

Goal 1: ROSC – A recovery management as a model of providing addiction treatment

Objective 1: Develop a system by which Recovery Coaches and RecoveryNet are utilized to assist in the recovery process.

Objective 2: Seek opportunities to increase varied types of supportive housing.

Objective 3: Continue the development of a system by which continuing care needs are determined accurately by clinical assessment

Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	Updates 7/2012
Develop a system by which Recovery Coaches and RecoveryNet are utilized to assist in the recovery process.	<ol style="list-style-type: none"> 1. A representative will attend and participate in all ROSC-related forums/RecoveryNet portal calls. 2. Establish a RecoveryNet program in Harford County. 3. Hire a Care Coordinator for Harford County. 	<p>\$76,000</p> <p>\$32,000</p>	ADAA or other grant funding.	6/2012	<p>RecoveryNet is now established in Harford County.</p> <p>A contract has been signed with Alliance, Inc. establishing them as the county's Care Coordinator for both State Care Coordination and ATR Coordination.</p> <p>The Health Department hired 2 Recovery Coachs.</p>
Seek opportunities to increase varied types of supportive housing. (ie. Recovery House, Halfway House, etc)	<ol style="list-style-type: none"> 1. Establish a contract with female Halfway House. 	\$100,000	Harford County Health Dept. will contract for services with private vendors	7/2011	The Health Department did not receive any responses to the request for proposal for establishing a female halfway house. As a result, funding was moved to provide additional funding for Detox and residential care services. There are 2 female halfway houses as part of ATR.
Continue the development of a system by which continuing care needs are determined accurately by clinical assessment.	<ol style="list-style-type: none"> 1. Continue to work with staff to provide trainings and reminders of the newly established continuing care program. 	\$94,220 through state and county funding	ADAA or other grant funding.	Current and ongoing	<p>Harford County continues to enroll clients in Continuing Care Services. To date 78 people have been enrolled.</p> <p>The Recovery Coaches have designed a new program called "Recovery Coach Program" which started in June 2012. Also, they started an alumni group which is held one time per month. The continuing care folks were invited!</p>

Goal 2: Continue Developing Behavioral Health (Co-Occurring) Treatment Services.

Objective 1: Strengthen stakeholders and leadership group to address issues related to treatment for individuals with co-occurring substance abuse/mental health disorders.

Objective 2: Increase the number of providers who are trained in integrating mental health and substance abuse treatment.

Objective 3: Increase the number of patients receiving integrated behavioral health and addiction treatment

Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	Updates 7/2012
Strengthen stakeholders and leadership group to address issues related to behavioral health treatment for individuals with co-occurring substance abuse/mental health disorders.	Provide training and workshops to administrators and providers. Update the MHAAC on programs that provide co-occurring treatment.	None	Not determined	Current and ongoing	Several meetings held between Harford County Health Department Division of Addiction Services, Office on Mental Health, Office on Drug Control Policy, and Community Services to establish contracts/MOU's in order to provide co-occurring services. As part of the A Behavioral Health subcommittee established within the framework of the LHIP (Local Health Improvement Plan), a meeting held at Upper Chesapeake Hospital with ER doctors and other staff to discuss what behavioral health issues are presenting at the ER, what services are lacking.
Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	Updates 7/2012
Increase the number of providers who are trained in integrating mental health and substance abuse treatment.	Train 75 providers in mental health/substance abuse and general integration of services	\$15,000 (Maryland Community Health Resources Commission)	No Change	5/2013	Recently received grant. Looking into training venue and trainer.
Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	Updates 7/2012
Increase the number of people receiving integrated behavioral health and addiction treatment	HOPE Monitor the number of individuals served in through the public mental health system (through the use of Mental Hygiene Administration/Office on	\$230,657 (Maryland Community Health Resources Commission) Office on	No Change	Current and ongoing	To date, over 800 people have received services from the HOPE program. Services may include: Intake, assessment, treatment and/or referral. This grant ends 11/2012; however, the Health Dept. will be able to sustain this program.

	<p>Mental Health Co-occurring data).</p> <p>The Office on Mental Health, Harford County Sheriff's Office/Detention Center and Harford County Community Services will continue to develop behavioral health pod in the detention center.</p>	<p>Mental Health/PMHS.</p>			<p>Behavioral Health Pod expected to be open for services 9/2012,</p>
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ACCOMPLISHMENTS

Harford County Health Department Division of Addiction Services recently increased psychiatrist hours from 20 to 25 in order to better meet the needs of our clientele. Harford County Health Department has 4 staff members who have received certifications from OETAS training in mental health treatment. Harford County Health Department Division of Addiction Services also has 2 social workers on staff who are dually licensed counselors and just hired 1 social worker trainee, and 3 professional counselor trainee's. All have education in mental health. The Health Department continues to look for innovative ways to integrate mental health and addiction through staffing, training and in-house treatment.

The Health Department also continues to expand the centralized assessment unit. There are now 3 full time assessors. The development of this unit had proven to streamline and expedite persons into treatment services. Furthermore, there is no waiting list as there is a walk-in policy. People are able to receive treatment on demand.

In the previous year, Harford County had developed the Crisis Intervention Team with officers specially trained in responding to calls involving people with behavioral health needs. In FY12, 188 people in crisis received a CIT response and on 45% of those calls a member of the Mobile Crisis Team accompanied the CIT officer to provide mental health services. On average 75% of the people who receive a CIT response have a co-occurring disorder.

During FY12, Harford County was chosen as one of 4 sites working on a SAMHSA sponsored project with the Bazelon Center for Mental Health Law. The goal of the project is to develop a plan that addresses the mental health and substance use issue of persons who are either involved with the criminal justice system or in danger of entry into the system. Mental Health, Addictions, Law Enforcement and Community leaders were involved with the Bazelon team in two visits over 3 1/2 days. An action plan was developed for implementation in FY13. Several mental health providers have dually licensed staff in order to provide recovery-based and best practice care for those with both addiction and mental illness.

In January, 2012, The Harford County Department of Community Services and Harford County Sheriff's Office held a community-wide Re-entry Summit. The purpose of the summit Several hundred offenders are released each year from the Harford County Detention Center. Their successful transition to the community - without reoffending - is critical to community safety. A wide range of efforts are underway to prepare and support offenders for a successful return to the community.

The Harford County Sheriff's Office and Department of Community Services are developing a Model Re-entry System. This system will be designed as a comprehensive, integrated, system-wide approach to delivering support and services to people released from jail. It involves policy and organizational change, and the engagement of jail and community leaders in a collaborative effort. The goal of the Harford County Re-entry model is to improve public safety and reintegration outcomes.

In addition to the Re-entry Initiative, a dedicated behavioral health pod will be opened. Specially trained correctional officers will provide the staffing and supervision in the new behavioral health unit. At this time, 20 officers are trained in the Crisis Intervention Team model and an additional 8 officers are trained in Mental Health First Aid.

Goal 3: Continue to Develop and Implement Intensive Adolescent Prevention, Intervention and Treatment Programming

Objective 1: Provide intensive prevention programming for children and youth.

Performance Target: Increase the number of adolescents accessing prevention and treatment services by 10%.

Measure: Monitor the number of County residents served in substance abuse services through the SMART database and monitor number of targeted prevention events held in the county.

Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	Updates 7/2012
Provide intensive prevention and intervention programming for children and their families: a. Healthy Decisions b. Underage Drinking Initiative c. Prescription drug Take Back Initiatives	Provide training for administrators and providers up to date on best practices. Continue to provide outreach efforts to address underage drinking through partners in the community using environmental strategies.	\$103,476 ADAA \$33,475 ADAA (SPF)	No Change	Current and ongoing	Prevention services to include environmental strategies to address underage drinking. This outreach will include 6,000 youth and 5,000 adults Media campaign and enforcement to address underage drinking

ACCOMPLISHMENTS

Positively Influencing Youth and The Community

The Office of Drug Control Policy (ODCP) continued to work FACE-IT (Faith Activated Community Empowering- Intervention Training), a county wide coalition working in the field of substance abuse prevention. FACE-IT and ODCP held planning meetings and submitted a MSPF planning grant to ADAA to address underage drinking in the Bel Air area of Harford County.

Harford County's youth age 10 to 19 represent 15% of the population (36,000). In general, youth, are impressionable and more vulnerable to peer pressure. Statistically, a child who is mentored is 46% less likely to use illegal drugs; 27% less likely to use alcohol; 54% less likely to skip school; is more confident of their performance in schoolwork; and gets along better with their families. Recognizing this, the Office of Drug Control Policy Kids C.A.N. (Caring Adults Network of mentors) with the help of 185 community volunteers, mentored nearly 200 local children through a school and community-based drug prevention program targeting youth aged 9-13.

Over the past year, the Office of Drug Control Policy has partnered with Harford County Sheriff's Office, local law enforcement departments, and Drug Enforcement Agency, and Upper Chesapeake Health System to organize and implement four county-wide prescription drug take-back events. Nationally, an estimated **6.2 million** Americans over the age of 12 years old reported misusing prescription drugs. Locally, over the past five years, **55%** of the drug and alcohol overdose deaths of Harford County residents were related to prescription drug overdoses. Commenting on the program, Harford County Executive David R. Craig stated, "I am pleased that this most recent Prescription Drug Take Back Day was another successful event. Each pill turned in represents a pill that will not get into the hands of someone who would abuse it. These medications will be properly disposed of without harm to the environment or to public health." To date, **over 5,000 pounds** of prescription medications have been taken back in Harford County.

Harford County Mental Health and Addictions Advisory Council Accomplishments

- Each year the Harford County Mental Health and Addictions advisory Council takes the opportunity to review strategic plans from the Health Department and Office on Mental Health/Core Service Agency. During these review, the council also reviewed and updated the vision and mission statements. The update is more reflective of the movement toward a recovery based system.
- Annually, the Council updates its resource matrix. The matrix provides a clear overview of the services available/provided in the county, the partnerships present in the county and the resources being utilized to support people with behavioral health needs.
- Recognizing the need to include a diverse representation from citizens and professionals, the Council increased its membership to include a representative from Upper Chesapeake Health System and a private physician. These new members bring an increased depth of knowledge and a specific medical perspective. The Council also welcomed Ms. Robin Keener as the new Council President. Ms. Keener has many years of experience in the Harford County addiction community and is a well respected member on the council.
- Council Member Mary Ann Lisanti, who serves as the representative from the Harford County Council, attended a Council meeting to listen and learn about needs within the county and how to better serve people with mental health and addiction illnesses.
- The HCMHAA Council reviewed and approved grant applications for the State of Maryland Alcohol Drug Abuse Administration and the Governor's Office of Crime Control and Prevention.
- In order to keep current with community providers, and activities, the Council frequently requests speakers to come to the Council meetings to provide presentations. The Council had the opportunity to learn from SPIN-Support Peer Independence Now (mental health peer support program), Families Anonymous (which recently started a new support group in Bel Air) and Physician's Pain Care (Dr. Saldana- to discuss new treatment options).