

Behavioral Health Authority (CSA, LAA and LBHA) Local Program Highlights FY'18

<p>Allegany LBHA</p>	<p>Suicide Prevention</p> <ul style="list-style-type: none"> • Suicide outreach efforts include 3 community presentations, one at the request of the Student Council • Participate on the Allegany County Board of Education Suicide Prevention Workgroup • Work with the Local Health Planning Coalition on Suicide Prevention efforts <p>Mental Health Awareness</p> <ul style="list-style-type: none"> • 59 people attended the 24th Annual Candlelight Celebration in observance of Mental Illness Awareness Week featuring a presentation on “Self Care: Preparing/Responding to Disasters”. • 130 people participated in the 3rd Annual Mental Health Matters 5 Mile Run/1.5 Mile Walk. A former BHSA staff person coordinated with volunteer support from BHSA staff. • 216 people trained in Mental Health First Aid • Trained 2 individuals to become trainers in SafeTalk and ASIST • Trained 12 law enforcement and staff from the Thomas B. Finan Center, Department of Juvenile Services, and Western Maryland Health System in CIT for a total of 15 individuals trained 	<p>Expand SUD Service System in response to Opioid Overdoses</p> <p>Working with providers to:</p> <ul style="list-style-type: none"> • Develop 14 ASAM 3.1 Halfway House beds to serve individuals with Opioid Use Disorder operated by Allegany County Health Department, Behavioral Health Services • Develop 2 Opioid Use Disorder Residential Crisis Services operated by Western Maryland Health System • Embed peer in Residential Crisis Services 	<p>Maximize access to housing and offer resources for individuals with mental illness</p> <ul style="list-style-type: none"> • Trained 15 people in SSI-SSDI Outreach, Access and Recovery (SOAR) training • 56 people participated in Homeless Resource Day • Manage HUD COC funding to serve 18 people • Participated in 9 Veteran Provider Meetings to assist with needs of veterans
<p>Anne Arundel CSA</p>	<p>To accommodate the increased number of admissions, to transition hard to place individuals safely into the community and to create a better flow both in and out of Springfield Hospital Center a 16-Transitional Bed Program was developed between Springfield Hospital Center and Anne Arundel County CSA to work with a provider. During FY 2018, the number of individuals who successfully transitioned</p>	<p>In response to the significant increase in substance use calls resulting from the opioid crisis every County Fire Station and police stations was designated a safe environment for individuals looking for assistance in recovery from heroin/opioid addiction. Any resident may seek help 24/7 and are assisted in obtaining detoxification resources. Upon arrival to a designated Safe Station, a medical assessment will be performed and the</p>	<p>In FY 18, the Anne Arundel County Community suffered a huge tragedy when a gunman entered the office of the Capital Gazette newspaper and opened fire. 5 employees of the Capital Gazette lost their lives, 2 more were injured and 26 other Capital Gazette employees were traumatized in the wake of the event. Anne Arundel County Mental Health Agency provided support in a variety of ways:</p>

	<p>out of Springfield Hospital was 36.</p>	<p>Crisis Response Team will determine the best resource and destination available and will ensure a warm handoff. Individuals seeking assistance are required to drop needles and paraphernalia. If illegal substances are found, police will be notified for disposal only. During FY 18, our Crisis Response Teams, served and referred for treatment an average of 17 individuals per week, 868 total assessments were completed, 668 of which were completed for Anne Arundel County residents. 74% of Anne Arundel County residents who were assessed were linked to treatment.</p>	<ul style="list-style-type: none"> • Our Crisis Response Team was at the scene to provide support and mental health services to victims of the tragedy and first responders. • AACMHA provided a call-in number for people looking for staff members after the shooting. Our warmline number was able to handle the call volume that no other County resources could. • The CSA worked collaboratively with other County agencies to ensure that response was coordinated and unified. • In the months after the tragedy, AACMHA has worked with the Anne Arundel County Police Department to provide Active Assailant trainings to help prepare individuals for a possible attack situation. • Administratively, AACMHA staff aided the Community Foundation of Anne Arundel County by serving on the Capital Gazette Fund Distribution Committee, to ensure that families of the victims received a share of the donations in a timely and manner.
<p>Anne Arundel LAA</p>	<p>In an effort to increase judiciary efficacy when managing cases involving SUD and MH, Anne Arundel County LAA began offering monthly judiciary training and education events for Circuit and District Court judges. The long-term goals include the development of a curriculum that offers a certificate for members of the judiciary and ultimately results in improved outcomes for individuals coming before the bench.</p>	<p>Utilizing federal funding and collaborating with stakeholders in the behavioral Health system in Anne Arundel County, we created a virtual network of Crisis Stabilization Service providers located throughout the county to provider 24/7 access to SUD services, including Medication Assisted Treatment for individuals with Opioid Use Disorders. The program, designed to serve 60 persons/month, regularly serves more than 120 each month. Services include up to 4 days residential crisis stabilization, access to Medication Assisted Treatment, care coordination, linkage to SUD treatment and Peer Support Specialists.</p>	<p>In order to decrease the mortality associated with OUD, we expanded the ODSOS (Overdose Survivors Outreach Services) Program which began with Peers in the ED meeting with nonfatal overdose victims to provide naloxone, education and linkage to MAT, to include community based visits. Peers in teams of two respond in the community to victims of nonfatal overdose to provide education and linkage to treatment.</p>

Baltimore City LBHA

In FY 2018 BHSB opened 2 programs that serve as new access points within the system of care.

- **The Maryland Crisis Stabilization Center** provides safe, short-term sobering services 24/7 for individuals under the influence of drugs and/or alcohol or who were recently revived from an overdose. People are screened for eligibility and transported to the center by EMS or mobile crisis teams. The Center's innovative model is the first alternative transport site for EMS for sobering services, offers an alternative to restrictive and costly ED services, and supports recovery in communities, as it links people with substance use disorders to treatment and support services that will help them move forward with their recovery. Since the launch on 4/2/18, 324 clients have been transported to the Center with 199 of those clients accepting referrals to further treatment (a rate of 61.4%).
- With funding from the Maryland Opioid Rapid Response initiative BHSB opened an **Opioid Crisis Center** to provide 24/7 walk-in crisis services within a residential substance use disorder setting for adults with an opioid use disorder. The center began operations on November 13, 2017, has 12 beds to serve individuals for up to 96 hours before transitioning to another level of care, and provides intake and assessment services 7 days a week, 24 hours a day. During FY18, 524 individuals were admitted and 321 (61%) individuals were linked to another level of care upon discharge.

Since 2015, BHSB has supported the development of **Bmore POWER (Peers Offering Wellness Education and Resources)**, which is a network of people with lived experience related to drug use. During FY 2018, Bmore POWER grew to approximately 40 active members who provided harm reduction street outreach (including resource connection and distribution of naloxone, safer sex supplies, and educational materials), educated legislators, and represented their communities on a number of coalitions. Through targeted street outreach and classroom trainings, BHSB staff and Bmore POWER members trained 9,112 people to respond to overdoses and distributed 8,779 naloxone kits. In addition, BHSB and Bmore POWER collaborated in February 2018 to create a behavior change campaign (*Go Slow*, www.20secondssaves.org) about how to stay safer when using drugs in the context of a fentanyl-laden market.

During FY 2018 BHSB sponsored an array of **free professional development opportunities to increase capacity** across the network of providers and other system stakeholders to provide high quality, evidence-based and evidence-informed services. A total of 864 individuals participated in 20 trainings and conferences, including:

- Sensory and Behavioral Issues in Treating Adults with Autism Spectrum Disorder
- Seeking Safety
- Trauma-Informed Supervision
- Understanding the Impact of Grief in Urban Poverty and African American Families
- Person-Centered Planning
- Providers as Part of Resilient Communities
- Suicide Prevention
- Undoing Racism
- SMART Recovery Facilitator Training
- Conscious Discipline Early Childhood Initiative Consortium
- Intersection of Intimate Partner Violence and Behavioral Health Training
- Moving Past Shame and Blame to Recovery and Resilience Conference
- Paving the Road for Behavioral Health Equity Conference

<p>Baltimore County LBHA</p>	<p>Baltimore County BCDH has trained 1368 individuals in the Overdose Prevention Program this year, 4625 since the beginning of the program in June of 2014.</p> <p>The Baltimore County DOLRT continues to meets monthly to review overdose cases and identify system gaps. In an effort to bring evidence-based practices to Baltimore County to reduce overdose deaths, the Bureau of Behavioral Health applied for and received a three-year SAMSHA grant to implement Medication Assisted Treatment into the Baltimore County Detention Center. This project will be implemented in FY 2019.</p> <p>OCC Phone Bank project – BCDH staff provide outreach by phone to individuals in high-risk overdose areas to provide residents with information about resources available in Baltimore County (Peer Recovery Services, SUD screenings, drug drop boxes, Naloxone trainings) and to connect residents with services if requested. Our Phone Bank staff made 32,181 calls in FY 18 and referred 1,618 individuals to services.</p>	<p>The BCDH BBH staff screened 776 adults, 252 adolescents for substance use, and served 172 in the adolescent education program.</p> <p>Baltimore County Crisis Response System BCCRS continues to offer education for the provider community in Baltimore County. In FY18 - BCCRS provided education on crisis services to 1,642 individuals through 39 community events.</p> <p>(BCCRS) is a partnership between Baltimore County Health Department’s Bureau of Behavioral Health, Affiliated Santé Group, and Baltimore County Police Department (BCPD). BCPD added a position to the police supervisor structure this fiscal year. The lieutenant assigned to BCCRS Mobile Crisis Team (MCT) became a full-time position. In FY18: a total of 98 recruits, 126 police officers, 1 BCDC corrections officer, 4 dispatchers, 1 medic and 1 firefighter completed the 40 hour CIT training. In August, a specialized CIT training was provided to Baltimore County School Resource Officers.</p>	<p>Baltimore County BBH expanded peer support services in FY17 increasing the number of Certified Peer Recovery Specialists (CPRS). In FY18, 748 individuals received Peer Recovery Support Services. Information, referral and support is provided to people through the BCDH BBH 88-REACH line from 8:30am to midnight, 6 days per week, staffed by Peer Recovery Support Specialists.</p> <p>In an effort to increase accessibility of MAT in Baltimore County, BCDH BBH employ two physicians in the Buprenorphine outreach project who survey Baltimore County buprenorphine providers and those interested in becoming providers of office-based buprenorphine treatment. 91 providers were surveyed. The information collected will guide programs to address the barriers identified. The project also provided education about MAT to 64 Baltimore County providers.</p> <p>Information and referral was provided to 736 people through the BCDH BBH Help Call line staffed by licensed clinicians.</p>
<p>Calvert County CSA</p>	<p>The creation of our Mental Health Court Docket is a huge success story in our small county. Judge Wells has supported the program from the beginning and now has the States Attorney’s Office staff, Public Defenders Office staff, Mental Health Social Workers currently working in our local Detention Center excited about the establishment of the Mental Health Court.</p> <p>Calvert County SOAR Program (SSI / SSDI Outreach, Access, & Recovery) is up and running. We now have 4 individuals</p>	<p>Calvert County Continuum of Care (Shelter Plus) went from 19 to 20 families, and we have 12 more apartments currently being built that will be ready by the spring of 2019.</p> <p>Southern Maryland Family Navigation Program exceeded their goals and expectations for FY18 and will probably do the same in FY19. They are required to serve 20 new families in all 3 counties. In FY18, Charles County had 32, St. Mary’s 34 and Calvert 27. Numbers vastly improved over FY17 as a result of continued Outreach Efforts,</p>	<p>Our Crisis Intervention Team (CIT) is second to none. The team’s professionalism, and quality surfaced during one of the biggest fears that every community has, a school shooting. On March 27, 2018 when the shooting came to light, the Calvert County CSA Director and the Supervisor and CIT team headed to Great Mills High School to support students, family members, first responders, and school staff to offer support and ensure that they knew what resources were available. This demonstrated the importance of having a qualified CIT that can</p>

	qualified to complete a SOAR application and 1 Certified SOAR lead. Our SOAR Lead from Calvert County CSA was accepted to attend the SOAR Leadership Academy one of two applications from the state of Maryland accepted.	Support Groups and Workshops within all 3 counties.	handle such a tragedy.
Calvert County LAA	<p>Launched in March of 2018, Calvert County Behavioral Health's Recovery Rapid Response Program was created out of the need for expedited accessibility for substance use disorder and mental health medications. There is no time to spare when a client comes in ready to be helped, and the Recovery Rapid Response Program addresses that need. The vision for the program is based upon the Hub and Spoke Model; clients are referred (self-referral or through a provider) to the Health Department (Hub) for stabilization followed by referral to a community provider (Spoke) for maintenance. If there are any issues with maintenance, the client is referred back in to the Health Department for stabilization. Since March, the Recovery Rapid Response Program has served 300 SUD clients and 50 mental health clients. The average wait time from referral to appointment with a provider has dropped from 2 weeks to 2.5 days. Another aim of the program is community outreach and partnerships with local providers. With limited community providers the majority of SUD clients in our community are seen by the Health Department. Through outreach we hope to achieve a more expansive Hub and Spoke model to meet the needs of clients.</p>	<p>Calvert County Health Department Healthy Beginnings Program assists pregnant women with Opioid Use Disorder (OUD) enter recovery and have healthy babies. This program was started several years ago in response to Calvert County Fetal Infant Mortality Reviews (FIMR) showing 90% of reviewed cases involved pregnant women with substance related disorders (SRD). Nationally, 70% of pregnant women with OUD have babies that develop Neonatal Abstinence Syndrome (NAS). In FY18 and the first half of FY19, 32 babies were born, of which 6 babies developed NAS caused by a prescribed medication and 1 baby developed NAS caused by a non-prescribed medication or illegal substance. Using the national average, the expectation would be 22 babies born with NAS. In 2015 the average overall cost for a newborn suffering from NAS was found to be between \$159,000 and \$238,000. In calendar year 2018, program staff case managed 59 pregnant and postpartum women and provided outreach to 921 people in regional residential treatment facilities.</p>	<p>Calvert County is the first county in Maryland to offer fully integrated behavioral health services (addressing both substance use and mental health issues) throughout the Calvert County public school system. This began as a pilot grant funded by the Kresge Foundation in the 2015-2016 school year with Calvert County Health Department Behavioral Health providing integrated services at two middle schools and one high school. This was expanded to all middle schools and high schools in the 2016-2017 school year. During the pilot school year 2015-2016, 116 students were served. In the school year 2016-2017 this number expanded to 282 students served. 2017-2018 saw this expand to 488 students served, and 425 students served in the first half of the 2018-2019 school year.</p> <p>In FY18, we conducted 17 naloxone trainings in the local Detention Center (101 inmates) and 103 community naloxone trainings (693 people) for a total of 794 people trained. CCBH staff have provided 19 trainings at the Detention Center (107 inmates) and 83 community trainings (586 people) in the first half of FY19, with additional demand expected.</p>
Caroline County LAA	Caroline County Health Department Behavioral Health Unit has expanded	Project Chesapeake has opened an office in Caroline County during FY18. As a result, we	Caroline County Health Department Behavioral Health Unit has begun to offer

	<p>telehealth offerings in our jurisdiction through a grant with Carefirst. Since implementation, the grant has allowed us to expand telehealth services from 26 appointments per week to 86 appointments per week. This has dramatically improved access to Medication Assisted Treatment (MAT) and Psychiatric services in our rural jurisdiction, as psychiatric resources are disproportionately limited on the Eastern Shore.</p>	<p>now have an ASAM level 2.1 (IOP) provider in county. They are also offering traditional outpatient services, and are hoping in FY19 to expand MAT offerings as well. This will allow greater access to care, and keep more individuals in the community and out of facilities out of county.</p>	<p>Peer Recovery Services during FY18. These services have been instrumental in helping fill resource gaps to ensure our clients have better chances at maintained sobriety and success. We have written to expanded jail peer recovery services into budgets for the upcoming fiscal year to help us better transition clients back into the community.</p>
<p>Carroll County LBHA</p>	<p>Carroll County received a Harald Rogers Grant the purpose of the grant is to strengthen, enhance, and expand Carroll County's ability to identify gaps with the ultimate goal to reduce drug overdose deaths. We hired an Overdose Fatality Review Coordinator. Based on review of the overdose data we are strengthening relationships and with partnering agencies, providing Outreach to families, pharmacies and practitioners in our community. We developed an Overdose Prevention Toolkit for Pharmacy and Practitioner Outreach that included materials on PDMP, Good Samaritan Law and Naloxone training. Toolkits also included information that could be distributed to the public.</p>	<p>In May 2018 Carroll County rolled out its very first mobile crisis team as provided by the Affiliated Sante Group (ASG). ASG began providing services in three phases; phase one - law enforcement dispatch: phase two - provider community: and finally phase three - the community at large. ASG has two teams, which consists of one therapist and one peer recovery support specialist. The team will respond between the hours of 9:00 am through 12:00 am. The team will dispatch to a crisis and provide support services, evaluation and linkages to each consumer they are dispatched for. Additionally the team is required to provide crisis stabilization services following the initial contact. In the first two months of service MCT opened 108 new cases, completed 77 follow up dispatches completed and made 177 follow up crisis stabilization phone calls. They have been able to close 83 of those cases and are maintain 25 open cases.</p>	<p>Carroll County was officially awarded funding to implement E-SMART in FY 18 and operates according to the federal fiscal year (September 30, 2017-September 29, 2018). This four year SAMHSA grant will allow Carroll County to coordinate and expand behavioral health services for children ages 0-8 in the community. The E-SMART is a systematic approach to identifying children at risk for developmental, behavioral and /or social/emotional problems, ensuring their access to appropriate intervention and treatment. E-SMART will enhance and expand the early childhood system of care by implementing a model that bridges early childhood infrastructure and supports with quality care coordination and services to meet the needs of young children experiencing serious emotional disturbances and their families. E-SMART will implement a continuous model of trauma informed, evidence-based or promising practice to address the current gap in available services for children 0-8 in Carroll County.</p>
<p>Cecil County CSA</p>	<p>The CCCSA collaborated with the Local Management Board (LMB) to combine the county's Trauma Committee with a</p>	<p>The psychiatric telemedicine program continues to fill a gap in services for those with mental health and co-occurring</p>	<p>Affiliated Santé Group was awarded the mental health federal block grant and initiated the new School Based Intervention</p>

	<p>CCCSA's Access to Treatment Committee. It was determined the issues and objectives were similar. The committee was developed following community concern after numerous individuals overdosed and over 30 children were orphaned in a one month period. Additionally, local first responders indicated numerous children were also traumatized following non-fatal overdoses. Access to treatment for these children and locating providers with a specialty in addressing trauma issues was a concern. As a result of the meeting, the LMB applied for and received a grant to hire a trauma treatment therapist and provide community education in Cecil County in FY 2019.</p>	<p>disorders. Twenty-two consumers with co-occurring disorders received services through the program. Referrals were received from various treatment providers including the LAA, Project Chesapeake, Ashley Treatment Center, Serenity Health, Elkton Treatment Center, and local primary care physicians.</p>	<p>Program to assist children and families. After an extensive review with Cecil County Public School (CCPS) representatives and with community stakeholders, it was decided to redesign the grant to meet the current needs of children in Cecil County. As a result, the mental health federal block grant focuses on supportive services to families to improve parental involvement with behavioral health services, to form a parent/school collaborative, and to improve youth's coping skills.</p>
<p>Cecil County LAA</p>	<p>The Cecil County Health Department and LAA continued to expand substance use disorder prevention initiatives throughout the jurisdiction. One of several projects includes continued development of the "Drug Free Cecil – Youth Leadership Summit (YLS)." The project represents an effective LAA partnership with NorthBay Adventure Camp, Cecil County Public Schools and the Cecil County Drug Free Community Coalition. In November 2017, 45 students from six county high schools attended a two day event to develop "youth-led, adult-guided" action plans to reduce adolescent substance use within their schools and communities. During the winter of FY2018, the YLS students implemented their action plans and produced peer-to-peer messages (for social media posts, billboards), and five video public service announcements on different prevention topics (marijuana, underage drinking, over the counter medicine abuse, opioid abuse). The PSA videos were</p>	<p>During FY2018, the DFC Coalition was selected to join the Rx. Abuse Leadership Initiative (RALI) of Maryland. RALI is an alliance of more than a dozen local, state and national organizations committed to finding solutions to end the opioid crisis in Maryland. A multi-pronged approach, initiated by RALI, to help address the opioid crisis in this nation, included efforts to remove unwanted drugs (including opioids) from circulation. In support of the above, the alliance selected the Cecil County DFC to distribute 50,000 Deterra Drug Deactivation System bags throughout Maryland. The Deterra System provided an easy method for people to deactivate and dispose of unused, expired or unneeded medications in their home. The Cecil County DFC coordinated distribution of bags to multiple organizations, including: East Baltimore Drug Free Community Coalition, Frostberg State University Drug Free Community Coalition, Garrett County Health Department, Montgomery County Health Department, Morgan State University Drug</p>	<p>During the spring of FY2018, the Maryland Department of Health (MDH) recognized the applicant's Peer Recovery Specialists with the 2018 Employee Recognition Award for Team Innovation. The award recognized the exemplary services provided by Peer Recovery Specialists throughout the Cecil County community. The Peers were integrated within the local behavioral health, social service and somatic care system; Peer Recovery Specialists are embedded within Cecil County's Department of Social Services, Department of Parole and Probation, Detention Center, Drug Court, Mary Randall Center, as well as bedside within the emergency room and on every floor of Union Hospital. Peer Recovery Specialists frequently interact with individuals within the above settings and throughout the community to connect those in need to behavioral health treatments, as well as housing, vocational, care coordination services and other recovery support resources. Similar to the MDH recognition,</p>

	<p>developed to inspire and influence students and the community to work towards a “Drug Free Cecil.” The videos and related messages were distributed during the spring of FY2018, and achieved 446,749 impressions on Comcast Spotlight. (The broadcasts occurred on television networks: ESPN, TBS, Adult Swim, Animal Planet, Comedy Central, Discovery, E, Freeform, FS1, FX, NBC Sports, MTV, Nickelodeon, SYFY, TLC, Cartoon Network, Travel Chan, TRU TV, NFL Network, and VH1.) The student videos were also featured on www.RewriteYourScript.org, a valuable resource website for substance use disorder prevention, treatment, and recovery support information.</p>	<p>Free Community Coalition, Pocomoke Drug Free Coalition, Queen Anne’s County Department of Health, University of Maryland Eastern Shore Project Achieve Coalition, Western Anne Arundel County Substance Abuse Prevention Coalition, Wicomico County Health Department, and others. The Division also initiated distribution of an additional 5,000 bags throughout Cecil County. Additional information on the Deterra System is available here: https://deterrasystem.com/</p>	<p>the LAA’s Peer program had previously received accolades from Union Hospital and the Maryland Association of Counties. Cecil County was the first jurisdiction in Maryland to embed Peer Recovery Specialists inside a hospital.</p> <p>The LAA continued to support and encourage recovery house expansion within the jurisdiction. Several new recovery houses opened or expanded during FY2018. With the additional resources, Cecil County hosted 16 recovery houses with a combined total capacity of 149 beds. The FY2018 bed capacity is exceptional for a small jurisdiction and confirms tremendous progress of local partnerships and collaborations.</p>
<p>Charles County LBHA</p>	<p>The Charles County Department of Health merged the roles and responsibilities of the Core Service Agency and the Local Addiction Authority into one one division separated from the Behavioral Health Services division, thus operating for the first time as a Local Behavioral Health Authority. Efforts were continued to align policies and procedures that have historically been separated and siloed to ensure efficiencies and consistency between mental health and substance use.</p>	<p>The Charles County LBHA facilitated the first Statewide training on the ECSII for all Child and Adolescent Coordinators and Care Coordinators. This is the State approved assessment used to determine need for level of care for children ages 0-5. Additionally, the LBHA partnered with the BHA to facilitate the face to face SOAR training in Southern Maryland to increase accessibility to SOAR trained case managers.</p>	<p>The Charles County LBHA contracted with the behavioral health provider in the local detention center to initiate the TAMAR (Trauma, Addiction, Mental Health and Recovery) program with both men and women inmates. This program includes screening all inmates for trauma, addiction and mental illness. Eligible inmates are provided trauma focused treatment and case management.</p>
<p>Frederick County CSA</p>	<p>TAMAR (Trauma, Addictions, Mental Health, and Recovery), which is available to women in the Frederick County Adult Detention Center (FCADC) and in the community, and to men in the community, had a recidivism rate of 0 for both men and women re-entering FCADC. 83 female TAMAR intakes were completed, with 105 females participating, and 7 male intakes were completed, with 13 males</p>	<p>MHMA, in partnership with BHA, administers the HUD Continuum of Care Housing grant. This program provides permanent supported housing to persons with serious mental illness who are chronically and literally homeless; the most vulnerable of homeless populations. In FY 18 MHMA housed 25 people in 21 homes. Through sound financial management and the relationships fostered by MHMA's Residential Specialist, in FY19 those numbers increased to</p>	<p>Frederick is home to the MD school for the Deaf. As systems manager it is the role of MHMA to ensure that specialty populations are addressed by the community. To support that, BHA and MHMA have worked closely together to increase funding for deaf interpreting services to ensure access to care. Over the past 3 years the funding has increased as follows: FY2017 \$15,000, FY2018 \$34,508, FY2019 \$46,042</p>

	<p>participating. TAMAR continues to collaborate with a multi-disciplinary community team, probation, court, police, and community agencies to discuss current clients.</p>	<p>31 people in 23 homes.</p>	
<p>Frederick County LAA</p>	<p>In FY18 KLU received the honor of a 2017 National Exemplary Award for Innovative substance Abuse Prevention Programs, Practices, and Policies from the National Association of Alcohol and Drug Abuse Directors National Prevention Network. The 14th Annual KLU Public Art Show “Big Dreams” was displayed at the Delaplaine Arts Center and the Health Department auditorium from September 2017 through April 2018. Special guests included Maryland’s First Lady Yumi Hogan, Birch Barron, the Deputy Director for the Opioid Operational Command Center, and Jan Gardner, our County Executive, who declared October 12th Kids Like Us day in Frederick County.</p>	<p>Behavioral Health Services’ application for the implementation of a Syringe Services Program was approved by the Prevention and Health Promotion Administration of MDH on 6/26/2018.</p>	<p>Saturating the community with naloxone, a medication that reverses the effects of an opioid overdose, is critical to reducing the number of overdose deaths. BHS staff trained 1,401 new people in Overdose Response trainings and naloxone administration in FY 18 and re-trained hundreds more. Staff provided Overdose Response training at more than 10 businesses/agencies and 11 community events. Training sessions were held at local behavioral health treatment provider locations on 28 occasions. In FY 18 staff dispensed over 800 Narcan kits to community members.</p>
<p>Garrett County LBHA</p>	<p>Garrett County LBHA worked with 51 individuals enrolled in Projects in the Assistance of Transition from Homelessness (PATH) during FY 2018. 36 of the 51 enrolled PATH individuals were provided options for or obtained permanent living arrangements.</p>	<p>Garrett County LBHA provided 6 training opportunities for local mental health professionals, general health professionals and the public. A total of 174 attended the training opportunities which addressed Youth Mental Health First Aid, Adult Mental Health First Aid, Disarming the Suicidal Mind, Trauma and Critical Incident Response Considerations, and Making Employment Work.</p>	<p>Garrett County LBHA was involved in the development and implementation of a digital resource directory, to be included within the Garrett County Community Planning tool: mygarrettcounty.com.</p>
<p>Harford County CSA</p>	<p>Crisis Intervention Team (CIT): The Harford County CIT Program had another successful year. The CIT Coordinator participated in the Harford County Sheriff’s Office Crisis Negotiation Team school by providing training on CIT elements and in the vetting</p>	<p>Peer Wellness & Recovery Center: It’s a New Day Wellness & Recovery Center (New Day) is a center dedicated to providing Peer-Support Activities that foster wellness and independent living. New Day staff also serve as advocates for peers and assist with</p>	<p>Suicide Prevention Conference: The Harford County CSA hosted the 2nd Life Matters conference on Friday, May 18, 2018. We had over 350 attendees, plus vendors and sponsors who were thrilled to hear about the life experience of our keynote speaker,</p>

	<p>and selection of new members. The Coordinator taught a series of in-service classes to staff at the local Department of Emergency Services, which included a refresher on Mental Health First Aid for the call takers and dispatchers. During this fiscal year, the Coordinator also organized and facilitated the annual 40-hour CIT Course and taught 10 Mental Health First Aid courses throughout the community. In addition to all the local work, the CIT Coordinator continued to assist Baltimore County with their CIT training, organized CSA staff in providing CISM coverage during the funeral services of a fallen BCPD officer and proctored two sessions at the second Maryland State CIT Conference.</p>	<p>navigating through legal, financial, treatment, and entitlement concerns. In FY2018, New Day served 226 individuals, provided 140 peer support sessions, and conducted 45 activities promoting recovery and wellness. Activities included NAMI Peer 2 Peer groups, WRAP groups, and an introduction on becoming a Certified Peer Recovery Specialist. Numerous individuals have also obtained permanent housing and employment with the assistance of New Day staff.</p>	<p>Kevin Briggs-Guardian of the Golden Gate. Sergeant Kevin R. Briggs, Ret., a retired California Highway Patrol officer, spent many years patrolling the Golden Gate Bridge in San Francisco, spoke to an audience of behavioral health professionals, law enforcement and detention center staff, peers, community members, and others from across the state who stated his life lessons were invaluable. There were also morning and afternoon workshops which provided education to attendees on a variety of topics to prevent and gain understanding in specific areas of suicide. Our plenary speaker was Jordan Lally, a local musician and mental health advocate who lost his father to suicide in 2014.</p>
<p>Harford County LAA</p>	<p>Harford County's LAA collaborated with the University of Maryland's Upper Chesapeake Medical Center, Harford County's CSA and other community partners to establish a crisis call center/hotline and mobile crisis to expand an integrated regional behavioral health crisis systems project. Both the LAA and the Health Officer requested supplemental funding for this project. Additionally, this funding will assist in an initiative to expand buprenorphine services in Harford County.</p>	<p>In February 2018, University of Maryland Upper Chesapeake (UMUC) received state funding to implement SBIRT and OSOP programs in their hospital. Peer recovery specialist working in UMUC'S ED worked with local treatment providers to make referrals for individuals in need of SUD treatment. The OSOP coordinator focuses on opioid overdose victims specifically, providing additional outreach and connecting those individuals with resources/treatment. As of November 2018, UMUC collaborated with the Mosaic Group to expand the SBIRT and OSOP program to University of Maryland's Harford Memorial Hospital.</p>	<p>By providing a comprehensive and integrated system to target substance use disorder, care coordination, and peer support counseling to individuals in the Harford County Detention Center, Harford County Health Department's continuum of care improved incarcerated individuals first point of contact with the health care system. This project connected inmates with treatment and resources prior to, and following release. Staffed by two addictions counselors as well as a peer recovery specialist, this project has reduced recidivism, and decreased the need for crisis & homeless services upon release by: (1) providing substance abuse treatment groups for inmates; (2) providing individual treatment and peer recovery sessions; (3) providing follow up with recovery support and care coordination; and (4) providing Vivitrol assessments for inmates in need of medication assisted treatment.</p>

<p>Howard County LBHA</p>	<p>Combat opioid epidemic:</p> <ul style="list-style-type: none"> • Partnered with key County agencies through the Opioid Intervention Team (OIT) with support from the Office of Emergency Management (OEM). • Planned implementation of Guiding Good Choices (GGC). Conducted facilitator training. (GGC is an evidence-based practice alcohol and drug parenting prevention program.) • Planned implementation of Opioid Pain Self-Management. • Planned facilitator training for evidence-based program. • Launched buprenorphine treatment at the Howard County Detention Center. • Launched Leaving Behind Program (Narcan and Treatment Referrals and In-Home Intervention) with the Howard County Department of Fire and Rescue Services. 	<p>Residential treatment:</p> <ul style="list-style-type: none"> • Planned development of crisis stabilization, detoxification, and residential treatment center in Howard County. • Worked with Howard County Government to remodel a building to move Howard House (ASAM 3.1 SUD Residential Treatment) to a new location. Completion date 12/21/18. 	<p>Network development:</p> <ul style="list-style-type: none"> • Continued partnerships with community agencies to offer urgent peer recovery support linking individuals and family members to treatment/resources. • Launched Screening Brief Interventions and Referral and Treatment (SBIRT) at Grassroots Crisis Intervention Center • Increased access to behavioral health care in Howard County by recruiting many new outpatient providers who bill private insurance and Medicaid.
<p>Kent County LAA</p>	<p>Prevention has forged new partnerships and strengthened others this fiscal year among coalitions, religious groups, schools, college, law enforcement and some of the largest employers in the county. This has opened new doors and opportunities to collaborate and coordinate activities. We partnered on 35 Narcan trainings in communities where overdoses are more prevalent and distributed 661 doses of Narcan. Collaboration with inpatient treatment and the Opioid Intervention Team (OIT) helped to distribute over 5,000 deterra bags and provide harm reduction education. The addition of the HOPE trailer through the LDAAC has been a great way to reach parents. This is a</p>	<p>Kent County is fortunate to have an inpatient level 3.5, 3.7 and 3.7W/M program. The A.F. Whitsitt Center (AFWC) has been in business since 1983. In 2018, there have been: 37 crisis bed admissions, 78 care coordination admissions with 44 funded recovery residences, 205 residential 3.5 admissions, 232 withdrawal management – 3.7 W/M admissions, 304 inpatient 3.7 admissions.</p> <p>The MORR program grant period began in May 2018, thus far they have admitted 204 unique consumers into the MORR crisis beds.</p>	

	<p>simulated bedroom to show where illicit substances could be hiding. Prevention attended or hosted 24 events serving 3,854 people. There have been 34 various coalition meetings to build and strengthen partnerships in the county.</p>		
<p>Mid-Shore CSA</p>	<p>Consumer – Journey to Caroline County Position A 39 year old woman was referred as the first Re-Entry client for the Talbot County Circuit Court with embezzlement, theft, and forgery charges. After 2 years in Jessup, MD Department of Corrections (DOC) the client was transferred to the local Detention Center for re-entry into the community through the Problem Solving Court Program. She was assessed by the Forensic Mental Health Program at MSBH and referred to Mobile Treatment for ongoing behavioral health treatment to address her history of childhood abuse, neglect, trauma, Impulse Control Disorder, and Mood Disorder. This client progressed quickly in the Problem Solving Court Program and graduated in 14 months while being case managed by the Forensic Mental Health Program. While in the program she lived independently and was able to find and maintain employment. Additionally, she attended Chesapeake Voyagers Wellness and Recovery, a peer-run recovery program where she became a volunteer and continued to offer support to the other participants in Problem Solving Court. She received Peer Support Specialist Certification and is currently employed with a local county agency as a peer specialist. She continues her involvement with the Forensic Mental Health Program by participating as a peer panelist at the NAMI</p>	<p>Older Adult Behavioral Health The Older Adult Behavioral Health Pre Admission Screening and Resident Review (PASRR) Project began in FY2018 with six regional specialists employed at the local level. As resources to behavioral health providers, the Specialists have identified and attempted to bridge the gap between the two associated systems of care. The gaps are particularly extreme in the Eastern Region where community behavioral health providers are at a premium and access issues due to limited transportation over long distances are compounded. Through consultations with local health departments, areas on aging and social services, the region’s specialists have enhanced community support networks that may help delay or divert institutionalization. Follow up with residents with mental illness who have been admitted to the region’s nursing homes under PASRR has identified a critical need to educate direct care workers and management alike to intervene and care for residents with behavioral health diagnoses. The PASRR specialist has formed a relationship with the region’s three Long-term Care Ombudsmen to identify facilities that need training or other supports. Presentations on the PASRR process, person-centered planning, staff-response to escalating behavior, access to quiet spaces, etc. have been provided to approximately 15 facilities across the region. A formidable problem identified across the</p>	<p>SSI/SSDI Outreach, Access, and Recovery (SOAR) and Homeless ID In 2015, MSBH began the SOAR initiative in mid-shore with training for community providers. Over 3 years, over 22 community providers were trained in the SOAR process. A MSBH staff member received the Values in Action Award for dedication to the SOAR process and the SOAR lead was sent for leadership academy training. In 2018, MSBH was awarded funding for a full-time SOAR position housed within MSBH that allows for educational opportunities for our providers. The case manager will refer individuals to community resources, such as food stamps, energy assistance and shelter. MSBH was also given the Homeless ID Fund to manage. This provides funding for state identification cards and birth certificates for individuals who are homeless and have a behavioral health disorder. MD Opioid Rapid Response (MORR) grant MSBH organized a regional partnership with all five mid-shore county Health Officers, Local Addition Authorities (LAAs), University of Maryland Shore Regional Health (UMSRH), and provider stakeholders to request funding to for crisis level Medically Monitored Intensive Inpatient Treatment and Clinically Managed Low-Intensity Residential Treatment to aid with combating the opioid epidemic. MSBH was awarded funding to support the addition of crisis level beds to support individuals (18 and older)</p>

	<p>Maryland and On Our Own Conferences, as well as with the Forensic Workgroup.</p>	<p>State, but particularly severe in the Eastern Region, is access to needed nursing facility care for patients leaving an in-patient behavioral health hospital and/or someone who is identified by PASRR as having a mental illness. The perception of risk due to the stigma of mental illness and a possible forensic history as well as the lack of training limits the interest of the area's nursing homes in such admissions. The Eastern PASRR work to promote an understanding of risk across inpatient, rehab, and community settings has encouraged a more honest appraisal of the kinds of supports that would be required for a successful transition to a lower level of care.</p>	<p>who are experiencing an active substance (opioid) or co-occurring (opioid and mental health) disorder related crisis or emergency. Waiting times to access treatment in the mid-shore and beyond have decreased significantly and utilization has sustained a 80-95% admission rate. The MORR beds get referrals from local crisis response provider, law enforcement and EMS, regional hospital system, peer support specialist and Safe Stations in Anne Arundel and newly established Talbot County. They prioritize transitions from treatment to community, and work to ensure access to Narcan training and other supports.</p>
<p>Montgomery County LBHA</p>	<p>In FY18, the Montgomery County Forensic Services in conjunction with the MC LBHA, expanded the Montgomery County STEER (Stop, Triage, Engage, Educate, Rehabilitate) program to fund three peer specialists, who are available 24/7/365 to engage referred substance use disorder consumers at high risk of overdose. STEER is a pre-booking law enforcement and drug treatment linkage program. Rather than arrest certain individuals for behavioral linked to their drug use, criminal justice and behavioral health, stakeholders from Montgomery County (including State's Attorney, Public Defender, Corrections, Human Services, Police Department and local treatment providers) decided a partnership between police and community treatment could lead to better outcomes. STEER is also partnering with EMS to "Leave Behind" Narcan kits to victims of overdose or their loved ones. During the first quarter of FY19, STEER received 37 referrals (2/July, 13/August, 22/September) showing a rapid increase of referrals.</p>	<p>FY18 was the first year the LBHA operated as a merged substance use and mental health authority. With integration efforts well under way internally, the LBHA also focused its integration efforts externally, providing technical support to community providers especially with regard to the newly promulgated COMAR 10.63 regulations. With funding from the Behavioral Health Administration, the LBHA funded the accreditation startup costs for 11 providers for whom the accreditation costs presented a financial hardship. At present, 32 Substance Use Disorder and 24 Mental Health agencies are successfully accredited, with a total of 56 accredited agencies in Montgomery County.</p>	<p>In 2018, Montgomery County launched a multi-agency suicide and substance use prevention campaign https://www.montgomerycountymd.gov/btheone/ - (Be the One.org.) The organizations involved were; Montgomery County Behavioral Health and Crisis Services, Local Behavioral Health Authority, EveryMind, Montgomery County Public Schools and Family Services, Inc. Together the organizations developed an interactive website, media campaign on Facebook and Twitter, posters at Ride-on and Metro Bus shelters and Public Service Announcements at selected movie theaters. The information provided teens, individuals and family members with helpful steps; <i>ASK, KEEP THEM SAFE, BE THERE, HELP THEM CONNECT and FOLLOW UP</i> when you know someone is struggling with suicidal thoughts, substance misuse or other mental health concerns. The information also provided the LIFELINE phone number and an option to click to the chat line in an easy to read format. The campaign has had significant traction in 2018.</p>

<p>Prince George's County LBHA</p>	<p>The number of behavioral health providers operating PBHS programs continued to grow substantially from FY 2017 to FY 2018. The LBHA entered into Agreements to Cooperate with an additional 35 behavioral health providers increasing the number of providers by 54% (65 to 100) from FY17 to FY18. The County received two additional mobile treatment providers and a respite provider. The total number of services available to residents increased by 40% (124 to 173). The LBHA continues its provision of technical assistance to prospective providers offering guidance with the COMAR 10.63 application process, accreditation information and distributes information on existing service gaps to providers.</p>	<p>LBHA staff worked in partnership with the System of Care (SOC) initiative to develop a public education/media campaign designed to educate families about mental health and where to get help and resources in the community. The STEP FORWARD: Empowering Young People, Adults and Families to Live Healthier Lives campaign was officially launched at a press conference with the Prince George's County Executive during Mental Health Awareness Month. Campaign materials included brochures, rack cards and posters are displayed at bus shelters, libraries, grocery stores, pediatrician's offices and other locations throughout the county.</p>	<p>In FY18, the LBHA continued to focus on strengthening the behavioral health provider network and promoting the integration of mental health and SUD services in an effort to improve health outcomes for its residents. To build on this effort, the LBHA implemented quarterly Substance Use Disorder (SUD) provider meetings to add to the existing Child and Adolescent provider meetings and Quality Improvement Interagency Committee (QIIC) meetings. The meetings are used as a platform to network, share information, provide workforce training opportunities, discuss data trends and characteristics of the populations served throughout the County, and discuss new policy/legislation that affect services.</p>
<p>Queen Anne's County LAA</p>	<p>Peer program has been added to the agency - one peer has been hired with the hopes of another soon to come on board.</p>	<p>A major partnership with the QAC Sheriff's Office has been developed, to support the QAC Goes Purple campaign - first year.</p>	<p>An acupuncture pilot program is being offered through one provider for SUD patients - data showing success in decreased stress, better sleep, and improved outlook for the future.</p>
<p>Somerset LBHA</p>	<p>Self Protection for the Homecare Worker- The course addresses the principles of self-protection such as Situational Awareness, Protecting Your Personal Space, Positioning, Communication, and Responding to Threats, Escape Options, Teamwork and Response Options.</p> <p>Meeting the Clinical Call- In partnership with Wicomico County, the Somerset CSA provided a one-day training with 2 topics at Wor Wic Community College.</p> <ul style="list-style-type: none"> • Ethics for Behavioral Health Professionals Relevance of ethical 	<p>Remembrance Day was a success! It was hosted by the Recovery and Re-entry Center in Somerset County to remember those who lost their life to the opioid epidemic. The center offered the community the opportunity to make memorial bags placed along the neighboring cemetery wall. A local Crisfield family shared their lived experience of losing their son/brother to a heroin overdose. The community of recovering addicts participated in the making of the Hands of Hope Banner in which they wrote their names and clean date inside the outline of their own hand. The event proved that the community can come</p>	<p>New to Somerset County, Peer Support linking up with outside entities has proven to be successful. We have recently started to build a working relationship with McCready Behavioral Health Outpatient Treatment facility. A Peer Support Specialist has started to co-facilitate groups with the counselor at McCready. It has proven to be successful because the people being served appreciate having the Peer Specialist there to share their lived experience with both addiction and recovery. It has opened up avenues of seeking employment, registering for classes and just having a person to talk to who</p>

	<p>pillars; ethical decision-making; use of social media; dual relationships and boundaries; unique challenges of working in a rural area; and proper use of spoken and written clinical material.</p> <ul style="list-style-type: none"> • Understanding and Working with Clients Diagnosed with Dementia Types of dementia; differential diagnoses; signs and symptoms; and available community services and resources that support clients, families and caregivers 	<p>together to help each other heal. It was an emotional day and we are very proud to offer the Somerset County community this chance to bring awareness and healing.</p> <p>Somerset Rains Purple (OIT Team) hosted an event during Opioid Awareness Month to bring education and healing to and from the community. Tony Hoffman shared his lived experience with addiction as well as his recovery. His story was heartfelt well received. He spoke at two of our High Schools to share his story with the youth. Somerset Rains Purple was a perfect venue to bring the community together and keep the discussion on “What can I do to help,” going.</p>	<p>understands the struggle at anytime. We look forward to a long-standing relationship with McCready Behavioral Health Outpatient.</p> <p>Terrorism in America- In partnership with Wicomico County, the Somerset CSA co-hosted this one-day training on how to compare terrorism and other forms of violence, identify and intervene with youth at high risk for violence and how to care for victims after a mass aggression.</p>
St. Mary’s County LBHA	<p>FY2018 saw much change in the St. Mary’s County Behavioral Health Prevention Programs. With the transition of the Prevention Block Grant and MSPF2 program funding from St. Mary’s County Government to St. Mary’s County Health Department, the increased access to health related resources became apparent. The Health Department’s Healthy St. Mary’s Partnership allowed for numerous collaborations, specifically with the Behavioral Health Action Team partners such as MedStar St. Mary’s Hospital, College of Southern Maryland, St. Mary’s College of Maryland, the American Foundation for Suicide Prevention, Pathways, and other service providers.</p>	<p>The St. Mary’s County Health Department also hosts the Overdose Education and Naloxone Distribution Program and the Opioid Misuse Prevention Program. These programs address the Opioid crisis that affects our state and local community. Some of the efforts and outreach include Smart Medicine education and awareness at local senior homes and assisted living facilities, parent Opioid awareness events at the local high schools, and medicine safety videos using the Wise Owl Drug Safety kit with elementary students.</p>	<p>Some of the training and outreach events that were held were National Night out, Red Ribbon Week events in the schools, Drug Facts Week outreach in the schools, Mental Health Awareness activities in the schools, senior wellness fairs, focus groups and surveys in the local colleges and drug awareness for homeless and sheltered populations.</p>
Talbot County LAA	<p>Talbot’s Got Heart is a drug use and abuse prevention campaign from the Talbot County Health Department’s Prevention Office, in partnership with Mariah’s Mission Fund of the MidShore Community Foundation and Talbot County Chamber of</p>	<p>The establishment of Opioid Operational Command Centers (OCCC), Opioid Intervention Teams (OIT) and grant-funded projects increased coordination among local public health, emergency management, hospitals, human services, public safety, and</p>	<p>The Talbot County Health Department-Addictions Program (TCAP) continues to participate in recovery activities and the Mid Shore Opioid Misuse Prevention Program (OMPP), offers Care Coordination and Peer Support services, and promotes keeping</p>

	<p>Commerce. The campaign promotes training on Naloxone among businesses and individuals in Talbot County. TCHD purchases Narcan through existing grants to provide in an overdose response kit after training. Over 1,300 certifications and kits have been provided. Seven screenings of "Written Off" were held between October and December. Naloxone training sessions were provided at each of the screenings.</p> <p>TCHD Prevention provided The County School with LifeSkills Training materials for 171 students in the 4th-8th grades.</p> <p>Talbot County's Project Purple campaign: In September Talbot went purple to take a stand against drug abuse. During the month there were 122 speaking engagements, 7,000 people addressed, and 27 newspaper articles written about prevention and recovery.</p> <p>A comprehensive Resource Guide is available on the Health Department's website talbothealth.org and includes spiritual health, self-help, and other recovery support and treatment resources for the jurisdiction.</p>	<p>prevention. This has increased LHD awareness, implementation, and surveillance/monitoring of opioid-related operations including the sharing and disseminating of information and data, development and enhancement of process and procedures including coordinating referral and reduction activities among stakeholders in Talbot County, customizing efforts to meet jurisdictional needs, and ensuring access to treatment and recovery support services.</p> <p>Talbot County has improved access to SRD treatment with two new service locations including Enhanced Outpatient SRD services, DUI education, early intervention, prevention, co-occurring services and continuing care. Talbot County has also experienced expanded access to MAT including Vivitrol, integrated behavioral health services, naloxone distribution and programs, and sober living including two new certified recovery residences for adult men and one new certified recovery residence for adult women.</p>	<p>families together. Linkage to services, engagement strategies, arrangements for admission to a recovery house and follow-up with outpatient treatment is provided. 160 individuals received care coordination services during FY18. Over 7,350 total services were provided by TCAP during FY18. During FY18, TCAP sponsored free trainings for peer support specialists with continuing education units that can be applied to peer certification.</p> <p>Peer Recovery Support Specialists focus on individuals with a history of unsuccessful attempts to establish recovery oriented lifestyles and who may benefit from a peer's unique perspective and experience in accessing support services. Outreach to overdose survivors and other high-risk individuals is provided in the community and through EMS, law enforcement, and other agencies and initiatives. TCAP has also hired bi-lingual peer support staff to meet complex social needs. Over a dozen overdose survivors received recovery support and treatment services within a 6-month period kicking off the initiative.</p>
<p>Washington County CSA</p>	<p>WCMHA partnered with the Department of Social Services to provide an in-depth training for mental health providers entitled "Protecting the Children of Our Community". Mental Health providers were informally surveyed at a provider meeting and the results of the survey helped DSS staff develop the curriculum that focused on definitions/indicators of abuse, recent COMAR changes, information about mandating reporting, as well as local trends/statistics for abuse and neglect as</p>	<p>Washington County Homeless Coalition began using a Coordinated Entry process July 1, 2018. An interview using the Vulnerability Assessment Tool is conducted with homeless individuals in Washington County who are interested in housing. The results are entered into the Homeless Management Information System to determine eligibility for Permanent Supportive Housing. Individuals are prioritized according to their vulnerability score, and the priority listing is updated at a minimum of every 30 days. A Shelter Coordinator's</p>	<p>The mobile crisis staff person partnered with the Washington County Sheriff's Office (WCSO) to develop an eight-hour behavioral health training for law enforcement officers. The training included: 1) in-depth overview of behavioral health, applicable to deputy encounters with individuals impacted by substance use and mental health symptoms, 2) correction of misinformation regarding petitions for emergency evaluation and related review of hospital procedures, and 3) education about safety</p>

	<p>well as human trafficking. Over 40 mental health providers and school counselors attended the event.</p>	<p>Meeting is held twice a month to review the list and collaborate to identify housing opportunities. Local shelters and community case managers use the same list to assist their clients in finding housing.</p> <p>WCMHA CoC (Continuum of Care): Served 54 persons (33 Households – grant is written to serve 25 Households.) Currently serving 46 Persons (31 Adults), including 2 veterans and 12 Chronically Homeless.</p>	<p>planning and resource connection in the county. Every WCSO patrol deputy, shift supervisor, and school resource officer was required by the Sheriff to attend the training. Deputy feedback was distinctly positive and improvement on related 911 calls has been significant. Additionally, mobile crisis staff secured funding for FY 18 from the Maryland Department of Disabilities to run the same training for Hagerstown Police Department patrol officers and county parole/probation agents.</p>
<p>Washington County LAA</p>	<p>The Washington County Health Department Division of Behavioral Health Service (WCHD) discontinued services July 1, 2019 and fully integrated in the role of the Local Addiction Authority (LAA). Through this process DBHS was able to expand capacity adding one new provider, increasing services through three existing providers, and support the expansion of a new MAT provider. To inform the community of the change, the LAA held a luncheon that was well attended by over 15 community providers and was covered by the local media outlets.</p>	<p>Washington Goes Purple was launched in partnership with the WCHD, Hagerstown City Council, Washington County Sheriff’s Department and the Hagerstown City Police. WGP was modeled after Talbot Goes Purple, a community wide initiative to educate youth about the dangers of prescription pain medication, safe disposal of unused medication and the Good Samaritan Law. This initiative has completed eight public service advertisements on county Buses, 38 public school presentations, 65 community outreach activities, and over 15 drug take backs. WGP distributed over 4,000 purple wristbands, 3,450 pieces of educational literature, and trained 230 individuals in Naloxone administration. Every middle and high school participated in “Purple Fridays.” Meritus Medical Center donated t-shirts for the teachers. Through the Community Foundation of Washington County, WGP provided 11, \$1,000 scholarships, one for each high school in the County.</p>	<p>Harm Reduction Services at WCHD completed the implementation phase and began full operation in 2018. Services through Harm Reduction include Syringe Services, HIV and HCV testing and case management, HEP A vaccination, crisis intervention, treatment referrals, fentanyl test strips, and Naloxone education and distribution. The Harm Reduction team has also added staff, including a part-time nurse and community health educator and two full time peers. The program has been received well in the community and has worked closely with Law Enforcement and first responders. They currently hold clinic daily and have over four community outreach events each week.</p>

<p>Wicomico County LBHA</p>	<p>Salisbury Wicomico Integrated Firstcare Team (SWIFT): Since October 2017, the SWIFT team has been assisting a population of frequent EMS users who call for non-emergency aid at least five times over any six-month period. SWIFT’s goal is to reduce reliance on Salisbury First Department (SFD) EMS and PRMC for healthcare services that are more appropriately provided in a primary or specialty care setting. The partnership helps identify high utilizers of 911 and provide EMT-P, NP and RN to provide welfare checks, case management, safety planning and to provide referrals for non-medical emergency reasons. The goal is to expand access to 10+ preventive care services and chronic disease management. Program Totals from 10/1/2017-10/31/2018: Total enrolled patients, 51; Pre-enrollment 911 use, 296; Post-enrollment 911 use, 194; Total 911 reduction, 34.5%; Pre-enrollment ED visits, 335; Post-enrollment ED visits, 211; Total ED reduction, 37%; Patients with 6 month enrollment: Total enrolled, 36; Pre-enrollment 911 use, 215; Post-enrollment 911 use, 140; Total 911 reduction, 35%; Pre-enrollment ED visits, 215; Post-enrollment ED visits, 171; Total ED reduction, 20.5%.</p>	<p>Crisis Intervention Team/Crisis Response Team: The Wicomico Somerset Community Crisis Intervention Team (WSCCIT) was recognized as a model program in Maryland. Since its inception in FY14, the Eastern Shore Criminal Justice Academy has partnered with the Wicomico Behavioral Health Authority (WBHA) to provide Crisis Intervention Team (CIT) certification trainings, on behalf of the Maryland Police and Correctional Commission. In FY18 there were 4 CIT classes completed with 55 trained Police Officers, Correctional Officers, and Public Communications Officers.</p> <p>The LBHA funds one full time Crisis Response Team Coordinator, covering Wicomico and Somerset Counties, to work collaboratively with CIT officers. In FY 18, a total of 88 referrals were made from CIT Officers as well as 6 additional referrals from hospitals, family members, and previous consumers who are in need of additional services. A total of 94 consumers were served.</p> <p>In addition to CIT trainings - the CIT/CRT Coordinator conducted 3 Mental Health First Aid classes, 2 Hearing Distressing Voices classes and 2 Emergency Petition classes.</p>	<p>Education and Training: WBHA values the importance of providing trainings for local behavioral health providers, community partners, and consumers. As a community service for the behavioral health professionals in our area, the LBHA focuses on trainings that provide continuing education units so that our local professionals can update their clinical skills and maintain licensing requirements without having to travel long distances. The LBHA also provides educational trainings to local partners; schools and churches, the general public, and behavioral health consumers. These trainings play an important role in building awareness. The goal is to provide education, reduce stigma, and assist in recognizing signs and symptoms of behavioral health disorders so that early intervention can be provided.</p> <p>127 Naloxone trainings with a total of 1,061 people trained. Ethics Training- Forty-seven clinicians and providers attended “Meeting the Clinical Call: Ethics and Aging”, a one-day training to expand provider skills and knowledge base in working with increasingly diverse populations. Opioid Forums were held in 4 areas of the county reaching 390 individuals in the community.</p> <p>Refresh, Renew, Relax Conference: In FY 18, the LBHA provided a free, day-long conference for behavioral health consumers entitled: <i>Refresh, Renew, Relax: A Conference for People in Recovery</i> from Mental Health and Addictions Disorders. 85 individuals attended the conference.</p>
<p>Worcester County LBHA</p>	<p>Crisis Response Services: The Worcester County Crisis Response Team serves the jurisdiction 24 hours a day, seven days a week. In FY18, the Crisis Team responded to 510 calls. Of those calls, 294 were suicide</p>	<p>Overdose Education and Training: Worcester County Health Department was instrumental in providing education in the administration of Nalaxone in FY18. The training provided to community members teaches:</p>	<p>Suicide Prevention and Mental Health Awareness:</p> <p>1. On September 23, 2017, the LBHA, in partnership with the Worcester County Local Management Board, the Worcester County</p>

	<p>related, 104 involved persons with chronic mental illness, 172 persons had substance abuse disorders, and 28 clients were homeless. The team diverted 287 people from the hospital. The Worcester County Crisis Response Team is an integral part of the County's hospital diversion efforts.</p>	<ul style="list-style-type: none"> • Signs of an Opioid Overdose, • How to obtain and administer Nalaxone properly, • Rescue breathing techniques, • How to contact emergency medical services, and • How to administer individual after-care. <p>In FY18 there were a total of 33 Opioid Education events resulting in the training of 550 people in how to respond to an overdose through administration of naloxone. There were also 547 Nalaxone kits dispensed during these events. Each kit distributed included two doses of Nalaxone</p>	<p>Health Dept., and other partner agencies, held the fifth "Out of the Darkness" Suicide Prevention Walk in Ocean City, MD. The walk attracted over 500 walkers and raised upwards of \$33,000.00 for suicide prevention activities to be made available in Worcester County through the American Foundation for Suicide Prevention.</p> <p>2. In fiscal year 2018 there were five Mental Health First Aid trainings resulting in the certification of 110 individuals. The trainings reached the following groups: DSS, Library, shelter staff, Public Health Nurses, Higher Education, community members, detention center staff, county employees, faith-based communities, peer recovery specialists, and State Employees.</p>
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