BALTIMORE COUNTY MARYLAND
STRATEGIC PLAN
FY 16-18

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, treatment, and recovery support system that will result in reductions in the incidence and consequence of substance use disorders and related problems in Baltimore County.

Data-Driven Analysis of Needs

The outcome of several intense discussions among members of the Behavioral Health Advisory Council (BHAC) revealed consensus on the next phase of Baltimore County's mission to address substance use disorders and related problems: that is to focus the Strategic plan on:

- expanding the Recovery Support Services begun in 2010 and
- addressing the emerging opioid crisis.

The BHAC recognizes that Baltimore County confronts daily a number of other substance use disorder issues (such as underage use of alcohol). In response, the Department of Health/Bureau of Behavioral Health (BBH) and its partner agencies and organizations throughout the County support and operate a number of effective, evidence-based programs and services to address these issues (e.g., primary prevention programs targeting youth and families, enforcement of underage drinking laws, tobacco cessation and control, residential and outpatient treatment programs, diversion programs).

The discussion below highlights the need for the FY 16-18 strategies selected.

The Need for Recovery Support Services (RSS):

On September 22, 2010, Baltimore County initiated its Recovery-Oriented System of Care (ROSC) model as the "way forward" vis a vis substance use disorder services. The long-term outcome of this strategy was (and remains) a reduction in the harmful use of alcohol and drugs and its related social, emotional and behavioral problems for youth, adults, and their families. The County-wide system of care envisioned a response to need across the board for prevention, intervention, treatment, and recovery support services. Priority populations included uninsured and underinsured adolescents and adults, adolescents and adults involved in the juvenile and

criminal justice systems, pregnant women, women with children, and adolescents and adults with a co-occurring mental illness.

To that end, Baltimore County engaged in a focused effort to establish a ROSC in zip code 21222, a community that evidenced a range of substance-related problems including a dramatic rise in self-reported use of alcohol among youth and self-reported non-prescription use of opioids among high school youth. Highlights of the ROSC initiative in Dundalk over the past five years document substantial progress: Over the past five years, One Voice-Dundalk has:

- Established a community-led advisory committee, One Voice-Dundalk: Once comprised of professionals and led by the County's Bureau of Behavioral Health, this committee is now a group of persons in recovery, their family members, and community partners with staff support provided by BBH. Recently, the organization selected a chair and vice-chair (both community members). This evolution was key to, and remains, an integral part of the DAAC plan for Dundalk.
- Sponsored community outreach and education events: For example, a Recovery Fair was held in September 2014, and resulted in positive and successful networking;
- Overseen establishment of a Recovery Community Center (RCC) for adults, and another for youth in the Dundalk community.

Baltimore County has greatly expanded the ROSC initiative (hereinafter referred to as Recovery Support Services or RSS) in Dundalk and has made substantive inroads in other areas of the County to address substance use disorder services. During FY 2015, for example, the ReDYScovery Center for youth (The Center) was launched in Dundalk, and introduced to the community at a Family Orientation and Picnic at Heritage Park (the gathering place in downtown Dundalk). In addition, the strategies put in place in the 21222zip code have been 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 (PRS) coordinator and two part-time PRS.

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.

Highlights of the expansion of the Peer Recovery Specialist (PRS) cadre include a 4-person BBH outreach team, whose members work in the community and with the Circuit Court, the Baltimore County Detention Center, County shelters, and the Department of Social Services. Placing PRS at the Detention Center is expected to help reduce the rate of recidivism as clients leaving detention now have facilitated access to recovery services in the community. Fiscal year 2015 data document unduplicated counts of 668 peers and 131 family members served by the BBH PRS outreach team.

As the above indicates, the original intention (i.e., "to undertake the pilot test of a model...that would be developed, implemented, and evaluated over a period of five years with incremental countywide expansion scheduled to begin in year five") has been achieved. Going forward, and based on the data below, a second target community comprised (roughly) of the lower half of the western section of the County has been identified. The targeted area, from Lansdowne to Randallstown, provides an opportunity and poses some challenges:

- In terms of opportunity, inroads have already been made in terms of a recovery support system with the opening of the western area RCC at Prologue (as noted above).

As for challenges:

  - 2015 EMT data reveal that of the four top naloxone administration areas in the County, two are in and around Dundalk, a third just west of Lansdowne.
  - As well, EMT reports 368 overdose response calls along the western I-695 corridor (from Lansdowne/Baltimore Highlands to Randallstown).

Lessons learned in Dundalk confirm that (the existence of the RCC notwithstanding) it will take time to fully engage community partners in the effort. Moreover, the diversity in population characteristics in the several communities comprising the target area speaks to the complexity of establishing and maintaining a community-led recovery system. The matrix below highlights this diversity by comparing census data of the area's most northern and southern cities/towns:

	Randallstown	Lansdowne	Maryland
Population (2010)	32,430	8,409	
Race (2010)	14% white 79.9% black	64% white 24% black	
Household Income (2013)	$78,024	$42,266	$72,483
Education (2010)	High school+: 93.4% Bachelor's+: 36.7% Graduate/prof: 13.7%	High school+: 72.3% Bachelor's+: 8.7% Graduate/prof: 2.2%	
Unemployment (2014)	6.5%	6.5%	6.2%

The Need to Respond to Opioid Misuse and Heroin Use:

A request from the Behavioral Health Administration (then ADAA) directed Baltimore County to review the data with regard to an apparent increase in opioid-related overdoses in 2012. Following that review, the County developed an Overdose Prevention Plan (July 2013). The OPP was implemented during the two years which followed and most objectives achieved. (See Attachment A). In late 2014, Baltimore County was one of 10 Maryland jurisdictions invited to respond to a request for proposals to address opioid misuse and heroin use. Upon receipt of an Opioid Overdose Prevention Program (OMPP) grant in early 2015, the OMPP workgroup gathered data for the Needs Assessment which showed:

- Self-reported (non-prescription) past 30-day use of opioids among youth ages 11 and younger was 7.2% and among youth 16-17+ was 8.5%. This jumped among 18+ youth (high school students) to 13.5%. The survey showed lifetime use among these age group to be: 3.6% among youth 11 or younger; 15.9% among youth ages 16-17; and 22.3% among high school youth ages 18+. [Youth Risk Behavior Survey (YRBS) 2013].

- The rate of self-reported lifetime heroin use (though lower than that of opioid use) among the County's youth was 1.1% among youth 11 and younger; 3.6% among youth ages 16-17 3.6%; and 6.3% among the 18+ high school population (YRBS 2013)
- Self-reported non-prescription use of pain killers (not all of which can be presumed to be opiates) among youth 12+ was 4.4 users per 1000; 5.9 users among youth ages 12-17; and 10.8 users per 1000 among youth ages 18-25. (NSDUH in different age groups in Baltimore County from 2008 to 2010. The 12+ group represented 4.4 users per 1000 users; 5.9 users among youth ages 12-17; and 10.8 users among youth ages 18-25. [National Survey on Drug Use and Health (NSDUH) 2008-2010]
- Data on adult non-prescribed opioid and heroin use derived from the 2015 Maryland Public Opinion Survey on Opioids (MPOS) show that 2.9% of respondents reported past month non-prescribed opioid use; and 4.1% said they had done so in the past year (with 6.6% acknowledging this action on one or two occasions). Almost 20% indicated that during their lifetime (i.e., more than one year ago) they had used an opioid that had not been prescribed (or had been prescribed for another purpose); and 7.9% said they had used heroin at some point in their lifetime.
- Opioid-related overdoses do not precisely mirror the population. Police department data from 2014 reveal that 63% of (120) overdoses were among males (who are approximately 48% of the population); and 83% were Caucasian (64% of the population is so identified). As for comparisons based on age, 76.6% of overdoses were among people ages 25-54 who, in 2010, were 40.7% of the population: 27.5% of overdoses were among adults ages 25-34, while they were 12.9% of the 2010 population; 21.6% of overdoses were among adults 35-44 (12.7% of the 2010 population; and 27.5% of overdoses were among adults 46-55 (15.1% of the 2010 population).
- The total number of drug/alcohol-related deaths in Baltimore County has been steadily rising since 2007. DHMH data show that:
    - In 2007, 131 deaths in the county were related to alcohol and opioids; in 2013 there were 144; and in 2014 there were 170. In the years between 2008 and 2011, deaths from alcohol and opioids had been declining and/or stable. There was a big jump in deaths between 2012 and 2013 (an increase of 26 deaths), of which 12, or almost half, were attributed to heroin overdoses.
    - Deaths in the county attributed to heroin overdoses rose steadily from 2007 to 2013 and continued to rise in 2014. There were 56 heroin-related deaths in 2007 and 86 in 2014.
    - Deaths related to prescription opioids increased, but not as steadily between 2007 and 2013. In 2007, there were 48 deaths. The numbers increased until 2011, when there were 68 deaths. The deaths decreased in 2012 to 47 and increased slightly in 2013 (54). There were 59 prescription opioid deaths in 2014.

It is clear that responding to the growing opioid misuse problem in Baltimore County will be a major behavioral health focus for the next several years. For that reason, this response (the OMPP Strategic Plan into which has been incorporated any still-to-be-completed tasks of the 2013 OPP—See Attachment B) constitutes the second Goal of the Baltimore County Strategic Plan.

The Need to Formalize the Behavioral Health Advisory Council (BHAC)

Although the Mental Health Advisory Council (MHAC) and the Drug and Alcohol Abuse Council (DAAC) 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.

Members agree that a formal structure is needed to assure that the "advisory" nature of the group's deliberations will be taken into consideration when the current and future administrations plan, implement, and evaluate behavioral health programs and services. During the past year, 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; and the charters (enabling legislation or regulation) were reviewed to determine how to proceed (and with whom) to achieve the desired formal structure—or at least a structure that is recognized by planners and decision-makers as the "go to" entity for guidance on behavioral health issues.

Priorities

Goal I: Sustain and Expand Recovery Support Services (RSS)

Goal II: Respond to Opioid Misuse and Heroin Use in Baltimore County

Goal III: Formalize (in law and/or regulation) the Behavioral Health Advisory Council (BHAC)

Goals

Goal 1: Sustain and Expand Recovery Support Services (RSS)

Objectives:

- Continue to support One Voice-Dundalk and the community's Recovery Community Center and The Center for youth
- Continue to support One Voice-Northwest
- Continue to support Peer Recovery Services (PRS) at:
    - Epoch Counseling Center
    - The Baltimore County Health Department PRS Outreach Team

Performance Targets:

- One additional partner agency/organization in the target area identified and engaged
- Unduplicated peers served
  96 youth
  500 adults
- 1,000 calls for assistance taken
- Addition of one (1) peer recovery specialist to the BBH PRS Outreach Team to be located in the Baltimore County Detention Center with a focus on community reentry for inmates especially those identified with a co-occurring disorder.

Progress: (Please note that FY 2016 updates for all Goals are found at Attachment C.)

Update: January 1-June 30, 2017

Performance Targets:

- ***One additional partner agency:***

  This target was reached previously. However, we are pleased to report that co-occurring services have been expanded to include the Baltimore County Detention Center (BCDH). A Mental Health Coordinator has been hired and a specialized mental health/wellness unit for men has been implemented. The program includes yoga, gym, library services, individual and group counseling in additional to transitional planning for those inmates returning to the community upon release. Behavioral Health Associates, working as peers (5) have been trained and are providing transitional support services in the detention center as well as the community. This initiative began on March 7, 2017 and clients are being tracked for success in many ways to include treatment and medication compliance, and success in life skills as well as recidivism. In addition, the BHAC has recruited representatives from NAMI and Crisis Response. Both agencies are providing training and resources to program staff, caregivers, and criminal justice partners.

- ***Unduplicated peers served: Goal 96 youth; 500 adults. Outcome 48 youth; 2,642 adults***
  - *Prior reporting periods: 1475 adults and 29 youth*
  - *Current reporting period: 1,167 adults and 19 youth*

- ***Calls for assistance taken: Goal: 1,000 calls. Outcome 3,084 calls***
  - *Prior reporting periods: 2,030*
  - *Current reporting period: 1,054*

- *Addition of 1 peer recovery specialist to the BBH PRS Outreach Team to be located in BCDC with a focus on community reentry for inmates, especially for those identified with a co-occurring disorder.*

  This target was achieved during a prior reporting period. In addition, at the June BHAC meeting, members agreed to expanding the number of peer recovery specialists to include peers who can assist with smoking cessation, gambling and exposed newborns.

Expansion of Goal I:

During the reporting period, BHAC representatives, led by Health Department and BCDC staff, met with the judiciary in Baltimore County to provide resource information for diversion of the mentally ill to community programs. With the implementation of the mental health/wellness unit in the Detention Center, Behavioral Health Associates, work with client attorneys to have the courts approve transition plans for both sentenced and pretrial inmates. As a result, services for this co-occurring population are seamless and monitored to ensure success. Preliminary success with these clients is encouraging and demand for services in the jail is increasing. With almost half of the incarcerated population with some form of serious mental health/substance use issue, there is a need to continue to expand these services.

Datalink has been a successful resource for staff working with a co-occurring, incarcerated population. When an individual in the Maryland Public Health System in incarcerated, Beacon Health, sends a file notifying both the core service agency and the jail that the individual has received services in the Public Behavioral Health System. The information provided includes records of prescribed medication as well as names of providers. Information can assist medical staff in the jail with medication continuity and diagnosis and case managers with information on supports the individual had in the community before arrest.

Update July 1-December 31, 2016:

Performance Targets:

- One additional partner agency/organization in the target area identified and engaged:
  - This target was achieved during prior reporting period. The OMPP coalition identified and addressed the need to reach out to survivors of multiple overdoses. This discussion led to the formation of a subcommittee of police, EMS, BBH and DSS staff to explore this issue. The ultimate result is a "walk-in" assessment clinic at BBH at Eastern Family Resource Center with hours on Monday, Tuesday and Thursday of each week. A Peer Recovery Specialist (PRS) Outreach Worker has joined the existing clinical team on these days, and provides recovery support both before and after the client's treatment episode. Now, overdose survivors can see a counselor right away rather than wait for the next available appointment. Since May 2016, 656 individuals were screened and referred for treatment.

- Unduplicated peers served: Goal: 96 youths and 500 adults; Outcome to date: 1,504 youth and adults
  - Prior reporting periods: 862 adults
  - Current reporting period: 613 adults and 29 youth

- Calls for assistance taken: Goal: 1,000 calls; Outcome to date: 2,030
  - Prior reporting periods: 1,135 calls taken
  - Current reporting period: 895 calls taken
  - Establishment of REACH Hotline: (410) 88-REACH (887-3224)
    Resource, Education, Advocacy County Help Line (REACH), a dedicated line for the public to obtain substance use information for themselves or a loved one was established (see attached flyer)
- Addition of 1 peer recovery specialist to the BBH PRS Outreach Team to be located in BCDC with a focus on community reentry for inmates, especially for those identified with a co-occurring disorder.
  - This target was achieved during a prior reporting period.

Expansion of Goal I: As noted in the January-June 2016 report, the BHAC, recently established through the combining of the DAAC and MHAC, agreed that the FY 2016-2018 Strategic Plan should be expanded to encompass at least one of the cross-cutting issues identified by members. During meetings early in the current reporting period, members determined that the focus should be on jail diversion for individuals with a mental

health, substance use or co-occurring disorder when public safety is not a factor. BHAC members concur that that since the detention center is not a treatment facility, community options are needed for diversion to become a reality. Pre-booking diversion provides police officers with an alternative to arresting and charging an individual who suffers with a behavioral health illness; post-booking diversion provides the judicial system with an alternative to incarceration. Members recognize that effective jail diversion will require expansion of resources for referral of individuals in crisis (e.g., programs and facilities capable of accepting such referrals; and judges aware of and committed to referring individuals who appear before them to non-incarceration alternatives). To that end:

- Several jail diversion models were (and continue to be) explored, and a sub-committee on jail diversion proposed. One national model program identified, Stepping Up, is a comprehensive program that examines the resources in a jurisdiction and identifies the gaps that must be filled to assist with jail diversion.

- Outreach to the judiciary was planned, with initial meetings to be held in early 2017. The purposes of these meetings are to share with the judges information on the resources and alternatives to incarceration, and examine issues within the system

<u>Goal II:</u> Respond to Opioid Misuse and Heroin Use in Baltimore County

<u>Objectives (for FY 16-17):</u>

- Educate prescribers about safe prescribing practices
- Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data
- Increase knowledge and understanding of community members about risks of opioid use
- Increase knowledge of community about safe storage and disposal of opioids
- Promote community use of drug drop off boxes
- Weigh, or measure in some other fashion, the contents of drug drop off boxes

<u>Performance Targets (Long Term):</u>

- To decrease the self-reported youth 30-day non-prescription use of opioids from 13.5% to 10% by the end of the OMPP initiative
- To decrease the self-reported adult 30-day non-prescription use of opioids from 2.9% to 2.5% by the end of the OMPP initiative
- To reduce the self-reported high school youth lifetime non-medical use of prescription opioids from 14.8% to 10% by the end of the OMPP initiative
- To reduce the self-reported young adult (18-25) non-medical use of prescription opioids from 10.8% to 9% by the end of the OMPP initiative
- To reduce the number of opioid-related overdoses from 120 in 2014 to 108 in 2019.

<u>Progress:</u>

Update July 2017

- ***Educate prescribers about safe prescribing practices:*** *Dedicated web pages on the Baltimore County Department of Health website were launched and are maintained/updated.*

  http://www.baltimorecountymd.gov/Agencies/health/healthservices/substanceuse/

  This is the main webpage for substance use with links to the pages below. Moreover, the Baltimore County Medical Society agreed to add a link on their own web page to the OMPP web page. Users of the Medical Society page can click this link and scroll to "Resources for Prescribers."

  http://www.baltimorecountymd.gov/Agencies/health/healthservices/substanceuse/prescribing.html

  A page for prescriber which Includes downloadable screening tools to help assess risk for patients who are prescribed opioids; a link to area treatment resources; information on naloxone; the Maryland PDMP; links to best practices in opioid prescribing and monitoring; and additional links to information/tools for prescribers.

  http://www.baltimorecountymd.gov/Agencies/health/healthservices/substanceuse/drugdropbox.html

  This is a link to the location of all drug drop boxes in Baltimore County and other resources for community members.

  http://www.baltimorecountymd.gov/Agencies/health/healthservices/substanceuse/#preveserv

  This prevention page guides visitors to information about opioid misuse/overdose, questions to ask the doctor about prescribed opioids, and other SUD prevention services.

  A letter to 217 pharmacists in Baltimore County from Dr. Branch, Health Officer BCDH, was drafted and disseminated. The letter urged pharmacists to help in the County's fight against opioid misuse/overdose by staying current on opioid trends, reviewing recent overdose data, and warning customers to safely store and dispose of unwanted and expired drugs.

- ***Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data:*** *The above-mentioned web page "Resources for Prescribers" contains the following text as well as a link to CRISP for PDMP enrollment.*

  "The Maryland Prescription Drug Monitoring Program(PDMP) has been established by the Maryland Department of Health and Mental Hygiene(DHMH) and the Behavioral Health Administration (BHA) to support healthcare providers and their patients in the safe and effective use of prescription drugs.

Enrollment for PDMP is mandatory by July 1, 2017.Chesapeake Regional Information System for our Patients (CRISP) provides an online guide that offers step by step assistance on how to enroll." http://crisphealth.org/services/prescription-drug-monitoring-program-pdmp/pdmp-registration/

- ***Increase knowledge and understanding of community members about risks of opioid use and about proper storage and disposal of opioids:*** *messaging on opioid use and risks was continued throughout the reporting period. Marketing and media campaign activities occurred, including:*
  - *"Ask your Doctor" – A list of questions from the Food and Drug Administration, was posted on the above-mentioned substance use webpage as a quick list for patients to take to the doctor's office if they might be prescribed opioid drugs.*
  - *"Who's in your Medicine Cabinet" flyers and Naloxone training flyers were mailed, and were also provided to the 217 pharmacies, along with the safe storage and disposal cards. The Who's in Your medicine cabinet poster was blown up and laminated, and lists all Baltimore County Drug Drop Box locations. The OMPP coordinator presented the poster at meetings of the Health Coalition, BCDH Program Managers, BHAC, and DOLRT. The poster is hanging in each Department of Aging Senior Center; and was provided to all Baltimore County School nurses at a training, with instructions to post it in an area easily seen by students, teachers, parents and visitors.*
  - *Drug Take Back Day was promoted in social media*
  - *8 Naloxone training events, at which 402 individuals received training on administration of the medication and information on safe storage and disposal of unused/unwanted medications. The FY 2017 total of individuals trained was 802. As well 84 inmates of the BCDC were trained in naloxone administration and the agency endeavored to secure naloxone for inmates on their release.*
  - *Development of a Fentanyl card for consideration, and placement in BCPD precincts of racks with storage/disposal information*

- ***Promote community use of drug drop off boxes (see above comments):***

Update January 2017

- Educate prescribers about safe prescribing practices:

  Assessing the impact of the May 5th educational seminar for prescribers (discussed in the July 2016 Update), the OMPP coalition agreed that a web-based approach would be more labor- and cost-effective, and would result in reaching a wider audience. Accordingly, a user-friendly web page for prescribers and dispensers was developed. On-line research was conducted to identify prescriber education documents that can be downloaded and/or accessed directly. This page, which will be accessed through the Baltimore County Health Department website, will include links for prescribers and dispensers, as well as patients, so they can access up to date information about opioid use and misuse. The page will be maintained and

updated as new information becomes available—and will always be available for reference, rather than on a single occasion. This page has been compiled and is currently under review; and an effort is in process to identify agencies and organizations that will post a link to the web page.

- Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data:

  This strategy was a component of the Prescriber and Dispenser Education noted above. With the April 26, 2016 signing by Governor Hogan of HB 437 messaging and approaches to prescribers of controlled dangerous substances (CDS) have changed. Rather than a need to encourage PDMP participation, the strategy is to provide tools that help prescribers comply with the requirements. The web page described above includes links to such tools.

- Increase knowledge and understanding of community members about risks of opioid use and about proper storage and disposal of opioids:

  Information on safe disposal of opioids in Baltimore County and across the state is posted on the Baltimore County Health Department (BCHD) website at: http://www.baltimorecountymd.gov/Agencies/health/coalition/resources.html.

  In addition, Naloxone training events included education on proper storage and disposal of opioids. Participants were strongly urged to utilize the drop-off boxes to deposit their unused prescription medications. Attendees received a flyer listing location of the boxes, instructions on how to use the boxes, and told which medications can be deposited. Naloxone training was provided at 22 events during the calendar year to 1,532 individuals. Of those, 402 were trained during the reporting period, and 1,130 during the prior period. To date (i.e., from the beginning of the naloxone training strategy), a total of 2,180 individuals have received Naloxone training. As well, the Overdose Fatality Review Team (OFRT) is considering using police baseline data for overdose response calls and outcomes to track changes. GIS mapping might then help target Narcan training events.

  The message, "Who's in your medicine cabinet," focused on safe disposal of unused and expired medications, highlighting to the reader/viewer the chance that their medications can be taken/stolen without their knowledge. At a single event, the Senior Expo on Oct 26 and Oct 27 at the Timonium Fairgrounds, 560 individuals were educated about proper disposal of unwanted and expired drugs, and received literature about prescription drug use. This exceeded the previous year's total of contacts at the Senior Expo by 56%. Messages were also disseminated through the Senior Digest (distribution 10,000), the Community Resource Booklet (distribution 75,000) and the Senior Beacon (distribution 145,000).

- Promote community use of drug drop off boxes (see above comments):

Between January 1-September 30, community residents deposited 749.5 lbs. of unused/unwanted medications in the permanent drop-box locations in front of each (of 10) Baltimore County Police Department precincts.

<u>Goal III:</u> Formalize (in law and/or regulation) the Behavioral Health Advisory Council (BHAC)

<u>Objectives:</u>

- By June 2016, a fully integrated BHAC that is representative of behavioral health (substance abuse and mental health) stakeholders

<u>Performance Targets:</u>

- New Members Appointed
- By laws written/approved

<u>Progress:</u>

Update January 2017

New Members Appointed:

The Baltimore County website has been updated and now reflects that the Mental Health Advisory Council and Drug and Alcohol Abuse Council is a combined entity operating as the Behavioral Health Advisory Council. A list of members and vacancies is included on the website as are links to BHAC meeting agendas and approved minutes. Agendas for upcoming meetings are posted 72 hours prior to the date/time of the meeting. Pursuant to a request from the BHAC, the Health and Human Services Administration and the County Executive's office will issue letters of appointment to those committee members who have not received one to date. This letter outlines the terms of membership. As well, Ex-Officio members will also receive a letter.

By laws written and approved:

The mission statement was approved during the reporting period and is posted on the website:

- To advocate for and develop a comprehensive and coordinated plan, and a collaborative approach to the use of State and local resources for prevention, intervention, evaluation, treatment and recovery supports to mental health and substance abuse for citizens of Baltimore County.

By-laws are in process. The By-Laws for the State Behavioral Health Advisory Council were shared with members for review, and the BHAC facilitator began attending the SBHAC meetings.

Attachment A: Progress on addressing Opioid Misuse Prevention Program (OMPP) Contributing Factors and the relationship with the 2013 Overdose Prevention Plan (OPP) problems.

The *italicized text* in the center column below shows how the progress in addressing the OMPP Contributing Factors, described in the narrative report above, relates to the 2013 OPP problem statements.

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
Lack of oversight for overdose deaths in Baltimore County --and— Department of Health does not currently have regular communication with private substance abuse provider community	The OPP established a Lethality Review Team to review overdose deaths in the County. Under the OMPP, the Overdose Lethality Review Team (OFRT) meets monthly. *July 2017:* *Walk in clinic data and information: 582 adults and 116 adolescents* *OFRT met monthly during the reporting period and reviewed 17 cases* January 2017: There is now a walk-in clinic at Eastern Area Treatment Program. A PRS Outreach Worker is on–site on Tuesday and Thursday every week. Since its inception, the clinic has served 652 individuals. The OFRT met monthly during the reporting period and reviewed 16 cases July 2016: During the reporting period, the OFRT 24cases, and OFR Case Reports were submitted to the Maryland Behavioral Health Administration (BHA). During the case review process, team members examine the events prior to the overdose (e.g., number of times in treatment and outcomes thereof, involvement with other	Lack of prescriber knowledge about and appropriate action with regard to opioids --and— Insufficient Prescriber Utilization of PDMP

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	systems/agencies, etc.). Trends among the cases are identified to determine the services that might have prevented the death and system gaps that might be filled. During the reporting period, the OFRT determined that it would be beneficial for the Baltimore County Police Department (BCPD), Emergency Medical Services (EMS), the Bureau of Behavioral Health (BBH), and the Department of Social Services (DSS) staff to form a subcommittee to discuss ways to outreach to survivors of overdose. The subcommittee identified a need for same-day substance use assessment and counseling for overdose survivors, and a subsequent meeting with key agencies resulted in establishment of a "walk-in" assessment clinic at Eastern Family Resource Center. The clinic is open each week and is staffed by addiction counselors and a Peer Recovery Specialist outreach worker. Now overdose survivors can see a counselor immediately rather than wait for the next available appointment, and obtain recovery support services as well. One hundred and eighty-eight individuals were seen a "walk-ins" between April 25, 2016 and June 30, 2016. January 2016: During the reporting period, the Lethality Review Team reviewed 13 cases, and OFR Case Reports were submitted to the MD Behavioral Health Administration. As well, the Team agreed to serve as the OMPP Coalition to reviews and provide input into/guidance for OMPP Strategic Plans and events. We anticipate that trends in opioid/heroin use, gaps in treatment services, and other system issues will be revealed as a result of these reviews and will provide important information to the ongoing OMPP Initiative. As well, a provider on the team helps to strengthen linkages with that sector of the system. OPP outreach to the private provider community continues through OMPP activities, specifically focused on providing information and education to providers and dispensers of opioids. *January 2017: Please refer to Goal II, Objective: Educate prescribers about safe prescribing practices, for a discussion of this strategy.*	

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	July 2016: Please refer to Goal II, Objective: Educate prescribers about safe prescribing practices, for a discussion of this strategy. January 2016: Throughout the reporting period the OMPP workgroup (several of whose members serve on the BHAC) and OMPP Coalition (the Baltimore County Lethality Review Team) discussed and planned for a May 5th seminar for Baltimore County prescribers to focus on safe opioid prescribing practices and enrollment and utilization of the Prescription Drug Monitoring Program (PDMP). A seminar agenda was developed, speakers identified and engaged, mailing lists of potential invitees compiled/obtained, a draft letter of invitation from the BC Health Officer prepared, application submitted to MedChi for CMEs, and drafts of a seminar brochure and registration form developed.	
	The OPP did not specifically address PDMP. However, OMPP efforts to reach out to the County's providers with education and information and to encourage enrollment in and utilization of PDMP is consistent with the Department's outreach to the private substance abuse provider community. *July 2017: Please refer to Goal II, Objective: Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data for a discussion of this strategy.* January 2017: Please refer to Goal II, Objective: Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data for a discussion of this strategy. July 2016: Please refer to Goal II, Objective: Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data for a discussion of this strategy. January 2016: In an effort to increase provider participation in PDMP, information will be available at the above-mentioned seminar. As well, the OMPP workgroup	

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	considered other ways to encourage CRISP and PDMP enrollment and utilization. The BC Health Officer has enrolled and will be able to address the benefits of utilization. In addition, the OMPP workgroup intends to utilize the documents mentioned during a recent OFR (Overdose Fatality Review) telephone technical assistance session which emphasize positive changes made to the PDMP. Participated in conference call, all key staff of behavioral health, quality improvement coordinator, and county epidemiologist attended the call.	
Community lacks awareness of opioid abuse, prevention and treatment --and— Friends and family members are not able to utilize Naloxone to protect those who are at risk for overdose	Under the OPP, the Department of Health Treatment, Prevention and ROSC managers implemented a public awareness campaign regarding opioid abuse. The "next generation" of this effort is embodied in the OMPP Social Marketing/Media Campaign. *July 2017: Please refer to Goal II, Objective: Increase knowledge and understanding of community members about risks of opioid use and proper storage and disposal of opioids for a discussion of this strategy* January 2017: Please refer to Goal II, Objective: Increase knowledge and understanding of community members about risks of opioid use and proper storage and disposal of opioids for a discussion of this strategy July 2016: Please refer to Goal II, Objective: Increase knowledge and understanding of community members about risks of opioid use and proper storage and disposal of opioids for a discussion of this strategy January 2016: Social marketing messages were developed and disseminated, focusing on proper storage and disposal of prescription medications, and the need to monitor medications in the home. One message ("Who's in your medicine cabinet? Don't let your loved one be a victim. Safely dispose of unused and expired medications at a Baltimore County Police precinct") was distributed through The Beacon, a paper for	Lack of patient/community awareness of (and curiosity about) the physical risks of opioid use --and— Lack of knowledge of proper storage and disposal of opioids

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	seniors with a readership of 125,000, and at the BC Department of Aging Baby Boomer/Senior Expo in October. The Health Department staffed a table at the event, and displayed information intended to raise awareness of misuse of medications, the importance of monitoring medications on hand, the possibility of others accessing their medications without their knowledge, and disposing of unused and expired medications. The staff educated 360 individuals on these points. Staff also participated in the African American Festival, providing the same information. Another flyer relayed information on proper disposal of medications. Ads were procured for January and February. These include billboards, mall kiosk displays, buses and news print in publications for seniors. As well, thirteen naloxone training events have been held since July, and 317 individuals trained. These events include education about proper storage and disposal of opioids. Participants are strongly urged to utilize the drop off boxes to deposit their unused prescription medications; provided a flyer listing the locations of the boxes; shown how to use the boxes; and advised about the medications that can be deposited (including expired Naloxone). An agreement was reached between BBH and the BCPD to weigh on a quarterly basis, on a quarterly basis, the medications deposited in the drug drop boxes positioned outside each police precinct.	
	Naloxone training, initiated under the OPP, continues as a part of and complement to the OMPP. *July 2017: During the second half of FY 2017 (January-June 2017): 400 individuals attended 8 naloxone training sessions bringing the total of individuals trained during the FY to 802.*	

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	January 2017: During the first half of FY 2017 (July-December 2016), 493 individuals attended 10 Naloxone training sessions and learned to recognize and reverse an opioid overdose using Naloxone. This brings the total of individuals trained since the inception of the program to 2,180. July 2016: During the second half of FY 2016, 1,130 individuals were trained to recognize and reverse an opioid overdose using Naloxone. Eight hundred thirty-two (832) of those were trained by the Baltimore County Health Officer during the annual Department of Health and Human Services All-Staff Meeting on June 29, 2016. Eleven other trainings were held throughout Baltimore County and 241 individuals were trained in the various community settings including at the Board of Health meeting on June 16, 2016. January 2016: Thirteen Naloxone training events which include education about proper storage and disposal of opioids were held. Participants were strongly urged to utilize the drop off boxes to deposit their unused prescription medications; provided a flyer listing the locations of the boxes; shown how to use the boxes; and advised about the medications that can be deposited (including expired Naloxone). During the reporting period, 317 individuals were trained. BBH partnered with EMS to distribute <u>What To Do After An Overdose</u>. Gave 1500 of these brochures to EMS to distribute to families of overdose opioid survivors. The brochure includes information on treatment, peer recovery support, and naloxone training. In an ongoing effort to ease access to Naloxone, the Baltimore County Department of Health Quality Improvement Coordinator reached out to the department's pharmacy partner to offer technical assistance on the use of Naloxone, and provide information regarding the statewide standing order that allows dispensers to provide Naloxone without prescription to holders of ORP certificate holders. As this is voluntary, rather	

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	than required, the Department thinks it is important to strongly encourage dispensers to do so.	

Attachment B: Crosswalk between OMPP and OPP Goals and Objectives:

Columns 1 and 2 of the table below list the intervening variables and contributing factors that affect opioid misuse and heroin use in Baltimore County—as identified through the OMPP Needs Assessment process. Columns 3 and 4 highlight the relationship between the evidence-based OMPP strategies and the OPP goals and strategies, most of which have been achieved.

Baltimore County OMPP Intervening Variables, Contributing Factor(s) and Strategies Compared with OPP Goals and Strategies

OMPP Intervening Variable	OMPP Contributing Factor(s)	OMPP 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*
		Prescriber and dispenser education Dispenser outreach	**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)*

OMPP Intervening Variable	OMPP Contributing Factor(s)	OMPP Strategies	Relationship to OPP goals and strategies
	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 on Opioids 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: i.e., a Lethality Review Team, established in June 2015(OPP goal 3); and continuation of naloxone training (OPP goal 4).

Attachment C: Updates on Strategic Plan Goals for prior reporting periods:

Goal I:

Update July 2016:

Performance Targets:

- One additional partner agency/organization in the target area identified and engaged:
    - The Director of One Voice Northwest RCC continues to reach out to community agencies, providers and organizations to partner with the Recovery Community Center.
- Unduplicated peers served (434 July-December; 428 January-June)

  Additionally, certification for peer specialists is progressing as planned. Individuals already certified were able to renew their certification during the reporting period. As well, opportunities for CEUs will be available for new hires who have not obtained all the credits they need for certification.

- 1,000 calls for assistance taken (707 calls July-December: 776 calls January – June)
- Addition of one (1) peer recovery specialist to the BBH PRS Outreach Team to be located in the Baltimore County Detention Center with a focus on community reentry for inmates especially those identified with a co-occurring disorder:
    - A fifth PRS outreach worker was hired and is embedded in the Baltimore County Detention Center. He, along with a case manager, serves men and women in the MCCJTP and TAMAR programs. Both individuals work collaboratively with the BBH trauma specialist. In addition, the Detention Center will have a new unit with a cohort of specially trained staff to work with individuals who have a mental health diagnosis within 3-6 months.

Possible Expansion of Goal I Objectives:

As the merger/blending of the DAAC and MHAC into the Baltimore County BHAC continued during the reporting period, it became increasingly clear that the FY 2016-2018 DAAC Strategic Plan does not encompass the many cross-cutting issues brought to the table by DAAC/MHAC members. Over the course of several months, members identified and discussed these issues, and agreed to focus attention on some. At the June BHAC meeting, members were asked to consider the issues BHAC could/should address during FY 2017, and were advised to select at least two (2) but no more than three (3) for attention.

Accordingly, Goal I will be expanded to incorporate a broader focus which may include:

- Diversion from the Baltimore County Detention Center (BCDC) for individuals with mental illness or co-occurring disorder.

Currently, individuals with mental illness are placed in BCDC after arrest for minor or major offenses during episodes of active symptoms, and family members cannot find alternative resources (e.g., crisis stabilization services) to avoid incarceration. Although BCDC conducts crisis management in the facility, the detention center is not a treatment provider.

- Improved access to treatment

  Crisis response services will not respond to calls from families whose family member is in need of assistance if the individual in crisis is not willing to speak with them. BHAC members pointed out that an individual in crisis may not be able to make responsible decisions.

- Enhancement of co-occurring services

  Although the Behavioral Health Administration (BHA) has mandated that all state-licensed programs must be co-occurring capable (which means that they must screen for co-occurring disorders and refer to the appropriate treatment), the programs need not follow up to ensure that the person is receiving the needed services.

Update January 2016

- One additional partner agency/organization in the target area identified and engaged

  The One Voice Northwest RCC Coordinator has been conducting outreach to the service providers in the area, such as the Westside Men's Shelter, as well as those entities outside Baltimore County who encounter our county residents living on the west side (Carroll County Detention Center). During the next 6 months, the BBH Program Manager and the RCC Coordinator will determine potential members for an advisory council on the west side, and extend an invitation to attend an orientation meeting.

- Unduplicated peers served

  From July 1, 2015 through December 31, 2015, 434 unduplicated peers and their family members already have been served by the BBH PRS Outreach Team. This almost is the number of peers to be served for the entire fiscal year, and does not include the peers attending the recovery community centers. There are 137 unduplicated peers that have been attending the two recovery community centers during the first half of FY 16. It has been much more difficult to engage youth. Attendance at The Center remains well below expectations, with less than 10 youth participating regularly. BBH, *One Voice* Dundalk Advisory Coalition and the staff at The Center have been addressing the issue, and there is consensus to change the membership target population to those in high school and 16-18 year olds who have dropped out with a focus on GED, job readiness, mentoring and on-the-job internships. This would eliminate two of the barriers The Center has been experiencing: lack of transportation for members, and parental unwillingness for their child to participate. Middle school youth could still attend but would have separate activities from the older youth.

- 1,000 calls for assistance taken

  From July 1, 2015 through December 31, 2015, 707 calls for assistance were taken by the BBH PRS Outreach Team. These were initial calls from peers or a family member seeking guidance regarding a substance use disorder issue, and follow-up calls to ensure that the peer was indeed connected to the requested treatment resource or recovery support.

- Addition of one (1) peer recovery specialist to the BBH PRS Outreach Team to be located in the Baltimore County Detention Center with a focus on community reentry for inmates especially those identified with a co-occurring disorder.

  Through a collaboration with BHA's Office of Special Programs, a 34-hour Certified Peer Recovery Specialist (CPRS) has been hired and will start on January 19, 2016. The CPRS will be embedded in the Baltimore County Detention Center and will work in tandem with the case manager for the MCCJTP and TAMAR programs. These programs serve to reduce recidivism in addition to providing case management and peer support to inmates who have mental illness and/or trauma histories.

Goal II:

Update July 2016

- Educate prescribers about safe prescribing practices

  An educational seminar for prescribers was held on May 5th. Eligible attendees received CME credit for the event, "Prescribing Drugs Responsibly: Managing Patients on Opioids." The event was well attended and participant evaluations were collected and tabulated. Responses were positive reports, and objectives met. Six dentists also attended, and application materials have been submitted to the Dental Board to obtain continuing education credits for them retroactively.

  Overview of Seminar Evaluation:

  Registrants completed a Pre-Event Self-Assessment Form prior to the event, either on-line at the time of registration, or on-site. Prior to receiving a badge and seminar materials, attendees who wished to be awarded CME credits signed the attendance sheet. At the end of the seminar, those attendees completed an Activity Evaluation Form and a contact form for receipt of their CMEs.

  Results of Registrants' Pre-Event Self-Assessment and Attendees' Post-Event Attainment of Learning Objectives:

  There was a substantial increase in self-rated knowledge and understanding on all learning objectives. Prior to the seminar:

  - 44.1% of registrants rated themselves a 5 in terms of their understanding the importance of pain

control for certain patients with chronic pain; and post-seminar, 73.5% of attendees rated themselves a 5 on this objective. This increase exceeds the 5% anticipated June 2016 increase in knowledge of safe prescribing practices. As well, a clear majority of attendees indicated that the seminar "confirmed their current practice" with regard to prescribing opioids, and 32% described changes they intended to make as a result of the seminar.

- 27.9% of registrants gave themselves a rating of 5 with regard to their ability to educate their patients about safeguarding opioids in the community; and post-seminar, 64.1% of attendees did so. Five attendees specifically noted, in response to a query about anticipated practice changes, that they would advise patients to secure as well as dispose of unused medications. Some indicated they would provide the locations of drug disposal boxes.

- 29.4% of registrants rated themselves a 5 on their understanding of the use of the Prescription Drug Monitoring Program; and after the seminar, 49% of attendees did so.

- Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data

  CRISP/ PDMP staff were present and displayed materials and information at the CME conference. The pre-event self-assessment asked registrants whether they were enrolled in the Prescription Drug Monitoring Program. Eleven (of 65 who responded to this question) said they were enrolled (a 16.9% participation rate). Even though post-event evaluation indicates increased understanding of PDMP, this topic was not as thoroughly explored as anticipated.

  In addition, the "Ask Your Doctor" campaign (designed to encourage Baltimore County Health Department employees to ask their doctor if he/she is enrolled in the Prescription Drug Monitoring Program) was launched via the BCHD employee newsletter in June.

- Increase knowledge and understanding of community members about risks of opioid use and proper storage and disposal of opioids

  The "Who's in your medicine cabinet?" message, which encourages safe disposal of unused and expired medications, and makes the reader aware of the chance that their medications could be taken/stolen without their knowledge was disseminated through a variety of mediums during the reporting period, including:

  - Placement on the inside cover page of the 2016 Community Resources Booklet—widely distributed throughout the County
  - Display on two billboards—one on the east side (Rossville Blvd) and one on the west side (Windsor Mill Rd).
  - Display in backlit frames at three shopping malls/centers: Security Mall (size 50 x 40), White Marsh (size 46 x 36) and Eastpoint (size 50 x 40).
  - As an advertisement in the January edition of the Senior Digest.
  - Posting on 50 MTA mass transit buses.

  Prescription bag inserts were printed, and will be distributed to pharmacies for placement in opioid prescription bags and/or pharmacy display racks. The cards encourage safe storage and

disposal and list the drug drop box locations.

As well, information on safe disposal of opioids in Baltimore County and across the state is posted on the BCHC website at:

- http://www.baltimorecountymd.gov/Agencies/health/coalition/resources.html
- http://www.baltimorecountymd.gov/Agencies/health/resources/index.html

- Increase knowledge of community about safe storage and disposal of opioids (see above discussion)

- Promote community use of drug drop off boxes (see above discussion)

- Weigh, or measure in some other fashion, the contents of drug drop off boxes

In the first 10 months of FY 16, 843.5 lb. of medications were deposited in the drug drop-off boxes located in front of each Baltimore County Police Department precinct headquarters. Of that total, 149.5 lb. were deposited in April alone. (Data on May and June are not available at this time.)

One of the long-term performance targets of the BC OMPP initiative is a reduction in opioid-related deaths. To that end, an Overdose Fatality Review Team (OFRT) was established in FY 2015. This team (which also serves as the local OMPP Coalition) is charged with reviewing overdose related deaths in Baltimore County to determine what happened prior to the overdose in an effort to identify the services that might have prevented the death. (Please refer to Attachment A: Problem Statement—Lack of oversight for overdose deaths in Baltimore County—for discussion of this activity.)

Update January 2016

- Educate prescribers about safe prescribing practices

  Throughout the reporting period the OMPP workgroup (several of whose members serve on the BHAC) and OMPP Coalition (the Baltimore County OFRT) discussed and planned for a May 5th seminar for Baltimore County prescribers to focus on safe opioid prescribing practices and enrollment and utilization of the Prescription Drug Monitoring Program (PDMP). A seminar agenda was developed, speakers identified and engaged, mailing lists of potential invitees compiled/obtained, a draft letter of invitation from the BC Health Officer prepared, application submitted to MedChi for CMEs, and drafts of a seminar brochure, registration form, and workshop feedback form developed.

- Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data

  In addition to the PDMP information that will be available at the above-mentioned seminar, the OMPP workgroup considered other ways to encourage CRISP and PDMP enrollment and utilization. The BC Health Officer has enrolled in PDMP, and will be able to address the benefits of its utilization. As well, the OMPP workgroup intends to utilize the documents mentioned during a recent Overdose Fatality Review (OFR) telephone technical assistance session which emphasize positive changes made to the PDMP. All key staff of the BBH, plus the BCHD Quality Improvement Coordinator, and County epidemiologist participated in the call.

- Increase knowledge and understanding of community members about risks of opioid use and about proper storage and disposal of opioids.

  Efforts to increase community knowledge and understanding included:

  There were thirteen Naloxone training events, which included education about proper storage and disposal of opioids, were held. Participants were strongly urged to utilize the drop off boxes to deposit their unused prescription medications; provided a flyer listing the locations of the boxes; shown how to use the boxes; and advised about the medications that can be deposited (including expired Naloxone).

During the reporting period, 317 individuals were trained. The Baltimore County Department of Health Quality Improvement Coordinator reached out to the agency's pharmacy partner to offer technical assistance on how to use Narcan and provide information on the statewide standing order that allows dispensers to provide two doses of Narcan without a prescription to ORP certificate holders.

The goal of this outreach is to increase access to the drug, as dispensers are allowed, under the standing order, to dispense without prescription but are not required to do so.

  Social marketing messages were developed and disseminated, focusing on proper storage and disposal of prescription medications, and the need to monitor medications in the home. One of the message consists of ("Who's in your medicine cabinet? Don't let your loved one be a victim. Safely dispose of unused and expired medications at a Baltimore County Police precinct") was distributed through The Beacon, a paper for seniors with a readership of 125,000; and at the Baltimore County Department of Aging Baby Boomer/Senior Expo in October. The Health Department staffed a table at the event, and displayed information intended to raise awareness of misuse of medications, the importance of monitoring medications on hand, the possibility of others accessing their medications without their knowledge, and disposing of unused and expired medications. The staff educated 360 individuals on these points. Staff also participated in the African American Festival, providing the same information.

  Another flyer relayed information on proper disposal of medications. Ads were procured for January and February. These included billboards, mall kiosk displays, buses and news print in publications for seniors. As well, thirteen naloxone training events have been held since July, and 317 individuals trained. These events include education about proper storage and disposal of opioids. Participants are strongly urged to utilize the drop off boxes to deposit their unused prescription medications; provided a flyer listing the locations of the boxes; shown how to use the boxes; and advised about the medications that can be deposited (including expired Naloxone).

- Increase knowledge of community about safe storage and disposal of opioids (see above comments)

- Promote community use of drug drop off boxes (see above comments)

- Weigh, or measure in some other fashion, the contents of drug drop off boxes

  An agreement was reached with the Baltimore County Police Department to weigh the drug drop off boxes on a quarterly basis. The first weight assessment, conducted the week ending 9/28/2015, revealed that 225.15 lb. of unwanted/unneeded medications were deposited in drop boxes located at each BCPD

police station. The highest volume was recorded at the Wilkens precinct, and the lowest was at the Towson precinct. BCPD personnel opined and OMPP workgroup members concurred, that the high volume at Wilkens may have been, in part, a function of area prescribers depositing unused medications from their offices. Consideration will be given to comparing trends in the drop box data with other opioid-related data (e.g., overdoses in a precinct) to determine geographic areas where additional opioid misuse reduction activities might be warranted. A second weight assessment, scheduled for the end of December, 2015, was delayed due to other BCPD priorities. Weights will be reported in the January-June 2016 BHAC report.

Goal III:

Update July 2016

- New Members Appointed

  During the reporting period, three new members were proposed for the Behavioral Health Advisory Council and approved by the County Executive. Efforts continue to fill the remaining vacancies and particular attention is directed to identify and invite community members who are interested in the Council's mission as well as individuals who have received services from the Baltimore County Department of Health and Human Services or its community partners.

- By laws written/approved

  BHAC members agreed on the following mission statement which reflects a mental health and substance use disorders perspective: To advocate for and develop a comprehensive and coordinated plan and a collaborative approach to the use of State and local resources for prevention, intervention, evaluation, treatment and recovery supports of mental health and substance use disorders for citizens of Baltimore County.

  Members received a copy of the Maryland Behavioral Health Advisory Council By-Laws to use as a guide when developing the local BHAC by-laws. A review of the by-laws will take place over the summer months, and members were asked to consider areas of focus for potential subcommittees—keeping in mind that these areas of focus must support and align with the BHAC mission statement.

Update January 2016

- New Members Appointed

  The BHAC coordinator (C. Miller) reported on her review of current MHAC and DAAC enabling legislation or executive order which confirmed that the BHAC, as it is now constituted, is in accordance with state and county law as long as the membership requirements of each (preceding) organization have been fulfilled. As well, upon identification by the BHAC of appointees to fill various slots, a list of recommended individuals will be forwarded to the County Executive for his review and appointment.

A combined list of MHAC and DAAC members was reviewed at the November 6th BHAC meeting. Some ex-officio slots overlap (i.e., these positions are required by the enabling legislation or executive order of both organizations); others do not. Members identified individuals who currently hold the ex-officio jobs at their respective agencies/organizations and some currently attend the BHAC. Members agreed to contact the agencies with designated ex-officio slots and ask them to name a BHAC representative. Discussion focused on other MHAC/DAAC positions, and several attending the meeting agreed to contact individuals and/or organizations to recruit members by January 2016.

- By laws written/approved

Before by-laws are written, members recognized a need to address the function of the BHAC as the preceding organizations had somewhat different purposes. Members agreed that the BHAC can be an advocate for populations that the public health system does not serve well. There was a general consensus that co-chairs be elected/appointed that consist of: one a government agency representative, and a community representative.