



## MENTAL HEALTH ADDICTIONS ADVISORY COUNCIL

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### *FY 2014-2016 Strategic Plan, Update 7/2014, 2<sup>nd</sup> Update 1/2015*

#### **Vision**

The Mental Health & Addictions Advisory Council of Harford County envisions a comprehensive, culturally-sensitive and recovery-oriented substance use disorder and mental health system in Harford County.

#### **Mission**

The Mission of the Council is to expand, strengthen, and sustain an integrated and comprehensive prevention, intervention, and treatment services system to reduce the incidence and consequences of substance abuse and mental health problems in Harford County.

#### **Overview**

Strong partnerships and positive collaboration are the foundation for developing the substance use disorder and mental health systems in Harford County. This collaboration occurs with multiple systems, agencies, and people. To develop and improve the overall delivery of behavioral health services in Harford County, the Harford County Health Department, Harford County Department of Community Services/Office of Drug Control Policy, and Office on Mental Health/Core Service Agency work with strategic partners such as consumers of substance use disorder/mental health services, family members, providers, the Behavioral Health Administration, the State of Maryland Mental Hygiene Administration, Harford County Mental Health and Addiction Council, Harford County District & Circuit Courts, Local Law Enforcement Departments, Harford County Detention Center, Harford County Board of Education, Department of Social Services, Department of Juvenile Services, Harford County Public Library, Harford County Local Management Board, and faith-based agencies.

As the foundation, the Harford County FY14-16 Strategic Plan is based on principles set forth by the Substance Abuse Mental Health Services Administration (SAMHSA) and mirrored by the State of Maryland Department of Health and Mental Hygiene Administration (DHMH). SAMHSA states that behavioral health is essential to the Nation's health – for individuals, families, and communities, as well as for the Nation's health delivery systems. Further, our country and within each community, it can make a difference in its health, justice, social services, educational, and economic systems by addressing the prevention and treatment of mental and substance use disorders and related problems. To guide the country, SAMHSA has identified eight strategic initiatives (<http://www.samhsa.gov/about/strategyExt.aspx>).

## SAMSHA's Strategic Initiatives

- ✦ **Prevention of Substance Abuse and Mental Illness:** Create Prevention Prepared Communities where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This initiative will include a focus on the Nation's youth, Tribal communities, and military families.
- ✦ **Trauma and Justice:** Reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health and behavioral health care systems and by diverting people with substance use and mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery.
- ✦ **Military Families:** Support America's service men and women – Active Duty, National Guard, Reserve, and Veterans – together with their families and communities by leading efforts to ensure needed behavioral health services are accessible and outcomes are successful.
- ✦ **Recovery Support:** Partner with people in recovery from mental and substance use disorders to guide the behavioral health system and promote individual, program, and system level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.
- ✦ **Health Reform:** Broaden health coverage to increase access to appropriate high-quality care and to reduce disparities that currently exist between the availability of services for substance abuse, mental disorders, and other medical conditions such as HIV/AIDS.
- ✦ **Health Information Technology:** Ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participates with the general health care delivery system in the adoption of Health Information Technology (HIT).
- ✦ **Data, Outcomes, and Quality:** Realize an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and to lead to improved quality of services and outcomes for individuals, families, and communities.
- ✦ **Public Awareness and Support:** Increase understanding of mental and substance use disorder prevention and treatment services and activities to achieve the full potential of prevention and assist people in accessing/getting help for these conditions with the same urgency as any other health condition.

## Analysis of Jurisdictional Needs

### Demographics

Harford County is comprised of 440 square miles, is bordered by Pennsylvania, the Chesapeake Bay, and Cecil and Baltimore Counties. Harford County has the seventh largest population in the State of Maryland, which is 4.4% of the state population. According to the Harford County Government-Planning and Zoning Department, the 2014 estimated population is 248,800 and comprise 92,655 households. That number has risen the last several years, and is expected to continue to grow related to the Base Realignment and Closure (BRAC). The latest figures report that Harford County can expect to increase its population by 30,000 over the next five years. The county's growth rate over the last eight years has continued to excel while the statewide population increase has only averaged about 6%. According to the latest statistics available (estimated 2015), children ages 0-19 account for 33% of the total population, ages 20 – 54 account for 41% of the total population, ages 55 – 85+ account for 26% of the total population in Harford County.

The minority populations include approximately 13.9% African-American, 3.6% Hispanic, 2.5% Asian, and a total of less than 2% as other minority categories. As organizations, we respect the individual and cultural differences of our residents and make every effort to develop services that meet the needs of a diverse community.

Wealth of the county population is a major consideration for substance use disorder/mental health planning. The median household income for Harford County is slightly above the average for the State. According to the Department of Health and Mental Hygiene, 30,050 (FY 2012) Harford County Residents were enrolled in Medical Assistance. The number of children living in single parent homes has increased steadily, which will increase the chances that a child will live in poverty. In addition, the number of families in need of public assistance has increased. Those individuals living below the poverty line in Harford County is estimated at 7.4%.

Based on the most recent data available through the Maryland Behavioral Health Administration (BHA):

- Based on current treatment data to date, it is estimated that about 7,500 Harford County residents have a substance abuse problem requiring treatment.
- In FY 13, 1,625 residents received treatment in State-supported facilities; 407 in non-State-supported facilities and 68 in both. These numbers are unduplicated counts, meaning that if a person was admitted two or more times, they were only counted one time.
- In FY 14, 1,697 residents received treatment in State-supported facilities; 373 in non-state-supported facilities and 64 in both. These numbers are unduplicated counts meaning that if a person was admitted two or more times, they were only counted one time.

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The demographics of those residents who received treatment in FY 14 are as follows: (UNDUPLICATED NUMBERS)

State Supported Programs			Non-State Supported Programs		
AGE GROUP	RACE/ETHNICITY	FY 2014	AGE GROUP	RACE/ETHNICITY	FY 2014
<b>ADOLESCENTS</b>	WHITE MALES	18	<b>ADOLESCENTS</b>	WHITE MALES	13
	WHITE FEMALES	10		WHITE FEMALES	6
	BLACK MALES	20		BLACK MALES	3
	BLACK FEMALES	4		BLACK FEMALES	0
	HISPANIC MALES	2		HISPANIC MALES	2
	HISPANIC FEMALES	1		HISPANIC FEMALES	0
	OTHER MALES	3		OTHER MALES	0
	OTHER FEMALES	2		OTHER FEMALES	1
	<b>TOTAL</b>	<b>58</b>		<b>TOTAL</b>	<b>25</b>
<b>ADULTS</b>	WHITE MALES	445	<b>ADULTS</b>	WHITE MALES	114
	WHITE FEMALES	290		WHITE FEMALES	82
	BLACK MALES	152		BLACK MALES	7
	BLACK FEMALES	54		BLACK FEMALES	3
	HISPANIC MALES	27		HISPANIC MALES	1
	HISPANIC FEMALES	13		HISPANIC FEMALES	1
	OTHER MALES	12		OTHER MALES	2
	OTHER FEMALES	7		OTHER FEMALES	1
	<b>TOTAL</b>	<b>1000</b>		<b>TOTAL</b>	<b>211</b>

CURRENT MENTAL HEALTH PROBLEMS			CURRENT MENTAL HEALTH PROBLEMS		
<b>ADOLESCENTS</b>	YES	34	<b>ADOLESCENTS</b>	YES	9
	NO	24		NO	16
<b>ADULTS</b>	YES	490	<b>ADULTS</b>	YES	72
	NO	508		NO	139
	UNKNOWN	2			

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State Supported Programs

Non-State Supported Programs

AGE GROUP	EMPLOYMENT STATUS	FY 2014	AGE GROUP	EMPLOYMENT STATUS	FY 2014
<b>ADOLESCENTS</b>	Full-Time Employed	2	<b>ADOLESCENTS</b>	Full-Time Employed	2
	Park-Time Employed	7		Park-Time Employed	2
	In Skills Development or training	38		In Skills Development or training	0
	Other Out of Work Force	4		Other Out of Work Force	0
	Unemployed	7		Unemployed	21
	<b>Total</b>	<b>58</b>		<b>Total</b>	<b>25</b>
<b>ADULTS</b>	Full-Time Employed	195	<b>ADULTS</b>	Full-Time Employed	72
	Park-Time Employed	103		Park-Time Employed	20
	Disabled	111		Disabled	7
	Incarcerated	0		Homemaker Full Time	13
	Homemaker Full Time	11		In Skills Development or Training	2
	In Skills Development or Training	19		Retired	2
	Retired	5		Other Out of Work Force	14
	Other Out of Work Force	45		Unemployed	81
	Unemployed	511		<b>Total</b>	<b>211</b>
	<b>Total</b>	<b>1000</b>			

- 31% women
- 6% adolescents
- 26% African-Americans, Hispanic, or individuals of other minority groups
- 49% with co-occurring mental health problems
- 57% without any employment or disabled

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In FY 2014, the public mental health system served 6,288 people; 2,452 children/adolescents, 358 transitional aged youth, and 3,478 adults. Of these, 731 were new to the public mental health system, for an increase of 13.2% from FY13. The Office on Mental Health monitored \$24.8 million through the PMHS Fee-for-Service system and provided \$3.4 million in grant funds for services and programs in the County. One of the key components of the Mental Health system in Harford County is the Mobile Crisis Team which handled 1,086 crisis calls and responded to 513 persons in crisis, and provided in-home intervention to 162 consumers.

On January 29, 2014, the Harford County Department of Community Services conducted a point in time study to capture data on people who are homeless in Harford County. 223 people were identified as being homeless. 94 of the 223 (42%) reported having a mental health or addiction disorder.

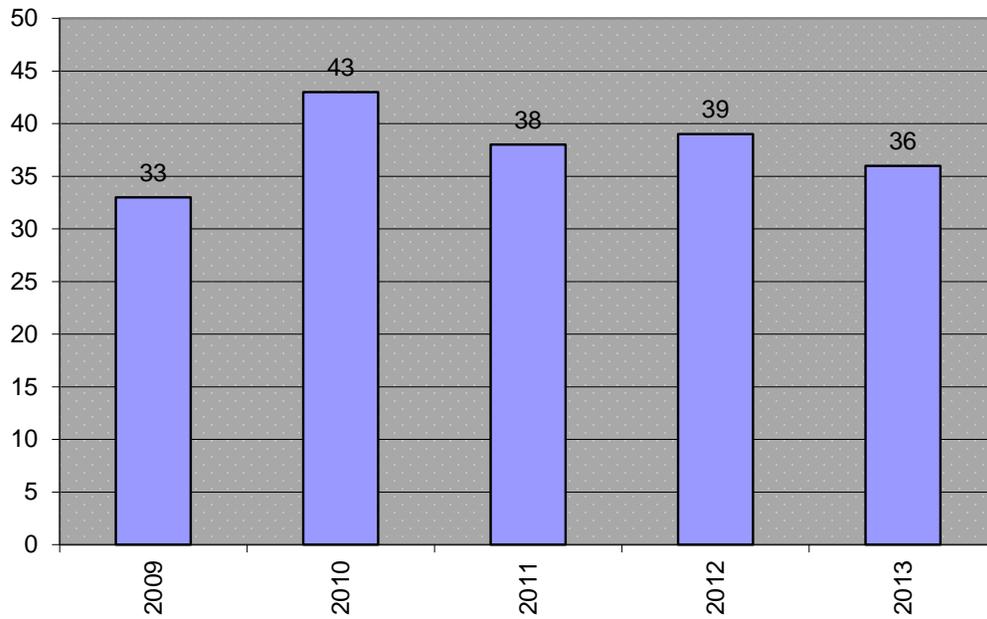
### **Needs Assessment**

The Mental Health and Addictions Advisory Council is comprised of representatives from the consumers of addiction/mental health services, family members, substance use disorder/mental health providers, Harford County Health Department, Office on Mental Health/Core Service Agency, Judicial and Criminal Justice, etc. The Council participated in a thorough review and discussion about addiction and mental health system goals, barriers and areas for growth in the county. Furthermore, the Overdose Prevention Workgroup, comprising of Harford County Health Department Health Officer and Division of Behavioral Health staff, Community Services Department, Office on Mental Health, and Office on Drug Control Policy, met to discuss the overdose problems in Harford County and to develop a plan to help decrease such incidents. Below are graphic representations outlining Harford County's statistics.

A review of quantifiable and qualitative/soft data (focus group and on-line survey) was used to gain an overall understanding of the addiction issues in the county. The data snapshot presented below is based on information available from the Department of Mental Health and Hygiene, Behavioral Health Administration, Mental Hygiene Administration and local data sources (Harford County Sheriff's Office, Upper Chesapeake Medical Center, etc.). This first broad step in conducting the data review provides ideas, measures, and areas to explore in order to better understand the addiction, prevention and intervention needs in the community.

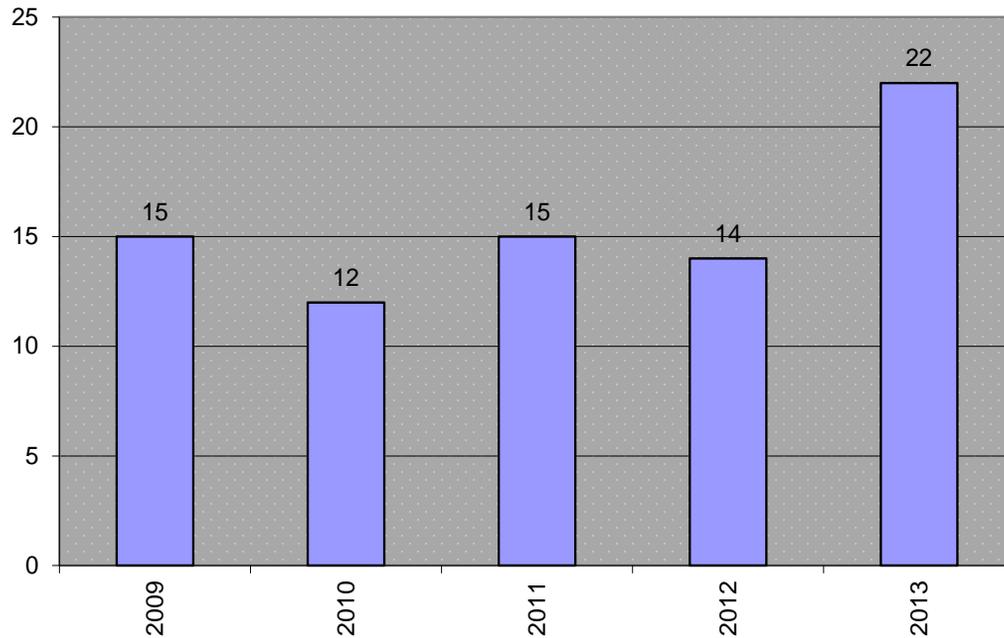
**Figure 1**

**Total Number of Drug and Alcohol-Related Intoxication Deaths**  
*by place of occurrence*  
**HARFORD COUNTY**



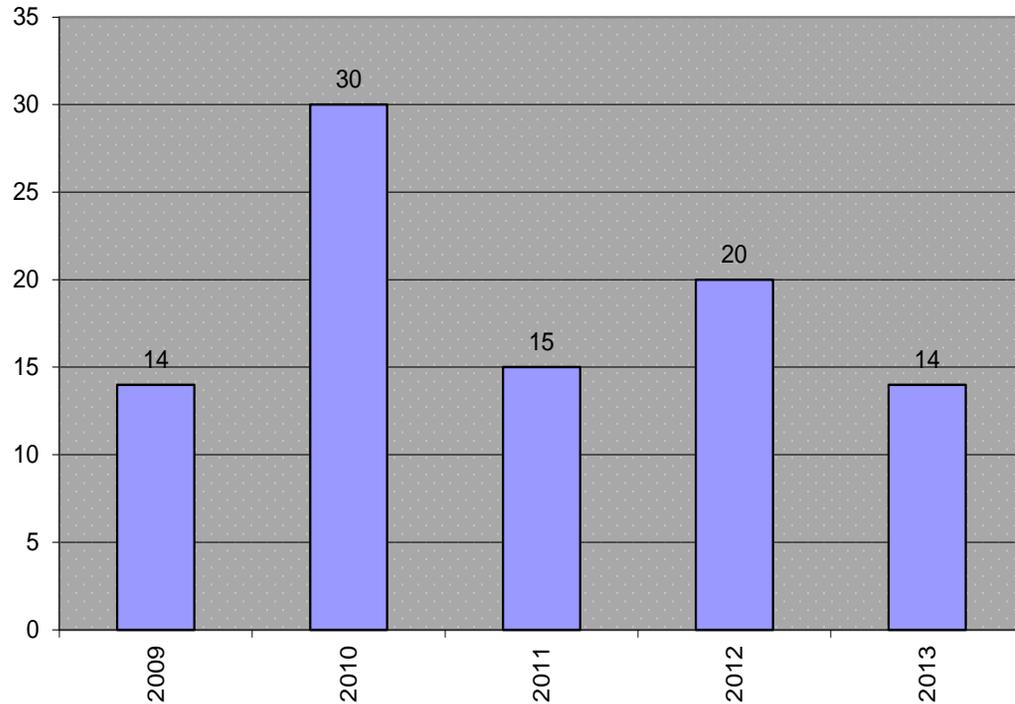
*Above taken from Maryland Department of Health and Mental Hygiene – “Drug and Alcohol Intoxication Deaths in Maryland, 2013”*

**Total Number of Heroin-Related Intoxication Deaths**  
*by place of occurrence*  
**HARFORD COUNTY**



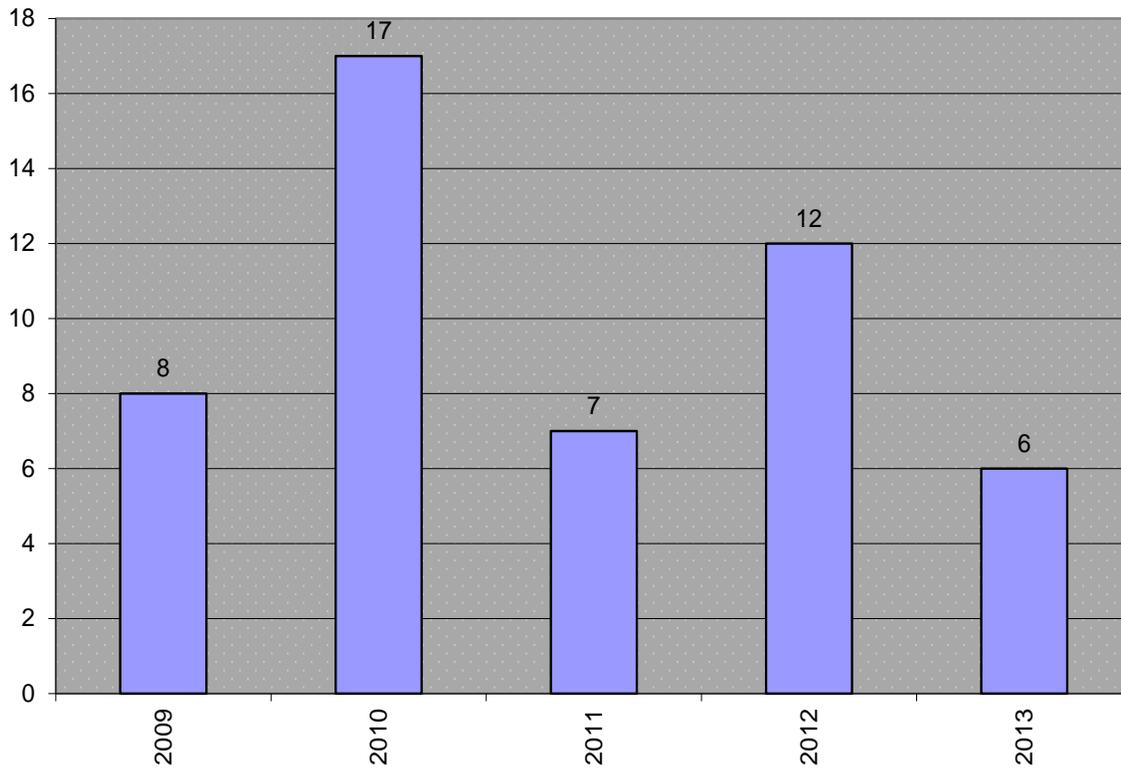
*Above taken from Maryland Department of Health and Mental Hygiene - "Drug and Alcohol Intoxication Deaths in Maryland, 2013"*

**Total Number of Prescription Opioid-Related Intoxication Deaths**  
*by place of occurrence*  
**HARFORD COUNTY**



*Above taken from Maryland Department of Health and Mental Hygiene - "Drug and Alcohol Intoxication Deaths in Maryland, 2013"*

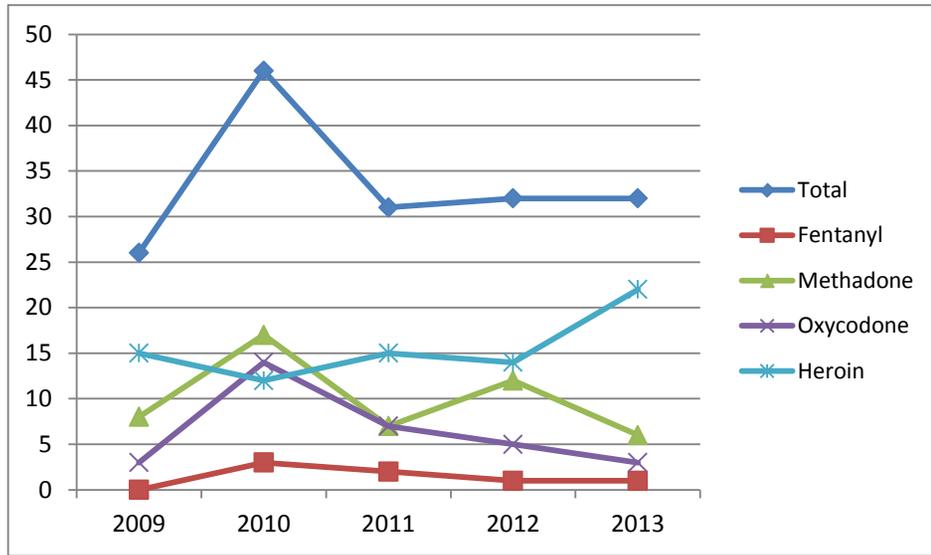
**Total Number of Methadone-Related Intoxication Deaths**  
*by place of occurrence*  
**HARFORD COUNTY**



*Above taken from Maryland Department of Health and Mental Hygiene - "Drug and Alcohol Intoxication Deaths in Maryland, 2013"*

**Figure 2**

**Number of Prescription Opioid and Heroin Deaths in Harford County**



	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Total</b>	<b>26</b>	<b>46</b>	<b>31</b>	<b>32</b>	<b>32</b>
<b>Fentanyl</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Methadone</b>	<b>8</b>	<b>17</b>	<b>7</b>	<b>12</b>	<b>6</b>
<b>Oxycodone</b>	<b>3</b>	<b>14</b>	<b>7</b>	<b>5</b>	<b>3</b>
<b>Heroin</b>	<b>15</b>	<b>12</b>	<b>15</b>	<b>14</b>	<b>22</b>

To sum up the above graphs and in reviewing the data from the last five years for prescription opioid and heroin deaths, the average number of deaths has been 33.4. In 2010, there was a spike in the number of death (46). By comparison, in a typical year, the death ranges from 26-32 (with 46 deaths in a year being the outlier).

**Figure 3**

**Patient Residence for Admissions to State-Supported Alcohol and Drug Abuse Treatment Programs Reporting Data**

<b>Harford County Drug and Alcohol Treatment FY 10 - 14</b>						<b>Total</b>
	<b>FY 10</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>	
<b>Number of Admissions to State Funded Treatment Centers</b>	<b>1,091</b>	<b>1,305</b>	<b>1,372</b>	<b>1,286</b>	<b>1,388</b>	<b>6,442</b>

**Source BHA, 2014**

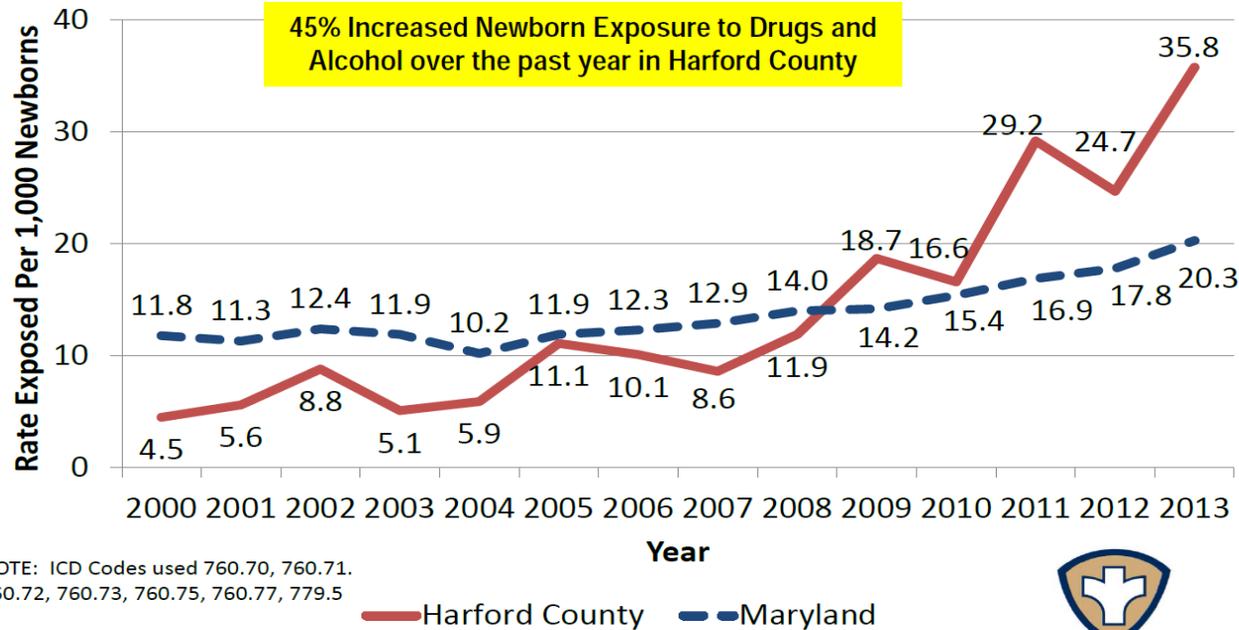
**Figure 4**

**Heroin- Related Admissions to treatment providers in Harford County, FY 12 – FY 14**

<b>Heroin-Related Admissions</b>			
<b>Harford County Providers</b>	<b>Fiscal Year of Admission</b>		
	<b>2012</b>	<b>2013</b>	<b>2014</b>
Emmorton Psych	4	1	0
Harford Co Tx for Juveine Drug Court (101004)	1	2	3
Medication Assisted Treatment Technologies (MATT) partly supported by Harford County Health Dept	141	117	139
Serenity Health, LLC	55	93	29
Emmorton Psych Chartered	5	0	0
Joppa Health Services Inc	119	142	125
Harford Health Dept.	87	138	186
<b>Total</b>	<b>412</b>	<b>493</b>	<b>482</b>

Figure 5

### Rate of Hospital Visits for Newborns Born with Maternal Drug/Alcohol Exposure in Harford County and Maryland, 2000-2013\*



NOTE: ICD Codes used 760.70, 760.71, 760.72, 760.73, 760.75, 760.77, 779.5

\* 2013 DATA IS PRELIMINARY – Data compiled by DHMH, Chart prepared by HCHD  
 Source: HSCRC Hospital Data, 2000-13, Maryland resident births only



The Upper Chesapeake Hospital System tracks the number of babies born addicted to drugs. As the above table indicates the newborn substance exposure has increased over 5-fold since 2000. The Harford County Child Fatality Review Board recently began monitoring this indicator which is an indirect reflection of the rate of increasing addiction in the county.

**Figure 6- Persons served in the Harford County Public Mental Health System**

<b>Age</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>0 - 5</b>	232	272	183	270
<b>6 - 12</b>	967	1,119	965	1,253
<b>13 -17</b>	674	770	691	929
<b>18 - 21</b>	305	364	288	358
<b>22 - 64</b>	2,185	2,775	2,444	3,436
<b>65 +</b>	29	33	39	42
<b>Total</b>	<b>4,392</b>	<b>5,333</b>	<b>4,610</b>	<b>6,288</b>

The Harford County Office on Mental Health/Core Service Agency monitors the number of people who receive public mental health services in the county. The total number served:

- FY 11, 4,392
- FY 12, 5,333
- FY 13, 4,610
- FY 14, 6, 288
- As illustrated above, the overall number of people served in the public mental health system continues to increase each year.

**Figure 7 – Drug Seizures and Drug Take Back Events**

<b>Year</b>	<b>Heroin</b>	<b>Opiate/Prescription Meds./Pills</b>
<b>2009</b>	<b>61 grams</b>	<b>395</b>
<b>2010</b>	<b>138 grams</b>	<b>1,076</b>
<b>2011</b>	<b>341 grams</b>	<b>4,011</b>
<b>2012</b>	<b>2,336 grams</b>	<b>1,628</b>
<b>2013</b>	<b>1,231.6 g</b>	<b>775</b>

Source: Harford County Sheriff's Office/Task Force

**Take Back Events**

<b>2012</b>	<b>3,472 Pounds</b>
<b>2013</b>	<b>4, 044 Pounds</b>
<b>2014</b>	<b>5,010 Pounds</b>

Figure 8 – 2013 - Youth Risk Behavior Survey

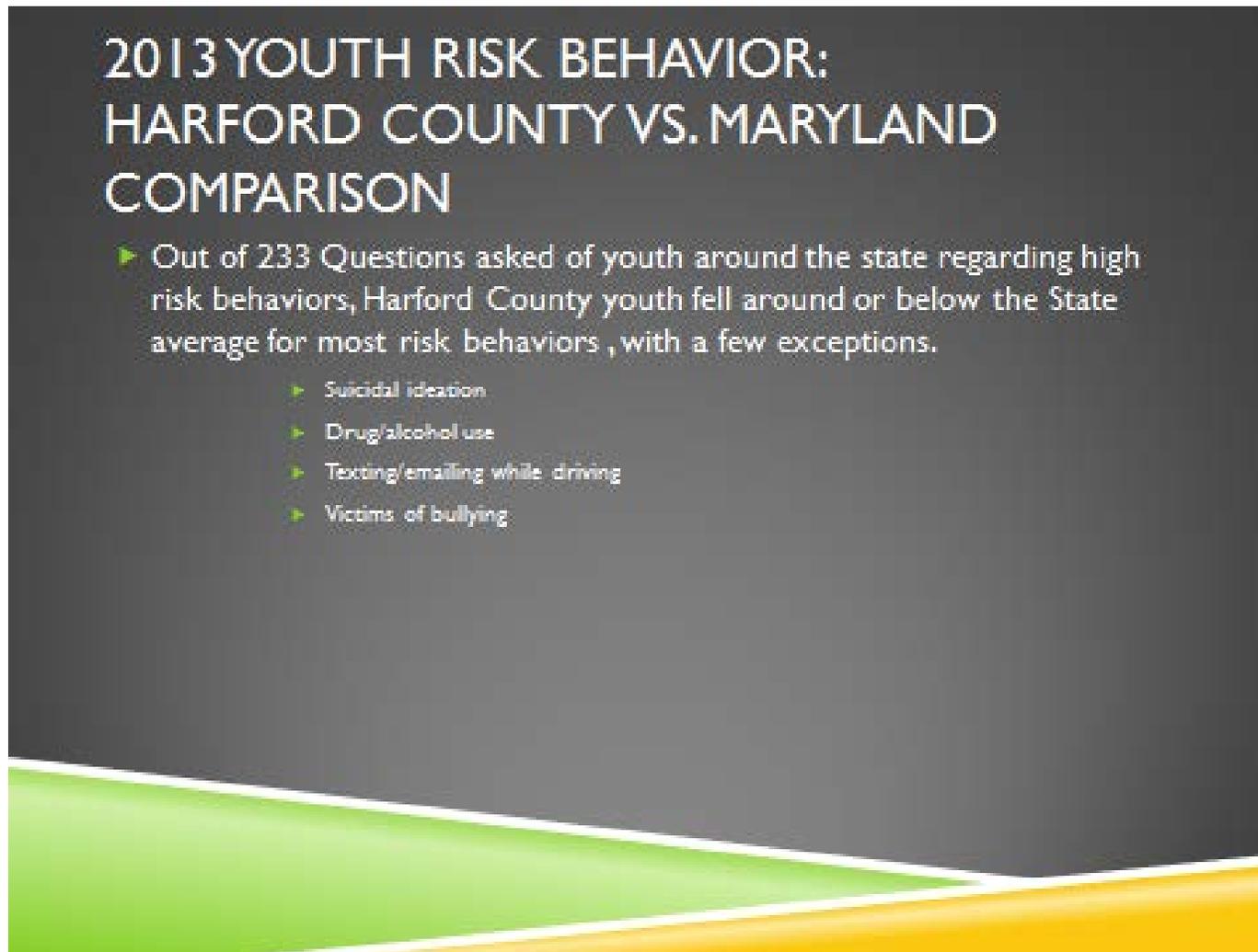


Figure 9- 2013 - Youth Drug Use

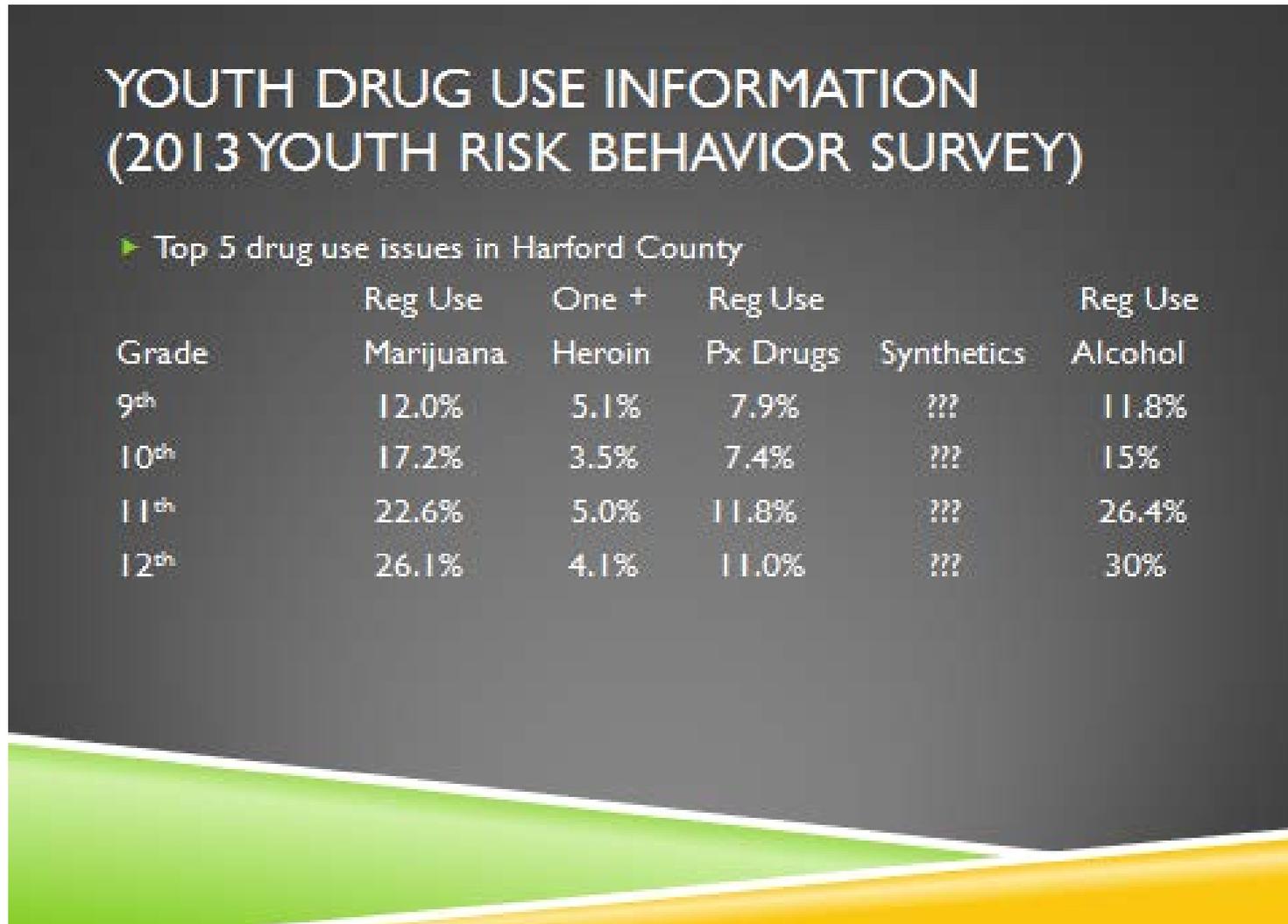


Figure 10 – Youth Risk Behaviors

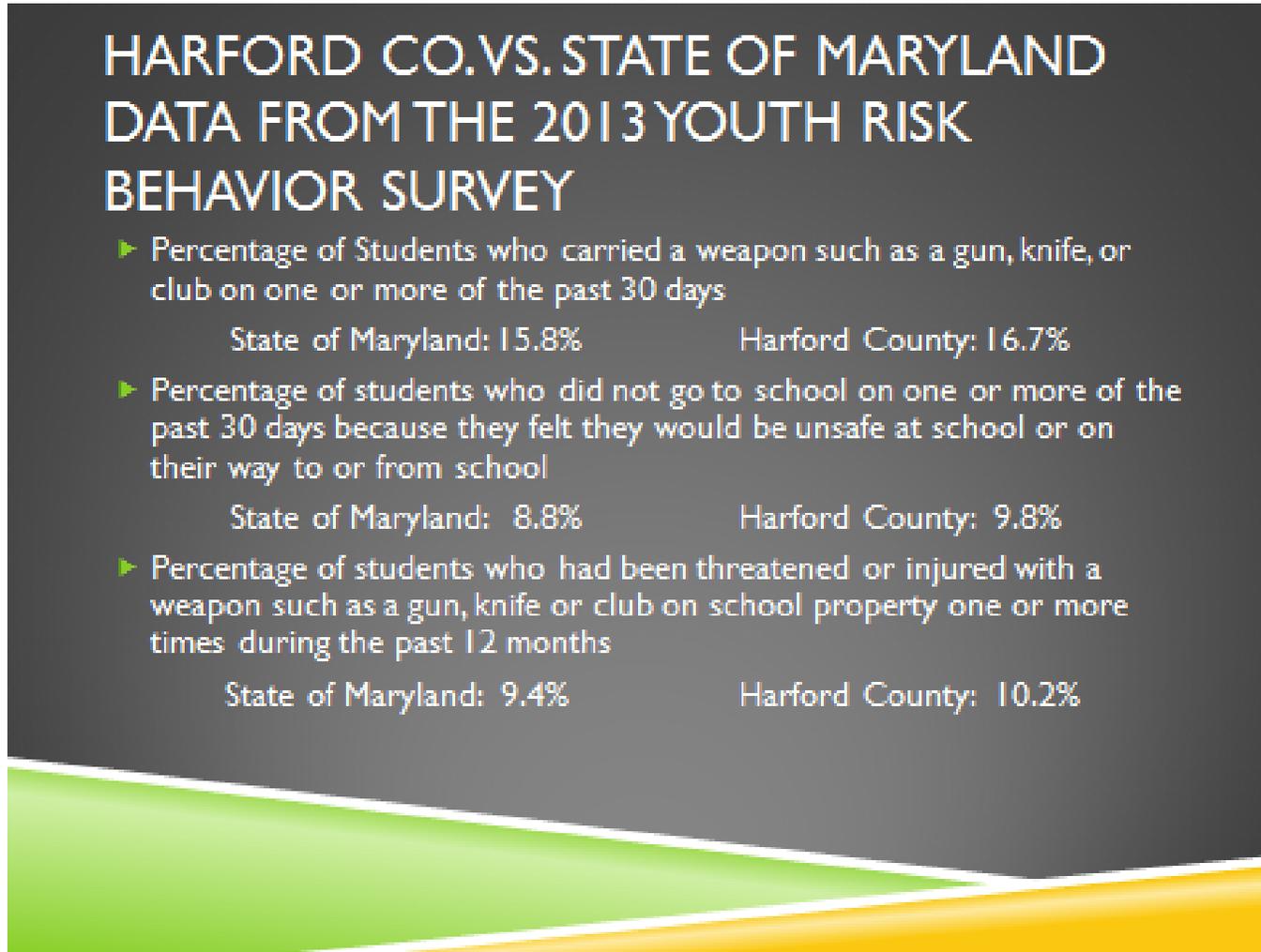
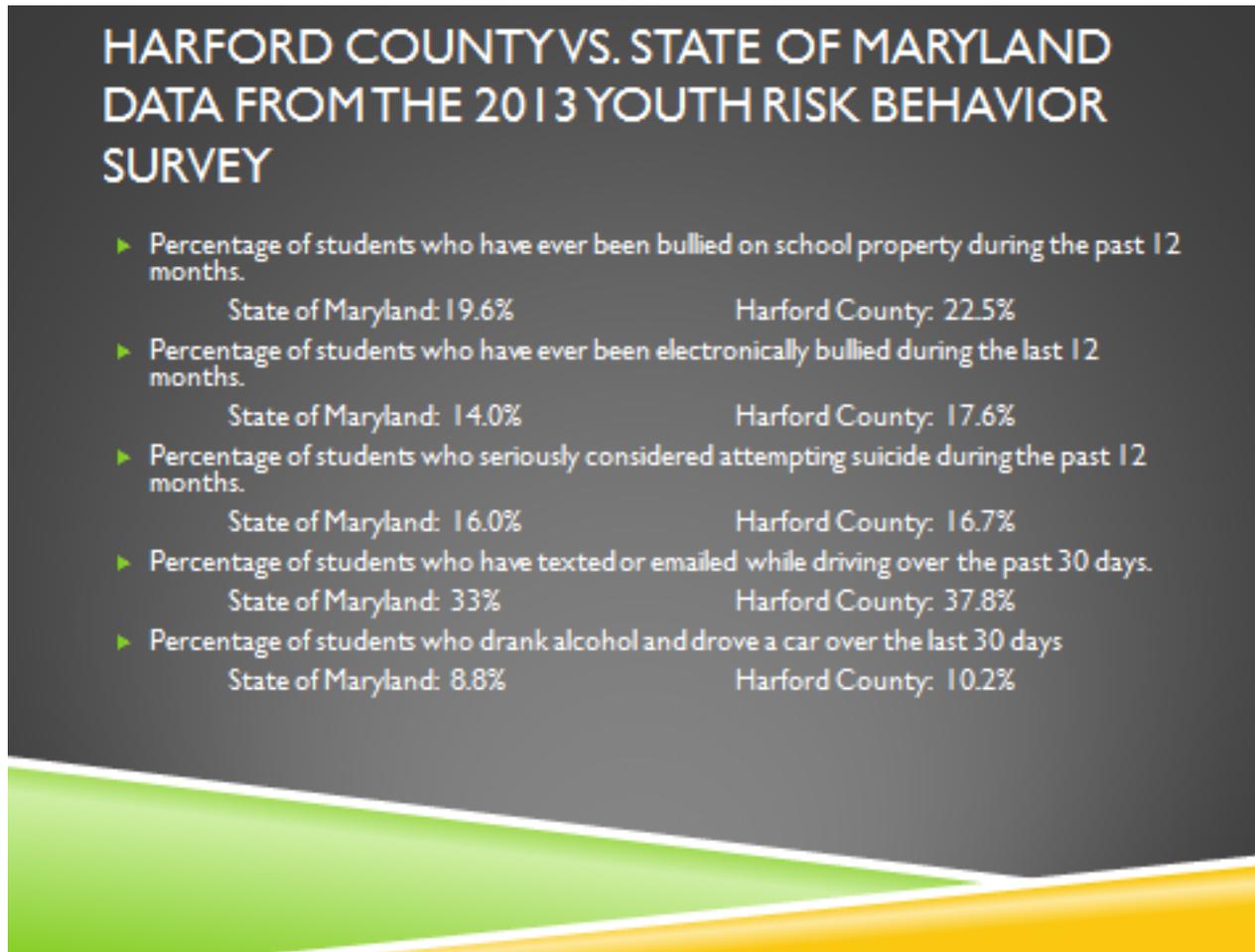


Figure 11 – Bullying, Suicidal Ideation/Attempts, Risky Behaviors



To summarize the youth data: Harford County youth rank higher in high risk behaviors such as bullying, suicide attempt/plans, substance use and texting while driving.

## Analysis of the Local Continuum of Care

The Harford County Health Department's Division of Behavioral Health oversees and administers a comprehensive continuum of care that includes the following:

- ASAM Level 0.5 Early Intervention services to adults and adolescents at Health Department site
- ASAM Level I services to adults and adolescents at Health Department site with opioid medication treatment vended out (OTP)
- Level II.1 Intensive Outpatient Program (IOP) for adults and adolescents at Health Department site
- Level III.7 care through agreements between the Health Department and intermediate care facilities, including Mountain Manor and Shoemaker, which provide detoxification and inpatient services to adults.
- Continuing Care – offered to those clients who successfully complete treatment and volunteer to stay involved via phone contact
- Peer Recovery – offered to any interested client at any time throughout treatment and continues as long as client is interested
- Halfway House or Recovery housing through a local navigation program, ACR
- Family Support Group
- Women's Support Group

The Harford County Government also provides funding for two halfway houses in the County:

- ASAM Level III.1 care for 12 men provided by the Mann House, located in Bel Air, Maryland\*
- ASAM Level III.1 care for 8 women provided by Homecoming Project, Inc, located in Bel Air, Maryland

**Harford County still continues with system barriers, gaps and challenges such as:**

- Lack of adequate affordable housing, particularly with people with criminal histories and poor credit histories
- Lack of comprehensive transportation system
- Insufficient number of halfway houses and transitional treatment providers
- Need for adequate residential treatment for adolescents, halfway housing for opioid-dependent individuals on medication such as methadone or suboxone

**Goal 1: Develop mechanisms to integrate substance abuse and mental health treatment programs**

**Objective 1:** Harford County Health Department Division of Addiction Services explore becoming an OMHC.

**Objective 2:** Bring together multi-disciplinary providers for information sharing and cross training of addiction and mental health.

**Objective 3:** Investigate ways to promote behavioral health screenings within primary care and urgent care practices

**Objective 4:** Explore ways to share resources between addictions and mental health providers

Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	UPDATE 7/2014
Harford County Health Department Division of Addiction Services explore becoming an OMHC.	<ol style="list-style-type: none"> <li>Attend Interest Meeting</li> <li>Complete eligibility application</li> </ol>	NA	NA	<p>April 2013</p> <p>July 2013</p>	Application submitted on 6/7/14 and correspondence received from OHCQ stating received application and will be scheduling a site visit
Bring together multi-disciplinary providers for information sharing and cross training of addiction and mental health	Provide forum for joint trainings.	\$5,000 GRANT ENDED	MCHRC	2013 and ongoing	<ol style="list-style-type: none"> <li>Embracing Change Conference 6/2013</li> <li>The Emerging Face of Aging: Caregiver Conference</li> </ol>

**UPDATE 1/2015:**

The Harford County Health Department received its approval in August 2014. An application was sent to Medicaid in order to be assigned a MA number which was received 12/2014. The Health Department has renamed its addiction program to Division of Behavioral Health and is now treating persons with mental illness.

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Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	UPDATE 7/2014
Investigate ways to promote behavioral health screenings within primary care and urgent care practices.	Work with HealthLink to begin implementing mental health and substance abuse screenings and referrals.	None	N/A	2014	Conducted a training for primary care physicians called "Recognizing and Responding to Suicide Risks in Primary Care" 3/21/2014 Over 52 ToolKits were distributed. The project will be ongoing until 12/31/14.
Explore ways to share resources between addictions and mental health providers.	DAS Peer Specialist report to SPIN as needed to provide support and information regarding recovery services to SPIN.	None	ADAA	2013 and ongoing	DAS has a Peer permanently station at SPIN, now known as, It's A New Day, one day a week for a few hours to provide recovery meetings and to discuss recovery topics.

**UPDATE 1/2015:**

**The Harford County Health Department Division of Behavioral Health continues to house a Peer Specialist at It's A New Day to provide recovery meetings and discuss recovery topics, and in addition, a second Peer Specialist is there two times a month to conduct a drum circle.**

**Goal 2: Improve delivery and awareness of behavioral health services**

**Objective 1:** Reduce Emergency Department visits for behavioral health conditions.

**Objective 2:** Use technology to promote behavioral health wellness.

**Objective 3:** Raise community awareness around prescription drug use/misuse, treatment, monitoring, and appropriate storage and disposal

**Objective 5:** Increase education on prescription drugs and behavioral health within schools

**Objective 6:** Investigate ways to promote recovery and support through peers, families, and faith based community

<b>Objectives</b>	<b>Performance Measures/Targets</b>	<b>Current Funding Amount</b>	<b>Nature and Source(s) of Budgetary change needed (or Received)</b>	<b>Target Date</b>	<b>UPDATE 7/2014</b>
Reduce Emergency Department visits for behavioral health conditions.	Establish and implement a MOU between DAS and local ED departments to include written protocols on referring patients directly from hospital to DAS or residential level of care for detox and/or residential level of care	None	N/A	2013 and ongoing	MOU written and at the hospital for lawyer review
Use technology to promote behavioral health wellness.	Establish a pilot program at Teen Diversion where automatic text messages go to patients for appointment and medication reminders. (Syquent)  ODCP will use twitter and facebook for Teen Court reminder notices.	\$18,000	Maryland Community Health Resources Commission	December 2013	Grant ended and costs too much to continue. Program found it helpful in many ways but again could not afford to keep pilot going.  ODCP requested to hire a part time person who's duties will include doing press releases via face book and other electronic systems that adolescents use

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Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	UPDATE 7/2014
<p>Raise community awareness around prescription drug use/misuse, treatment, monitoring, and appropriate storage and disposal.</p>	<p>Establish one permanent prescription-take back location site in the county</p>	<p>\$25,417</p>	<p>ADAA</p>	<p>2014</p>	<p>Two permanent sites were established: one in Bel Air and one in Havre de Grace. We are looking for another location in the County for a 3<sup>rd</sup> permanent drop off site.</p>
<p>Increase education on drugs and behavioral health within schools.</p>	<p>Harford County Health Dept. DAS becoming more involved with schools and doing more assessments in schools.</p> <p>Provide education about the dangers of prescription drugs and alcohol use by implementing:</p> <ul style="list-style-type: none"> <li>• Education and awareness using Alcohol.edu a NREPP program approved by SAMSHA.</li> <li>• Parents who Host Lose the Most</li> </ul>	<p>None</p> <p>\$25,417</p>	<p>N/A</p> <p>ADAA</p>	<p>Starting 8/2013</p>	<p>DAS has established a relationship with the Alt Ed school and has stationed a counselor there 1 time a week.</p> <p>Unfortunately clinical supervisor left before this was accomplished. Position still vacant.</p>

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Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	UPDATE 7/2014
Investigate ways to promote recovery and support through peers, families, and faith based community.	Bring Anonymous People documentary to Harford County	\$5,000	ADAA	9/2013	Completed
	Promote and support students visiting Target America.	\$8,500	Harford Co- ODCP HCHD	8/2014	<p>Harford County Office of Drug Control policy sent the entire 7<sup>th</sup> grade to the exhibit. HCHD-DAS send two schools and their staff to this exhibit.</p> <p>There will be 4 events for Recovery Month:</p> <ol style="list-style-type: none"> <li>1. 5k Run</li> <li>2. Vigil for friends and family who have lost loved ones to overdose deaths</li> <li>3. Softball tournament for the recovery community</li> <li>4. Sponsoring the Human Rope to stop the Dope</li> </ol>

**UPDATE 1/2015:**

**The Harford County Health Department Division of Behavioral Health and the University of Maryland Upper Chesapeake have executed the MOU and a process is in place where individual seeking ER for behavioral health needs are referred to the Health Department directly from the hospital during hours of operation, otherwise the very next day. These patients are immediately seen at the Health Department.**

**We are looking to expand this MOU to include Peer Specialist going to the ER and medical units to meet with patients and to assist with recovery planning.**

**Harford County now has five permanent prescription drop off boxes located throughout the county.**

**The MOU with Harford County Public Schools has ended due to staffing problems at the Health Department.**

**Office on Drug Control Policy is now working with Middle School health teachers to teach refusal skills regarding drugs and alcohol.**

**Target America Exhibit – 4,350 Harford County students were transported to and viewed the exhibit.**

**In September the 5K Run for Recovery was a huge success as well....there were 120 persons who ran the race.**

**Goal 3: Enhance resources and programs to address the consumers in the behavioral health and criminal justice system.**

**Objective 1:** Enhance the operations of the mental health and drug court programs.

**Objective 2:** Increase capacity for clients referred through the criminal justice system (detention center).

Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	UPDATE 7/2014
<p>Increase the overall operations of the mental health and drug court programs through strategic planning.</p>	<p>The Specialty Court Coordinator through ODCP will monitor and report on monthly data from the drug and mental health court programs.</p> <p>The Coordinator will work with the mental health court program to lead a strategic planning session and continue to develop the diversion program through MHDP.</p>	<p>\$54,500</p>	<p>Md. State Office of Problem Solving Courts to Harford County-Office Drug Control Policy.</p>	<p>2014</p> <p>ongoing</p>	<p>New coordinator was hired 6/2014.</p> <p>Under the direction of Honorable Mimi Cooper, the Specialty Court Coordinator has continued to work with the MHDP team on strategic planning,</p>

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Objectives	Performance Measures/Targets	Current Funding Amount	Nature and Source(s) of Budgetary change needed (or Received)	Target Date	UPDATE 7/2014
Continue to develop and expand the CIT- law enforcement based crisis intervention team.	Conduct 2 new CIT courses in FY 14 and FY 15 to increase the number of CIT law enforcement and correctional officers	\$ 52,632	Grant funded by the State of Maryland Mental Hygiene Administration to the Office on Mental Health.	2015	<p>In FY14, the CIT program received funding for a full-time coordinator. The coordinator was hired by the Harford County Sheriff's Office.</p> <p>In April, 2014, CIT training was conducted with 25 new CIT law enforcement and correctional officers.</p> <p>A CIT booster training is scheduled for September 29, 2014.</p>

**UPDATE 1/2015:**  
 There have been several strategic planning meeting regarding the Mental Health Diversion Court to help redesign and serve more clients.

**Goal 4: Decrease the number of overdose's and overdose deaths.**

**Objective 1: Establish a Fatality Review Board**

**Objective 2: Establish a method to review/collect data on known overdoses**

<b>Objectives</b>	<b>Performance Measures/Targets</b>	<b>Current Funding Amount</b>	<b>Nature and Source(s) of Budgetary change needed (or Received)</b>	<b>Target Date</b>	<b>UPDATE 7/2014</b>
Establish an Overdose Fatality Review Board.	An overdose fatality review board will be established to monitor medication overdoses in the county.	None	N/A	2014	Ongoing and Emergency Operations now dispatches a Sheriff's office unit to all overdose calls and they are now tracking and conducting investigations into those calls.
Establish a method to review/collect data on known overdoses.	The Harford County Health Dept and Dept. of Community Services-ODCP will work to identify relevant data to collect and establish a procedure to monitor overdoses in the county.	None	N/A		ongoing

**UPDATE 1/2015:**

**The Harford County Health Department held its first Overdose Fatality Review Board meeting in October 2014. We are reviewing cases on a quarterly basis, or more frequently if needed.**

**Law Enforcement is now responding to all overdose calls, both fatal and not fatal, to collect data related to drug use and distribution of heroin and prescription pills in the county.**

