

Somerset County, Maryland
Strategic Plan
FY 2014-2016

Drug and Alcohol Abuse/Opioid Overdose Prevention
Update and Consolidation July 1, 2014/**Reviewed January 1, 2015**

Vision: A Safe and Drug Free Somerset County			
Mission: To reduce the incidence and prevalence of alcohol and drug abuse and opioid overdoses and the consequences to affected individuals, their families and Somerset County			
Goal 1: Reduce the incidence of illicit opioid use and it's consequences to individuals, their families and the county.			
Problem Statement	Strategies	Performance Targets	Progress/Outcome
Availability and Access to Prescription Medication and Heroin.	<p>1. Educate clinical community on prescription drug abuse.</p> <p>2. Educate providers on Prescription Drug Monitoring Programs.</p> <p>3. Educate public on ways to reduce availability and access to prescription medication.</p>	<p>Partner with WICO to educate physicians, specialists and pharmacists.</p> <p>Provide information to local physicians , physician assistants. and nurse practitioners.</p> <p>Expand locations of drop-off boxes</p>	<p>SCHD physician is participating in workgroup with Wicomico HD to outreach to area prescribers.</p> <p>Information on PDMP was distributed to all Somerset county prescribers.</p> <p>Boxes continue to be available at PAPD and MSP. Additional box is now located at Crisfield Police Department.</p>
Low Perception of Harm.	Educate public on dangers of opioid use and overdose potential.	<p>Distribute Opioid Overdose Prevention Plan brochure and additional educational material at targeted sites throughout the community.</p> <p>Develop billboards and signs to educate on danger of opioid abuse and provide action steps.</p>	<p>FY 13 – 1000 people educate FY 14 – 1234 people educated</p> <p>Contracted for 2 billboards. One on Rt. 13 and one on Rt. 413 to run for 8 months.</p>
Underutilization of Treatment Programs.	Deliver message that treatment is effective and available for all levels of care.	Provide information throughout county on availability of medication assisted treatment to treat opioid addiction.	<p>Website delivers updated messages on available treatment options for opioid addiction</p> <p>SCHD treatment program is publicized through flyers and brochures, as well as direct conversations with medical providers.</p>

		<p>Medication assisted treatment (Suboxone and Vivatrol) will be available for opioid dependent individuals.</p>	<p>SCHD provide Suboxone to 62 clients in FY 14, compared to 26 in FY 13. Have served 66 clients to date in FY 15. Dr. Michael Atkins now provides suboxone to up to 30 clients at McCready Hospital and currently has waiting list of 15 clients. Vivatrol is available at SCHD, but no one elected that treatment option as of 1/2015.</p>
<p>Medication (Naloxone) that effectively reverses opioid overdose is not readily available throughout the county.</p>	<p>Educate and certify individuals who are able/appropriate to administer Naloxone.</p> <p>Emergency responders, physicians, pharmacists, family members of opioid abusers and the public will be educated on Opioid Overdose Prevention Plan.</p>	<p>Apply to become a training entity for the Overdose Response Program.</p> <p>Conduct ORP training and provide participants with certificate of completion, prescription for rescue kit, and voucher to receive kit at no cost to them.</p> <p>Arrange for pharmacy to distribute rescue kits.</p> <p>Opioid Overdose Prevention pamphlets will be distributed throughout the county.</p> <p>Provide Naloxone prescription and voucher to all clients at SCHD who are opioid dependent no later than their second visit.</p> <p>Develop plan with McCready ER to provide Naloxone to all patients treated for opioid overdose upon discharge.</p>	<p>SCHD became an approved training entity in March 2014</p> <p>47 individuals were certified by the ORP in FY 14. 49 individuals were certified by the ORP in FY 15, as of 1/1/2015. All MSP officers completed ORP training in July/August 2014. Crisfield Police began the training process in October.</p> <p>Karemore Pharmacy in Princess Anne currently distributes the rescue kits. SCHD contracted with Marion Pharmacy to do the same and reduce transportation challenges.</p> <p>Notification of trainings is advertised through posters throughout the county – medical offices, pharmacies, post office, laundramats, convenience stores, etc. It is also posted on our website.</p> <p>27 prescriptions have been provided to opioid dependent clients. Medicaid now covers the cost of the prescription.</p> <p>McCready ER docs are developing a procedure to stock Naloxone in pharmacy and distribute to overdose clients upon discharge. They report up to 20 overdoses per year.</p>

*** Somerset County Health Department has secured funding through the Opioid Misuse Prevention Program to expand the activities related to Goal 1. Please refer to the attached Opioid Overdose Prevention Plan.

Goal 2: Further develop and maintain an accessible community system of intervention and treatment services for adolescents.			
Problem Statement	Strategies	Performance Targets	Progress/Outcome
Low number of adolescents engaged in substance abuse treatment compared to high percentage who drink (42% of 10 th graders) or use illicit drugs (24% marijuana, 14% opioids) according to YRBS-2012.	Allow adolescents to access services for substance abuse issues at the earliest point.	Establish SBIRT in both high schools.	Not accomplished. SBIRT is not funded for FY15.
	Strengthen collaborative relationships with community agencies (DSS, BOE, mental health) to encourage referrals to treatment.	Increase number of adolescents enrolled in substance abuse treatment.	FY13-39 FY14-27 FY 15 to date - 19 Adolescent program capacity reduced by 50% for FY15. .50 FTE Adolescent Counselor
	Reduce the effect of transportation as a barrier to treatment.	Increase number of adolescents enrolled in Juvenile Drug Court.	Drug Court discontinued June 30, 2014, due to low enrollment.
		Establish adolescent treatment services in middle and secondary schools in county.	Substance abuse treatment services were delivered at the middle school, alternative school and both high schools in FY14.

Goal 3: Reduce the prevalence and incidence of underage and binge drinking in Somerset County.			
Problem Statement	Strategies	Performance Targets	Progress/Outcome
Access and availability of alcohol.	Increase retail sales compliance regarding sales of alcohol to minors.	Provide TIPS training to merchants.	2 TIPS classes were provided to a total of 5 participants in FY 14.
	Increase awareness of physical dangers and legal repercussions of underage drinking.	Fund law enforcement to conduct compliance checks.	17 compliance checks were conducted in FY 14. PAPD and Crisfield Police are funded for FY 15.
	Reduce availability of alcohol to minors by increasing parental	Conduct media campaign including pamphlets, meetings and billboards.	850 people were educated through distribution of pamphlets, brochures, etc. in FY 14.
		Establish TIPS line with MSP.	TIP line is not functional. Funding is available to establish and publicize it.

	<p>monitoring. Increase perception of physical dangers, legal repercussions of binge drinking.</p>	<p>Implement Parents Who Host campaign.</p> <p>Fund law enforcement to conduct Party Patrols.</p> <p>Build capacity with UMES Campus Police and Student Health Center and Counseling Center.</p>	<p>200 parents received literature from Parents Who Host. 5 yard signs were displayed at private residences and 2 yard signs were displayed at each of the high schools.</p> <p>4 agencies collectively provided 248 hours and responded to 23 parties</p> <p>UMES conducted major media campaign to address risks of binge drinking</p>
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Goal 4: Create a safe environment in the community where individuals in recovery can continue to address their recovery needs.			
Problem Statement	Strategies	Performance Targets	Progress/Outcome
<p>Addiction is a chronic disease that requires engagement in sober support systems to prevent relapse.</p>	<p>Provide peer support services for individuals in or seeking recovery.</p> <p>Provide employment, housing, health, social and recreational activities.</p> <p>Provide support to family members with adult child struggling with addiction.</p>	<p>Operate Wellness and Recovery Center.</p>	<p>Somerset Wellness and Recovery Center became fully operational in July 2012.</p> <p>2 Peer Support Specialists are based out of the Wellness and Recovery Center.</p> <p>Peer specialists and behavioral health staff have provided over 2000 hours of face to face contact at the WRC with individuals for peer counseling, employment assistance, computer instruction, transportation and/or participated in Smoking Cessation, Diabetes Prevention or 12 step programs.</p> <p>Expanded social/recreational activities are now available.</p> <p>Peer Volunteers assist in maintenance of Community Garden.</p> <p>Establish Family Support Group.</p>

Goal 5: Develop integrated Drug and Alcohol Council and Mental Health Council			
Problem Statement	Strategies	Performance Targets	Progress/Outcome
State Alcohol and Drug Abuse Administration and Mental Health Agency merged to Behavioral Health Administration on July 1, 2014. Goal is for local councils to reflect this structural change.	Merge Somerset Drug and Alcohol Council with Somerset Core Service Advisory Council.	Continue conversations with Wicomico-Somerset Core Service Agency to determine how this can be accomplished without losing local identity and loss of participation by Somerset County members.	<p>Not accomplished. Awaiting further direction from BHA.</p> <p>Crisis Intervention Team now established for Wicomico and Somerset Counties with participation from members of both councils.</p>

Goal 6: Reduce Incidence of Marijuana Use Among High Risk Populations/Especially Adolescents and Young Adults			
Problem Statement	Strategies	Performance Targets	Progress/Outcome
Decriminalization of marijuana is perceived as declaration that marijuana is harmless.	Develop and implement comprehensive media campaign that targets high risk populations (teens & young adults, family history of addiction, mental health diagnosis, pregnant women)	Utilize billboards, pamphlets, websites twitter and outreach activities to reach 3,000 people.	In progress