



Annual Report

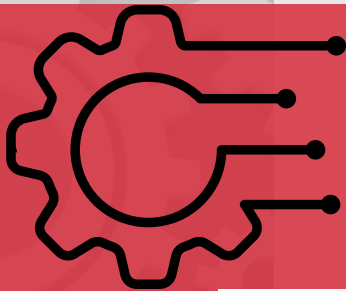
2021 | 2022

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BALTIMORE, MD 21201

BHRT@RX.UMARYLAND.EDU

BHRT

The Behavioral Health Resources
& Technical Assistance Program



Behavioral Health Resources and Technical Assistance (BHRT) Program

**OUR MISSION- TO IMPROVE PUBLIC HEALTH BY BRIDGING
THE GAP BETWEEN RESEARCH AND PRACTICE THROUGH
TECHNICAL ASSISTANCE AND EVALUATION.**

The Behavioral Health Resources and Technical Assistance (BHRT) Program at the University of Maryland School of Pharmacy provides technical assistance to guide communities across Maryland in addressing substance use prevention issues. The BHRT Program has been providing assistance to organizations working in substance use for more than ten years. The BHRT Program currently serves as the evaluation and technical assistance provider for the Maryland Department of Health's Behavioral Health Administration on several state and federal grants.

For inquiries, you can contact the BHRT Program at BHRT@rx.umaryland.edu. To learn more about efforts to address substance use in Maryland, you can check out the program on social media.



@UMSOPBHRT



@UMSOP_BHRT



@UMSOP_BHRT



UMB'S CORE VALUES

RESPECT *and* INTEGRITY

WELL-BEING *and* SUSTAINABILITY

EQUITY *and* JUSTICE

INNOVATION *and* DISCOVERY

#UMBtotheCore

RESEARCH

Our team works to identify policies that contribute to Adverse Childhood Experiences (ACEs), define principles of reducing stigma, address social determinants of health (SDOH) in substance use & prevention, and address causes & structural factors for prevention. Additional research interests include medical cannabis, innovative harm reduction approaches, increases in substance use trends due to Covid-19, workforce assessment, academic detailing, societal causes of substance use, and assessment & development of statewide Communication campaigns.

TECHNICAL ASSISTANCE & EVALUATION

BHRT has developed and provided resources to the prevention staff in all 24 local jurisdictions on needs assessment, capacity building, strategic planning, implementation of strategies, and evaluation. Through BHRT's work with the Office of Population Health Improvement, the team has utilized the Strategic Prevention Framework (SPF), a public health planning model, to assist state and local jurisdictions in implementing community-level evidence-based prevention strategies. BHRT aims to guide jurisdictions through technical assistance to try to convey the importance of interventions that target health disparities, provide jurisdictions with knowledge of social determinants of health and impacts on substance use, treatment, and recovery.

TRAINING AND DISSEMINATION

BHRT has developed and disseminated two surveys. The Maryland Public Opinion on Opioids Survey (MPOS) is used to assess opioid and cannabis use in Maryland and the Maryland Young Adult Survey on Alcohol (MYSA) is used to assess youth and young adult drinking behaviors. In 2020, BHRT piloted the first Workforce Assessment survey to assess Maryland's Prevention Workforce. The team has developed and delivered webinars focused on the CRISP Drug-Related Indicators Dashboard, the use of the Prescription Drug Monitoring Program (PDMP), how to use the data from PDMP to create reports and applications, community of practice calls, and educational webinars specific to the local jurisdiction public health programs. Our team creates and disseminates informational one-pagers, success story one-pagers for OD2A, and guides to address the needs of each jurisdiction.



Dear Colleagues and Friends of BHRP:

I am pleased to present our 2021-22 annual report to you. Whether it be through our core support services, dynamic research, training endeavors, or success strategy workshops, I'm deeply proud of all the ways our team has been able to advance prevention science and promote public health across the state and beyond.

In this report, you will learn about all the initiatives and activities conducted this year. We always welcome new ideas and new collaborations. We have stepped up our efforts in implementation and dissemination science, expanding data collection to social, behavioral, and environmental determinants of health, and outreaching to a wide network of stakeholders, statewide and nationwide.

Our goal for these initiatives is to equip communities, the public health infrastructure and the prevention workforce with the information, skills, strategies and support they need to prevent substance and prescription drug misuse and to secure better community health. We collect data, curate it, and transform it into information that supports action and policy.

In addition, this report includes our work products, and some success stories directly from the local jurisdictions.

We could not do what do without being in the vibrant environment of the University of Maryland Baltimore, with access to a wealth of resources and expertise, and a fine cadre of staff, students, and post- doctoral fellows. As importantly, we thank our partners in all the jurisdictions, our colleagues at the Maryland Department of Health, and the sponsors and funders of our grants and contracts.

Sincerely,

A handwritten signature in black ink that reads "Fadia T. Shaya". The signature is written in a cursive, flowing style.

Fadia T. Shaya, PhD, MPH

Professor and Executive Director

Meet the BHRT Team



DR. FADIA SHAYA

Dr. Fadia Shaya is the executive director of the BHRT Program and professor of pharmaceutical health services research at the University of Maryland School of Pharmacy, and affiliate faculty at the University of Maryland School of Medicine, in epidemiology and preventive medicine.



DR. MICHELLE TAYLOR

Dr. Michelle Taylor is the Associate Director for Research and Innovation. Her role encompasses health services research, community engagement, data management, training, grant acquisition, and dissemination.



NICOLE SEALFON

Nicole Sealfon, MPH is the associate director of the BHRT Program. Her role encompasses coordinating the program's team, managing various substance use prevention grant programs, providing technical assistance to local jurisdictions on assessment, planning, and evaluation for substance use prevention programs.

Meet the BHRT Team



VANESSA MICHEL DUKES

Vanessa is a Program Specialist with the BHRT Program, where she provides technical assistance to local jurisdictions on substance use prevention programs. She also provides research, transcription, data visualization, and presentations.



PARIS BARNES

Paris is a Communications Program Specialist with the BHRT Program, where she provides technical assistance, outreach, and data dissemination to local jurisdictions on substance use prevention programs. She also provides graphic designs, manages all social media, and creates presentations.

STUDENTS, POST-GRADUATE TEAM MEMBERS AND PROGRAM AFFILIATES:

The BHRT Team employs many post-graduate and program affiliates to conduct research, complete reports, provide technical assistance, and provide data visualization.



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Our Programs





GRANT ADMINISTERED BY THE
MARYLAND DEPARTMENT OF
HEALTH OFFICE OF POPULATION
HEALTH IMPROVEMENT



The Substance Abuse Prevention and Treatment Block Grant (SABG) program is administered by the Maryland Department of Health Office of Population Health Improvement (OPHI). OPHI has transitioned to applying the Strategic Prevention Framework (SPF) for SABG to guide Maryland jurisdictions in implementing data-driven, evidence-based strategies. The BHRT Program is tasked with providing technical assistance to jurisdictions related to the steps of the SPF process: assessment, capacity building, planning, implementation, evaluation, cultural competence, and sustainability.

The Opioid Misuse Prevention Program (OMPP) is administered by the Maryland Department of Health Office of Population Health Improvement (OPHI). The goals of the OMPP initiative are to provide funding to Maryland jurisdictions to (1) reduce opioid misuse, (2) reduce opioid overdoses, and (3) reduce opioid overdose fatalities. The BHRT Program provides technical assistance and evaluation support to jurisdictions and the Office of Prevention in implementing data-driven and evidence-based strategies.

KEY HIGHLIGHTS



BHRT has developed and delivered webinars focused on Prevention, Communication, Dissemination, Evaluation, community of practice calls, and educational webinars specific to the local jurisdiction's prevention programs. Our team disseminates and translates research findings for the prevention workforce and develops communication, data visualization, and infographic products to address the needs of each jurisdiction.

01

BACK TO BASICS WEBINAR SERIES

BHRT developed and provided a Back to Basics Training Series for the prevention grantees. The 4-part webinar series provides an overview of substance use prevention from a public health perspective. The series aims to highlight key areas of the SPF process and offer tools and resources for assessments, data collection, and evaluation. This training series is a great overview for new prevention staff and longstanding preventionists.

- Back to Basics Training Series: A Public Health Approach to Substance Use Prevention (September 2021)
- Back to Basics Trainings Series: Assessment Review (December 2021)
- Back to Basics Training: Health Communication Campaigns (March 2022)
- Back to Basics Training: Evaluation (June 2022)

02

PREVENTION APPLICATION DEVELOPMENT

The BHRT Team assisted with the development of the Local Prevention Grants application. The application is comprised of a Needs Assessment, Capacity Building, and Strategic Plan Summary using the Logic Model. The rubric for evaluation was also developed with BHRT.

03

TECHNICAL ASSISTANCE

Initiated standing technical assistance support calls with each jurisdiction participating in the grant.

04

DATA AND INFORMATION VISUALIZATION

The production of one-page fact sheets, infographics, and social media posts helped to assist local jurisdictions with the dissemination of data.

WORK PRODUCTS

ONE-PAGE FACT SHEETS AND INFOGRAPHICS

RETHINKING SUBSTANCE USE PREVENTION

Broader Focus of Prevention

Addressing Social Determinants of Health

Focus on addressing social determinants of health at an early age. Prevention can begin before the child is born.

Social Determinants of Health

- Education
- Health & Health Care
- Neighborhood & Built Environment
- Social & Community context
- Economic stability

Adverse Childhood Experiences (ACEs)

Seek evidence-based strategies to prevent Adverse Childhood Experiences.

Types of ACEs

- Abuse:** Physical, Emotional, Sexual
- Neglect:** Physical, Emotional
- Household Dysfunction:** Mental Abuse, Domestic Violence, Substance use, Interactions

Strategies to likely decrease risk of youth substance use

- ▶ Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential.
- ▶ Reducing economic gaps and financial hardship will aid in reducing stress, depression, and conflict in relationships and families.
- ▶ Family-centered treatment approaches for substance use disorders may be used to simultaneously address substance use by parents and the needs of their children with this ACE exposure.
- ▶ Offering educational support to children and families to assist in academic excellence.

How to mitigate the effects of Adverse Childhood Experiences (ACEs)

- ▶ Improved school readiness
- ▶ Higher quality parenting
- ▶ Positive parent and child interactions
- ▶ Mental health resources

Partnership to End Addiction, "Rethinking Substance Use Prevention: An Earlier and Broader Approach." Partnership to End Addiction, 31 Mar. 2022. <https://www.pendaddiction.org/substance-use-prevention-an-earlier-and-broader-approach>

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BROADER FOCUS OF PREVENTION

Rethinking Substance use Prevention

SHIFT PREVENTION EARLIER

Studies show that human development and other events and circumstances in one's life influence future decisions. People who use substances typically begin doing so during adolescence or adulthood, but the likelihood of use may be set by circumstances that occurred during the first few years and even before birth. This is why we must shift prevention earlier.

INDIVIDUAL

- ▶ Early Aggressive behavior
- ▶ Neglect
- ▶ Academic problems
- ▶ Genetics
- ▶ Peer or Family Substance use
- ▶ Undiagnosed mental health disorders

ENVIRONMENTAL

- ▶ Home or lack of home
- ▶ Substance availability
- ▶ Race or class
- ▶ Culture
- ▶ Social/media acceptance
- ▶ Access to healthcare

PRENATAL & POSTNATAL

- ▶ Encourage pregnant women to avoid substances use
- ▶ Parenting classes
- ▶ Access to prenatal/postnatal health care

INFANCY & TODDLERS

- ▶ Providing quality food and nutrition
- ▶ Access to health care and routine visits
- ▶ Giving positive affirmations, stability, and predictable schedules.

EARLY & LATE CHILDHOOD

- ▶ Ensuring the child is school ready
- ▶ Provide stress management & self-regulation resources
- ▶ Extracurricular activities & clubs
- ▶ Parental & peer support for those who use substances surrounding the child

Partnership to End Addiction, "Rethinking Substance Use Prevention: An Earlier and Broader Approach." Partnership to End Addiction, 31 Mar. 2022. <https://www.pendaddiction.org/substance-use-prevention-an-earlier-and-broader-approach>

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SHIFT PREVENTION EARLIER

IRB Checklist*

SABG Process

Jurisdictions are responsible for completing the paperwork

- If an application has not been submitted, please use the Request for Research Exemption Application that can be here: [MDH IRB Forms](#)
- If an application has been submitted, you will need a Modification Request form that can be found here: [MDH IRB Forms](#)

BHRT can assist with the preparation of the IRB application and modification upon request.

BHRT can review the application prior to submission upon request.

BHRT can provide guidance on research, evaluation tools, recruitment materials upon request.

Jurisdictions are responsible for submitting IRB applications and modifications

- Applications/modifications will require signatures from the health officer and OPHI prior to submission to MDH IRB at MDH.IRBMDH.IAC@Maryland.gov

OMPP Process

Jurisdictions are responsible for completing the paperwork

- Remember to highlight changes for new submission
- Please refer to BHRT's IRB Modification Guidance sheet when completing the paperwork

BHRT will review the IRB modifications for completeness and provide assistance as needed.

BHRT will review the application for completeness and provide assistance as needed.

BHRT will review the research, evaluation tools, recruitment materials for completeness and will provide assistance as needed.

BHRT submits IRB modifications on behalf of the OMPP jurisdictions.

*Please note that the process can take 6-8 weeks after submission
Rev. 6/2022

IRB CHECKLIST

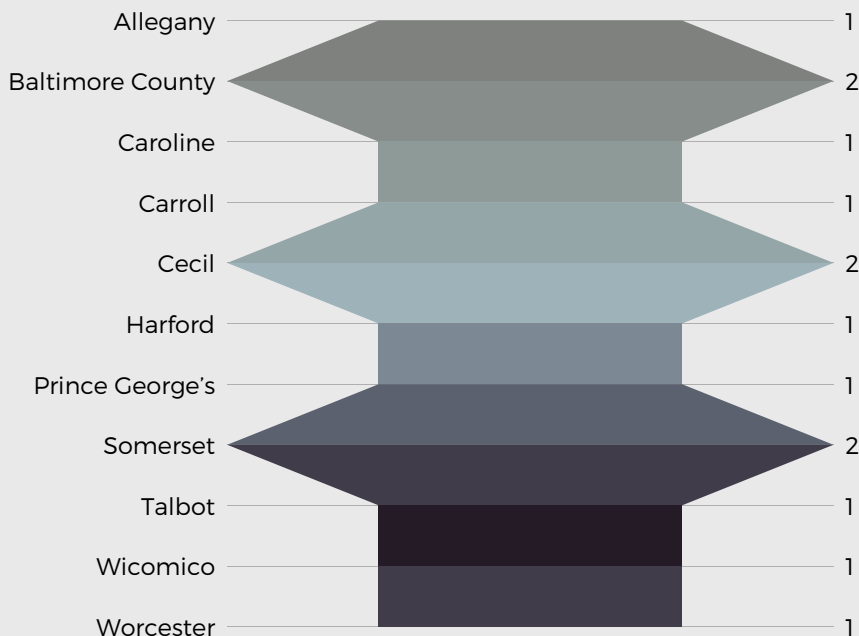
Trainings and Technical Assistance

The BHRT Program currently serves as the technical assistance (TA) provider for the Maryland Department of Health's Office of Population Health Improvement on several state and federal grants and supports the technical assistance and evaluation efforts with the Office of Provider Engagement and Regulation. BHRT has developed and provided resources to the prevention staff in all 24 local jurisdictions on needs assessment, capacity building, strategic planning, implementation of strategies, and evaluation.

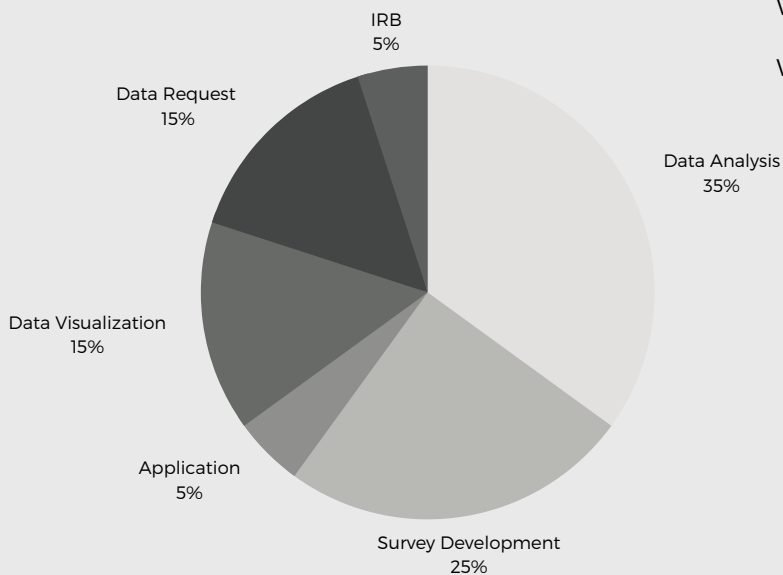
11

TOTAL ONE-PAGERS CREATED

TOTAL TA REQUESTS PER COUNTY



TA REQUESTED BY TYPE



142
TOTAL ROUTINE TA



**GRANT IS FUNDED BY THE
SUBSTANCE ABUSE AND
MENTAL HEALTH SERVICES
ADMINISTRATION (SAMHSA)**

Strategic Prevention Framework for Prescription Drugs (SPF Rx) is a five-year initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The BHRT Program is working closely with the Maryland Department of Health Office of Provider Engagement and Regulation (OPER) to achieve the two main goals of SPF Rx: reducing non-medical use of prescription drugs and strengthening state and local capacity to address over-prescribing of controlled substances.

01 ACADEMIC DETAILING

- Assisted in technical assistance with detailers during monthly calls, new detailer orientations, and mock practice detailing sessions
- Developed Buprenorphine Fact Sheet (March 2022)
- Motivational Interview training (August 2021)

02 PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) AND HEALTH SERVICE COST REVIEW COMMISSION (HSCRC) DASHBOARD WEBINARS

- PDMP and HSCRC webinars were recorded and posted to CRISP dashboard (August 2021)

03 DASHBOARD EVALUATION ANALYSIS REPORT

- BHRT developed a summary report of the analysis of the traffic views and video views for the dashboard
- Final report and one-page infographic summary submitted (September 2021)

04 UPDATED DENTAL PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) ADDENDUM

- Analyzed PDMP data and updated the dental PDMP addendum (August 2021)

05 PHARMACIST/PRESCRIBER WEBINAR

- The Office of Provider Engagement and Regulation (OPER) and the University of Maryland School of Pharmacy partnered with the state's medical society, MedChi, to host a virtual CME web-based online enduring CPE home study activity. The goals of the webinar are to prevent the non-medical use of prescription drugs by improving care coordination between healthcare providers. The online enduring webinar home study includes a presentation and panel discussion of three case studies. (April 2022)
- Facilitation of the first webinar of the Prescriber/Pharmacist webinar series; [Coordinating Care: Safe Prescription Opioid Practices, Case Studies for Prescribers and Pharmacists](#)

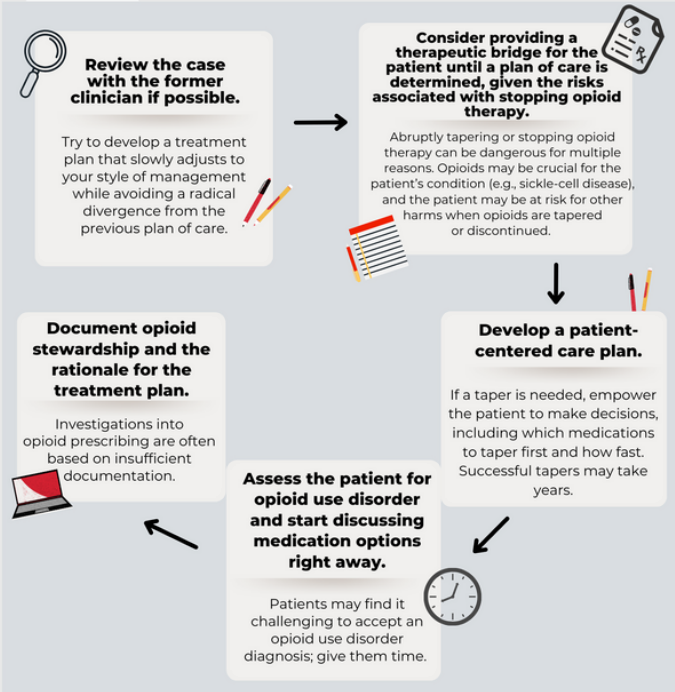


WORK PRODUCTS

FACT SHEETS AND GUIDES



Steps in Caring for Patients with Chronic Pain Who Have Received Long-Term Opioid Therapy from a Previous Clinician



Reference
Coffin, Philip D., and Anjali M. Barrevel. "Inherited Patients Taking Opioids for Chronic Pain - Considerations for Primary Care." *New England Journal of Medicine*, vol. 386, no. 7, 2022, pp. 611-13. Crossref. <https://doi.org/10.1056/nejmp2115244>.



How to use the PDMP Dashboard



Rates vs. Counts

Count: frequency of a particular incident/condition

- Useful in providing context to a problem
- Useful when population of interest is difficult to define

Rate: standardizes frequency to a common time period and population

- Useful when trying to compare frequencies of disease
- Important to be specific when defining your time period and population
- Populations are the entirety of a zip code or jurisdiction

Both counts and rates are available in dashboard measures- choose wisely!

Prescriptions/1000 Rate Calculation Example

$$\frac{\# \text{ Rx in Baltimore City}}{\text{Baltimore City population}} = \frac{\text{Desired Rate}}{1,000}$$

$$\frac{50,000}{600,000} = \frac{X}{1,000}$$

$$X = \frac{50,000,000}{600,000}$$

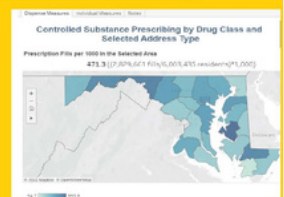
This metric represents the number of prescriptions dispensed for every 1,000 individuals.

X = 83.3 per 1000 Baltimore City Residents

Example of Rates in the Dashboard

To identify the rate of opioid prescriptions by providers in Maryland in 2019:

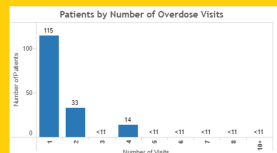
- Select address type: Prescriber
- Date dispensed to 2019
- Dispense measure to prescription fills per 1000
- Select therapeutic classes: Opioid-Non-combination, Opioid/Stimulant, Opioid/Muscle Relaxant
- Select opioid type: All other opioid Rx and methadone



The dashboard indicates that for every 1,000 people, 471.3 opioid pain prescriptions were dispensed by a provider in Maryland during 2019.



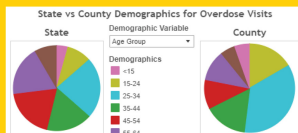
Grant Application Continued- Nonfatal Overdose Data



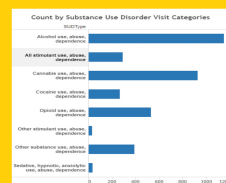
The Patients by Number of Overdose visits bar graph displays how many unique patients have visited the hospital related to an overdose. In Calvert County, 115 people visited the hospital one time for an overdose, while 33 people visited the hospital twice.



The pie charts allow us to compare the Maryland demographics with Calvert County. In Calvert the 25-34 age group is a larger proportion than compared to the state (35.39% v. 23.18%).



Substance Use Disorder Visits Data



By selecting the SUD by Patient tab, allows us to pull the counts of substance use disorder visits by SUD type. In Calvert County, there are 530 opioid use, abuse, dependence visits in 2019.





The **Overdose Data to Action (OD2A)** is a multi-year cooperative agreement from CDC. The cooperative agreement supports obtaining high-quality, comprehensive, and timelier data on overdose morbidity and mortality, and to use those data to inform prevention and response activities.

The BHRT program is contracted with the Maryland Department of Health for two evaluation work areas:

- 1) Data Collection and Progress Monitoring and
- 2) Data Dissemination and Outreach.

KEY HIGHLIGHTS



01 STRATEGY DATA COLLECTION AND DATA PRODUCTS TOTALS

- Conducted and analyzed Local Overdose Fatality Review Team focus groups- Focus Group summary report (October 2021)
- Regrounding our Response Evaluation
 - Collected and analyzed 28 surveys
 - Interviewed and analyzed 6 Master Presenters
 - Produced an Interview Summary Report and Survey Summary Report

02 LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) EVALUATION

- Collected and analyzed pre and post-survey results
- Interviewed a total of 11 LEAD team members from Washington and Howard Counties as well as Westminster.
- Washington County LEAD Success story one-page fact sheet based on key informant interviews. (March 2022)

03 LOCAL HEALTH DEPARTMENT DATA TO ACTION SUCCESS STORIES

- Developed and disseminated ten success story one-page fact sheets about local jurisdiction's OD2A prevention strategies. (Allegany, Anne Arundel, Baltimore City, Calvert, Caroline, Frederick, Montgomery, St. Mary's, Washington, and Wicomico Counties.

04 PRESENTATIONS

- Center for Harm Reduction Services (CHRS) presented LEAD evaluation results from surveys and interviews highlighting the public safety perspective at the Maryland LEAD Quarterly Meeting. (December 2021)
- Presented Evaluation findings for Local Health Department Overdose Data Use and Dashboard Used Evaluation at the OD2A Data Surveillance Workgroup Meeting. (September 2021)
- Presented the Evaluation findings for LOFRT and Dashboard at the Statewide Overdose Fatality Review Technical Assistance Call. (October 2021)

WORK PRODUCTS

LEAD SUCCESS STORY Washington County



Background



- Washington County is a rural county located in the western part of Maryland.
- Opioid Overdose Deaths per 100,000 People: 49.7
 - Maryland Opioid Overdose Deaths per 100,000: 38.2
 - Percent Population with At Least HS Diploma: 87.21%
 - Population County: 154,705
 - Median Household Income County: \$60,860

How Does LEAD Operate in Washington County

Law Enforcement Assisted Diversion (“LEAD”) is a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. LEAD empowers law enforcement officers to refer individuals who may have a substance use disorder to public health services, instead of making an arrest.¹ The LEAD program in Washington County has been operational since mid-2019. An Operational Work Group meets every two weeks through virtual meetings to discuss and review participant cases, and administrative meetings are held to discuss the overall progress of the program. Outside of meetings, the groups communicate via email, text, or phone, as well as the use of the app Shared Village.

Key roles in the Washington County LEAD Program:



Program Coordinator: Oversee program operations.
“Brings valuable connections to other partners, fortifies established partnerships and garners new ones.”

Case Managers: Handle the day-to-day operations by connecting participants to the services they need. They are providing intensive, long-term case management to LEAD participants to support them in improving their health and wellbeing.

Peer Recovery Specialists: Provide lived experience and communicate the needs of the participant with the Case Manager for optimal care coordination.

Public Safety Contact: Provide referrals and warm handoffs to case managers, and participate in the Operational Work Group meeting to support partners and program operations. Most referrals from this county’s public safety partners are from non-criminal (social) interactions. These participants use a high amount of law enforcement resources with constant contact.

1 McCullough, Robyne. “Lt. Governor Boyd K. Rutherford Announces Launch of Law Enforcement Assisted Diversion Programs to Carroll, Harford Counties.” Governor’s Office of Crime Prevention, Youth, and Victim Services, 17 Nov. 2020. goccp.maryland.gov/ir/governor-boyd-k-rutherford-announces-launch-of-law-enforcement-assisted-diversion-programs-to-carroll-harford-counties.

SUCCESS STORIES



Overdose Data to Action Success Story Baltimore City Targets Outreach in "Hotspot" Areas



The Baltimore City Health Department (BCHD) partnered with two community organizations, Young People in Recovery (YPR) and More than a Shop to create a Community of First Responders. The program comprises four part-time, paid peer support specialists who provide education and outreach in interdisciplinary and nontraditional settings, including public parks, barbershops, hair and nail salons, and convenience stores. Locations in the highest-burden areas are identified using BCHD’s overdose spike/cluster alert system. Feedback from shop owners, businesses, and patrons has been positive, with many expressing the need to provide ongoing outreach and training for patrons, customers and family members in the community.

Data Sources Used

- Non-fatal overdose data from the Baltimore City Fire Department.
- Fatal overdose data from Vital Statistics Administration (VSA)



Data Use and Application

- Spike alerts to capture street and neighborhood-level data are instrumental to targeted outreach.
- Neighboring businesses and communities in designated zip codes are targeted for outreach.
- The data also guides the best days of the week and times of day for outreach.
- In addition to using spike/cluster data, BCHD’s lead epidemiologist generates reports used in monitoring changes in trends and location(s) of fatal and non-fatal overdoses.

Successes



- In just the first quarter, from October to December 2021, the Community of First Responder peers distributed 641 care kits at nontraditional settings where spikes/clusters were identified. Care kits included naloxone kits, information about the 211 crisis number, and the Good Samaritan law.
- The Community of First Responders hosted two public events in BCHD-identified “hot spot” areas to disseminate information about harm and stigma reduction.
- The team has established new relationships with local business owners, Emergency Medical System (EMS), community organizations, law enforcement, and other key stakeholders.

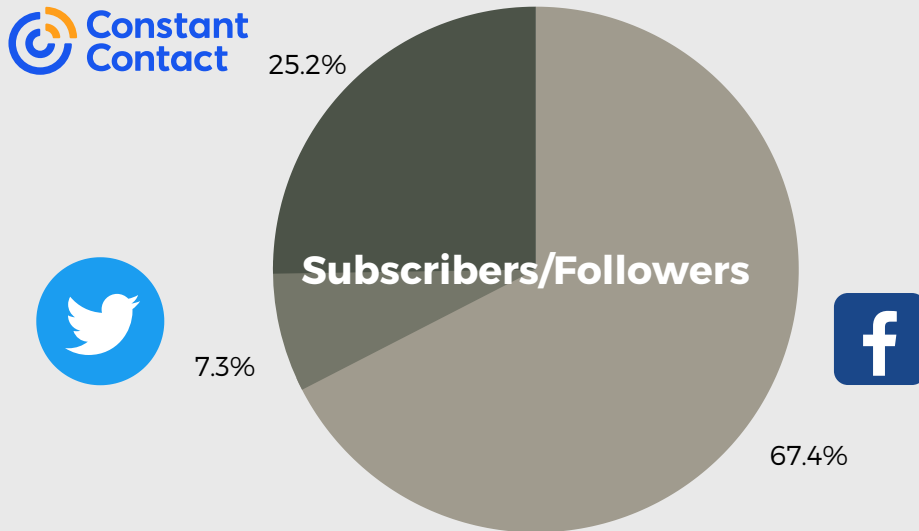
DISSEMINATION AND PEER SHARING ARE AN INTEGRAL PART OF THIS PROGRAM. FOR THE OD2A SUCCESS STORY, LOCAL JURISDICTIONS HAD THE OPPORTUNITY TO SHARE THEIR SUCCESS, CHALLENGES AND LESSON LEARNED IN THEIR PREVENTION EFFORTS.





Social Media, Publications, and Communication

In order to continuously keep in contact with all jurisdictions in Maryland, the BHRT team adopted the use of Constant Contact. This tool allowed us to not only reach our jurisdictions digitally but also interact with them in real-time.



BHRT Works is a quarterly newsletter that BHRT uses to communicate with local jurisdictions. The newsletter highlights featured jurisdiction's prevention efforts and success stories. Upcoming events, training, concept review, and updates are shared here as well.

The image shows the cover of the "BHRT Works" quarterly newsletter. The top left corner features the text "ISSUE 02 April 2022". The main title "BHRT WORKS" is prominently displayed in a large, bold, serif font. Below the title, it reads "QUARTERLY NEWSLETTER FROM THE BEHAVIORAL HEALTH RESOURCES AND TECHNICAL ASSISTANCE PROGRAM". The cover includes several sections: "About BHRT" with a description of the program's mission and a list of services; "BHRT's Technical Assistance Request Form" with a brief description and a link to the form; and a photograph of a meeting. The bottom of the cover features a graphic of hands holding a globe and a button labeled "Technical Assistance Request Form" with a mouse cursor icon.

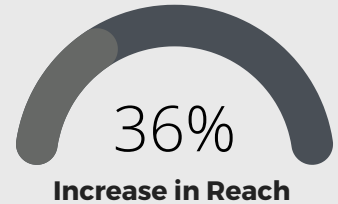
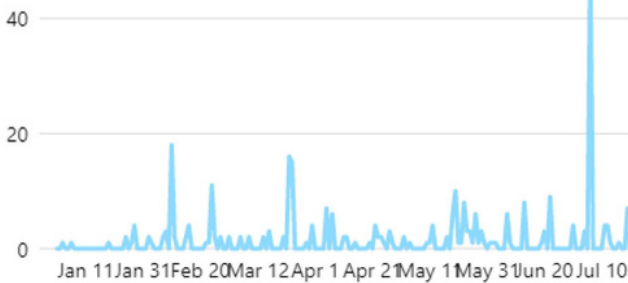
Social Media Insights



Page and profile visits

Facebook Page visits ⓘ

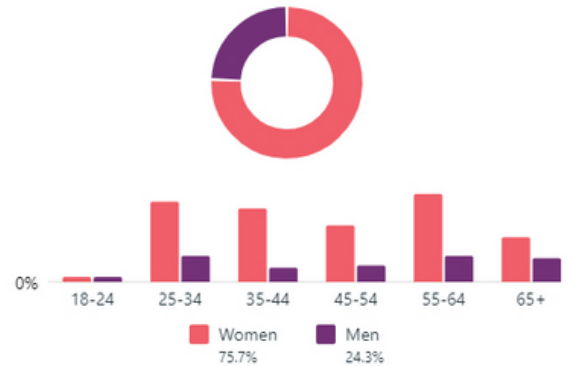
302 ↑ 224.7%



Facebook Page followers ⓘ

202

Age & gender ⓘ



262 Total Posts

Highest reach on a post ⓘ

Facebook post

Click the link to read the full report
<https://drugfree.org/article/substa>
Apr 25, 2022, 7:45 AM

This post reached 436% more people (59 people) than your median post (11 people) on Facebook.

Highest reactions on a post ⓘ

Facebook post

Jun 15, 2022, 9:15 AM

This post received 2 reactions compared to your median post (0 reactions) on Facebook.

Highest comments on a post ⓘ

Facebook post

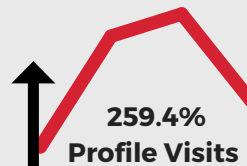
Jul 20, 2022, 7:45 AM

This post received 0 comments compared to your median post (0 comments) on Facebook.



+23

Increased Followers



Top Tweet earned 205 impressions

Smoking Rates Drop in Adults with Substance Use Disorder, Major Depression
bit.ly/3sl3D7V via @ToEndAddiction

3 2

View Tweet activity

View all Tweet activity

Top Follower followed by 80.4K people



Realistic Poetry

Top mention earned 679 engagements

SA Science Animated
@Sci_Ani - May 19

Providing technical assistance to guide #communities across Maryland in addressing #substanceuse prevention issues. BHRT recommends taking a more upstream approach to explore ways to prevent #substance use in the first instance. @UMSOP_BHRT

Watch now:

youtube.com/watch?v=OfH9_B...

15 616

View Tweet

Tweets

15

Profile visits

658

New followers

2

Tweet impressions

1,189

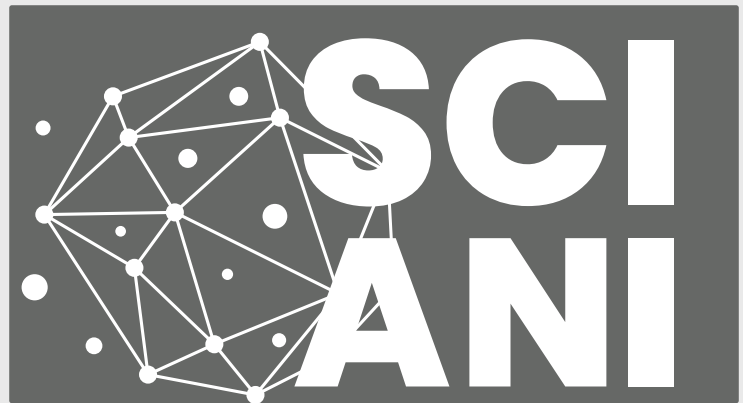
Mentions

1

In 2022, BHRT launched the "Broader Approach to Prevention" Campaign. The 2:25 video discussed the benefits of seeking a broader approach to prevention.

#Youthsubstanceuse
#Substanceuseprevention
#Mentalhealth

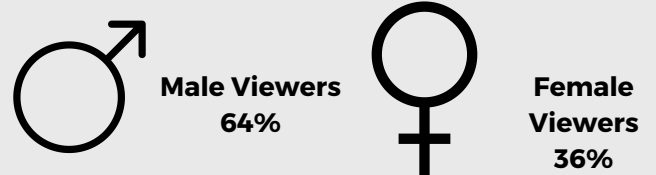
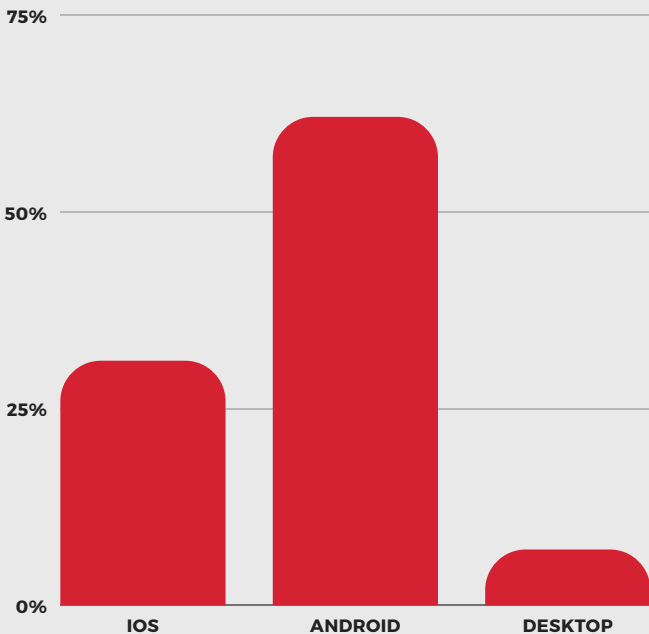
CAN A BROADER APPROACH REDUCE THE RISK OF SUBSTANCE USE?



Campaign Impact Analysis

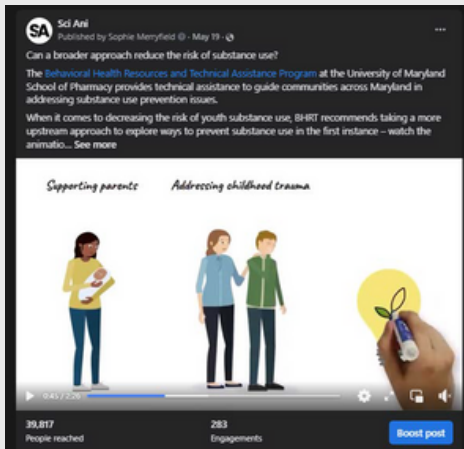
TWITTER @SCI_ANI

<https://bit.ly/3yKxKcIt>





<https://www.facebook.com/scianimation/>



Male Viewers

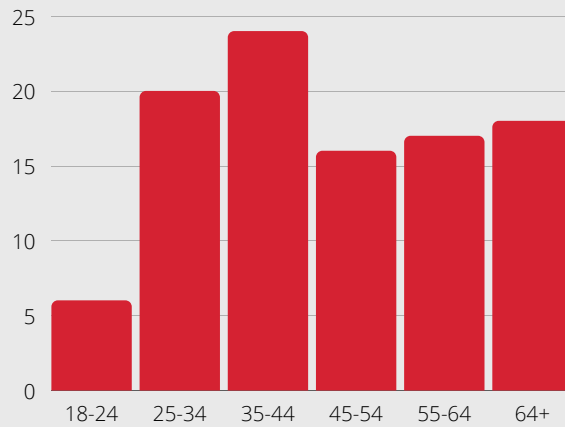
63%



Female Viewers

37%

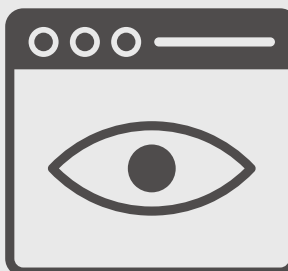
Age Range



Impressions
48170



<https://bit.ly/3G0Pa6H>



Views
1268




Total watch
time (Hours)
6.4



Impressions
70340

Publications & Posters


SHAYA F, SEALFON N, JONES S, MICHEL V, TAYLOR M, APOORVA P, WOLF V.
MARYLAND STRATEGIC PREVENTION FRAMEWORK (MSPF2) FINAL REPORT.
BALTIMORE (MD): UNIVERSITY OF MARYLAND BALTIMORE; 2022.
SUPPORTED BY A GRANT FROM THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (GRANT NUMBER SP020777) IN COLLABORATION WITH THE MD DEPARTMENT OF HEALTH.



Utilizing Evaluation Data Findings to Support the Needs of the LHDs: LHD Data to Action Success Stories

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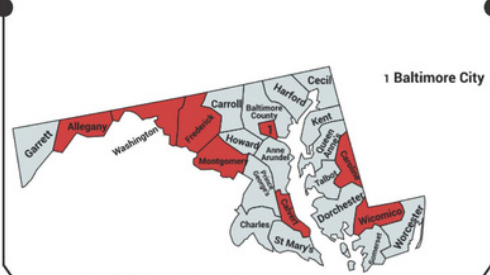


Background:

The Maryland Department of Health (MDH) prioritized the Local Health Department (LHD) ODZA program, committing half of its prevention dollars annually to the LHD program. The LHDs utilize the grant funding to implement their activities in their jurisdiction with the goal of using data as part of the planning and implementation of the selected activities. In collaboration with MDH, the Behavioral Health Resources and Technical Assistance (BHRT) Program evaluated the utilization of data in LHDs ODZA activities.

Evaluation and results:

BHRT conducted two focus groups with LHD ODZA staff to determine the usage of data and how that data helped inform their substance use prevention. Barriers to data usage collected highlighted the need for additional technical support. Key facilitators for utilizing data included making data more sharable, holding seminars to teach members of LHDs how to analyze data, and a platform for peer sharing of how data is being used.



1 Baltimore City

Figure 2: ODZA Success Stories completed by county

**Overdose Data to Action Success Story
Allegany County**
Supporting the Overdose Fatality Review team with more data

Allegany County Health Department's (ACHD) Overdose Fatality Review (OFR) team analyzes individual cases of drug overdoses that occur in the county to identify preventable risk factors, as well as missed opportunities for interventions to make policy and programmatic recommendations to prevent future fatal overdoses. ACHD has prioritized the collection and analysis of data from the state's syndromic surveillance system, known as ESSENCE (Electronic Syndromic Surveillance system for Early Notification of Community-based Epidemics). The ESSENCE data helped to support the already expanding OFR activities that included non-fatal drug overdose case reviews. The OFR team meets biweekly and includes partners from multiple agencies: the Allegany County Health Department, University of Pittsburgh Medical Center Western Maryland Hospital, law enforcement, Public Defender's Office, Forensic and Protection, Juvenile Services, the Health Coordinator, Social Services, Local Overdose Prevention Program Evaluator, Opioid Misuse Prevention Program (OMPP) Coordinator, Public School system, State's Attorney's Office, and a local pain management provider.

Data Sources Used

- ESSENCE, which includes near real-time local emergency department (ED) and local emergency medical services (EMS) data
- Vital Statistics Administration (VSA) overdose fatality data
- OFR dashboard

Data Use and Application

- EMS narratives were used to provide a better understanding of circumstances surrounding an overdose death such as bystander interventions.
- Fatal and nonfatal data were used for demographics, incident location, and circumstances. New charts were developed highlighting trends and patterns to identify priority groups including:
 - Individuals 15+ years old with high overdose death rates
 - Individuals who are benzodiazepines with alcohol
 - Individuals who are not appropriately responding to an overdose (not calling 911 immediately, putting the victim in a cold shower, etc.)
- The data was de-identified and published on a public website www.prevent-overdose.org for the community to view at any time. ESSENCE approval was obtained.

Figure 3: Allegany County ODZA Success Story

**Overdose Data to Action Success Story
Washington County**
Safer Storage Initiative

Washington County Health Department's (WCHD) safer storage initiative resulted from a spike in young children experiencing accidental overdoses after exposure to medication or illicit drugs in the home. From April to September 2022, there were 10 reported overdoses with one resulting in a fatality. Two of the children experienced more than one overdose. WCHD acted quickly and purchased medication lock boxes and banker bags for safe storage (banker bags are smaller, discrete pouches with a lock). WCHD partnered with multiple agencies and programs to support lock box and banker bag distribution as well as safe storage education. Key partners included WCHD's harm reduction team, Emergency Medical Services (EMS), Community Resource Service (CRS), law enforcement, Department of Social Services (DSS), local Opioid Treatment Programs (OTPs), and crisis response peers. First responders provided safer storage supplies to individuals and loved ones following an overdose. The crisis response peers also followed up with families where an overdose occurred to provide safe storage education. The harm reduction team did daily outreach to the OTPs and provided banker bags to participants. Finally, WCHD partnered with DSS and the pilot program sobriety treatment and recovery team (START) peer program to provide safer storage supplies and education.

Data Sources Used

- Data was used from the local Narcotics Task Force Trojan reports.
- EMS crisis intervention team referral form (CIT) reports that are provided to the Health Department.

Data Use and Application

- Data was used to identify a spike in overdoses among children.
- Counts of fatal overdoses among residents under 18 were compared to the previous period and suggested an apparent spike.
- The data from overdose reports showed that, in most cases, the children themselves had not been prescribed the medications and they were unintentionally overdosing on their parent/guardian's medication or illicit drugs, underscoring the need for intervention with safer storage.

Figure 1: Washington County ODZA Success Story

Successes:

As of April 2022, seven jurisdictions have worked with the BHRT team on the success story process and five LHD Data to Action Success Stories have been finalized and shared with all the jurisdictions and other agencies within the State of Maryland. With these new tools that highlight how their peers are utilizing data in their ODZA activities, the goal is to see an increase in the use of data across all LHD activities and a reduction of barriers shared during the initial evaluation with all the LHDs.


Implementation:

The LHDs, MDH, and BHRT developed peer sharing tools, jurisdictions presented their activities, lessons learned, barriers, data usage, and next steps during ongoing monthly meetings. Additionally, one-page fact sheets were created by BHRT to showcase a data-to-action example from each LHD.

Next Steps:

The next steps include assessing the benefits of the Success Stories with the LHDs and if they helped improve their utilization of data via the LHD progress reports during the fourth quarter. BHRT and MDH will continue developing the LHD Data to Action Success Stories with jurisdictions.

Disclosures: This report was supported by Cooperative Agreement number 5R17CE000491 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.





- OD2A WORKGROUPS**
Co-presented with OPER the Dashboard Evaluation data and content in the slide deck at the OD2A Data Surveillance workgroup meeting. (September 2021)
- MARYLAND ASSOCIATION OF PREVENTION PROFESSIONALS AND ADVOCATES (MAPPA)**
Maryland Prevention Workforce Survey: Findings and Next Steps to Enhance the MD Prevention Workforce.
- CDC RECIPIENT POSTER**
Utilizing Evaluation Data Findings to Support the Needs of the LHDs: LHD Data to Action Success Stories
- BHRT PUBLICATIONS**
Shaya F, Sealfon N, Jones S, Michel V, Taylor M, Apoorva P, Wolf V. Maryland Strategic Prevention Framework (MSPF2) Final Report. Baltimore (MD): University of Maryland Baltimore; 2022. Supported by a grant from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (grant number SP020777) in collaboration with the MD Department of Health.



UNIVERSITY of MARYLAND
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