

OPIOID TRANSITION COMMITTEE REPORT

EXECUTIVE SUMMARY

Cecil County public agencies and private providers are both dedicated to meeting the challenge of the opioid crisis. The county has initiated efforts to create an effective system of oversight management through the collaborations and partnerships of mental health, prevention, treatment, recovery and public safety. The county's Local Drug and Alcohol Abuse Council, Opioid Intervention Team, Cecil County Department of Health and Drug Free Cecil along with private providers have strategic plans that focus on combating substance use disorders. In addition, the four pillar infrastructure (prevention, treatment, recovery support, and public safety) is a solid framework for increasing and improving collaborations to reduce overdoses and overdose deaths.

Opiates remain the primary substance use reported during SUD treatment admission. Alcohol was the second most frequent primary substance use reported. According to the FY 2021 Cecil County Health Department and Behavioral Health Plan, trends observed with the county include a decrease in opiate treatment admissions by 35% between FY2017 and FY2019. Also, system managers observed a decrease of 17% for marijuana treatment admissions, and a decrease of 44% for benzodiazepine treatment admissions. However, increased alcohol, cocaine, and amphetamine related treatment admissions were noted. The local system managers also observed a marked increase in "other substances". A portion of these other substances likely include methamphetamines. Methamphetamine has been mixed with fentanyl or other opioids, and stakeholders report that its prevalence within Cecil County has been increasing.

Without duplicating the information that are highlighted in the SWOT analysis within this brief report, it is recommended that there should be a follow-up to dealing with each of the strengths, weaknesses, opportunities, and threats within the Cecil County substance abuse system. Prevention, Treatment, Recovery Support, and Public Safety can work together to decrease opioid overdoses and deaths. Together, we can help affect both the health and economy of Cecil County.

BACKGROUND

With respect to the opioid crisis, Cecil County suffers from a high volume of opioid prescriptions being dispensed, bringing the opioid crisis (followed by heroin) to the community early. The high volume of opioids prescriptions coupled with a lack of treatment and mental health providers to meet the needs of the community resulted in high rates of overdose starting in 2007, relative to state averages. Cecil County's overdoses rate remains second only to Baltimore City. Rates of childhood trauma and abuse are increasing as the crisis continues, creating generations of children who are predisposed to abuse substances. All of these factors are coupled with the recent legalization of medical marijuana, which brought one production facility and three dispensaries to the county. It is anticipated that future recreational legalization will further impact perception of risk of harm especially among our youth.

Cecil County has five municipal law enforcement agencies, the Cecil County Sheriff's Office, and two barracks of the Maryland State Police in Cecil County.

SUBSTANCE ABUSE INFRACTURE IN CECIL COUNTY

Cecil County, Maryland provides a comprehensive system of behavioral health prevention, intervention, treatment, and recovery support services for its residents. Partnerships among mental health and SUD providers offer an integrated continuum of care. The lead agency responsible for coordination of SUD prevention, treatment and recovery support services within the jurisdiction is the **Cecil County Health Department**. The mission of the Health Department is to improve the health of its residents, in partnership with the community, by providing leadership to find solutions to our health problems through assessment, policy development, and assurance of quality health services. Health Department SUD services are managed by the Division of Addiction Services (Alcohol and Drug Recovery Center) and Health Promotions (Prevention Services). For the purpose of this report, we will focus on prevention, treatment and recovery services with an emphasis on treatment service delivery.

PREVENTION

Prevention Services

Cecil County Health Department (CCHD) offers comprehensive prevention services including but not limited to the following: alcohol, marijuana, tobacco and prescription drug use prevention education and the coordination of the Drug Free Cecil Coalition (DFCC). DFCC is located in the Division of Health Promotions within the CCHD.

Drug Free Cecil (DFC)

DFC is a network of local coalitions collaborating and partnering to prevent and reduce substance abuse among youth and eliminate duplication of efforts in Cecil County. The network includes the following: Cecil County Drug Free Communities Coalition, Youth Empowerment Source Coalition, Tobacco Task Force, Opioid Misuse Prevention Program, Opioid Intervention Team, and the DFC Youth Coalition. Drug Free Cecil Website Link: <https://www.drugfreececil.org/who-we-are>

HIGHLIGHTS AND ACHIEVEMENTS

- Prevention Services support and monitor the Cecil County Maryland Strategic Prevention Framework-2 (MSPF-2) Project. The project is implemented by the Youth Empowerment Source Coalition (YES) with a grant from the Maryland Department of Health (MDH). The YES Coalition successfully implemented a local policy change with additional support from the Cecil County Executive, the Cecil County Council, the Cecil County Delegation, many alcohol-serving establishments, and other local leaders. The MSPF-2 policy was successfully approved by the State Senate, the House of Delegates, and the Governor. The new Cecil County policy became effective on July 1, 2018.
- Drug Free Cecil Coalition initiated the fourth annual Cecil County Leadership Summit at North Bay Adventure Camp. Fifty students from six county high schools attended the three-day event and developed “youth-led, adult-guided” action plans and public service announcements (PSA’s) to help reduce adolescent substance use through impacting school environments and changing social norms. Disseminated on broadcast television and various digital platforms, including media, during the calendar year, the videos achieved 327,628 impressions. Campaign billboards achieved 172,680 impressions.
- The Drug Free Cecil initiative was awarded the Harland Graef Award by Christiana Care Union Hospital. The Harland Graef Quality Award recognizes those who promote the health and well-being of the Cecil County community and exemplifies dedication and commitment to the importance of making health and wellness a priority.
- The Drug Free Cecil Youth Coalition initiated the “Youth Coalition Prevention Rally” at Cecil College’s Milburn Stone Theater on May 11, 2019. More than 200 individuals attended the Youth Coalition Rally, including county government officials and state representatives. Recognition of the event was complemented with support by the Substance Abuse and Mental Health Services Administration (SAMHSA) and their video production team, Vanguard Communications, Inc. filmed the Youth Coalition Prevention Rally.
- During 2019, Drug Free Cecil continued its partnership with Rx Abuse Leadership Initiative (RALI) of Maryland. RALIr is an alliance of more than a dozen local, state, and national organizations committed to finding solutions to end the opioid crisis in Maryland. RALI advocated for a multi-pronged approach to help address the opioid crisis, including efforts to remove

unwanted medications (including opioids) from circulation. In support of that goal, the alliance focused on the utilization of the Detera Drug Deactivation System. The Detera System provides an easy method for people to deactivate prescription drugs, rendering them inert, unavailable for misuse and safe for the environment. The DFC was selected by the RALI alliance to distribute 50,000 Detera bags throughout Maryland.

- The Drug Free Cecil Youth Coalition received the Raven's Honor Governor's Office of Community Initiatives Award and the 2019 prestigious National Dose of Prevention Award from the Consumer Healthcare Products Association at the CADCA National Forum in front of over 3,000 guests.

TREATMENT, RECOVERY, and BEHAVIORAL HEALTH

The Cecil County Health Department (CCHD) serves as the behavioral health systems oversight management for substance use and mental health services in Cecil County and is funded through a contract with the Behavioral Health Administration (BHA) within the Maryland Department of Health (MDH). The Cecil County Mental Health Core Service Agency (CSA) serves as the local mental health authority and is organized under the Division of Special Populations. The Division of Addiction Services serves as the Local Addiction Authority (LAA). These respective systems management departments are responsible for the planning and oversight of public behavioral health services, including the availability and accessibility of treatment and recovery services for residents of Cecil County. CCHD's Peer Recovery Specialists are involved in linking community members to treatment services, and Cecil County recovery support services are advanced and well-integrated throughout the local continuum of care.

LAA Peer Recovery Specialist services continue to expand throughout the county. The Peers are well integrated within the local behavioral health, social service, and somatic care system; they are embedded within the 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 department and on every floor of Cecil County Union Hospital (CCUH). Peer Recovery Specialists frequently interact with individuals within the above settings and throughout the community to connect those in need to behavioral treatments, as well as housing, vocational, care coordination services and other recovery support resources.

By utilizing the following strategies and programs, the CCHD is committed to the reduction and treatment of substance abuse in the county:

- Naloxone- New laws expanded access to Naloxone. Physicians, advanced practice nurses, dentists, and other providers with prescribing authority can prescribe naloxone to any individual who is believed to be at risk of experiencing an opioid overdose

or in a position to assist an individual at risk of an opioid overdose. This strategy is one of the cornerstones of Cecil County's efforts to reduce overdose deaths.

- Prescription Drug Monitoring Program (PMDP) – This Maryland Department of Health (MDH) run program aims to reduce prescription drug misuse and diversion by creating a secure database of all Schedule II-V controlled dangerous substances (CDS) prescribed and dispensed in the county. The PDMP can make data on prescription opioids and other CDS available to healthcare providers, pharmacists, patients, researchers, health occupations licensing boards, and public health and safety agencies.
- Good Samaritan Law (Limited Criminal Immunity) – This law provides protection from arrest as well as prosecution for certain specific crimes and expands the charges from which people assisting in an emergency overdose position are immune.
- Opioid Misuse Prevention/Overdose Fatality Review Team (OMPP/LOFRT Coalition) – Modeled on other mortality review committees, OFR's comprise multi-agencies/multidisciplinary members that conduct confidential case reviews of overdose deaths with the goal of preventing future deaths. Teams identify missed opportunities for prevention, gaps in the system and areas for increased collaboration among agencies and stakeholders at the local level, and make recommendations for policies, programs or laws to prevent overdose deaths and to inform local overdose prevention plans. MDH currently provides overdose death records and technical assistance to Local Overdose Fatality Review Teams (LOFRT). The CCDC's Alcohol Drug and Recovery Center (ADRC) Division oversees the county LOFRT with partners including Drug Court, Cecil College, Elkton Police Department, Department of Emergency Services, Haven House, Health Department, Department of Juvenile Services, Cecil County Public Schools, Serenity House, Department of Social Services, Union Hospital, Upper Bay Counseling and Support Services, et al. More information can be found on <http://rewriteyourscrip.org>.
- Harm Reduction Program (Harmony) – CCHD's ADRC Division oversees this program that involves employing strategies to improve the wellness of an individual which might reduce some of the negative consequences relating to drug use and other risk behaviors. Strategies include safer use, managed use and abstinence. The goals of harm reduction include: increased health and well-being of the person affected by substance use as well the community and family environment, increased self-esteem and self-efficacy, better living situations, reduced isolation and stigma, safer drug use and reduced drug use and/or abstinence and increased services offered. Maryland Department of Health's three principles include trauma-informed care, principles of harm reduction and Substance Abuse and Mental Health Services Administration's (SAMHSA) recovery focus on participant-centered services. Harm reduction benefits include reduced risk of disease transmission (HIV/HCV), increased safety of person and community, cost effectiveness, decreased interaction with law enforcement, and education and a space for individuals to attain wellness.

However, there are other coalitions/teams that partner and collaborate on the reduction of the opioid challenge in Cecil County.

CECIL COUNTY OPIOID INTERVENTION TEAM (OIT)

The OIT is a multi-agency coalition that coordinates with the community to complement and integrate with the statewide opioid response effort. Coordinated by the Department of Emergency Services and the Health Department, the Executive Director of the Opioid Operational Command Center (OCCC) stated that Cecil County has many very strong programs in place with support by passionate and dedicated professionals responding to the heroin and opioid challenges. Although funding from the state's Maryland Opioid Operational Command Center was limited (approximately \$130,000 last year), Cecil County has intentionally implemented the operational strategies that was encouraged to reduce opioid deaths and overdoses.

LOCAL DRUG ALCOHOL ABUSE COUNCIL (LDAAC)

Based on the Maryland State Drug and Alcohol Abuse Council (SDAAC) model, LDAAC is part of a strategy to develop a comprehensive, coordinated, and strategic approach to ensure efficient and effective use of local resources in order to deliver a full continuum of drug and alcohol abuse prevention, intervention, and treatment services for residents of the county, including the needs of individuals in the criminal justice system as well as those with co-occurring problems requiring specialized services. LDAAC create plans, strategies, priorities for meeting the identified needs of the general public and the criminal justice system for alcohol and drug abuse evaluation, prevention, and treatment.

COMMUNITY HEALTH ADVISORY COMMITTEE (CHAC)

The Cecil County Community Health Advisory Committee (CHAC) is a partnership of community organizations, government groups, and individuals committed to improve the overall quality of health in Cecil County. CHAC serves as Cecil County's Local Health Improvement Coalition and is composed of the five health task forces: 1.) Cancer Task Force; 2.) Tobacco Task Force; 3.) Drug and Alcohol Abuse Council; 4.) Core Services Agency Mental Health Advisory Board; 5.) Healthy Lifestyles Task Force. Annual CHAC meetings are held to report progress on the Community Health Improvement Plan (CHIP) strategies from the five task forces.

NEEDS ASSESSMENTS CONCERNING OPIOIDS and SUBSTANCE ABUSE

COMMUNITY HEALTH NEEDS ASSESSMENT

Assessing Community Health Needs, the CHNA, conducted during Fiscal Year (FY) 2019, reflects the current status of the medical and social determinants of health for Cecil County and provides a quantitative and qualitative data analysis for key health issues. The

health issues that were prioritized as a result of these data analyses were: 1) Cancer; 2) **Behavioral Health (comprised of Substance Use and Mental Health)**; and 3) Childhood Trauma.

THE STRENGTH, WEAKNESS, OPPORTUNITY THREAT (SWOT) ANALYSIS

The Opioid Subcommittee Team was composed of the following members: Beth Creek, Executive Director of Youth Empowerment Source, Inc. (YES); Patrick Mattix, Project Chesapeake; Rev. Phil Meekins, Monarch Recovery; Denise Hill, Department of Emergency Services; Ken Collins, and Mike Massuli, Director and Deputy Director respectively of the CCHD’s Alcohol Drug Recovery Center, Jackie Hartman, CCHD’s Health Promotion’s Prevention Services and Virgil Boysaw, Jr. Supervisor of Prevention Services and Drug Free Cecil Coalition’s Coordinator and Chair of the subcommittee.

The subcommittee was able to look across the prevention, treatment, recovery, and even public safety continuum to offer insight concerning the environmental/ services landscape. Then the subcommittee offered appropriate recommendations regarding each of the “pillars” strength, weaknesses, opportunities, and threats that can be used constructively in a strategic planning process.

Opioid Transition Committee Analysis

Pillars of Substance Abuse	Strengths- What are we good at?	Weaknesses- What are we not good at? How can we improve on those weaknesses?	Opportunities- Where do we see opportunities to improve or grow? How can we accomplish that growth?	Threats- What do we see on the horizon as being potentially harmful to our success in this area? How might we deal with those threats?
PREVENTION	<ul style="list-style-type: none"> ● Strategic Planning ● Coalition Building ● Youth Engagement, ● Evidence-base 	What are we not good at? <ul style="list-style-type: none"> ● Convincing the Public that Prevention is cost effective ● Educating the public about the 	Where do we see opportunities to improve or grow? <ul style="list-style-type: none"> ● The continuum of care system can do a better job in integrating 	What do we see on the horizon as being potentially harmful to our success in this area? <ul style="list-style-type: none"> ● Being too treatment focus and not having a plan to cut

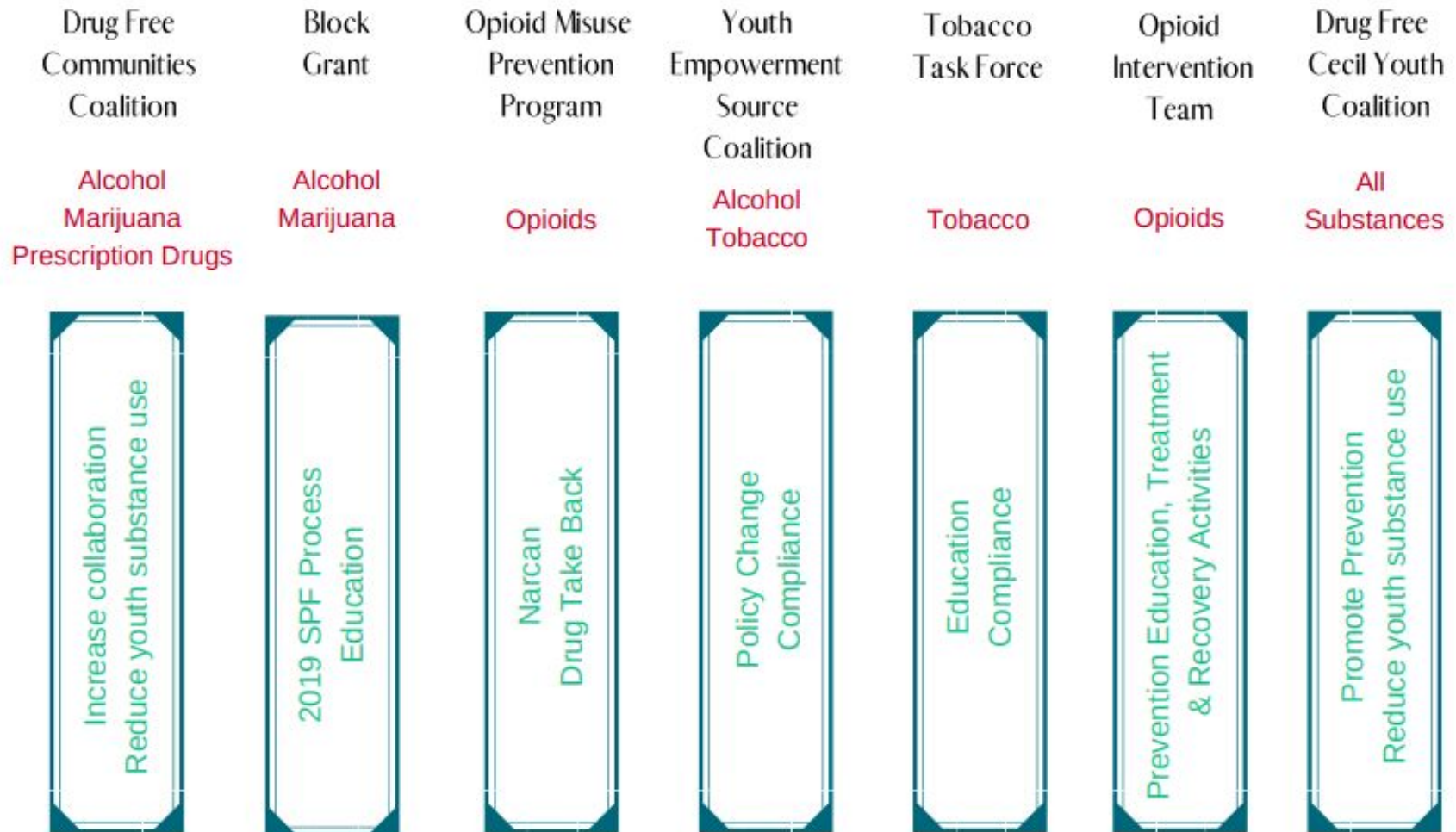
	<p>d Strategies and Programs,</p> <ul style="list-style-type: none"> • Community Mobilization, • Determining Risk and Protective Factors 	<p>Upstream Approach of Prevention</p> <ul style="list-style-type: none"> • Funding • Coordinating Collaboration with Treatment and Recovery <p>How can we improve on those weaknesses?</p> <ul style="list-style-type: none"> • Build our capacity to better share prevention successes • Become more intentional in educating the public on how we can solve problems before they happen • Creating a business model in order to fund prevention • Becoming more “intentional” in partnering with treatment and recovery 	<p>prevention into the county strategic planning process</p> <ul style="list-style-type: none"> • Youth representation should be “part of the conversation” • Establishing coordination between the prevention, treatment and recovery continuum <p>How can we accomplish that growth?</p> <ul style="list-style-type: none"> • Ensuring that prevention professionals are at the table to lend their expertise • Ensuring that the youth have a “voice” and real presence at the county level • Identifying someone to coordinate the prevention, treatment and recovery system (accountability) 	<p>off the “pipeline” to use, misuse, and abuse that can lead to addiction</p> <ul style="list-style-type: none"> • The potential to lose local/state/federal funding for the continuum of treatment with budgeting priorities potentially shifting. <p>How might we deal with those threats?</p> <ul style="list-style-type: none"> • Being more cognizant that a comprehensive approach to the opioid challenge is needed. Prevention, Treatment, Recovery and Enforcement will have to work together
TREATMENT	<ul style="list-style-type: none"> • Collaboration 	What are we not good at?	Where do we see	What do we see on the

	<ul style="list-style-type: none"> • Strong local provider network • Access to services across the continuum of care • Significant local outreach efforts to engage individuals upstream. • Strategic planning / problem solving / program development • Many access points • Valuable information and resource website at: www.rewriteyourscript.org • Local Overdose Fatality Response Team (LOFRT) exist in the county 	<ul style="list-style-type: none"> • Services concentrated in Elkton and North East. • Stigma toward addiction and treatment still exists, and may discourage individuals and families from seeking treatment. • consistent, reliable, affordable transportation and housing is wanting. • Promoting successes • Identifying SUD/BH needs • Insufficient behavioral health workforce <p>How can we improve on those weaknesses?</p> <ul style="list-style-type: none"> • Further integration of BH with somatic and other services (ex - SBIRT, TT5, LEAD, etc.) 	<p>opportunities to improve or grow?</p> <ul style="list-style-type: none"> • Development of housing and transportation resources • Further integration with public safety (how do we support their mission and vice versa?) • Public education <p>How can we accomplish that growth?</p> <ul style="list-style-type: none"> • Augment and expand access to SUD/MH services (i.e. A New Path Forward, New Beginnings Next Step (DE) or Voices of Hope) within CCDC to start building trusted relationships (w/ inmates and staff) through rapport-building. Help individuals develop comprehensive plans prior to transitioning out 	<p>horizon as being potentially harmful to our success in this area?</p> <ul style="list-style-type: none"> • Limited access to evidence-based training / programming as part of the solution. • Stigma, stigma, stigma • Public misconception about behavioral health disorders (i.e. that BH is a moral problem, not a health issue; misunderstanding of MSR) • The public becoming numb to the opioid crisis <p>How might we deal with those threats?</p> <ul style="list-style-type: none"> • United and public support from our local leaders • Public Relations campaigns to reduce stigma, educate the public and humanize addiction. • Ensuring clean quantifiable data is
--	---	---	---	---

			<p>into the community.</p> <ul style="list-style-type: none"> Community buy-in...Reduce Stigma by engaging and challenging community members to make individuals struggling with SUD feel more part of their community. 	<p>collected, organized and shared with decision-makers</p> <ul style="list-style-type: none"> Provide narratives of those with lived experience successfully living and working in this community.
RECOVERY	<ul style="list-style-type: none"> Collaboration Going where people are Meeting individual needs Care Coordination Strong, passionate workforce Significant local efforts to develop Peer workforce 	<p>What are we not good at?</p> <ul style="list-style-type: none"> Funding recovery support - inadequate salaries, challenges finding funds for housing, transportation, and other needs Helping individuals access treatment and housing in a reasonable timeframe. <p>How can we improve on those weaknesses?</p> <ul style="list-style-type: none"> Insufficient behavioral health workforce 	<p>Where do we see opportunities to improve or grow?</p> <ul style="list-style-type: none"> Allowing more collaboration between public safety and providers/organizations to assist returning citizens with appropriate supports Increase access and opportunitiesStrong recovery-housing programs <p>How can we accomplish</p>	<p>What do we see on the horizon as being potentially harmful to our success in this area?</p> <ul style="list-style-type: none"> Destigmatization is a major treat Funding for peer support Underfunding <p>How might we deal with those threats?</p> <ul style="list-style-type: none"> Doing a cost analysis to understand the cost of addiction to our local economy

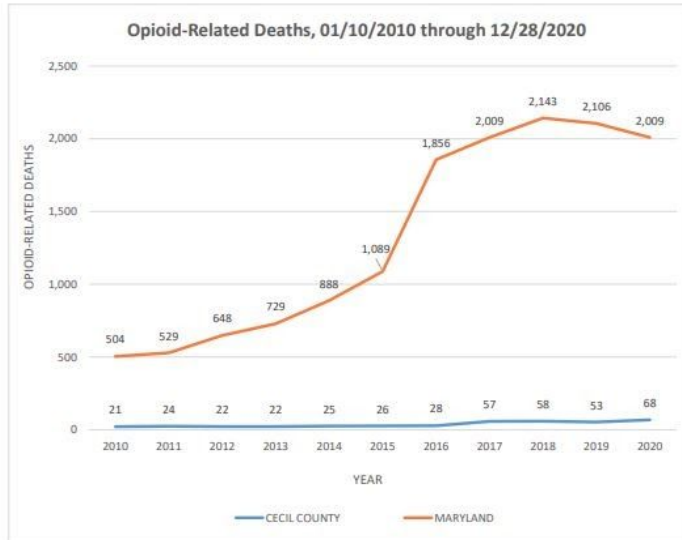
			<p>that growth?</p> <ul style="list-style-type: none"> • Small investments of \$\$ and larger investments into a more comprehensive approach to address the underlying issues that lead to addiction...i.e.; employment, transportation, MH treatment, assistance for families and support network of individuals seeking help 	
<p>PUBLIC SAFETY (Suggest we consider “Public Safety” - which includes law enforcement and emergency services)</p>	<ul style="list-style-type: none"> • All public safety officers carry Narcan • The county has a Crisis Intervention Team • County has a County Heroin Coordinator position • County has a Opioid Intervention Team (OIT) 	<p>What are we not good at?</p> <ul style="list-style-type: none"> • Police and EMS misconceptions • Locating and stopping the source of the drug supply and follow-through • Lack collaborations with HIDTA and DEA after major events (i.e. Drug Take Back Days) • Recognizing that children need crisis management after being present 	<p>Where do we see opportunities to improve or grow?</p> <ul style="list-style-type: none"> • We have an opportunity to build on our already strong partnerships and collaborative efforts. • Identify hotspots and be intentional in our ability to adjust the action plan to change strategies 	<p>What do we see on the horizon as being potentially harmful to our success in this area?</p> <ul style="list-style-type: none"> • Not having a comprehensive plan that takes into account the weaknesses that were listed. • Not having a short, mid, and long-term evaluation plan • Being reactive (downstream thinking) rather than

		<p>during overdoses</p> <p>How can we improve on these weaknesses?</p> <ul style="list-style-type: none"> Improved public education initiative in order to inform the county residents with includes increased outreach 	<p>How can we accomplish that growth?</p> <ul style="list-style-type: none"> We have to ensure that all agencies that are part of public safety are collaborating and engaged in a unified action plan. We must make sure that we have an evaluation plan that empowers all involved to be accountable for results. 	<p>preventive (downstream thinking)</p> <p>How might we deal with those threats?</p> <ul style="list-style-type: none"> Develop the plan; work the plan; evaluate the plan, and be transparent with the results and if necessary, to adjust the plan for increased success.
--	--	--	---	--



- Red indicates the substance focus
- Green indicates strategies used

Other helpful materials:



TOTAL NUMBER OF OPIOID-RELATED INTOXICATION DEATHS IN CECIL COUNTY AND MARYLAND FROM 01/01/2010 THROUGH 12/28/2020		
YEAR	CECIL COUNTY	MARYLAND
2010	21	504
2011	24	529
2012	22	648
2013	22	729
2014	25	888
2015	26	1,089
2016	28	1,856
2017	57	2,009
2018	58	2,143
2019	53	2,106
2020	68	2,009
TOTAL	404	14,510