Overdose Response: Anne Arundel County Partnerships
Overview

➢ Statistics
➢ Overall County Behavioral Health Treatment System
➢ Continuum of Care
  ➢ Prevention
    Denial is Deadly Campaign
    Substance Use Prevention Coalitions
  ➢ Screening & Early Identification
    Substance Abuse Treatment Referral Line
    Adolescent & Family Services Outpatient Addiction Clinic
➢ Treatment
  Outpatient/Residential Treatment
  Overdose SOS
  Naloxone
➢ Recovery Support
  Recovery Housing/Recovery Housing for Women & Children
➢ Crisis Response
By the numbers......
Heroin-Related Deaths
Maryland (Jan-June)

Fentanyl-Related Deaths
Maryland (Jan-June)

Current Overdose Statistics
Anne Arundel County 2007-2016*

Note: 2016 is only January-June data.
Continuum of Behavioral Health Care & Support

- Prevention
- Screening & Early Identification
- Treatment Services
- Recovery Support
TREATMENT AND RECOVERY
Anne Arundel County Behavioral Health System

GAPS IN LINKAGES TO SERVICES

Overdose SOS
TCA SUD Assessors
Peer Support
Crisis Intervention Teams
Care Coordinators
Drug Court
Road to Recovery

Crisis Stabilization

TREATMENT

RECOVERY
What is Anne Arundel Crisis Response?

- A system that operates 24 hours a day
- Collaboration between Police and Mental Health
- Consists of:
  1. Warmline
  2. Mobile Crisis Teams (MCT)
  3. Crisis Intervention Teams (CIT),
  4. Crisis Case Management
  5. Urgent Care Appointment Access
  6. 2 Transportation Specialist
  7. Hospital Diversion
  8. Jail Diversion
  9. Access to our own DSS worker Monday - Friday
Anne Arundel Crisis Response Numbers

- **Number of EP’s per day**: Average of 7 per day
- **Number of EP’s per week**: Average of 51 per week
- **Average of 17 Overdoses a week (Heroin)**
- **Average of 2 deaths a week (Heroin/Opioids)**
- **Calls into Warmline**: 20,225 in FY16
- **Crisis Intervention Team calls**: 330
- **Mobile Crisis Team dispatches**: 2,089
Collaboration on EP’s and Overdoses

• Focus is on following up with EP’s and Heroin overdoses

• Each day police send all overdoses and EP’s from previous day to CRS

• Secures signed releases to allow for coordination of care

• Establish rapport for post follow up as a KEY to preventing recidivism
Overdose Flow Chart

1. 911 Called
   - Fire/Police Respond

2. Taken to ER
   - Police call for MCT
   - Assessed by MCT/HD
     - Inpt. Detox
     - IOP
   - Refused MCT/HD
     - Follow up by CRS with phone call

3. Discharged
   - On Police Brief
     - CRS Calls Consumer
     - Contact Made
     - Detox
     - IOP
   - Not on Brief
   - Referred to SOS
Non-Overdose Flow Chart

Called Warmline
  Referral given
    Unable to link with provider
      Refused MCT or HD
        Followed up by CRS
          Ready for TX
            Refer to Inpt. or IOP
      Refused
        Ready for TX
          Referred to Inpt. or IOP
    Linked with provider
      Assessed by MCT or HD
        Ready for TX
          Referred to Inpt. or IOP

Currently in Emergency Room
  Followed up by HD
    Refer to OD SOS
      Assessed by HD
        Referred to Treatment
Overdose Survivor Outreach Services (ODSOS)

**Goals:**
- To identify people seen in an ED setting after an overdose OR other opioid-related issue
- To link them to medication-assisted treatment or other SUD treatment.
- Partnership with University of Maryland-Baltimore Washington Medical Center

**Program Services**
- Substance Use Disorder screening and referral
  - Medication-assisted treatment screening and referrals
- Naloxone kit dispensed by hospital pharmacy to each person on discharge.
- Peer support services
  - Twice a month contact for all who are referred (up to 12 months)
  - Supportive services for those who consent

**Program Staff at each ED**
- 1 FTE nurse coordinator
- 2 FTE peer support specialists
If patient not interested in treatment, PSS follows for 12+ months

ED provides Nurse Coordinator OD survivors

Nurse Coordinator assigns PSS

PSS engages survivor in ED

If patient is interested in MAT, peer will provide the Nurse Coordinator with patient's information

Discharged or AMA, PSS conducts outreach for up to 12 months

Nurse Coordinator conducts SUD assessment

Patient will be referred to (Interim) MAT Program

PSS follows up for 12 months

Patient will be referred to SCC and other recovery support services as needed

MARS Groups

GPRA

MDRN

Naloxone dispensed by ED to all Overdose Survivors
Overdose SOS: Outcomes to Date

- Began taking patients January 2016 @ BWMC
- As of September 26, 2016 (9 months)
  - 305 people referred to the program
  - 180 people (59%) experienced overdoses
  - 125 people (40.9%) agreed to engage with Peer Support Services
  - 43 people (14%) admitted into a Medication-Assisted Treatment (MAT) program
  - 20 (6%) readmitted to ED

- Highlights:
  - A patient enrolled in the SOS program for a few months, presented at ED. The patient had previously always presented in active withdrawal with inefficient coping skills for the management of life stressors. The presentation for the current admission was completely different than before. Patient has reportedly been doing well in a sober living home and holding down two jobs. The patient recognized increased mood lability and had been attempting to work with outpatient providers to adjust their medication, rather than to self-medicate. The patient experienced three significant stressors prior to admission and reached out to the ODSOS team and through the safety contract was brought to the ED for evaluation. In the past this patient would have relapsed and waited months before coming to the hospital.
  - A patient was enrolled in MAT following an overdose. The spouse saw the positive changes happening with the patient as a result of treatment and peer support. She also decided to enroll into an MAT program. With the support of the ODSOS team, both the patient and spouse are doing well in treatment.
<table>
<thead>
<tr>
<th>CRS: Strengths and Weaknesses</th>
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<tbody>
<tr>
<td><strong>Strengths</strong></td>
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<tr>
<td>➢ Collaboration that can occur with multiple agencies</td>
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<td>➢ Crisis Response is 24 hours like the police</td>
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<td>➢ Currently have one clinician in the ER</td>
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<td>Monday thru Friday to assess consumers looking for treatment</td>
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<td>➢ Placement for inpatient treatment when needed occurs within 24 to 48 hours</td>
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Next Steps: ODSOS

• Increase staff to cover weekends and evenings
• Beginning late October 2016, a Peer will work with police and/or Crisis Teams to do outreach with people who overdose in the community through the STOP (Substance Treatment Outcomes Program) initiative
• Beginning Autumn 2016 a peer support specialist will provide support to drug offenders who are under the supervision of the Division of Parole and Probation, or otherwise engaged with the criminal justice system. The peer support specialist will receive referrals from judges, probation and parole agents, and other stakeholders in the criminal justice system.
• Provide outreach to people within social networks
PREVENTION
Outreach and Multimedia Campaigns

OXY TODAY.

HEROIN TOMORROW?

DENIAL IS DEADLY.
What are Parents good for?
1) Fishing trips
2) Rides to soccer practice
3) Easy access to painkillers

What are Grandparents good for?
1) Homemade cookies
2) Stories about the old days
3) Easy access to painkillers

You’re a lot of things to your kids: fishing instructor, homework manager, chauffeur and constant. Don’t be their drug dealer too. Because 75% of Anne Arundel County adults misusing prescription drugs started between ages 12 - 25, it’s crucial to store your medicine in a safe place.

You want to give your grandkids lots of things, but a drug addiction isn’t one of them. Because 75% of Anne Arundel County adults misusing prescription drugs started between ages 12 - 25, it’s crucial to store your medicine in a safe place.

Monitor your medicine to help keep loved ones out of harm’s way.

Learn more at www.aahealth.org/MEDS or call 410-222-6724.

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YOU CAN SAVE A LIFE WITH A SPRAY

Naloxone, given as a nasal spray, can reverse the effects of an opioid overdose and Save a Life.

Give someone a second chance... to recover and live.

Attend a free training session. Call 410-222-0100 for more information and to register. www.AAHealth.org

Supported by SAMHSA and the Maryland Behavioral Health Administration.

FREE YEAR-ROUND PRESCRIPTION MEDICATION DISPOSAL PROGRAM

Drop Off Your Expired, Unwanted and Unused Medication Safely in Anne Arundel County Police Department Deposit Boxes at These Locations 24 Hours Daily, 7 Days a Week:

Northern District
939 Hammonds Lane
Baltimore, MD 21225
410.222.6135

Southern District
35 Stepneys Lane
Edgewater, MD 21037
410.222.1961

Eastern District
204 Pasadena Road
Pasadena, MD 21122
410.222.6145

Western District
8273 Telegraph Road
Odenton, MD 21113
410.222.6155
Thank you.

Questions?

Jen Corbin, LGSW
Director, Anne Arundel County
Crisis Response System
Anne Arundel County Mental
Health Agency
jjcorbin18@aol.com
410-768-5522

Sandy O’Neill, LCPC
Director, Bureau of Behavioral Health
Anne Arundel County Department of
Health
hdoneioo@aacounty.org
410-222-7165