



Overdose Response Program

Pilot Project Report: Overdose Education and Naloxone Distribution in Southern Maryland Detention Centers

Introduction

In response to rising numbers of opioid overdose deaths, the Department of Health and Mental Hygiene (DHMH) prioritized the distribution of naloxone to community members in its 2013 Opioid Overdose Prevention Plan. Naloxone is a prescription drug that quickly restores breathing for someone experiencing an opioid overdose. In 2014, DHMH initiated Maryland's Overdose Response Program (ORP) to train and certify individuals most able to assist someone at risk of dying from an opioid overdose when emergency medical services are not immediately available. Training is conducted by authorized local programs and covers topics including the signs and symptoms of opioid overdose, the importance of calling 911, how to properly perform rescue breathing, administer naloxone (intranasal and/or intramuscular) and care for the person afterwards. Trained individuals receive a certificate allowing them to obtain and have filled a prescription for naloxone. To date, 55 approved programs across the State have provided training to over 32,000 community members, law enforcement, and treatment providers.

Research supports that opioid dependent people are at heightened risk for overdose after a period of abstinence, specifically upon release from jail. To meet this need, DHMH allocated funding in FY16 to support implementation of overdose education for inmates with provision of naloxone upon their release. Funding for this initiative was provided by Governor Hogan and Lt. Governor Boyd's Heroin and Opioid Emergency Task Force in 2015. The funds were awarded to three local health departments, which partnered with local detention centers to target this high risk population and identify best practices for implementation that can be instituted in detention centers across the state. Charles, Calvert, and St. Mary's counties participated in the pilot project.

Protocols

Each health department developed protocols for implementation in collaboration with the local detention center. Charles and Calvert counties utilized their existing ORP structure to provide overdose response training, certify inmates, and dispense naloxone. St. Mary's County worked with the detention center to facilitate training through established medical practice to those with a diagnosed opioid use disorder.

Training

Calvert and Charles counties benefited from established relationships with the detention center that facilitate the provision of behavioral health services to inmates. In Charles County, counselors already present in jails were recruited to provide the overdose response training. In Calvert County, this established relationship streamlined the process for allowing additional health department staff to enter

the jail to provide overdose response training. Each county worked closely with the detention center to develop methods of identifying and recruiting inmates. In Charles County, training was offered to inmates with a history of substance use identified at medical intake and by the counselors providing services within the jail. Calvert worked with detention center staff to advertise the training, which was offered to any interested inmate.

St. Mary’s County created a video training that could be viewed by inmates, eliminating the need for a health department employee to conduct training. The video is viewed in the medical services waiting area. All training protocols require the use of Maryland’s ORP core curriculum. This standardizes training across all sites and makes inmates eligible for ORP certification.

Certification and Naloxone Prescription

Charles and Calvert counties provide ORP certification to inmates at the time of training. The certificate card is included with the naloxone obtained by the inmate at their release. Certifying trainees proved beneficial for the next step of dispensing naloxone. Currently, according to the ORP law, only certificate holders can obtain naloxone through a standing order. By certifying the inmates, jail or health department staff can ensure the naloxone kit is provided to the inmate, instead of relying on a medical professional with dispensing authority. Standing orders also eliminate the need for a paper prescription. St. Mary’s detention center is training those with an existing opioid use disorder and naloxone is prescribed directly to them by the detention center medical provider. Inmates are encouraged, however, to contact the health department upon their release to obtain an ORP certificate for future use.

Naloxone dispensing

Protocols were established to provide naloxone to the inmate upon their release. The goal is to reduce any barriers to obtaining the drug by ensuring that it is in the inmate’s possession as they leave the facility. Calvert and Charles counties were able to achieve this through ORP certification of inmates and the use of a standing order. Calvert County adopted a memorandum of understanding between the detention center, health department, and contracted medical provider that allowed medical staff within the jail to dispense naloxone directly to trained inmates at the time of release. In Charles County, protocols allowed for naloxone to be dispensed by health department staff into an inmate’s personal belongings during the week of their release. In both counties, naloxone was purchased by the health department and stocked as needed at the detention center facility.

Outcomes

Data available for the pilot program period (January 2016- June 2016) indicates the following outcomes:

County	Number of Inmates Trained	Naloxone Kits Dispensed	Naloxone Use Report Received
Calvert	136	41	1
Charles	43	43	0

During the pilot period, St. Mary's County focused on the development of the training video and required more time than Charles and Calvert to establish protocols since the health department did not have an existing behavioral health presence in the detention center. Training of inmates is set to begin in FY17.

Challenges

Unique challenges of naloxone implementation within a jail setting included establishing and managing roles between agencies, comprising the health department, detention center, and contracted medical staff working within the jail. One jurisdiction encountered logistical barriers in obtaining classroom space and scheduling naloxone training. Protocols for certifying and dispensing to inmates, as well as collecting and reporting data, needed to be adapted to suit the existing resources and preferences of agencies in each local jurisdiction. The process of naloxone purchasing and stocking was also adjusted given the slower pace of distribution to the inmate, rather than community, population.

FY17 Expansion

Building upon the FY16 detention center pilot, which established effective local models for training and distribution through detention center settings, DHMH plans to support additional jurisdictions to initiate or expand detention center naloxone in FY17. Selected jurisdictions include Anne Arundel, Frederick, Washington, Baltimore, and Harford counties. Calvert and Charles counties will receive funding to maintain the work started in FY16, and St. Mary's will use existing funds to support the commencement of training. DHMH will encourage jurisdictions to consider the use of Peer Recovery Specialists in detention center training and continue to improve data collected for outcomes measures.