

Cecil County Opioid Summit: Breakout Session Report

Background:

On April 23, 2021, Cecil County Government held an in-person summit on the Opioid Epidemic. This summit brought together health professionals, individuals in recovery, government officials, community partners, and law enforcement to discuss the opioid crisis and brainstorm actionable tasks the County can take to prevent opioid abuse (see Appendix A for a list of attendees).

The summit's agenda consisted of remarks from County leaders, presentations from experts, and breakout discussion sessions (see Appendix B). Speakers included County Executive Danielle Hornberger, Health Officer Lauren Levy, Opioid Coordinator Jim Greene, and Deputy Director Robin Rickard of the Opioid Operational Command Center. Additionally, Sonia Pandit of the Pandit Group gave a presentation on the results of study that was commissioned by the Cecil County Health Department and the Department of Emergency Services to assist in development of a county specific response to the opioid crisis (see Appendix C). A recording of the speakers and of Sonia Pandit's presentation can be found on Cecil County Government's website under "Opioid Summit 2021".

Breakout Sessions:

The summit's breakout sessions comprised, approximately, two-thirds of the agenda and were the highlight of the summit. These sessions were developed in a way that facilitated genuine conversation between stakeholders regarding ways to collaborate, current practices, barriers, ideas to overcome those barriers, and how best to share data and information.

Each breakout session consisted of eight or nine attendees, with one attendee acting as a facilitator, and one scribe assigned to taking notes. The group facilitators were as follows: Dan Schneckenburger (Director of Administration), Lauren Levy (Health Officer), Virgil Boysaw (Coordinator of Drug Free Cecil), David Trolio (Director of Community Services), Sheila Murphy (Chief of Community Wellness) and Barbara Smith (Chief of Community Partnerships).

The attendees were assigned to one of the six groups in an interdisciplinary manner: with each group having stakeholders from a variety of professional backgrounds. For example, a group may have included an elected official, a treatment provider, a recovery provider, a health official or administrator, a member of law enforcement, a member of emergency services, a member of the prevention community, and a healthcare provider. Additionally, some of the breakout groups included individuals in recovery.

The six groups were each assigned three topic areas to cover, with each topic area discussion lasting approximately 30 minutes. The topic areas were based on the four constructs conceived by the Cecil County Health Department: public safety, recovery, treatment, and prevention. Two other topic areas, support and harm reduction, were included to make a total of six topic areas covered during the breakout sessions.

Standardized questions were given to facilitators to help generate discussion on each of the groups' assigned topic areas. However, the facilitators were not required to ask the questions if they believed that discussion on the topic area was coming naturally. The standardized questions were:

- What are we currently doing?
- What do we need to do?
- What are the barriers?
- What will it take to overcome the barriers?
- What is the best way to share data between stakeholders and programmatic entities?

Each group's scribe was assigned to take notes of the group's discussions. Additionally, each attendee was given note paper to write his or her thoughts if they preferred to communicate via writing. The scribes' notes and the attendees' notes were then reviewed to discover common themes that were shared during the breakout sessions.

Below is a list of common themes that were shared:

- Cecil County's recovery, treatment, and support communities have expanded over the past decade.
- The County has found success with the use of peer recovery specialists.
- Both public and private entities in Cecil County are willing to collaborate to fight opioid abuse, however, there is sometimes a lack of communication and a misalignment of goals.
- Treatment, recovery, and support resources must be accessible to those with a substance use disorder (SUD) to be effective.
- Information on substance abuse resources needs to be centralized and easily accessible to those with a SUD and their families.
- First responders, law enforcement, and those on the front lines of the opioid crisis must be supported with more resources and training opportunities.
- The collection of data, and the expansion of the scope of data collected, is essential to adjusting strategies to combat opioid abuse.
- Health systems need to be further integrated with public safety and community partners to better ensure that resources are provided to those with a SUD, and that there is follow up from the proper organization.
- Positive messaging (achievements, recovery stories, positive statistics, etc.) must be utilized just as much as negative reporting (overdoses, deaths, crime, etc.) to communicate that there is help available for those with a SUD.
- Those involved in combating the opioid pandemic must work on forming a more cohesive response that better connects families dealing with opioid abuse to resources. This includes healthcare providers, first responders, government entities, and community partners.

Strategic Plan:

Before taking office in December of 2020, County Executive Hornberger formed an Opioid Transition Committee to provide the new administration with a brief on the opioid crisis in Cecil County, a S.W.O.T. analysis on the County's response to the crisis, and to provide recommendations (see Appendix D). One of the threats that was noted in the Committee's SWOT analysis was the

lack of a comprehensive plan that considers the barriers the County is facing in its fight against substance abuse.

Recently, County Executive Hornberger announced the reformation of Cecil County's Opioid Intervention Team (OIT), which last met in November of 2019, and has charged the team with the creation of a County-specific strategic plan. The OIT will create a strategic plan based on the reports from the Opioid Transition Committee and the Pandit Group, from information gathered from stakeholders at the Opioid Summit, and from constituent input from an upcoming public forum. This strategic plan will provide the County Administration, and its community partners, with actionable tasks that can be taken to reduce opioid abuse in Cecil County. A draft of the strategic plan is predicted to be completed by October 2021. The OIT will have their first meeting in June and will host a public forum on the opioid crisis in July. The County Executive has requested the OIT present the draft of the strategic plan to the County Council.

Appendix A

2021 Cecil County Opioid Summit Attendees

Last Name	First Name	Title	Organization
Adams	Scott	Sheriff	Cecil County Sheriff's Office
Allen	Mary	Director	Cecil County Detention Center
Alt	Robert	Mayor	Town of Elkton
Arora	Shalini	Director	Department of Social Services
Bassler	Mike	Clinical Outreach Representative	Ashley Treatment
Blumberg	Suanne	Chief Executive Officer	Upper Bay Counseling and Support Services
Boysaw	Virgil	Drug Free Cecil Coordinator	Cecil County Health Department
Brandon	Mike	Executive Director	The Paris Foundation
Brown	Tina-Marie	Director	Affiliated Sante Group Eastern Shore
Collins	Kenneth	Director of Addiction Services	Cecil County Health Department
Coutz	Bill	Councilman	Cecil County Council
Creek	Beth	Executive Director	Youth Empowerment Source
Dewitt	Derek	Executive Director	Boys & Girls Club of Harford & Cecil Counties
Donohue	John	Deputy Director of Emergency Services	Cecil County Government
Erdner	Ainsley	Youth Representative	Drug-Free Cecil Youth Coalition
Fitzgerald	Patricia	Deputy State's Attorney	Office of the State's Attorney
Gamble	Mary	Owner and Director	Brantwood Family Services
Geracimos	Ryan	Chief Medical Officer	ChristianaCare, Union Hospital
Greene	James	Heroin Prevention Coordinator	Cecil County Drug Taskforce
Gregory	Jackie	Community Liason	Office of Congressman Andy Harris
Heath	Teresa	Opioid Intervention Team Coordinator	Opioid Operational Command Center
Hooke	Matt	Reporter	Cecil Whig
Hornberger	Danielle	County Executive	Cecil County Government
Hornberger	Kevin	Delegate	Maryland General Assembly
Horton	Terry	Chief of Addiction Medicine	ChristianaCare
Humphries	Laurie	Deputy Health Officer	Cecil County Health Department
Jones	Trish	Owner	Dexter House
Kalmbacher	Suzanne	Chief, Cecil Transit	Cecil County Government
Kemether	Carrie	Clinical Supervisor	Recovery Centers of America
Lawson	Jeffrey	Superintendent	Cecil County Public Schools
Lazarus	Sheri	Drug Court Coordinator	Cecil County Drug Court
Levy	Lauren	Health Officer	Cecil County Health Department
Marston	Amy	Campus Operations Officer	ChristianaCare, Union Hospital
Massuli	Mike	Deputy Director of Addiction Services	Cecil County Health Department
Mathis	Donald	Workforce Board	Susquehanna Workforce Netwrok
Meekins	Phil		Monarch Recovery Ministries
Meffley	Bob	Council President	Cecil County Council
Miller	Al	Councilman	Cecil County Council
Murphy	Shelia	Chief, Community Wellness	Cecil County Government
Ness	John	President and CEO	West Cecil Health
Oakes	Dawn		Dexter House
Patchell	George	Councilman	Cecil County Council
Rickard	Robin	Deputy Director	Opioid Operational Command Center
Rogers	Carolyn	Chief	Elkton Police Department
Schneckenburger	Dan	Director of Administration	Cecil County Government
Smith	Barbara	Chief, Division of Community Partnerships	Cecil County Government
Stanko	George	Major	Cecil County Sheriff's Office
Tome	Wayne	Director of Emergency Services	Cecil County Government
Trolio	Dave	Director of Community Services	Cecil County Government
Tuerke	Jennifer	Executive Director	Voices of Hope
Turner	Nancy	Chief Executive Officer	Serenity Health
Widdoes	Gerald	Chief Deputy	Cecil County Sheriff's Office
Zurolo	Joe	Assistant Administrator	Town of Elkton

Appendix B

Danielle Hornberger
County Executive

Dan Schneckenburger
Director of Administration



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Office of the County Executive
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Opioid Summit

April 23, 2021 ~ 9:00 a.m. – 12:00 p.m.
Cecil County Administration Building

AGENDA

- Welcome and Opening Remarks (9:00-9:10):
 - o Danielle Hornberger, Cecil County Executive
 - o Robin Rickard, Deputy Director, Opioid Operational Command Center
- State of the Opioid Epidemic in Cecil County (9:10-9:25):
 - o Jim Greene, Heroin Coordinator, Cecil County Drug Task Force
 - o Lauren Levy, Health Officer, Cecil County Health Department
- Virtual Presentation (9:25-9:55):
 - o Sonia Pandit, The Pandit Group
- Breakout Session Brief (9:55-10:00):
 - o David Trolio, Director of Community Services
- Intermission (10:00-10:15)
- Breakout Session #1 (10:15-10:45):
 - o The six groups will consist of eight or nine attendees each. Groups will rotate through the three breakout sessions together and will be assigned a facilitator and scribe.
- Breakout Session #2 (10:45-11:15)
- Breakout Session #3 (11:15-11:45)
- Closing (11:50-11:55)
 - o Reconvene in the Elk Room

Cecil County Opioid Overdose Key Informant Interview Results

January 20, 2021

Introduction

- Cecil County Health Department is seeking to develop a county-specific strategic plan for a coordinated overdose response that will provide the local opioid intervention team with a blueprint to guide its work on this issue over the next several years
- As part of this comprehensive review process, key informant interviews were conducted with a variety of stakeholders in the county including representation from county government, nonprofit organizations, treatment and counseling centers, the school system, and participants of the local harm reduction program
- The purpose of the interviews was to gain feedback on the strengths and needs of the county and suggestions for the future

Methodology

- Fifteen key informant interviews were conducted between October 23, 2020 and January 11, 2021

- The following stakeholders were represented in the interviews:
 - ADRC Peers at Cecil County Health Department
 - Bodhi Counseling
 - Cecil County Department of Community Services
 - Cecil County Public Schools
 - Cecil County Sheriff's Office
 - County Executive Office
 - Elkton Treatment Center
 - Harmony participants
 - Meeting Ground-Mary Randall
 - Project Chesapeake
 - Voices of Hope
 - Youth Empowerment Source

Methodology

- One-hour, virtual interviews were conducted individually by Sonia Pandit (external consultant) and covered the following topics:
 - Effect of opioid use disorders and opioid overdoses on Cecil County
 - Reasons why Cecil County has higher opioid overdose death rates than the state average
 - Current programs, services, and policies that focus on preventing or treating opioid use disorders, what they are doing well, and what should be changed or improved
 - Programs, services, and/or policies that are missing
 - Data each organization collects related to opioid use disorders and overdoses and how they are utilized
 - Opportunities for improving data collection and utilization
 - Organizations or agencies working to address opioid use disorders or overdoses and the extent of their collaboration
 - Opportunities for increased collaboration for county-wide planning and response to opioid use disorders and opioid overdoses

Methodology

- Interview notes were comprehensively coded using Atlas software and rigorous qualitative thematic analyses were conducted
- In the slides that follow, themes are presented in the order of most frequently shared by interviewees to least frequently shared by interviewees
- The number of respondents who shared the theme in their interviews is indicated by the number in the parentheses following each theme

Key Findings Outline

1. Effect of opioid use disorders and opioid overdoses on Cecil County
2. Populations most impacted by opioid use disorders and opioid overdoses in Cecil County
3. Factors that contribute to opioid use disorders and overdoses in Cecil County
4. Existing programs, services, and policies in Cecil County
5. Impact of COVID-19 on opioid use disorders and opioid overdoses in Cecil County
6. Perceived county-wide collaboration
7. Most frequently shared challenges and barriers
8. Most frequently shared recommendations

1. Effect of opioid use disorders and opioid overdoses

Respondents shared that opioid use disorders and opioid overdoses most impact:

- ▣ **Families (8)**

Families broken apart; children experience trauma and are orphaned by overdose, left with grandparents, or abandoned

- ▣ **First responders (3)**

First responders are stretched thin and fatigued

- ▣ **Economy (3)**

Employment (families miss work), increased need for medical services

- ▣ **Schools (3)**

1. Effect of opioid use disorders and opioid overdoses (continued)

Respondents shared that opioid use disorders and opioid overdoses most impact:

- ▣ **Hospital (2)**

Hospital is at full capacity between COVID-19 and overdoses, jaded

- ▣ **Everyone (2)**

Many have friends or family that have been impacted, see it everywhere in social media

- ▣ **Other: systems are taxed, communities (neighbors dying), detention center, social services, housing, peers (takes an emotional toll)**

2. Populations most impacted by opioid use disorders and opioid overdoses

Respondents shared that the populations most impacted are characterized as:

- ▣ Income/geography:
Low-income or lower income neighborhoods in Elkton or Northeast such as Lakeside or Hallingsworth Manor (5)
- ▣ Age
16-35 years (4), 25-50 years (3), varies (3)
- ▣ Race
White (4), but seeing more African Americans seeking services (1)
- ▣ Gender
Male (2), 50% female and 50% male (1), varies (1)
- ▣ Other
People experiencing homelessness (2), 2-3 known students in the last 3 years (1), high school drop out or GED equivalent (1), unemployed (1)

3. Factors that contribute to opioid use disorders and overdoses

Respondents shared that the factors that contribute most to opioid use disorders and overdoses include:

- ▣ **Location** of Cecil County near I95, Philadelphia, and Baltimore (11)
- ▣ Cecil County is a **high drug trafficking area** (6)
- ▣ Opioid use is a **generational issue** (6)
- ▣ **Changing drug supply** (4)
- ▣ Cecil County is **small and rural** with limited entertainment (4)
- ▣ **Mental health** (3)
- ▣ **Prescription pain pills** (3)

3. Factors that contribute to opioid use disorders and overdoses (continued)

Respondents shared that the factors that contribute most to opioid use disorders and overdoses include:

- **Abundance of resources, family setting, and not-in-my-backyard approach** in Cecil County attracts high-risk populations including people experiencing homelessness (3)
- **Peer pressure** (2)
- **Laws for first offenses, probation, and parole are less strict** in Cecil County (2)
- **Poverty, income disparity** in Cecil County (2)
- **Functional addiction is accepted** in Cecil County (2)
- **People use alone or refrain from calling for help** due to fear of legal ramifications (2)

4. Existing programs, services, and policies in Cecil County

Respondents most frequently shared the following existing programs, services, and policies:

Prevention

- ▣ Youth Empowerment Source (9)
- ▣ Drug Free Cecil (5)
- ▣ Handle With Care (4)
- ▣ School System (4)
- ▣ DARE (3)
- ▣ Youth Leadership Summit (2)
- ▣ Drug take back (1)

Treatment/Other

- ▣ Cecil County Health Department (12)
- ▣ Voices of Hope (11)
- ▣ Ashley Addiction Treatment (10)
- ▣ Medication Assisted Treatment (10)
- ▣ Project Chesapeake (8)
- ▣ Individual physicians (7)
- ▣ Peers (6)

4. Existing programs, services, and policies in Cecil County (continued)

Respondents most frequently shared the following existing programs, services, and policies:

Treatment/Other

- ▣ Recovery Centers of America (6)
- ▣ Narcan distribution (5)
- ▣ Serenity Health (5)
- ▣ Union Hospital (5)
- ▣ Jail system, detention center, drug court, Department of Juvenile Services (5)
- ▣ Elkton Treatment Center (4)

Treatment/Other

- ▣ Law enforcement (4)
- ▣ First responders, EMS, paramedics (3)
- ▣ Harm reduction/Harmony (3)
- ▣ LOFRT (3)
- ▣ Recovery houses (3)
- ▣ Treatment centers (3)
- ▣ Division of Community Services (2)

4. Existing programs, services, and policies in Cecil County (continued)

Respondents most frequently shared the following existing programs, services, and policies:

Treatment/Other

- ▣ Core Services Agency/Advisory Council (2)
- ▣ Crisis response program (2)
- ▣ Domestic violence shelter (2)
- ▣ DAAC (2)
- ▣ Mary Randall (2)
- ▣ Mobile Crisis (2)

Treatment/Other

- ▣ North Bay (2)
- ▣ On Our Own (2)
- ▣ Department of Social Services (2)
- ▣ Upper Bay (2)
- ▣ Outpatient treatment centers (2)

5. Impact of COVID-19 on opioid use disorders and opioid overdoses

Respondents shared that the impact of COVID-19 includes:

- ▣ **More overdoses** (5)
- ▣ **Restricted programming** (5)
- ▣ **Less personal connection, less accountability, more isolation** (3)
- ▣ **Limited collaboration** (2)
- ▣ **More displacement in terms of housing** (1)
- ▣ **Overutilization of emergency department, first responders overwhelmed** (1)
- ▣ **No increase in overdoses** (1)

6. Perceived county-wide collaboration

Respondents most frequently shared the following thoughts about perceived county-wide collaboration:

- **Collaboration could be improved (11)**
Organizations are siloed, poor understanding of who is doing what and each stakeholder's core competencies, need more collaboration instead of competition

- **Collaboration is working very well (7)**
Everyone is willing to help, frequent communication, good coordination and cooperation

7. Most frequently shared challenges and barriers

Respondents most frequently shared the following challenges and barriers:

- ▣ **Lack of accessible treatment facilities in Cecil County (11)**
Long wait times, lack of transportation, restrictive hours of operation, unaffordable, short treatment time
- ▣ **Distribution of funding or lack of funding (9)**
- ▣ **Lack of reliable and accessible transportation (7)**
- ▣ **Lack of inpatient treatment, detox, rehab, and/or walk-in crisis center (6)**
- ▣ **Stigma (6)**
- ▣ **Overdose survivor outreach data not timely, complete, or accurate (4);
releases/HIPPA can be a barrier (1)**

7. Most frequently shared challenges and barriers (continued)

Respondents most frequently shared the following challenges and barriers:

- ▣ **Need more diversion programs, treatment in and coming out of jail (4)**
- ▣ **Need more housing (3)**
- ▣ **Restricted hours of service (2)**
- ▣ **Legal requirements to build or adapt facilities (e.g. zoning, licensing) (2)**
- ▣ **Not enough behavioral or mental health providers (2)**
- ▣ **Hospital does not offer treatment (2)**

8. Most frequently shared recommendations

Respondents most frequently shared the following recommendations:

- ▣ **Improve collaboration between stakeholders in the county** (10)
 Better understanding of resources available and referral process via warm-hand offs (4), engage all stakeholders including the faith-based community, police, and doctors (4), need to understand who is doing what and what each stakeholder's core competency is (3), make meetings action-oriented (3)
- ▣ **Need more prevention efforts for children in schools** (7)
 More recreation options for children, need to go to children in low-income neighborhoods, need a more realistic approach in schools, focus on children of impacted parents
- ▣ **Need access to timely and accurate data** (6)
- ▣ **Need more training in trauma, addiction literacy** (4)
- ▣ **Need to reduce stigma** (3)

8. Most frequently shared recommendations (continued)

Respondents most frequently shared the following recommendations:

- ▣ **Need to be able to get people help immediately if they are ready (3)**
- ▣ **Integrated response to overdose (3)**
- ▣ Need accessible treatment options at different levels in the county (2)
- ▣ Need more peers (2)
- ▣ Need more work programs/jobs (2)
- ▣ Need to continue harm reduction (2)
- ▣ Need to invite state/federal government representatives, legislators (2)

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 (PDMP) – 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://rewriteyourscript.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

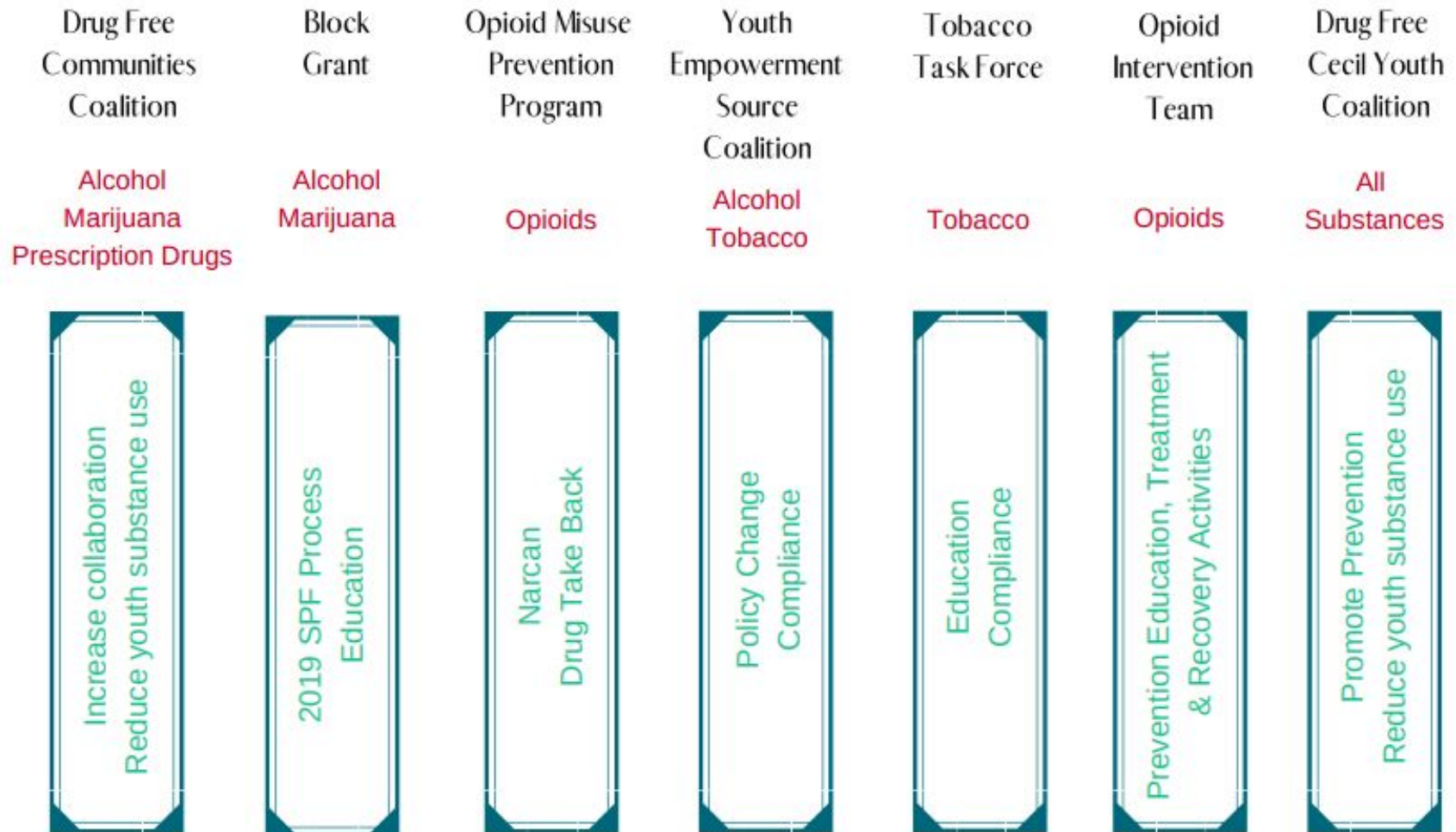
	<p>d Strategies and Programs,</p> <ul style="list-style-type: none"> • Community Mobilization, • Determining Risk and Protective Factors 	<p>Upstream Approach of Prevention</p> <ul style="list-style-type: none"> • Funding • Coordinating Collaboration with Treatment and Recovery <p>How can we improve 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
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			<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

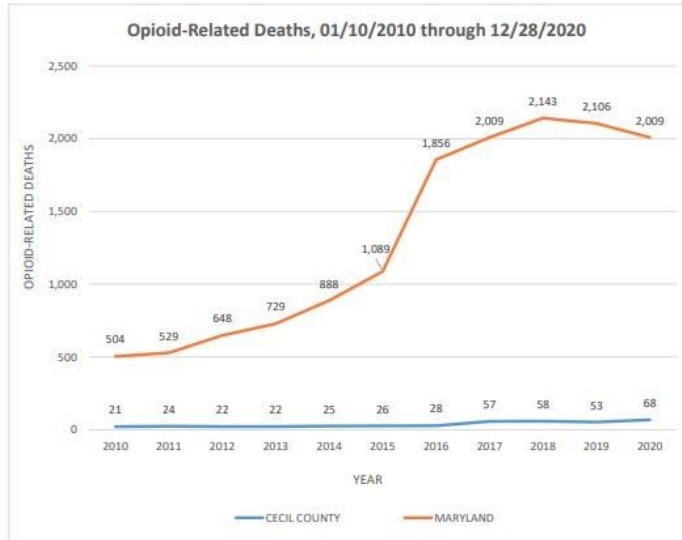
			<p>that growth?</p> <ul style="list-style-type: none"> • Small investments of \$\$ and larger investments into a more comprehensive approach to address the underlying issues that lead to addiction...i.e.; employment, transportation, MH treatment, assistance for families and support network of individuals 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.
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- 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