

# Harford County Opioid Overdose Prevention Plan

June 2013, UPDATE 2/2014

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## Overview

In partnership, the Harford County Health Department (HCHD) and the Harford County Department of Community Services-Office of Drug Control Policy (ODCP) have been working to address opioid overdose deaths through prevention, intervention and treatment. Through a collaborative effort, the Alcohol and Drug Abuse Administration, the Vital Statistics Administrations's Virtual Data Unit and the Office of Chief Medical Examiner are making alcohol and drug intoxication death data available to local health departments on a quarterly basis. Data from 2012 shows the two (2) highest leading causes of overdose deaths are from heroin-related and prescription-related opiate drugs.

The Harford County Health Department, Harford County Office of Drug Control Policy and the Office on Mental Health-Core Service Agency have teamed with key stakeholders in the community to develop a county-wide Opioid Overdose Prevention Plan. The purpose of the Opioid Overdose Plan is to reduce unintentional, life-threatening poisonings related to the ingestion of opioids. In Harford County, stakeholders are striving to create a paradigm shift in the county, reduce overdose deaths and increase the number of people receiving behavioral health services.

The plan is comprised of four components: Historical review of Prevention and Intervention Initiatives, Needs Assessment/Analysis of Data, Strategic Initiatives (including Education of the Clinical Community and Outreach to high risk individuals), and Performance Metrics.

## Historical Review of Prevention and Intervention Initiatives

### Prevention

Historically, Harford County Department of Community Services-Office of Drug Control Policy (ODCP) receives substance abuse prevention funding from the State of Maryland Alcohol and Drug Abuse Administration (ADAA) and a variety of other sources (e.g. Harford County Government, Highway Safety, etc.). The Harford County Health Department provides treatment for addiction services and receives funding from ADAA and Harford County Government. Since 2000, ODCP has promoted and provided prevention services through strategies utilizing the resources of public and private agencies, and citizens. ODCP was the recipient of a DFC (Drug Free Communities) Grant for ten years and has received federal training in programs that reduce substance abuse in the county. Since 2001, ODCP has been responsible for obtaining over 15 million dollars in grant funds to address substance abuse issues in the county. For the past ten years, ODCP has implemented programs for over 16,000 residents annually in an effort to reduce substance abuse in the county.

### Intervention/Treatment

The Harford County Health Department Division of Addiction Services (HCHD-DAS) provides a comprehensive array of clinical co-occurring treatment services for people with addiction. Services include: comprehensive assessments, individual/group and family counseling, referrals for detoxification and inpatient treatment, specialty programming (jail-based services, drug court) and medication management (e.g. Methadone, Suboxone, and psychotropic). The highly successful HOPE Project, initially funded by a Maryland Community Health Resources Commission grant, targets dually diagnosed inmates and links them to substance abuse, mental health, medical, and case management services with the goal of reducing recidivism. Funding for the HOPE Project expired in the Fall, 2013, but the Health Department has continued this important program. The Adolescent Addiction Program provides substance abuse education and treatment to adolescents and their families. Substance abuse assessments are conducted at the HCHD-DAS as well as in schools, by request through the Maryland Student Assistance Program. The Drug Court Addiction Program provides substance abuse education and treatment services to nonviolent substance abuse offenders. In FY 13, 854 clients received treatment in the Harford County Addiction Program.

By providing education, comprehensive treatment options, and maintaining a visible presence in the community, ODCP and the Health Department work daily as the voice of a drug-free Harford County. Below is a summary of successful addiction prevention and intervention activities:

- Harford County Leadership – The Harford County Mental Health and Addictions Advisory Council** - Established a Prescription Drug Task Force sub-committee in 2012 to address the increase of opiate deaths in the county. The Harford County Health Department- Local Health Improvement Coalition (LHIC) identified behavioral health as one of the top health priorities for the county. The LHIC established a dedicated behavioral health sub-committee to develop recommendations for addressing behavioral health needs in the county. The Harford County Local Health Improvement Coalition oversees and provides direction to the behavioral health sub-committee.
- Community Drug Take Back Initiatives-** ODCP, local law enforcement agencies and DEA sponsor no-questions-asked prescription drug take-backs.

<b>Year</b>	<b>Number of Pounds</b>	<b>Number of Citizens</b>
2010	1900	407
2011	1850	629
2012	3692	1270
2013	4044	1065
<b>Total</b>	<b>11486</b>	<b>14857</b>

- Community Education** – Numerous community outreach programming, trainings and educational seminars spearheaded by ODCP and the HCHD have been implemented in the county. ODCP prevention programming has reached middle/high school students, Boy/Girl Scouts, business leaders, faith-based community, inmates, parents through the PTA, law enforcement agencies, medical and social service professionals, etc. The HCHD has been active in the community by hosting the local television program called Public Health Matters which airs on the Harford Cable Network. Public Health Matters had

the opportunity to interview Mr. Keith Mills, WBAL/Channel 11, to talk about his personal experiences with addiction.

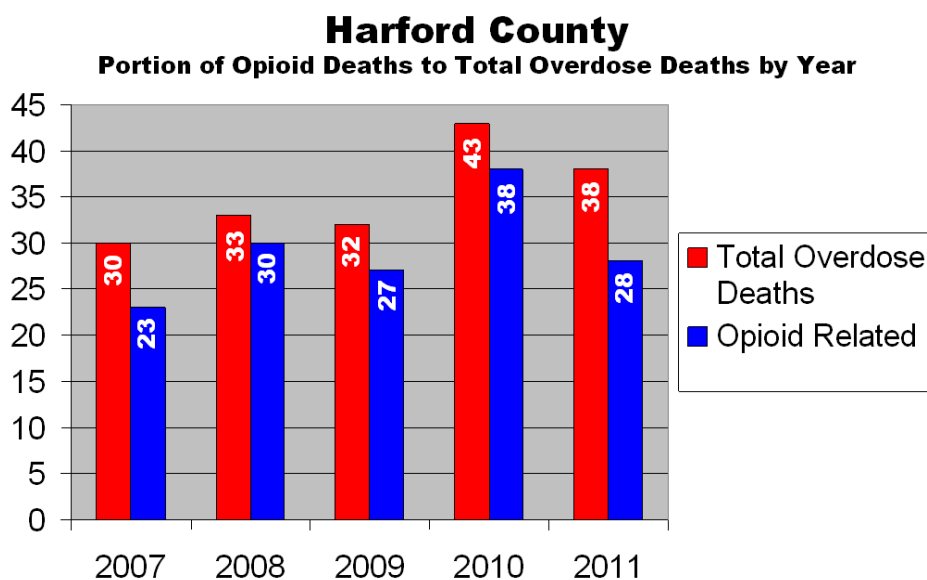
- **Treatment-** The Harford County Health Department Division of Addiction Services utilizes Methadone, Suboxone and Vivitrol medications as well as residential detoxification, and outpatient treatment. Furthermore, the HCHD-DAS actively engages community partners in Recovery Orientated Systems of Care (ROSC) and has hired 4 Peer Specialists/Recovery Coaches to assist in moving clients toward recovery. The OCDP oversees and funds 5 problem-solving courts (3 district and 2 circuit). The specialized courts include: drug courts for juveniles and adults, family recovery court, driving under the influence court, and mental health court.

Nar-Can/Naloxone is currently available and utilized by Harford County Emergency Medical Services. It is currently available in all ambulances in the county. In addition, it is available for use by the Harford County Sheriff's Office- SWAT team for opiate overdose prevention (under physician orders). HCHD-DAS has applied to be a training entity to train and educate the community on how to use Naloxone. Certificates and prescriptions will be given to persons who complete the training successfully. HCHD-DAS will provide funding for Naloxone to those participants without insurance or whose insurance will not pay for the prescription.

## Needs Assessment/Analysis of Data

A review of quantitative and qualitative/soft data (focus group and on-line survey) was used to gain an overall understanding of the addiction issues in the county. The data snapshot presented below is based on information available from the Department of Health and Mental Hygiene, Alcohol Drug Abuse Administration, Mental Hygiene Administration and local data sources (Harford County Sheriff's Office, University of MD Upper Chesapeake Medical Center, etc.). This first broad step in conducting the data review provides ideas, measures, and areas to dig deeper to better understand how to meet the addiction prevention and intervention needs in the community.

**Figure 1**

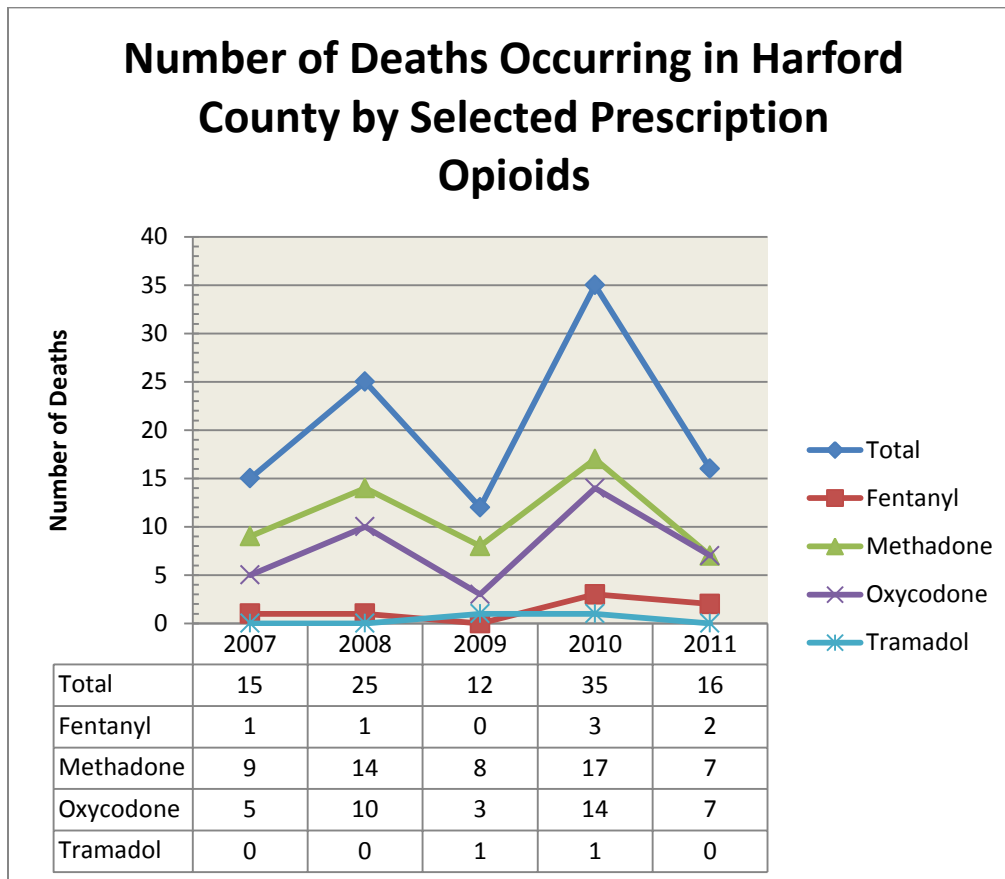


FROM: Maryland Department of Health and Mental Hygiene - "Drug and Alcohol Intoxication Deaths in Maryland, 2007-2011"

Between the years 2007 – 2011 , the opioid overdose rate has remained relatively high- ranging from 23 - 38 deaths per year. By percent comparison, the opioid overdose deaths are significantly higher than all types of overdose deaths (ranging from 74% - 91% relating directly to opioid deaths).

Note: (77%, 91%, 84%, 88%, 74%)

**Figure 2**



Source: ADAA & Office of the Medical Examiner

Reviewing the data from 2007 – 2011 for prescription opioid deaths, the average number of deaths has been 20.6 each year. In 2010, there was a spike in the number of death (35). By comparison, in a typical year, the death range from 12-25 (with 35 deaths in a year being the outlier).

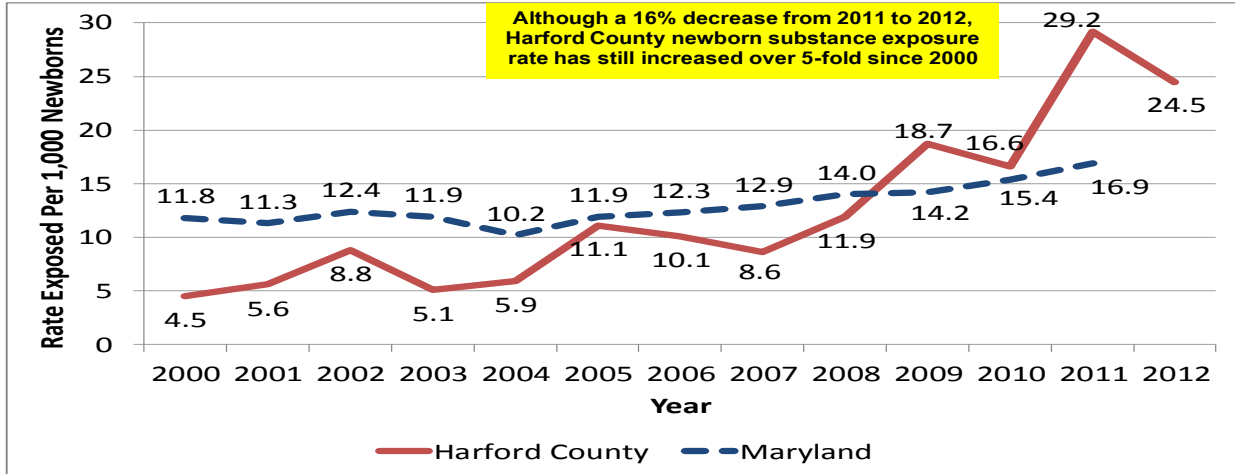
**Figure 3**

**Patient Residence for Admissions to State-Supported Alcohol and Drug Abuse Treatment Programs Reporting Data**

Harford County Drug and Alcohol Treatment FY 08 – 12						Total
	2008	2009	2010	2011	2012	
Number of Admissions to State Funded Treatment Centers	1,083	889	1,091	1,305	1,372	5,740

Source: ADAA, SMART, 2012

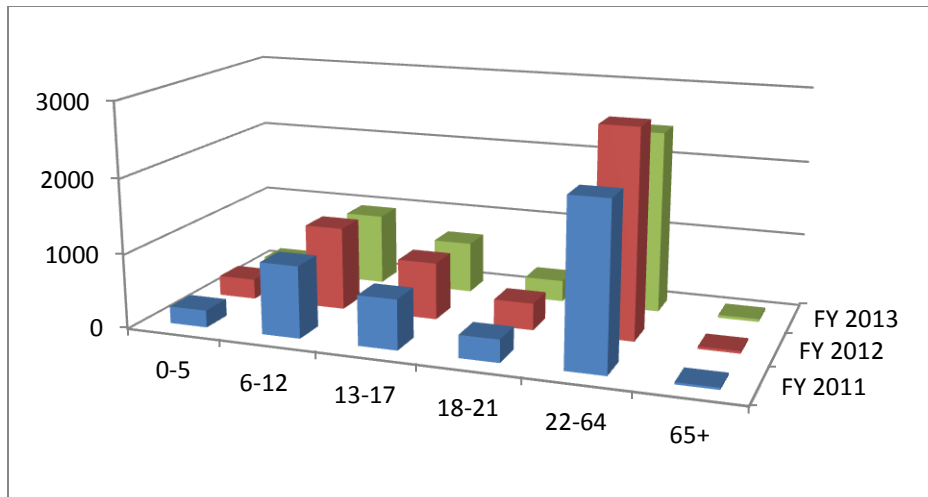
**Figure 4 – Newborns with Maternal Drug/Alcohol Exposure Rate in Harford County and Maryland, 2000 – 2012\***



\*Source: HSCRC Hospital Data, Maryland Resident births only. Compiled by HCHD and DHMH MCH Programs

The Upper Chesapeake Hospital System tracks the number of babies born exposed to drugs. As the table indicates the newborn substance exposure has increased over 5-fold since 2000. The Harford County Child Fatality Review Board recently began reviewing this indicator which is an indirect reflection of the rate of addiction increasing in the county. This data will be monitored by the Harford County Fetal Infant Mortality Review Board.

**Figure 5- Persons with Co-Occurring Diagnoses Served in the Harford County Public Mental Health System**



Source: State of Maryland Mental Hygiene Administration

Age	FY 2011	FY 2012	FY 2013
0 - 5	232	272	265
6 - 12	967	1,119	1,151
13 - 17	674	770	1829
18 - 21	305	364	356
22 - 64	2,185	2,775	2,913
65 +	29	33	43
<b>Total</b>	<b>4,392</b>	<b>5,333</b>	<b>5,557</b>

The Harford County Office on Mental Health/Core Service Agency monitors the number of people who received public mental health services in the county. The total number of co-occurring people served:

- FY 11, 4,392
- FY 12, 5,333
- FY 13, 5,557

As shown above, the overall number of people dually diagnosed served in the public mental health system continues to increase each year.

**Figure 6 – Drug Seizures**

Year	Heroin	Opiate/Prescription Meds./Pills
2009	61 grams	395
2010	138 g.	1,076
2011	341 g.	4,011
2012	2,336 g.	1,628

Source: Harford County Sheriff's Office/Task Force

Over the last four years, the amount of heroin and opiate pill seizures has grown exponentially. This is due in part to the increase amount of prescribing/use of prescription medications and heroin, and targeted efforts through the law enforcement agencies.

**Figure 7 - Online Parent Survey about Youth Addiction**

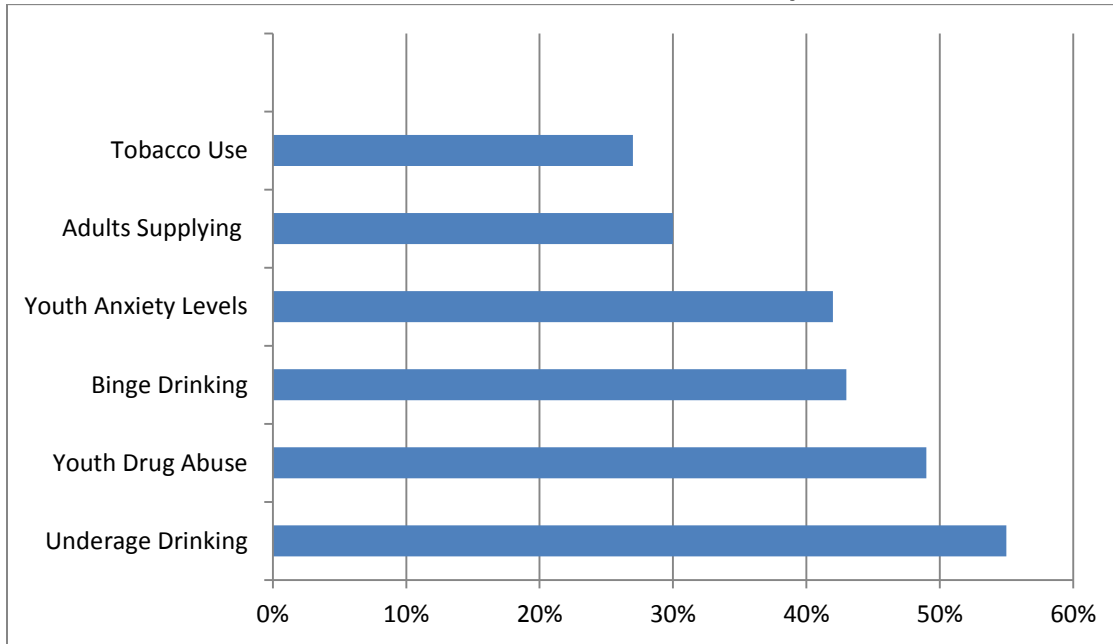
**Purpose:** An online survey was conducted to determine parent/guardian opinions on youth behavioral health in Harford County. The survey was compiled by the Harford County Health Department and the Department of Community Services-Office of Drug Control Policy for informational purposes of the Harford County Local Health Improvement Coalition- Behavioral Health Workgroup.

**Responses:** 170 parents across Harford County answered questions about their views of addiction, mental health and treatment resources in the county.

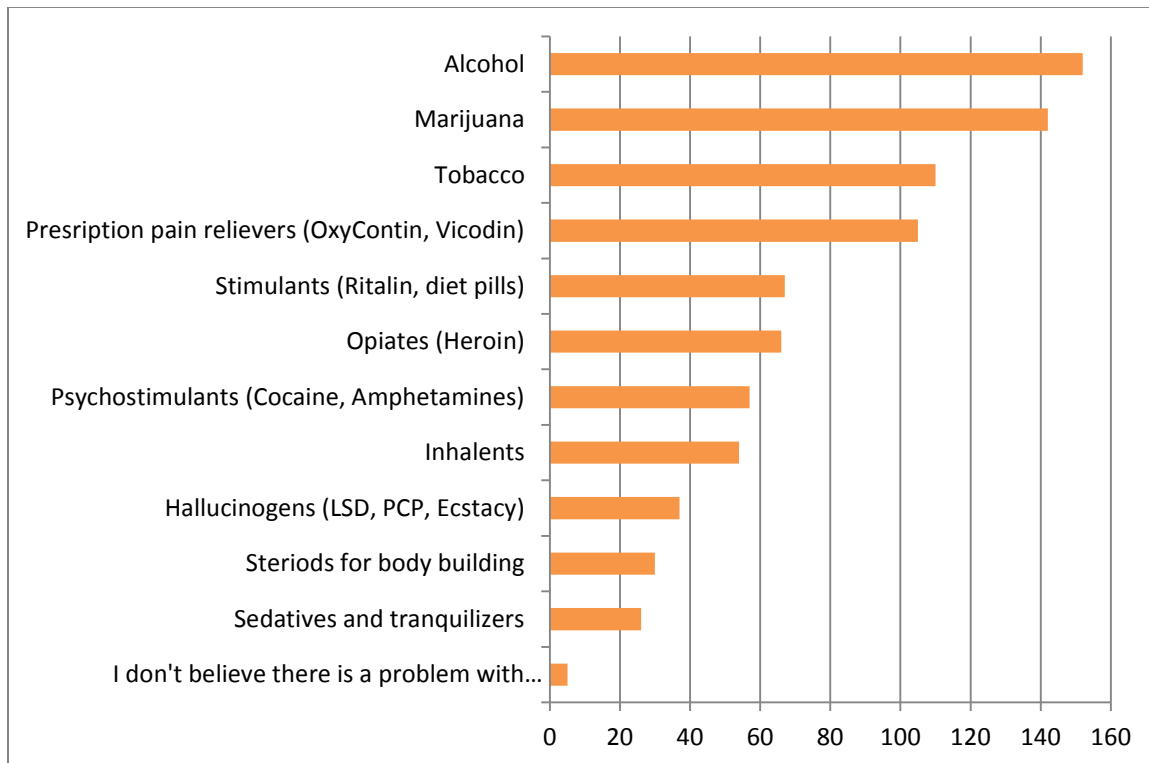


**Methodology:** An online survey (Survey Monkey) was distributed to parents of Harford County Public School students by the DCS/ODCP between April and June, 2012. In addition to the School System, the survey was promoted through the Harford County Local Management Board, and the Office of Drug Control Policy websites during 2012.

**Which of the Following Do You Believe are Problems within our Youth Community?**



**Which of the Following Substances do you Believe are Problems within our Youth Community?**



**Summary:** Parents believe substance abuse is a problem among youth, with alcohol being a primary concern, followed by drugs. On surveys, parents highlighted that anxiety among youth is of significant concern among parents. Parents also reported the following:

- Youth need more [productive] places to socialize
- Increase direct educational awareness programs in schools
- Increase faith-based activities to address addiction
- Focus on strong parental relationships
- Need more classes for youth on managing stress, making good decisions, and healthy living
- Small accountability groups with peers and a trusted adult for youth who have used substances
- Stronger discipline for youth caught abusing drugs or alcohol as well as parents who supply substances
- Need to increase access for the mobile crisis team

**Figure 8 – Targeted Focus Group- Emergency Department**

In June 2012, a targeted focus group was held with Emergency Room Staff from Upper Chesapeake Health and Harford Memorial Hospital. The purpose of the focus group was to explore with front-line staff, the trends, areas of challenges, positive experiences and opportunities to improve behavioral health services in the county. Physicians, nurses, patient navigators and social workers reported the following:

- People using substances are arriving in the emergency department seeking detoxification
- Individuals with severe psychological needs are referred to the ER
- There is a general lack of known resources in the community among treatment providers in the ED
- There are no substance abuse programs for uninsured other than through the Health Department
- The Sheriff's Office is responding to an increased number of calls for service for overdoses and burglaries (stealing to then purchase drugs)
- There are wait lists within community mental health programs
- Some psychiatrists won't see individuals with a substance abuse addiction
- Children are growing up in environments where addiction is the norm
- The mobile crisis team services need to be expanded
- Crisis residential program beds need to be developed in the county
- Although parent/family support services are available in the Health Department, many do not take advantage of the opportunity.
- The ER is seeing more youth who are abusing spice and arriving at the ER psychotic or suicidal; treatment options are very difficult

## Strategic Initiatives

After reviewing and analyzing the data, strategic initiatives have been identified to help begin establishing prevention and intervention priorities for the county. The overall goal of the strategic initiatives is to support the county in making systematic changes ~ ultimately decreasing the number of opioid overdose deaths. The Harford County Opioid Prevention Implementation Plan is anticipated to impact overdoses in the community by reducing overdose deaths by 10% by the year 2015. By 2020, overdoses will be reduced by 25%. Some changes may require a shift in resources that are already in place. However, every change will require the energy of the community to collaborate throughout the process.

As the foundation, the strategic initiatives of the Harford County Opioid Overdose Prevention Plan is based on the SAMHSA recognized Lazarus Project (SAMSHA Prevention Conference -Feb, 2013). The Lazarus Project is a public health model founded on the principles that "drug overdose deaths are preventable and that all communities are ultimately responsible for their own health" ([www.ProjectLazarus.org](http://www.ProjectLazarus.org)).

Model components include:

- ❖ Monitoring and epidemiologic surveillance,
- ❖ Community activation and coalition building,
- ❖ Prevention of overdoses through medical education and other means,
- ❖ Treatment & Use of rescue medication to reverse overdoses by community members, and
- ❖ Evaluation components




*Harford County Opioid Overdose Model- based on The Project Lazarus*

**Overall Goal - Impact Statement**

The Harford County Opioid Prevention Implementation Plan is anticipated to impact overdoses in the community by reducing overdose deaths by 10% by the year 2015. By 2020, overdoses will be reduced by 25%.

**Review and Analysis of Data**

<b>Community Objective</b>	<b>Strategy</b>	<b>Action</b>	<b>Timeline</b>	<b>Performance Measure</b>	<b>Measurable Indicators</b>
Monitor Data and Recommend Changes to Policies and Practice.	Monitor the effectiveness of prevention and intervention activities in the HD, Office on Mental Health, and Community Services, among providers and within the community.	1. Utilize data points as benchmarks to monitor the effectiveness of prevention and intervention activities.	2013 and ongoing	 Increase participation in the countywide behavioral health intergration strategic planning process to create a cultural shift in the county.	The Opioid Prevention Workgroup will meet quarterly to monitor strategic activities and data points which are available.  Annually, the workgroup will review the overall data and complete yearly comparisons to determine the effectiveness of the identified strategies.

1/2014 UPDATE	<p>HCHD has provided two (2) large outreach efforts by the Division of Care Coordination to help residents understand and get enrolled in health coverage.</p> <p>HCHD-DAS has made changes to its services by adding programs and increasing enrollment in others:</p> <ol style="list-style-type: none"> <li>1. Recovery Services. Three (3) full time Peer Specialists have been hired which work very closely with the clients. These efforts have resulted in clients staying engaged in treatment longer.</li> <li>2. In September 2013, the DAS opened its adult IOP Program to assist with moving clients between levels of care, thus decreasing the need for residential treatment.</li> <li>3. The census in the suboxone program has increased. The HCHD-DAS psychiatrist only works 25 hours per week, but her duties have shifted to focus on suboxone clients. We also have two (2) full time counselors now work solely with suboxone clients.</li> </ol>
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Education of the Community					
Community Objective	Strategy	Action	Timeline	Performance Measure	Measurable Indicators
Prevention	Community Organization and Activation	<ol style="list-style-type: none"> <li>1. Identify and engage with persons in recovery to assist in community coalition building.</li> <li>2. HCHD will explore using Assisters (outreach workers) to provide information to people and encourage those who are eligible to apply for Medicaid benefit</li> </ol>	<p>2013 and ongoing</p> <p>2013/2014</p>	<p>↑ Increase participation in the county with grassroots "change-agents" to create community buy-in within the county.</p>	<p>Increase the number of attendees participating in planning for the integration of behavioral health services. A baseline of participants will be established in 2013.</p>

		3. Develop and strengthen Community Coalitions (Faith-based prevention board, town hall meetings, school-student partnerships, etc.) with the goal of creating a paradigm shift in the county.	2013 and ongoing		
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1/2014 UPDATE	<ol style="list-style-type: none"> <li>1. HCHD-DAS, in cooperation with Father Martin's Ashley, hosted an educational/awareness event on recovery and its effects on the community by showing the documentary "Anonymous People". This documentary was followed-up by a panel of speakers, three (3) of which were featured in the film. Over 250 people attended.</li> <li>2. HCHD hosted three (3) community and staff forums to help staff understand the ACA (Affordable Care Act) and to help residents apply, at the following locations: University Center of Northeastern Maryland (formally known at HECC and HEAT Center), University of MD Upper Chesapeake Hospital, and Division of Addiction Services.</li> <li>3. HCHD, Department of Community Services/ODCP, and Office on Mental Health hosted a symposium in June 2013, "Embracing Change, Integration of Mental Health and Substance Abuse Services." Approximately 150 people attended.</li> <li>4. Department of Community Services provided Mental Health First Aid training in October 2014 to the faith based community and health department employees.</li> <li>5. Department of Community Services had its annual Lenton Supper in March, 2013 and provided a speaker who spoke on addiction related issues.</li> <li>6. ODCP hosted The Human Rope to Stop the Dope which highlights the number of deaths related to heroin use. This was the first time anyone in Maryland has conducted this.</li> <li>7. HCHD Health Officer made a presentation to the University of MD Upper Chesapeake Health Board of Directors, leadership team and physicians. The presentation included information about suicide, intoxication deaths, drug and alcohol abuse, newborns with maternal drug/alcohol exposure and access to care. Approximately 25 attended.</li> </ol>
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<b>Education of the Clinical Community</b>					
<b>Community Objective</b>	<b>Strategy</b>	<b>Action</b>	<b>Timeline</b>	<b>Performance Measure</b>	<b>Measurable Indicators</b>
<b>Prevention</b>	<b>Prescriber Education and Behavior</b>	1. In partnership with ADAA, facilitate prescriber education/trainings on pain management and the prescription drug monitoring program. This training will also reach out to the Dental Society, and local dentists in the county who are known to prescribe prescription medications.	2014	↑ Increase participation of educational forums by professionals who are prescribers of pain medications.	Increase the number of attendees participating in prescriber prevention/awareness activities. A baseline of participants will be established in 2013.
		2. Partner with ADAA to assist in identifying and recruiting prescribers to participate in Risk Evaluation and Mitigation Strategy (REMS) training.	2014		

<b>1/2014 UPDATE</b>	<ol style="list-style-type: none"> <li>1. HCHD employees, Susan Kelly, Health Officer and Beth Jones, Division of Addiction Services Director, joined a taskforce in 9/2013 headed by University of MD Upper Chesapeake Health on Pain Management and Substance Abuse. The hospital is interested in rewriting and/or establishing new policy to treat the patients who are frequently seeking medications. The hospital is also interested in educating all providers, MD, DDS, Podiatry, etc. as well as the public on new policies to control pain effectively while limiting the availability of narcotics, especially for those known patients who are seeking drugs via the ED.</li> <li>2. HCHD will be taping two (2) Public Health Matters programs about the addictive nature of prescription drugs and the Prescription Drug Monitoring Program (PDMP) in February 2014. The programs will be aired on the local TV cable station.</li> <li>3. A subcommittee of the workgroup for Behavioral Health, (one of the priorities of the Local Health Improvement Plan), was formed to train local doctors on screening for depression and other mental health illnesses. The goal is to give doctors more options and referral information to better treat these patients..</li> </ol>
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


<b>Education of the Clinical Community</b>						
<b>Community Objective</b>	<b>Strategy</b>	<b>Action</b>	<b>Timeline</b>	<b>Performance Measure</b>	<b>Measurable Indicators</b>	
<b>Prevention</b>	<b>Supply Reduction and Diversion Control</b>	1. Modify the drug take-back message to include a broader public health/education message (modeled after Lazarus message).	2013 and ongoing	↓ <b>Babies Born Addicted</b>	Reduce the rate of newborns exposed to drugs by 5%.	
		2. Continue to partner with strategic partners to implement county-wide Drug-Take-Backs (creating a schedule for the year).	2013 and ongoing			In 2012, the newborn drug exposure rate was 24.5 per 1,000 newborns.
		3. Work with University of MD Upper Chesapeake Health System to explore developing a policy about opioid prescribing limitations for Hospital emergency department.	2013 and ongoing			
		4. Work in partnership with local law enforcement to identify and establish a permanent drop-site for prescription drug returns (exploring how Carroll County has implemented this strategy).	January 2014			

1/2014 UPDATE	<ol style="list-style-type: none"> <li>1. The take back public service announcement added verbiage to include a more public health and education message.</li> <li>2. ODCP has developed a year- long schedule for National Drug Take Back Days. In addition, the Sheriff's Department has initiated Take Back Tuesday. This new program was designed to provide regularly scheduled and convenient times for citizens to turn in unused or expired prescription medications while also having a deputy available to discuss any community problems or issues. The Sheriff's Office is partnering with local volunteer fire companies on one Tuesday each month from 5pm-8pm.</li> <li>3. HCHD employees, Susan Kelly, Health Officer and Beth Jones, Division of Addiction Services Director, joined a taskforce in 9/2013 headed by University of MD Upper Chesapeake Health on Pain Management and Substance Abuse. The hospital is interested in rewriting and/or establishing new policy to treat the patients who are frequently seeking medications. The hospital is also interested in educating all providers, MD, DDS, Podiatry, etc. as well as the public on new policies to control pain effectively while limiting the availability of narcotics, especially for those known patients who are seeking drugs via the ED. Other HCHD employees, Dr. Russell Moy and staff psychiatrist, Julie Stancliff are on a separate subcommittee of the same taskforce, Outpatient opiate/substance treatment.</li> <li>4. A permanent drop off site for prescription drugs was established in November 2013</li> </ol>
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Outreach to High Risk Individuals and Communities					
<i>Community Objective</i>	<i>Strategy</i>	<i>Actions</i>	<i>Timeline</i>	<i>Performance Measure</i>	<i>Measurable Indicators</i>
Intervention/ Treatment	Increase number of citizen receiving treatment services.	1. HCHD will establish a partnership with Harford County Public School guidance counselors to address needs of children of parents (currently in treatment at the Health Dept.). The needs of the children will be addressed through	2015	 Number of co-occurring mental health consumers in treatment	Increase the number of people participating in publically funded addiction services by 10%. In 2012, there were 1,372 served. In 2015, there will be over 1,509 served in publically funded



		<p>community programs.</p> <p>2. In partnership with the Upper Chesapeake Health System-HealthLink, promote Screening, Brief Intervention and Referral to Treatment (SBIRT) among the physicians and nurse practitioners to identify addiction needs in the practice. HealthLink serves a predominantly low-income population and serves as the Health Care for the Homeless treatment site.</p>	2015	 <b>Number of People Treated for Opiate Addiction</b>	<p>addiction services.</p> <p>Increase the number of people entering the public mental health system who utilize co-occurring services by 5%. In 2012 5,333 were served in the public mental health system. In 2015, there will be 5,600 served in the PMHS.</p>
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1/2014 UPDATE	<p>1. Ongoing project with the school system. A resource guide has been developed for use of the guidance counselors for referral purposes. The HCHD-DAS opened its Adult IOP program in August 2013 to better serve the needs of the residents and also provide for better care insofar as placement of appropriate levels. The HCHD-DAS hired three (3) full time peer specialists who are seeing active clients individually for peer support and recovery help. In addition, groups are being established for those clients seeking more peer related groups.</p> <p>2. In Progress/ongoing</p>
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<b>Outreach to High Risk Individuals and Communities</b>					
<b>Community Objective</b>	<b>Strategy</b>	<b>Actions</b>	<b>Timeline</b>	<b>Performance Measure</b>	<b>Measurable Indicators</b>
Intervention/ Treatment	Emergency Treatment through Medication ~ Rescue and "Alternative"	1. Work with hospitals to identify patients who frequently use the emergency department and develop a mechanism for rapid treatment referrals.	2013 and ongoing	↓ Deaths due to Overdoses	Decrease overdose deaths by 10%.  In 2010, there were 38 deaths.  By 2015, deaths will be decreased to 34.
		2. Work with EMS providers to continue monitoring the usage of Nar-Con as a rescue medication.	2013 and ongoing		
		3. Explore with Dr. Chris Welsh opportunities for the use of Naloxone at the community level.	2014		

Note: Deliverables are based on funding availability.

1/2014 UPDATE	<ol style="list-style-type: none"> <li>1. The HCHD-DAS has established a relationship with the University of MD Upper Chesapeake Health emergency department. Referrals are made from the hospital to the HCHD using the hospitals discharge planning. Clients are seen at the DAS on the same day they arrive for services.</li> <li>2. Ongoing</li> <li>3. Harford County submitted its Application for Entity Authorization for Maryland's Overdose Response Program. At this time, HCHD is seeking to be a training entity only but will provide the funds for medication, if needed.</li> <li>4. Dr. Chris Welsh attended a MHAAC meeting to explain the use and benefit of Naloxone and answer questions from the members of the committee.</li> <li>5. HCHD employees Dr. Stancliff, Dr. Moy, Susan Kelly and Beth Jones met with medical staff and other employees at Father Martin's Ashley to discuss mechanisms for further collaboration to better serve the community and clients.</li> </ol>
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## Summary

Key stakeholders from all sectors of the Harford County Health Department, Harford County Department of Community Services-Office of Drug Control Policy, Office on Mental Health/Core Service Agency, local hospital system, numerous behavioral health providers and community members are being mobilized to mount an effective response to tackle opioid addiction in the county. We are working to create community champions effecting a county-wide paradigm shift. In partnership and with support from the State of Maryland Department of Health and Mental Hygiene - Alcohol Drug Administration and Mental Hygiene Administration, and numerous community partners, we are actively working to mitigate drug overdoses in Harford County.