside of organizations control (e.g. insurance policy changes, changes in needs/co-morbidity in area, etc.), and stigma reduction is still needed.

Strategic Plan

The following strategic plan is modeled after Maryland's Inter-Agency Opioid Coordination Plan and the Maryland COVID-19: Inter-Agency Overdose Action Plan with a focus on priority areas: Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery. The strategies, tactics, and partners are influenced and informed by the data and plans mentioned earlier and actions are not limited to only partners listed here. This plan is a starting point and is for all to use to advance collective efforts to address the opioid epidemic.

Strategies and/or tactics noted with an asterisk* are new or expanded items from the June 2020 update in response to the COVID-19 pandemic (Opioid Operational Command Center (OOCC), 2020b).

Prevention & Education		
Goal 1: Prevent Problematic Opioid Use		
Strategies	Tactics	Implementation Partners

1.1	Promote proven and promising SUD prevention programs for youth and adults.	· Youth: WCHD prevention coordinators and school system support and expand school-based prevention clubs. · Adults: Promotion of public information regarding health risks and consequences of substance misuse.	WCHD, Board of Education (BOE), Behavioral health (BH) providers, media partners, Worcester Goes Purple (WGP), Local Management Board (LMB), Local Behavioral Health Authority (LBHA)
1.2	Promote public awareness efforts on topics including: · Risks of opioid use. · Naloxone administration. · Risks of fentanyl. · Stigma. · Crisis hotlines. · Good Samaritan Law. · Other substances. · Trauma and mental health. · Proper storage and disposal of medications.	· Disseminate educational campaigns produced by state partners and local providers, including public awareness campaigns to disseminate information regarding SUD during the COVID-19 crisis.* · Promote public awareness campaigns on managing mental health and accessing resources following COVID-19.* · Promote the Before It's Too Late campaign (#HereToHelp) to coordinate resources pertaining to behavioral health issues related to COVID-19.* · Promote and conduct Mental Health First Aid Trainings.	WCHD, MDH, BHA, LBHA, WGP, BH providers, media partners, Life Crisis Center, Worcester County Law Enforcement (LE), higher education organizations and community partners, WOW, faith-based partners
1.3	Promote prescription opioid prescribing best practices among health care providers: · Prescription Drug	Academic Detailing: · WCHD Prevention Unit to pilot Academic Detailing in Worcester County delivering targeted messages on:	WCHD, MDH, LBHA, BH providers, medical providers, healthcare systems, prescribers

	Monitoring Program (PDMP) utilization. · Academic detailing.	1) Using non-opioid treatment as first line	

	· Co-prescribing of naloxone.	therapy for acute or chronic pain, 2) If opioids are needed, starting at the lowest effective dose, 3) Using the PDMP data to determine if patients have previously filled controlled dangerous substances, 4) Ensuring patient safety by avoiding concurrent prescribing of opioids and other sedating drugs and 5) Referring patients to treatment with SUD.	
1.4 1.5	Promote mechanisms for safe drug disposal. Care coordination and data sharing to identify at-risk and impacted youth.	Program Expansion: · Reach out to additional partners to explore opportunities for expanding drug-disposal <u>opportunities.</u> Screening for Adverse Childhood Experiences (ACEs): Training: · Promote professional learning opportunities around ACEs. · Promote and support efforts to expand trauma-informed training.* Application:	Worcester County LE, WCHD, MDH, pharmacies, healthcare systems, WGP, WOW, faith-based partners WCHD, Department of Juvenile Services (DJS), BOE, LMB, LBHA, MDH, Governor's Office of Crime Prevention Youth and Victim Services (GOCPYVS), Department of Social Services (DSS)

		· Identify ways in which ACEs can inform programmatic decision making.	
Goal 2: Reduce Opioid-Related Morbidity and Mortality			
Strategies		Tactics	Implementation Partners
2.1	Emphasize targeted naloxone distribution.	Overdose-Response Training: · Provide resources and education to individuals who use drugs, their	WCHD, Worcester County EMS/LE, Detention Center, pharmacies, prescribers, BH providers, healthcare

		friends, family and associates. Correctional Facilities: · Equip local detention center with resources and technical assistance to provide naloxone kits to individuals leaving incarceration. Overdose Scenes (naloxone leave-behind): · Partner with emergency medical systems to provide naloxone kits on the scene of an overdose. Kits should include: o Naloxone o Protective face mask and gloves o Information on how to access local substance use treatment and harm reduction resources	systems, faith-based partners, Atlantic Club

2.2	Support the implementation of harm reduction services.	Support implementation of interdisciplinary/ multi-agency harm reduction programs like: · Safe Stations (SS) · Homeless Outreach Team (HOT) · Law Enforcement Assisted Diversion (LEAD)	WCHD, LBHA, Worcester County EMS/Law Enforcement, criminal justice system, community organizations like WOW and WGP, Atlantic Club, government, BH providers, healthcare systems
2.3	Promote harm reduction as an essential service.*	· Promote use of appropriate harm reduction materials, including: fentanyl test strips, wound-care supplies, resource guides, etc. · Continue harm reduction outreach, including the distribution of harm reduction supplies, with adjusted hours, limited	WCHD, pharmacists, LBHA, community partners like WOW and WGP, Atlantic Club, prescribers, healthcare systems, BH providers, faith-based partners

		staff, and creative and safer delivery models.* · Coordinate with pharmacies to ensure they are aware of their ability to sell harm reduction supplies without a prescription.*	
2.4	Educate first responders on best practices for treating	individuals suspected of overdosing.*	· Disseminate Substance Abuse and Mental Health Services Administration's (SAMHSA) guidance for

		law enforcement and first responders on administering naloxone in the COVID-19 era.*	· Provide education for first responders on safety precautions when responding to overdose	scenes.* GOCPYVS, Worcester County EMS/LE, WCHD, LBHA

Enforcement & Public Safety		
Goal 1: Monitor Substance-Use Trends		
Strategies	Tactics	Implementation Partners
Strengthen partnerships between heroin coordinators and public health professionals.*	between heroin coordinators, public health professionals, peer recovery support	WCHD, High Intensity Drug Trafficking Area (HIDTA), Worcester County LE
1.1 · Encourage collaboration among overdose coordinators, public health, and behavioral health professionals. · Participate in training opportunities for public health professionals on utilizing data collected from heroin coordinators: − Training on how to use HIDTA's ODMap software.* − Identify and implement best practices and guidance for sharing data		
		specialists, and parole and probation professionals.* − Encourage collaboration and information sharing local harm reduction teams and between homeless service providers.*

Goal 2: Reduce Illicit Drug Supply			
Strategies		Tactics	Implementation Partners
2.1	Promote drug take-back initiatives.	Drug Take- Back Day: Events: · Identify semi-annual Drug Enforcement Agency (DEA) National Drug Take Back Days. Local Initiatives: · Encourage local law enforcement agencies to participate in conducting local initiatives. Publicity: · Publicize drug take-back initiatives. Permanent Drop Boxes: Drop-Box Inventory: · Review current list of permanent drop boxes and update semi-annually. Promotion: · Promote the locations of permanent drop boxes via website and social media.	WCHD, Worcester County LE, medical providers, healthcare systems
Goal 3: Expand Access to SUD Treatment in the Criminal Justice System			
Strategies		Tactics	Implementation Partners
3.1	Support local detention centers with the implementation of medication assisted treatment (MAT) programs.*	· Support BHA and GOCPYVS in providing training and technical assistance to local detention centers that are expanding MAT programming.* · Partner with BHA and GOCPYVS to identify	WCHD, LBHA, BHA, GOCPYVS, Detention Center, LE, States Attorney's Office

		sustainable funding mechanisms to support the	

		long-term expansion of MAT in detention centers.* HB 116 Implementation: · Identify needs of correctional facilities participating in the first phase of implementing House Bill (HB) 116. · Explore opportunities for diversion and community-based treatment associated with the requirements of HB 116.	

3.2	Promote various levels of clinical counseling within detention centers.	Conduct a jurisdictional gap analysis of levels of clinical care for SUD.	WCHD, Worcester County Detention Center, MDH, DJS, GOCPYVS

Goal 4: Expand Alternatives to Incarceration for Individuals with SUD

Strategies	Tactics	Implementation Partners
4.1	Expand care coordination services for individuals engaged with the criminal justice system: • Screening & assessment at intake. • Life-skills training. • Care coordination to community providers. • Re-entry services.	· Continue coordinating with partners as move towards implementing a pilot LEAD program in Ocean Pines.* · Coordinate with state partners to receive technical assistance from the LEAD National Support Bureau. (edited to reflect local vs. state tactics)*	WCHD, GOCPYVS, Worcester County State's Attorney, Ocean Pines Police Department, Worcester County LE, LBHA, Detention Center, DJS, Parole and Probation, LMB, community organizations that can help with needs related to re-entry, Drug

	• Law Enforcement Assisted Diversion (LEAD).	· Implement LEAD pilot and evaluate for expansion · Complete an assessment of care coordination services by local detention center and juvenile services facilities. · Expand and strengthen diversionary services and re-entry coordination services.	Court and problem solving courts
4.2	Facilitate coordinated relationships between problem-solving	· Identify opportunities to enhance partnerships in order to create a	OIT, Alcohol and Other Drugs Advisory Council, State's Attorney, WCHD,

	courts, criminal justice and behavioral health partners.	comprehensive system of care. · Support expanding and strengthening diversionary and re-entry programs.	DJS, DSS, Drug Court and problem solving courts

Treatment & Recovery			
Goal 1: Ensure and Expand Access to SUD Treatment			
Strategies		Tactics	Implementation Partners
1.1	Build capacity of professionals in all settings to screen for substance use risk and to refer patients to substance use	· Continue to utilize and expand SBIRT at different locations	WCHD, Atlantic General Hospital (AGH), DSS, healthcare systems, medical providers, LBHA

	providers.		
1.2 1.3 1.4	Continue 24/7/365 crisis-response system in Worcester County. Promote continuum of care for SUD services. Promote promising hospital practices for combatting SUD.	· Continue Safe Station in Ocean City, assess other areas for possible expansion. · Educate public and partners on 211, Press 1. · Seek funding for stabilization center. · Continue mobile crisis services. · Promote health insurance enrollment.* · Increase SUD screening for temporary cash assistance recipients.* · Continue to explore buprenorphine induction options in emergency departments. · Continue EDCC at AGH.	WCHD, Ocean City Fire Department, Hudson Health Services, Life Crisis Center, LBHA, BHA, OOCC, Worcester County LE OIT, LBHA, Alcohol and Other Drugs Advisory Council, DSS, Lower Shore Health Insurance Assistance Program WCHD, AGH, TidalHealth (formerly PRMC (Peninsula Regional Medical Center))
1.5	Support Peer Recovery Support Specialists programs in multi-disciplinary settings.	· Continue and explore expansion of peer support being in partner agencies. · Support peers conducting motivational interviewing and providing resources to clients.	WCHD, AGH, DSS, LBHA, BH providers, Atlantic Club

		· Ensure that peers and outreach workers are equipped with personal protective equipment to provide support services.*	

1.6	Expand access to medication-assisted treatment (MAT).	· Support prescribers in obtaining DATA 2000 waiver · Education about MAT waiving and supports through academic detailing · Support new MAT providers · Explore hub spoke model	LBHA, WCHD, BH providers, prescribers, medical providers, healthcare systems
	Strategies Tactics Implementation Partners Support wellness initiatives for individuals who work in the behavioral health field and first responders.	· Plan first responder appreciation event · Continue drug prevention recognition event · Provide events that encourage wellness	WCHD, Alcohol and Other Drugs Advisory Council, OIT, Worcester County fire departments/EMS, LMB, LBHA, Worcester County
2.1		· Implement first responder wellness program · Implement compassion fatigue training · Connect staff to needed training	LE
Goal 3: Ensure Access to Recovery-Support Services			

3.1	Ensure recovery-support services are available to individuals.*	· Continue to provide recovery support services via treatment and peer support · Provide support to Atlantic Club so they can safely operate · Advocate for development of drug free recreation and job opportunities like a recovery cafe	WCHD, LBHA, Atlantic Club, Hope4Recovery, OCHMRA, faith-based partners
3.2	Expand recovery housing.*	· Continue to support and work with local residential treatment, recovery	WCHD, LBHA, Hope4Recovery, Hudson Health, shelters and housing providers

		housing providers, and transitional housing.	
3.3	Expand access to case management/care coordination to address SDOH/basic needs.	· Improve access to services that contribute to and impact SDOH such as: · Assistance getting various forms of identification (e.g. birth certificates, driver's license) · Affordable housing · Job training and employment	WCHD, State Care Coordination, case management providers

Conclusion

Worcester County has many strengths that can help the collective work addressing the opioid epidemic. These strengths, namely collaboration and community connections, will help community members and agencies take advantage of opportunities to improve outcomes throughout the County. This plan is just a starting point that lays the groundwork and roadmap for actions that will lead to the collective vision of reducing

morbidity and mortality associated with opioid use and improving wellness and recovery. The OD2A grant and the CHRS has helped ground the County's efforts to address prevention, law enforcement, and treatment and recovery solidly in data driven actions with an emphasis on connecting with the community and providing the services that are needed to meet people where they are. Continued collaboration, ongoing communication, and regular review of progress will be key to improving outcomes and results from the County's strategic actions.

This plan was created with the intention of being flexible due to the ever-changing nature of the pandemic and the opioid epidemic. It is also a resource available to any organization to use in order to guide and strengthen their services. The pandemic has significantly affected behavioral health and while these are difficult times for everyone, it is especially hard for those who struggle with addiction and substance use disorders. In addition to the plan being available for all to use, we welcome feedback and ask that you help share this information broadly with partners and community members.

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Appendices

List of abbreviations

AA: Alcoholics Anonymous
ACEs: Adverse Childhood Experiences
AGH: Atlantic General Hospital
BH: Behavioral Health
BHA: Behavioral Health Administration
BOE: Board of Education
CDC: Centers for Disease Control and Prevention
CHRS: Center for Harm Reduction Services
CTSA: Community Themes and Strengths Assessment
DJS: Department of Juvenile Services
DOFRT: Drug Overdose Fatality Review Team

DSS: Department of Social Services
EDCC: Emergency Department Care Coordination
EMS: Emergency Medical Services
GOCPYVS: Governor's Office of Crime Prevention Youth and Victim Services
HIDTA: High Intensity Drug Trafficking Area
IOP: Intensive Outpatient Program
LBHA: Local Behavioral Health Authority
LE: Law Enforcement
LMB: Local Management Board
MA: Medical Assistance
MAPP: Mobilizing for Action through Planning and Partnerships
MAT: Medication Assisted Treatment
MDH: Maryland Department of Health
MMWR: Morbidity and Mortality Weekly Report
NA: Narcotics Anonymous
OCHMRA: Ocean City Hotel-Motel-Restaurant Association
OCME: Office of the Chief Medical Examiner
OD2A: Overdose Data to Action
OIT: Opioid Intervention Team
OOCC: Opioid Operational Command Center
ORP: Opioid Response Program
PDMP: Prescription Drug Monitoring Program
PRMC: Peninsula Regional Medical Center (now TidalHealth)
PWUD: People Who Use Drugs
SEADS: Statewide Ethnographic Assessment of Drug Use and Services
SDOH: Social Determinants of Health
SUD: Substance Use Disorder
SUDORS: State Unintentional Drug Overdose Reporting System
WACS: Worcester Addiction Cooperative Services Center
WCHD: Worcester County Health Department
WGP: Worcester Goes Purple
WOW: Worcester County Warriors Against Opiate Addiction