

**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 ReDYScovey 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 21222 zip 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 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 12-17; and 10.8 users per 1000 among 18-25 year olds. (NSDUH in different age groups in Baltimore County from 2008 to 2010. The 12+ group

represented 4.4 users per 1000 users; 5.9 in the 12-17 year old age group; and 10.8 in the 18-25 year age group. [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:

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

Objectives (for FY 16-17):

- 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

Performance Targets (Long Term):

- 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.

Progress:

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

Objectives:

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

Performance Targets:

- New Members Appointed
- By laws written/approved

Progress:

Attachment A: Baltimore County 2013 Overdose Prevention Plan and Results

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

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
<p>Community lacks awareness of opioid abuse, prevention and treatment</p>	<p>Collaboration between Department of Health Treatment, Prevention and ROSC Managers and programs to plan and implement a Public Awareness Campaign in Baltimore County</p>	<ol style="list-style-type: none"> 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 	<p>1) <i>Place prescription drop off boxes at all police precincts by 9/1/13. Advertise their availability by 10/1/13.</i></p> <p><i><u>August 2015:</u> As an update to the January 2015 report, we note that the Baltimore County Police Department has agreed to weigh—or measure in some other fashion—the contents of all drop off boxes. These data will be provided to the Bureau of Behavioral Health on a monthly basis.</i></p> <p><i><u>January 2015 Update:</u> Fully implemented</i></p> <p><i><u>July 2014 Update:</u> The Baltimore County website and tweets from the Office of the County Executive, continue to advertise availability of the drop-off boxes.</i></p> <p><i><u>January 2014:</u> 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</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			<p><i>of this report, approximately 25 lb. /week of drugs are being deposited.</i></p> <p>2) <i>Execute at least one other advertisement/media announcement about prescription drug abuse and proper storage/disposal of medications.</i></p> <p><u>January 2015:</u> <i>Fully implemented</i></p> <p><u>July 2014 Update:</u> <i>Quantitative data are not available on the amount of drugs “deposited” in the prescription 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.</i></p> <p><i>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.</i></p> <p><i>The PD suggests another round of marketing as, overall, the quantity of drugs deposited appears to have diminished over the past few months.</i></p> <p><u>January 2014:</u> <i>Press Conference was held at the Cockeysville Police Precinct on Friday, September 27,</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			<p><i>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 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.</i></p> <p><i>3) Distribute educational flyers at five health fairs or other events by 6/30/14.</i></p> <p><i><u>January 2015:</u> Fully implemented</i></p> <p><i><u>July 2014 Update:</u> Flyers were distributed to all behavioral health providers in the County</i></p> <p><i>4) Prepare information to be posted on Health Department website by 10/1/13.</i> http://www.baltimorecountymd.gov/Agencies/health/healthservices/substanceabuse/drugdropbox.html</p>

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

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
<p>Department of Health does not currently have regular communication with private substance abuse provider community.</p>	<p>Outreach to private providers to improve communication and assess their knowledge and practice of overdose prevention principles.</p>	<p>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.</p>	<p>1) <i>Treatment Coordinator will meet with five methadone and buprenorphine providers by 6/1/14.</i></p> <p><i><u>January 2015:</u> Fully implemented</i></p> <p><i><u>July 2014 Update:</u> The treatment coordinator met with three methadone providers (one public, two private) to discuss overdose prevention and offer naloxone trainings, including overdose prevention information. The coordinator also offered to meet with staff.</i></p> <p>2) <i>Treatment Coordinator will provide technical assistance and education to providers in overdose prevention.</i></p> <p><i><u>January 2015:</u> Fully implemented</i></p> <p><i><u>July 2014:</u> The treatment coordinator provided technical assistance and education to two providers (one public, one private)</i></p> <p>3) <i>Invite one private provider to participate in Review Team.</i></p>

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.	<ol style="list-style-type: none"> 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. 	<p>1) <i>Have initial meeting of Lethality Review Team by 11/1/13 to decide on goals and procedures of the group.</i></p> <p><i><u>July 2015 Update:</u> 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, Aging, Public Schools, State’s Attorney’s Office, Social Services, as well as health providers, substance abuse treatment providers, and community foundations.</i></p> <p><i><u>January 2015 Update:</u> In September 2014, BBH held an information meeting about the Lethality Review Team. Representatives from various agencies attended.</i></p> <p><i><u>January 2014:</u> 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.</i></p> <p>2) <i>Continue to meet according to agreed-upon schedule.</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			<p><i>Most members of the Lethality Review Team have been identified. An initial meeting in January had to be rescheduled, date and time TBD.</i></p> <p><i><u>July 2015 Update:</u> Next meetings scheduled for August 21, 2015 and September 18, 2015.</i></p> <p><i>3) Review overdose deaths and make recommendations for additional prevention activities based on findings.</i></p> <p><i><u>July 2015 Update:</u> Review of overdose deaths will commence at future meetings. The June meeting was introductory and explanatory. First case reviews will occur at August 21, 2015 meeting.</i></p> <p><i><u>January 2015 Update:</u> Lethality Review Team has not met to review any cases as of January 2015.</i></p> <p><i><u>July 2014 Update:</u> 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.</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
		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 Naloxone to protect those who are at risk for overdose	Educate and certify individuals who are able and appropriate to administer Naloxone	<ol style="list-style-type: none"> 1. Identify who will conduct the training to certify individuals to administer the medication. 2. Educate the medical community to prescribe Naloxone to family members and friends. 	<p>1) <i>Conduct at least two trainings to certify individuals to administer Naloxone by 6/30/14.</i></p> <p><u>July 2015 Update:</u> <i>Since the program started in June of 2014, 23 trainings have been held and 394 people have been trained.</i></p> <p><u>January 2015 Update:</u> <i>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.</i></p> <p><i>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.</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			<p><i><u>July 2014 Update:</u> 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.</i></p> <p><i>BBH is working to secure more funding so that the 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.</i></p> <p><i>Certified individuals have been asked to notify Behavioral Health or Poison Control when they use their Naloxone.</i></p> <p><i><u>January 2014:</u> Delay of SB 610 regulations has affected implementation of naloxone training. The County will seek funding to implement this training,</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			<p><i>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”.</i></p> <p><i>2) Send letter to community prescribers educating and encouraging them to prescribe Naloxone to family members</i></p> <p><i><u>July 2015 Update:</u> In progress. No updates to report at this time.</i></p> <p><i><u>January 2015 Update:</u> This process is just beginning.</i></p> <p><i><u>July 2014 Update:</u> 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.</i></p>

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	Goal 2: Improve relationships between the Department of Health and Private Substance Abuse Providers. <i>Outreach to private providers to improve communication and assess their knowledge and practice of overdose prevention principles</i>
		Dispenser outreach	
	Insufficient prescriber utilization of PDMP data	Prescriber and dispenser education	Goal 5: Increase knowledge base of all prescribers about opioid abuse, addiction, prevention and treatment.
Dispenser outreach		<i>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)</i>	
		Enrolling prescribers and dispensers in CRISP to access PDMP data	Goal 5: Increase knowledge base of all prescribers about opioid abuse, addiction, prevention and treatment. <i>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)</i>
		Prescriber and dispenser education	

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	<p>Goal 1: Increase Community Awareness of Opioid Abuse, Prevention and Treatment</p> <p><i>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)</i></p>
Social Availability	Lack of knowledge of proper storage and disposal of opioids	<p>Social marketing/media campaign on proper storage and disposal of opioids</p> <p>Promotion of prescription drop-off boxes</p>	<p>Goal 1: Increase Community Awareness of Opioid Abuse, Prevention and Treatment</p> <p><i>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).</i></p> <p><i>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.</i></p>

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).