BALTIMORE COUNTY MARYLAND
STRATEGIC PLAN
January-June 2015

The Drug and Alcohol Advisory Council (DAAC) and the Mental Health Advisory Council (MHAC) have merged to form the Behavioral Health Advisory Council (BHAC). The group meets monthly.

Vision

A safe and substance abuse-free community

Mission

To expand, strengthen and sustain an integrated prevention, intervention, and treatment system that will result in reductions in the incidence and consequence of substance abuse and related problems in Baltimore County.

Data-Driven Analysis of Needs

Baltimore County has adopted a Recovery-Oriented System of Care (ROSC) model as its "way forward" vis a vis substance abuse. The long-term outcome of this strategy is a reduction in the harmful use of alcohol and drugs and its related social, emotional and behavioral problems for youth, their families. And, as reported previously, in January 2010, the DAAC resolved to focus on prevention and early intervention strategies aimed at reaching youth prior to their entry into the juvenile justice and/or social services systems with added emphasis on intervention with girls at particular risk.

The DAAC recognizes, however, that systemic change—particularly in a large and diverse county—is not easily accomplished. Accordingly, DAAC members agreed that the best and most effective approach to a County-wide ROSC would be to identify a community that would benefit from a comprehensive approach to the problems identified above; and to undertake the pilot test of a model ROSC that would be developed, implemented and evaluated over a period of five years with incremental countywide expansion scheduled to begin in year five.

Data, such as that presented below, convinced DAAC members that the 21222 area should be their initial focus. The community struggles with substance abuse and addiction, juvenile and criminal justice involvement and child abuse/neglect referrals/removals at higher levels than other county communities. For example:

- *From 2005-2010, a 29% increase in admissions for substance abuse treatment occurred for adults, and a 70% increase occurred for adolescents who reside in the 21222 zip code area.*
- *The most recent available data related to the juvenile/criminal justice and child welfare systems from July 1, 2009 to June 30, 2010 reveal that t*wenty-two percent (22%) of youth adjudicated delinquent and placed on probation due to drug-related (non-alcohol) offenses resided in 21222 zip code. □
- Twenty-two and a half percent (22.5%) of adult arrests for drug charges were from Precinct 12 – North Point (21222); this precinct also had highest number of female juvenile and adult arrests for drug charges (36 girls, 265 women) during this same period.
- *From July 1, 2008 – June 30, 2010:*□ Fifteen percent (15%) of the youth (77 children) removed from their families (53 families) by the Baltimore County Department of Social Services due to

abuse/neglect were from 21222 area; and forty percent (40%) of those families (21 families) had substance abuse issues.

Priorities

Goal I: Develop and enhance system capacity to implement programs and services that meet unmet and emerging needs

Goal II: Strengthen and integrate the components of the system of care

Goal III: Sustain a comprehensive system of prevention, intervention, and treatment services that prevents/delays first time use and provides timely access to intervention and treatment services to reduce the negative consequences of substance abuse

Goals

Goal 1: Develop and enhance system capacity to implement programs and services that meet unmet and emerging needs.

Objectives:

- Continue to assess needs on an ongoing basis
- Prioritize communities and program/service needs
- Improve knowledge and understanding of DAAC agencies/organizations of research-based best practices that can address the needs of target populations

Performance Targets:

- Resource matrix updated by June each year
- *Pathways to Progress* updated each year
- New best practice programs implemented and designated on Resources Matrix

Progress:

July 2015 Update:

Continuation of ROSC Implementation:

One Voice Dundalk Advisory Group is now the One Voice Dundalk Advisory Coalition. The Coalition's three goals for 2015 were to:

1. *Develop a myth buster fact sheet for the community regarding the misconceptions surrounding substance use disorders and the recovery process to reduce stigma.*
2. *Participate in/sponsor community events: 2nd Annual Recovery Fair (9/15) & Dunfest (5/15) to outreach/educate the public.*
3. *Increase connectivity among recovery resources to improve the continuum of care.*

Integration of MHAC and DAAC:

Although the organizations merged—de facto—into the Baltimore County Behavioral Health Advisory Council (BHAC) two years ago, and although both focus on and are called on to address behavioral health issues, challenges, and systems of care, each has a different charter and governing authority. During the reporting period, BHAC members devoted a considerable amount of time and attention to an official merger of the two organizations—a merger that would codify the informal structure. To that end, membership requirements of both organizations were reviewed and analyzed and membership terms considered. (See Attachments A and B). The discussions will continue in the upcoming months.

January 2015 Update:

The One Voice Dundalk Advisory Group has changed its name to the One Voice Dundalk Coalition. As previously reported, the group is now comprised of persons in recovery and family members. The Youth Recovery (ReDYSCovery) and Prologue RCC opened in their new locations, increasing system capacity.

July 2014 Update:

The ROSC Initiative:

As reported under Goal III, the ROSC initiative is expanding in Dundalk as well as throughout the County.

Overdose Prevention Plan:

See Separate Report Attachment C

January 2014 Update:

The ROSC initiative

The One Voice-Dundalk advisory committee, once comprised of professionals, is now a group of persons in recovery and their family members, with staff support provided by BBH. This evolution is an integral part of the DAAC Five-year plan for Dundalk.

Peer Recovery Specialists (PRS) and advocates have expressed concern about the State-level discussion with regard to “medicaiding” outreach services of the peer recovery support program. Should this occur, the services will be reimbursable under Medicaid; however, programs assert this is antithetical to the program’s mission.

Overdose Prevention Plan

See Separate Report Attached

July 2013 Update:

The Resource matrix has been updated and is appended to this Strategic Plan.

Currently, the ROSC initiative is centered in Dundalk and a 3-5 year long range plans guides the objectives and activities. Given the (slow yet steady) progress of this initiative and the fact that it targets a small segment of the County's residents, members discussed the possibility and advisability of "seeding" ROSC activities in other communities in Baltimore County. After discussion, members agreed that the focus should remain on Dundalk for the anticipated 3-5 years. Data from the recent Southeast Community Needs Assessment will be considered if and when this decision is revisited.

In response to ADAA's request, Baltimore County prepared an overdose prevention plan. This plan, which will be under the purview of the DAAC, is currently focusing on children and young adults who are "prescription shopping" in medicine cabinets. A press event will be held to roll out the new Prescription Drug Box initiative. Secure drop boxes have been purchased for all 10 County police precincts; and will be placed outside each station and anchored. County residents will be able to drop off prescriptions any time of the day or night, and will not have to wait for special "prescription take back" days as in the past. The Health Department and Baltimore County Police Department (BCPD) have agreed on a disposal strategy, whereby BCPD has assumed responsibility for disposal of the drugs placed in the boxes; and will make available data on the types/quantities of drugs deposited, but will not reveal any information about prescription holders.

January 2013 Update:

A preponderance of DAAC activity with regard to system capacity during the reporting period focused on increasing awareness of members about substance abuse issues and changes in the behavioral health system in the County and State.

The growing problem of K2-Spice was brought to the attention of DAAC members following calls from County parents reporting the use by youth of synthetic marijuana; resultant overdoses; and lack of legislation banning the substance. A DAAC workgroup convened on 8/29/12 to develop recommendations to present to the Health Officer. Discussion revealed that the substance is easily accessible and is sold everywhere (including botanical and organic stores); there are no age restrictions on its purchase; laws that cover the basic compound from which the various analogs spring have been proposed, however the labs cannot test for all of the different analogs. Thus a law can stipulate the compound is illegal, but if there is not a test to detect the substance, the law has no practical effect.

A DAAC member noted, however, that Spice/K2 is banned in Pennsylvania which allows police to seize products. Even so, without such legislation in Maryland, there is no incentive to refrain from selling the product. As well, the DEA reports that sellers have the "next" product ready as soon as a particular analog is banned. The Department of Health and Human Services has recommended that Baltimore County not take a stance with regard to outlawing K2/Spice, but rather raise community awareness of the problem.

The full DAAC supported the workgroup's report which focused on an environmental education approach—with a public health and public safety focus—as the best way to address the issue, and included several

recommendations and a timeline. A key point from the public health perspective is that the chemicals are bad for you; and from an economic perspective, that community groups should not want their local markets selling these products.

Specific workgroup recommendations included:

- Developing a fact sheet on Spice (attached) and engaging schools and parent groups
- Convening an epidemiological task group to study the impact on the County
- Empowering the community to resist selling the substances in their

The fact sheet was shared with the Board of Education; and a well-received training for professionals was held November 9th to raise awareness of this growing problem. More training events in the future will be coordinated through the Bureau of Behavioral Health (BBH) Prevention Services Program.

It was agreed that consumers, PTAs and schools might be instrumental in the effort to address K2/Spice by informing vendors that consumers may discontinue using their services if they continue to sell products of this nature. BBH staff will discuss the current issues with the State's Attorney in an effort to determine the legality and liability the corporations are incurring by allowing their local stores to sell K2/Spice and other similar synthetic drugs. A suggestion was made to appeal directly to corporations (such as Exxon, Royal Farms, Quick Marts) advising them of their potential liability in this regard. One Voice members expressed willingness to confront businesses that sell K2/Spice.

On a related issue, BBH has been asked by ADAA to consider the reasons for an increase in overdoses during May and June 2012. BBH asked DAAC members whether Spice appeared to be a factor. Members agreed that a need exists for more specific information about the overdoses (e.g., gender, age, location, etc.) before any conclusions can be reached.

DAAC members followed the progress of the State's Behavioral Health Integration process, and noted that, on the administrative level, behavioral health and mental health will be merged within the year on DHMH's organizational chart. At the November DAAC meeting, members considered creation of an integrated Behavioral Health Council that would merge the Drug & Alcohol Abuse and the Mental Health Advisory Council.

A motion was made and seconded to merge the Councils. After brief discussion, the motion passed. The Office of Law will review the mandates of each Council and, it is anticipated that, by 2013 a merged Behavioral Health Council will be in place. DAAC members opined that the newly merged Council may allow the group to create an intervention that could reduce the number of completed suicides. Among the pertinent questions such a merged group might ask are: Was the individual a Veteran? What were the family dynamics? Did the individual have an underlying mental health issue that may have contributed to their suicidal tendency?

The Baltimore County ROSC initiative is on track to meet stated goals. As the number of County staff attending *One Voice-Dundalk* meetings has decreased, the number of community members attending has increased. *One Voice* is developing community relationships which will empower the community and allow them to take ownership of the program and look less to the Health Department for guidance. As part of the *One Voice* Strategic Planning process, the group identified approximately 20 unique neighborhoods within the Dundalk area 21222 and 21224 zip codes, each with its own sense of community pride that keeps them apart from neighboring communities. This neighborhood separation (and in some cases isolation) has made it

difficult to make inroads into the myriad of problems facing the community. Accordingly, the Strategic Plan focuses on reaching out to the leadership of these community groups and encouraging them to join *One Voice*. The focus of the group is on improving the health of the community, with the aim of effecting a culture shift in Dundalk—a phenomenon, according to the Learning Collaborative, necessary for sustainability.

DAAC members considered the ADAA grant announcement for an adolescent club house and a housing program; and agreed that the timing was not optimal. However, DAAC members were asked to think about how this program could be implemented in the County as ADAA has indicated that another round of funding was on the horizon. Members suggested considering locating such programs at schools as they are—for the most part—empty after school and on weekends; approach alternative schools to ascertain their interest in such a program; and working with the school system to frame the possibilities.

As well, Dundalk Youth Services (DYS) is in the process of purchasing and moving to a new building, which will possibly result in expansion of the ROSC initiative to include services for recovering youth. DYS will respond to the next round of ADAA funding for a youth clubhouse. In a further effort to increase youth participation in/input to *One Voice*, the creator of *Sober Swag* on Facebook will be joining the group and plans to assist with implementing the youth oriented program. And, executive director of DYS is a member of the County's MSPF Initiative.

The efforts described above are consistent with the ROSC Strategic Plan to develop and empower a community to make a difference.

Estimated Dollar amount needed (or received) to accomplish goal

$90,000 needed

Updates from July 2012 and prior were previously submitted.

Goal II: Strengthen and integrate the components of the system of care

Objectives:

- Improve system wide information flow through updates/integrated communication strategies/systems
- Establish/improve system wide referral mechanisms through formal and informal agreements and procedures

Performance Targets:

- Number of hits on web site
- Number of listings/comprehensiveness of listings
- Annotated list of programs

Progress:

January 2015 Update:

Merger of the DAAC and MHAC has significantly improved the communication between the substance use disorder and mental health systems, and has encouraged joint response to issues and planning of events. For example, at the September BHAC meeting, participants discussed how they (as individuals and organizations) can have input into COMAR with regard to behavioral health integration; explored the proposed legislation with regard to the definition of "dangerousness" and the dangerousness standard for involuntary admissions and emergency evaluations of individuals with mental disorders; and considered the "unintended consequences" emerging from the State Law with regard to decriminalization of marijuana possession (i.e., that first time offenders in possession of 10 grams or less of marijuana, who previously were eligible for diversion—including screening and referral as appropriate—appear to be given community service but no treatment, whereas diversion to treatment had been the norm prior to passage of the law). BHAC members agreed that this change results in a "missed opportunity" to identify and address substance use problems. At a subsequent meeting, members continued their discussion about marijuana decriminalization, noting that even the offenders who are required to be assessed/evaluated are not tracked; thus there is no way to assure that they are receiving any sort of substance abuse intervention, which was a condition of diversion before the new law. .

July 2014 Update:

Plans are underway for a Mental Health Town Hall to be held on October 9th at Oregon Ridge. A BHC subcommittee has been formed to organize this event which will be consumer-focused (as was the event last year).

January 2014:

July 2013 Update:

DAAC meetings continue to provide a forum for exchange of information regarding substance trends in general and trends and issues within the County. The January 2013 update highlighted efforts in the County to understand and respond to the emerging K2/Spice use. Members noted that the issue arises on occasion in Juvenile Drug Court; and without a seismic event, members agreed, not much will change. Meanwhile, legislation dealing with K2/Spice is being considered at both State and Federal levels. The Bureau of Behavioral Health hosted a second training seminar for providers on K2/Spice during the reporting period.

January 2013 Update:

Public events highlighted substance abuse and mental health issues during the reporting period:

- A Mental Health Town Hall held Wednesday, October 31st, from 10 am-1:30 pm at Oregon Ridge State Park. The theme of the program was "Living Examples," a celebration of recovery. The event attracted consumers; and lunch will be provided.
- The Candlelight Vigil of Hope held November 29, 2012, sponsored by MD MADD. In previous years, the BBH organized and coordinated this event. This year, in keeping with the County's move towards

community ownership of programs and events, BBH staff provided guidance to the local MADD chapter which assumed responsibility. See attached flyer.

Estimated Dollar amount needed:

$2,000 needed

Updates from July 2012 and Prior were previously submitted.

Goal III: Sustain a comprehensive system of prevention, intervention, and treatment services that prevents/delays first time use and provides timely access to intervention and treatment services to reduce the negative consequences of substance abuse

Objectives:

- Facilitate continuous evaluation and improvement of programs
- Seek adequate funding to develop, implement, maintain and expand research-based and effective programs
- Build and maintain community support for the comprehensive system of care through a large-scale social marketing campaign(s)

Performance Targets:

- Assessment of data collection status
- Development of evaluation strategies and plans
- Funding requests responded to
- New programs initiated
- Existing programs expanded

Progress:

July 2015 Update:

Expanded attention to opioid misuse and overdoses/fatalities:

The Baltimore County application for Opioid Misuse Prevention Program (OMPP) funds was approved in late December. Throughout the current reporting period, attention was directed to conducting a Needs Assessment for the OMPP and developing a Strategic Plan to address opioid misuse and opioid-related overdoses in Baltimore County. Needs Assessment activities were discussed at BHAC and other meetings of key players in the substance use disorder system of care (e.g., at meetings of the Combatting Underage Drinking, CUD, Coalition which serves as the MSPF Coalition). The Needs Assessment was submitted to the

Behavioral Health Administration (BHA) on April 30th, and approved in mid-May. Subsequently, an OMPP Strategic Plan was developed and submitted to BHA on June 30th. Approval was pending at the end of the reporting period; the Plan was approved subsequently—on July 17, 2015.

The Strategic Plan incorporates the elements of the 2013 Overdose Prevention Plan (OPP) that are consistent with OMPP goals and objectives. (See Attachment C for OPP updated as of July 1, 2015.) As the table below displays, the Plan focuses on intervening variables and contributing factors that were identified through the Needs Assessment process as key to addressing opioid misuse and opioid-related overdoses and deaths in Baltimore County. The table also identifies strategies that continue and/or expand the2013 Overdose Prevention Plan.

Baltimore County 2015 OMPP Needs Assessment/Strategic Planning

Intervening Variable	Contributing Factor(s)	Strategies	Relationship to OPP goals and strategies
Retail Availability	Lack of prescriber knowledge about and appropriate action with regard to, opioids	Prescriber and dispenser education Dispenser outreach	**Goal 2: Improve relationships between the Department of Health and Private Substance Abuse Providers.** *Outreach to private providers to improve communication and assess their knowledge and practice of overdose prevention principles* **Goal 5: Increase knowledge base of all prescribers about opioid abuse, addiction, prevention and treatment.** *Engage medical community to provide education and information on overdose risks; screening, brief intervention and referral to treatment (SBIRT); safe prescribing practices; and the Prescription Drug Monitoring Program (PDMP)*
	Insufficient prescriber utilization of PDMP data	Enrolling prescribers and dispensers in CRISP to access PDMP data Prescriber and dispenser education	**Goal 5: Increase knowledge base of all prescribers about opioid abuse, addiction, prevention and treatment.** *Engage medical community to provide education and information on overdose risks; screening, brief intervention and referral to treatment (SBIRT); safe prescribing practices; and the Prescription Drug Monitoring Program (PDMP)*

	Lack of patient/community awareness of (and curiosity about) the physical risks of opioid use	Social marketing/media campaign on risks of opioid use	**Goal 1: Increase Community Awareness of Opioid Abuse, Prevention and Treatment** *Collaboration between Department of Health Treatment, Prevention and ROSC Managers and programs to plan and implement a Public Awareness Campaign in Baltimore County focusing on opioid risks; safe storage and disposal (including use of drop off boxes)*
Social Availability	Lack of knowledge of proper storage and disposal of opioids	Social marketing/media campaign on proper storage and disposal of opioids Promotion of prescription drop-off boxes	**Goal 1: Increase Community Awareness of Opioid Abuse, Prevention and Treatment** *Collaboration between Department of Health Treatment, Prevention and ROSC Managers and programs to plan and implement a Public Awareness Campaign in Baltimore County focusing on opioid risks; safe storage and disposal (including use of drop off boxes).* *NOTE: Although this strategy was fully implemented, data gathered by the Maryland Public Opinion Survey 2015 documents lack of knowledge and awareness of opioid-related issues and responses. Thus, the OMPP incorporates a continued emphasis on community education.*

Other OPP goals continue to be a focus of Baltimore County's response to opioid misuse and opioid-related overdoses and deaths. As noted elsewhere, a Lethality Review Team has been established and held its first official meeting on June 19th. (OPP Goal 3). As well, naloxone training continued during the reporting period and is expected to continue in FY '16 (OPP Goal 4).

During the second half of FY 2015, the BBH Peer Recovery Specialists (PRS) served 354 (unduplicated) peers and 67 (unduplicated) family members. Data for the year document unduplicated counts of 668 peers and 131 family members. The 3 part-time peers (20 hours each) embedded in the 3 Epoch treatment locations served a total of 274 unduplicated peers who were in treatment at Epoch in FY 2015; The Center, the youth recovery center aka "clubhouse", served 27 unduplicated youth and 40 family members; and, the 2 Recovery Community Centers (RCC) served 230 unduplicated peers. Both The Center and the RCCs have only part-time hours due to limited funding.

The BHAC is following the situation with regard to Medicaid reimbursement for PRS activities. It is hoped that changes in reimbursement policies will allow for expansion of PRS services.

January 2015 Update:

Fiscal year 2014 data (not previously reported) documents that the Behavioral Health Peer Recovery Specialist (PRS) Outreach team served 285 peers and served 80 family members. During the first six months of FY 2015, the PRS Outreach Team has served 370 individuals (286 peers and 84 family members—unduplicated count) documenting a substantial increase in this program/service. The Recovery Fair was held in September and, while attendance was low, networking was positive and successful.

BBH PRS continue to receive incoming calls and make referrals as appropriate; and meet with family members to facilitate their (and the client's) entry into an active recovery program. As well, PRS encourage family members to attend Naloxone training, the CRAFT program, Al-Anon, or other support programs. During the reporting period, an increasing number of youth were served, with a core group of 4-5 youths attending regularly. One Voice Dundalk Coalition members agreed to call the ReDYSCovery center an "activity" center in order to minimize possible stigmatization for the youth.

BBH applied for Opioid Misuse Prevention Plan (OMPP) funding to significantly expand and strengthen the County's opioid response program. The first phase of the program is intended to update the needs assessment that informed the Overdose Prevention Plan (OPP) and revisit/revise/expand the County's response to opioid misuse.

July 2014 Update:

The prior update provided highlights of the expansion of the Peer Recovery Specialist (PRS) cadre, including a 4-person BBH team, whose members work at the Detention Center, Community Supervision, and the VA, and three PRS at Epoch Counseling Center. It is anticipated that placing PRS at the Detention Center will help reduce the rate of recidivism as clients leaving detention now have facilitated access to recovery services in the community. The BBH also awarded funds to Affiliated Santé to hire PRS to assist with their hot line and provide technical assistance to individuals for substance abuse issues.

During the past six months, the County has also expanded the ROSC initiative in Dundalk with the launch of the Dundalk Youth Recovery Center, ReDYSCovery Center, which was introduced to the community at a Family Orientation and Picnic at Heritage Park. In addition, the strategies put in place in the 21222 zip code are now being replicated elsewhere with the opening of a new Recovery Community Center (RCC) at Prologue in the northwest area of the County, which employs a peer recovery specialist coordinator and two part-time PRS.

Since January, the Dundalk RCC served 65 (unduplicated) individuals who made 1,075 visits to the center. As well BBH peer recovery specialists (PRS) hired during the reporting period served 129 individuals (adults 18+) in 238 encounters, and 33 family members with a substance use disorder in 51 encounters. Epoch Counseling Center's PRS provided 402 encounters to individuals (adults 18+) in treatment.

The Dundalk RCC has developed a rapport with Bayview's three day detox program. This connection allows for discharged individuals to be sent to the RCC where they can then begin working with a peer to begin

receiving additional services. As well PRS can assist in connecting peers with services before a hospital visit.

January 2014 update:

The cadre of Peer Recovery Specialists has expanded during the reporting period. The Bureau of Behavioral Health Peer Recovery Specialists (PRS) will be increased to a team of four, all of whom will be State certified as PRS. One PRS is currently embedded in the Parole & Probation office two days a week and working to engage individual to get into a recovery program; as well, one of the new PRS will be stationed in the courts. Epoch has hired a 3rd PRS.

Utilization of the One Voice-Dundalk Recovery Community Center (RCC) continues to expand as word spreads through the area about the services and resources available. A second RCC, One Voice Northwest, will be opening in January 2014 at Prologue, Inc.

Data show expanded use of PRS services and the RCC. For example:

- *During October, PRS received 220 substance abuse help calls and outreached to 39 new peers*
- *The Dundalk RCC saw 57 unduplicated adults in October, 7 of whom were new to the center. One individual was suffering from alcohol withdrawal and staff were able to place him in treatment.*
- *The RCC had 172 visits in November and served Thanksgiving dinner to 21 individuals.*

These successes notwithstanding, One Voice-Dundalk continues its outreach activities. Of note:

- *Visits to the 27 different communities within the Dundalk/21222 zip code, with subsequent outreach to include an educational program for the local community college*
- *An open house in the near future inviting neighborhood residents to visit the facility—another strategy that draws on the community's ways of communicating.*
- *One Voice Dundalk advisory group and Dundalk community college are considering holding a free open-to-the-public event, as residents accept services/programs based on the "vetting" provided by family, neighbors and friends. Target date for this event in September 2014—Recovery Month. One strategy to get the word out to the community is Dundalk TV on YouTube (a One Voice member's special interest).*
- *Participating in a community clean up at Veterans Park in coordination with Dundalk Renaissance Corporation.*

An RFP for a Dundalk-based Youth Recovery Community Center was posted and one bid received by the end of the reporting period. The expectation is that the Center will contribute to a cultural shift in the community starting with youth. An RFP to conduct evidence-based parenting programs (All Stars and All Stars Teens) resulted in award to two vendors who will implement workshops in spring 2014.

July 2013 Update:

One Voice Dundalk Recovery Community Center (RCC) has exceeded the goals and expectations that were initially established. As of April, the RCC had served 93 individuals during 425 visits. Follow up calls indicate that persons served are doing well. An RFP was issued for a new RCC; and one bid was received.

ROSC received additional funding in FY '13 for three additional Peer Recovery Support Specialists (PRCCs). One PRCC joined the *One Voice Dundalk* RCC; along with a third peer advocate. Two PRCCs were hired by the BBH to conduct outreach throughout the County. They interface with interface with community support, the Detention Center, providers, and DSS to assist persons who are exiting residential treatment/detention or are on probation; and will provide peer intervention to help the individuals access the next [appropriate] level of care. As well, Epoch has hired two part time PRCCs for a similar purpose. The expectation is that the PRCCs will be instrumental in facilitating an increase in the number of individuals accessing substance abuse services. During the month of March, the newly-hired PRCCs responded to 134 calls from constituents in need of recovery services and/or their families. The Peer Recovery Support program is expected to expand in FY14

One Voice Dundalk is considering applying for ADAA funds to expand services to include adolescents.

The modified Therapeutic Community program in the jail is demonstrating a 28% rate of recidivism as opposed to 50% without program participation. Given this outcome, judges appear to be imposing jail sentences as a pathway to the Therapeutic Community. Detention Center staff anticipate that, as a result, the number of incarcerated individuals will increase—in an effort to get them into the program. DAAC members were asked to develop a set of guidelines to assist judges when sentencing, outlining alternatives to incarceration and highlighting alternative resources within the community. START, which provides substance abuse and mental health counseling as well as case management for women at the jail, is also showing important outcomes with a 16% recidivism rate as compared with the usual 50-60%.

January 2013 Update:

The Dundalk Recovery Community Center (RCC) is making progress. Consumers are coming in for assistance; and a volunteer visits the local park to reach out to homeless persons with addictions in an effort to encourage them to come to the RCC. A Race to Recovery held September 16th, attracted more than 100 people, of whom 75 signed in.

BBH applied for and received funds for expansion of the RCC. The RFP for a second recovery center outside the 21222 zip code is in process, and a vendor will be announced soon. As well, a request has been made for two 34-hour (special payroll) peer recovery specialists, under the supervision of BBH staff, which will make possible county-wide availability to treatment programs, to hospitals for outreach for hard to reach clients, and for assistance to consumers in navigating the system. Interviews are underway.

The Department of Corrections will assume financial support of the GOCCP-funded women's program; and Baltimore County is exploring a program for inmates who are requesting methadone and potentially starting them on the program prior to their release from the facility. This program is akin to an Anne Arundel County Jail pilot program for individuals who were in a Methadone Program while in the community that would continue methadone maintenance during the inmate's incarceration. The results have been promising: when the inmates leave the facility, about 85% of them seem to be continuing with the program and are more likely to remain clean.

Suboxone continues to be a problem within the jail. Prison officials have changed incoming mail protocol in an effort to address this on-going issue. In the effort to reduce the availability of Suboxone in the jails, the following items are no longer allowed to be sent or given to inmates: glitter, pictures and greeting cards. Howard County has begun issuing khaki pants and polo shirts to inmates when they appear in court because

the inmates were securing the Suboxone within their property. Suboxone is a statewide issue in the detention centers.

Estimated dollar amount needed:

$21,000,000 needed

Updates from July 2012 and Prior were previously submitted.

Attachment A: MHAC and BHAC Membership Requirements

House Bill No 319 (7/1/91) for **MHAC;** Chapters 237 and 238 of the Acts of the General Assembly of Maryland of 2004 for **DAAC**

Purpose:

MHAC- *To serve as an advocate for a comprehensive mental health system for persons of all ages.* (Constitution, 1979, Amended 1982, 1998)

DAAC- *Develop a comprehensive, coordinated, and collaborative approach to the use of State and local resources for prevention, intervention and treatment of drug and alcohol abuse among the citizens of Baltimore County. Promote coordinated planning and delivery of Baltimore County drug and alcohol abuse prevention, intervention, evaluation and treatment resources.* (Executive Order, 11/18/04)

Membership: Refer to handout.

Terms:
MHAC- 3 years, starting in July of year of appointment. Maximum term is 6 consecutive years.
DAAC- 4 years; for ex officio – as long as in office.

Chairperson:

MHAC- elected at June meeting of the council for a 2-year term effective the following September. Maximum term is 4 consecutive years.

DAAC- Health Officer of the Department of Health and is a standing position.

Composition:

MHAC- Non-Voting members: Health Officer, BBH Chief, representative of DHMH inpatient facility that serves the County, representative of local general hospital w/designated state inpatient beds; Voting members: 5-7 members as noted on handout, and an additional 5 members as noted on handout.

DAAC- Non-Voting member: BBH Chief**;** Voting members: as noted on handout.

Meetings:

MHAC- 3rd Friday of every month, except July and August; Health Officer shall provide staff services to the Council and facilitate the work.

DAAC – as frequently as required to perform its duties but not less than once quarterly; staff assistance shall be provided by the Department of Health, Bureau of Behavioral Health (formerly the Bureau of Substance Abuse).

Attachment B: BHAC (MHAC and DAAC) Membership as of May 2015

Membership Affiliation	Organization/ Agency	Representative/ Designee	Expiration
Non-Voting Members			
MHAC/DAAC	County Health Officer (Chair)	Dr. Branch	Ex Officio
MHAC/DAAC	BBH Bureau Chief	Phyllis Hall, Acting	Ex Officio
Voting Members			
MHAC/DAAC	Representative of County Executive	Vacant	Ex Officio
MHAC/DAAC	Representative of County Council	Vacant	Ex Officio
MHAC/DAAC	Director of local DSS	Dr. Branch/Jaamal Moses	Ex Officio
MHAC/DAAC	Regional Director DJS	Matthew Fonseca/Cellina Falline, Tim Wrightson	Ex Officio
MHAC/DAAC	Regional Director Community Supervision (P & P)	Joe Clocker/Wanda Ratliff	Ex Officio
MHAC/DAAC	County State's Attorney	Scott Shellenberger	Ex Officio
MHAC/DAAC	County Public Defender	Donald Zaremba	Ex Officio
MHAC/DAAC	President Board of Education	David Uhlfelder/ Tim Hayden	Ex Officio 6/30/2013
MHAC/DAAC	Chief of Police	James Johnson/ Stephen Gossage	Ex Officio 6/30/2013
MHAC/DAAC	3 current/past clients (2 MH + 1 SA)	Denise Camp Robert Stockfield Vacant	6/30/2013 6/30/2014
MHAC/DAAC	Clergy	Vacant	
MHAC	Department of Aging	Barbara Korenblit	Ex Officio 6/30/2014
MHAC	DHMH inpatient facility	Denise Goldberg	Ex Officio
MHAC	Local general hospital w/designated state inpatient beds	Vacant	Ex Officio
MHAC	Local general hospital w/inpatient psychiatric unit	Vacant	
MHAC	Mental Health professional	Vacant	
MHAC	Practicing physician(s)	Vacant	
MHAC	1 relative of adult w/MI	Bette Stewart	6/30/2013
MHAC	1 relative of child w/MI	Vacant	
MHAC	Community Rehabilitation/Housing	Dr. Branch	
MHAC	Local Mental Health Association	Joann Meekins	6/30/2013
MHAC	General Public	Vacant	

Membership Affiliation	Organization/Agency	Representative/ Designee	Expiration
DAAC	Director County Detention Center	Deborah Richardson/ Sharon Tyler	Ex Officio
DAAC	Administrative Judge-Circuit Court	Hon Kathleen G. Cox/ Tim Sheridan	Ex Officio
DAAC	Administrative Judge-District Court	Hon Alexandra N. Williams	Ex Officio
DAAC	Director Local Management Board	Don Schlimm, Acting	Ex Officio
DAAC	1 SUD prevention provider	Howard Resnick	10/1/2016
DAAC	2 SUD treatment providers	Dr. Glass Jim Perrone	9/19/2016 9/19/2016
DAAC	1 individual knowledgeable and active on SA issues that affect the County	Vacant	
DAAC	1 other individual knowledgeable about treatment of SA in the County (member of civic organization, Chamber of Commerce, health care professional organization or clergy)	Vacant	

Goal 1: Increase Community Awareness of Opioid Abuse, Prevention and Treatment

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
Community lacks awareness of opioid abuse, prevention and treatment	Collaboration between Department of Health Treatment, Prevention and ROSC Managers and programs to plan and implement a Public Awareness Campaign in Baltimore County	1) Explore the use of TV, radio, bus stop signs, etc. to educate the public about prescription drug abuse and the proper storage and disposal of medications. 2) Develop educational flyers on the safe storage and disposal of prescription drugs, opiate use and addiction and getting help, and Naloxone information for family and friends 3) Post information on Department of Health website on opioid abuse, prevention and treatment	1) *Place prescription drop off boxes at all police precincts by 9/1/13. Advertise their availability by 10/1/13.* *January 2015 Update: Fully implemented* *July 2014 Update: The Baltimore County website and tweets from the Office of the County Executive, continue to advertise availability of the drop-off boxes.* *January 2014: Prescription Drug Take Back Boxes were installed at all 10 BCPD precincts for residents to use as a safe and confidential way to dispose of unwanted, unused medications. The boxes are designed to prohibit people from removing items that have been placed therein. The police department removes and disposes of (by incineration) the items, and sends a monthly review of the overall contents and weight to the Bureau of Behavioral Health. At the time of this report, approximately 25 lb. /week of drugs are being deposited.* 2) *Execute at least one other advertisement/media announcement about prescription drug abuse and proper storage/disposal of medications.* *January 2015: Fully implemented* *July 2014 Update: Quantitative data are not available on the amount of drugs "deposited" in the prescription*

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			drop off boxes. However, anecdotal/qualitative data indicate that 3-4 boxes (20"x20"x20") packaged by local precincts are sent to a central evidence collection location per week. There is an ebb and flow in terms of deposits, and not every precinct send up a box each week. *The boxes are not weighed, and there is no special way of flagging them in the PD's evidence management system, so it is not possible to search the system to determine the precise number of boxes received. In addition, due to the frequent drug burns, a point in time count is not possible.* *The PD suggests another round of marketing as, overall, the quantity of drugs deposited appears to have diminished over the past few months.* *<u>January 2014:</u> Press Conference was held at the Cockeysville Police Precinct on Friday, September 27, 2013. Chief Johnson, Chief Hohman, Della Leister, Deputy Health Officer, and County Executive Kamenetz attended. A constituent disposed of a coffee can full of his recently deceased wife's medications, and was photographed using the new Prescription Drug Take Back box. Ads were run in local papers during the second week of October. The day before DEA Drug Take Back Day, all police precincts emptied their boxes. Anything collected on Take Back Day was credited to the DEA. Local Universities also hosted Drug Take Back days for their students. In December, another round of ads was placed in County media outlets, including local*

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			papers and patch.com, with the expectation that use of the drop boxes would increase. As well, a school representative distributed information on the drop boxes to all schools in the County schools. 3) *Distribute educational flyers at five health fairs or other events by 6/30/14.* *January 2015: Fully implemented* *July 2014 Update: Flyers were distributed to all behavioral health providers in the County* 4) *Prepare information to be posted on Health Department website by 10/1/13.* *http://www.baltimorecountymd.gov/Agencies/health/healthservices/substanceabuse/drugdropbox.html*

Goal 2: Improve relationships between the Department of Health and Private Substance Abuse Providers.

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
Department of Health does not currently have regular communication with private substance	Outreach to private providers to improve communication and assess their knowledge and practice of overdose prevention principles.	Treatment Coordinator will reach out to private providers in the County and attempt to engage them in this project by offering information and technical assistance.	1) *Treatment Coordinator will meet with five methadone and buprenorphine providers by 6/1/14.* *January 2015: Fully implemented* *July 2014 Update: The treatment coordinator met with three methadone providers (one public, two private) to discuss overdose prevention and offer naloxone trainings, including overdose prevention*

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
abuse provider community.			*information. The coordinator also offered to meet with staff.* *2) Treatment Coordinator will provide technical assistance and education to providers in overdose prevention.* *January 2015: Fully implemented* *July 2014: The treatment coordinator provided technical assistance and education to two providers (one public, one private)* *3) Invite one private provider to participate in Review Team.*

Goal 3: Baltimore County will have a Lethality Review Team to review overdose deaths in the county and make additional prevention recommendations.

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
Lack of oversight for overdose deaths in Baltimore County	Plan and develop a Lethality Review Team, similar to the Child Fatality Review Team to review overdose deaths in the County.	1) In collaboration with the Baltimore County Mental Health Advisory Council and the Drug and Alcohol Abuse Council, invite key stakeholders to participate in the meetings. 2) Obtain individual level data from OCME office.	1) *Have initial meeting of Lethality Review Team by 11/1/13 to decide on goals and procedures of the group.* *July 2015 Update: The first official meeting of the Lethality Review Team was held on June 19th and was attended by representatives from the Baltimore County Departments of Health and Human Services, Police, Juvenile Services, Fire and Rescue Services,*

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			Aging, Public Schools, State's Attorney's Office, Social Services, as well as health providers, substance abuse treatment providers, and community foundations. *January 2015 Update: In September 2014, BBH held an information meeting about the Lethality Review Team. Representatives from various agencies attended.* *January 2014: The Lethality Review Team is comprised of a representative from the Health Office, Police, Fire, EMS, Physicians, Board of Education, Hospital(s), OCME and the State's Attorney's office; and will be fully operational by January 2014. At this time, the Lethality Review Team is gathering statistics in an effort to provide prevention recommendations for reducing the number of overdose-related deaths. The team is finding it difficult to access some important data systems.* *2) Continue to meet according to agreed-upon schedule.* *Most members of the Lethality Review Team have been identified. An initial meeting in January had to be rescheduled, date and time TBD.* *July 2015 Update: Next meetings scheduled for August 21, 2015 and September 18, 2015.* *3) Review overdose deaths and make recommendations for additional prevention activities based on findings.* *July 2015 Update: Review of overdose deaths will*

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			commence at future meetings. The June meeting was introductory and explanatory. First case reviews will occur at August 21, 2015 meeting. *January 2015 Update: Lethality Review Team has not met to review any cases as of January 2015.* *July 2014 Update: During the reporting period, the Lethality Review team was given permission to access OCME data. Team members planned to begin reviewing cases. The data are highly confidential and team members are held to the highest standard with regard to their ability to share data with other members. Data points to examine are cause of death, age, race, sex, etc. As of June 30th, the Team continues to experience difficulty accessing the needed statistics, and will meet in September with County department heads and other content experts.*
		3)	*4)*

Goal 4: Make Naloxone information available to family and friends of opioid addicted individuals so they can assist in reversing a potential lethal overdose.

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
Friends and family members are not able to utilize	Educate and certify individuals who are able and appropriate to administer Naloxone	1. Identify who will conduct the training to certify individuals to administer the medication. 2. Educate the medical	*1) Conduct at least two trainings to certify individuals to administer Naloxone by 6/30/14.* *July 2015 Update: Since the program started in June of 2014, 23 trainings have been held and 394 people have been trained.*

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
Naloxone to protect those who are at risk for overdose		community to prescribe Naloxone to family members and friends.	*January 2015 Update: BBH received a second grant from the State to continue offering Naloxone training, and events were planned/held in October, November, and December. As well, BBH worked with the Baltimore County Police Department to train staff in Naloxone administration.* *Between July 1, 2014 and December 31, 2014, BBH has conducted 10 Naloxone trainings, certifying 164 individuals. Of those trained, 130 received the medication, 260 doses of which were dispensed. Information on the risks of relapse/overdose among newly-released inmates was shared with family members of detainees.* *July 2014 Update: During the reporting period, BBH conducted 5 official Naloxone trainings: two in community settings, two at methadone programs, and one at a residential treatment site for parents and significant others. The training includes a PowerPoint presentation, a full demonstration with rescue dummies and a review of recovery positioning. Eighty-five individuals completed the training and were issued certificates, which allow them to obtain a prescription to carry and administer Naloxone to anyone suspected of having overdosed on an Opioid. Fifty-two doses of Naloxone were given (at no charge) to certified individuals at the conclusion of the training.* *BBH is working to secure more funding so that the*

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			training is an ongoing service of the Bureau (with training conducted every other month). The Bureau is also working with the state legislature regarding who can write prescriptions, and with the police regarding how to provide/support training for law enforcement officers. *Certified individuals have been asked to notify Behavioral Health or Poison Control when they use their Naloxone.* *<u>January 2014:</u> Delay of SB 610 regulations has affected implementation of naloxone training. The County will seek funding to implement this training, which will be conducted by the BC Department of Health. As a part of the training, individuals will be given instruction in basic CPR along with an overview of what they can expect to happen after administering the Naloxone/Narcan. The cost of the Naloxone/Narcan is $20.00 per prescription if purchased in bulk quantities. Currently Baltimore County EMS units carry Naloxone as a part of their "crash kit".* *2) Send letter to community prescribers educating and encouraging them to prescribe Naloxone to family members* *<u>July 2015 Update</u>: In progress. No updates to report at this time.* *<u>January 2015 Update:</u> This process is just beginning.*

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			July 2014 Update: Treatment providers shared information about Naloxone with family members of persons using opioids. As well, a support group of parents who have lost children and/or family members to overdoses was established.

Goal 5: Increase knowledge base of all prescribers about opioid abuse, addiction, prevention and treatment.

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/ Results
Prescribers lack knowledge about opioid dependence	Engage medical community to provide education and information on overdose risks; screening, brief intervention and referral to treatment (SBIRT); safe prescribing practices; and the Prescription Drug Monitoring Program (PDMP)	1) Obtain list of all prescribers in the County, including physicians, nurse practitioners and dentists. 2) Prepare letter to send to prescribers 3) Provide Grand Rounds trainings at local hospitals	1) *Mail letters to prescribers by October 1, 2013.* *July 2015 Update: In progress, partial lists of prescribers obtained.* *January 2015 Update: This process is just beginning.* 2) *Provide Grand Rounds for at least two local hospitals by 6/30/14.* *July 2015 Update: No updates to report at this time.* *January 2015 Update: This process is just beginning.* *July 2014 Update: Due to the rollout of the Prescription Drug Monitoring Program (PDMP) grand rounds were postponed.*

Baltimore County Department of Health
Healthy people, living, working, and playing in Baltimore County
Gregory Wm. Branch, M.D., MBA, CPE - Director, Health and Human Services
Baltimore County Executive Kevin Kamenetz and the Baltimore County Council

Baltimore County Behavioral Health Fair & Town Hall Meeting

Journey of Wellness & Recovery

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This event is an open forum that provides consumers and their families the opportunity to ask questions concerning behavioral health and related systems.

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Thursday, May 28, 2015
Oregon Ridge Park Lodge
13401 Beaver Dam Road, Cockeysville, MD 21030
10:00 a.m. to 1:30 p.m.

Exhibitors

Active Day Care of Timonium	410-560-6717
Aspire Wellness Center, Inc.	443-442-1568
Baltimore County Bureau of Behavioral Health	410-887-3828
Baltimore County Crisis Response System	410-931-2116
Baltimore County Dept. of Aging MD Access Point	410-887-2594
Baltimore County SHIP	410-887-2594
Baltimore County Dept. of Social Services	410-853-3000
Baltimore County Police Department	410-887-5823
Community Acupuncture	443-275-2050
Consumer Quality Team of MD	443-901-1560
Dundalk Youth Services Center	410-288-4356
Foundations Medical Adult Day Care	410-789-7772
Glass Health Programs	410-561-9591
Hearing Loss Association of America	410-318-6780
Helping Other People Thru Empowerment	410-327-5830
Maryland Coalition of Families	848-219-0292
Maryland Office of the Attorney General – Consumer Protection Division (HEAU)	410-576-7205
Mental Health Association of Maryland	443-901-1550
Mountain Manor Treatment Center	410-233-1400
NAMI – Metropolitan Baltimore	410-435-2600
National Pike Health Center	410-744-8100
On Our Own, Inc.	410-444-4500
Project Home/Adult Foster Care	410-853-3511
Prologue, Inc.	410-653-6190
Sheppard Pratt Health System	410-938-3157
Social Security Administration	410-965-1234
Value Options	800-888-1965

Acknowledgements

Baltimore County Department of Aging, Baltimore County Department of Health and Human Services, Mental Health Association of Maryland, NAMI-Metropolitan Baltimore, On Our Own, Inc., Prologue, Inc., Baltimore County Behavioral Health Advisory Council & the Planning Committee

Program

10:00 a.m.	Behavioral Health Fair Opens
10:45 a.m.	Welcome & Opening Remarks
	Phyllis Hall Acting Chief Bureau of Behavioral Health
	Gregory Wm. Branch, M.D., M.B.A., CPE Director and Health Officer Baltimore County Department of Health and Human Services
11:00 a.m.	Keynote Address
	What You Need to Know While Collecting Social Security and SSI Disability Benefits Matthew Baxter Public Affairs Specialist U.S. Social Security Administration
11:15 a.m.	Panel Discussion
	Moderator: Tony Wright Executive Director On Our Own, Inc.
12:15 p.m.	Lunch & Exhibit Hall
1:30 p.m.	Behavioral Health Fair Closes

Panelists

Jaanine Smith
Recovery Center Coordinator
One Voice Prologue, Inc.
410-653-6190

Kate Wyer
Deputy Director of Adult Programs
The Consumer Quality Team of Maryland
443-901-1560 ext. 230

Trina Brooks
Director of Program and Services
NAMI Metropolitan Baltimore, Inc.
410-435-2600 ext. 126

Marsha Parham
Executive Director
Baltimore County Office of Housing
410-853-8990

Denise Camp
WRAP Project Coordinator
Training Specialist
On Our Own of Maryland, Inc.
410-540-9020

Susan Kadis
Office of Consumer Affairs (recently retired)
Behavioral Health Administration