

Phone: 202-783-5550 www.naccho.org



# **2017 Model Practices**

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City:				State:	Zip:
Salisbury				MD	21801-4921
Model Practice Title	e e				
		nline searchable databa	ase. Applications may	align with m	nore than one practice catego
✓ Access to Care	☐ Advocacy and Policy	☐ Animal Control	Coalitions	<ul><li>✓ Coalitions and ☐ Communications/Put</li><li>Partnerships Relations</li></ul>	
	Making		Partnersh		Communications/Public Relations
Community Involvement	☐ Cultural Competence	☐ Emergency Preparedness	Partnersh ☐ Environme Health	ips ental	
Involvement	-	☐ Emergency	☐ Environme	ips ental	Relations
Involvement  Global Climate Change	☐ Cultural Competence	Emergency Preparedness	☐ Environme Health ☐ Immuniza	ips ental tion and	Relations  Food Safety
Involvement  Global Climate Change  Informatics	☐ Cultural Competence ☐ Health Equity ☐ Information	☐ Emergency Preparedness ☐ HIV/STI ☐ Injury and Violer	☐ Environme Health ☐ Immunizationce ☐ Marketing	ips ental tion and	Relations  Food Safety  Infectious Disease  Maternal-Child and
<ul><li>☐ Global Climate Change</li><li>☐ Informatics</li><li>☐ Organizational</li></ul>	<ul> <li>☐ Cultural Competence</li> <li>☐ Health Equity</li> <li>☐ Information Technology</li> <li>☐ Other Infrastructure</li> </ul>	☐ Emergency Preparedness ☐ HIV/STI ☐ Injury and Violer Prevention ☐ Organizational	☐ Environme Health ☐ Immunizatince ☐ Marketing Promotion	ips ental tion and n are	Relations  Food Safety  Infectious Disease  Maternal-Child and Adolescent Health
Involvement  Global Climate Change  Informatics  Organizational Practices  Research and	<ul> <li>☐ Cultural Competence</li> <li>☐ Health Equity</li> <li>☐ Information Technology</li> <li>☐ Other Infrastructure and Systems</li> </ul>	☐ Emergency Preparedness ☐ HIV/STI ☐ Injury and Violer Prevention ☐ Organizational Practices	☐ Environme Health ☐ Immunization ☐ Marketing Promotion ☐ Primary C	ips ental tion and n are	Relations  Food Safety  Infectious Disease  Maternal-Child and Adolescent Health  Quality Improvement

Is this practice evidence based, if so please explain. :								
Yes as it uses peer counselors to address overdose issues								
Winnable Battles								
To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following:: *								
☐ Food Safety	☐ HIV in the U.S.	Nutrition, Physical Activity, and Obesity	☐ Tobacco	☐ Healthcare-associated Infections				
	☐ Teen Pregnancy	✓ None						

# Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

# Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- · Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

# 750 Word Maximum

Please use this portion to respond to the guestions in the overview section. : \*

Wicomico County Health Department is located in the South Eastern part of Maryland on the Delmarva Peninsula and has a population of over 102,000. Some of the area is rural in nature and other parts are suburban. The COAT (Community Outreach for Addictions Team) program focuses are responding to the opioid public health crisis. The Goal of the Program is to link individuals who are survivors of overdose with services to prevent future overdoses. The program uses peers to respond to the scene of an overdose or to the hospital for an overdose. They also frequent community areas to provide outreach to individuals who have overdosed in the past. The practice was implemented in response to a rising number of overdose deaths in the community. Research was conducted to determine the most effective means of connecting with the individuals to encourage enrollment in treatment. The main objective was a decrease in overdose deaths and secondarily a decrease in the number of overdose cases treated in the emergency dept. The program began in June 2016 and there has been a reduction in the number of deaths and the number of cases treated in the emergency dept. The success of the practice is attributed to the use of the peer specialists as well as the community support for the project. Public Health impact of the practice is a reduction in overdose deaths. LHD website - wicomicohealth .org

### Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR **(2)** a creative use of an existing tool or practice, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)

- What is the target population size?
- What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
  - Is it new to the field of public health
     OR
  - Is it a creative use of existing tool or practice:
     What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

#### 2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum): \*

Wicomico County, as well as the nation, has experienced a rise in Drug overdose deaths over the past few years. The most significant rise has been occurring in the calendar year 2016 with the numbers tripling. One of the biggest contributors to this increase is the fentanyl being combined with the heroin. The majority of the overdose deaths have been occurring in white males, age 30-50. The population of the county is just over 102,000. The population being served are individuals who have overdosed in the community but survived. We targeted this group to prevent future overdoses and to decrease the number of fatalities with the use of peer support specialists providing outreach to this group of individuals. In the past the individuals were provided referrals to agencies and many times had to navigate the healthcare system or had a long wait period to access treatment. Needless to say many of these individuals relapsed before accessing needed treatment. Many times they would overdose multiple times in a month, utilizing the more costly Emergency medical system for treatment or perhaps becoming a fatality. This new program, COAT, employs certified Peers who have a minimum of 2 years of recovery time to respond to overdose cases and provide the bridge to treatment. The peers assist the individuals in navigating the treatment system and maintain contact with the individuals (daily if needed) until they are able to enter treatment. The peers also provide outreach in know drug hotspots in the community to provide outreach and education related to treatment availability and the use of Naloxone to prevent overdose deaths. The use of peers is not new to the field of public health. This use of peers responding in the community to overdose cases is a creative use of the peer support specialists. The MAPP process was used in developing this practice as a way to Build Capacity for Community and System Change. Leaders in the community came together to examine the issue and strategize ways to address the problem. Having individuals who were champions of the effort was key in developing the program and receiving funding to pilot the program.

# LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
  - o Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
  - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

#### 5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): \*

The Goal of the program was to decrease the number of overdose deaths in the community. The objectives centered around identifying the cases, connecting them with the peer support specialists and helping the individuals to enter treatment. The peer support specialists are oncall to the local law enforcement and the local hospital emergency department to respond to all overdose cases. In efforts to implement the program, buy in from the stakeholders was necessary. Educating the public, the elected officials, funders, law enforcement and the local hospital as to the issue we were attempting to address and how the use of peers could assist in this endeavor was key to the process for implementation of the program. The Health Department began this educational process in January 2016 and was able to engage the needed stakeholders by April 2016. Funding was obtained to begin this program as a pilot project. The staff were hired and services rendered beginning in June 2016 and will continue throughout the fiscal year ending in July 2017. Stakeholders that were key in the planning and implementation of this project were many and included, law enforcement, emergency medical services, local hospital, local elected officials and treatment providers. Memorandums of Understanding were developed to formalize the relationships with stakeholders and continue at this time. Monthly meetings are conducted to look at the data and tweak the program as needed. The champion of the effort was our local elected States Attorney. The total funding for this pilot project is \$125,000 for the year. The funding is primarily for salary costs.

## **Evaluation**

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
  - List any primary data sources, who collected the data, and how (if applicable)
  - List any secondary data sources used (if applicable)
  - List performance measures used. Include process and outcome measures as appropriate.
  - o Describe how results were analyzed
  - Were any modifications made to the practice as a result of the data findings?

# 2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): \*

The objective of the program was to connect the overdose cases with a peer and connect them with treatment in efforts to reduce overdoses and costly emergency services for repeated overdose calls. To date we have responded to approximately 300 cases and linked 35% to needed treatment services. The peers capture data on all calls for service to include the routine demographic information, length of time followed in the community, and whether they entered treatment. Other data sources captured include overdose cases treated in the local emergency department and cases investigated by law enforcement. The number of overdose cases treated in the hospital and responded to by law enforcement have declined significantly (the month of October the number of cases treated in the hospital was 9 compared to 44 in the months of March and April). There has also been a decline in the numbers of overdose deaths. In addition the team reached out to 121 groups to educate regarding the COAT team. The data is reported to the funders twice a year.

#### Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.)

- · Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
  - o Describe sustainability plans

#### 1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): \*

□ NACCHO

**Exhibit Booth** 

The use of peers is key to this project as they are able to establish a close working relationship with the individuals in need. Buy in early on by partners is also key to the success of the program. Educating partners on the issues early on in the process of program development assists in establishing partner buy in. The funders are happy with the current outcomes and the decrease in the numbers of overdoses and deaths and are considering continuing funding for the project. With the decline in the numbers of people being treated in the Emergency room and the cost of emergency services the cost of the overdose epidemic is declining.

Additional information									
How did you hear about the Model Practices Program:: *									
☐ I am a previous Model Practices applicant	☐ At a Conference	NACCHO Website	✓ Public Health Dispatch	☐ Colleague in my LHD					

□ NACCHO

Connect

Colleague from another public

health agency

▼ E-Mail from

NACCHO

▼ NACCHO Exchange