



MARYLAND
Department of Health

Black History Month Panel:

The Burden of Opioid addiction Among African Americans / Blacks in Maryland: Current Interventions

February 8, 2019

1 – 2 p.m.

201 West Preston Street, Baltimore, Conference Room L-3

AGENDA

1:00 – 1:05

Welcome

Dr. Noel Brathwaite, Director, Maryland Office of Minority Health and Health Disparities (MHHD)

1:05 – 1:10

Introduction of Panelists

Mr. William Rowel, Senior Advisor, Public Engagement & Community Relations Director, Office of the Mayor, City of Annapolis (Moderator)

1:10 – 1:40

Panel Presentations

Dr. Barbara Bazron, Deputy Secretary, Behavioral Health Administration, Maryland Department of Health

Ms. Lisa Parker, Assistant Director, Community Risk Reduction Services, Baltimore City Health Department

Mr. Adetola Ajayi, African American Community Services Specialist, Office of the Mayor, City of Annapolis

1:40 – 1:55

Questions and Answers

Mr. William Rowel

1:55 – 2:00

Closing

Dr. Olubukola Alonge, Program Specialist, MHHD

MARYLAND DEPARTMENT OF HEALTH

**Behavioral Health Administration (BHA)
Black History Month Presentation**

**Barbara J. Bazron, Ph. D.
Deputy Secretary Behavioral Health**

February 8, 2019

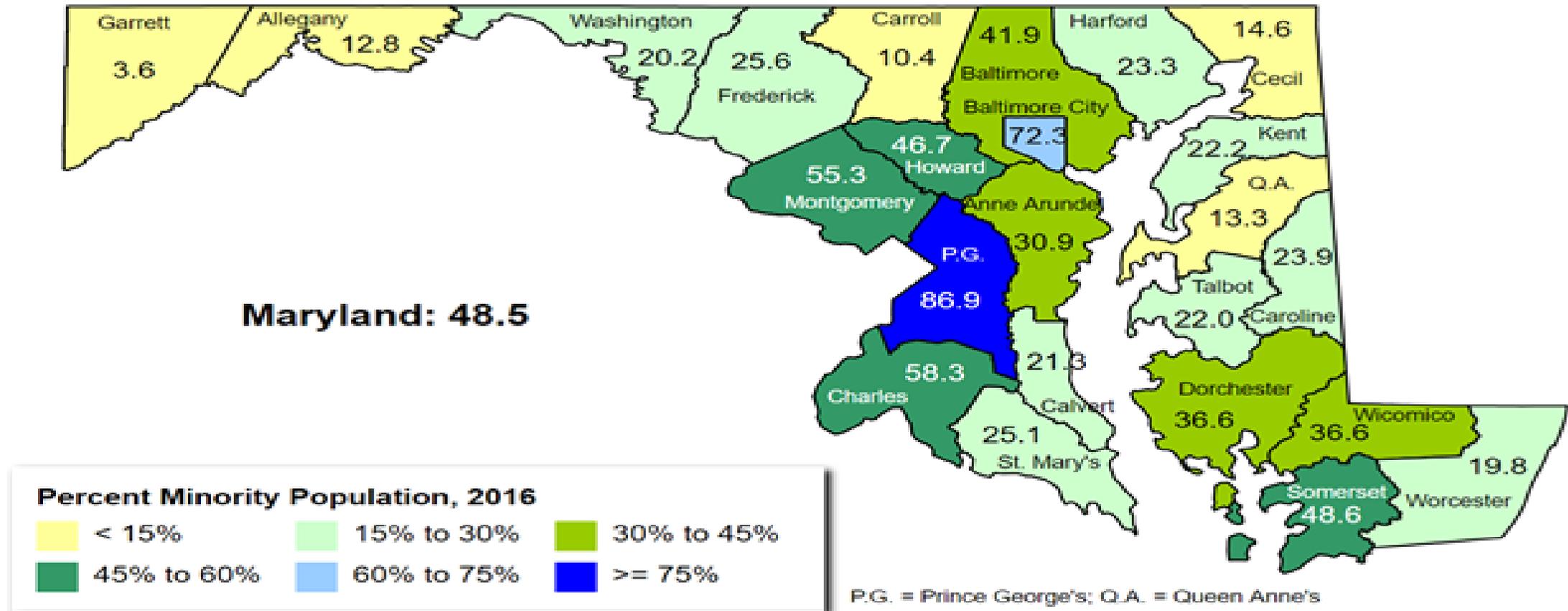
Mission and Vision

Vision: Improved health, wellness, and quality of life for individuals across the life span through a seamless and integrated behavioral health system of care.

Mission: The BHA will, through publicly-funded services and supports*, promote recovery, resiliency, health, and wellness for individuals who have or are at risk of having emotional, substance-related, addictive and/or psychiatric disorders to improve their ability to function effectively in their communities.

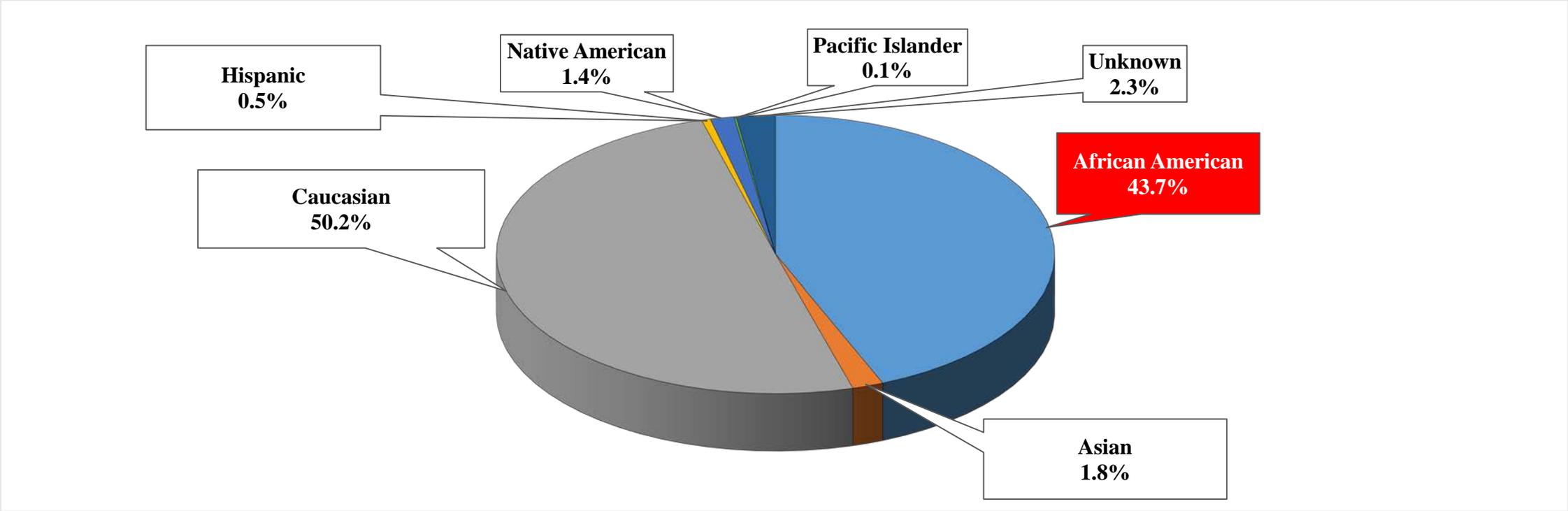
*Services provided through Medicaid or State General Funds

Maryland's Ethnic and Racially Diverse Population by Jurisdiction



Data Source: US Census estimated population data for July 1, 2016, Maryland Department of Planning.

Ethnic and Racial Distribution of Individuals served in the Public Behavioral Health System, FY 2017

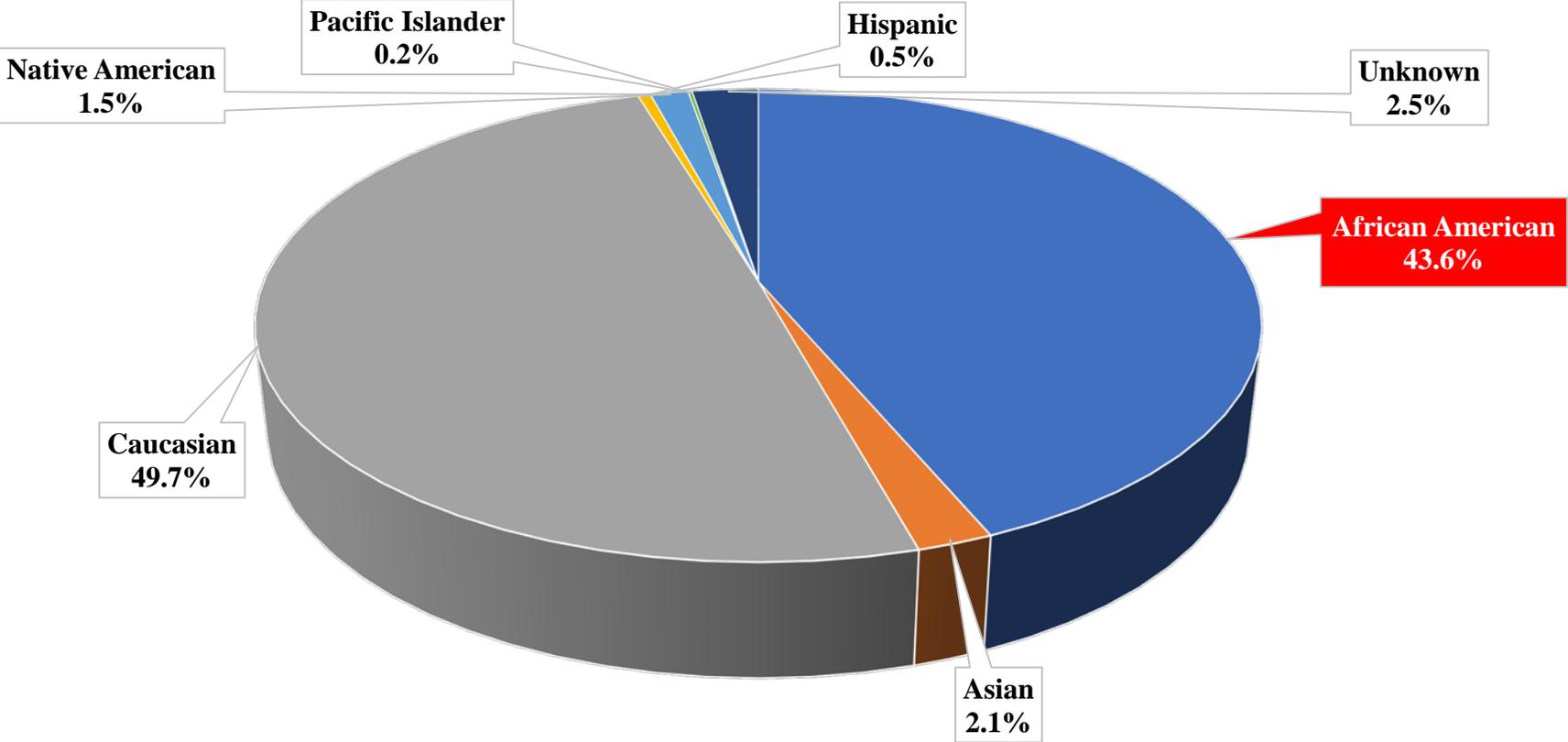


African American	Asian	Caucasian	Hispanic	Native American	Pacific Islander	Unknown	Total
114,876	4,739	131,843	1,361	3,609	348	5,925	262,701

Data Source: FY 2017 behavioral health service claims data. Data based on claims paid through March 31, 2018.



Ethnic and Racial Distribution of Individuals Served in the Public Behavioral Health System FY 2018



African American	Asian	Caucasian	Hispanic	Native American	Pacific Islander	Unknown	Total
122,500	5,814	139,374	1,371	4,064	425	7,135	280,683

Data Source: FY 2018 behavioral health service claims data. Data based on claims paid through December 31, 2018.

Individuals Served in the Public Behavioral Health System

... FY 2016 - 2018

Service Type	FY 2016			FY 2017			FY 2018		
	Total	African American	African American %	Total	African American	African American %	Total	African American	African American %
Mental Health	192,952	86,670	44.9%	202,415	90,472	44.7%	213,910	95,753	44.8%
Substance Use Disorder	91,068	36,403	40.0%	105,164	42,033	40.0%	114,150	45,765	40.1%
Total	243,989	107,297	44.0%	262,950	114,802	43.7%	280,683	122,500	43.6%

Based on Claims Paid Through December 31, 2018

Determinants of Substance Abuse

Several biological, social, environmental, psychological, and genetic factors are associated with substance abuse.

- These factors can include: gender, race and ethnicity, age, income level, educational attainment, and sexual orientation.
- Substance abuse is also strongly influenced by interpersonal, household, and community dynamics.
- Family, social networks, and peer pressure are key influencers of substance abuse among adolescents.

Culture matters!

- ❑ Determines how people seek help, the type of help they seek, coping styles, social supports and stigma attached to mental illness.
- ❑ Determines what is acceptable and unacceptable behavior.
- ❑ Culturally responsive services increase engagement, retention in care and lead to better health outcomes.
- ❑ Reference: Surgeon General's Report, 1999

[This Photo](#) by Unknown Author is licensed under [CC BY](#)



Accessing Services

- Contact any of the following:
- **Beacon Health Options**
 - **1 (800) 888-1965**
- **LHDs/CSAs/LAAs**
 - **(Call or Walk-in)**
- **Maryland Crisis Hotline/Crisis Services**
 - **211 #1**
- **Private Insurance Companies**
 - **(Call for Authorization)**



**Screening
And
Assessment**



**Provider
Network**

Treatment and Recovery Services

Mental Health

- Inpatient Services
- Health Services
- Targeted Case Management
- Psychiatric Rehabilitation Services
- Residential Rehabilitation Services
- Residential Treatment Services (RTC)
- Mobile Treatment
- Assertive Community Treatment
- Traumatic Brain Injury
- Respite Services
- Supported Employment
- Crisis Services
- Permanent Supported Housing
- Data Link
- Wellness and Recovery Centers

Substance Use Disorders

- Recovery Housing
- Recovery Community Centers
- Residential Treatment Facilities
- Withdrawal Management
- Medication Assisted Treatment
- Adolescent Clubhouses

Both Mental Health and Substance Use Disorders

- Individual Practitioners
- Outpatient Services
- Intensive Outpatient Services
- Partial Hospitalization
- Lab Services (behavioral health-related disorders)
- Health Homes
- Care Coordination

Behavioral Health Service Gaps in Maryland

Individuals incarcerated

70% of the local detention center population is living with a substance use disorder, and 35% of those individuals have a co-occurring mental illness

Culturally and Age-Specific Services for Transition-Age Youth

Need for expansion of evidence-based practices and practice based evidence to serve this population

Residential Treatment Centers for Youth & Young Adults

This gap hinders our expansion of the Recovery Oriented System of Care (ROSC) for the youth population and challenges our responsiveness to preventing future opioid-related overdose deaths through early intervention and treatment efforts.

24/7 Access to Care



MARYLAND
Department of Health

Maryland's Crisis Hotline

Call 2-1-1, Press 1

Maryland's Crisis Hotline is available 24 hours/7 days a week to provide support, guidance and assistance on how to access Substance Use Disorder services, and mental health services.

Callers will also be given information about treatment and recovery services needed in the individual's local area.

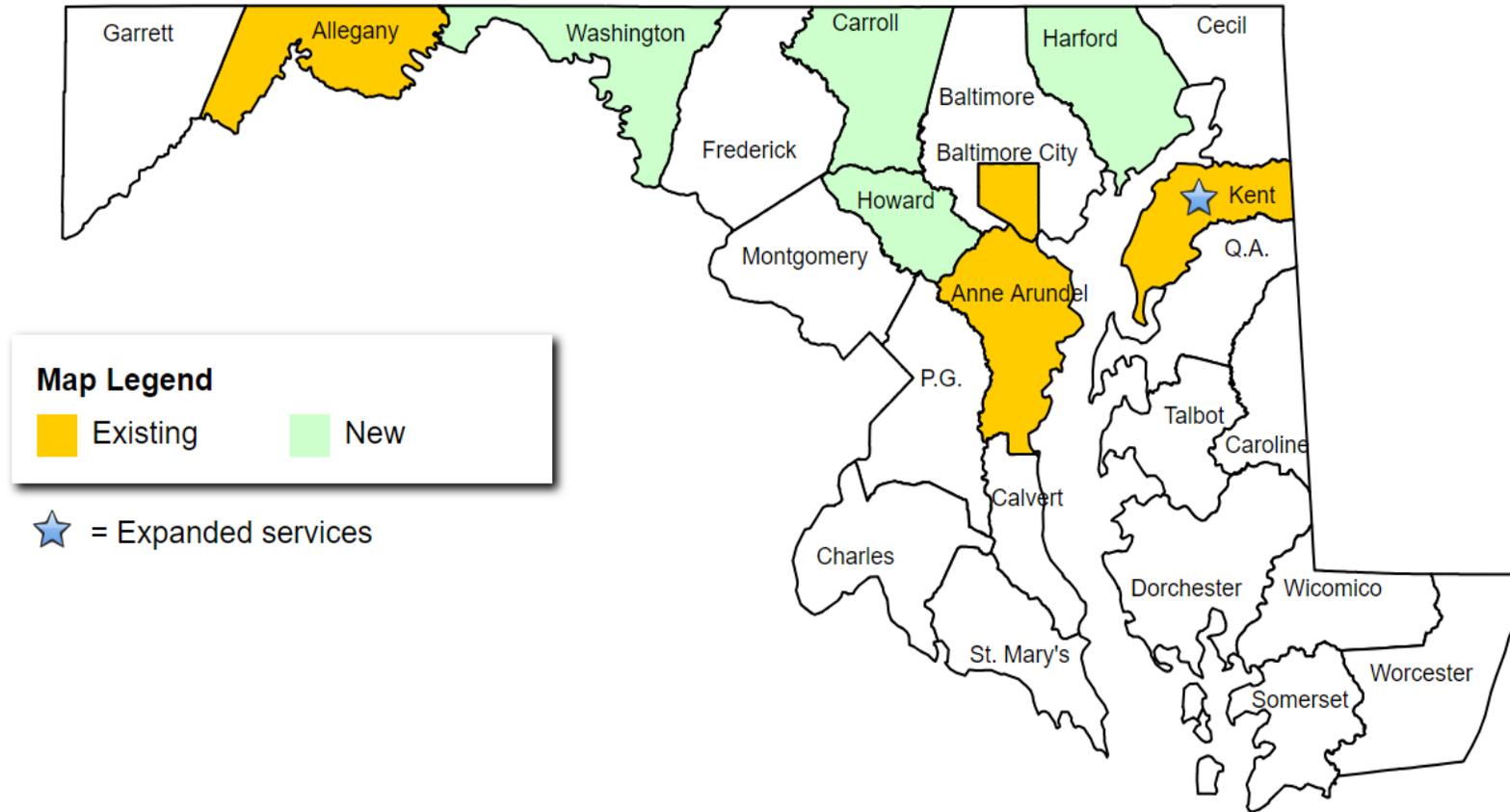
Individuals can also text:

For Maryland Zip Codes Only: Text your zip code to 898-211 or TXT-211

Chat at: [MDCrisisConnect.org](https://www.mdcrisisconnect.org)



Crisis Beds/Crisis Stabilization Center



P.G. = Prince George's; Q.A. = Queen Anne's

Crisis Stabilization Center

- Crisis Stabilization Center opened at Tuerk House April 2, 2018 under contract to Baltimore Health Systems Baltimore. Fifty-five persons served.
- Operated 24/7
- Persons intoxicated with alcohol or drugs are diverted from emergency rooms to the facility by EMS or Baltimore Crisis Response, Inc.
- Services:
 - The intoxicated persons receive a biopsychosocial medical assessment and vital signs are monitored
 - Individuals are provided a place to sober, shower
 - Patients are engaged by nurses and peer recovery specialists and will connect them to treatment
 - A discharge plan is formulated



Expand Peer Recovery Supports

Peer Recovery Support Services

- ✓ accompanying individuals to appointments/12-step meetings and leisure activities
- ✓ providing assistance with completing paperwork for social services and other support services
- ✓ providing assistance/preparation for employment such as shopping for work related clothing coaching to prepare for an interview



Certified Peers (N=282) perform activities aligned with four domains:

- ✓ Advocacy
- ✓ Recovery & Wellness
- ✓ Mentoring & Education
- ✓ Ethical Responsibility

Naloxone Expansion

Overdose Response Program (ORP)

- Provides training in overdose response for non-medical individuals most able to assist someone at risk of dying from an opioid overdose
- MD's statewide standing order allows dispensing by any MD-licensed pharmacist to any individual who may be at risk of opioid overdose or in a position to assist someone experiencing opioid overdose

Funding: Approximately **\$3,664,661** available in **FY18** via **competitive grants** (\$1,422,070 in state general funds, \$960,000 in state funds from the OCCC & \$1,282,591 in STR (MORR) funds).

Additional Naloxone Projects:

- **Harm Reduction Outreach** – Funded via the STR (MORR) grant to establish two teams to conduct street-based community outreach, distribute naloxone and make referrals to treatment
- **Pharmacy Education** – Funded via the CDC PFS to provide targeted education for pharmacy staff on naloxone dispensing and the statewide standing order
- **Online Training** – Available at www.getnaloxonenow.org

Outcomes:

- All LHD are authorized as training entities, & training is available in all jurisdictions
- **FY18 - 7/1/17 to 6/30/18** # of persons trained (**42,846**); # of doses of naloxone dispensed (**46,547**)
- **FY19YTD 7/1/18 to 12/31/18** # of persons trained (**14,374**) # of doses of naloxone dispensed (**16,855**)
- **Cumulative- March 2014 – January 11, 2019:** # of persons trained (**119,012**);
- # of doses of naloxone dispensed (**139,355**) # of naloxone administrations reported (**3,193**)

Harm Reduction

Harm Reduction defined....

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use
- Engages people in care and provides services regardless of their drug use status
- MDH provides resources, funding, technical assistance and training for local health departments and community organizations to support implementation of harm reduction services and programs

Harm Reduction efforts...

- ***ACCESS (Advancing Cross-Cutting Engagement and Service Strategies)***: an online platform for local health departments and community organizations to learn about and apply for harm reduction resources made available by MDH.
- ***Overdose Response Program***: authorized organizations provided training and access to naloxone for community members.
 - 119,012 people trained since 2014;
139,355 doses of naloxone provided
- ***Syringe Services Program***: provides sterile injection equipment and linkage to resources for people who use drugs
 - 5 operational programs in Maryland

Anti-Stigma Campaign

Designed to combat the stigma associated with substance use disorders (SUDs) that may prevent those at risk, family members and loved ones from seeking help

➤ Developed 3 Public Service Announcements (PSAs) 15- and 30-second spots:

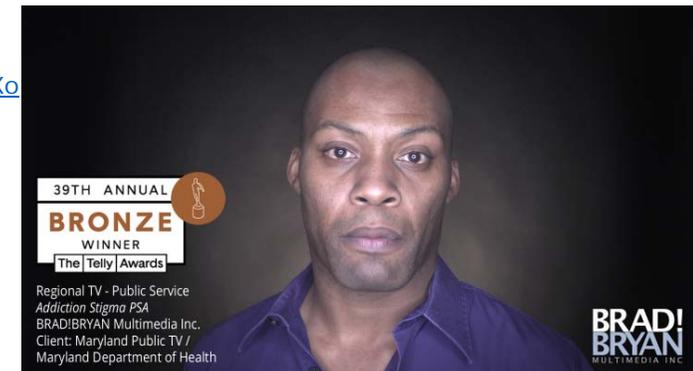
- Stigma around SUDs “Less Judgment, More Compassion” <https://youtu.be/50Fd00tnTfI>

- May 2018 Awarded a **Bronze-level Telly** in the category of *Regional TV, Public Service*



- Stigma associated with Medication Assisted Treatment <https://youtu.be/hkkb9Vz27Xo>

- Distorted Perceptions, a person is not just a disease <https://youtu.be/qEWDJiFh-H4>





**I SAVED SOMEONE
FROM AN OVERDOSE
IN MINUTES.
YOU CAN, TOO.
NALOXONE WORKS.**



NALOXONEMD.ORG



Public Awareness Campaigns



Speak Up. Ask Questions. Express Concerns.

Talk to your doctor if you are being prescribed an opioid pain medication.

To Learn More, Visit BeforeItsTooLateMD.org



MARYLAND DEPARTMENT OF HEALTH
Behavioral Health Administration

Public Education and Information



Culture Matters!



Culturally responsive care
is quality care!

Thank
You



Community Risk Reduction Services

Program History

The Baltimore City Syringe Exchange Program began in 1994 as a pilot program responding to the increase of HIV transmission among injection drug users.

At that time the HIV infection rate related to injection drug use was almost 64%. Today the HIV infection rate among the same population is less than 6%

Who We Are

Community Risk Reduction Services (CRRS) manages and operates the Baltimore City Syringe Exchange Program and the Staying Alive Opioid Overdose Prevention and Response Program.

Community Risk Reduction Services is an evidence based Harm Reduction Intervention designed to reduce the spread of HIV, Syphilis, Hepatitis C and other blood bourn pathogens.

The Staying Alive Opioid Overdose Prevention and Response Program

The Staying Alive Program began in 2004 and has provided the skills and tools that have been directly attributed to saving lives in Baltimore City. Staying Alive staff trains individuals to recognizing the signs and symptoms of an opioid/ fentanyl overdose and responding appropriately to maximize the victim's chance of surviving.

During FY 18 **6,130** individuals were trained in opioid overdose response (**2,100** were clients), **6,047** kits of naloxone were distributed and **1,072** reversals were reported to CRRS.

Services Provided

- ▷ Syringe and other safe injection equipment distribution
- ▷ Overdose Prevention and response education/ distribution of naloxone
- ▷ Health and Harm Reduction education
- ▷ Wound care treatment and referrals for medical care
- ▷ Vaccines (Flu & Hepatitis A & B)
- ▷ HIV, Syphilis and Hepatitis C testing
- ▷ Reproductive Health Services
- ▷ Male and Female condom distribution
- ▷ Linkages to care, treatment and support services
- ▷ Capacity Building Assistance
- ▷ ID assistance (i.e. birth certificates, driver license, social security cards)-
Case Management
- ▷ Peer Support linkage to Treatment

Syringe Exchange Successes

- ▷ Advocated for public policy change (one for one exchange to a needs based distribution model)
- ▷ In FY 18 we distributed 1.5 million syringes
- ▷ 907,000 syringes returned (82% return rate)
- ▷ Advocated for overdose response and “Good Samaritan” law
- ▷ Successful in lowering the HIV transmission rate among injection drug users from 60% to under 8%
- ▷ Implemented electronic health records
- ▷ Develop wound care services
- ▷ Implemented DOT (Directly Observed Therapy for vulnerable HIV+ clients)
- ▷ Transitioned from anonymous to a confidential based program
- ▷ Able to maintain a high level of comprehensive quality service, despite budget cuts.

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One Annapolis

THE CITY OF ANNAPOLIS

OFFICE OF THE MAYOR

Naptown Anti-Dope Move(meant)

THE CITY OF ANNAPOLIS
MAYORS OFFICE PRESENTS

N.A.M.

NAPTOWN ANTI-DOPE
MOVE MEANT

COMMUNITY ENGAGEMENT
SESSION

LAUNCH

SATURDAY
DECEMBER 1ST, 2018
12 PM - 3 PM
FREE FOOD & DRINKS

AMERICAN LEGION
1707 FOREST DR
ANNAPOLIS MD

WWW.FACEBOOK.COM/NAPTOWNANTIDOPE

THE CITY OF ANNAPOLIS
MAYOR'S OFFICE PRESENTS

N.A.M.

NAPTOWN ANTI-DOPE
MOVE MEANT

COMMUNITY ENGAGEMENT
SESSION

PART 2

SATURDAY
JANUARY 26, 2019
11:00 AM - 3 PM
FREE FOOD & DRINKS

ROBINWOOD
COMMUNITY CENTER
1469 TYLER AVENUE
ANNAPOLIS MD

WWW.FACEBOOK.COM/NAPTOWNANTIDOPE

THE CITY OF ANNAPOLIS
MAYOR'S OFFICE PRESENTS

N.A.M.

NAPTOWN ANTI-DOPE
MOVE MEANT

COMMUNITY ENGAGEMENT
SESSION

PART 3

SATURDAY
FEBRUARY 16, 2019
11:00 AM - 3 PM
FREE FOOD & DRINKS

EASTPORT
COMMUNITY CENTER
1014 PRESIDENT STREET
ANNAPOLIS MD

WWW.FACEBOOK.COM/NAPTOWNANTIDOPE

Why N.A.M. is Needed?

City



Annapolis Police Department
Intel Unit

Bulletin #: 2018- 029
Published: Jan 2, 2019

2018 YTD Overdose Summary



192

2018 Total Overdoses

This is a 33% increase from the overdoses in 2017



11

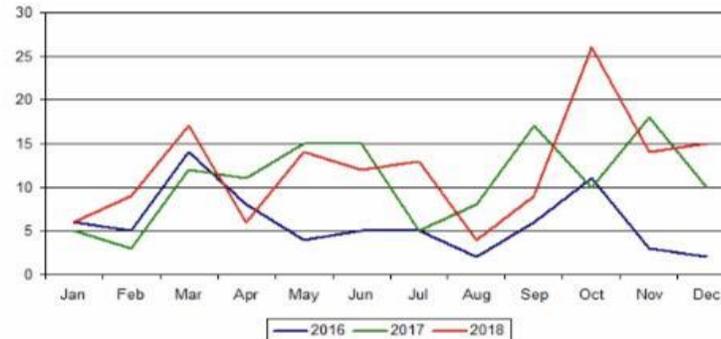
2018 Total Fatal Overdoses

This is a 8% decrease from the 12 fatal overdoses YTD in 2017

2018 Overdoses



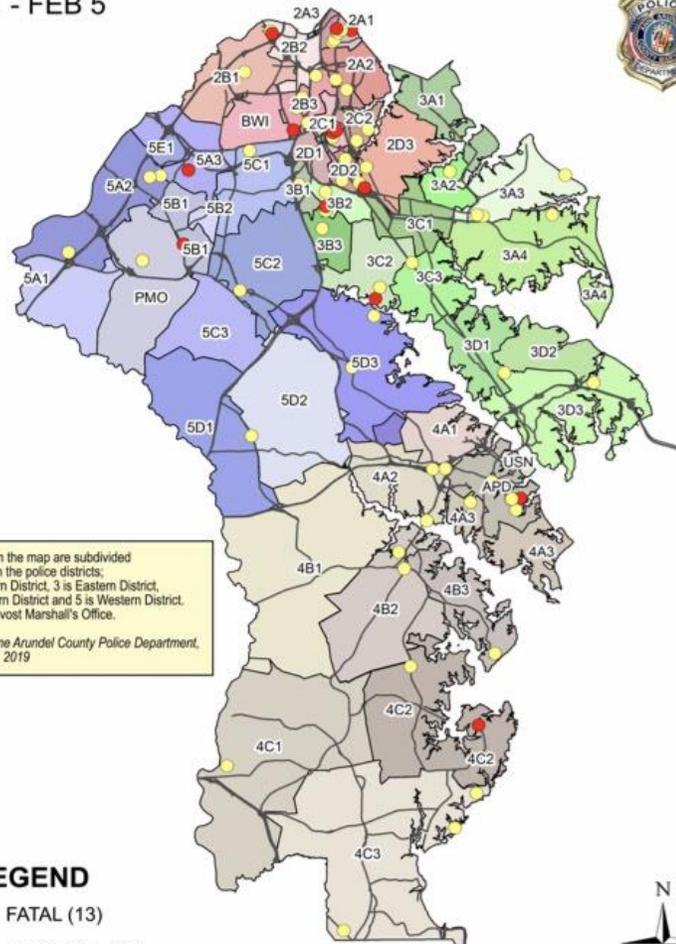
Number of Heroin/Opioid Overdoses



Why N.A.M. is Needed?

County

OPIOID OVERDOSES JAN 1 - FEB 5 2019



Numbers on the map are subdivided areas within the police districts. 2 is Northern District, 3 is Eastern District, 4 is Southern District and 5 is Western District. PMO is Provost Marshall's Office.
Source: Anne Arundel County Police Department, February 5, 2019

LEGEND

- FATAL (13)
- NONFATAL (63)



Opioid-Related Data Anne Arundel County, Including City of Annapolis Data as of February 5, 2019

76

2019 TOTAL OVERDOSES

This is a 31.5% decrease from the 111 overdoses YTD 2018.

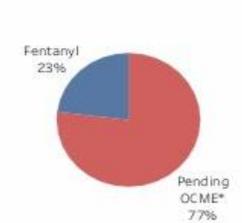
13

2019 FATAL OVERDOSES

This is a 38.1% decrease from the 21 fatal overdoses YTD 2018.

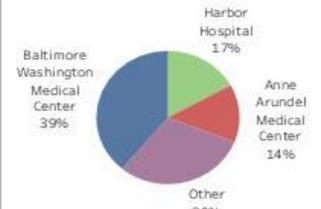
Source: Anne Arundel County Police Department

Substances Involved in Fatal Overdoses YTD 2019 (n=13)



*OCME: Office of the Chief Medical Examiner
Source: Anne Arundel County Police Department

Hospital Encounters for Opioid-Related Diagnoses** YTD 2019 (n= 84)



**Diagnoses include any Anne Arundel County resident ED visit related to opioid use disorder, overdose, or withdrawal symptoms, mental health co-occurring disorders, and infections from intravenous opioid use
Source: Behavioral Surveillance System for the Early Notification of Community-Based Epidemics, Maryland Department of Health

Safe Stations Assessments



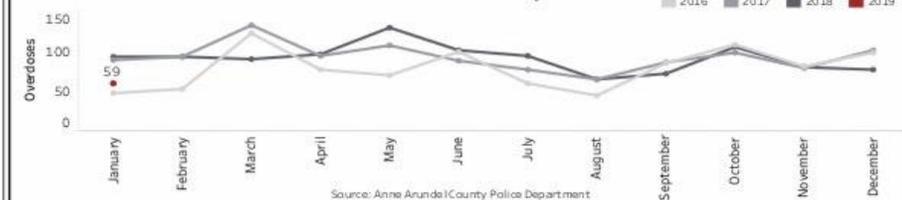
Total Assessments since April 2017: 1,737
Total 2017 Assessments: 408
Total 2018 Assessments: 1,229
Total 2019 Assessments: 100
Source: Anne Arundel County Crisis Response

Naloxone Administration



Naloxone was administered in 80% of overdoses since 2017.
The Anne Arundel County Department of Health has distributed almost 4,000 naloxone kits as part of our Overdose Response Trainings since 2017, increasing administrations by family, friends, and bystanders to 13%.
Source: Anne Arundel County Police Department and DOH Program Data

Number of Overdoses by Month



Source: Anne Arundel County Police Department

Data

Population of **State of Maryland**: 6,043,000

Median Home Value \$296,000

Median Household Income: \$38,000

Poverty Level: 9.3%

Population of **Anne Arundel County**: 573,000 (75% White, 16% African American, 6% Hispanic)

Median Home Value: \$346,000

Median Household Income: \$94,502

Poverty Level: 6.1%

Population of **City of Annapolis**: 39,000

(64% White, 22% Black or African American, 20% Hispanic)

Median Home Value: \$395,000

Median Household Income: \$81,000

Poverty Level: 10.0%

Resources for Intervention



N.A.M. Focus Group



N.A.M. Focus Group



N.A.M. Focus Group



Outreach and Engagement

Mission: A move meant to change the hearts, minds, and souls of Annapolitans, about the disease of opioid addiction.

Community engagement & outreach is the process of working collaboratively with **community** groups and community members, young & old, to address issues that impact the well-being of those groups and individuals. Activities that help the City engage the **community** include credible and transparent reporting, feedback loops, town hall meetings, listening sessions, and collaborative decision making.

Outreach



Engagement Sessions



Engagement Sessions



Engagement Sessions



Stakeholders

Mayor Gavin Buckley



Stakeholders

Senator Sarah Elfreth



Stakeholders

County Councilwoman

Lisa Rodvien



Stakeholders

City Councilwoman
Rhonda Pindell-Charles



Community Leadership

June Johnson



Community Leadership

Antonio Jones



Community Leadership

Antonio Jones



The Pledge

City of Annapolis

Opioid Free Annapolis

Pledge

1. **Take The Pledge** to have an opioid free life for you and your family
2. **Become An Advocate** for an Opioid Free Annapolis

The National Opioid Epidemic has become a Public Health Crisis in the

[Share this petition](#)



#NaptownAntiDope

#OneAnnapolis

What is One Annapolis?

This is about **BUILDING**.

- RELATIONSHIPS
- CONTACTS
- POWER
- RESOURCES
- NETWORKS

It's not that we just have an event and then have another event, its about building bridges.