**Caroline County, Maryland**

**Local Drug and Alcohol Abuse Council**

**FY2017 - 2018 STRATEGIC PLAN**

**July 2017**

**Summary**

 The Local Drug and Alcohol Abuse Council (LDAAC) for Caroline County is charged with development and implementation of a plan that identifies the needs of the public and criminal justice system for alcohol and drug abuse evaluation, prevention and treatment services. With the transition of outpatient substance use treatment from grant to fee for service, it is important to strengthen the continuum of behavioral health care and address deficits.

In May, 2016 the LDAAC began meeting monthly to start the process of updating membership, recruiting, and revising the bylaws. Using the Results Based Accountability tool, the council collaborated with its valued partners to develop a vision and mission. During this planning period the council reviewed needs assessment data collected by the Local Management Board, an overdose intervention video presentation from Warden Colbourne and Mid Shore Opiate Overdose Prevention Plan. The group expanded its membership to include faith-based recovery advocates and newly appointed judges and attorneys.

The FY17-18 plan addresses the current priorities for the county. Updated goals and objectives outline strategies to be enacted by the LDAAC and its partners. The LDAAC is committed to adapting and responding to challenges and developing a robust array of individualized services and resources for the residents of the community.

**Vision Statement**

A system of care within Caroline County offering sufficient access and choice for integrated

behavioral health care and coordinated recovery services that promotes wellness and long-term

recovery for individuals with substance use disorders.

**Mission Statement**

To continually improve the system of integrated behavioral health care for the residents of

Caroline County.

**Priorities (not listed in order of importance):**

* ***Save lives and create a healthier community.***
* **Educate and assist citizens of Caroline County to live healthy and addiction free lives**
* **Develop and maintain a comprehensive integrated continuum of efficient and effective treatment services for behavioral health and substance use disorders.**
* Reduce the availability of alcohol to underage drinkers through Maryland State Prevention Framework (MSPF) activities and intervention strategies.
* Reduce the availability of opioids and reduce the number of opioid related overdose deaths through the Mid-Shore Regional Opioid Misuse Prevention Plan (OMPP) activities and intervention strategies.
* Make available Medication Assisted Treatment (MAT) services within the county.
* Support theimplementation of grant programs affecting Behavioral Health in Caroline County.

**Strategic Goal 1**: Promote access to a full continuum of behavioral health services and support through a system of integrated care where prevention, screening, and intervention are common practice across the lifespan.

**Objective 1.1** Reduce the availability of alcohol to underage drinkers through Maryland State Prevention Framework (MSPF) activities and intervention strategies

**1.1A** Advocate for county policy that ensure the use of county underage tobacco and alcohol sales fine revenue to support increased prevention and compliance checks by the county liquor inspector.

Recent substantial fine revenue was approved by the County Commissioners to be directed to the Sheriff’s Office for compliance checks. Plans are in the works to discuss asking the Liquor Board to make this an official ongoing recommendation.

**1.1B** Explore possible budget increase to Caroline County Sherriff’s Department to also complete compliance checks.

**1.1C** Attend and present at the Liquor Board meetings at least annually to become knowledgeable about their policies and processes, and need to increase county presence.

LDAAC members are invited to attend the August 2017 meeting of the Liquor Board for a general discussion of our strategic goals related to the reduction of underage alcohol use and opportunities for collaboration***.***

**Objective 1.2:** Reduce the availability of opioids and reduce the number of related overdose deaths. Support the implementation of the Mid-Shore Regional Opioid Misuse Prevention Plan (OMPP) activities and intervention strategies in Caroline County.

**1.2A** Ensure OMPP presentation at least annually to the LDAAC group.

Erin Hill presented to the group on 8/25/16 and will be invited to present again this September.

**1.2B** Ensure CCLDAAC representation at the quarterly OMPP regional meeting and report out to the LDAAC.

Health Department staff regularly attend these meetings and report to the full LDAAC any relevant information during their departmental update, which is a listed item on each LDAAC agenda.

**1.2C** Ensure Narcan Administration training and standing order for Narcan prescriptions.

Health Department staff is working to increase Narcan training in the community. The Chasing the Dragon community showings and conversation greatly increased the number of trainees.

The Public Library system has expressed an interest in Narcan training for their staff and will be trained in July. It will be mandatory for all managers, since a management level employee is always on-site at each branch, and encouraged for all line-staff. The library is a popular gathering place for those who are homeless, etc.

Information cards created for EMS and law enforcement to hand out in the execution of their duties include information on how to access Narcan training. 1,000 of those cards have been printed and shared with law enforcement and EMS agencies.

Outreach has occurred to our local community college regarding a program of opioid education and Narcan training that has been established in another county.

**1.2 D** Promote general public awareness of the Good Samaritan Law for medical intervention of overdose.

Information on the Good Samaritan Law has been incorporated into all public presentations of the LDAAC, and all outreach efforts of the Health Department prevention staff. Publicity materials have been posted in public locations. Information cards created for EMS and law enforcement to hand out in the execution of their duties include information on the Good Samaritan Law. 1,000 of those cards have been printed and shared with law enforcement and EMS agencies.

**1.2E** Engage and support the faith-based and civic recovery advocacy organizations.

Leaders and participants in the following groups are actively involved with the LDAAC’s efforts, either as members of the LDAAC or as invited presenters at community outreach and education events:

* Celebrate Recovery, a faith-based 12-step program
* Maryland Coalition of Families
* Maryland Heroin Awareness Advocates
* Mid-Shore Restoring Hope in Women
* Alcoholics Anonymous

The LDAAC has made significant progress in including individuals in recovery and families who have experienced addiction in setting the strategic goals of the LDAAC, its specific projects, and its leadership.

**Objective 1.3:**  Make available Medication Assisted Treatment (MAT) services within the county.

**1.3A** Repurpose the Wellness Mobile to become the Mobile MAT starting with Vivitrol.

The LDAAC met with a provider from Pennsylvania interested in expanding their mobile Vivitrol program to Caroline County. The provider has started the credentialing process. The LDAAC members remain actively engaged and get regular updates on the process, and have offered assistance in navigating any issues encountered. The Health Department has offered to use its clinic as the physical address needed for the credentialing process. The provider is currently facing resistance from the insurance companies.

The provider has evaluated the Wellness Mobile, and determined it isn’t suitable for its needs. The State, which owns the vehicle, has been informed it can proceed with disposal. The provider will be using/purchasing its own vehicle.

**1.3B** Explore opportunities to promote the use of Vivitrol with existing community partners, while exploring opportunities to bring new partners into the county.

The Detention Center has started a Vivitrol program, as has the Health Department. Patients have been effectively handed off from one agency to the other upon release.

LDAAC members have met with a new potential private provider of MAT, including Vivitrol to discuss their business model and interest in expansion of services to Caroline County. We expect follow up within the next 30 days. Providers in surrounding counties have reached maximum capacity.

**1.3C** Caroline County Health Department will promote development and implementation of tele-buprenorphine program in collaboration with University of Maryland Medical System (UMMS).

The Health Department has launched the program and is actively working to ensure its success and maximize participation, where appropriate for the patient. There are approximately 15 participants with 5 receiving Vivitrol.

**1.3D** Promote community-based provider delivery of MAT, and seamless transition from Caroline County Detention Center MAT to community-based MAT.

The Detention Center has started a Vivitrol program, as has the Health Department. Patients have been effectively handed off from one agency to the other upon release.

LDAAC members have met with a new potential private provider of MAT, including Vivitrol to discuss their business model and interest in expansion of services to Caroline County. We expect follow up within the next 30 days.

**Objective 1.4** Support theimplement of grant programs affecting behavioral health in Caroline County.

**1.4A** Support the Caroline County Health Department in completing the STOP grant application.

The STOP grant was applied for and received. The grant provides funding for: one full time substance use counselor in the detention center; one full time Community Health Outreach Worker (CHOW) that will work in the detention center and the health department; a full time CHOW for education and outreach; SUD counselor for 3 school and one licensed social worker for 3 schools.

**1.4 B** Caroline County Health Department will report the progress for STOP grant implementation at each meeting.

Progress reports are made each LDAAC meeting, and providers of services under the grant regularly attend LDAAC meetings directly and participate in the discussions.

**1.4C** Explore grant opportunities to support the priorities and objectives of the LDAAC; support the application and implementation of grant awards for behavioral health in the county.

In addition to grants applied for by individual agencies that participate in the LDAAC for services and training consistent with this plan, the LDAAC has applied for a grant to the Caroline Foundation to support the strategic goals of the group, with a focus on two specific broad areas: Prevention, Education, and Community Outreach; and Systems Improvement Planning/Sustainability. We expect to hear from the Caroline Foundation in the Fall 2017.

**Objective 1.5**. Develop and maintain a comprehensive integrated continuum of efficient and effective treatment services for behavioral health.

*While specific actions under each of the objectives in this section are difficult to articulate, these are broad themes that inform our approach and efforts on all projects, and are actively part of the discussion at all times.*

**1.5 A** Promote the availability of multiple levels of substance use treatment (MAT, IOP, and PHP) in the county.

**1.6B** Promote the development of affordable housing opportunities that support recovery (e.g. Recovery Housing, Transition Housing, etc.).

The LDAAC has decided to develop a policy statement/official position that speaks to our support of these services, while outlining what we believe is the best way for prospective providers to approach the implementation of such services. We’ll seek to include information on best practices for siting of facilities, community outreach and communication, ongoing management of stakeholder relationships, etc. We believe this will provide useful guidance to those seeking to start such services, as well as local municipal governments and planning commissions, as they seek to evaluate proposals for such services in their areas.

**1.6C** Ensure adequate capacity for integrated, co-occurring capable/enhanced outpatient, community based-services.

**1.6D** Promote individualized treatment, transition, and discharge planning.

The LDAAC and organizations promote the person centered trainings offered by BHA. The CHOWs, social workers and substance use counselors all promote individualized treatment, transition, and discharge planning.

**Strategic Goal 2:** Provide a coordinated approach to increase education, training, and

employment to develop and sustain an effective behavioral health workforce and provider

network.

**Objective 2.1** Promote the collaboration of behavioral health services in the county, identify gaps and create services in the county.

**2.1A**  Ensure Sequential Intercept Mapping (SIM) presentation at the CCLDAAC at least annually.

The Mid Shore Behavioral Health Forensic Program will present to the LDAAC in the fall before the planning meeting.

**2.1B** Encourage LDAAC members to participate in the Sequential Intercept Mapping annual meetings in addition to BHSN Forensic Mental Health Workgroup to identify gaps in the continuum.

Law enforcement, chair/warden and other LDAAC members participated in the annual SIM planning meeting. The LDAAC will encourage all members to participate in this coming years meeting. A few members of the LDAAC also participate in the BHSN Forensic Workgroup and we will encourage more to attend.

**2.1C** Explore opportunities to support the Stepping Up initiative.

The LDAAC supports the Health Department in the grant request for Diversion, Assessment, Referral and Treatment (DART). This will fund one LCSW and one peer support position to help those individuals with behavioral health and forensic issues stabilize and improve.

**Objective 2.2** Support theimplementation of grant programs affecting behavioral health in Caroline County related to workforce.

**2.2A**  Encourage recruitment and retention for approved MAT providers in the community.

The LDAAC members have actively sought out MAT providers to bring to the community. The Health Dept. is now offering a telemedicine program that provides MAT (buprenorphine and Vivitrol) through the University of Maryland. The Health Dept. began offering Vivitrol to inmates being released into the community in December 2016 with 5 patients currently receiving Vivitrol..

**2.2B** Explore grant opportunities to support the workforce priorities and objectives of the LDAAC

The LDAAC supports the Health Departments STOP grant that funds two CHOW positions. These staff work with the community and in the detention center. The Health Dept. also partnered with DSS to bring in a social worker to provide services to families involved with DEN and other DSS services. This social worker will help with access to counseling or other behavioral health needs.

**Objective 2.3:** Collaborate with appropriate partners to expand the current behavioral health workforce and system capacity.

The Health Department successfully transitioned services at the Federalsburg site to Corsica River Mental Health Services that will begin 7/1/17. This transition helps sustain the existing workforce and expand opportunities for increase capacity

**2.3A**  Promote behavioral health workforce expansion by participating in the Behavioral Health Administration Workforce Development workgroup.

**2.3B**. Promote trainings offered by partners such as the Board of Childcare, Crisis Intervention Team Training and Mid Shore Behavioral Health.

The LDAAC and its members have promoted trainings offered by various providers. LDAAC members have also communicated licensing issues to the legislators and have reached out to the licensing boards.

**2.3C** Promote the development and utilization of Certified Peer Recovery Support Specialists (CPRS).

The LDAAC supports the utilization of CPRS and shares information regarding certification opportunities.

**2.3D** Explore strategies for sharing information about open positions within the provider network and potential candidates.

**2.3E** Advocate for more efficient licensing of behavioral health professionals through the licensing boards (Behavioral Health Coalition).

**Strategic Goal 3:** Utilize data and health information technology to evaluate, monitor, and

Improve quality of Public Behavioral Health System services and outcomes.

**Objective 3.1** Support the Prevention Coordinator with monitoringand evaluating data available from Opiate Misuse and Prevention Plan.

**3.1A** Assist with procuring data from the data sets listed in the OMPP such as: emergency medical services, emergency department, SMART, intentional overdose, waitlists, co morbidity data etc.

**3.1B** Assist with reviewing data to identify county needs and support interventions.

**Objective 3.2** Develop and maintain a comprehensive integrated continuum of efficient and effective treatment services for behavioral health.

**3.2A** Monitor and evaluate data available from the administrative service organization (ASO), OMS, providers and surveys.

**3.2B** Develop a data repository to support grant applications that address the priorities and objectives of the LDAAC.

A data repository has been created and maintained via Mid Shore Behavioral Health. Data sources include: law enforcement, emergency services, DLLR, OMS, Beacon Health and Medicaid. This data is being used to help support grant applications and identify priorities of the LDAAC.

**3.2C** Utilize data toIdentify gaps in services within the county while promoting collaboration with partners to develop services, and determine if actions taken are improving outcomes.

LDAAC members participate in the quarterly Caroline county provider meeting that is facilitated by Mid Shore Behavioral Health. During this meeting the group looks at capacity, barriers and identifies gaps in services.

**Strategic Goal 4:** Increase Public knowledge and support for behavioral health needs and

services.

**Objective 4.1:** LDAAC partners will continue to work with the behavioral health community to implement educational activities and disseminate, to the general public, current information related to psychiatric and substance abuse disorders, prevention mechanisms, treatment services, and supports.

LDAAC members facilitated a showing of the “Chasing the Dragon” documentary at 8 locations in the county. After the documentary, members discussed personal experienced and facilitated conversation with the audience. During the events there were informational tables from the Health Department, Maryland Coalition of Families, and Mid Shore Restoring Hope in Women. The group talked to over 500 Caroline county residents and provided 138 Narcan trainings.

**4.1A** Promote My Family Needs Caroline County Public Library website and ensure a link with the Mid-Shore Behavioral Health Resources Guide, Network of Care Service Director, Maryland Community Services Locator, and Maryland Access Point (MAP) databases to access services.

**4.1B** Caroline County Health Department Prevention Coordinator will ensure the implementation of the Maryland State Prevention Framework in Caroline County; educate the LDAAC and the general public about the prevention mechanisms.

LDAAC members with personal experiences has been meeting with EMS staff to provide education and supports. An information card was created for all Law Enforcement and Emergency Services staff.

**Objective 4.2** Educate and assist citizens of Caroline County to live healthy and addiction free lives.

**4.2A** Support and collaborate with the Caroline County Drug Free Coalition’s efforts to educate the public**.**

Several LDAAC members are also on the Caroline Co. Drug Free Coalition and have started a new membership drive.

**4.2B** Support and promote the annual Fed Up! Rally via the health department website, social media, Caroline Circle, Star Democrat etc.

The Fed Up! Rally will be held this year on August 31, 2017. It is being promoted via all social media, health department and other news outlets. The LDAAC is supporting a bi-weekly call with members to help with planning.

**4.2C** Caroline County Health Department Prevention Coordinator will ensure the implementation of the Maryland State Prevention Framework in Caroline County; educate the LDAAC and the general public about the prevention mechanisms.

**4.2D**  Promote general public awareness of the Good Samaritan Law for medical intervention of overdose.

Maryland Coalition of Families has been educating the public on this law and is supported by the LDAAC.

**4.2 E** Advocate through letter writing to county commissioners, state legislators and advocacy groups to communicate the needs and position of the CCLDAAC as appropriate.

The LDAAC wrote its first letter to the commissioners that voiced its support for allowing a mobile MAT provider to come into the area.

**Objective 4.3.** Reduce the availability of alcohol to underage drinkers through Maryland State Prevention Framework (MSPF) activities and intervention strategies.

**4.3A** Support the Prevention Coordinators efforts to implement prevention educational programs and activities for youth.

LDAAC members participated in a public service announcement that is currently on iwishiknewmidshore.org and being broadcast on the local cable stations. This announcement educates the public on proper storage and disposal of medications. It also provides the health department phone number and the Eastern Shore Crisis Response number.

**4.3B** Support Community Health Outreach Worker (s) (CHOW) by participating in health fairs or other events located within the county to educate the public.

Various members of the LDAAC had information tables at the Social Services Family Fun Day. There will be tables at Caroline Co. Fun Fest, Fed UP rally and any other local events***.***

**Objective 4.4** Reduce the availability of opioids and reduce the number of opioid related overdose deaths through the Mid-Shore Regional Opioid Misuse Prevention Plan (OMPP) activities and intervention strategies.

**4.4A** Ensure presentation of the OMPP to LDAAC at least once a year.

**4.4B** Provide support to Prevention Coordinator, CHOW and LEA in providing education, engaging faith based organizations, and utilization of Chesapeake Helps!