

ANNUAL PLAN

FY 2022

*Office on Mental Health/
Core Service Agency of Harford County*

*Harford County Health Department
Local Addictions Authority*



*A Vision of Integrated Behavioral Health Systems
Management in Harford County*

Harford County Local Addictions Authority & Office on Mental
Health/Core Service Agency of Harford County, Inc.
FY 2022 Annual Program Plan

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A. Introduction

Harford County has a unique and complex behavioral health systems management structure. Three entities comprise this structure—Harford County Health Department’s Local Addictions Authority, Harford County Government’s Office of Drug Control Policy, and the Office on Mental Health/Core Service Agency of Harford County, Inc (a 501(c)(3) organization). The Harford County Health Department’s Local Addictions Authority (LAA) and the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) are the local behavioral health authorities working together to promote and support the development of accessible, high quality, community-based behavioral health services. As system managers, the OMH/CSA and LAA oversee, develop, monitor, identify community needs, promote resolutions, and advocate for people engaged in the Public Behavioral Health System (PBHS). In addition, both entities provide behavioral health systems development and planning, community and provider education, grant monitoring and management, promotion of behavioral health integration, and technical assistance and support. The OMH/CSA and LAA work alongside the Harford County Office of Drug Control Policy (ODCP) which oversees substance-related prevention management. Harford County’s structure is unique, because unlike other counties, Harford County’s LAA does not receive prevention funding for the county or oversee prevention initiatives. The Office of Drug Control Policy has historically been responsible for prevention efforts in the county, and this configuration has remained unchanged.

In addition to local behavioral health authorities, there are multiple advisory boards, agencies, community members and direct service providers working together to offer advice, determine community needs, and advocate for publicly funded behavioral health services. Community stakeholders include the local Mental Health and Addictions Advisory Council /Local Health Improvement Coalition-Behavioral Health Workgroup/Opioid Intervention Team (MHAAC/LHIC/OIT) members, the OMH/CSA’s Board of Directors, the Harford County All-Providers Meetings, and several Multi-Disciplinary teams. The LAA and OMH/CSA’s strong collaborative and cooperative relationships with these stakeholders allows the community to expand, strengthen, and sustain an integrated and comprehensive behavioral health system.

The Harford County Local Addictions Authority partners with staff from the Harford County Health Department’s Behavioral Health Bureau to provide several publicly funded services directly. These services include Temporary Cash Assistance (TCA) Addictions Specialist(s) program, Drug Court Case Management services, Medication-Assisted Treatment (MAT) Detention Center program, Peer Support services, and State Care Coordination (SCC) services. The TCA Addiction Specialist(s) program utilizes state funds to hire an Addiction Specialist who is responsible for providing substance use screening services to all TCA applicants, Food Stamps applicants, and recipients who have been convicted of a drug related felony. Harford County’s Drug Court Case Management program provides counseling and case management services for individuals diagnosed with a substance related disorder (SRD), who have been diverted from the legal system into treatment. The MAT Detention Center program offers Vivitrol® assessments and substance use counseling to inmates diagnosed with an opioid use disorder

(OUD) at the Harford County Detention Center. SCC services are provided to individuals who access residential treatment through the Public Behavioral Health System. State Care Coordination provides coordination of care, as well as, connection to recovery supports.

The local public behavioral health system continues to rely on positive linkages, strategic planning, and robust alliances with community organizations, providers, consumers, and advocates. Harford County has developed a strong system of care, comprised of a variety of diverse services including:

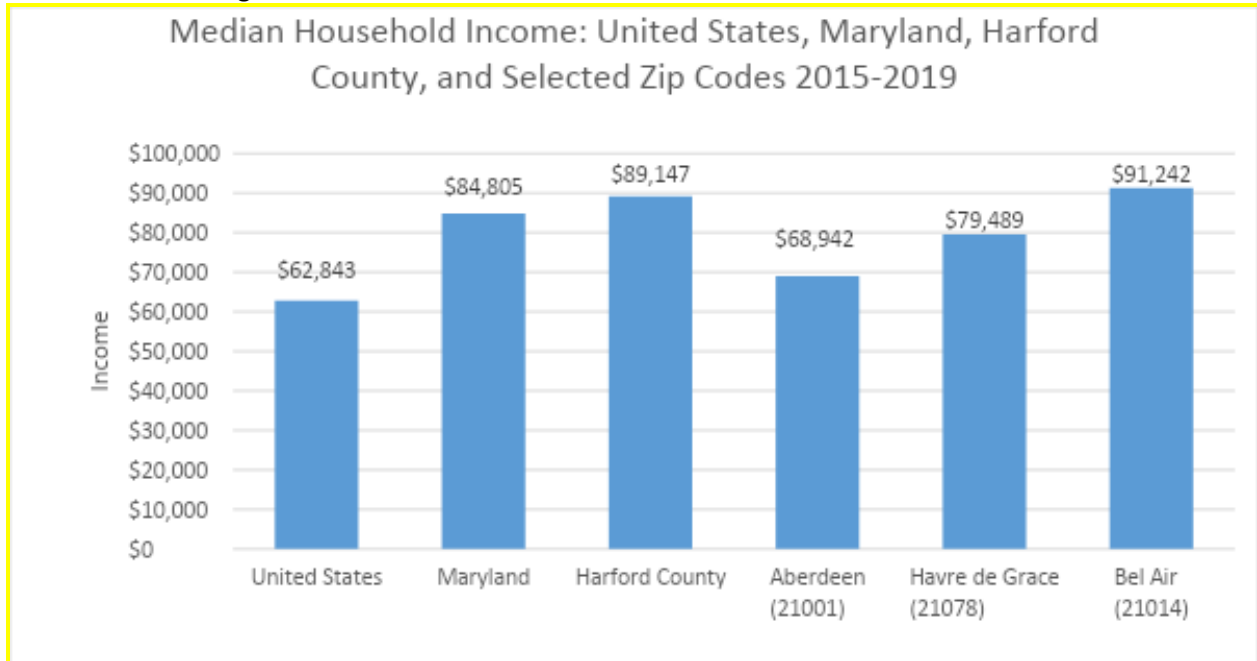
- 24/7 Behavioral Health Crisis Hotline
- 24/7 Mobile Crisis Team
- Behavioral Health Urgent Walk-in Center & Residential Crisis Beds
- Assertive Community Treatment (ACT)
- Targeted Case Management for Adults
- Care Coordination/Youth Targeted Case Management
- Disaster Assistance & Coordination—behavioral health response
- Critical Incident Stress Management (CISM) CSA Team
- Crisis Intervention Team (CIT)
- Homeless Outreach & Engagement case management services
- Forensic/Re-entry case management services
- Inpatient hospitalization (Adult)
- Mental Health Diversion Program (MHDP) through District Court (Adult)
- Intensive Outpatient Program (Adult)
- Psychiatric Rehabilitation Programs
- Transitional Age Youth Psychiatric Rehabilitation Program
- Residential Rehabilitation Programs (Adult)
- Outpatient Mental Health Centers
- Respite Services for Children & Adolescence
- Behavioral Health Homes (Adult)
- School-Based Mental Health Services in all Harford County Public Schools
- Family Intervention Specialist via Department of Juvenile Services
- Supported Employment
- Safe Start
- Teen Diversion
- Mental Health Stabilization Services Program in partnership with Department of Human Resources
- Therapeutic Behavioral Services
- Peer-run Wellness and Recovery Center
- School Intervention Specialist (SIS)
- Continuum of Care (CoC) Housing Program
- Trauma, Addictions, Mental Health, and Recovery (TAMAR) Program
- DUI Education Programs
- Early Intervention Programs

Harford County Local Addictions Authority (LAA) &
Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA)
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- Outpatient Treatment Programs
- Partial Hospitalization Programs
- Residential Programs (SUD specific)
- Opioid Treatment Programs
- Withdrawal Management Services
- State Care Coordination (SCC)
- Maryland Recovery Net (MDRN)
- Peer Support Services- including Sobriety Team and Recovery Team (START) Family Mentor Program, and Overdose Survivor Outreach Program (OSOP)
- Detention Center MAT Reentry Program
- 8-505 Evaluation
- Opiate Recovery Court (District Court)
- Drug Court (Circuit Court)
- Harm Reduction Services- including naloxone training and distribution, EMS naloxone leave behind program, Fentanyl test strips distribution
- Office-based Buprenorphine therapy
- Adolescent Clubhouse (anticipated Spring 2021)

Harford County is a rural county, close to both Pennsylvania and Delaware. It is located along a major highway, I-95, and is relatively close to Baltimore City. According to the United States Census Bureau's 2019 population estimates, Harford County is home to 255,441 residents. Harford County's population has remained relatively stable, rising by only 10,615 residents (4.3%) between 2010 and 2019. There is a marginal amount of racial and ethnic diversity, with 78.8% reporting their race as white, 14.8% African American, 4.8% Hispanic/Latino, 3.2% Asian/Pacific Islander, 2.8% identifying as two or more races, and .3% American Indian/Alaskan Native. Harford County's median household income is slightly higher than the state average, with the state average being \$84,805 compared to Harford County's median income of \$89,147. The poverty rate in Harford County, 6.7%, is significantly lower than the state's, at 9.0%. The poverty rates for White and African American families are significantly different, White households had an average poverty rate of 5.8%, while African American households had an average poverty rate of 13.8%.¹ Harford County has a high school graduation rate of 92.7%, which is slightly higher than the state average of 90.2%.

U.S. Census Bureau, 2015-2019. *American Community Survey 5-Year Estimates*, Table S1701



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B. New Developments and Challenges

In fiscal year 2020, the Harford County community underwent new developments and changes, faced challenges and issues impacting the delivery of behavioral health services (mental health, substance related disorders, co-occurring, and addiction), and underwent changes to the service delivery model. Progress continued with the continuation of Harford County's Integrated Behavioral Health Services Plan. The three key priorities established in the plan (access and immediacy, coordination, and education) were executed with the opening of the Klein Family Harford Crisis Center (KFHCC). Due to the complex array of services, the crisis center opened using a phased approach. Phase III, the last phase of the behavioral health services plan, was completed when the Crisis Residential Beds became operational in September 2019. In addition, Ashley Addiction Treatment relocated their operations to the same building as the Klein Family Harford Crisis Center (KFHCC).

There were many changes, most of which were related to COVID restrictions. One of the most significant developments in Harford County was the decision not to renew the disaster assistance and crisis response services contract with the provider. After much deliberation, the decision was made to move these services under the umbrella of the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) beginning fiscal year 2021. With the development of the KFHCC, the OMH/CSA already had a vested interest in crisis services and felt as though taking control of these services was the next step in solidifying the partnership between the two entities. Currently, administrative staff from the OMH/CSA

² U.S. Census Bureau, 2015-2019. *American Community Survey 5-Year Estimates*, Table S1901

comprise the Disaster Assistance Coordination (DAC) team, and the team went live on July 1, 2020. When there is a residential disaster event in the community, Harford County's Department of Emergency Services will reach out to the team and activate DAC. On-call staff will respond to the scene to provide immediate intervention and support. Ongoing case management is also provided to prevent disaster victims from experiencing homelessness. DAC provides a safety net for people who have little to no resources to cope with a disaster. Crisis response services were a much larger endeavor. The crisis response director was onboarded at the end of June 2020. Within six weeks, the director was able to hire and train staff, set up an electronic health record system, implement a learning management system, and so much more for the team to be able to go live on August 17, 2020 (all of this during a pandemic!).

At the end of fiscal year 2019, the OMH/CSA was formally notified by the respite provider, Associated Catholic Charities Villa Maria, they would be terminating their contract to provide out-of-home/facility-based respite services to Baltimore, Harford, and Cecil counties. In July 2019, OMH/CSA disseminated a request for proposal to obtain a new provider. In September 2019, Children's Choice was awarded the contract to provide Tri-County out-of-home/facility-based respite. Children's Choice quickly developed creative ways to engage, market, and recruit new families to provide services in all three counties. One of the biggest barriers with the change of providers and locations of new respite homes was transportation; however, Children's Choice rose to the challenge and provided transportation for a smooth and seamless transition. Associated Catholic Charities Villa Maria continued to serve as the in-home/community-based respite provider.

Respite was impacted particularly hard during the COVID-19 pandemic. Because the service is considered non-therapeutic in nature, it wasn't deemed necessary to provide telehealth services during the initial restrictions imposed by the state of emergency. While families and children were coping with the struggles and stress of online learning, they desperately needed assistance managing their children with intensive behavioral health needs. Unfortunately, in the early stages of the pandemic respite providers were unable to bill Medical Assistance. Even though Children's Choice and Associated Catholic Charities Villa Maria were unable to be reimbursed for services, they continued to create ways to support families when they needed it the most. Both providers hosted virtual support groups for parents, engaged in supported activities focused on virtual learning, and offered on-going support and resources to families. In addition to the families they serve, Children's Choice provided support to their respite home providers to ensure continued comfort, safety, and health needs were addressed.

In March 2020, COVID cases were increasing and the decision was made to provide virtual behavioral health services, or to stop serving individuals completely, depending on the agency. One of the biggest challenges for the providers was making sure they were able to provide secure, confidential services, while using a virtual platform. For most providers, this was the first time they were utilizing telehealth and there was a bit of a learning curve. Some providers needed to obtain equipment to provide services, while others needed to determine which platform was best suited for them. Harford County clinicians have come together to provide a

wealth of treatment possibilities, utilizing telehealth capabilities, and working to ensure all those who need help have access to it.

The Harford County Local Addictions Authority (LAA) and the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) recognized there were several challenges and issues, some affecting the delivery of behavioral health services, and many of these were the result of the COVID-19 pandemic. Throughout Harford County, the pandemic has completely changed how Residential Rehabilitation Programs (RRP) and Psychiatric Rehabilitation Programs (PRP) are functioning. Because RRP are a congregate living facility, focus was placed on making sure they were able to keep staff and residents healthy and safe. Aside from their medical health, special considerations were made for their mental wellness. Staff found many ways to keep residents occupied and to keep their mind off the current environmental stressors. Providers tried to find ways to encourage house camaraderie, and while staff did have to discourage visits outside the home, they made every effort to make homes a place where the residents would enjoy spending additional time. Some RRP limited group outings to decrease client contact within the community, and most have been utilizing virtual PRP groups. Recently, some PRPs have started providing in-person supports, still within small groups, but with less groups per day, and less days per week than before the pandemic.

Even with re-introducing in-person services, health and safety continues to be the primary focus with staff and residents all utilizing Personal Protective Equipment (PPE) in the homes. Currently, visits to family are still discouraged, as well as socializing in other people's homes. Staff continues to try and create a fun, low stress environment for the residents and they regularly reinforce rules and expectations. Prior to the pandemic, one of Harford County's RRP providers purchased five new homes to be used to transition General Level residents out of an apartment complex and into the new homes. The pandemic has made this a challenge and the transition has been continuously delayed. Months later, the provider is still working on moving clients into the new homes.

In October 2019, the Behavioral Health Administration (BHA), in collaboration with the Local Behavioral Health Authorities/Core Service Agencies (LBHA/CSA) and Medicaid, developed changes to the State Plan Amendment (SPA) and 1915i services for Youth and Adolescent Care Coordination (CCO)—Mental Health Targeted Case Management Services. CCO services are guided by wraparound values which is designed to empower families. This model is used to build on family strengths, meet identified needs, and develop an individualized plan for each family. The plan incorporates service providers and natural supports to help the youth and family succeed. The SPA made significant changes to CCO services, which included broadening the eligibility criteria and 1915i financial criteria. The financial eligibility was doubled, going from 150% of poverty to 300% of federal poverty. As a result, more families and youth are now eligible to access these essential services.

One of the most significant challenges facing the behavioral health system of care is the change of the Administrative Service Organization (ASO) from Beacon Health Options to Optum-Maryland (OM). There was a transition period between September-December 2019 and OM

went live January 1, 2020. From the start, providers and local behavioral health authorities shared concerns about the lack of trainings being offered and delays in getting questions answered. As of January 2021, many providers in Harford County, and the state, are still struggling with payments related to reimbursement and navigating the Incedo portal. The platform is extremely cumbersome and requires multiple steps to access information. For example, when CSA staff access the portal to review pending authorizations, information needs to be changed in three fields before the staff can review the authorization request. This process is like most actions on the Incedo portal, requiring multiple steps to achieve something previously done in one step.

Additionally, several programs, including Supported Employment providers, are still experiencing significant issues with being able to submit authorizations. Many residential crisis bed providers have not been able to submit concurrent requests; therefore, providers have not been paid beyond the initial authorization request. Providers are still allowing clients to remain in the beds if needed but are not receiving reimbursement for the increased stay.

During fiscal year 2020, several of Harford County's grant funded programs experienced challenges and issues, many directly related to the pandemic. In the beginning of fiscal year 2020, the Harford County provider contracted for Maryland Community Criminal Justice Treatment Program (MCCJTP) services was on track to meet their performance measures, and the case manager was regularly meeting with individuals detained in the Harford County Detention Center. Typically, the case manager was at the detention center two to three days a week and making herself available to meet with participants in the community upon their release. MCCJTP case management staff assist participants with identifying and accessing treatment and community resources, as well as all eligible entitlements. Unfortunately, after March 2020, the Harford County Detention Center stopped visits from all outside agencies, and the MCCJTP case manager was no longer allowed to meet participants on-site. This had an enormous impact on how the program typically operates, and with limited visitation and additional financial adjustments needed because of the pandemic, the provider decided not to renew the contract for fiscal year 2021. A new provider, Empowering Minds Resource Center (EMRC), has been contracted to provide these services, and while onsite visits are still not allowed, the provider has started telehealth assessments and case management. This will continue until they have permission to enter the detention center again and has already shown to be a successful effort to assist inmates during these challenging times.

New Day Wellness and Recovery Center, another grant funded service, encountered some changes and had to overcome some obstacles in fiscal year 2020. The center typically operates

as a walk-in clubhouse model, providing a safe space for peer support, and access to community resources. Because of a lack of transportation and other barriers, many individuals

rely solely on the center for support and meeting their needs. New Day held onsite peer groups and would bring informational speakers from other agencies to present on a variety of topics throughout the year. In the last few years, the center has undergone significant changes. During this time, the center had three leadership changes, moved to a new location, ramped up a food pantry, and increased access to case management through the street outreach program

and Harford County Community Action Agency. Unfortunately, during the COVID-19 pandemic, new social distancing and gathering restrictions presented challenges for New Day Wellness and Recovery Center. With social distancing recommendations in place, New Day had to alter the way they provide supports and temporarily stopped in-person services. Staff continued to provide access to peer specialists over the telephone, and in August 2020 they were able to reopen for in-person visits with reduced hours. New Day has begun to increase their hours, but still maintains a modified schedule and meets in smaller groups. Additionally, while the center was transitioning to reopening, the Executive Director announced his resignation in September 2020. The center's Board of Directors immediately began to look for a replacement and a new Director began in December 2020. Throughout this time, the center remained open and the remaining staff continued to provide extensive services and supports.

The Projects for Assistance in Transition from Homelessness (PATH) program was developed to operate as a street outreach program; specifically, to serve individuals experiencing homelessness and living with a serious mental illness. The PATH case manager is expected to meet with contacts and prospective enrollees wherever they are located—whether it is at the local homeless shelter, the library, or in the woods. The case manager works with participants to connect them with behavioral health treatment, housing, entitlements, employment, and other immediate resources. Face to face contact is essential for this population because access to technology (phone, internet, etc.) is extremely limited. Also, many of the contacts frequent the same locations and are easy to locate once the case manager is familiar with an individual's pattern, even with no phone. As one may expect, the PATH program was negatively affected by COVID-19 restrictions during the last quarter of FY 2020, into FY 2021. Due to the high rate of unemployment, those experiencing homelessness has increased, and the PATH case manager has encountered challenges in providing face to face services because of safety concerns. While telehealth is an effective strategy for many types of behavioral health services, technology is limited with this population and limits contact opportunities. This difficulty is amplified when community resources such as homeless shelters and the Community Action Agency are also closed, limiting face to face contact even more. Over time, the PATH case manager has been able to complete more visits, but still experiences challenges with follow up, as the participants are not frequenting the same locations as they were before the pandemic.

Fortunately, during the COVID-19 pandemic, the Continuum of Care (CoC) Housing program has been able to continue providing rental and utility subsidies to the current participants. However, case management services and housing inspections were adjusted to limit in-person

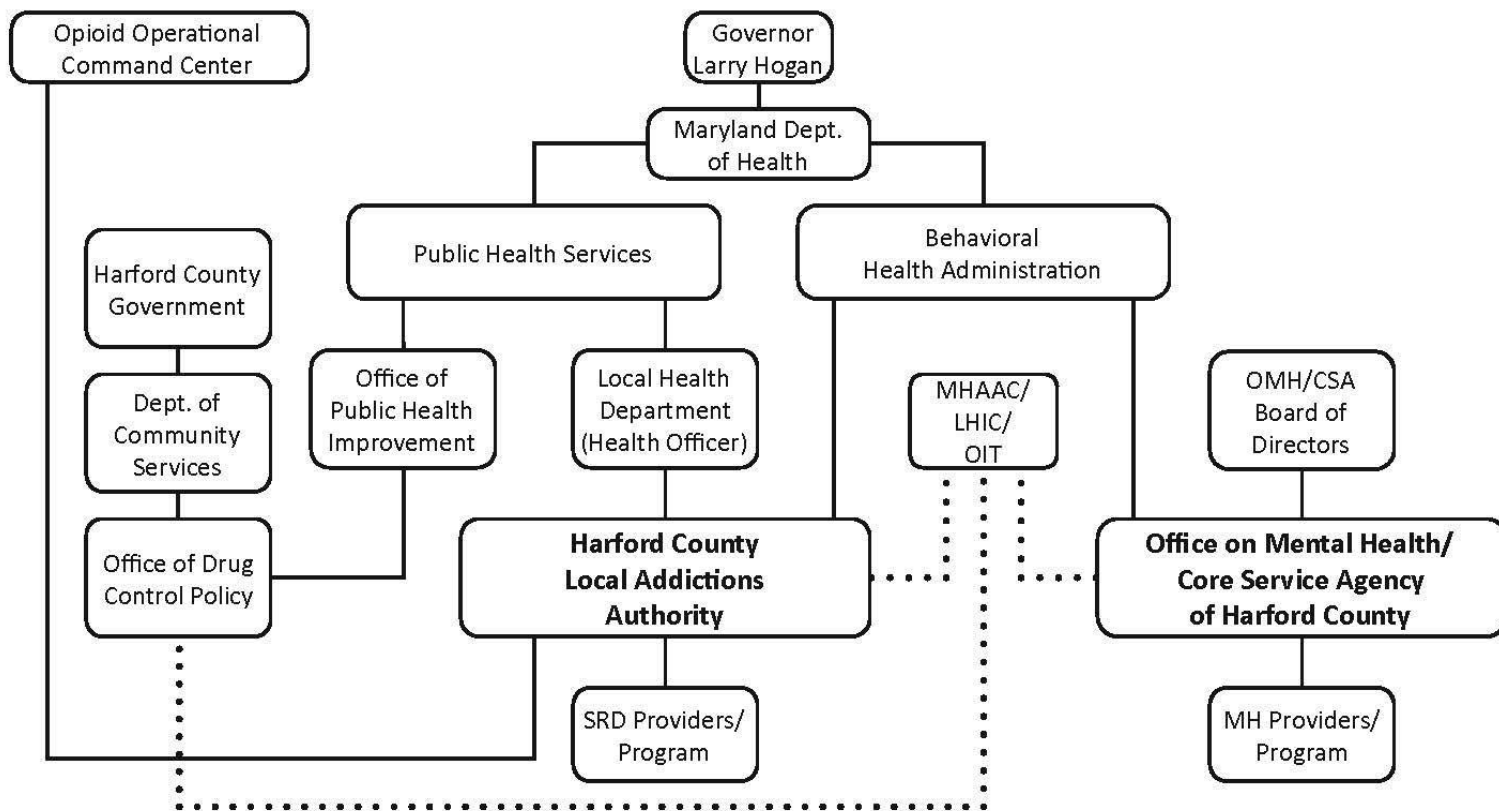
and in-home contact. Most of the CoC participants were not comfortable with the case manager coming into their homes, especially after they visited another participant's home prior

to their scheduled visit. In an effort to address their concerns, as well as the safety and health of the CoC case manager, most meetings have been via telehealth, and if they do meet in person, it is outdoors, six feet apart, and wearing masks. In addition, housing inspections were adjusted to include self-reports from the participants on the conditions of their homes and if repairs were needed or requested, and this adjustment has been able to reduce the number of in-home inspections.

C. Core Service Agency/Local Addictions Authority Organizational Structure

The Harford County Core Service Agency and Harford County Local Addictions Authority are two separate entities with slightly different organizational structures at the local and state level. There are several areas where the organizational structures are intertwined, and the two local behavioral health authorities have taken several steps to strengthen and build upon these areas. The Local Addictions Authority is housed within the Harford County Health Department and they report directly to the Harford County Health Officer. The Harford County Core Service Agency is a private non-profit organization governed by a 13-member Board of Directors consisting of local government and elected officials (including the County Health Officer), advocates, members of local businesses, education, and legal communities, and individuals and family members who have participated in behavioral health services or local advocacy groups. At the local level, the Core Service Agency, Local Addictions Authority, and the Office of Drug Control Policy report to the Mental Health and Addictions Advisory Council (MHAAC), the Local Health Improvement Coalition (LHIC)—Behavioral Health Subcommittee, and the local Opioid Intervention Team (OIT). At the state level and as mandated by the Maryland Department of Health, the Harford County Health Officer reports directly to the Deputy Secretary of Public Health Services. The Local Addictions Authority and the Core Service Agency report to the Deputy Secretary/Executive Director of Behavioral Health at the Behavioral Health Administration (BHA) which provides funding to the local behavioral health authorities. The Office of Drug Control Policy (ODCP) reports to the Office of Public Health Improvement which provides prevention funding to ODCP. The Public Health and Behavioral Health Deputy Secretaries report to the Secretary of Maryland's Department of Health and this Secretary is held accountable by the Governor of Maryland. The LAA is also responsible for reporting to the Maryland Opioid Operational Command Center (OCCC).

Harford County Local Behavioral Health Authorities' Organizational Chart



D. FY 2020 Highlights and Achievements

Behavioral Health Systems Integration

During fiscal year 2020 and into fiscal year 2021, the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) and the Harford County Local Addictions Authority (LAA), began taking significant steps towards behavioral health systems integration. The OMH/CSA and LAA began meeting regularly in a shared space to exchange information and ideas, discuss challenges and barriers, and plan for further behavioral health integration. Some of the topics discussed include coordination and correspondence with BHA regarding provider/program operations during the State of Emergency, funding requests for Harford County's 24/7 crisis hotline, creation of an integrated local behavioral health authority email address, addressing the conflicts of interest that exist due to Harford County Health Department's delivery of behavioral health services, and standardizing policies around Administrative Service Organization (ASO) site monitoring, audits, grievances, and to provide support for the pending ASO transition. The OMH/CSA and LAA worked collaboratively to discuss funding streams and grant awards to avoid duplication of services and maximize funding. The OMH/CSA and the LAA partnered to explore and apply for grant opportunities to assist Harford county residents and behavioral health providers during the COVID-19 pandemic.

Since the COVID-19 pandemic, the OMH/CSA and the LAA participate in weekly virtual meetings to develop strategies, implement processes, and enhance strong partnerships among the behavioral health provider community. The OMH/CSA and the LAA worked collaboratively to obtain and distribute Personal Protective Equipment (PPE) to behavioral health providers, maintained a document to capture real time behavioral health provider information related to telehealth or in-person therapeutic services, and assisted behavioral health providers in navigating financial issues related to the ASO transition. The OMH/CSA and the LAA implemented bi-weekly virtual behavioral health provider meetings to ensure accurate universal messaging was being disseminated to the community regarding the COVID-19 virus. A policy analyst from the Harford County Health Department (HCHD) has been a regular guest to provide the most accurate data and information in the ever-changing climate. Additionally, the OMH/CSA and the LAA strategized to develop and complete an integrated Harford County All Hazards plan, utilizing the specific skills, knowledge, and staff from each agency. The All-Hazards plan specifically outlines the roles and responsibilities of the OMH/CSA and the LAA during a potential hazard situation and how the agencies will work together to support the residents of Harford County.

Maryland Employment Network (MD-EN):

In fiscal year 2020, despite a global pandemic, the Maryland Employment Network (MD-EN) underwent significant adjustments and continued to thrive. Throughout the fiscal year, 275 individuals were served through the assignment of a Ticket to Work (a Social Security Administration program). Through this program, the MD-EN helped individuals obtain, maintain, and/or advance in employment. In addition, the demand for benefits planning

services continued to increase drastically. Benefits planning services were provided to 31 MD-EN assigned ticketholders and 147 unduplicated individuals served by the Maryland Division of Rehabilitation Services (DORS). This totaled 178 individuals provided benefits planning services. This was a significant increase from the 157 individuals served through benefits planning services in the prior fiscal year.

MD-EN continued to serve as an information and referral source for employment services throughout the state, providing effective linkages and referral services to individuals who do not meet eligibility criteria for the Maryland Employment Network and those who need assistance navigating supported employment services in the Public Behavioral Health System. MD-EN provided linkage and referral services for nearly 100 individuals who contacted the program for assistance.

MD-EN increased the commitment to offer services of the Peer Career Coach and was able to serve a larger subset of participants, providing both employment supports and peer counseling services. The Peer Career Coach also continued to work with beneficiaries whose earnings are near Substantial Gainful Activity (SGA) to provide support around increased financial independence. In addition, the Peer Career Coach reviewed all presentations, printed materials, and website content to ensure the material was person-centered and utilized recovery-oriented language.

Other highlights for the year included extensive education around Ticket to Work, financial self-sufficiency, work and benefits, work and its impact on recovery, and culture change from a life of public assistance to increased independence. The program also supported providers in adapting to remote services by facilitating sessions on providing remote employment services. MD-EN facilitated 20 presentations throughout the state and via webinar on these topics to various audiences including providers, family members, individuals served by the Public Behavioral Health System, DORS staff, advocacy organizations, and other stakeholders. The program distributed printed materials addressing Ticket to Work, the impact of work on public benefits, work and recovery, employment resources, and more.

MD-EN also provided extensive technical assistance to supported employment providers and LBHAs (Local Behavioral Health Authorities)/CSAs (Core Service Agencies) around supported employment policy and implementation. MD-EN served an essential role in support of the Behavioral Health Administration's efforts to launch the new Administrative Services Organization (ASO) platform (Incedo). The program provided input into the development of the supported employment workflow, collaborated with BHA and DORS to develop the necessary forms, assisted to troubleshoot workflow issues, served as a point of contact regarding service level system questions for stakeholders, monitored all supported employment workflow issues and efforts to resolve those issues, assisted to draft communication to address relevant issues, and served as the technical expert for overall project implementation. MD-EN co-facilitated

multiple webinars focused on the Supported Employment workflow for DORS counselors, Core Service Agencies/Local Behavioral Health Authorities, and supported employment providers. Additionally, MD-EN worked collaboratively with the Division of Rehabilitation Services (DORS) to provide intensive technical support during onboarding/implementation for newly licensed supported employment programs.

MD-EN participated in monthly Community Behavioral Health (CBH) Vocational Committee meetings, providing technical assistance for Supported Employment providers. MD-EN staff also participated in the International Individual Placement and Support (IPS) Learning Community facilitated by Rockville Institute to stay abreast of happenings in evidence-based employment services. In addition, MD-EN participated in the National Employment Network Association (NENA) and associated subcommittees.

MD-EN continued to develop printed/electronic resource materials for distribution relative to Ticket to Work and public benefits. Fact sheets, resources, blog posts, and training opportunities were widely distributed through various mechanisms, including via MD-EN's mailing list which includes over 440 subscribers. Website visits averaged 1,000 per quarter and MD-EN maintained approximately 300 social media followers.

Maryland Benefits Counseling Network (MD-BCN):

The Maryland Benefits Counseling Network (MD-BCN) continued to serve as a statewide information clearinghouse and resource for up to date information around public benefits. In fiscal year 2020, MD-BCN provided six training opportunities for certified Community Partner Work Incentives Counselors (CPWICs) serving individuals in the Public Behavioral Health System and provided technical support to CPWICs on 42 cases. In addition, MD-BCN facilitated seven full-day Making Employment Work trainings focused on the impact of work on benefits and the use of work incentives to assist individuals with increasing financial self-sufficiency. Through these trainings, 304 beneficiaries, family members, and provider staff received information to improve and inform their work in employment services. Additionally, updates were made to the Benefits Counseling Certificate of Proficiency assessment in collaboration with the University of Maryland Training Center. Upon successfully completing the online assessment (with a score of 80% or higher) of the Making Employment Work training, individuals received a Benefits Counseling Certificate of Proficiency. This year, the average test score was an 89%. In addition to the Making Employment Work training workshops, the MD-BCN conducted seven trainings for behavioral health staff, recipients of Public Behavioral Health Services, and Social Security beneficiaries infusing an emphasis on culture change and financial independence. Two of those sessions were specifically for patients of Maryland state psychiatric hospitals and staff of a community residential crisis program to educate individuals on the possibilities of work and financial independence at the earliest opportunity during community reintegration.

The MD-BCN team continued to provide extensive technical assistance to beneficiaries and professionals. MD-BCN provided general benefits and work incentives information as well as referrals to additional resources to 78 beneficiaries, family members, and professionals who contacted the MD-BCN via either phone or email outreach. The team also provided benefits related technical assistance to a total of 15 individuals referred directly through the CSAs/LBHAs, and 42 other individuals either referred by professionals within the Public Behavioral Health System or via self-referral.

The MD-BCN continued to make extensive progress in combating benefit-related barriers to discharge experienced by Maryland state psychiatric hospitals. This year, the project expanded to fully serve all five of Maryland's state psychiatric hospitals to assist patients and work collaboratively with Social Work and other hospital staff to address benefit-related barriers to timely discharge. In total, almost 500 individuals were referred and served through the initiative throughout the year, more than doubling the previous year. Of those individuals, more than half were successfully discharged and transitioned back into the community, which is significantly more than the previous year. The MD-BCN continued to collaborate with key partners to strengthen relationships and delineate roles to increase efficiency. Benefits Case Managers also continued to provide training to hospital staff in the areas of benefit eligibility and Social Security and Medicaid application processes. As a result, community stakeholders reported many successes in relation to efforts at securing Medicaid coverage for patients prior to discharge and community reintegration.

The MD-BCN also continued its efforts to educate beneficiaries and professionals in benefit and work incentives information and available resources by maintaining an accessible, comprehensive, and up-to-date website. The MD-BCN maintained average monthly website views reaching over 700, and the view count for two months exceeded 1,000 views. At the onset of the COVID-19 pandemic, the MD-BCN did extensive research in the areas of office closures and impact of policy changes upon benefit eligibility and enrollment and access to necessary financial support, and developed a comprehensive resource document to outline relevant information for beneficiaries and support staff. This document was widely distributed, and training was provided to review its content. Updates to the document were made on an ongoing basis and were made available as well through the MD-BCN website via blog posts.

Promoting Opportunity Demonstration (POD)

Since its inception in 2017, Maryland is one of eight states across the country participating in the Social Security Administration's Promoting Opportunity Demonstration (POD) project. The Division of Rehabilitation Services (DORS) partnered with Office on Mental Health/Core Service Agency of Harford County to bring the project to the state. The POD project is a demonstration project designed to test a \$1 for \$2 benefit offset formula for the SSDI program. Like the Benefit Offset National Demonstration (BOND) project, POD is testing whether eliminating some work incentives and replacing them with a gradual reduction of benefits (\$1 for every \$2 of earnings) will lead to increased employment and earnings for SSDI beneficiaries and reduce

an individual's reliance on SSDI benefits. The project aims to demonstrate that the benefit offset could help beneficiaries establish financial freedom and security.

The Office on Mental Health/Core Service Agency of Harford County has been partnered with current independently practicing Certified Work Incentives Coordinators (CWICs) and Community Partner Work Incentives Counselors (CPWICs), and/or organizations that employ CWICs and CPWICs who have an interest in providing benefits counseling services to beneficiaries within this framework. These partnerships have been critical in providing high-quality counseling and implementation with fidelity to Maryland SSDI beneficiaries. In FY 2020, 796 individuals were enrolled in POD in Maryland, and of those, 685 were active and receiving services.

The demonstration has assisted Maryland POD participants with maintaining, increasing, or reinstating their monthly benefits. Additionally, the knowledge and support from the POD counselors have educated and inspired participants to evaluate the possibilities and establish greater employment goals.

Trauma, Addiction, Mental Health and Recovery (TAMAR)

The Trauma, Addiction, Mental Health and Recovery (TAMAR) project has been operating under the umbrella of the OMH/CSA since fiscal year 2017. The program is a trauma focused intervention offered to both women and men at the Harford County Detention Center (HCDC). This program aims to provide psychoeducation, modeling and discussion of creative outlets and grounding techniques, and facilitates group interactions to provide support which may assist in breaking the cycle of trauma, substance use, and incarceration. Due to the COVID-19 pandemic and the recent state of emergency restrictions, the HCDC temporarily suspended programs available to incarcerated individuals' effective March 16, 2020. Due to these restrictions, the TAMAR program was not able to fully meet their performance measures. However, the program was able to support incarcerated individuals in other creative ways. The OMH/CSA developed a Mental Wellness manual, which consisted of mental health and wellness strategies, mindfulness and grounding exercises, journaling activities, mandalas, psychoeducational materials, strategies for managing COVID-19 and isolation, and resources for behavioral health services. This manual was distributed to all incarcerated individuals at HCDC. The OMH/CSA also provided outreach to former TAMAR participants to offer support, resources, and encouragement during the COVID-19 pandemic.

The OMH/CSA also developed a COVID-19 TAMAR plan which outlined guidance and regulations to provide safe in-person individual TAMAR assessments and group interventions. The COVID-19 plan followed up-to-date Centers for Disease Control and Prevention (CDC), Maryland Department of Health (MDH), and Harford County Health Department (HCHD) guidance for face coverings, and appropriate social distancing protocols. The OMH/CSA's goal is to resume implementation of the TAMAR program in HCDC as soon as restrictions are lifted.

Teen Diversion Program (Federal Block Grant)

The Teen Diversion Program is partially funded through a Federal Mental Health Block Grant from the Maryland Department of Health (MDH) Behavioral Health Administration (BHA) and administered through the OMH/CSA. The Teen Diversion program is a unique service only offered in Harford County. The program serves adolescents between the ages of thirteen (13) and seventeen (17) years old with complex behavioral health needs. The program aims to divert these adolescents from a more restrictive psychiatric or educational setting. The Teen Diversion program offers a variety of integrated behavioral health services, including intensive outpatient treatment; individual, group, and family therapy; and medication management. Additionally, the program conducts adolescent-specific assessments—the Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) Alcohol & Other Drug Screening, Fagerstrom Test for Nicotine Dependence, Drug Abuse Screening Test (DAST), Strengths and Difficulties Questionnaire, Revised Child Anxiety and Depression Scale (RCADS), Problem Oriented Screening Instrument for Teenagers (POSIT), and the Adverse Childhood Experience (ACE) tool. The Teen Diversion program offers creative support approaches such as parent educational groups, crisis supports, behavior management strategies, school transitioning, school supports and advocacy, expressive activities including meditation/mindfulness, and home visiting. In fiscal year 2020, the Teen Diversion program served twenty (20) adolescents in the program. Due to the pandemic, they were unable to meet their performance goal. However, the program managed to support families in creative ways during the closure of schools. Since March 16, 2020, the Teen Diversion program offered telehealth alternatives to continue providing behavioral health services to all participants. Although engaging with adolescents in telehealth has presented some challenges to the Teen Diversion program, the staff have developed creative ways to encourage program participation. The Teen Diversion program continues to hold group therapy sessions daily, and they have incorporated special topics and presenters to keep the adolescents actively engaged. Several guest speakers have joined the group sessions to discuss a variety of topics including stories of recovery and lived experience, ways to manage virtual learning, dealing with feelings of isolation, depression and anxiety related to COVID-19, and mindfulness strategies. The Teen Diversion program has increased engagement and outreach to parents and families to ensure youth are supported during this global crisis. Despite all the challenges and stress facing the adolescents in their program, the program continues to maintain a one hundred (100) percent diversion rate.

Regrounding our Response Training

In August 2019, the Child and Adolescent Services Coordinator was selected to participate in the Regrounding Our Response (ROR)- Adverse Childhood Experiences (ACE) Master Presenter training cohort. The ROR initiative launched in the Summer 2019, with a series of intensive training events, aimed to bring together community members with multifaceted backgrounds. Each event focused on a public health concept integral to reducing stigma, and evidence-based approaches to combat the opioid overdose crisis. According to the Maryland Department of Health (MDH) strategic plan, the Center for Harm Reduction Services now supports a

multi-disciplinary network of Master Presenters across the state who completed training in one of

five core concepts which are comprised of: Stages of Change, Adverse Childhood Experiences, Social Determinants of Health, MAT Overdose Prevention, and a Drug User Health Framework. The training network is committed to raising awareness about public health approaches to the overdose crisis by presenting on these core concepts in Maryland throughout 2020-2021. Since training efforts began, the cohort has completed over 100 presentations and trained over 2,500 people in 24 jurisdictions. During the pandemic, the ROR initiative has continued to meet monthly and conducts ongoing training opportunities and webinars. The ROR training cohort continues to provide both in-person small group trainings, as well as virtual training opportunities to community members, stakeholders, and behavioral health providers.

Mental Health Conversation Card

In collaboration with Harford County Government's Office of Drug Control Policy (ODCP), the OMH/CSA developed a mental health conversation card to be distributed to students enrolled at Harford County Public Schools (HCPS). The conversation card aimed to encourage parents to talk to their child in age-appropriate ways about mental wellness, keeping their mind healthy, and ways to manage stress. One side of the conversation card has tips for parents to promote mental wellness and the other side presents questions that would assist in facilitating a deeper conversation around mental health. The pre-school and elementary school aged questions focus on mental wellness, safety, and understanding feelings. The middle school aged questions focus on managing stress and bullying, self-esteem, and suicide education. The high school aged questions focus on managing stress, anti-bullying advocacy and self-efficacy, suicide prevention, and the impact of social media on mental health. The conversation cards also list website links to access behavioral health community resources, as well as the Harford County Behavioral Health Crisis Hotline. ODCP and the OMH/CSA were able to print 54,000 conversation cards to have them distributed to every student attending HCPS.

Maryland Community Criminal Justice Treatment Program (MCCJTP)

The MCCJTP program provides case management services to individuals who are currently incarcerated at the Harford County Detention Center, are at least 18 years old, and have been diagnosed with a Serious Mental Illness. The case manager assists participants by connecting them to behavioral health treatment, benefits, entitlements, and other services needed to meet their goals. Upon release from the detention center, the participants are still able to access case management services as they connect to more long term supports. MCCJTP had a successful fiscal year in FY 2020, exceeding the enrollment expectations of 35 individuals for the first time in years. This achievement is especially impressive due to COVID limitations and suspended visitation in the Harford County Detention Center as of April 2020. Despite these restrictions, MCCJTP was able to enroll and provide case management services to 40 individuals between July 2019 and April 2020. Unfortunately, the staff providing the MCCJTP case management services was laid off in April 2020, and due to continued restrictions, the provider did not renew the contract to continue providing these services.

For FY 2021, a new provider (Empowering Minds Resource Center) has been chosen, and with extensive communication with the re-entry coordinator at the Harford County Detention Center, they have begun completing virtual assessments and meetings with participants. We are hopeful the new provider will be able to continue providing services in this way until visitation restrictions are lifted and they can provide face to face services again.

Assertive Community Treatment with Housing (ACT with Housing)

The ACT with Housing initiative was created to provide intensive, community-based, behavioral health services for individuals who are transitioning out of a state psychiatric hospital. This program provides behavioral health treatment, and includes safe, stable housing with a rental subsidy as a long-term housing solution. During FY 2020, the ACT with Housing program was able to serve four individuals who have been able to remain successful in their homes and have not been re-hospitalized. These four participants have been able to remain stable and work on their goals due to the extensive support provided by the ACT team staff.

Once COVID hit, the ACT team had to adjust the way they typically provide services and began to utilize telehealth for some visits to decrease face-to-face contact. The team has ensured each resident has access to the internet and has been able to seamlessly receive the same level of care they were experiencing prior to COVID. Additionally, ACT with Housing has been able to acquire one additional housing unit and will be able to serve two additional participants who are transitioning from a state psychiatric hospital.

Continuum of Care (CoC) Housing Program

The Continuum of Care (CoC) Housing program provides case management and a housing subsidy for individuals who have a history of homelessness and are living with a Serious Mental Illness. The participants meet regularly with their assigned case manager, who assists them with maintaining their housing and engaging in treatment. Additionally, the case manager assists them as they connect to community resources and learn to independently navigate the system as needed. The goal for the participants is to eventually be able to maintain safe and stable housing without the assistance of the CoC program.

During FY 2020, the CoC served 22 individuals and families, including two new participants who were able to access housing through the CoC program, and transition into independent housing directly from the Welcome One shelter. Both men had a long history of homelessness and continue to be successful and thrive in the CoC. They are regularly interacting with their CoC case manager and are involved with the ACT team, and a Psychiatric Rehabilitation Program (PRP). While transitioning from chronic homelessness can be an enormous challenge, trying to do this during a pandemic can be especially difficult, and these two men have shown resilience in every area of their lives. They continue to receive services via telehealth and are proud members of the community.

Mental Health First Aid (MHFA), Question, Persuade, Refer (QPR) Trainings, and Suicide Prevention Workgroup

Mental Health First Aid is an 8-hour evidence-based training, teaching participants how to identify when an individual may be in crisis, and how they can assist the individual while connecting them to professional supports. Nationally, more than 2 million people have been trained in Mental Health First Aid, with more than 20,000 instructors. The OMH/CSA Coordinators work hard to facilitate multiple trainings throughout Harford County. Unfortunately, due to COVID, several planned FY 2020 trainings had to be cancelled. However, even with the cancelled trainings, the OMH/CSA was still able to train over 100 community members in Mental Health First Aid and plan to schedule more trainings once small in-person gatherings are safe again. In addition to our agency, there are multiple community partners, such as Harford Community College, the Office of Drug Control Policy, and local clinicians who are facilitating trainings. The OMH/CSA plans on creating an instructor cohort in Harford County to track trainings more effectively, and to meet regularly with active trainers for technical assistance and to address any training related concerns.

Along with Mental Health First Aid, the OMH/CSA in partnership with many other instructors, has been diligently working on facilitating trainings for Question, Persuade, Refer (QPR). QPR is an evidence-based brief training, usually 60-90 minutes long, teaching participants how to ask someone if they are suicidal, and then about what to do with the information. It reviews early intervention and recognizing the signs of a crisis, and how to do a warm hand off to professional treatment. QPR also addresses community supports and how people work together to keep everyone safe.

In FY 2020, Harford County's QPR instructors trained almost 1,000 people to be QPR gatekeepers! Most of these trainings were held in person, but once COVID restrictions were implemented, the QPR Institute issued an allowance for gatekeepers to conduct virtual trainings. While this was a learning experience, we managed to come together to determine what these trainings would look like, and how we would navigate the virtual aspects of the QPR training. Since then, our group of instructors has led virtual QPR trainings, focusing our recent efforts on high schools and educators. The goal will be to continue expanding the group of gatekeepers, to have the greatest possible positive impact in Harford County.

As a group, many of the instructors are also a part of the Suicide Prevention Workgroup. This workgroup meets bi-monthly and is co-chaired by the OMH/CSA and the Harford County Health Department. The workgroup was developed as a subcommittee from the Mental Health and Addictions Advisory Committee (MHHAAC) and currently includes members from the Harford County Health Department, the Office of Drug Control Policy, Harford County Public Schools, University of Maryland Upper Chesapeake, and other community members.

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Together, we collaboratively work on suicide prevention initiatives and advocacy, including social media blasts from many different county agencies for Suicide Prevention Month. Within

the workgroup, we identify gaps in the current system, and work toward developing initiatives to fill those gaps and address barriers to treatment or services. We plan to work with the Behavioral Health Administration (BHA) in the future to expand gatekeeper trainings, develop additional marketing materials, and sponsor clinician focused trainings on suicide prevention techniques.

Crisis Intervention Team (CIT):

The Harford County Crisis Intervention Team (CIT), led by CIT Coordinator Shawn Dundon, had another successful and exciting fiscal year. The annual 40-hour CIT course was held in January 2020 and we hosted 21 officers from four county agencies. This was the first 40-hour course to include Question, Persuade, Refer (QPR) training instead of Mental Health First Aid (MHFA), which is taught at the Academy. It was well received and will be a permanent change to the course schedule.

In March 2020, the COVID-19 pandemic caused most services in Harford County to be shut down. The CIT Coordinator temporarily conducted services from home using online access with OMH/CSA and the Harford County Sheriff's Office (HCSO). Despite this disruption, CIT continued to function with the help of the CIT trained officers and community colleagues. By the beginning of June 2020, the CIT Coordinator had returned to working at Southern Precinct (if social distancing allowed) and utilized the agency vehicle or the OMH/CSA administrative building to work safely while adhering to COVID-19 precautions.

Over the last several months, the most challenging aspect for the CIT Coordinator has been the transition of the Disaster Assistance Coordination (DAC) team, crisis hotline and mobile crisis teams. At the beginning of May 2020, the OMH/CSA made the decision to take the DAC team in-house, and in June 2020, the OMH/CSA decided to take the remaining crisis response services in-house. Although this has been a very stressful and challenging time, the OMH/CSA recognized this as a great opportunity to be able to develop a vision and direction for crisis response services in the community. The OMH/CSA has new passion, drive, and determination to deliver services the community believes in and deserves.

In addition to assisting with the transition of crisis response services, the CIT Coordinator has participated in several continuing education opportunities over the last year. The CIT Coordinator enrolled in the Federal Emergency Management Agency's (FEMA) cultural awareness module. Over the summer, the CIT Coordinator received his Dementia Care certification. In September 2021, Shawn will complete the International Critical Incident Stress Foundation (ICISF) Practical Review Course which will refresh his skills related to critical incidents, crisis interventions, and stress debriefing.

This past fiscal year marked Roscoe the CIT dog's second year of service. Roscoe continues to be the star of the Harford County CIT program. Roscoe works alongside the CIT Coordinator when he makes visits to the OMH/CSA and local firehouse. Roscoe even participated in the 40-

hour CIT course in January, which prompted CIT International to post his picture in their monthly newsletter! Shawn applied for Roscoe to be an official therapy dog with Maryland Pets on Wheels. Roscoe has made visits to local nursing homes and has been given approval to make visits to the local 911 center and Harford Community College. Unfortunately, Roscoe's visits have been impacted by the COVID-19 pandemic. Once restrictions are lifted, Roscoe plans on conducting Pets on Wheels visits to see all his friends. However, these restrictions have not prevented Roscoe from inspecting staff trash cans!

Medicated Assisted Treatment—Prescription Drug and Opioid Addiction (MAT-PDOA) Project

In July 2019, Harford County's Office of the Public Defender (OPD) partnered with the Harford County Health Department (HCHD) to implement the Harford County Medicated Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) Project. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Harford County's OPD identified recently jailed individuals with an opioid use disorder (OUD) that would benefit from medication assisted treatment (MAT) and other community-based services. Funding also allowed expanded access to MAT and other community-based treatment for jail detainees diagnosed with OUD and secured treatment to improve long-term outcomes for jail detainees diagnosed with OUD.

All individuals detained at the Harford County Detention Center were offered Screening, Brief Intervention, and Referral to Treatment (SBIRT) while awaiting bail review. Individuals identified as having an opioid addiction were assessed by a Licensed Clinical Social Worker-Clinical (LCSW-C) to provide a diagnostic impression. Individuals who met the diagnostic criteria of an OUD and were interested in receiving community-based services would be considered for release at or near their next scheduled court date. In addition, a treatment plan would be developed to facilitate the client's release into treatment or entry into a court-based program.

Clients who were released were referred to services identified in the treatment plan and paired with a Peer Recovery Specialist (PRS) from the Harford County Health Department designated for this project. In addition to the clinical assessment conducted by the social worker, the treatment program conducted its own clinical assessment of referred clients to determine whether each patient meets the criteria for MAT services.

Whether engaged with outpatient MAT, residential treatment, or other services, program participants were connected to a PRS and a Care Coordinator. The PRS, an individual who is in recovery and uses their experience to help others in their recovery journey, receives formal training to both facilitate support groups and work one-on-one with individuals who are either seeking or maintaining recovery from a mental health, substance-related, or co-occurring behavioral health disorder. PRSs can help others overcome barriers to recovery, provide

appropriate recovery information and resources in the community, share experiences and knowledge about addiction and recovery, and provide support by mentoring, advocating, and

motivating. The Care Coordinator, a health professional trained to manage various interventions for their patients, assisted everyone in the implementation of their treatment and reentry plan. Care Coordinators, with the support of a PRS, helped to identify resources for transportation, supportive housing, clothing, basic hygiene needs, somatic care, as well as mental health and substance-related disorder (SRD) treatment. The Care Coordinator provided patient navigation through the care continuum, guided re-entry services, assisted with family reunification, and helped connect each client with available resources.

Opioid Operational Command Center (OCC) Statewide, Local, & Non-Governmental (SLN) Grants

On August 26, 2019 Harford County was awarded three Opioid Operational Command Center (OCC) Statewide, Local & Non-Government (SLN) grants. Below are descriptions of the Harford County programs/projects awarded FY 2020 OCC SLN grant funds.

Addictions Connections Resource (ACR)

ACR, a unique non-profit organization staffed primarily by Peer Recovery Specialists (PRS), was awarded funding to implement the Pathways to Recovery from Substance Use Disorders project. Funds designated for this project expanded Harford County's OCC Opioid Intervention Team (OIT) grant project. Both projects were designed to create a Central Intake, Navigation and Recovery Team (CINRT) to improve individuals' first point of contact with the health care system. PRS staffed at ACR conducted screenings and provided referrals to individuals seeking substance related disorder (SRD) treatment and recovery support services. In FY 2020, ACR served 69 individuals in this program. Of those served, 69 individuals were placed in long term recovery housing, 69 individuals were referred to treatment and recovery services, 69 individuals engaged in treatment and recovery services; and 69 were referred to a PRS.

Harford County Government

Harford County Government, Department of Community Services was awarded funding for the Strengthening Families Program (SFP). This program targeted elementary school children, 6 to 12 years of age, and their families in ten 14-week parenting and family training sessions using family systems and cognitive behavioral approaches to increase resilience and reduce risk factors. SFP sought to improve family relationships, parenting skills, and the youth's social and life skills. The program was unique as it incorporated attendance from the entire family. Families in attendance practiced new relationship skills together in family groups.

Each two-hour session involved the parents and their children. They met separately the first hour for skills training and families would work together in the second hour for a structured parent-child interaction to practice the skills they learned. SFP was designed to improve parenting skills and family relationships, reduce the children's maltreatment, problem

behaviors, and alcohol and drug abuse, and enhance the children's social competencies and school performance.

Harford County Department of Community Services was awarded additional funding to implement the Certified Peer Recovery Specialists (CPRS) project. One component of recovery is to strengthen peer support which can occur by working with a CPRS. The project focused on partnering a CPRS with Harford County Emergency Medical Services (EMS). The CPRS provided support to individuals when EMS was contacted regarding an overdose or substance use call.

Minority Outreach and Technical Assistance (MOTA) Grants

On October 8, 2019, BHA released a memorandum requesting proposals for the purpose of addressing Maryland's opioid crisis by increasing access to evidence-based treatment, reducing unmet treatment needs for individuals with an OUD, and reducing opioid-related deaths through the provisions of prevention, treatment, and recovery services. This funding opportunity, awarded to the BHA by SAMHSA through a one-year Supplemental State Opioid Response (SOR) grant, was made available to Minority Outreach and Technical Assistance, Faith-based, and Community-based organizations. It is important to note a primary function of this funding was to assist minorities and individuals of tribal communities who have an opioid use disorder.

In response to the memorandum, Harford County's Local Addictions Authority (LAA) received a total of five proposals. On December 9, 2019, the LAA reviewed, scored, and forwarded all five proposals to the BHA for consideration. On February 19, 2020, the Local Addictions Authority received notification the following organizations/proposed projects were approved:

Ashley Addiction Treatment - Peer Recovery in Minority Environments (PRIME)

Ashley Addiction Treatment was awarded funding to hire two full-time employee (FTE) Peer Recovery Specialists (PRS). The PRS will provide outreach to minority communities to promote treatment and recovery services. In doing such outreach, Ashley Addiction Treatment hopes to increase the African American population in its outpatient program to 14.5 percent. Additionally, the PRS will serve as mentors and advocates for PRIME program participants and educate the community about naloxone and other harm reduction modalities.

Addictions Connections Resource (ACR) - Catalyzing Expansion of Substance Use Disorder Treatment Services in Harford County

ACR was awarded funding to hire two PRS to assess and screen individuals seeking treatment and/or recovery services for an opioid use disorder (OUD). The PRS will then make an appropriate referral to treatment and/or recovery support services. Following the referral, the PRS will conduct follow-up contacts to assess program participant needs and make additional referrals if necessary.

In addition to the PRS, ACR will utilize SOR funds to hire a part-time LCSW. When deemed appropriate, the LCSW will provide a comprehensive drug and alcohol assessment for program participants. The LCSW will also conduct grief therapy groups to support youth who have lost a friend/family member to a fatal overdose.

Boys and Girls Club of Harford County (BGCHC) - Prevention Works & Resiliency Initiative

The BGCHC was awarded funding to hire and train senior staff for the purpose of implementing evidence-based strategies to prevent poor behavioral health outcomes associated with key youth risk-taking behaviors, which include the use of opioids, alcohol, tobacco and other drugs. The Prevention Works and Resiliency Initiative will implement three distinct, regularly occurring small high yield group sessions at each participating Harford County Boys and Girls Club. All three groups will address a variety of behavioral health topics, ranging from substance use, to mental health, to self-care. To facilitate these groups, the BGCHC will ensure all staff are trained and educated in Adverse Childhood Experiences (ACEs), a survey of potentially traumatic events that occur in childhood. Staff will be trained in conducting the ACE screening and implementing techniques to reduce the long-term effects of traumatic childhood events such as abuse, neglect, and witnessing experiences like crime, parental conflict, mental illness, and substance abuse. Additionally, the BGCHC will ensure at least two Nights of Conversation events are held in conjunction with local law enforcement.

Crown of Life (COL) Worship Center of Seventh Day Adventists - Bridge to Life Community Opioid Response Project (CORP)

Crown of Life (COL) Worship Center of Seventh Day Adventists was awarded funding to support its Bridge to Life Community Opioid Response Project (CORP). CORP will utilize funds to support the implementation of the Project Lazarus Model in Harford County Maryland, primarily targeting at-risk families in Edgewood and the surrounding communities including Aberdeen, Bel Air, Havre de Grace, and Joppatowne. The Project Lazarus Model is a public health model based on the twin premises overdose deaths are preventable and all communities are responsible for their own health. This model comprises a public health approach through well documented prevention programs and evidence-based interventions tailor-made for communities such as Harford County that are disconnected from mainstream metropolitan areas and yet suffer from the same at-risk behaviors that lead to death, such as the use and misuse of opioid addictive drugs. The Lazarus Model incorporates prescriber education, Emergency Department (ED) policy changes, diversion control with law enforcement, support for individuals who are in a pain management program, harm reduction with naloxone, support of syringe exchange, promotion and implementation of addiction treatment modalities, and community education surrounding all aspects of medication misuse, substance use, and overdose.

Residential SRD and Opioid Treatment Programs (OTP)

In January 2020, Harford County welcomed the opening of a new Opioid Treatment Program (OTP). Evergreen Treatment Services received its license from the Behavioral Health Administration (BHA) on January 20, 2019 for the following levels of care: Opioid Treatment Services and Level I - Outpatient Treatment Program. Located in the city of Havre de Grace, Evergreen Treatment Services offers the following services: assessment and treatment planning, individual and group counseling, methadone or buprenorphine-based medication, psychoeducational groups, regular and random drug screens, physical examinations, HIV and Hepatitis C testing, education, counseling, and acupuncture.

In February 2020, Bel Air Recovery Center, an OTP, held its grand opening in the town of Bel Air, bringing the total number of methadone providers in the Bel Air area to two. Licensed by the BHA in September 2019, Bel Air Recovery Center provides the following levels of care: Opioid Treatment Services and Level I - Outpatient Treatment Program. Bel Air Recovery Center offers methadone treatment, rehabilitation groups, and SRD treatment.

In April 2020, Pyramid Walden was licensed to provide a 3.5 - Residential - High Intensity Program and a Level I - Outpatient level of care in Harford County. The establishment of this facility is important as it is the first residential SRD treatment program in Harford County to accept Maryland Medicaid. With a total of 54 beds, this facility provides short and long-term inpatient SRD treatment for men. Additional services provided include co-occurring treatment for SRD and mental health disorders, MAT, 24/7 admission calls, and transportation. Harford County's LAA expects the program will expand its provision of services, as it has announced its intentions of treating women and providing detox services soon.

Substance Abuse Treatment Outcome Partnership (S.T.O.P.)

In April 2020, HCHD was awarded FY 2021 Substance Abuse Treatment Outcome Partnership (S.T.O.P.) funds to implement a new project focused on providing case management services to adolescents diagnosed with an SRD. This proposed initiative resulted from county stakeholder input regarding community needs and decreasing duplication of services. In FY 2020, S.T.O.P. funding was dedicated to staffing an FTE Certified Supervisor Counselor-Alcohol and Drug (CSC-AD) and PRS in the Harford County Detention Center. Similarly, SOR Years 1 and 2 funding were designated for hiring one FTE Detention Center Navigator, a position staffed by a CSC-AD, and 2 FTE PRS. As a result, HCHD planned to implement a new project that would decrease duplication of services while at the same time increasing access to services for an underserved population.

HCHD proposed to utilize FY 2021 S.T.O.P. funds to hire one FTE Coordinator of Special Programs Health Services II, Addictions. This position would provide case management services to adolescents at the HCHD's Youth and Adolescent program. The Coordinator of Special

Programs/Case Manager would assist adolescents, diagnosed with an SRD, in accessing needed community services to remove barriers to treatment and recovery. Case management is useful

to clients to help them navigate the complex behavioral health care system. Case managers will be familiar with other behavioral health care providers and systems in the community to help facilitate smooth delivery of services to the client. Case management within the program will emphasize client choice about which type of services they receive, and the clients' right to self-determination. Additionally, the Case Manager can provide further emotional support for program participants; support that may not be addressed during the treatment session.

All Provider Meetings, Consumer Supports, Homeless ID Project, and Disaster Assistance

The Harford County Local Addictions Authority (LAA) and the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) are responsible for managing and coordinating several activities throughout the fiscal year. Prior to COVID-19, the LAA and OMH/CSA hosted quarterly in-person All Provider meetings for local behavioral health providers. In fiscal year 2020, the behavioral health authorities coordinated presentations for the providers during the quarterly meetings. All Provider meeting presentations included:

- Addiction Connection Resource
- Harm Reduction & Narcan Efforts in Harford County
- Maryland Employment and Benefits Counseling Networks
- Meaningful Environment to Gather and Nurture (MEGAN's) Place
- Families Strong Initiative
- Upper Bay's Early Intervention Program

Another highlight for fiscal year 2020 was the assistance provided to those in need via the OMH/CSA's consumer support funding, Homeless ID, and disaster emergency funds. The Office on Mental Health received over 110 requests for assistance and was able to approve funding for 89 of these requests. Of these requests, 42 families received assistance to prevent an eviction or to alleviate utility turnoff and 19 requests were approved for security deposits to obtain independent housing. In addition, 20 individuals were served under the Homeless ID Project where they were able to obtain state identification and/or birth certificates. Of these 20 individuals, eight were children.

The OMH/CSA also received County funding to provide a Disaster Assistance Coordination (DAC) team through the Mobile Crisis Team. The team works to intervene when people are experiencing a disaster, by providing timely intervention and partnering with existing community providers to prevent homelessness. The Coordination team works collaboratively with Harford County's Department of Emergency Services, American Red Cross, and other agencies to ensure there is no duplication of services when assisting individuals displaced by a disaster. In fiscal year 2020, the Disaster Assistance Coordination team handled 132 calls and provided an in-person response to 20 disaster type events. Of these 20 events, the Coordinator

assisted 74 people in locating temporary housing. For those households lacking support and insurance, the grant funded four hotel placements to prevent homelessness.

E. Planning Process

“No Wrong Door” Experience

The Harford County Local Addictions Authority (LAA) and the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) are focused on improving the health, wellness, and quality of life for the Harford County community. The LAA and OMH/CSA have built strong partnerships with service providers, government agencies, and community stakeholders to cultivate a network of behavioral health care delivering high quality experiences focused on recovery and resiliency. As system managers, the LAA and OMH/CSA are responsible for the planning, management, and accountability of these programs and services. The LAA and OMH/CSA initiate efforts to routinely assess the needs of the community to ensure there are programs and services meeting the changing needs of all individuals.

To meet the needs of individuals and families, the LAA and OMH/CSA rely on relationships with agencies, providers, and the community by promoting a “no wrong door” experience so those accessing the local behavioral health system are seamlessly connected to services. The LAA and OMH/CSA have built strong relationships with service providers through the quarterly All Provider meetings, and most recently the bi-weekly provider operations meetings. For the last five years, the quarterly meetings have included presentations from various social service organizations and health providers regarding available resources and services. Since the COVID-19 pandemic, the LAA and OMH/CSA meet with the provider network bi-weekly to survey the field on operational changes, discuss strategies to ensure quality services continue to be delivered during a pandemic, share resources, and provide support to the provider network.

Harford County has taken several significant steps to approach the “no wrong door approach” to ensure when a person contacts any organization involved in the local behavioral health system, they are seamlessly connected. These steps include but are not limited to: (1) the use of Peer Recovery Specialists (PRS); (2) establishment of the Klein Family Harford Crisis Center (KFHCC); (3) collaborative efforts between the non-profit organization Addiction Connections Resource and the local Opioid Intervention Team (OIT); and (4) use of the Mental Health and Addictions Advisory Council, Local Health Improvement Coalition – Behavioral Health Workgroup, and Opioid Intervention Team (MHAAC/LHIC/OIT).

Providers throughout Harford County utilize PRS to support, guide and mentor another person’s recovery process by instilling hope, role modeling recovery, and supporting people in their own efforts to reclaim meaningful and self-determined lives in their communities. The utilization of PRS among providers has created a bridge to treatment and recovery support services for individuals entering the behavioral health system of care. PRS facilitate warm handoffs for those individuals who choose to seek behavioral health treatment and identify at-risk

individuals and encourage them to seek treatment and recovery supports earlier than they otherwise would have. PRS also provide supports to individuals involved with the legal system.

For example, individuals incarcerated at the Harford County Detention Center are offered the opportunity to meet with a PRS who seamlessly connects inmates to treatment and/or recovery support services upon release.

Establishment of Klein Family Harford Crisis Center (KFHCC) has also been a significant step toward improving the “no wrong door approach” in Harford County. The crisis center provides this approach by offering services to individuals with a variety of insurance types, and by working with a large network of providers to facilitate appropriate referrals. The KFHCC addresses both mental health and substance-related disorders, offers immediate access to care, and coordinates services to strengthen wellness and recovery regardless of insurance status. The KFHCC houses the 24/7 crisis hotline and mobile crisis team, now under the OMH/CSA umbrella, and operates a walk-in urgent care clinic, and provides outpatient services, and residential crisis beds. In spring 2020, Ashley Addiction Treatment (previously located at University of Maryland Upper Chesapeake Health), relocated to the Klein Family Harford Crisis Center. At this location, Ashley Addiction Treatment offers assessments, individual sessions, group sessions, medical visits with a nurse practitioner, outpatient detoxification, buprenorphine maintenance and toxicology screenings. The KFHCC is intended to be a central point in the county for individuals to access behavioral health services at any time.

Additionally, Harford County has a unique non-profit organization, Addiction Connections Resource. Addiction Connections Resource collaborates with the local Opioid Intervention Team to provide a Central Intake, Navigation, and Recovery Team (CINRT) that facilitates linkages to treatment for individuals with substance-related disorders. The CINRT, which is staffed by PRS, provides a hotline that serves as a well-publicized, easy to reach access point committed to assuring on demand, comprehensive screening and assessments, assisting with behavioral health care navigation, and following up with recovery support and care coordination. The CINRT works to improve people’s first point of contact with the behavioral health system, and to encourage them to access behavioral health treatment.

Harford County utilizes the Mental Health and Addictions Advisory Council/Local Health Improvement Coalition-Behavioral Health Work Group/Opioid Intervention Team (MHAAC/LHIC/OIT) to conceptualize strategies to improve behavioral health care within Harford County. The MHAAC/LHIC is comprised of the following organizations;

- Department of Emergency Services
- Department of Community Services
- Office of Drug Control Policy
- Harford County Sheriff’s Office
- University of MD Upper Chesapeake
- Healthy Harford/Healthy Cecil
- County Council/Board of Health
- Harford County Health Department

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- Department of Social Services
- Behavioral health treatment providers
- Office on Mental Health/Core Service Agency
- Harford County Volunteer Fire and EMS

Establishing a Local LBHA & Obtaining Approval of the Conflict-of-Interest Policy

When the former Mental Hygiene Administration and the Alcohol and Drug Abuse Administration merged at the state level to form the Maryland Behavioral Health Administration, the expectation was local Mental Health Authorities, known as Core Service Agencies, and newly-formed Local Addiction Authorities would establish a Local Behavioral Health Authority responsible for System Planning and Management at the local level. Local jurisdictions were given flexibility for determining how they would oversee planning, operation, and management of the local system of behavioral health care. Local jurisdictions were also encouraged, but not required, to move clinical service provision of Medicaid billable services to the private sector so system planning and management could be prioritized. Several counties, including Harford County, have chosen to continue operating clinical services within County government. That, however, creates conflicts of interest for SRD services in certain areas: access to client level data, complaint investigations, audits and uninsured exceptions. As a result, the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA), which does not provide direct Medicaid billable services, operates on behalf of the LAA in areas of conflict.

More important, the OMH/CSA and the LAA have increasingly worked together to oversee local behavioral health services within Harford County. Staff assigned to the LAA do not participate in oversight of clinical services within the Harford County Health Department and instead focus on oversight of local behavioral health system planning and management in partnership with the OMH/CSA. The OMH/CSA and LAA partnership is very strong.

Harford County is following the Anne Arundel County model for establishing a Local Behavioral Health Authority, which combines use of a non-profit CSA to provide greater speed and flexibility in procurement and implementation of new initiatives with the LAA located within the Health Department. Due to a change of leadership within the Health Department and COVID, Harford County has not yet completed its MOU between the CSA and the LAA to formalize this structure. That, in addition to obtaining approval of the conflict-of-interest policy, is the final step. The OMH/CSA and the LAA expect to complete these steps by the beginning of FY 2022.

Complaint Investigation & Contract Monitoring Functions

The OMH/CSA and the LAA for areas not in conflict take steps to sufficiently investigate complaints about service providers and to enhance existing contract monitoring functions. Prior to the Optum-Maryland (OM) transition in January 2020, the OMH/CSA staff would regularly assist the Administrative Service Organization (ASO) with agency audits of psychiatric rehabilitation programs, outpatient mental health centers, private practitioners, substance use

treatment programs and medication assisted treatment facilities. With the ASO change and COVID restrictions, ASO audits did not resume until December 2020. Currently, these are being completed via virtual desk audits. Although the CSAs, LAAs, and the Local Behavioral Health Authorities (LBHA) are notified when audits are scheduled, the CSAs, LAAs, and the LBHAs are unable to assist in the same capacity in previous years. When an audit is scheduled for a

Harford County provider, the OMH/CSA and LAA for areas not in conflict expect to review the audit summary and executive reports, and if needed, the Performance Improvement Plan. The OMH/CSA and LAA anticipate staff will conduct follow up visits with the provider to focus on areas needing improvement and offering technical assistance with improving documentation or office procedures. Lastly, the OMH/CSA and LAA track provider Performance Improvement Plans (PIP) to ensure follow-up is conducted with the provider, provide additional technical assistance in meeting the plan's requirements, and assist with reviewing forms and documents, such as treatment plans, to ensure providers are in compliance.

Occasionally, the Office on Mental Health or the LAA will receive a complaint from the Administrative Service Organization (ASO). When this occurs, the responsible OMH/CSA Coordinator or the LAA when appropriate will reach out to the individual making the complaint and the provider to obtain additional information. In some cases, the complaint investigation will include a site visit, chart review and/or a desk audit. A follow up response is sent to the ASO and complainant detailing findings of the investigation. The Office on Mental Health or the LAA will offer provider training and technical assistance, as needed, to assist with a satisfactory resolution to any negative findings. The OMH/CSA or the LAA will assist the individual in linking to another provider, if necessary.

It is a state requirement that the CSAs/LAAs/LBHAs monitor all contractors receiving state or federal funds from the Behavioral Health Administration for the provision of behavioral health services. The requirement includes fiscal elements to ensure compliance with the fiscal components of the contract, and administrative/program elements to determine if the services required have been delivered. The OMH/CSA/LAA work with the Behavioral Health Administration to determine actions that may be taken if contracted services have not been delivered.

The OMH/CSA has a long-established system for processing contract renewals. The OMH/CSA Executive Director and Finance Director perform contract renewals ensuring all contracts are renewed prior to the inception of the covered period. The Executive Director and appropriate Child and Adolescent or Adult Services Coordinator work with the sub-vendor to develop and/or revise performance measures, where needed, to comply with the deliverables outlined in the Conditions of Award from the Behavioral Health Administration. If needed, a pre-contract renewal meeting will be arranged with the sub-vendor to address budgetary and program issues. Appendix A's, documents outlining performance measures, were recently amended to include a space for the sub-vendor's signature. This additional signature will indicate the

receipt and understanding of the Appendix A and the conditions of award for the fiscal year. The Finance Director is responsible for the fiscal elements of the contract monitoring. During each fiscal year, a minimum of one on-site monitoring visit to each sub-vendor will be conducted by the appropriate Services Coordinator. The Coordinator will verify all the terms and conditions of the contract are being met, and the actual number of reported

services have occurred. The Coordinator and Finance Director will verify the information reported on MDH Form 438. The respective OMH/CSA Coordinator will complete a Vendor Monitoring Report for each sub-vendor they monitor. An outcome letter will be given to the sub-vendor highlighting accomplishments, compliance findings and/or providing recommendations for improvement. If there are specific programs with new providers or leadership, or if it is a new grant funded program, the Office on Mental Health will increase the number of site visits throughout the fiscal year and will be available for additional monitoring or technical assistance to meet contract deliverables.

The Harford County LAA does not hold many outside contracts. Most grants awarded to the LAA are distributed internally. In fiscal year 2020, the LAA held only one outside contract. In monitoring this contract, or any other future contracts, the LAA regularly monitors and reviews reports submitted by the sub-vendor, performs desk audits, conducts site visits, and provides technical assistance to the sub-vendor to ensure conditions of the award are satisfied.

In fiscal year 2021, Harford County's LAA successfully completed its first investigation of a complaint that did not involve a conflict of interest. With the assistance of the behavioral health integration consultant, the LAA learned it could conduct investigations for providers that do not offer the same levels of care as the Harford County Health Department (levels 2.5, 3.3, 3.5, and 3.7). The LAA's investigation includes the following process: (1) the complainant is contacted and asked to provide information about their concerns; (2) the provider is contacted and asked to provide their position in response to the complaint; and (3) the LAA reports its findings to the ASO and/or BHA.

Due to COVID restrictions and related questions, there has been an increase in technical assistance requests for a variety of programs throughout Harford County. The requests for assistance have varied and include assisting providers with obtaining funding and locating personal protection equipment so they can meet with program participants in person, assistance with Optum related authorizations/billing concerns, and increasing participant census and how to market services in the current environment. Most providers have had to modify their program models to continue providing services in the community, and the OMH/CSA and LAA have attempted to assist with these changes. In addition, since March 2020, Harford County has had several new agencies who have either started the process to provide services from the ground up or have worked toward expanding their current services. For all

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these agencies, the OMH/CSA and LAA have conducted initial site visits, reviewed general expectations about regulations and billing, and have been available for all additional questions.

Designing System of Services

The Harford County Local Addictions Authority (LAA) and the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) employ various techniques and tools to

identify unmet service needs and gaps in designing the system of services. This includes engaging stakeholders in planning and evaluating program services in Harford County. The LAA and OMH/CSA obtain information and data outcomes from the strategic plan of the Mental Health and Addictions Advisory Council (MHAAC)/the Local Health Improvement Coalition (LHIC) Behavioral Health Workgroup/Opioid Intervention Team (OIT), the Harford County Community Health Needs Assessment (CHNA), the Harford County Local Management Board (LMB) Needs Assessment Project, the Community Health Improvement Plan (CHIP), Behavioral Health All Provider meetings, and feedback received during onsite monitoring visits. The information compiled from the various resources allows the LAA and OMH/CSA to continuously improve the system of behavioral health care in Harford County. The planning process also includes obtaining information from stakeholders to be used to evaluate services in a specific program, as well as throughout Harford County. Information is gathered during onsite monitoring visits of contracted services by conducting interviews of program participants, during annual residential rehabilitation program inspections, consumer quality team interviews, etc. Stakeholders also provide input through feedback recorded on training surveys, consumer satisfaction surveys, and the annual needs assessment disseminated by the local wellness and recovery center.

The OMH/CSA is still planning to administer a community needs assessment with a focus on meeting the cultural and linguistic needs of under-served and diverse populations. The Office on Mental Health will disseminate a satisfaction survey to consumers participating in outpatient mental health and substance-related disorder treatment programs to assist with identifying needs and gaps within the programs. Results from the assessment and survey will be used to develop areas of improvement for providers and an opportunity to provide additional technical assistance.

COVID restrictions have forced changes and updates within the behavioral health system, highlighting the benefits and need for telehealth services, as well as the differences in access throughout Harford County. The OMH/CSA is hoping to play a part in assisting individuals with gaining access to technology, as well as assisting consumers with learning how to use it effectively as a way to continue behavioral health treatment, medical treatment, and general wellness stemming from virtual socialization with others outside of their home.

Stakeholder Engagement

The LAA and OMH/CSA continue to engage stakeholders such as members of the recovery community and their families including peer recovery specialists, individuals who previously

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experienced homelessness, representatives from the criminal justice system, the deaf and hard of hearing community, and other minority groups in planning and evaluating program services in Harford County. Because of the COVID-19 pandemic, initial plans to assemble various stakeholder groups to solicit feedback have been delayed. The LAA and OMH/CSA are working to implement alternatives to assembling in-person, while still receiving input from the community. In addition, the LAA and OMH/CSA are planning to administer a community needs

assessment with a focus on meeting the cultural and linguistic needs of under-served and diverse populations. The Harford County Local Addictions Authority and the Office on Mental Health will disseminate a satisfaction survey to consumers participating in outpatient mental health and substance-related disorder treatment programs to assist with identifying needs and gaps within the system of care. Results from the surveys will be used to develop areas of improvement for providers and an opportunity to provide additional technical assistance.

Prior to COVID, staff from the OMH/CSA participated on a Veteran Homelessness Committee, whose intention is to become a platform for case consultation with the veteran community, and to elicit the individual's feedback to determine what efforts have been made, what has and hasn't worked, and to devise strategies to address gaps related to homeless services. The committee also was working toward creating peer connections and mentorships to assist and connect veterans who have overcome homelessness and other barriers to be a positive role model for those who are continuing to struggle and work on their immediate housing, resource, and treatment needs. The group has met sporadically since COVID began, and they are hoping this effort will be able to gain more ground once they are able to meet more often.

Currently, all the Request for Proposals (RFPs) are reviewed by the Office on Mental Health's Board of Directors, which includes three members of the recovery community, the criminal justice system, advocates, and family members of individuals with behavioral health needs. The Board of Directors' role is to identify any unanswered questions within the RFP and to assist with choosing the most appropriate provider and the best fit for the specific grant program to meet our community's needs.

Behavioral Health Advisory Councils

The Harford County Local Addictions Authority and the Office on Mental Health/Core Service Agency of Harford County, Inc. continue to be active members on the local behavioral health advisory council—Harford County Mental Health and Addictions Advisory Council (MHAAC). In fiscal year 2017, members of the Local Health Improvement Coalition (LHIC) Behavioral Health workgroup began attending the MHAAC meetings to reduce duplication of efforts. Most recently, the Opioid Intervention Team (OIT) joined these groups. At every MHAAC/LHIC/OIT meeting, LAA and OMH/CSA representatives provide the council members with updates, which include progress on Harford County behavioral health programs and any actions needed to improve integration efforts. The LAA and OMH/CSA also assist the council with determining the behavioral health needs of the community, reviewing the accessibility and quality of behavioral health services, and working toward an integrated and comprehensive behavioral health system

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in Harford County. Along with the Harford County Office of Drug Control Policy, the LAA and OMH/CSA provide information and input to the council on local, state, and federal behavioral health concerns. Harford County is also represented on the Maryland Behavioral Health Advisory Council.

Coordination of Emergency Response

The coordination of activities in response to emergencies is another area the Harford County Local Addictions Authority and the Office on Mental Health/Core Service Agency of Harford County, Inc. plan to ensure service availability. Staff from the OMH/CSA completed Critical Incident Stress Management (CISM) training to be able to assist the Crisis Intervention Team (CIT) Coordinator during traumatic events where group crisis interventions would be needed. Beginning in fiscal year 2021, the OMH/CSA took the Disaster Assistance Coordination (DAC) Team under the agency's umbrella to ensure Harford County residents experiencing a disaster will receive a quick response, assist with temporary placement (to avoid homelessness), and provide linkages to services. The DAC on-call team, funded by Harford County Government's Grand-in-Aid, is notified by the Harford County Department of Emergency Services when a disaster has occurred where residents may be displaced. The team will assess the needs of these residents and arrange for temporary placements and other resources, as needed. Through DAC, staff utilize their CISM skills when operating on scene and with those affected. These crisis intervention skills have had a positive influence on those being served and other first responders, such as the fire department, medics, and law enforcement. In fiscal year 2020, the DAC team answered 132 disaster related phone calls, responded to 20 events, and prevented homelessness and provided aid for 74 individuals.

The Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) also has a role in the Harford County Department of Emergency Services Emergency Operations Center. The OMH/CSA is responsible for coordinating and managing disaster mental health services. This includes staffing of the Emergency Operations Center, reception centers, and mass care shelters when activated. The OMH/CSA regularly participates in Peach Bottom Atomic Power Station drills, Federal Emergency Management Agency (FEMA) federally evaluated exercises, and natural disaster briefings. At the end of fiscal year 2020, the LAA and OMH/CSA worked together to revise the Mental Health All Hazards Plan—now the Behavioral Health All Hazards Plan. The Behavioral Health All Hazard Plan ensures an efficient, coordinated, effective response to the behavioral health needs of the Harford County community in times of disaster. The plan will now enable the OMH/CSA and LAA, in partnership with the Harford County Health Department, Harford County Department of Emergency Services Emergency Preparedness and Planning Branch, and the Harford County Department of Social Services, to maximize the use of personnel, facilities, and other resources to provide behavioral health assistance to disaster survivors, emergency response personnel and the Harford County community at large.

In July 2018, after conducting a county wide needs assessment and townhall, the community expressed the need for access to a 24/7 behavioral health crisis hotline and a 24/7/365 response from Mobile Crisis Services. The OMH/CSA, along with community leaders and stakeholders, developed a framework to provide these essential services. In the initial data collection phase of crisis response services, it was found approximately fifty (50) percent of all requests for crisis services came from Harford County Public Schools (HCPS). The OMH/CSA determined additional resources were needed to develop a specialized crisis team to meet the

needs of HCPS students and their families. The OMH/CSA was awarded HB1092 funding to develop and implement a School Intervention Specialist (SIS) program. In November 2019, Affiliated Santé Group hired a licensed behavioral health professional to collaborate with HCPS and assist with crisis events. In June 2020, the OMH/CSA felt the needs of the community would best be served by thoughtfully bringing crisis services under the umbrella of the OMH/CSA. The OMH/CSA began serving youth and families under the SIS grant in August 2020.

In FY 2020, Affiliated Santé Group also provided Mental Health Stabilization Services (MHSS). The MHSS program is a partnership with the Behavioral Health Administration (BHA) and the Department of Human Services (DHS) to provide crisis services to youth involved with the child welfare system. The MHSS program provides community-based, 24-hour intensive in-home crisis services. The goal of the MHSS program is to avoid a disruption in placement and divert from emergency room or inpatient hospitalization. The MHSS program assists families by providing crisis planning, community resources, and enhanced coping strategies. In fiscal year 2020, the MHSS program responded to 352 phone calls, conducted 185 face-to-face visits, and attended 230 meetings to collaborate care for youth and families. In August 2020, the OMH/CSA began to operate the MHSS program along with the other crisis response services. The global pandemic has impacted referrals to the MHSS program. The program was unique due to the close working relationship between the Harford County Local Department of Social Services (LDSS) and the MHSS staff. Due to the Harford County LDSS teleworking and the MHSS staff not having office space, temporarily, in the LDSS building, referrals have decreased. The OMH/CSA Harford Crisis Response Director has conducted outreach meetings to re-establish the collaborative working relationship.

D. Service Delivery and Recovery Supports

Treatment Services

Services Across the Lifespan

Behavioral health treatment and recovery support services provided to individuals, families, and special population groups continues to broaden in Harford County. The Klein Family Harford Crisis Center (KFHCC) serves as a hub for a variety of behavioral health services for all ages. Individuals can receive immediate behavioral health support, regardless of insurance status, and are frequently connected to an outpatient mental health program as a bridge for long term therapeutic treatment and medication management. The KFHCC also houses eight adult residential crisis beds which are a significant part of the continuum. Additionally, Harford Crisis

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Response and Ashley Addiction Treatment are co-located in the same building as KFHCC, and together these agencies can provide a broad array of services to the community.

As its own entity, Harford Crisis Response offers many levels of care and support. At the immediate crisis level, Harford Crisis Response operates a behavioral health crisis hotline which is available 24 hours a day, 7 days a week. Phone counselors can administer an assessment and if needed, dispatch a mobile crisis team for on-site, in-person intervention. In addition to the

hotline and mobile crisis team, Harford Crisis Response provides services related to specialized grants. Mental Health Stabilization Services, in collaboration with Department of Social Services, provides services to families and youth in the child welfare system. The School Intervention Specialist serves school aged youth and their families by offering immediate crisis intervention within the school system. Finally, Harford Crisis Response operates a grant funded peer support program where peers work with individuals who have been in contact with Harford County's Emergency Medical Services.

Programs are also developed with administrative agencies, such as the Harford County Office of Drug Control Policy, which offers several public events and trainings in promoting prevention, treatment, and recovery support services. Many of these outreach efforts focus on special population groups. *Choose Your Path* and *Project Healthy Delivery* are just two examples. *Choose Your Path* is a drug, alcohol, and mental health education program for youth in grades 6-12. The program was inspired by surveys from local teens revealing details about their lives and the influences that shape their decisions. The goal is to help teens stand up to self-pressure, peer pressure and negative influences, and to help them make informed decisions based on facts about drugs and alcohol. Teens also learn how mental health issues and stress can lead to drug use and learn healthy coping skills. *Project Healthy Delivery* was developed to address the roughly one hundred substance exposed newborns delivered in Harford County each year. The mission is to give newborns the best chance for a healthy life, and the Office of Drug Control Policy collects new baby items to be used as incentives to help pregnant women remain in treatment programs.

Along with Harford County Government and the Harford County Judicial Branch, the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) continues to serve as a member of the Circuit Court Advisory Council. The council has focused their efforts on developing a strategic plan to address opioid related criminal activity in both Circuit and District Courts. The plan includes diversion efforts from incarceration, linkages to behavioral health treatment providers, and access to a peer recovery specialist. The goal of Opioid Recovery Court is to reduce recidivism and encourage participants to access all behavioral health resources.

In FY 2020, Leading By Example continued to provide case management services through the Projects for Assistance in Transition from Homelessness (PATH) to individuals who are experiencing homelessness or at risk of homelessness, and have been diagnosed with a Priority

Population Diagnosis. Once the individual agrees to services, the PATH case manager will work with the individual to assist them with accessing all levels of treatment and community resources. This is meant to be a short-term program to assist with the immediate needs and connect the participant to long-term treatment and housing.

The OMH/CSA administers the Trauma, Addictions, Mental Health, and Recovery (TAMAR) Education Project to provide basic insights on trauma, its developmental effects on symptoms

and current functioning, and the impact of early chaotic relationships on healthcare needs. The program assists in the development of coping skills, managing addiction, and helping to deal with role loss and develop parenting skills. The developers of the TAMAR program hypothesized that repeated, and prolonged traumatic experiences, often occurring in childhood, may negatively impact mental health and result in maladaptive, risky behaviors resulting in incarceration. The TAMAR project is a 10-week psychoeducation program, with the goal of breaking the cycle of trauma and incarceration. The program is a partnership between the OMH/CSA and the Harford County Detention Center, serving both male and female incarcerated individuals. On March 16, 2020 due to the COVID-19 pandemic and the Governor's State of Emergency declaration, the Harford County Detention Center suspended programs for incarcerated individuals. Between July 2019 and March 2020, the TAMAR program provided services to 41 incarcerated individuals.

The Office on Mental Health oversees the Maryland Community Criminal Justice Treatment Program (MCCJTP), which specializes in providing case management services for individuals who are currently incarcerated and received a priority population mental health diagnosis. Participants in this program meet regularly in the detention center with a case manager, who develops a treatment plan to work toward a seamless transition into the community. The MCCJTP participants can also receive additional aftercare case management services to assist with applying for entitlements, accessing behavioral health treatment, and obtaining safe and secure housing.

The OMH/CSA remains committed to serving special population groups throughout Harford County and supports Project SEEK (Services to Empower and Enable Kids), an initiative sponsored by the Local Management Board. This program works with children of incarcerated parents, providing case management to ensure children are successful in school and families are safe and economically stable, with the overarching goal of reducing intergenerational incarceration. In FY 2020, Project SEEK assisted 33 families with case management services and provided support groups to 82 youth with incarcerated parents.

There is a total of 30 SRD programs in Harford County, three of which are integrated behavioral health programs (see the table below). These thirty programs are all licensed or approved to provide specific levels of care, which vary from program to program. The levels of care offered by these programs include DUI education, early intervention, outpatient treatment, intensive outpatient treatment, partial hospitalization treatment, residential treatment, opioid treatment,

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and withdrawal management services. These programs provide a variety of services, which depend upon the level of care. The services offered by these programs may include admissions, assessments, treatment plans, infectious disease education, family involvement, utilization of self-help groups, referrals, and discharges. When assessing participants for admission, continued treatment, and discharge, these programs follow the American Society of Addiction Medicine (ASAM) Patient Placement Criteria, or other guidelines approved by the BHA. A variety of therapeutic treatment approaches are used by these

programs including, but not limited to, motivational interviewing, person-centered treatment, group therapy, and cognitive behavioral therapy.

Listing of all SUD Programs by County, City, Name, DBA and Level of Care
1. ARS of Aberdeen, LLC
2. Ashley, Inc. - Bel Air 01
3. Ashley, Inc. - Havre de Grace 01
4. Bel Air Recovery Center, LLC
5. Bergand Group, LLC - Fallston 01
6. Carol A. Deel, M.S., C.P.C. & Associates, P.A.
7. Changing Turn Community Healthcare Services, Inc. - Edgewood 01
8. Child and Adult Psychiatry Charito Quintero Howard, MD, LLC - Joppa
9. Emmorton Treatment Services, Inc
10. Evergreen Treatment Services, LLC – Havre de Grace
11. Glass Health Programs Inc. - Belcamp 01
12. Harbor of Grace Enhanced Recovery Center, LLC - Havre de Grace 01
13. Harbor of Grace Enhanced Recovery Center, LLC - Havre de Grace 02
14. Harbor of Grace Enhanced Recovery Center, LLC - Havre de Grace 03
15. Harbor of Grace Enhanced Recovery Center, LLC - Havre de Grace 04
16. Harford County Department of Health - Division of Behavioral Health
17. Harford County Health Department - Teen Diversion Program
18. Harford County Detention Center – Bel Air
19. Joppa Health Services, Inc.
20. Maryland IOP Partners, LLC
21. Michele Hadaway's Hart Group

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22. Phoenix Recovery Center, Inc.
23. Project Chesapeake, LLC - Edgewood 01
24. Pyramid Walden, LLC - Joppa
25. Riverside Treatment Services, LLC - Edgewood 01
26. Serenity Health, LLC - Aberdeen 01
27. STETH Corporation - Aberdeen 01
28. Turning Corners, Inc. - Bel Air 01
29. Veni Vidi Vici Treatment Services, LLC
30. Wisdom Healthcare Services, Inc. - Aberdeen

Referring to the table below, there are 10 Opioid Treatment Service (OTS) programs in Harford County. These programs use pharmacological interventions, including dispensing of full and partial opiate agonist treatment medications as part of treatment. Suboxone® and Methadone are the most used medications among these programs. However, there are SRD programs in Harford County, not licensed as an OTS, that provide full opiate agonist treatment. These programs use the medication Vivitrol® as a form of Medication-Assisted Treatment (MAT). Regardless of their OTS status, these MAT programs offer clinical therapy as part of treatment. MAT in Harford County is also provided by a variety of health professionals, who operate independently or in group practices.

Listing of all SUD Programs by County, City, Name, DBA and Level of Care	Count of Service Description
DUI Education Program	11
Integrated Behavioral Health Program	4
Level 0.5 - Early Intervention Program	7
Level 1 - Outpatient Treatment Program	19
Level 1 - Outpatient Treatment Program - Adults	2
Level 2.1 - Intensive Outpatient Treatment Program	10
Level 2.5 - Partial Hospitalization Treatment Program	4
Level 3.3 - Residential - Medium Intensity Program	3
Level 3.5 - Residential - High Intensity Program	4
Level 3.7 - Residential - Intensive Inpatient Program	7
Opioid Treatment Services	10
Withdrawal Management Service	5
Grand Total	70

Recovery support services provided in Harford County, as it relates to SRD, are primarily comprised of Peer Recovery Specialists (PRS) and Certified Peer Recovery Specialists (CPRS).

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Over the past several years, peer support services have significantly increased in Harford County. Whereas the Local Health Department (LHD) was once the only agency to employ PRS, currently other non-profit, local government, and private sector organizations have expanded their staff to include Peers. Presently, the LAA in Harford County has knowledge that the following organizations using PRS and/or CPRS as staff:

Listing of PRS & CPRS by Organization	Count of PRS	Count of CPRS
Addiction Connections Resource	4	2
Ashely Addiction Treatment, Inc.	10	4
Harford County Health Department		2
University of Maryland Upper Chesapeake Health (UMUCH)	4	0
University of Maryland Harford Memorial Hospital (UMHMH)	4	0
Harford County Government	1	1
OMH/CSA (Crisis Hotline)	1	1

For a more detailed explanation on PRS and CPRS, please refer to the section entitled “Engagement of Peer Recovery Specialists (PRS) and Certified Peer Recovery Services (CPRS)”.

Another recovery support service offered to Harford County residents diagnosed with an SRD is State Care Coordination (SCC). In FY2020, Harford County’s LAA was awarded \$324,958 to provide or contract for the provision of SCC services. Harford County’s LAA provides this service directly and funds awarded are used to pay for one full-time State Care Coordinator, and administrative staff to assist with the SCC program. The State Care Coordinator enrolls Harford County residents into the SCC program, contacts participants on a bi-weekly basis, and provides linkages and referrals to behavioral health treatment, recovery supports, and other social, medical, faith-based, and community services.

To qualify for SCC, individuals must:

- Be receiving Level 2.1, 3.3, 3.5, or 3.7 Treatment services utilizing BHA funds, or be a resident at a certified recovery residency or sober living facility.
- Be a Harford County resident;
- Be 18 years of age or older;
- Have a substance use or co-occurring disorder diagnosis;
- Have an income at or below 200% of the Federal Poverty Level;

In FY 2020, the HCHD enrolled fifty-two people into the SCC program. The effects of COVID-19 as well as a loss in staff negatively impacted the number of FY 2020 SCC enrollments. In FY 2021, Harford County’s LAA made an adjustment to increase the number of enrollments. As of December 30th, 2020, Harford County had enrolled a total of 42 people into SCC.

Maryland RecoveryNet (MDRN) is another recovery support service accessible to Harford County residents with an SRD. This service allows participants to receive Care Coordination

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through which they can access funding for certified recovery residencies, transportation, employment services, vital documents, medical and dental services, and other unmet needs identified by the participant and/or the Care Coordinator. In FY 2021, the OMH/CSA was awarded \$4,000 to provide or contract for the provision of MDRN services. The OMH/CSA oversees and monitors this grant, and the LHD provides MDRN services. As of December 30th, 2020, the HCHD had enrolled 42 people into MDRN.

To qualify for MDRN, individuals must:

- Be a Harford County resident;
- Be 18 years of age or older;
- Have a substance use or co-occurring disorder diagnosis;
- Have an income at or below 200% of the Federal Poverty Level;
- Be engaged in a clinical or recovery support service.

Continuing Care is a recovery support service available to individuals who no longer meet ASAM Patient Placement criteria. This service allows individuals to maintain an ongoing relationship with the substance-related treatment provider by offering the following services:

- Face-to-face and/or telephone contact with a clinician;
- Face-to-face and/or telephone contact with a Peer Recovery Specialist;
- The ability to be transferred back to a higher level of care (if warranted);
- Referrals/linkages to other recovery, housing, medical, employment, faith-based, and social supports.

Behavioral health treatment and recovery support services are offered to any individual in the community who meets criteria for a behavioral health disorder, and this includes all special populations. Accommodations and assistance to enroll into special initiatives are provided as needed.

Deaf and hard of hearing services are offered to individuals who meet medical necessity criteria for public behavioral health services. According to the Special Populations Unit (Specialized Behavioral Health Services Unit) of the Behavioral Health Administration, limited funding is available through CSAs and LHDs to pay for an interpreter for PBHS-eligible individuals to access outpatient behavioral health services.³

Through Behavioral Health Administration initiatives, providers in Harford County can link individuals with a Traumatic Brain Injury (TBI) to The Brain Injury Resources Coordination and Training Program, and Maryland's Waiver for Adults with Traumatic Brain Injury. Services offered through this initiative include access to a Brain Injury Resource Specialists and trainings for agencies and professionals to educate providers about how to provide services to individuals with TBI.⁴

Harford County's LAA partners with HCHD's Behavioral Health Bureau to provide 8-505 court ordered evaluations to incarcerated individuals diagnosed with an SRD. The evaluator

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determines the assigned level of care based on ASAM criteria, and upon court approval, incarcerated individuals may be ordered into a substance-related treatment program. The LAA, HCHD's Behavioral Health Bureau, and Harford County District and Circuit courts work together to ensure 8-505s are available to individuals in need of substance-related treatment.

Referring to the list of all SUD Programs by County, there are four integrated behavioral health treatment programs in Harford County. Those programs are Harford County Health Department - Division of Behavioral Health, Harford County Health Department – Teen Diversion Program, Project Chesapeake, LLC, and Changing Turn Community Healthcare Services, Inc. At these specific treatment programs, individuals diagnosed with a co-occurring disorder can access treatment for both their mental health and SRD needs.

Specialized behavioral health services available for homeless individuals include the Continuum of Care Program, Project for Assistance in Transition from Homelessness (PATH), and SSI, SSDI, Outreach, Access, and Recovery (SOAR). These initiatives serve individuals diagnosed with a mental health disorder or co-occurring SRD; however, they do not serve individuals solely diagnosed with an SRD. MDRN and ACR can assist with placing individuals living with SRDs and experiencing homelessness into recovery housing.

Pregnant women, with up to two children under the age of 10, can access residential treatment for an SRD at the following treatment programs: Cameo House, Safe Harbor, Gaudenzia, and Chrysalis House. These programs house women and children and offer the following services: (1) SRD groups; (2) individual counseling; (3) trauma services; (3) fetal alcohol syndrome disorder (FASD) education; (4) smoking cessation and nutrition classes; (5) life skills training; (6) prenatal and childcare services; and (7) transportation to appointments. Women with children

³ <https://bha.health.maryland.gov/Pages/Special-Populations.aspx>

⁴ <https://bha.health.maryland.gov/pages/Traumatic-Brain-Injury.aspx>

can contact the LAA for an assessment for this service. Another program available to women with children in Harford County is Meaningful Environment to Gather and Nurture (MEGAN's) Place. MEGAN's Place is a program located within the HCHD that serves at-risk pregnant and post-partum women and their families. This program places a special focus on women diagnosed with an SRD. MEGAN's Place aims to connect these women and their families to clinical care while providing wraparound services through care coordination and linkages to treatment.

Development, Implementation, & Collaboration

The Harford County Local Addictions Authority (LAA) and the OMH/CSA have worked diligently on developing and implementing integrated behavioral health treatment services and recovery supports in collaboration with other local authorities, public and private services providers, State and local hospitals, human service agencies, and somatic care providers including long term care facilities. The Klein Family Harford Crisis Center (KFHCC) is one example of the collaboration among partners to provide integrated services and recovery supports. This

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collaboration also exemplified in the ability to blend funding to deliver services to the community. The KFHCC ensures people needing services can freely access them. The services offered at the center address crisis response while also diverting from higher levels of care. Since its opening, the KFHCC has served over 2,000 individuals in the walk-in crisis center and almost 400 people in the adult residential crisis beds.

Although the KFHCC allows immediate access to behavioral health and SRD services for Harford County residents, the program has brought to light areas of need. It was anticipated a large population of individuals utilizing the KFHCC would be those in the public behavioral health system; however, data analysis has indicated roughly 65%-70% of those utilizing crisis center services are private insurance holders. This has identified a need for private insurance to not only cover the cost of residential crisis beds, but for both Medicaid and private insurance to reimburse for crisis services. Since the design of the KFHCC was to serve adults eighteen years or older, there remains a gap in immediate services for youth and adolescents to include walk-in urgent care, inpatient hospitalization, and residential crisis beds.

In June 2020, the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) made the decision not to renew the crisis response services contract with Affiliated Santé Group. The OMH/CSA believed the model of crisis services as first responders would be best served if the OMH/CSA provided the services directly. The OMH/CSA quickly recruited and hired a Harford Crisis Response Clinical Director. To avoid a large gap in services, the OMH/CSA worked with the local hospital via the KFHCC to provide hotline services in the interim. The OMH/CSA launched crisis response services on August 17, 2020.

In fiscal year 2021, the OMH/CSA disseminated a Request for Proposal (RFP) to procure a provider to implement and operate an Adolescent Clubhouse. The Adolescent Clubhouse will serve youth ages 12-17 impacted, affected by, or diagnosed with an opioid use disorder (OUD),

or in recovery from an OUD, as well as their families. These efforts also aimed to decrease future opioid related deaths in this population at risk for and recovering from an opioid use disorder. The OMH/CSA awarded the contract to Ashley Addiction Treatment and services are expected to begin in spring 2021.

The Maryland Employment Network (MD-EN) also conducted work focused on developing and implementing integrated behavioral health services. The MD-EN provided extensive technical assistance to supported employment providers, as well as CSAs/LBHAs. MD-EN provided guidance around supported employment policy, collaborated with the Division of Rehabilitation Services (DORS), supported implementation efforts for the new Administrative Service Organization (ASO), and provided case specific technical assistance. MD-EN maintained partnerships with supported employment providers to implement the Social Security Administration's Ticket to Work Program. Through these partnerships, providers were able to receive Social Security incentives for assisting individuals to increase financial independence while MD-EN, through the Office on Mental Health/Core Service Agency of Harford County, Inc.,

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managed the administration of the program. Resources from this program allowed for the facilitation of multiple training opportunities for supported employment providers. Training sessions focused on Ticket to Work, providing remote employment services, job search during a pandemic, supervision of staff in a pandemic, public benefits, and quality of service delivery in supported employment.

The Office on Mental Health/Core Service Agency of Harford County (OMH/CSA) continued to serve on the Substance Exposed Newborns (SEN) Strategic Planning Taskforce. The taskforce is led by the Director for the local Department of Social Services and members include: Health Officer for the Harford County Health Department, the Director for the Office of Drug Control Policy, the Director of the Local Management Board (LMB), and a designee of the CEO from University of Maryland Upper Chesapeake Health, amongst other members. The taskforce meets monthly to identify and implement best practice strategies to prevent and reduce the number of SEN babies being born in Harford County. The SENs Strategic Planning Taskforce has developed a strategic plan to reduce the number of pregnancies in women with active substance use or misuse and to create partnerships that support programs for SEN mothers. The role of the OMH/CSA is to address barriers in accessing behavioral health services and offer behavioral health resources. The SENs Strategic Planning Taskforce has several subcommittees to tackle the strategic goals. One of these subcommittees was responsible for developing and marketing materials to be distributed to local OB/GYN offices and another subcommittee planned and hosted the first annual Recovery Summit. The Recovery Summit featured guest speakers who shared their stories of recovery, and recovery support resources were offered. Another subcommittee began early discussions of a SENs Symposium to focus on the specialized needs of this population of babies. Members of the SENs Strategic Planning Taskforce also attend a case review subcommittee. The case review sub-committee discussed over 180 SENs cases which were followed for twelve months to continue to encourage

engagement in supportive services. The OMH/CSA works to ensure behavioral health is being addressed for these families.

The COVID-19 pandemic had a significant impact on the work of the SENs Strategic Planning Taskforce. The taskforce had to postpone the first SENs Symposium and suspend services provided to families at the MEGAN's Place location. The Harford County Health Department developed creative ways to engage families via virtual platforms, through virtual support groups, digital materials about managing COVID-19, and literature related to COVID and family health. Due to the COVID-19 pandemic, the SENs Strategic Planning Taskforce discovered reporting of child abuse and neglect had decreased significantly since the pandemic and the team began to partner with the Child Welfare Multi-Disciplinary Team to address this issue.

The Child Welfare Multi-Disciplinary Team is a collaboration of all child serving agencies in Harford County. This team is comprised of the Harford County Health Department, Harford County Department of Social Services, the Local Management Board, the Division of

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Rehabilitative Services, the Harford County Child Advocacy Center, Harford County Sheriff's Office, the OMH/CSA, and other stakeholders. The committee typically works to address and resolve system issues at the policy level for youth in Harford County.

During the COVID-19 pandemic, Harford County Local Department of Social Services (LDSS) saw a substantial decrease in the reporting of child abuse, neglect, and maltreatment. The LDSS estimated a 27% decrease in reporting. The Child Welfare Multi-Disciplinary Team was tasked with addressing this issue to ensure the well-being of youth in Harford County. The team worked to develop a strategic plan to address the decrease in reporting. A digital marketing campaign was developed and disseminated. The OMH/CSA discussed reporting concerns during the bi-weekly provider operations meetings and encouraged providers to use the digital marketing materials in their signature lines. The OMH/CSA, Harford County LDSS, and mental health liaison for Harford County Public Schools (HCPS) provided technical assistance and facilitated trainings to school personnel related to COVID-19, virtual learning, and reporting child abuse and neglect. Through the partnership with the HCPS mental health liaison, the decision was made to offer HCPS staff monthly one-hour Lunch and Learn sessions to address growing behavioral health concerns in students among HCPS counselors and administrators.

The OMH/CSA Child and Adolescent Services Coordinator and the HCPS mental health liaison have co-facilitated several Lunch and Learn sessions and topics have included an overview of the Harford County behavioral health system of care and resources, Local Care Team (LCT) referral process and access, Voluntary Placement Agreements, and information about the Teen Diversion Program. The OMH/CSA and HCPS mental health liaison plan to continue virtual Lunch and Learn sessions because they have been well received by staff. The OMH/CSA has also worked with HCPS to support families during virtual learning, ensuring seamless access to Harford Crisis Response services, providing technical assistance for digital behavioral health materials, and preparing teachers, administrative staff, and school counselors for the eventual

return to in-person learning. The OMH/CSA and the HCPS mental health liaison plan to offer an Adverse Childhood Experience (ACE) interface training prior to the start of in-person learning for HCPS staff to be mindful and plan for the behavioral health needs of returning students and faculty.

There are many challenges affecting the development and implementation of integrated behavioral health treatment and recovery support services in Harford County. This difficulty comes because of what appears to be programs having little or no interest in providing both mental health and substance-related services. Of the total number of mental health and substance-related treatment programs located in Harford County, only four offer integrated behavioral health services.

Additionally, programs who staff Peer Recovery Specialists (PRS) primarily hire individuals who identify as being in recovery from a substance related disorder (SRD). Since Peer Recovery Support services are not billable, the programs that staff PRSs are only able to do so with the

support of state funding. However, most of this funding is contingent upon providing services to individuals with SRDs, or more specifically, individuals with an opioid-related disorder. Therefore, these programs do not have the funding, nor resources, to hire PRSs that identify as being in recovery from a mental health disorder.

When attempting to integrate, programs may experience the following barriers:

- A misunderstanding of the licensing process for both staff and levels of care
- Difficulty hiring medical staff, due to a lack of psychiatrists and nurse practitioners
- Difficulty in supporting psychiatrists' and nurse practitioners' salaries
- Difficulty in hiring licensed behavioral health professionals
- Difficulty in supporting LCPC and LCSW salaries
- A lack of training/education in substance-related services or mental health services
- A misunderstanding of insurance requirements, and state regulations
- Difficulty in supporting PRSs' salaries because it is not a billable service
- Difficulty hiring PRSs who identify as being in recovery from a mental health disorder/co-occurring disorder

Regardless of whether programs desire to integrate, Harford County's LAA and OMH/CSA plan to educate programs about the need for integrated behavioral health services. The LAA and OMH/CSA will continue to provide technical assistance to programs seeking an Integrated Behavioral Health level of care and promote the need for integrated behavioral health services at community meetings.

Harford County Service Needs

There are still behavioral health service needs for the system in Harford County. Some of the service needs present challenges and issues affecting the ability to provide and/or ensure access to a full continuum of care. While the Klein Family Harford Crisis Center (KFHCC) has

been an enormous asset to Harford County, there are still service limitations, specifically for youth. The residential crisis beds are for adults only, and while there have been conversations to expand those services to include children, those changes have not yet taken place.

Regardless, the LAA and OMH/CSA have taken steps to address gaps in the service delivery continuum.

In addition to residential crisis beds, the LAA and OMH/CSA have identified the need for several services in the system of care which would support youth, adolescents, and young adults. With the COVID-19 pandemic and the resulting increase in depression, anxiety, and social isolation, an increase in crisis response services and crisis teams specific to youth, adolescents, and young adults is currently needed and will also be needed as they transition back to school and collegiate life. In addition, as a member of the Local Care Team (LCT), the OMH/CSA has identified the need for intensive community-based programs and services to support youth ages 9-12 as they transition to middle school. The OMH/CSA continues to work with providers to develop new programs and initiatives to meet these growing needs. With the closing of a

Residential Treatment Center (RTC) this year, the OMH/CSA has identified the need for access to higher levels of out-of-home services such as RTCs and Therapeutic Group Homes (TGH) settings for youth and adolescents, in addition to the services listed above. The OMH/CSA and LAA will continue to work with community partners and stakeholders, as well as state and local government, to bridge the gaps in the system of care for not only youth and adolescents, but across the life span.

There are many services within Harford County where an expansion of existing services could address gaps in the service delivery continuum of care. There is a need to increase the number of SRD providers accepting Medicaid. Increasing the number of providers would expand consumer choice, which has the potential to eliminate conflicts of interest, and would create healthy competition. Transportation in Harford County continues to be an issue for many residents. Harford County operates a bus line; however, it rarely operates in the evening or on weekends. Many individuals rely on the Medicaid cab to attend healthcare appointments. Individuals report problems using the cab service, such as long wait times and the inability to accommodate large families who are attending services together. One gap noted during the end of fiscal year 2020 is the technology struggle related to behavioral health care. When telehealth became a necessity, it was noted consumers struggled with accessing required technology and learning how to operate it. Some services were able to be performed telephonically, but it is not ideal or a best practice for any type of behavioral health service. Consumers, especially those who are low income or experiencing homelessness, have limited internet access, as well as limited minutes on their phones to participate in behavioral health service calls. Those who are experiencing homelessness do not have a consistent place to charge a phone, nor a confidential location to engage in therapeutic services. This gap also expands into the older adult population who experience difficulties with navigating access to behavioral health services.

As mentioned previously, the MHAAC/LHIC/OIT group identifies and outlines the needs, goals, and strategies in the following reports: MHAAC Strategic Plan, Community Health Needs Assessment (CHNA), Community Health Improvement Plan (CHIP), and Overdose Prevention Plan. While the CHIP, CHNA, and MHAAC Strategic Plan do not specifically address behavioral health service needs, they are able to effectively demonstrate the extent of the behavioral health issues in Harford County.

The CHIP, CHNA, and MHAAC Strategic Plans were able to define potential strategies to be utilized to address gaps in the service delivery continuum.

1. Preventing and treating SRD by:
 - o Educating the community about SRD, including parents, students, and providers
 - o Strengthening the referral process for SUD treatment
 - o Preventing future overdose fatalities through community-based strategies
2. Integrate and improve the behavioral health system by:
 - o Increasing availability of treatment by developing an integrated crisis center

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- o Building an informed community that engages peers, families, faith-based communities, and others in the recovery process
- o Strengthening community partnerships to promote behavioral health screenings
- o Enhance services to individuals involved in the criminal justice system
- o Assess current climate of county's data use for mental health and SRD
- o Expand use of data and data sharing throughout county for mental health and SRD

The Opioid Prevention Plan identified the following needs:

- Provide more [productive] places for youth to socialize
- Increase direct educational awareness programs in schools
- Increase faith-based activities to address addiction
- Focus on strong parental relationships
- Provide more classes for youth on managing stress, making good decisions, and healthy living
- Develop small accountability groups with peers and a trusted adult for youth who have used substances
- Explore stronger discipline options for youth caught abusing drugs or alcohol as well as parents who supply substances
- Need to increase access to the mobile crisis team

High-Risk and High-Cost Individuals, ASAM Training Needs, & Needs and Gaps in Housing

The OMH/CSA and LAA continue to coordinate care of high-risk and high-cost individuals and to address the needs and gaps in housing. The OMH/CSA implements multiple program and system management processes to address these areas. Multi-Disciplinary teams are one mechanism used to coordinate care and address housing needs. The Child Welfare Multi-Disciplinary Team is a case consultation to discuss youth and families being touched by multiple systems and to address systemic issues limiting access for families. A program unique to

Harford County is the Teen Diversion Program, provided by the Harford County Health Department. The purpose of Teen Diversion is to divert youth from inpatient hospitalizations, home disruption, residential placement, or non-public school settings.

The Adult Services Coordinator attends two separate monthly multi-disciplinary meetings, focusing on high-risk adults and providing case consultation where needed. The first meeting focuses on general adult consumers and is hosted by the Department of Human Services and the Office on Aging. The second meeting, which focuses on homeless veterans, is hosted by the Veterans Administration and Community Action Agency. The OMH/CSA participates in other multi-disciplinary teams, including the Domestic Violence Fatality Review Team, the Overdose Fatality Review Team, the Local Care Team, the Residential Treatment Center Coordination Team, and the Child Fatality Review Team.

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The Maryland Benefits Counseling Network (MD-BCN), under the umbrella of the OMH/CSA, collaborated extensively through its three benefits case managers and program director with Social Work staff and SSI/SSDI, Outreach, Access, and Recovery (SOAR) specialists in the five state hospitals to remove and/or reduce benefits-related barriers to discharge for individuals who have been determined clinically ready for transition into the community. Through this project, MD-BCN has provided expert technical assistance, established protocols, and developed efficiencies which have improved the process by which beneficiaries transition from state hospitals back into the community. In fiscal year 2020, 499 individuals were served through this project.

Harford County lacks safe and affordable housing alternatives; the options are even more limited for individuals with low income and forensic involvement. Within the OMH/CSA Continuum of Care (CoC) housing program, there are several landlords who have agreed to overlook minor criminal backgrounds when the participant is working with an agency providing consistent support. For individuals not connected to a case management or provider subsidy program, the housing options are extremely limited. In the last 10 years, Harford County has experienced an increase in “rooming houses”, where the landlord will charge a person at least \$500/month to share a bedroom or sleep in the common space. While not a preferred housing option, it meets a need as these landlords do not perform background and credit checks.

The Harford County Community Action Agency (HCAA) has become the single point of access for homeless services in Harford County. Individuals can access a centralized location for intake, case management, utility assistance, and food bank services. Individuals experiencing homelessness or at-risk for homelessness can connect with a case manager to access resources, the cold weather shelter, or the local homeless shelter. An additional resource to aid individuals experiencing homelessness or at risk for homelessness in obtaining safe and secure housing is the Projects for Assistance in Transition from Homelessness (PATH) program. The OMH/CSA has increased oversight and technical assistance to this program to ensure all populations are being contacted and assessed. This additional oversight includes bimonthly

meetings and reviewing resources and barriers in the program. The PATH case manager will assess individuals in the community, and if they meet enrollment criteria, they can receive intensive case management services which includes assistance with housing, entitlements, behavioral health treatment, and any other immediate needs. The PATH case manager will also collaborate with the HCAA for street outreach and housing opportunities.

Residential rehabilitation programs (RRP) are also limiting, as they can only serve individuals with a very specific diagnosis and insurance. The OMH/CSA understands this gap would be difficult to address and goes beyond what a local authority can change, but it remains a gap in services. Almost every day, the OMH/CSA receives calls from individuals who are experiencing homelessness, or at risk of homelessness, and these individuals could benefit from a residential program providing support and assistance. However, the individual does not meet criteria and is therefore ineligible for this service. Additionally, there has been an increased need for RRP

that can accommodate an independent living level of care. There are many consumers who struggle in assisted living programs because of their behavioral health needs and symptoms. Likewise, there are consumers who struggle in traditional RRP's because of their medical needs. If we were to address this gap, it could promise supported housing for individuals in need for a longer period and address their medical and mental health needs appropriately to ensure a longer, healthier, and more satisfying life.

In this same respect, there are few affordable transitional housing programs, and most of those in Harford County have strict eligibility criterion. These programs offer support from their staff, assisting their residents with accessing treatment, entitlements, employment, and eventually independent housing. To qualify for these services, the individuals must have been homeless for a certain period, or they must be part of a family unit.

The Office on Mental Health/Core Service Agency of Harford County, Inc. continues to work on expanding the SSI/SSDI, Outreach, Access, and Recovery (SOAR) program, which targets increasing income for individuals who are experiencing homelessness or at risk of homelessness and are living with severe chronic mental health needs. SOAR is an accelerated process to assist consumers with applying and being approved for Social Security benefits. There are multiple case managers who are SOAR trained at this time, and the OMH/CSA is working on increasing the team of case managers, as well as collecting data to identify gaps and whether there is a need for a dedicated SOAR case manager. In fiscal year 2020, the team met every other month to discuss State updates, the SOAR process, technical assistance, and to address the barriers to the process itself. Since completing the SOAR Leadership Academy, the Adult Services Coordinator has increased SOAR involvement in the community. In fiscal year 2021, the Adult Services Coordinator completed the SOAR Train the Trainer program, and since then has assisted with hosting several SOAR trainings. Additionally, Harford County served as a leader in a pilot program for the SOAR Coaching sessions for newly trained case managers. Since the completion of the pilot program, the SOAR Coaching sessions have been established statewide virtually and there has been an increase in SOAR claims after this mentorship.

In Harford County, there is no singular entity designated to address over-utilization of high-cost substance-related services, and the coordination of care for high-risk and high-cost individuals with an SRD. Because there is no singular entity to address these conditions, substance-related programs in Harford County understand the need to offer higher levels of outpatient care, e.g. levels 2.1 and 2.5. Furthermore, Harford County's LAA does not have access to the High-cost Consumer reports, and therefore has difficulty in addressing these concerns. Consequently, the LAA, with the assistance of community stakeholders, participates in several initiatives that attend to this issue.

By using PRS's, high-risk and high-cost individuals are identified at UM Harford Memorial Hospital's (HMH) Behavioral Health Unit. These high-risk individuals are linked with a PRS at the HCHD and provided with care coordination and follow up support. Additionally, all patients, identified as having an SRD, admitted to University of Maryland's Upper Chesapeake Health and

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Harford Memorial Hospitals are connected to a PRSs at the LHD. These high-risk individuals are provided care coordination and follow up support.

Buprenorphine Therapy

The following list is inclusive of office-based Buprenorphine providers in Harford County:

First	Last	Deg.	Address	City
Safiyah	Abdul-Rahman	M.D.	UM Upper Chesapeake Health, 500 Upper Chesapeake Drive	Bel Air
Iquo	Andrews-Cooper	NP	802 Baltimore Pike	Bel Air
Dr. Nkiruka	Arene	M.D.	2012 South Tollgate Road, Suite 206	Bel Air
Dr. Lakshmi	Baddela	MD	4 North Avenue, Suite 306	Bel Air
Kelly	Blosser	NP	260 Gateway Drive, Suite 6A	Bel Air
Sarah	Bowman	PA-C	602 S. Atwood Road	Bel Air
Jennifer	Britt	NP	UM Upper Chesapeake Health, 500 Upper Chesapeake Drive	Bel Air
Alexander	Bury	PA	2012 S.Tollgate Road, Suite 102	Bel Air
Dr. Linda	Freilich	M.D.	101 East Wheel Road	Bel Air
Zelika	Harouna Adamou	NP	UM Upper Chesapeake Health, 500 Upper Chesapeake Dr	Bel Air
Amanda	Larkin	PA-C	602 S Atwood Road, Suite 200	Bel Air
Dr. Ravikumar	Bhalavat	M.D.	2014 South Tollgate Road, Unit 208	Bel Air
Dr. Christalene	Saldanha	M.D.	2021-A Emmorton Road, Building A, Suite 214	Bel Air
Dr. David	Santamore	M.D.	2021-A Emmorton Road, Building A, Suite 214	Bel Air
Dr. Kevin	Snyder	M.D.	754 Hickory Avenue	Bel Air
Dr. Raman	Sood	M.D.	722 South Main Street	Bel Air
Dr. Karl	Spector	M.D.	602 South Atwood Road, Suite 200	Bel Air
Dr. Lee	Tannenbaum	M.D.	2012 Tollgate Road, Suite 106	Bel Air
Dr. Beverly	Tyler	M.D.	104 Plumtree Road, Suite 115	Bel Air
Dr. Shawn	Cassady	M.D.	135 North Parke Street	Aberdeen
Justin	Everson	PA	780 W Bel Air Avenue, Suite B	Aberdeen
Dr. Matt	Wachsman	M.D.	780 W Bel Air Avenue, Suite C	Aberdeen
Michael	Fowowe	PA	2203 Philadelphia Road	Edgewood
Joy	Uwandu	NP	413 Sugarberry Court	Edgewood
Dr. Ritu	Bhambhani	M.D.	100 Walter Ward Boulevard, Suite 300	Abingdon
Donald	Lindauer	PA	100 Walter Ward Boulevard, Suite #300	Abingdon
Neila	Parrish	NP	100 Walter Ward Boulevard, Suite 300	Abingdon
Dr. Joseph	Hobelmann	M.D.	Ashley Addiction Treatment, 800 Tydings Lane	Havre de Grace
Dr. Richard	Lewis	M.D.	Harford Memorial Hospital, 501 South Union Avenue	Havre de Grace
Brandon	Phillips	NP	Harbor of Grace Enhanced Recovery Center, 437 Girard Street	Havre de Grace
Susan	Shafer	NP	253 Lewis Ln, Suite 202	Havre de Grace
Dr. Keith	Sokoloff	D.O.	131 S Union Ave. Suite A	Havre de Grace
Dr. Julie	Stancliff	D.O.	Harford Memorial Hospital, 501 South Union Avenue	Havre de Grace
Sharon	Taylor	NP	Beacon Health Center, 253 Lewis Lane	Havre de Grace
Dr. Matt	Wachsman	M.D.	424 South Stokes Street	Havre de Grace
Dr. Randal	Steele	D.O.	Outreach Recovery, 1115 Main Street	Darlington

Referring to the list above, there are a total of 36 office-based Buprenorphine therapy providers in Harford County. These providers are located within various settings, such as local hospitals, behavioral health treatment programs, and primary care physician offices. Prescribing protocols for these providers differ depending upon the organization by which they are employed, and therefore patients are held to different requirements. For example, University of Maryland's Upper Chesapeake Health and Harford Memorial Hospital offer Buprenorphine induction, while programs such as Ashley Addiction Treatment and Addiction Recovery System require patients to enroll into outpatient clinical therapy.

Several barriers that Harford County residents may face when attempting to access office-based Buprenorphine therapy include the following:

- No knowledge of where to access office-based Buprenorphine therapy;
- No knowledge of the provider/program requirements & prescribing protocols;
- Receiving misinformation about a provider/program from a referral agency;
- The inability of access Buprenorphine therapy due to transportation issues.

To address these gaps, the Harford County LAA plans to develop an updated and accurate comprehensive resource guide of all office-based buprenorphine providers in Harford County. This guide will be distributed to behavioral health programs and other private, non-profit, and local/state governmental agencies at the MHAAC/LHIC/OIT and All Provider meetings. This comprehensive guide will assist referring agencies in providing accurate and on-the-spot information. It will also ensure that Harford County residents are receiving the type of office-based Buprenorphine that best suits their needs.

In fiscal year 2021, the Harford County LAA did not request Buprenorphine Initiative Funding. This decision was based on the LAA's inability to spend our fiscal year 2019 Buprenorphine Initiative Funding. In fiscal year 2019, the Local Addictions Authority was awarded \$63,390 to provide Buprenorphine treatment to ten uninsured individuals and increase the number of Buprenorphine waived providers by 12 percent. By the end of fiscal year 2019, only one provider expressed interest in becoming waived, and no uninsured individuals were provided with buprenorphine. Even though providers/programs expressed little to no interest in becoming Buprenorphine waived, the LAA plans to continue to educate providers about becoming waived, and if interest peaks among providers, then the LAA will seek new funding opportunities.

Efforts to Address Co-occurring Disorders

The Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) and the Harford County Local Addictions Authority (LAA) continue efforts to address co-occurring disorders, including providing and promoting Dual Diagnosis Capability Training. As a member of the Mental Health and Addictions Advisory Council (MHAAC), the Local Health Improvement Coalition (LHIC) Behavioral Health working group, the local Opioid Operational Command Center (OOCC) Senior Policy Group, and the Opioid Intervention Team (OIT), the OMH/CSA Executive Director and LAA Director work with partners to streamline actions for addressing behavioral health priorities within the county. Partners work to devise and implement strategies focused on the reduction of overdose and suicide related deaths, improving student wellness, and integrating and improving behavioral health services throughout Harford County. The LAA and OMH/CSA are continuing efforts of promoting and encouraging behavioral health providers to complete a self-assessment using the Dual Diagnosis Capability in Mental Health

Treatment (DDCMHT) rating scale and to consider Dual Diagnosis Capability Training if the self-assessment does not meet or exceed a rating of Dual Diagnosis Capable. In the upcoming fiscal year, the OMH/CSA and LAA plans to expand its efforts by incorporating Dual Diagnosis Capability Training into the OMH/CSA training calendar.

In August of 2019, the OMH/CSA Child and Adolescent Services Coordinator was selected to be a part of the Regrounding Our Response (ROR)—Adverse Childhood Experiences (ACE) Master Presenter training cohort. The ROR initiative began in the summer of 2019 with a string of training events. These trainings were intended to bring together community members with a wide variety of educational backgrounds and expertise. Each event focused on a public health concept essential to the reduction of stigma and use of evidence-based approaches to tackle the opioid overdose crisis. As stated in the strategic plan for the Maryland Department of Health (MDH), the Center for Harm Reduction Services supports a multi-disciplinary system of Master Presenters across the state who completed training in one of five core concepts. These core concepts are: Stages of Change, Adverse Childhood Experiences, Social Determinants of Health, Medication Assisted Treatment (MAT) Overdose Prevention, and a Drug User Health Framework. The mission of the training network is to raise awareness about public health approaches to the overdose crisis by presenting these core concepts.

During the COVID-19 pandemic, the ROR initiative has continued to meet monthly and participate in ongoing training opportunities and webinars. The ROR training cohort continues to provide both in-person small group trainings as well as virtual training opportunities to community members, stakeholders, and behavioral health providers. The ROR training cohort is proud to have completed over 100 presentations, training over 2,500 people in 24 Maryland jurisdictions.

Crisis Response Services & Diversion Activities

In the last two years, there has been significant growth in crisis response services and diversion activities in Harford County. As previously noted, the Klein Family Harford Crisis Center (KFHCC)

houses the hotline, mobile crisis team, walk-in urgent care clinic, outpatient psychotherapy, medication management, and residential crisis beds. At the KFHCC, guests can expect to receive crisis counseling support, same-day evaluations/intervention, one-to-one personalized care, individualized treatment plans, assistance with coordinating ongoing treatment, and support from PRS. In July 2019, KFHCC partners (including the LAA and OMH/CSA) met with U.S. Senator Ben Cardin to tour and discuss the services offered at the center.

By far, the most significant update to crisis response services in Harford County was the decision to create the Harford Crisis Response Team under the umbrella of the OMH/CSA. The OMH/CSA wanted to use this opportunity to operate crisis services in a way the agency thought represented best practices and wanted to strengthen the partnerships already created within the crisis response services system of care.

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In fiscal year 2020, the OMH/CSA was awarded House Bill 1092 funding and this funding was used to create the School Intervention Specialist (SIS) program. The SIS program provides funding for a licensed behavioral health professional dedicated to respond to Harford County Public Schools (HCPS) for youth who are in crisis. The SIS program aims to divert youth from inpatient hospitalization by managing crisis events in the community or school setting. The SIS behavioral health professional is charged with providing crisis intervention services, utilizing de-escalation strategies, and conducting assessments for medical or involuntary emergency behavioral health services. The SIS program works collaboratively with youth and families as well as HCPS to provide coordination of care and follow up supports. For fiscal year 2021, the OMH/CSA decided not to renew the contract with the previous provider. The OMH/CSA initiated the development of Harford County Crisis Response services under the agency's umbrella. The OMH/CSA began to provide crisis services in August of 2020 which included the SIS grant. Due to the COVID-19 pandemic, HCPS has been utilizing virtual learning as the main source of education since March of 2020. The SIS program has continued to provide face-to-face assessments for youth enrolled at HCPS during the pandemic and continues to provide ongoing support to school personnel to address the increase in behavioral health needs of students. The Harford Crisis Response director was able to hire a licensed behavioral health professional for the SIS program, and since September 2020 the program has conducted 40 face-to-face assessments and provided over 200 follow-up interactions.

The Mental Health Stabilization Services (MHSS) program is another crisis response service grant that now falls under the OMH/CSA umbrella. The MHSS program is a collaboration between the OMH/CSA, Behavioral Health Administration (BHA), and the Department of Human Services (DHS) to provide crisis supports to youth engaged with the child welfare system. The MHSS program provides community-based, 24-hour intensive in-home crisis services. The program aims to meet the needs of youth in the community, to avoid a disruption in placement, and divert from emergency room or inpatient hospitalization. The MHSS program provides families with crisis planning strategies, community resources, assists with the enhancement of coping skills, and encourages families to problem solve to resolve crisis events.

Due to the COVID-19 pandemic, a change in the provider, and the Harford County Department of Social Services (DSS) staff working remotely, there has been a decrease in referrals to the MHSS program. The OMH/CSA has conducted several outreach informational sessions with the local DSS office, and this is beginning to increase referrals to the MHSS program.

The Crisis Intervention Team (CIT) training offered to local public safety officials works to improve officer and consumer safety and divert from unnecessary emergency department admissions and the criminal justice system. In fiscal year 2020, the Harford County Sheriff's Office responded to 648 callouts for a CIT trained deputy. Of this number, deputies were able to divert 316 individuals (48.8%) from arrest or hospitalization. In June 2019, the OMH/CSA Executive Director and CIT Coordinator met with Maryland Senator Bob Cassilly to discuss emergency evaluation procedures and provide an overview of community crisis response and diversion services, including the CIT program which enhances police response to those in crisis.

The Family Intervention Specialist (FIS) grant is a unique collaboration between the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) and the Department of Juvenile Services (DJS), focused on making a positive impact on the lives of adjudicated youth. The goal of the FIS program is to provide linkages between community resources, address underlying mental health issues, and use effective therapeutic interventions as a diversionary method. Youth in the program meet with a licensed mental health clinician, who can provide individual and family therapy, as well as case management services. The program assists youth in learning alternative methods of coping, increasing their resiliency skills, and teaching strategies to better manage crisis situations. To address a crisis, the FIS clinician works with the youth and family to develop a crisis plan which outlines triggers, warning signs, de-escalation strategies, and action steps. The program has been successful in diverting or reducing the number of court services, out-of-home placements, re-adjudication, school disenrollment, and inpatient hospitalizations. In FY 2020, the FIS program served a total of 18 youth, completed 105 individual sessions, 85 family therapy sessions, and responded to 25 crisis related calls. During the pandemic, the FIS behavioral health professional had a difficult time best meeting the needs of the families through virtual platforms. The FIS behavioral health professional advocated for in-person sessions that would adhere to Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) safety procedures and protocols. The FIS behavioral health professional continued to see families in-person and was able to maintain a 100% diversion rate of youth enrolled in the program.

In January of 2019, the Harford County Adverse Childhood Experiences (ACE) Steering Committee was able to expand the Handle with Care initiative to all Harford County Public School (HCPS). The Handle with Care initiative provides HCPS with a notification when a child has been identified at the scene of a potentially traumatic event by law enforcement or other first responders. The Harford County ACEs Steering Committee was excited about the addition of the Statewide Handle with Care: Maryland website and real time data collection tool; however, there has been a change in the way the website is tracking data which has impacted

Harford County data. According to the website, Harford County has had 328 notices which have affected 574 youth. This data is lower than the reports collected by HCPS, and the ACEs Steering Committee may continue to track data separately.

Pathological Gambling Addiction Services

Behavioral health treatment programs in Harford County are aware treatment for problem gambling is reimbursable through the Administrative Service Organization (ASO). However, according to the Maryland Center of Excellence on Problem Gambling, there are only two providers in Harford County authorized to provide services for pathological gambling addictions⁵. These providers, which are located at Upper Bay Counseling Support Services, Inc. and Chesapeake Counseling Service, LLC, offer counseling to clients and families at no cost. The only other service available to individuals with a gambling addiction is a Gamblers Anonymous meeting held in Joppa on Tuesday evenings⁶. The LAA, along with the OMH/CSA, will continue

to educate treatment programs about the need to offer treatment for problem gambling to individuals and their families.

Tobacco Cessation Services & Activities

According to the National Council for Behavioral Health, smoking-related illnesses cause half of all deaths among people with behavioral health disorders. Additionally, 30-35% of the behavioral healthcare workforce smokes (versus only 1.7% of primary care physicians)⁷. In Harford County, there are several tobacco cessation services/activities available to individuals with a behavioral health disorder, and individuals working in the behavioral health field.

Both patients and staff have access to pharmacological interventions such as nicotine replacement therapy products (nicotine gum, nicotine lozenge, nicotine nasal spray, nicotine inhalers, & nicotine transdermal patch), Varenicline and Bupropion. Patients and staff also have access to counseling through a licensed behavioral health treatment program. Evidence-based practices show that a combination of MATs and counseling improves the likelihood of successfully quitting.

Additional cessation activities recommended to patients and staff include “Quit Tobacco Classes,” a no-cost tobacco treatment class offered by the Harford County Health Department’s Public Health Education unit, and the Maryland Tobacco Quitline, a free 24/7 service made available by the Maryland Department of Health⁸. The Maryland Tobacco Quitline offers four confidential evidence-based counseling sessions via telephone, as well as a four-week supply of free nicotine patches or gum.

⁵ <https://www.mdproblemgambling.com/getting-help/find-a-counselor/>

⁶ <https://www.gamblersanonymous.org/ga/locations/zip/table/0/na/na/na/21014/50#gmap-nodemap-gmap0>

⁷ <https://www.thenationalcouncil.org/topics/tobacco-cessation/>

⁸ <https://mdquit.org/quitline>

Engagement of Peer Recovery Specialists (PRS) & Certified Peer Recovery Specialists (CPRS)

Utilizing Peer Recovery Specialists (PRS) and Certified Peer Recovery Specialists (CPRS) in the provision of services remains a priority for the Harford County LAA and the OMH/CSA. The local peer run wellness and recovery center, New Day, offers many services and supports to its members. In fiscal year 2020, these included peer recovery groups, work-based training, and Wellness Recovery Action Plan (WRAP) trainings. Due to COVID-19 restrictions, New Day has not been able to offer the usual array of outside agency services but continues to be a consistent support for those who utilize their peer services. In December 2020, New Day hired a new Executive Director and the Director is planning on continuing efforts to encourage peers and staff to pursue CPRS certification. The center also hosts the PATH Outreach worker several times a month to encourage warm handoffs to additional services as well as streamlining the process to connect to services. As a peer support network, New Day and its staff are an integral component for connections to resources, treatment, and entitlements for all the participants.

Beginning in fiscal year 2021, crisis response services were reconfigured and are now under the OMH/CSA umbrella. Crisis response services are comprised of several grants, and one of these grants is the Peer Recovery Specialist (PRS) program which is funded by the Opioid Operational Command Center (OCCC). The PRS program is responsible for responding to those who are impacted by substance abuse and/or misuse in the Harford County community that have been identified by Emergency Medical Services, another community member, a mobile crisis team, another community organization, or the person themselves through the 24-hour hotline/warmline. PRS will serve the Harford County community through Peer Support—available to any person in Harford County living with a substance use disorder, experiencing active addiction, or in early recovery, and Care Coordination—available to any person or organization seeking assistance on behalf of someone identified as experiencing a substance use disorder, active addiction, or early recovery. PRS provides interventions including supportive and active listening, referrals, resource connection, treatment coordination, connection to support meetings, assistance accessing food pantries, assistance accessing housing including but not limited to recovery housing, assistance accessing furniture/clothing/toiletry pantries, advocacy and accompaniment, use of lived experience, and use of specialized training to support clients through the internal and external recovery process. Peer Recovery Specialists practice person centered care, meeting the person where they are in the recovery process. Harm reduction and client driven planning are important components of the work. Support is available for clients 24 hours a day.

In fiscal year 2020, the Maryland Employment Network (MD-EN) contracted with a Peer Career Coach. The Peer Career Coach's role is to provide peer counseling and supports to individuals with demonstrated potential to increase their earnings, move toward greater financial self-sufficiency, and achieve economic independence from Social Security cash benefits. The Peer Career Coach addresses barriers to employment for individuals diagnosed with a mental illness by providing peer counseling, training and technical assistance to partners and groups that can assist in the promotion and increased employment for individuals. The peer specialist is infused

within partner supported employment provider agencies, offering peer support for individuals with a focus on employment.

The Harford County LAA and the OMH/CSA are partners on a new regional project beginning in fiscal year 2021, Fostering Opioid Recovery through Workforce Development (FORWARD). This opportunity was made possible by a Department of Labor grant awarded to the Susquehanna Workforce Network (SWN) for Harford and Cecil counties, and the grant runs through 2024. Project FORWARD will provide training and employment services, conduct comprehensive screening services, establish collaborations with outpatient treatment providers and provide other supportive services. Additionally, SWN will deliver training and employment opportunities to encourage more individuals to enter professions that could address recovery and/or provide relevant skills training to help individuals enter career pathways to obtain and

retain employment in in-demand occupations. Eligible occupational training programs under this project include programs that train workers in treatment and recovery occupations such as Peer Recovery Coach, and in-demand occupations – Transportation, Warehouse & Logistics, IT/Cyber, Manufacturing, Construction, and Healthcare. Lastly, SWN will engage employers as essential partners to address the impacts of substance and opioid misuse among their employees and connect businesses with state and local resources to help educate employees on the effects of drug and substance abuse and maintain a healthy lifestyle free from drug and other substance dependency. The collaboration between SWN and recovery, treatment, and community organizations, including the LAA and OMH/CSA, is to increase awareness of available services, understand appropriate referrals, and increase staff capacity to access treatment and services for program participants and local businesses.

PRs and CPRs are individuals in recovery from mental health conditions, substance-related disorders, or co-occurring disorders. These specialists can serve as guides and mentors for those who seek or wish to sustain recovery. Additionally, they can offer their own life experience as an example of healthy living.

PRs assist others to:

- Navigate often-confusing health care systems
- Obtain needed services
- Develop recovery plans
- Identify potential problems and overcome barriers
- Share their experience and knowledge about recovery
- Offer appropriate community resources, including referrals to certified recovery residencies, and mutual help groups

As mentioned previously, the use of PRs and CPRs has significantly increased in Harford County. Whereas, the LHD was once the only organization where Harford County residents could access peer support, services have now expanded to local drug courts, hospitals, detention facilities, public defender's office, department of human services, and non-profit

organizations. Below are descriptions of programs/projects in Harford County that utilize PRs and CPRs.

- Individuals enrolled in Harford County District Court's Opiate Recovery Court and Harford County Circuit Court's Drug Court have access to a PRS, employed by the Harford County Health Department. The PRS meets with participants of these programs to provide individual sessions, and referrals to community resources.
- The University of Maryland's Upper Chesapeake Health and Harford Memorial Hospital receive state funding to implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Overdose Survivors Outreach Project (OSOP) programs in their hospitals. All patients taken to the emergency department who screen positively on the SBIRT questionnaire receive a brief intervention by a PRS, and a referral to treatment for

a substance use assessment. Patients brought into the emergency department as the result of an opioid overdose are eligible for the OSOP. As an OSOP participant, the patient receives all standard SBIRT PRS services.

- Harford County Health Department's Helping Families Recover program is a peer recovery-based program that serves pregnant and postpartum women experiencing an SRD. The PRS embedded within this program connects clients to care coordination services and social supports. Participants in this program take part in individual and group support sessions.
- The Sobriety Team and Recovery Team (START) Family Mentor/PRS works to support families involved in the child welfare system and the START program. The Family Mentor/PRS motivates and encourages parents to engage in services identified by the Local Department of Social Services case worker. The Family Mentor/PRS also supports parents in developing a support system, demonstrating recovery-oriented parenting skills, identifying, and obtaining needed resources, and connecting them to the recovery community.
- The HCHD employs two PRSs, one male and one female, who are embedded within the Harford County Detention Center. These PRSs provide individual sessions, group sessions, referrals to behavioral treatment programs, recovery residences, and other relevant community organizations.
- Addiction Connections Resource, a local non-profit organization, utilizes state funding to staff four PRSs. These PRSs provide referrals and assist with securing funding to behavioral health treatment and recovery residences. Individuals who engage in peer services receive six to twelve months of follow-up support.

Outreach and Public Awareness

Public Awareness Education & Information

The Harford County Local Addictions Authority (LAA) and the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) continually develop and disseminate public awareness education and information, which includes strategies to engage and reach out to culturally and linguistically diverse individuals. Over the last two years, the OMH/CSA has

worked to expand public awareness reach through social media platforms. Staff maintain a social media calendar for specific topic areas, including partnering with Harford County Government and the Harford County Health Department for Recovery month, partnering with the Suicide Prevention Work Group for Suicide Prevention month, and publicly sharing information and resources during Minority Mental Health month. Resources and social media posts are shared on the OMH/CSA Facebook, Instagram, and Twitter accounts, as well as other government or non-profit agencies. The OMH/CSA will continue to utilize social media as a tool to inform the public of local resources and upcoming activities in the area, along with education regarding behavioral health concerns. The OMH/CSA has been working on updating the agency's website to increase usability as well as including more resources and a YouTube channel featuring behavioral health and anti-stigma videos. The OMH/CSA hopes the updated

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website will coincide with the improved social media efforts and increase virtual and electronic presence within the community.

The OMH/CSA co-chairs the Adverse Childhood Experiences (ACEs) Steering Committee, and one of its public education initiatives is to spread awareness about ACEs. The OMH/CSA has also offered trainings and workshops on ACEs interface, which covers basic knowledge about the ACEs study, provides specific data to the targeted population, and a call to action. Additional trainings are planned for the Regrounding our Response (ROR) effort, which explains how ACEs is connected to the opioid crisis. The trainings have been offered virtually during the COVID-19 pandemic through the ROR response to the opioid crisis. The ROR cohort trained over 2,500 people in 24 jurisdictions.

The MD-EN and MD-BCN maintained up to date websites providing information and resources for providers and the public. MD-EN distributed printed materials about Work and Recovery, Work and Social Security Benefits, and employment resources. The MD-EN participated as a vendor in the Maryland Raising the Bar Conference, as well as the Maryland Rehabilitation Conference, distributing printed materials and promotional items. The MD-EN worked with supported employment providers to develop a calendar for 2020 which highlights success stories for distribution within community provider agencies, as well as potential employers. The MD-EN and MD-BCN facilitated presentations at state and national conferences (National Alliance on Mental Illness (NAMI) Maryland, Carroll County Transition Fair, Maryland Rehabilitation Conference, Maryland Brain Injury Association, and Association of People Supporting Employment First (APSE). Presentations focused on recovery, employment, public benefits, and engagement. The MD-BCN developed and distributed information for supported employment providers and beneficiaries relative to the importance of and process for reporting earnings. The MD-EN contracted with two fidelity evaluators who supported the Office on Mental Health, Core Service Agency of Harford Co., Inc. and the Behavioral Health Administration with ongoing promotion and implementation of the Individual Placement and Support (IPS) evidence-based model for supported employment.

The OMH/CSA had developed training calendars for Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR) trainings being offered on-site and at the local hospital meeting rooms. Unfortunately, due to the pandemic and the need for social distancing, the trainings had to be cancelled. While the OMH/CSA has been able to host some virtual QPR trainings, it has been difficult to duplicate the same success with MHFA trainings due to the length of the training and the updated requirements for virtual trainings. The OMH/CSA plans to re-establish a training calendar once training can occur in-person and on-site. The OMH/CSA hopes this will increase community awareness and decrease the stigma often attached to behavioral health. The OMH/CSA expects to establish a Mental Health First Aid training cohort to create mentorships and to effectively track data throughout the county.

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Prior to the COVID-19 pandemic, the Adult Services Coordinator would go into the Harford County Detention Center and meet with inmates on the specialized units to review available community resources, access to treatment, as well as address any barriers to treatment, such as insurance questions. The OMH/CSA resource grid was presented and reviewed, focusing more on specific areas, such as adult outpatient treatment and insurance application locations. Another large part of the presentation discussed the Harford County Klein Family Crisis Center. This center is still new, and there are always members of the community who are unaware of its existence, or exactly what services they provide. The Adult Services Coordinator discussed what to expect from the crisis center, as well as additional crisis services in Harford County, such as the 24/7 hotline and mobile crisis team. The presentations also included information about basic re-entry services, including MCCJTP, a grant for assisting individuals with a mental health diagnosis with transitioning back into the community. Because visitation to the detention center is on hold, these efforts have been suspended. It is anticipated public education efforts will resume once visitation is allowed.

In fiscal year 2022, Harford County's LAA will develop and disseminate public awareness education and information through utilization of a resource guide and creation of a webpage. In 2019, LAA staff created the first "Local Addictions Authority Recovery Oriented System of Care Manual". This manual/resource guide provided information for the following services: (1) crisis support services; (2) health insurance navigation services; (3) residential substance use treatment; (4) outpatient substance use treatment services (non-opioid treatment); (5) outpatient substance use treatment services (OTS); (6) office-based Buprenorphine providers; (7) recovery residencies and certified recovery residences; and (8) support services for families/loved ones. Due to significant turnover in LAA staff, updates and distribution of this manual stopped in fiscal year 2020. In fiscal year 2021, the LAA had planned to update this resource guide and work with Harford County Health Department's (HCHD) Communications Department to create an LAA webpage. However, the impacts of COVID-19 required HCHD's Communication Department to focus its public messaging efforts on subjects related to COVID-19. In the upcoming fiscal year, the LAA will update this manual and distribute it at local community events, organizations, and advisory meetings to ensure knowledge of available behavioral health and recovery supports services. The LAA will also work with the HCHD's

Communications Department to create a webpage that will inform the public about the LAA, SRD and co-occurring disorders treatment and recovery services.

Engagement of Culturally and Linguistically Diverse Individuals

The OMH/CSA is currently working on updating the agency website and translating materials for Spanish speaking individuals. In fiscal year 2020, the OMH/CSA worked with a marketing agency to translate the OMH/CSA brochure for Spanish speaking individuals. The OMH/CSA shifted the provider resource grid to a Google document to ensure up to date information is available to the community. The OMH/CSA has been working diligently with a web designer to update the OMH/CSA website which is due to launch February 2021. The new website will host provider and community resources and will be the platform to host the new OMH/CSA YouTube

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channel called “Spreading Hope in Harford”. The YouTube channel will offer information videos on a wide variety of topics.

The OMH/CSA staff virtually attended several cultural competency trainings during fiscal year 2020. Staff participated in the three part Cultural and Linguistic Competency course on the Maryland Behavioral Health University of Maryland Training website. The e-learning series discussed three major concepts that form the framework for achieving cultural competency as part of service delivery. Part 1, *Standing Up to Bias: Yours, Mine, and Ours* explained the influence of implicit bias on service delivery and allowed participants to examine their implicit biases. Part 2, *Addressing Health and Health Equity: An Imperative* highlighted the importance of equity in service delivery and how one can achieve true health equity in behavioral health care. Part 3, *Another Ouch: The Anatomy of Microaggressions and the ‘isms* defined and provided examples of microaggressions and various ‘isms—sexism, racism, ageism, etc. and it broke down how one can create barriers to effective service delivery. OMH/CSA staff also attended the *Racism and Mental Health Symposium*. In April 2020, OMH/CSA staff were scheduled to attend *Cultural Competency & Diversity: Powerful Strategies to Improve Client Rapport & Multicultural Awareness* training. Due to the COVID-19 pandemic, the training was postponed. The OMH/CSA anticipates the training will resume sometime in fiscal year 2022.

The OMH/CSA planned to host the bi-annual Life Matters Suicide Prevention Conference in May 2020 to educate and inform clinicians and other community members on specialized behavioral health topics and techniques. This platform serves as an opportunity to collaborate with many different agencies and individuals to plan the event and to disseminate crucial information to attendees. Unfortunately, due to the pandemic the Life Matters Suicide Prevention Conference was unable to take place as planned and has been rescheduled for May 2021 as a virtual conference. Although the pandemic has caused major disruptions, it did strengthen the partnership between the CSA and LAA, and the LAA will now be co-hosting this event moving forward. While modifications to the platform and style of the conference will occur, the conference will still feature keynote speaker, Brandon Marshall, an NFL Wide Receiver whose personal project focuses on youth and men of color, to reduce stigma around mental illness, focusing on intervention and prevention.

In fiscal year 2022, the Harford County LAA plans to engage with culturally and linguistically diverse individuals through the following methods: (1) participate in community events that provide the opportunity to educate the public on behavioral health treatment and recovery support services, e.g. Harford County Public Schools Bilingual Night, Project Homeless, and Harford County’s Annual Drug Symposium; (2) coordinate with the Communications Department of the Harford County Health Department to translate Local Addictions Authority’s marketing materials into Spanish; and (3) work with the Communications Department of the Harford County Health Department to update the Local Addictions Authority’s webpage on the Harford County Health Department’s website to include translations for persons who have limited English proficiency.

Implementation & Promotion of Evidence Based Practices (EBP)

Outreach and public awareness efforts by the LAA and OMH/CSA often involve collaboration with providers. These efforts include working with providers to support the implementation and promotion of evidence-based practices for individuals with mental illness and substance-related disorders. The OMH/CSA continues to partner with other agencies to promote and facilitate Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR) trainings. Despite the pandemic, the MHFA training group still trained over 100 community members! Harford County’s QPR instructors have trained over 1,000 people to be QPR gatekeepers! Trainings were held in schools, faith-based organizations, mental health providers, government organizations, and other locations throughout Harford County.

Many of the QPR instructors are participants on the Suicide Prevention Workgroup. This workgroup was developed as a subcommittee of the Local Health Improvement Coalition (LHIC) Behavioral Health working group. The bi-monthly workgroup is co-chaired by the OMH/CSA and includes members from the Harford County Health Department, the Office of Drug Control Policy, Harford County Public Schools, University of Maryland Upper Chesapeake Health, and other community members.

Substance related disorder (SRD) treatment in Harford County is not limited to the 30 licensed/approved SRD programs. Several SRD treatment services that implement evidence-based practices are funded by state and federal grants. These grants support evidence-based practices such as Peer Recovery Support and SRD treatment at the local detention center.

In fiscal year 2020, Harford County’s LAA collaborated with the Harford County Sherriff’s Office to provide SRD services to incarcerated individuals. Federal funds were awarded to Harford County through the S.O.R grant. These funds were used to hire one full-time employee Detention Center Navigator and two full-time employee PRSs. The Detention Center Navigator, a position filled by a Certified Supervised Counselor – Alcohol and Drug (CSC-AD), met with incarcerated individuals to provide assessments, facilitate referrals for discharge, and make referrals to the detention center’s medical provider for Vivitrol® administration. The table below shows the count of all individuals (unduplicated) enrolled in S.O.R in FY 2020.

TABLE 1: Number of unduplicated individuals who receive OUD services through SOR MAT/Criminal Justice project

Age	A. Total for all Races (columns B. - H)		B. White		C. African American		D. Hawaiian / Pacific Islander		E. Asian		F. Amer. Indian/ Alaska Native		G. More than one race		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 18 - 24	11	7	4	4	3	3	1	0	0	0	0	0	0	0	0	0	7	4	0	0

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3.	25 - 44	36	24	12	19	8	5	4	0	0	0	0	0	0	0	0	0	0	27	9	0	0
4.	45 - 64	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
5.	65 and over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:		49	33	16	25	11	8	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total by Race/Ethnicity:					36		13		0		0		0		0		0		49		0	

Another evidence-based practice offered to individuals incarcerated at the Harford County Detention Center (HCDC) is SRD treatment. In fiscal year 2020, state funds were awarded to Harford County through the Substance Abuse Treatment Outcomes Partnership (S.T.O.P) grant. These funds were used to hire one FTE CSC-AD and one FTE PRS to provide SRD treatment and recovery support services to incarcerated individuals. Prior to being released, the CSC-AD and PRS would connect inmates to treatment and recovery support.

Harford County’s LAA also collaborated with the Local Department of Human Services (DHS) in fiscal year 2020. Harford County was one of thirteen jurisdictions in Maryland that was awarded funds to support the special initiative entitled, Sobriety Treatment and Recovery Teams (START) project. The START model is an intensive child welfare/peer support and integrated service delivery model that was implemented to respond to the increase in parental Substance Use Disorder and Substance Exposed Newborns (SEN) and the prevalence of SUD-related child welfare out-of-home care placements in Maryland⁹. In Harford County, a DHS caseworker located in the hospital identifies mothers and SEN babies after delivery. The DHS caseworker and the Local Health Department’s Family Mentor contacts the mother to see if she wants to voluntarily enroll into the START program. If the mother agrees, a Family Involvement Meeting (FIM) takes place within fourteen days. This meeting includes both parents, the DHS caseworker, and the Family Mentor. A behavioral health assessment is completed by a behavioral health provider of the client's choice within four days. Treatment is initiated within three days after the assessment and the Family Mentor conducts weekly home visits and accompanies the parents to their first four treatment visits.

In fiscal year 2020, Harford County’s O.O.C.C Opioid Intervention Team (OIT) project completed its third year of operation, and successfully served those in need of substance-related

⁹ https://www.cffutures.org/files/START/START_Chapt%201_092118_FINAL.pdf

treatment and recovery services. Harford County’s OIT collaborated with Addiction Connections Resource (ACR), a unique nonprofit organization that provides timely linkages to treatment and recovery services to individuals in crisis. This project was designed to create a Central Intake, Navigation and Recovery Team that would improve individuals’ first point of contact with the health care system, thereby enhancing identification and intervention for those with SRDs. To expand its ability to provide services, ACR was awarded S.O.R and O.O.C.C. Statewide, Local &

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Nongovernmental (SLN) funds. The tables below show the performance measures and number of individuals served by the OIT, SLN, and SOR projects in FY 2020.

FY20 OOCC OIT	
Performance Measures	P.M. Actual
Number of individuals referred to treatment and/or recovery services (service type: Inpatient SUD treatment, Outpatient SUD treatment, Recovery Housing)	85
Number of individuals referred to treatment and or recovery services who were admitted to treatment or recovery program (service type: Inpatient SUD treatment, Outpatient SUD treatment, Recovery Housing)	85
Number of individuals referred to Peer Recovery Specialist (Referred from: ACR)	85
Number of individuals referred to treatment by Peer Recovery Specialist	58
Number of individuals referred to treatment by Peer Recovery Specialist who were admitted to treatment	58

FY2020 OOCC SLN	
Performance Measures	P.M. Actual
Number of clients placed in long term recovery houses	69
Number of individuals referred to treatment and/or recovery services (service type: long term recovery services)	69
Number of individuals referred to peer recovery specialists (referred from ACR)	69
Number of individuals referred to treatment by peer recovery specialists	69
Number of individuals who received services (service type: recovery services)	69

TABLE 1: Number of unduplicated individuals who receive OUD services through SOR MAT/Criminal Justice project

Age	A. Total for all Races (columns B. - H)		B. White		C. African American		D. Hawaiian / Pacific Islander		E. Asian		F. Amer. Indian/ Alaska Native		G. More than one race		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under																				
2. 18 - 24	11																			
3. 25 - 44	36	24	12	1													2	7		
4. 45 - 64																				
5. 65 and over																				
Total:	49	33	16	2	1															
	Total by Race/Ethnicity:		36		13												49			

*Gray cells represent data where counts are between 1-10. Data is suppressed to avoid possible disclosure of Personally Identifiable Information (PII).

FY 2020 Behavioral Health Promotion & Awareness Activities

The OMH/CSA and LAA participated in several outreach efforts aimed at mental health and substance related disorder prevention, promotion, and awareness. In 2020, the OMH/CSA and LAA collaborated with several partners including Harford County Government’s Department of Community Services and the Office of Drug Control Policy to celebrate Recovery month. In

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fiscal year 2020, there was a virtual campaign with partner agencies which included social media posts and weekly emails featuring stories of recovery. Despite the COVID-19 pandemic, the BG 5K Run/Walk—Running for Recovery in Harford County occurred in November 2020. Similarly, the OMH/CSA worked together with other partner agencies within a suicide prevention workgroup to create a Suicide Prevention Month social media campaign. Every week, an e-mail blast was sent to different entities and providers, with information about depression screenings, upcoming prevention events, a personal story from a local mental health advocate, and information about resiliency. These items were also available on social media pages to reach as many community members as possible.

In October of 2020, the Harford County Crisis Response Director, Sarah Quinn, LCSW-C, participated in Harford Credit Union's Community Spotlight Series. A public service of Harford Credit Union, this video series highlights organizations and others serving the Harford County community. Through a question-and-answer format, Sarah shared information about Office on Mental Health's Harford Crisis Response (HCR) programming. The interview afforded HCR the opportunity to share information on the continuum of behavioral health crisis response programming available to people in Harford County and how to access those services. Additionally, Sarah provided community education related to behavioral health needs and self-care, especially during the current COVID-19 pandemic. Sarah highlighted several concepts including letting go of comparative suffering, the need for self-compassion, and understanding mental health as a universal part of our health—as opposed to a false dichotomy of those with illness and those without. Acknowledging that everyone's health includes mental and physical health allows us to expand our understanding of care to include preventative work, normalizes treatment, and inherently recognizes that change is possible and likely.

Sarah Quinn, LCSW-C, Crisis Response Director, was also included in Harford Cable Network's Winter 2020-2021 KidsNews segment. Using language and presenting concepts in a way that was accessible for a young audience, Sarah spoke to Harford County youth about how to identify if they or someone else might need behavioral health help. Sarah provided information on services available to meet these needs through Harford Crisis Response and how to access services including the 24/7 hotline and mobile crisis teams. Additionally, Sarah normalized a range of emotional reactions and needs related to the COVID-19 pandemic. Tips were offered related to self-care and accessing help through identifying safe adults and normalizing behavioral health care.

Shawn Dundon, Harford County's Crisis Intervention Team (CIT) Coordinator, was featured in the November/December 2020 installment of the Harford County Sheriff's Office program—

Behind the Badge. Each episode highlights various departments and functions within the agency. During this segment, Behind the Badge showcased the new K9 on duty at the Family Justice Center, winter driving tips from the Traffic Office, and the Crisis Intervention Team! Shawn had the opportunity to discuss the infrastructure of the CIT program and how it has mutually benefited public safety and the Harford County community. Shawn also discussed

some of the core concepts of CIT, along with some examples of the training materials. Shawn also included all the critical components of Harford Crisis Response which included the 24/7 hotline, mobile crisis teams, specialized crisis responders, and the Klein Family Harford Crisis Center.

It is important to note Harford County Department of Community Services—Office of Drug Control Policy (ODCP), a branch of Harford County Government, receives substance abuse prevention funding from the Maryland Department of Health, Public Health Services. Since 2000, ODCP has promoted and provided prevention services through strategies utilizing the resources of public and private agencies, and citizens. Below is a summary of successful addiction prevention and intervention activities:

- Community Drug Take Back Initiatives – ODCP, local law enforcement agencies, and DEA sponsor no-questions-asked prescription drug takebacks. Six permanent receptacles have been stationed throughout the county for drug disposal on an ongoing basis.
- Community Education – Numerous community outreach programming, trainings, and educational seminars spearheaded by ODCP and the HCHD have been implemented in the county. ODCP prevention programming has reached middle/high school students, Boy/Girl Scouts, business leaders, the faith-based community, inmates, parents through the PTA, law enforcement agencies, medical and social service professionals, etc.
- Naloxone – Naloxone is currently available and utilized by Harford County Emergency Medical Services. It is currently available in all ambulances in the county. In addition, it is available for use by the Harford County Sheriff's Office—SWAT team for opiate overdose prevention (under physician orders). The Harford County Health Department was approved as an Opioid Response Program training entity to train and educate the community about how to use Naloxone. The Harford County Health Department provides funding for Naloxone to those participants without insurance or whose insurance will not pay for the prescription.

Sub-Grantee Monitoring

The Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) remains committed to monitoring sub-grantee providers and other service providers to ensure compliance with the Conditions of Award (COA) and with Administrative Service Organization data entry and reporting requirements. The OMH/CSA conducts, at a minimum, annual on-site monitoring of sub-grantee providers and other service providers, such as Targeted Case

Management for Adults and the Care Coordination Organization. On-site visits allow for the Coordinators to review all items in the Conditions of Award to determine compliance. This year, due to the pandemic, as an alternative, the OMH/CSA has conducted virtual monitoring which still allows for a review of all documentation and other criteria related to the Conditions of Award. The Coordinators complete a Scope of Services form, capturing all the elements from

the COA, and write a narrative to detail the site visit. Copies of these reports are forwarded to the provider and the Behavioral Health Administration (BHA). In addition, the OMH/CSA reviews the Maryland Department of Health 438 Form which the sub-grantee providers submit monthly. If there are any line items on the 438 that are significantly over or under expended, the responsible Coordinator will contact the provider to gain additional information. The OMH/CSA Coordinators also ensure the sub-grantee is submitting reports on time, which the Coordinator will then forward to the appropriate BHA representative. If the provider submits inaccurate or late reports, the Coordinators will not approve the 438 forms until resolved. The approved 438 forms are then given to the OMH/CSA Finance Director for payment as outlined on the draw payment schedule. The OMH/CSA follows a six-draw payment schedule for the sub-grantee providers. The contracts between the OMH/CSA and sub-grantees state providers must submit all required forms by the 35th day after month end for payment. For other service providers, the OMH/CSA conducts site visits to ensure compliance with the Code of Maryland Regulations (COMAR). Monitoring tools and narratives are also completed for these site visits and then forwarded to the provider and the BHA representative. Providers responsible for entering data into the Administrative Service Organization website are also reviewed, and providers are contacted when discrepancies exist. The OMH/CSA reviews all supported employment and crisis residential bed authorizations. If there is an issue, the OMH/CSA immediately contacts the provider for additional information. This information is recorded in the authorization request.

Harford County’s LAA sub-grantee monitoring process is unique in that most grants awarded to Harford County’s LAA are not subcontracted. All grants awarded to Harford County’s LAA by the BHA, except for the SOR grant, are provided by the Local Health Department (LHD). The LHD utilizes these grant funded services to support its Behavioral Health Bureau. This limits the LAA’s ability to act as a grant monitor as it relates to audits and expenditure monitoring. At best, the LAA can work with HCHD Behavioral Health Bureau staff to ensure that performance measurements are being met.

The table below shows all grants awarded by BHA to Harford County’s LAA in FY 2020. All boxes highlighted in gray represent the grants and services provided by the HCHD’s Behavioral Health Bureau.

AS073TCA – Temporary Cash Assistance	AS017SAS – General Funds Services
BH 007 SRT – Sobriety Treatment and Recovery Team	AS143STP – Substance Abuse Treatment Outcomes Partnership
AS235FED- Federal Funds Services Grant	AS188DCT – Drug Court
BH206SOR- State Opioid Response	AS354ADM- Administrative Grant

The S.O.R grant is the only grant in which services are sub-contracted. All sub-contracted services are subject to site visits, required reporting, and financial audits. If any provider is not projected to meet the required performance measures/conditions of award, the LAA will provide technical assistance and guidance to assist the provider in achieving these outcomes.

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E. Data and Planning

The following information presented in the worksheets, graphs, and charts is based upon data provided by the Behavioral Health Administration’s Excel workbook titled: *Behavioral Health Indicator Data*. This data is used to support and guide a system planning process that focuses on the development of a strategic plan and addresses the impact of COVID-19.

Maryland Statewide Medicaid Penetration into the Public Behavioral Health System					
<i>Medicaid Eligible Population</i>		<i>Individuals Served</i>		<i>Penetration Percent</i>	
FY 2019 MA Average		<i>Mental Health</i>	<i>Substance Use</i>	<i>Mental Health</i>	<i>Substance Use</i>
1,406,421		215,660	109,701	15.3%	7.8%
FY 2020 MA Average					
1,428,641		224,235	117,449	15.7%	8.2%
FY 2021 MA Average					
1,497,036		235,035	122,757	15.7%	8.2%
Projected Increase into PBHS from FY2020		4.8%	4.5%		
FY2020 numbers served are based on claims data through 11/16/2020. Data are subject to change as claims are reconciled.					
FY 2021 MA Average is based on data through October 2020.					
Data Source: MA data Published by The Hilltop Institute at UMBC. Data and support provided by the Maryland Department of Health.					

Figure 1

Medicaid (MA) Penetration is a percent of those individuals MA eligible that have accessed services or "penetrated" the public behavioral health system. Applying the penetration rate to the average MA eligible population in each jurisdiction will give an

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estimate of the number of individuals projected to penetrate the PBHS in the coming fiscal years. The Medicaid eligible population has increased by 90,615 (6.4%) from fiscal year 2019 to fiscal year 2021.

Average Monthly Number Medicaid Eligible Population by County and Fiscal Year

Average Monthly MA Eligible				% Change Over Time			Total County Population	% of County Population that is MA Eligible Based on FY 2021	FY 2019 MA Penetration Rate		Projected Number of MA to Receive Services in the PBHS during FY 2021	
COUNTY	FY 2019	FY 2020	FY 2021*	FY 19-20	FY 20-21	FY 19-21			Mental Health	Substance Use	Mental Health	Substance Use
Allegany	22,015	22,231	22,932	0.98%	3.15%	4.17%	70,975	32.3%	21.8%	14.0%	4,995	3,220
Anne Arundel	96,485	98,051	103,122	1.62%	5.17%	6.88%	576,031	17.9%	17.5%	10.7%	18,091	11,083
Baltimore City	257,776	259,750	268,427	0.77%	3.34%	4.13%	602,495	44.6%	21.6%	12.4%	57,980	33,285
Baltimore County	201,926	205,540	215,707	1.79%	4.95%	6.82%	828,431	26.0%	16.4%	8.0%	35,458	17,257
Calvert	14,557	14,597	15,220	0.28%	4.26%	4.55%	92,003	16.5%	20.1%	14.6%	3,054	2,226
Caroline	12,075	12,151	12,549	0.63%	3.28%	3.93%	33,304	37.7%	15.3%	8.4%	1,918	1,053
Carroll	23,534	23,483	24,417	-0.22%	3.98%	3.75%	168,429	14.5%	19.2%	11.0%	4,682	2,691
Cecil	26,483	26,568	27,759	0.32%	4.48%	4.82%	102,826	27.0%	19.0%	15.0%	5,271	4,161
Charles	32,432	33,129	35,088	2.15%	5.91%	8.19%	161,503	21.7%	12.2%	7.2%	4,291	2,513
Dorchester	13,088	13,100	13,528	0.09%	3.27%	3.36%	31,998	42.3%	19.6%	10.8%	2,657	1,465
Frederick	41,675	42,417	44,832	1.78%	5.69%	7.57%	255,648	17.5%	17.6%	8.8%	7,869	3,953
Garrett	8,653	8,638	8,941	-0.17%	3.50%	3.33%	29,163	30.7%	14.5%	8.3%	1,298	745
Harford	45,745	46,322	48,423	1.26%	4.54%	5.85%	253,956	19.1%	18.9%	11.4%	9,171	5,520
Howard	46,528	47,041	49,409	1.10%	5.03%	6.19%	323,196	15.3%	13.0%	4.5%	6,412	2,244
Kent	5,003	5,021	5,131	0.35%	2.20%	2.56%	19,383	26.5%	19.0%	12.5%	977	641
Montgomery	187,798	191,859	202,695	2.16%	5.65%	7.93%	1,052,567	19.3%	9.9%	2.6%	20,018	5,292
Prince George's	227,014	234,498	249,580	3.30%	6.43%	9.94%	909,308	27.4%	9.6%	2.5%	23,860	6,294
Queen Anne's	8,469	8,456	8,790	-0.16%	3.95%	3.78%	50,251	17.5%	16.9%	10.1%	1,487	889
St. Mary's	22,015	23,064	23,857	4.76%	3.44%	8.37%	112,664	21.2%	14.8%	10.9%	3,531	2,601
Somerset	8,935	8,977	9,226	0.47%	2.77%	3.25%	25,675	35.9%	20.9%	10.5%	1,931	972
Talbot	8,485	8,548	8,845	0.74%	3.47%	4.24%	36,968	23.9%	18.4%	8.9%	1,630	791
Washington	44,725	45,012	46,538	0.64%	3.39%	4.05%	150,926	30.8%	19.8%	12.7%	9,210	5,888
Wicomico	34,772	35,151	36,584	1.09%	4.08%	5.21%	103,195	35.5%	17.0%	9.5%	6,214	3,472
Worcester	13,424	13,423	13,921	-0.01%	3.71%	3.70%	51,823	26.9%	21.1%	10.2%	2,944	1,414
Statewide Total	1,406,421	1,428,641	1,497,036	1.58%	4.79%	6.44%	6,042,718	24.8%	15.7%	8.2%	235,035	122,757

*Data Source: Medicaid Eligibility: Published by The Hilltop Institute at UMBC
Data and support provided by the Maryland Department of Health.*

*Data Source: Maryland Vital Statistics Est. Md.
Population July 1, 2018*

Note: # Penetration rate based on PBHS Service Utilization. Claims data through 12/31/2019.

*Note: * As of end October 2020.*

Figure 2

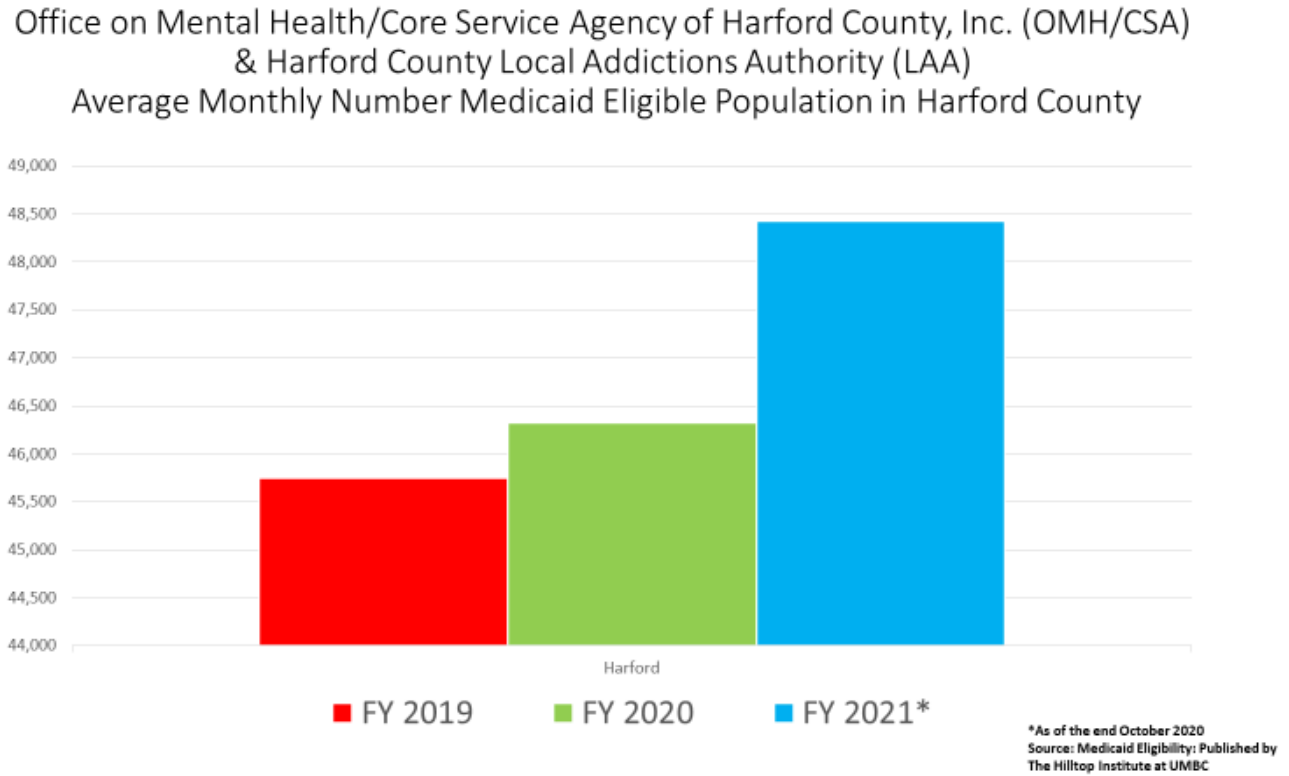


Figure 3

Figure 2 highlights the average monthly number of Medicaid eligible populations in the State of Maryland by jurisdiction. Between fiscal years 2019 to 2021, compared to the state average, Harford County had a slightly lower average monthly Medicaid eligible rate, 5.9% vs. 6.4%. Figure 2 also highlights the FY 2019 Medicaid penetration rate for mental health (18.9%) and substance use (11.4%). Figure 3 represents the average monthly number Medicaid eligible population in Harford County for fiscal year 2019 through 2021*. From fiscal year 2019 to 2020, the average monthly rate increased from 45,745 to 46,322. This represents an increase of 577

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individuals or 1.3%. From fiscal year 2020 to 2021, the average monthly rate increased by 2,101 individuals and this represents an increase of 4.5%.

Percent of Total Population in Poverty, Calendar Year 2018					
Jurisdiction	All	Number of People in Poverty	Children 0-17	Number of Children 0-17 in Poverty	Ranking Total Population in Poverty
Statewide	9.1	538,823	12.1	159,874	
Allegany	16.7	10,570	21.3	2,557	3
Anne Arundel	7	39,231	9.6	12,144	15
Baltimore	9.9	79,482	13	22,854	11
Calvert	5.4	4,912	6.6	1,394	21
Caroline	13.2	4,320	19.9	1,529	6
Carroll	6	9,828	6.1	2,197	20
Cecil	8.3	8,406	12.8	2,914	13
Charles	6.6	10,487	9.3	3,559	18
Dorchester	15.4	4,851	27	1,779	4
Frederick	6.2	15,552	7.4	4,320	19
Garrett	12.2	3,483	18.4	969	8
Harford	7	17,528	9.7	5,404	15
Howard	5.2	16,874	6.2	4,871	22
Kent	12.9	2,329	19.2	574	7
Montgomery	6.9	72,247	8.4	20,168	16
Prince George's	8.3	73,777	12	23,778	13
Queen Anne's	6.5	3,237	8.6	923	17
St. Mary's	8	8,770	10.6	2,847	14
Somerset	23.4	4,758	31.4	1,339	1
Talbot	9.2	3,377	14.6	967	12
Washington	11.1	15,871	16.5	5,304	9
Wicomico	14.6	14,327	20.1	4,484	5
Worcester	10.4	5,300	17.7	1,552	10
Baltimore City	18.9	109,306	26.1	31,447	2

<http://www.ers.usda.gov/data-products/county-level-data-sets/poverty.aspx>

Figure 4

The table above shows the total percentage and number of county residents in poverty, the total percentage and number of children 0-17 in poverty, and a ranking of total population in poverty broken down by county. The ranking is from 1-24 with 1 having the highest percentage of poverty and 24 having the lowest percentage. Harford County had a representation of 7% of the total

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population in poverty. 9.7% of children between the ages of 0-17 are recorded as being in poverty in calendar year 2018. This puts Harford County in the 15th position when compared to the rest of the jurisdictions in Maryland.

Figures 5 thru 8 are Suicide Ideation Presentations by Month for Calendar Years 2018-2020 for the State of Maryland.

ESSENCE Suicide Ideation for Calendar Year 2018		
Month	Total Presentations	Percentage by Month
January-2018	364	8.15%
February-2018	311	6.97%
March-2018	326	7.30%
April-2018	381	8.53%
May-2018	384	8.60%
June-2018	404	9.05%
July-2018	358	8.02%
August-2018	390	8.74%
September-2018	438	9.81%
October-2018	379	8.49%
November-2018	350	7.84%
December-2018	379	8.49%
Total	4,464	

Figure 5

ESSENCE Suicide Ideation for Calendar Year 2019		
Month	Total Presentations	Percentage by Month
January-2019	412	7.68%
February-2019	433	8.07%
March-2019	512	9.55%
April-2019	491	9.15%
May-2019	519	9.68%
June-2019	446	8.31%
July-2019	441	8.22%
August-2019	395	7.36%
September-2019	473	8.82%
October-2019	438	8.17%
November-2019	427	7.96%
December-2019	377	7.03%
Total	5,364	

Figure 6

ESSENCE Suicide Ideation for Calendar Year 2020		
Month	Total Presentations	Percentage by Month
January-2020	412	12.72%
February-2020	390	12.04%
March-2020	333	10.28%
April-2020	231	7.13%
May-2020	296	9.14%
June-2020	283	8.74%
July-2020	318	9.82%
August-2020	308	9.51%
September-2020	305	9.42%
October-2020	362	11.18%
Total	3,238	

Figure 7

ESSENCE Suicide Ideation Presentations by Month for Calendar Years 2018-2020														% Change Over Time		
Year	January	February	March	April	May	June	July	August	September	October	November	December	Total	CY 18-19	CY 19-20	CY 18-20
2018	364	311	326	381	384	404	358	390	438	379	350	379	4,464	20.16%		
2019	412	433	512	491	519	446	441	395	473	438	427	377	5,364		-39.63%	
2020	412	390	333	231	296	283	318	308	305	362	0	0	3,238			-27.46%

Figure 8

Data Overview—Data Source: ESSENCE

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) are data from Maryland’s Emergency Departments (EDs) and selected Urgent Care facilities that log individuals presenting in the EDs with defined syndromes, or chief complaints. Surveillance data can be used to monitor and detect changes in disease frequency and guide preventive measures to reduce or eliminate morbidity and mortality. For this analysis, data was pulled utilizing a keyword text query

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concerning: Suicide. The query returned results for all individuals in which a keyword of “suicide”, “suicide thoughts”, “suicide attempt”, “injury to self”, or "self-harm" was used. Data for CY 2020 is based through 10/31/2020. The decrease in ED utilization for

suicide ideation in CY2020 is most likely due to COVID-19 and the high number of COVID-19 virus cases presenting in Maryland Emergency Departments.

ESSENCE Suicide Ideation for Calendar Years 2018-2020 by County of Residence				% Change Over Time		
County Of Residence	Year 2018	Year 2019	Year 2020	CY 18-19	CY 19-20	CY 18-20
Allegany	61	93	38	52.46%	-59.14%	-37.70%
Anne Arundel	561	489	265	-12.83%	-45.81%	-52.76%
Baltimore	794	815	481	2.64%	-40.98%	-39.42%
BALTIMORE CITY	899	983	534	9.34%	-45.68%	-40.60%
Calvert	25	41	29	64.00%	-29.27%	16.00%
Caroline	19	27	17	42.11%	-37.04%	-10.53%
Carroll*	31	256	163	725.81%	-36.33%	425.81%
Cecil	<11	<11	18	N/A	N/A	N/A
Charles	73	117	69	60.27%	-41.03%	-5.48%
Dorchester	26	32	19	23.08%	-40.63%	-26.92%
Frederick	278	293	150	5.40%	-48.81%	-46.04%
Garrett	<11	<11	<11	N/A	N/A	N/A
Harford	37	49	65	32.43%	32.65%	75.68%
Howard	100	150	100	50.00%	-33.33%	0.00%
Kent	<11	22	<11	N/A	N/A	N/A
Montgomery	589	761	479	29.20%	-37.06%	-18.68%
OTHER_REGION	209	269	196	28.71%	-27.14%	-6.22%
Prince Georges	374	478	287	27.81%	-39.96%	-23.26%
Queen Annes	23	29	16	27.81%	-39.96%	-23.26%
Somerset	<11	<11	<11	26.09%	-44.83%	-30.43%
St. Marys	147	201	116	N/A	N/A	N/A
Talbot	28	26	15	36.73%	-42.29%	-21.09%
Washington	76	140	107	-7.14%	-42.31%	-46.43%
Wicomico	57	55	34	84.21%	-23.57%	40.79%
Worcester	24	19	20	-3.51%	-38.18%	-40.35%
Total	4,464	5,364	3,238	-20.83%	5.26%	-16.67%

Figure 9

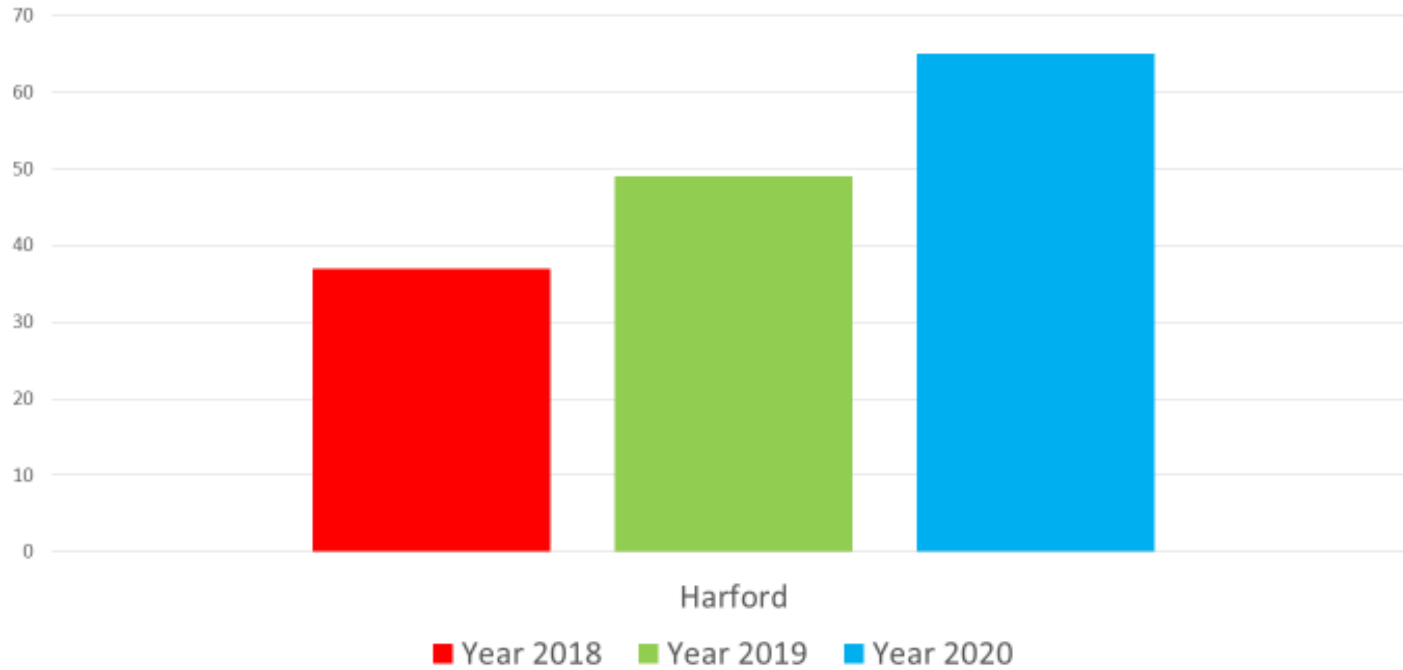
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Note: Data are duplicated as individuals county of residence may change throughout the year.

Note: *Carroll County numbers reverified. The spike is correct.

Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

OMH/CSA and Harford County LAA Suicide Ideation for Calendar Years 2018-2020 in Harford County



Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

Figure 10

Figure 9 shows suicide ideation for calendar years 2018-2020 by County of Residence in the State of Maryland. Figure 10 is specific to Harford County suicide ideation data. From calendar years 2018 to 2019, suicide ideation increased by 12 incidents which represents an increase of 32.4%. From calendar years 2019 to 2020, suicide ideation increased by 16 incidents and this represents an increase of 32.7%. From calendar years 2018 to 2020, incidents increased by 28, an increase of 75.7%. From calendar years 2018

to 2020, Harford County had the second highest increase of suicide ideation presentations. Harford County was one of three counties to report an increase in suicide ideation presentations over the three calendar years.

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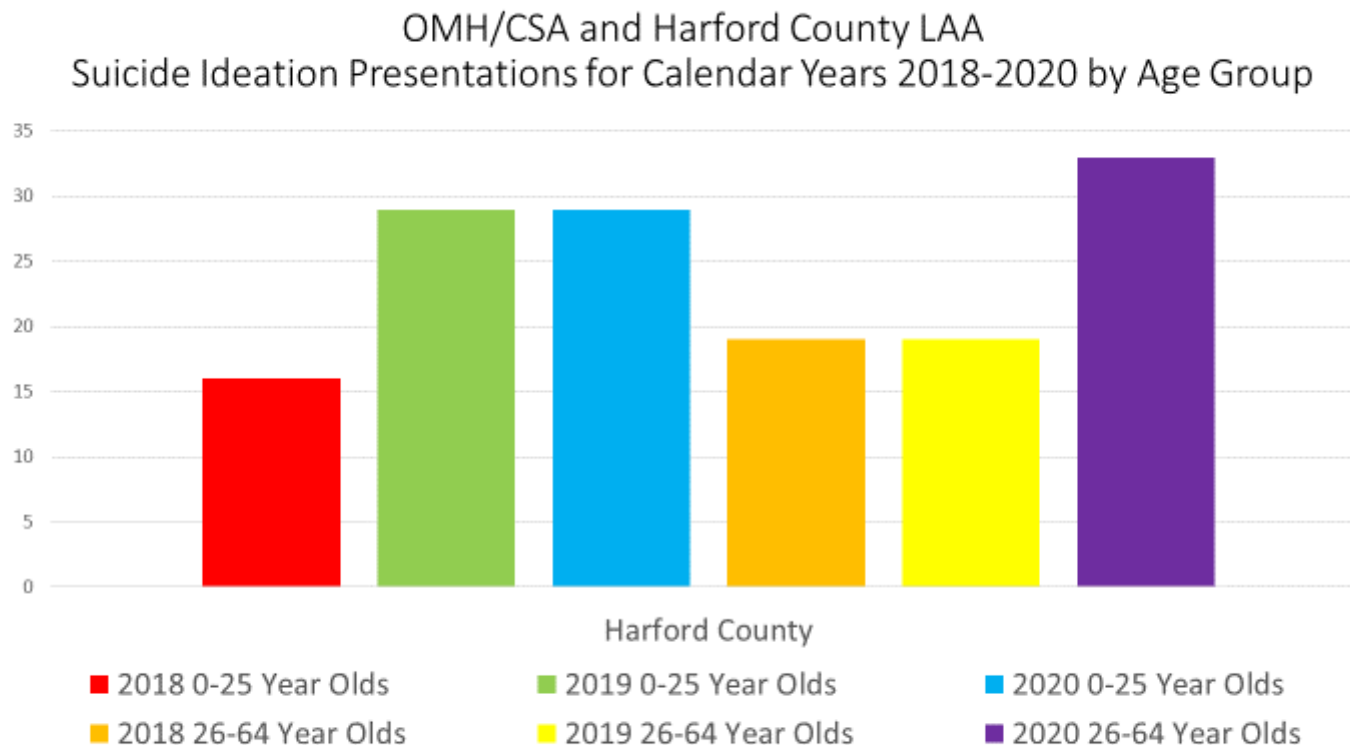
ESSENCE Suicide Ideation Presentations for Calendar Years 2018-2020 by County of Residence/Age Group									
Age Group	0-25			26-64			65+		
County	2018	2019	2020	2018	2019	2020	2018	2019	2020
Allegany	20	42	22	35	48	15	<11	<11	<11
Anne Arundel	232	200	109	305	270	146	24	19	<11
Baltimore County	327	355	211	432	420	244	35	40	26
Baltimore City	278	296	160	596	657	350	23	29	23
Calvert	<11	16	16	12	21	13	<11	<11	0
Caroline	<11	15	<11	<11	12	<11	0	0	<11
Carroll*	11	119	87	18	121	67	<11	16	<11
Cecil	<11	<11	<11	<11	<11	<11	0	0	<11
Charles	31	54	29	39	58	36	<11	<11	<11
Dorchester	11	16	<11	14	15	12	<11	<11	0
Frederick	136	155	73	139	131	69	<11	<11	<11
Garrett	<11	<11	<11	<11	<11	<11	0	<11	0
Harford	16	29	29	19	19	33	<11	<11	<11
Howard	39	73	46	55	71	49	<11	<11	<11
Kent	<11	<11	<11	<11	<11	<11	<11	<11	0
Montgomery	296	408	253	271	320	206	22	33	20
OTHER REGION	59	86	66	144	170	124	<11	11	<11
Prince Georges	147	198	108	210	258	167	17	22	12
Queen Annes	<11	12	<11	12	15	<11	<11	<11	<11
Somerset	<11	<11	<11	<11	<11	<11	0	0	0
St. Marys	69	96	58	64	99	53	<11	<11	<11
Talbot	13	<11	<11	14	19	<11	<11	<11	0
Washington	45	76	68	26	60	36	<11	<11	<11
Wicomico	28	16	<11	25	38	23	<11	<11	<11
Worcester	<11	<11	<11	15	<11	<11	0	<11	<11
Total	1,809	2,291	1,398	2,472	2,853	1,695	170	217	142

Note: Data are duplicated as individuals county of residence may change throughout the year.

Note: *Carroll County numbers reverified. The spike is correct.

Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

Figure 11



Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

Figure 12

Figures 11 and 12 highlight suicide ideation presentations for calendar years 2018-2020 by age group. Figure 11 compares data across all Maryland jurisdictions; whereas, Figure 12 is specific to Harford County data. In Figure 12, ages 65+ were not represented as the number was below 11. From calendar years 2018 to 2020, suicide ideation presentations increased in the 0-25 year-old age group by 13 reports, an increase of 81.3%. In the 26-64 year-old age group, suicide ideation presentations increased between 2019 and 2020 by 73.7%.

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ESSENCE Suicide Ideation for Calendar Years 2018-2020 by County of Residence/Gender						
Gender	Female			Male		
County	2018	2019	2020	2018	2019	2020
Allegany	27	51	23	34	42	15
Anne Arundel	310	258	149	251	231	116
Baltimore County	429	469	263	365	346	218
Baltimore City	416	444	239	483	539	295
Calvert	11	17	14	14	24	15
Caroline	<11	16	<11	<11	11	10
Carroll*	18	136	99	13	120	64
Cecil	<11	<11	<11	0	<11	<11
Charles	36	45	38	37	72	31
Dorchester	14	19	<11	12	13	11
Frederick	134	151	97	144	142	53
Garrett	<11	<11	<11	<11	<11	<11
Harford	21	23	37	16	26	28
Howard	59	80	66	41	70	34
Kent	<11	11	<11	<11	11	<11
Montgomery	317	429	271	272	332	208
OTHER_REGION	84	115	91	124	154	104
Prince Georges	198	268	165	176	210	122
Queen Annes	12	15	<11	11	14	<11
Somerset	<11	<11	<11	<11	<11	<11
St. Marys	62	97	55	85	104	61
Talbot	14	15	<11	14	11	<11
Washington	50	82	68	26	58	39
Wicomico	32	24	18	25	31	16
Worcester	12	14	<11	12	<11	14
Total	2,283	2,785	1,756	2,180	2,579	1,481

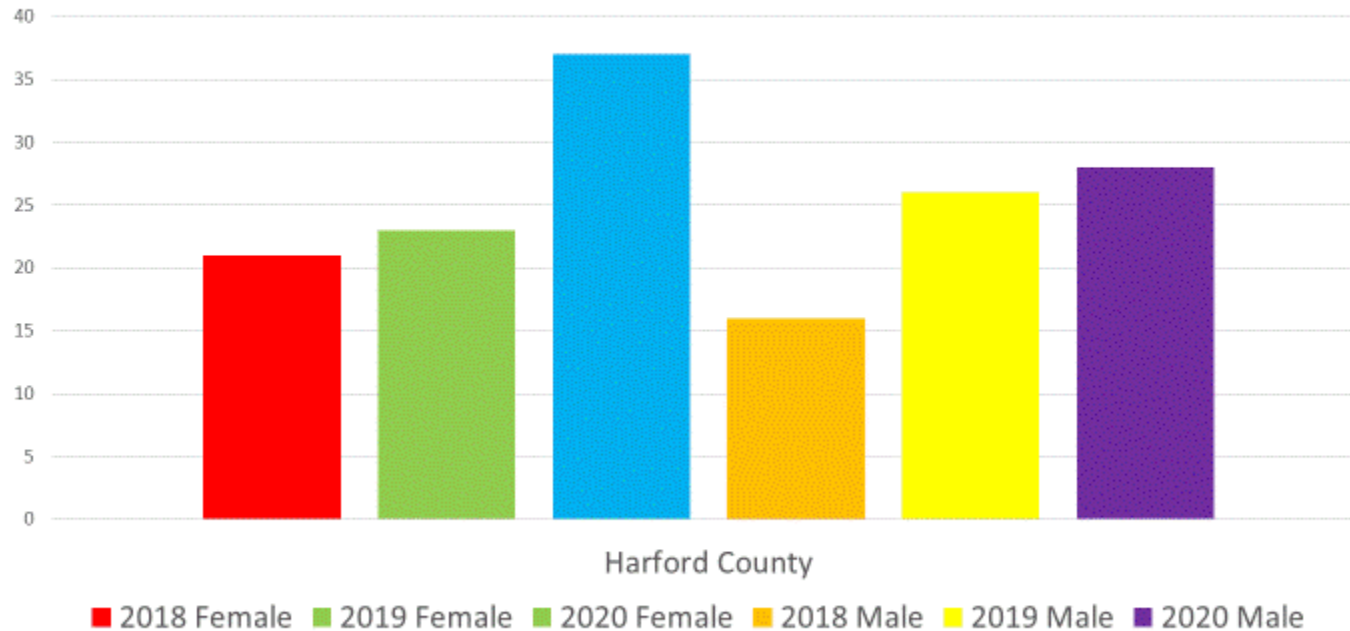
Note: Data are duplicated as individuals county of residence may change throughout the year.

*Note: *Carroll County numbers reverified. The spike is correct.*

Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

Figure 13

OMH/CSA and Harford County LAA Suicide Ideation for Calendar Years 2018-2020 by Gender



Source: Electronic Surveillance System for the Early
Notification of Community-Based Epidemics (ESSENCE)

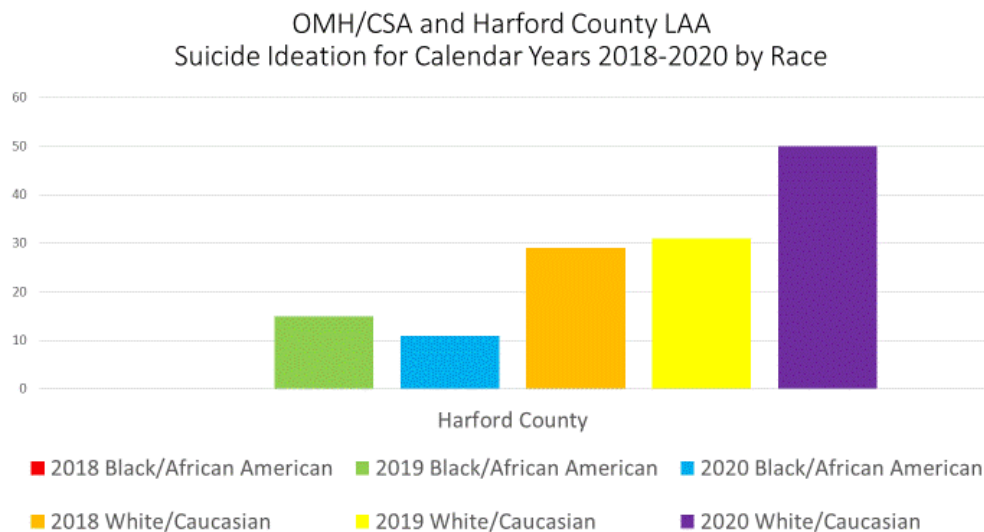
Figure 14

Figures 13 and 14 provide data on suicide ideation presentations for calendar years 2018-2020 by gender. Figure 13 provides data for all counties in the State of Maryland. Figure 14 is data specific to Harford County. In the span of three calendar years, suicide ideation presentations for females and males has significantly increased in Harford County. Between calendar years 2018-2020 suicide ideation presentations among females has increased by 16 incidents, which represents an increase of 76.2%. During the same time frame, suicide ideations presentations among men increased by 12 incidents, which represents an increase of 75%.

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ESSENCE Suicide Ideation for Calendar Years 2018-2020 by County of Residence/Race									
Race	Black/ African American			White/ Caucasian			Other		
County	2018	2019	2020	2018	2019	2020	2018	2019	2020
Allegany	<11	<11	<11	53	82	37	<11	<11	0
Anne Arundel	125	118	74	395	330	174	41	41	17
Baltimore County	279	302	150	465	457	295	50	56	36
Baltimore City	522	670	371	331	257	138	46	56	25
Calvert	<11	<11	<11	22	22	15	<11	16	12
Caroline	0	<11	<11	16	17	12	<11	<11	<11
Carroll*	<11	<11	<11	29	237	155	<11	<11	<11
Cecil	<11	0	0	<11	<11	17	0	0	<11
Charles	22	68	36	45	43	31	<11	<11	<11
Dorchester	<11	11	<11	14	19	11	<11	<11	<11
Frederick	35	39	17	221	215	119	22	39	14
Garrett	0	0	0	<11	<11	<11	0	<11	0
Harford	<11	15	11	29	31	50	<11	<11	<11
Howard	21	43	30	71	86	53	<11	21	17
Kent	<11	<11	0	<11	21	<11	<11	0	<11
Montgomery	145	187	109	293	370	239	151	204	131
OTHER REGION	80	102	80	105	133	97	24	34	19
Prince Georges	260	360	212	62	73	42	52	45	33
Queen Annes	<11	<11	0	21	21	14	0	<11	<11
Somerset	<11	<11	0	<11	<11	<11	0	0	0
St. Marys	28	36	20	110	154	88	<11	11	<11
Talbot	<11	<11	<11	21	19	11	<11	<11	<11
Washington	<11	16	18	63	120	82	<11	<11	<11
Wicomico	17	24	<11	38	25	23	<11	<11	<11
Worcester	<11	<11	<11	21	17	17	0	<11	0
Total	1,575	2,033	1,161	2,452	2,764	1,739	437	567	338
<i>Note: Data are duplicated as individuals county of residence may change throughout the year.</i>									
<i>Note: *Carroll County numbers reverified. The spike is correct.</i>									
<i>Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.</i>									
<i>Note: Other Includes: Asian/American Indian/ Alaska Native/Native Hawaiian/ Other Pacific Islander/ Other Race/ Two OR More Races/Declined to Answer/Specify /Patient Refused/Unknown/Null</i>									

Figure 15



Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

Figure 16

Figures 15 and 16 highlight data on suicide ideation for calendar years 2018-2020 by race. Figure 15 provides statewide data; whereas, Figure 16 is data specific to Harford County. Because the number of individuals reporting suicide ideations is below 11, data for Black/African American in 2018 is not represented in Figure 16. Between calendar years 2019-2020, suicide ideations among Black/African Americans decreased by -26.7%. Suicide ideations among White/Caucasians living in Harford County has significantly increased between 2018-2020. During this time frame, suicide ideation has increased by 21 occurrences. This represents an increase of 72.4%.

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ESSENCE Opioid Overdose Presentations for Calendar Year 2018		
Month	Total Presentations	Percentage by Month
January-2018	567	8.38%
February-2018	594	8.78%
March-2018	571	8.44%
April-2018	609	9.00%
May-2018	599	8.85%
June-2018	639	9.44%
July-2018	575	8.50%
August-2018	539	7.97%
September-2018	508	7.51%
October-2018	548	8.10%
November-2018	469	6.93%
December-2018	549	8.11%
Total	6,767	

Figure 17

ESSENCE Opioid Overdose Presentations for Calendar Year 2019		
Month	Total Presentations	Percentage by Month
January-2019	542	8.32%
February-2019	485	7.44%
March-2019	616	9.46%
April-2019	616	9.46%
May-2019	646	9.92%
June-2019	605	9.29%
July-2019	660	10.13%
August-2019	617	9.47%
September-2019	501	7.69%
October-2019	428	6.57%
November-2019	409	6.28%
December-2019	390	5.99%
Total	6,515	

Figure 18

ESSENCE Opioid Overdose Presentations for Calendar Year 2020		
Month	Total Presentations	Percentage by Month
January-2020	432	8.92%
February-2020	392	8.09%
March-2020	441	9.10%
April-2020	315	6.50%
May-2020	474	9.79%
June-2020	527	10.88%
July-2020	621	12.82%
August-2020	616	12.72%
September-2020	540	11.15%
October-2020	486	10.03%
Total	4,844	

Figure 19

Note: Data are duplicated since all overdose events are taken into consideration.

Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

Year	ESSENCE Opioid Overdose Presentations by Month for Calendar Years 2018-2020													% Change Over Time		
	January	February	March	April	May	June	July	August	September	October	November	December	Total	CY 18-19	CY 19-20	CY 18-20
2018	567	594	571	609	599	639	575	539	508	548	469	549	6,767	-3.72%		
2019	542	485	616	616	646	605	660	617	501	428	409	390	6,515		-25.65%	
2020	432	392	441	315	474	527	621	616	540	486	0	0	4,844			-28.42%

Figure 20

Figures 17 thru 20 are Opioid Overdose Presentations by Month for Calendar Years 2018-2020 for the State of Maryland. Figures 17 thru 19 display overdose totals and percentages of how much each month contributed to the year-end total of overdoses for 2018-2020. There has been a 28.42% decrease statewide from 2018-2020.

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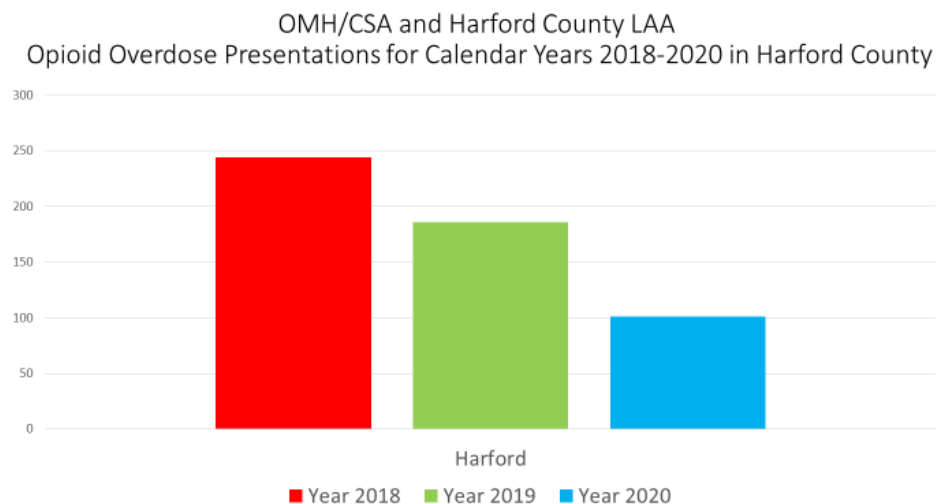
ESSENCE Opioid Overdose Presentations for Calendar Years 2018-2020 by County of Residence				% Change Over Time		
County	Year 2018	Year 2019	Year 2020	CY 18-19	CY 19-20	CY 18-20
Allegany	89	79	99	-11.24%	25.32%	11.24%
Anne Arundel	795	635	464	-20.13%	-26.93%	-41.64%
Baltimore County	1,305	1,213	912	-7.05%	-24.81%	-30.11%
Baltimore City	2,056	1,935	1,505	-5.89%	-22.22%	-26.80%
Calvert	67	56	55	-16.42%	-1.79%	-17.91%
Caroline	19	13	<11	-31.58%	N/A	N/A
Carroll*	45	221	144	391.11%	-34.84%	220.00%
Cecil	299	260	134	-13.04%	-48.46%	-55.18%
Charles	38	74	42	94.74%	-43.24%	10.53%
Dorchester	15	11	<11	-26.67%	N/A	N/A
Frederick	159	150	99	-5.66%	-34.00%	-37.74%
Garrett	12	31	23	158.33%	-25.81%	91.67%
Harford	244	186	101	-23.77%	-45.70%	-58.61%
Howard	140	137	109	-2.14%	-20.44%	-22.14%
Kent	26	14	<11	-46.15%	N/A	N/A
Montgomery	282	364	271	29.08%	-25.55%	-3.90%
OTHER REGION	524	502	362	-4.20%	-27.89%	-30.92%
Prince Georges	153	201	157	31.37%	-21.89%	2.61%
Queen Annes	40	25	<11	31.37%	-21.89%	2.61%
Somerset	20	13	<11	-37.50%	N/A	N/A
St. Marys	150	135	102	-35.00%	N/A	N/A
Talbot	17	<11	<11	-10.00%	-24.44%	-32.00%
Washington	156	133	143	N/A	N/A	N/A
Wicomico	74	84	61	-14.74%	7.52%	-8.33%
Worcester	42	38	18	13.51%	-27.38%	-17.57%
Total	6,767	6,515	4,844	-9.52%	-52.63%	-57.14%

Note: Data are duplicated since all overdose events are taken into consideration.

Note: *Carroll County numbers reverified. The spike is correct.

Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

Figure 21



Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

Figure 22

Figures 21 and 22 provide data on opioid overdose presentations for calendar years 2018- October 2020 by county of residence. Figure 21 also provides percentage of change for all counties in the State of Maryland. Figure 22 provides a visualization of Harford County’s total opioid overdose presentations for calendar year 2018-2020. In the span of three calendar years, opioid presentations for Harford County residents have significantly decreased. Between calendar years 2018-2020 opioid overdose presentations among Harford County residents has decreased by 143 incidents, which represents a decrease of 58.61%. It should be noted the number of presentations for 2020 are as of October 31, 2020, and do not account for the rest of calendar year 2020. Maryland’s total percent of change was 57.14% which is a 1.47% difference, putting Harford County on average with the rest of the state.

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ESSENCE Opioid Overdose Presentations for Calendar Years 2018-2020 by County of Residence and Age Group

County	Age Group 0-25			Age Group 26-64			Age Group 65+			Age Group Unknown		
	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020
Allegany	14	<11	13	66	67	86	<11	<11	0	0	0	0
Anne Arundel	132	86	49	640	517	392	23	32	23	0	0	0
Baltimore County	142	100	85	1,063	1,003	747	99	109	77	<11	<11	<11
Baltimore City	109	107	78	1,785	1,642	1,282	149	175	138	13	<11	<11
Calvert	17	<11	<11	50	48	49	0	<11	<11	0	0	0
Caroline	<11	<11	<11	14	11	<11	<11	0	0	0	0	0
Carroll*	<11	34	16	37	163	116	<11	24	12	0	0	0
Cecil	52	43	23	242	217	109	<11	0	<11	0	0	0
Charles	<11	<11	<11	30	60	35	<11	<11	<11	<11	0	0
Dorchester	<11	<11	<11	12	<11	<11	<11	<11	0	0	0	0
Frederick	38	26	13	118	115	82	<11	<11	<11	0	0	0
Garrett	<11	<11	<11	11	27	21	0	<11	<11	0	0	0
Harford	58	36	13	183	143	79	<11	<11	<11	0	<11	0
Howard	15	26	11	116	101	86	<11	<11	12	0	0	0
Kent	<11	<11	<11	18	<11	<11	0	0	0	0	0	0
Montgomery	42	56	42	202	235	195	38	73	34	0	0	0
OTHER_REGION	80	65	42	409	399	279	20	24	27	15	14	14
Prince Georges	20	30	22	120	139	114	13	32	21	0	0	0
Queen Annes	<11	<11	<11	33	16	<11	0	<11	0	<11	0	0
Somerset	<11	<11	<11	15	<11	<11	<11	<11	<11	0	0	0
St. Marys	15	11	<11	102	115	83	20	<11	<11	13	0	0
Talbot	<11	0	<11	15	<11	<11	0	<11	0	0	0	0
Washington	32	20	31	115	108	107	<11	<11	<11	0	0	0
Wicomico	21	<11	<11	52	76	50	<11	<11	<11	0	0	0
Worcester	<11	<11	<11	31	29	16	<11	<11	0	0	0	0
Total	834	691	471	5,479	5,266	3,963	410	531	386	44	27	24

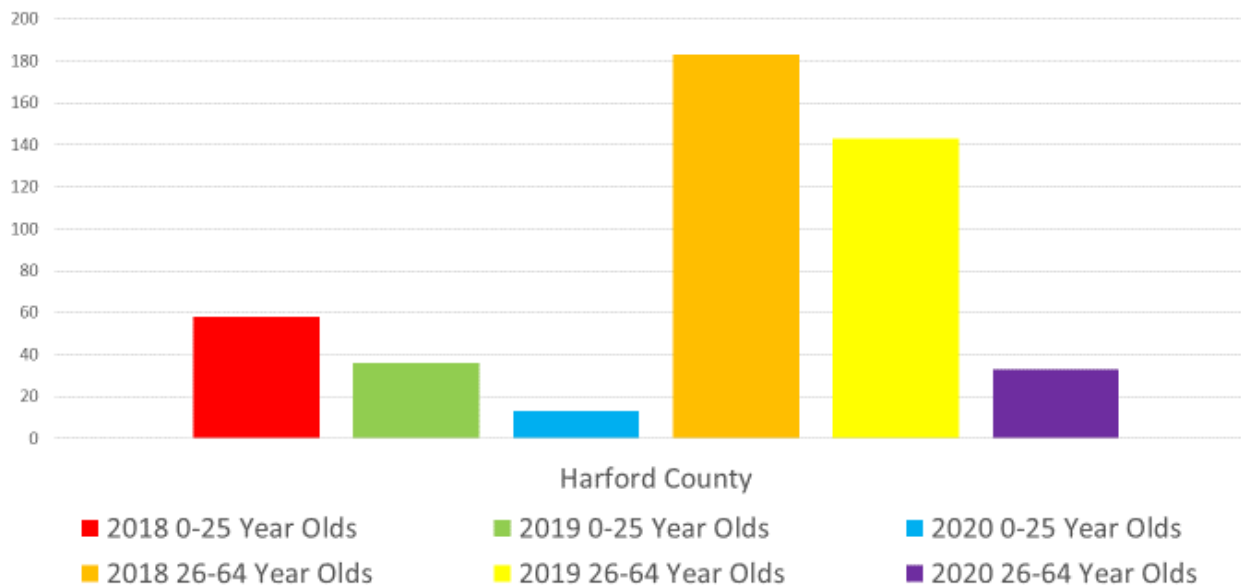
Note: Data are duplicated since all overdose events are taken into consideration.

Note: *Carroll County numbers reverified. The spike is correct.

Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

Figure 23

OMH/CSA and Harford County LAA
 Opioid Overdose Presentations for Calendar Years 2018-2020 by Age Group



Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

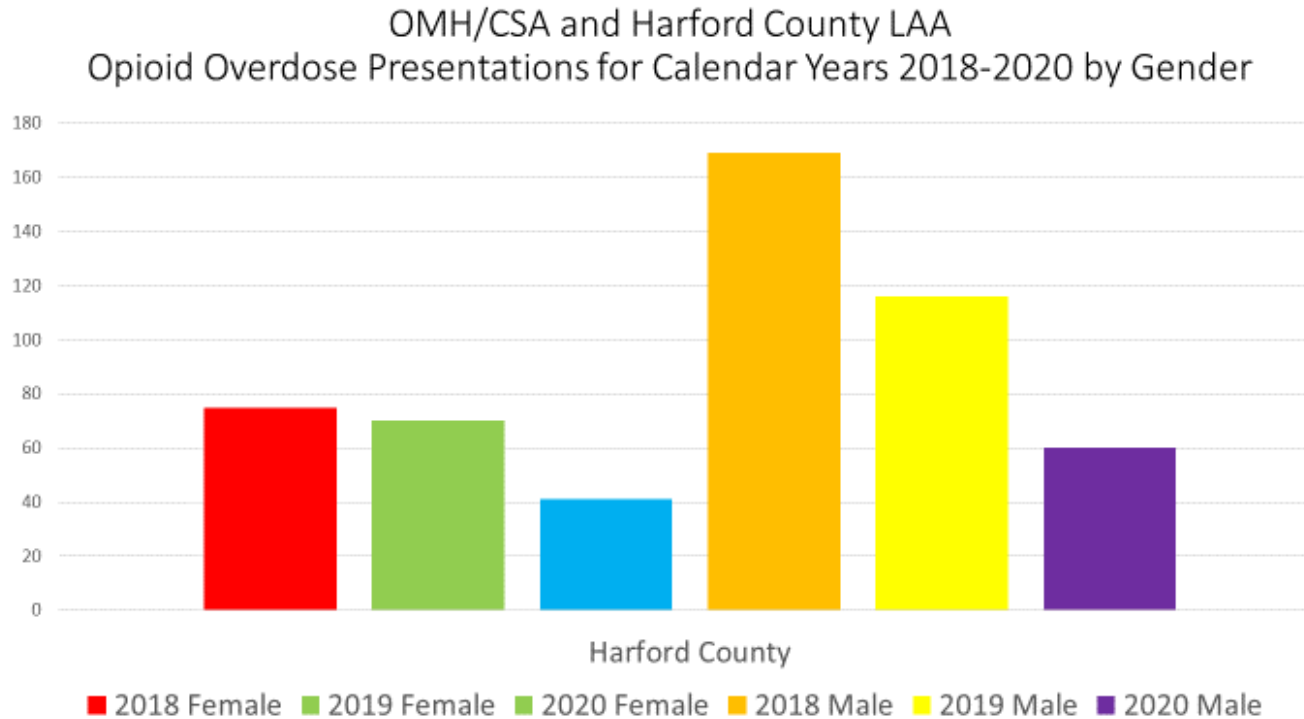
Figure 24

Figures 23 and 24 provide data on opioid overdose presentations for calendar years 2018- October 2020 broken down by age group. Figure 24 provides a visualization of Harford County’s total opioid overdose presentations for calendar years 2018-2020 by age group. In the span of three calendar years, opioid presentations for Harford County residents have significantly decreased across all age groups. Between calendar years 2018-2020 opioid overdose presentations among age group 0-25 residents has decreased by 45 incidents. Age group 26-64 had 10 or fewer presentations in 2020. Values less than 11 are withheld to protect private health information. The 26-64 age group saw a decrease of at least 69 incidents. Age group 65+ has had 10 or less presentations for 2018-2020. The unknown age group also had 0 or less than 10 presentations for calendar years 2018-2020.

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ESSENCE Opioid Overdose Presentations for Calendar Years 2018-2020 by County of Residence and Gender						
County	Female			Male		
	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020
Allegany	40	35	49	49	44	50
Anne Arundel	275	228	157	520	407	307
Baltimore County	465	452	315	840	761	597
Baltimore City	647	565	443	1,409	1,368	1,062
Calvert	25	13	18	42	43	37
Caroline	<11	<11	<11	15	<11	<11
Carroll*	12	97	67	33	124	77
Cecil	100	88	46	199	172	88
Charles	10	42	10	28	31	32
Dorchester	<11	<11	<11	13	<11	<11
Frederick	50	39	28	109	111	71
Garrett	<11	11	12	<11	20	11
Harford	75	70	41	169	116	60
Howard	43	47	40	97	90	69
Kent	<11	<11	<11	21	11	<11
Montgomery	122	146	105	160	218	166
OTHER_REGION	152	167	98	364	333	258
Prince Georges	58	70	51	95	131	106
Queen Annes	15	<11	<11	25	15	<11
Somerset	<11	<11	<11	13	<11	<11
St. Marys	74	62	46	76	73	56
Talbot	<11	0	<11	<11	<11	<11
Washington	60	49	48	95	84	95
Wicomico	25	26	23	49	58	38
Worcester	<11	11	<11	32	27	12
Total	2,288	2,246	1,624	4,470	4,264	3,214
<i>Note: Data are duplicated since all overdose events are taken into consideration.</i>						
<i>Note: *Carroll County numbers reverified. The spike is correct.</i>						
<i>Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.</i>						

Figure 25



Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

Figure 26

Figures 25 and 26 provide data on opioid presentations for calendar years 2018 thru October 2020 by gender. Figure 25 provides data for all counties in the State of Maryland. Figure 26 is a visualization of data specific to Harford County. During calendar years 2018-2020, opioid overdose presentations for females and males has significantly decreased in Harford County. Between calendar years 2018-2020 opioid overdose presentations among females has decreased by 109 incidents, which represents a decrease of 46%.

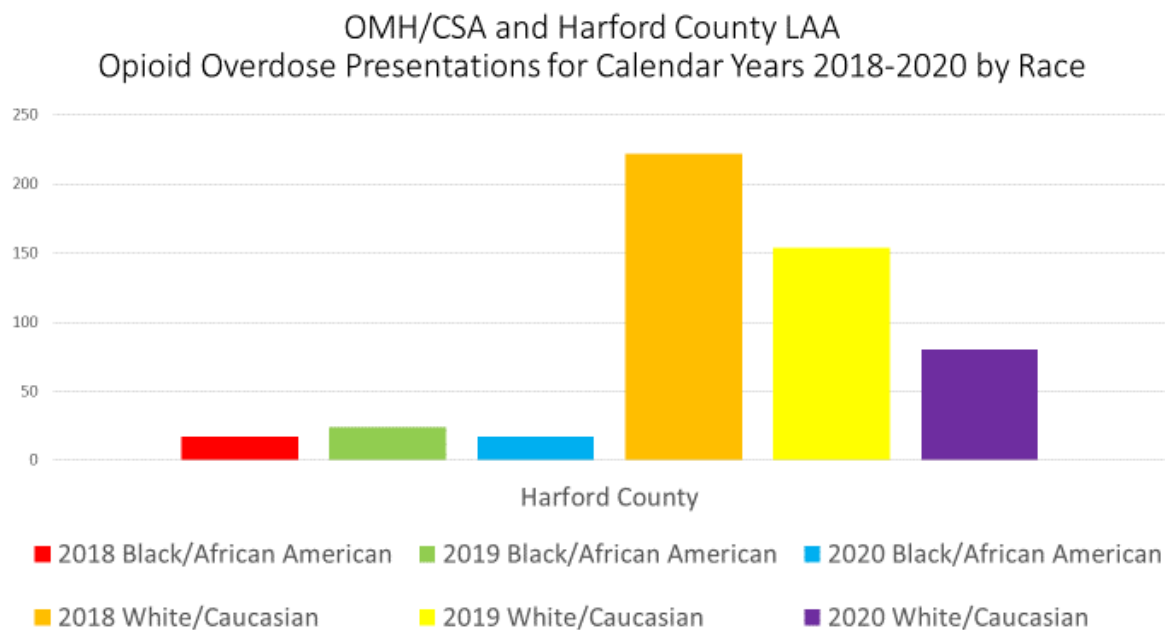
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During the same time frame, opioid overdose presentations among men decreased by 109 incidents, which represents a decrease of 65%.

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ESSENCE Opioid Overdose Presentations for Calendar Years 2018-2020 by County of Residence and Race									
County	Black/ African American			White/ Caucasian			Other		
	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020	Year 2018	Year 2019	Year 2020
Allegany	<11	<11	11	79	74	86	<11	<11	<11
Anne Arundel	166	147	109	602	457	342	27	31	13
Baltimore County	334	430	282	926	747	601	45	36	29
Baltimore City	1,325	1,465	1,142	670	411	326	61	59	37
Calvert	11	<11	<11	51	40	35	<11	<11	17
Caroline	<11	<11	<11	13	12	<11	<11	0	0
Carroll*	<11	17	<11	43	200	132	<11	<11	<11
Cecil	17	16	7	276	243	125	<11	<11	<11
Charles	<11	15	11	25	51	26	<11	<11	<11
Dorchester	<11	<11	<11	<11	<11	<11	<11	0	0
Frederick	17	14	14	130	127	80	12	<11	<11
Garrett	0	0	0	12	31	23	0	0	0
Harford	17	24	17	222	154	80	<11	<11	<11
Howard	18	44	34	117	83	64	<11	<11	11
Kent	<11	<11	<11	17	11	<11	<11	0	0
Montgomery	38	88	62	202	209	140	42	67	69
OTHER REGION	115	132	105	343	297	208	66	73	49
Prince Georges	73	114	94	65	61	46	15	26	17
Queen Annes	<11	<11	<11	30	20	<11	<11	<11	<11
Somerset	<11	<11	<11	13	11	<11	<11	0	0
St. Marys	21	29	18	127	100	81	<11	<11	<11
Talbot	0	<11	<11	17	<11	<11	0	0	0
Washington	23	23	28	132	107	112	<11	<11	<11
Wicomico	12	17	13	55	66	47	<11	<11	<11
Worcester	<11	<11	<11	41	33	13	0	<11	<11
Total	2,233	2,604	1,970	4,216	3,555	2,599	318	356	275
<i>Note: Data are duplicated since all overdose events are taken into consideration.</i>									
<i>Note: *Carroll County numbers reverified. The spike is correct.</i>									
<i>Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.</i>									
<i>Note: Other Includes: Asian/American Indian/ Alaska Native/Native Hawaiian/ Other Pacific Islander/ Other Race/ Two OR More Races/Declined to Answer/Specify /Patient Refused/Unknown/Null</i>									

Figure 27



Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

Figure 28

Figures 27 and 28 provide data on opioid overdose presentations for calendar years 2018 thru October 2020 broken down by county of residence and race. Figure 28 provides a visualization of Harford County’s total opioid overdose presentations for calendar years 2018-2020 by race. In the span of three calendar years, opioid presentations for Harford County residents have decreased or stayed the same across all races. Between calendar years 2018-2019 opioid overdose presentations among black/African American residents incidents increased by 7. For 2019-2020, the black/African American group saw a decrease by 7 for a net change of 0 for 2018-2020. The white/Caucasian group had a decrease of 142 incidents from 2018-2020. The “other” age group had 10 or less presentations in 2018-2020. Values less than 11 are withheld to protect private health information.

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OD Related Hospital Events for Calendar Years 2018-2020				OD Related Hospital Events for Calendar Years 2018-2020			
County Of Residence	All Substances OD			County Of Residence	Any Opioid Related		
	Year 2018	Year 2019	Year 2020		Year 2018	Year 2019	Year 2020
Allegany	261	209	201	Allegany	108	86	91
Anne Arundel	1,350	1,119	755	Anne Arundel	594	445	298
Baltimore	2,213	2,149	1,390	Baltimore	971	974	589
BALTIMORE CITY	4,821	4,548	3,088	BALTIMORE CITY	2,601	2,374	1,505
Calvert	224	206	114	Calvert	98	74	50
Caroline	72	64	49	Caroline	23	21	15
Carroll*	437	380	213	Carroll*	207	153	77
Cecil	475	419	262	Cecil	292	234	143
Charles	169	213	148	Charles	38	75	52
Dorchester	85	91	60	Dorchester	23	28	20
Frederick	423	385	246	Frederick	167	113	73
Garrett	45	43	35	Garrett	15	15	13
Harford	544	428	303	Harford	280	174	107
Howard	343	287	198	Howard	117	91	56
Kent	77	66	46	Kent	35	32	22
Montgomery	700	704	510	Montgomery	156	118	98
Other Region	262	311	237	Other Region	153	164	132
Prince Georges	654	625	459	Prince Georges	136	137	125
Queen Annes	133	91	49	Queen Annes	53	33	15
Somerset	68	52	48	Somerset	20	15	13
St. Marys	243	226	174	St. Marys	102	71	57
Talbot	97	59	51	Talbot	27	14	12
Washington	481	484	350	Washington	217	171	108
Wicomico	206	213	153	Wicomico	75	82	49
Worcester	94	96	53	Worcester	47	36	21
Total	14,477	13,468	9,192	Total	6,555	5,730	3,741

Note: ** Maryland Overdose Hospital Events Program, 01/01/2018-09/30/2020. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards. November 16, 2020.

Note: *Carroll County numbers reverified. The spike is correct.

Figure 29

Figure 29 provides data on overdose related hospital events for all substances and any opioid hospital event broken down by county for calendar years 2018 thru October 2020. Overdose events for Harford County residents has decreased over the past three years. Between calendar years 2018-2020, total overdoses for any substance has decreased by 241 incidents for Harford County residents.

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Opioid related overdoses saw a decrease of 173. Opioid related overdoses accounted for 35% of the total overdose hospital events for Harford county in 2020.

OD Related Hospital Events by Gender for Calendar Years 2018-2020							OD Related Hospital Events by Gender for Calendar Years 2018-2020						
County Of Residence	All Substances OD						County Of Residence	Any Opioid OD					
	Year 2018		Year 2019		Year 2020			Year 2018		Year 2019		Year 2020	
	Female	Male	Female	Male	Female	Male		Female	Male	Female	Male	Female	Male
Allegany	126	135	85	124	87	114	Allegany	46	62	36	50	40	51
Anne Arundel	509	841	441	678	287	468	Anne Arundel	176	418	152	293	95	203
Baltimore	808	1,405	799	1,350	504	886	Baltimore	303	668	297	677	181	408
BALTIMORE CITY	1,604	3,217	1,519	3,027	967	2,121	BALTIMORE CITY	746	1,855	687	1,685	446	1,059
Calvert	88	136	69	137	42	72	Calvert	33	65	25	49	14	36
Caroline	23	49	26	38	27	22	Caroline	<11	17	<11	12	<11	<11
Carroll*	169	268	147	233	99	114	Carroll*	60	147	54	99	35	42
Cecil	187	288	151	268	105	157	Cecil	102	190	77	157	44	99
Charles	73	96	102	111	49	99	Charles	15	23	34	41	17	35
Dorchester	44	41	41	50	22	38	Dorchester	<11	16	13	15	<11	13
Frederick	167	256	149	236	91	155	Frederick	50	117	32	81	21	52
Garrett	15	30	20	23	16	19	Garrett	<11	<11	<11	<11	<11	<11
Harford	193	351	165	263	128	175	Harford	82	198	57	117	30	77
Howard	117	226	101	186	74	124	Howard	21	96	20	71	15	41
Kent	34	43	16	50	16	30	Kent	18	17	<11	26	<11	18
Montgomery	301	399	322	382	223	287	Montgomery	44	112	34	84	24	74
OTHER REGION	79	182	98	213	64	173	OTHER REGION	51	101	50	114	35	97
Prince Georges	287	367	266	359	179	280	Prince Georges	38	98	37	100	34	91
Queen Annes	57	76	33	58	18	31	Queen Annes	18	35	<11	23	<11	<11
Somerset	26	42	23	29	13	35	Somerset	<11	12	<11	<11	<11	<11
St. Marys	118	125	99	127	76	98	St. Marys	45	57	23	48	20	37
Talbot	36	61	21	38	16	35	Talbot	11	16	<11	11	<11	<11
Washington	209	272	183	301	135	215	Washington	93	124	63	108	38	70
Wicomico	88	118	81	132	71	82	Wicomico	26	49	31	51	27	22
Worcester	35	59	28	68	18	35	Worcester	17	30	<11	27	<11	14
Total	5,393	9,083	4,985	8,481	3,327	5,865	Total	2,021	4,533	1,769	3,959	1,157	2,584
	Unknown < 11		Unknown < 11		Unknown = 0			Unknown < 11		Unknown < 11		Unknown = 0	
Final Total	14,477		13,468		9,192		Final Total	6,555		5,730		3,741	

Note: ** Maryland Overdose Hospital Events Program, 01/01/2018-09/30/2020. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards. November 16, 2020.

Note: *Carroll County numbers reverified. The spike is correct.

Figure 30

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Data Overview:

Data derived from the CRISP Behavioral Health Indicator dashboards are derived from diagnostic codes.

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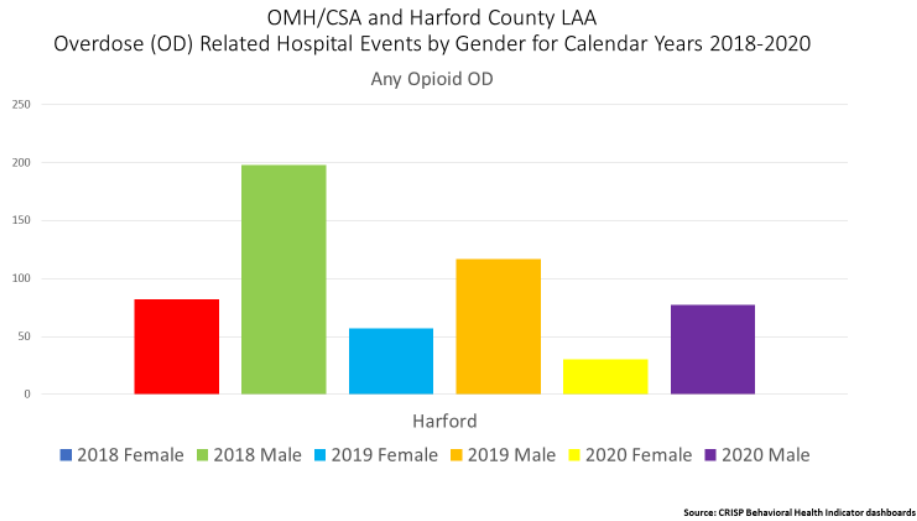


Figure 31

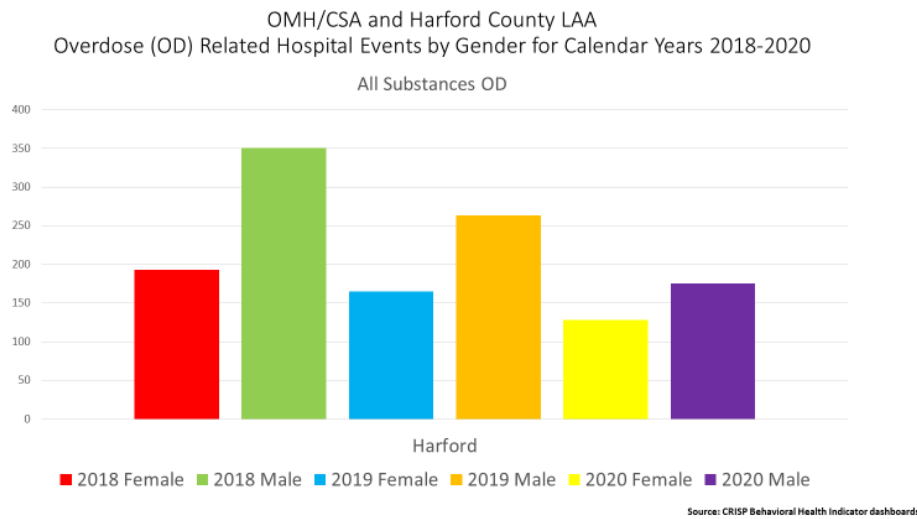


Figure 32

Figure 30 provides data on overdose related hospital events for all substance and any opioid for calendar years 2018-October 2020 broken down by gender and county of residence. Figures 31 and 32 provide a visualization of data for Harford County for all substances and any opioid. During calendar years 2018-2020, overdose related events involving any substance for females and males has significantly decreased in Harford County. Between calendar years 2018-2020 overdoses involving all substances decreased by 65 events for females and decreased by 176 events for males. During the same time frame, hospital events involving any opioid among females decreased by 52 incidents and hospital events involving opioids among males decreased by 121 events.

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Overdose Deaths by County and Substance for Calendar Years 2018-2020							
OD Deaths - All Substances				OD Deaths - Opioid Related			
County of Residence	Year 2018	Year 2019	Year 2020 Jan-June*	County of Residence	Year 2018	Year 2019	Year 2020 Jan-June*
Allegany	39	28	23	Allegany	33	23	22
Anne Arundel	241	208	120	Anne Arundel	218	183	103
Baltimore	388	350	193	Baltimore	352	316	177
Baltimore City	888	914	463	Baltimore City	814	851	432
Calvert	28	31	13	Calvert	25	25	12
Caroline	<11	12	<11	Caroline	<11	11	<11
Carroll*	72	56	23	Carroll*	68	51	21
Cecil	59	62	48	Cecil	58	53	44
Charles	27	31	25	Charles	19	26	17
Dorchester	<11	11	12	Dorchester	<11	<11	11
Frederick	78	64	36	Frederick	70	59	34
Garrett	<11	<11	<11	Garrett	<11	<11	<11
Harford	101	87	39	Harford	90	73	34
Howard	41	37	27	Howard	36	34	27
Kent	<11	<11	<11	Kent	<11	<11	<11
Montgomery	89	105	66	Montgomery	64	86	51
Prince Georges	127	146	110	Prince Georges	94	102	87
Queen Annes	17	13	<11	Queen Annes	16	11	<11
Somerset	<11	<11	<11	Somerset	<11	<11	<11
St. Marys	31	33	12	St. Marys	27	31	12
Talbot	<11	14	<11	Talbot	<11	13	<11
Washington	91	88	59	Washington	83	80	57
Wicomico	36	41	19	Wicomico	30	29	15
Worcester	16	19	15	Worcester	<11	14	14
Total	2,406	2,379	1,344	Total	2,143	2,106	1,203

*Note: *Data for Calendar Year 2020 is for January-June.*

Data Source: OCME-VSA Monthly Unintentional Intoxication Death Data updated through October 31,2020.

*Note: *Carroll County numbers reverified. The spike is correct.*

Figure 33

In Maryland, there were a total of 1,203 opioid related overdose deaths from January through June 2020. The number of opioid related deaths for this period is 10.9% higher than the total number of deaths from January to June 2019 (1,085) and 0.84% higher than the number of deaths from January to June 2018 (1,193). Given the total number of opioid related overdose deaths across the state, it is projected that Maryland will experience a total of 2,406 opioid deaths by the end of CY 2020. This total would be a 12.3% increase over the 2018 yearend total and a 14.2% increase over the 2019 yearend total. Maryland is currently on pace to surpass the 2018 and 2019 yearend totals in November 2020. Data are inclusive of all OD deaths that occurred in Maryland, regardless of residence of the deceased. County is based on the county of incident and not an individual's county of residence.

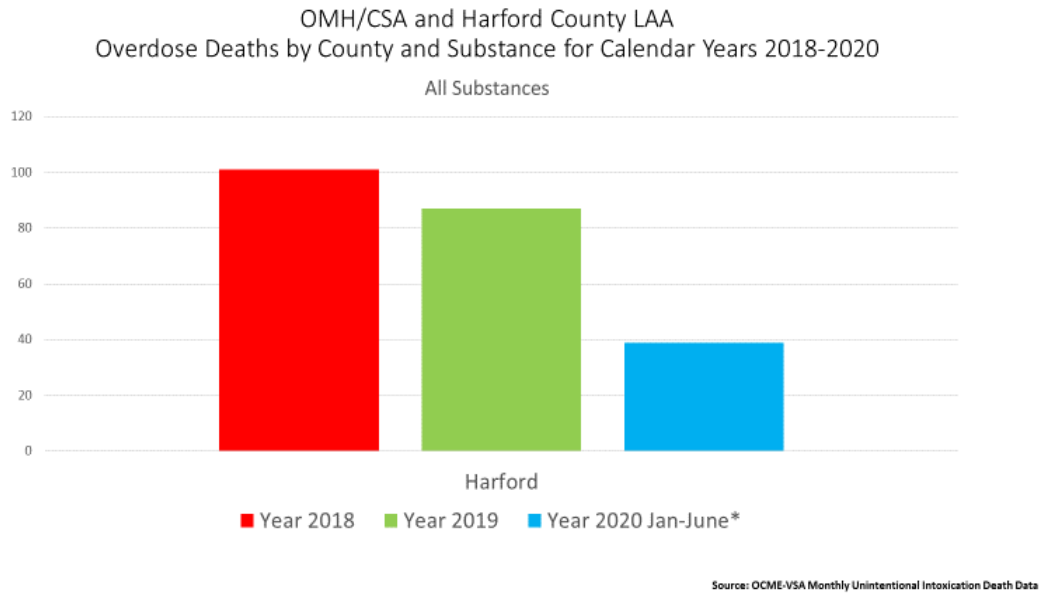


Figure 34

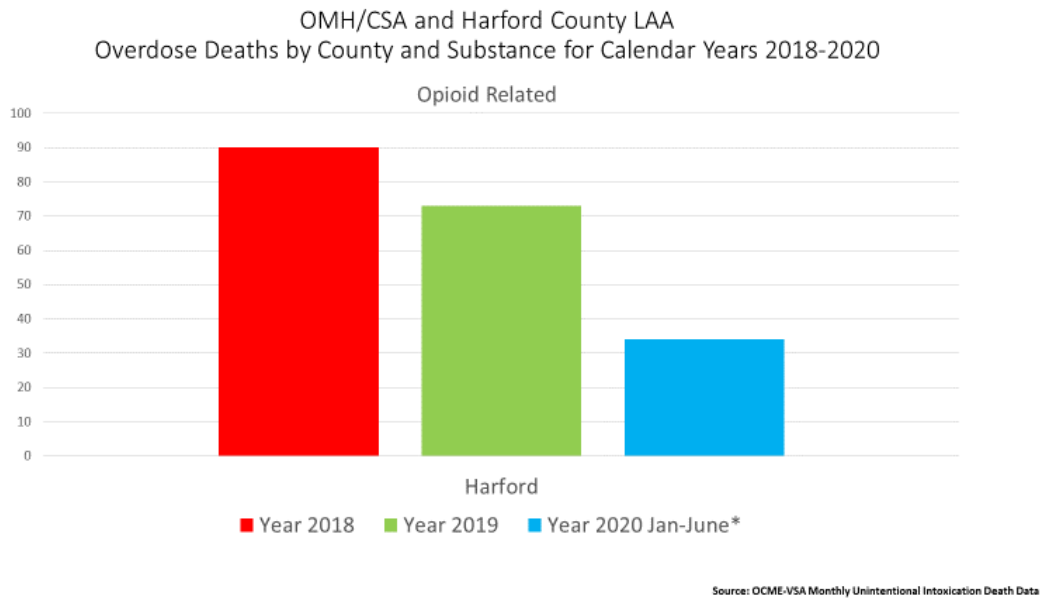


Figure 35

Figure 33 represents overdose deaths by all substances and by any opioid for calendar years 2018-2020 broken down by county. Figures 34 and 35 display a visualization of overdose deaths for all substances and any opioid for Harford County. It should be noted statistics for CY 2020 are only accounted for up to June. Deaths involving all substances decreased by 62 for Harford

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County residents. Deaths involving any opioid decreased by 56. Opioids were involved in 87% of all overdose deaths for Harford County residents.

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Suspected Overdoses by County for Calendar Years 2018-2020			
County	Calendar Year 2018	Calendar Year 2019	Calendar Year 2020
Allegany	275	207	293
Anne Arundel	1,564	1,350	1,211
Baltimore County	2,187	2,175	1,784
Calvert	219	171	146
Caroline	110	110	67
Carroll	202	247	301
Cecil	846	709	589
Charles	217	311	221
Dorchester	74	94	107
Frederick	292	395	358
Garrett	17	35	47
Harford	679	488	334
Howard	309	297	238
Kent	21	59	51
Montgomery	372	574	514
Prince George's	337	662	538
Queen Anne's	192	113	62
St. Mary's	313	314	272
Somerset	16	47	62
Talbot	54	65	67
Washington	464	595	634
Wicomico	186	270	250
Worcester	110	143	123
Baltimore City	3,463	4,592	3,712
TOTAL	12,519	14,023	11,981

Data Source: ODMAP data run 11/15/2020

The data definition for MIEMSS submissions was updated in July 2019 to:

- Naloxone administered = YES
 - o AND
- Primary impression = suspected opioid overdose or Poisoning/Overdose/Drug Abuse
 - o OR
- Suspected opioid overdose = YES

Prior to that, it was only based on naloxone administration.

Data Source: ODMAP. Baltimore, MD: Maryland Department of Health; October 31, 2020.

Figure 36

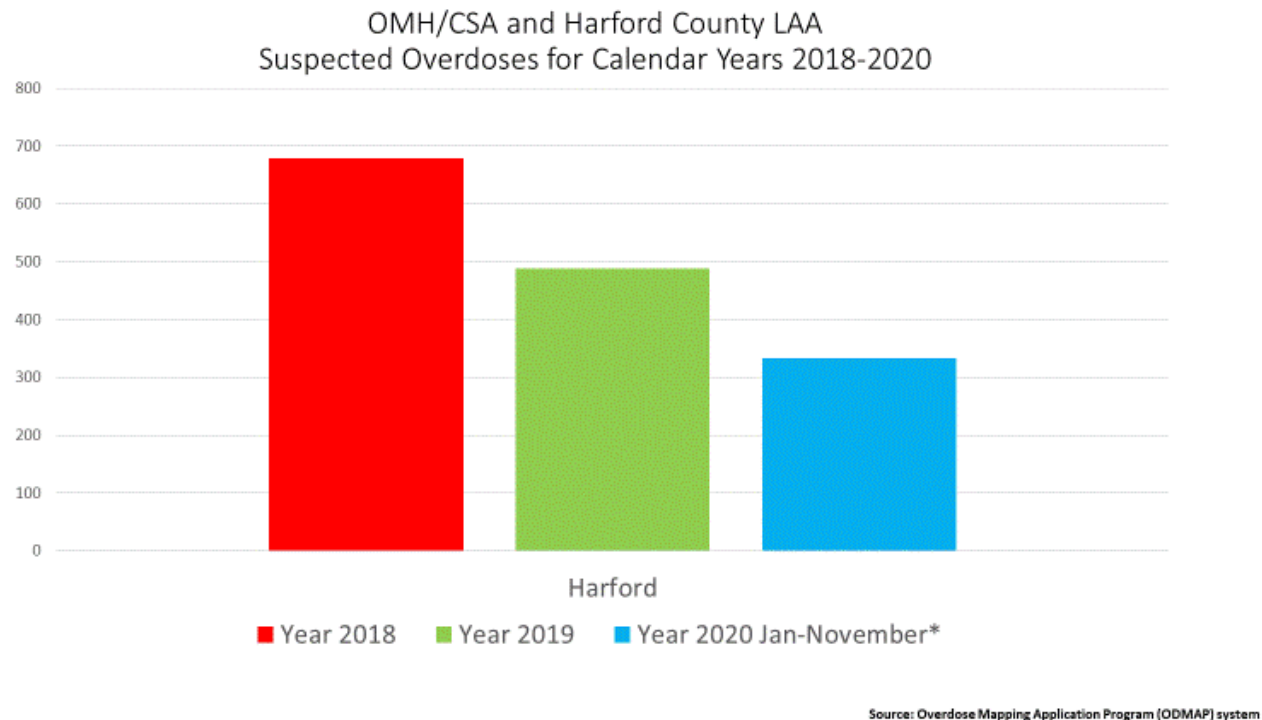


Figure 37

Data Overview:

Data derived from the Overdose Mapping Application Program (ODMAP) system. Data are logged by local law enforcement and EMS teams responding to suspected overdoses.

Figure 36 shows suspected overdoses for calendar years 2018-2020 broken down by county. Figure 37 is a visual representation of Harford County’s suspected overdoses for calendar years 2018-2020. Harford County had 679 suspected overdoses in 2018 and 334 by November 15, 2020 showing a 345, or 51% decrease. This data represents information from the Maryland Institute for Emergency Medical Services Systems.

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Monthly Maryland Unemployment Rate by County Calendar Years 2019-2020*												
Unemployment Rate by County	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019
Maryland	4.3	4.0	3.7	3.2	3.4	3.9	3.9	3.7	3.3	3.3	3.2	3.0
Allegany	6.0	5.8	5.3	4.4	4.5	5.6	5.7	5.9	4.9	4.8	4.6	4.5
Anne Arundel	3.6	3.4	3.2	2.7	3.0	3.3	3.4	3.3	2.8	2.8	2.7	2.5
Baltimore City	5.8	5.4	5.2	4.7	4.9	5.5	5.5	5.7	4.8	4.8	4.6	4.2
Baltimore County	4.3	4.1	3.9	3.4	3.6	4.0	4.0	3.9	3.4	3.5	3.3	3.1
Calvert	3.8	3.5	3.3	2.8	3.0	3.6	3.7	3.4	2.8	2.8	2.7	2.5
Caroline	4.4	4.5	4.0	3.3	3.3	3.8	3.9	3.5	3.0	3.1	3.2	3.1
Carroll	3.5	3.5	3.1	2.5	2.7	3.2	3.3	3.1	2.6	2.6	2.5	2.4
Cecil	4.5	4.7	4.4	3.6	3.7	4.3	4.5	4.4	3.6	3.5	3.5	3.3
Charles	4.6	3.9	3.7	3.2	3.4	3.8	4.1	4.1	3.3	3.3	3.2	3.0
Dorchester	5.8	5.8	5.3	4.6	4.4	5.2	4.7	4.6	4.0	4.3	4.2	4.2
Frederick	3.8	3.6	3.3	2.8	3.1	3.5	3.5	3.2	2.9	2.9	2.8	2.6
Garrett	5.6	5.7	5.0	3.8	3.7	4.4	4.5	4.3	3.7	3.8	4.2	4.5
Harford	3.8	3.8	3.5	3.0	3.2	3.6	3.9	3.6	3.1	3.1	2.9	2.7
Howard	3.3	3.0	2.9	2.4	2.7	3.1	3.1	2.9	2.5	2.5	2.4	2.2
Kent	5.6	5.5	4.4	3.6	3.3	4.1	3.9	3.7	3.4	3.4	3.4	3.6
Montgomery	3.5	3.3	3.1	2.6	2.9	3.3	3.2	2.9	2.7	2.7	2.6	2.4
Prince George's	4.7	4.1	3.8	3.4	3.6	4.0	3.9	3.9	3.5	3.5	3.4	3.2
Queen Anne's	3.7	3.6	3.4	2.7	2.9	3.3	3.4	3.2	2.8	2.7	2.7	2.6
Somerset	7.8	7.2	6.5	5.6	5.3	6.4	6.2	6.2	5.3	5.4	5.5	5.6
St. Mary's	3.9	3.8	3.5	2.8	3.1	3.6	4.0	3.8	2.9	2.9	2.8	2.6
Talbot	4.6	4.5	4.0	3.0	3.2	3.6	3.6	3.2	2.8	2.8	2.9	2.9
Washington	4.7	4.8	4.4	3.5	3.7	4.1	4.1	3.8	3.4	3.5	3.3	3.2
Wicomico County	6.0	5.8	5.1	4.4	4.0	4.6	4.5	4.4	4.0	4.1	4.4	4.5
Worcester County	11.8	10.9	9.5	7.8	5.7	5.3	5.0	4.9	4.6	5.4	8.5	9.5

Figure 38

Harford County Local Addictions Authority (LAA) &
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January 2020	February 2020	March 2020	April 2020^	May 2020	June 2020	July 2020	August 2020	September 2020
3.6	3.5	3.5	9.8	9.7	8.5	8.0	7.2	6.9
5.6	5.4	5.3	13.2	11.5	9.7	8.3	7.2	6.9
3.0	3.0	2.9	9.8	9.1	7.6	6.9	6.0	5.7
4.9	4.7	4.9	11.6	11.5	10.5	10.3	9.5	9.1
3.6	3.6	3.6	10.5	10.1	8.5	8.0	7.2	6.9
3.0	3.0	2.9	8.1	7.7	6.4	6.1	5.3	5.0
3.8	3.8	3.6	8.7	7.9	6.4	6.1	5.6	5.5
2.9	3.0	2.8	9.0	8.1	6.5	6.0	5.1	4.7
4.0	4.1	3.9	9.6	8.5	7.2	6.8	6.2	5.9
3.5	3.5	3.6	9.1	9.6	8.5	8.1	7.4	6.9
5.1	4.9	5.2	10.2	9.5	8.3	7.7	7.0	6.6
3.2	3.2	3.0	9.5	9.2	7.7	6.9	6.1	5.7
5.3	5.4	5.3	12.4	10.4	7.7	7.0	5.8	5.4
3.3	3.4	3.3	10.0	9.1	7.3	6.8	5.9	5.4
2.6	2.7	2.6	8.1	7.9	6.9	6.3	5.5	5.2
5.2	4.9	4.3	9.5	8.5	8.1	7.7	6.3	6.5
2.8	2.9	2.8	8.4	9.0	8.2	7.7	6.9	6.6
3.6	3.6	3.7	9.7	10.9	10.1	9.8	9.2	9.1
3.3	3.3	3.0	10.0	8.9	7.0	6.2	5.3	5.0
6.8	6.0	5.9	11.2	10.5	9.2	8.6	7.9	8.0
3.2	3.2	3.1	7.0	6.8	6.0	6.1	5.4	4.8
3.8	3.9	3.7	10.1	8.8	7.1	6.5	5.4	5.0
4.0	4.2	4.0	11.4	10.3	8.4	7.6	6.8	6.4
5.2	5.0	4.8	13.1	11.6	8.6	7.4	6.6	6.4
10.9	9.3	9.4	21.6	18.0	11.2	9.2	8.0	7.9

Figure 39

Note: *Data for Calendar Year 2020 is through September 2020.

Note: ^April 2020 Unemployment increased as a result of layoffs, furloughs, and the expansion of eligibility to self-employed and gig workers due to the COVID-19 Pandemic.

Data Source: Bureau of Labor Statistics (BLS) Publisher: MD Office of Workforce Information & Performance Release date: 10/28/2020

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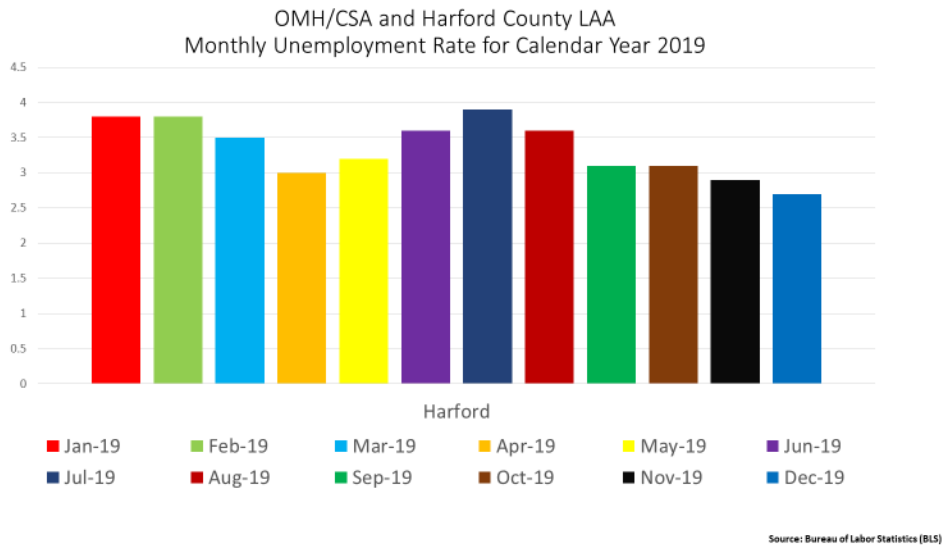


Figure 40

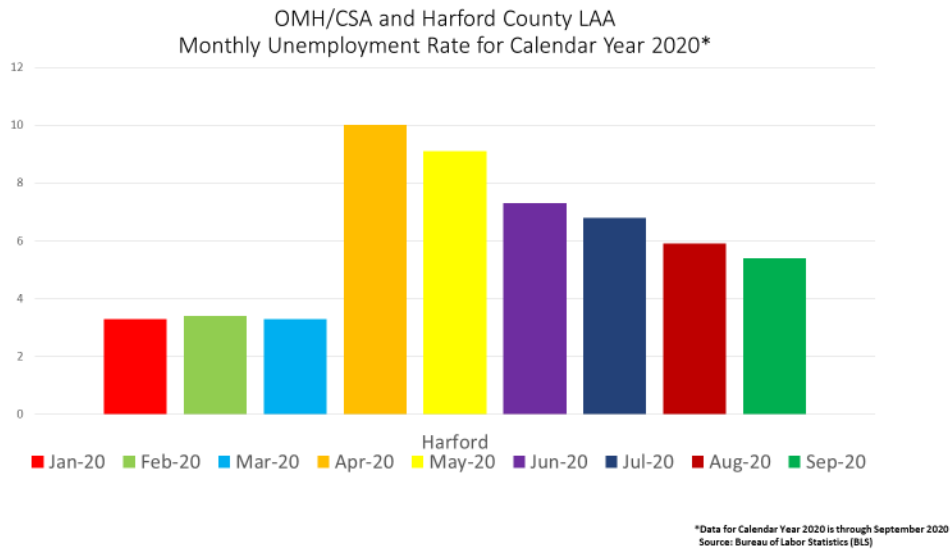


Figure 41

Figures 38 and 39 provide data related to monthly Maryland unemployment rates by County for calendar years 2019 and 2020. Figures 40 and 41 represent the unemployment rate data specific to Harford County. For calendar year 2020, the data presented in the table is through September 30, 2020. In calendar year 2019, unemployment rates in Harford County averaged 3.4% compared to calendar year 2020 (January-September) averaging 6.1%. When comparing Harford County unemployment rates for January thru September for both calendar years, there was a significant increase in unemployment rates, 3.5% vs. 6.1%, which is attributed to the COVID-19 pandemic. Since May 2020, Harford County’s unemployment rates continue to

decline. As of September 2020, Harford County's unemployment rate was 5.4%. Out of the 24 local jurisdictions, Harford County had the 7th lowest unemployment rate by September 2020.

F. FY 2022 Goals, Objectives, Strategies, Performance Measures, and Performance Targets

All the FY 2022 Goals focus on increasing progress toward a greater level of integration, where the outcome is an integrated public behavioral health system management approach.

Goal #1: Planning and Data-Driven Decision Making (data analysis, community needs assessment, network adequacy, program outcomes)

Objective: Develop an integrated local system management approach to coordinate planning, data analysis, needs assessment, and improve network adequacy and program structure

Strategies:

- ❖ Develop a formal mechanism to review and use data to improve network adequacy, address system gaps, and achieve better outcomes for Harford County.
- ❖ Finalize a Memorandum of Understanding (MOU) between the Harford County Health Department/Local Addiction Authority (LAA) and the Core Service Agency (CSA) to address conflict of interest issues impacting data analysis.
- ❖ Work with the Behavioral Health Administration (BHA) to identify practices to support data-driven decision making and awareness of available public behavioral health system data.

Performance Measure: The LAA and the OMH/CSA will progress to a Level 3 as identified on the Local Systems Management Self-Assessment Tool. A tightly coordinated system minimizing duplication efforts will be present.

Performance Target: By the end of fiscal year 2022, an integrated systems management structure will be implemented between the entities where data can be reviewed, analyzed, and used to assist in planning, to improve the local system of care and increase positive program outcomes.

Goal #2: Quality (provider training, client experience, complaints, performance improvement, licensing, and credentialing)

Objective: Strengthen and enhance collaboration to ensure coordination of behavioral health oversight, training and education, complaint resolution, and maintain culturally and linguistically competent behavioral health services

Strategies:

- ❖ Review and update conflict and grievance procedures to ensure content is culturally and linguistically appropriate to identify and resolve conflicts.

- ❖ Create a universal grievance form tool to be used by the Harford County behavioral health authorities to ensure complaints are responded to in a consistent and timely manner.
- ❖ Finalize and execute the MOU between the LAA and CSA to alleviate conflicts of interest related to provider and consumer complaints, assist the Administrative Service Organization (ASO) on all behavioral health quality issues, and ensure compliance with program/provider improvement plans.
- ❖ Develop and implement quarterly provider trainings to include education on ASO audits and outcome trends, COMAR regulation changes and requirements, best practices, and technical assistance for program licensing and credentialing.
- ❖ Develop an integrated training cohort to be used as the vehicle for behavioral health trainings in Harford County. A universal calendar of events will be created and disseminated to alleviate duplication of efforts and funding.
- ❖ Create and disseminate an integrated tool to assess client satisfaction and organization experience.
- ❖ Promote the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) practices to medical professionals to identify youth and adolescents who have/or are at risk of developing a substance-related disorder. Encourage the use of free SBIRT trainings online and assist providers in seeking SBIRT trainings offering Continuing Education Credits.

Performance Measure: The LAA and OMH/CSA will progress to a Level 3 as identified on the Local Systems Management Self-Assessment Tool. An integrated or tightly coordinated system, with little or no duplicated effort, will be present.

Performance Target: By the end of fiscal year 2022, an integrated structure will be in place to ensure quality oversight, assess client experience, enhance provider training and education, resolve complaints, and monitor compliance with improvement plans.

Goal #3: Public Outreach, Individual & Family Education (messaging, communication, feedback)

Objective: Develop a county-wide education and public awareness effort designed to increase awareness and reduce the stigma associated with mental health and substance use issues

Strategies:

- ❖ Utilize the Mental Health Addictions Advisory Council (MHAAC), Local Health Improvement Coalition (LHIC) Behavioral Health Workgroup, and the Harford County OCCC Opioid Intervention Team (OIT) to establish a formal platform to ensure public

behavioral health communication and materials are coordinated and reduce duplication efforts.

- ❖ Provide bi-annual educational sessions at the MHAAC/LHIC/OIT on youth and adolescent behavioral health treatment to educate county leadership, law enforcement, health and medical, education, human services, and community organization professionals. Sessions will include information on navigating specific referrals for youth and adolescent behavioral health services in Harford County.
- ❖ Develop a formal process where the feedback received from individuals, family members, and public and private entities, can be compiled and shared among behavioral health staff. Utilize feedback to adjust and target behavioral health communication strategies.
- ❖ Review and update website content ensuring it is clear, user-centered, easy to navigate, health literate, and eliminates cultural and linguistic barriers to accessing behavioral health services.
- ❖ Market Substance Abuse and Mental Health Service Administration (SAMHSA)'s public messaging resource website to offer information and videos to help reduce the impact of mental illness and substance abuse at the local level.

Performance Measure: The LAA and OMH/CSA will progress to Level 3 as indicated on the Local Systems Management Self-Assessment. An integrated or tightly coordinated system, with little or no duplication of efforts, will be present.

Performance Target: By the end of fiscal year 2022, an integrated system will be in place to disseminate behavioral health materials and coordinate public outreach efforts.

Goal #4: Workforce (recruitment, training and development, retention)

Objective: Expand and enhance local collaboration to ensure workforce capacity, licensing and credentialing, and training for providers and staff are integrated to better serve individuals and families.

Strategies:

- ❖ Develop an employee satisfaction tool where results demonstrate progress in increasing inclusion and a more integrated culture
- ❖ Conduct regular forums specific to educating substance-related and mental health treatment programs on how to achieve an Integrated Behavioral Health Treatment level of service.
- ❖ Update job descriptions to include cross-training expectations, including terminology, treatment philosophy and approaches.

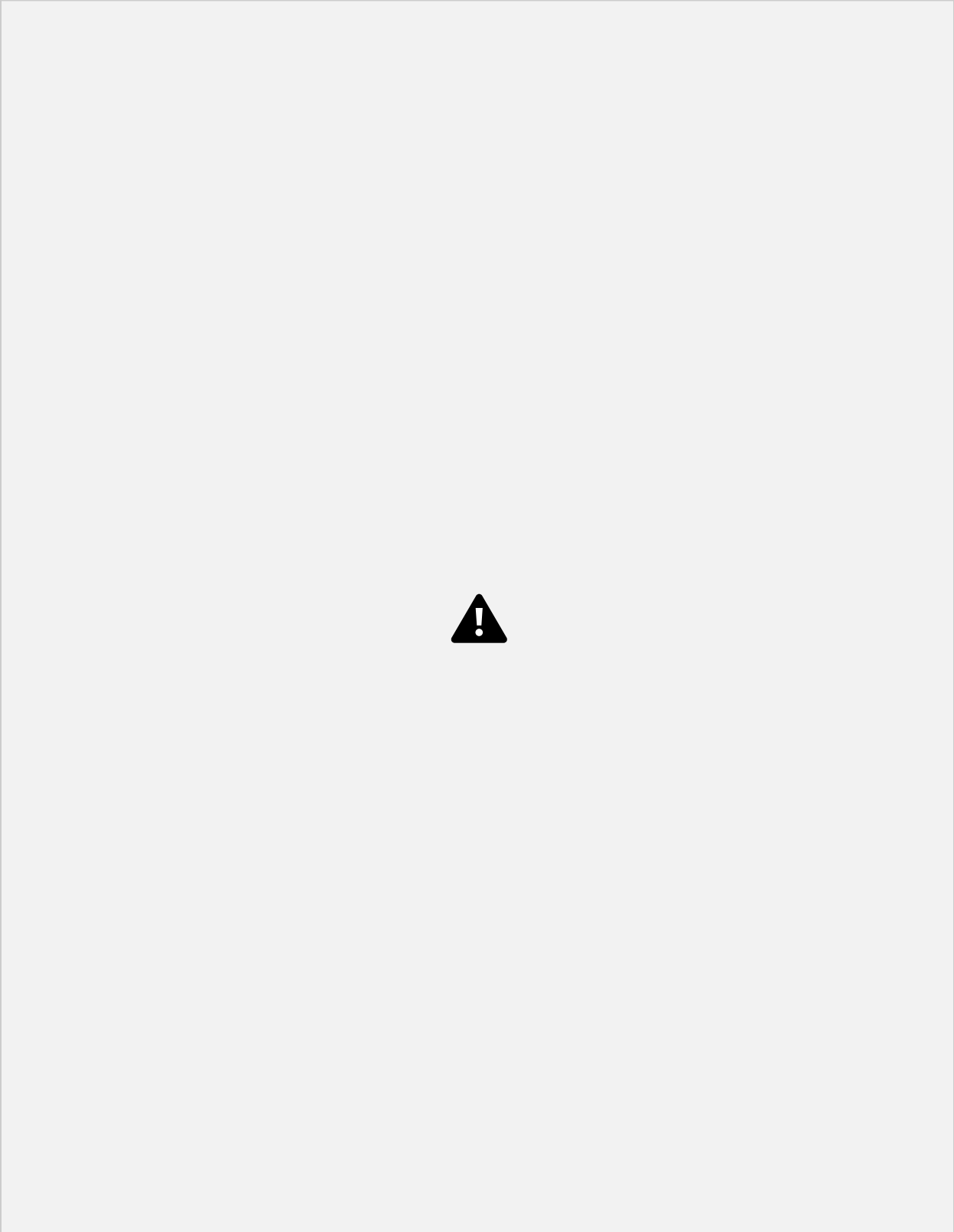
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- ❖ Develop an orientation process to ensure new hires at the CSA and LAA receive an overview of the Public Behavioral Health System, the role of the local behavioral health authorities within this system, and how the authorities support their work.
- ❖ Facilitate employee training focused on integrated system planning and management expectations. Develop strategies to check for competency to ensure employees can articulate their specific role within an integrated systems management system.
- ❖ Initiate a workgroup comprised of Peer Recovery Specialists to establish standard referral processes, coordinate trainings, develop strategies to reduce barriers, and establish goals promoting quality Peer Support Services in the community. Encourage organizations employing Peer Recovery Specialists to assist in the facilitation of approved Maryland Addiction Behavioral Health Professionals Certification Board trainings to increase the peer workforce.

Performance Measure: The LAA and OMH/CSA will progress to a Level 3 on the Local Systems Management Self-Assessment Tool. An integrated or tightly coordinated system, with little or no duplication efforts, will be present.

Performance Target: By the end of fiscal year 2022, a tightly coordinated system will be in place where local leaders and employees are trained in integrated system planning and management expectations, and cross-training occurs.

G. Mental Health and Addictions Advisory Council (MHAAC) Approval and Membership List



Mental Health & Addictions Advisory Council

Proposed Roster, 2021

Article VI, Section 9-27 through 9-32, of the Harford County Code of Maryland. Membership shall consist of 35 representative members. The term of an appointed member is three years and begins July 1. At the end of a term, a member continues to serve until a successor is appointed and qualifies. A member who serves two consecutive three-year terms may not be reappointed for three years after completion of those terms. The terms of the appointed members are staggered as required by the terms provided for the members on January 1, 1988. From among its members, the advisory council shall elect annually a Chairman and any other officers it finds necessary. A member may not serve as Chairman for more than two consecutive years. The members of the advisory council shall serve without compensation. The advisory council shall meet at the times and places it determines. The County Health Officer shall provide staff services for the advisory council.

Office	Term Expiration
<p><u>The County Health Officer or Designee</u> Dr. David Bishai Health Officer, HCHD 120 Hays Street Bel Air, MD 21014 O- 410-877-1012 david.bishai@maryland.gov</p>	<p>Ex-Officio</p>
<p><u>The Regional Representative of the MH Core Service Agency of Harford County</u> No longer a state agency</p>	
<p><u>The Regional Representative of the Alcohol & Drug Abuse Administration</u> No longer a state agency</p>	
<p><u>The County Alcohol Treatment Coordinator</u> No agency within the county</p>	
<p><u>The County Drug Abuse Treatment Program Coordinator</u> Andrea Pappas Bureau Director, HCHD Behavioral Health Bureau 120 Hays Street- Suite 300 Bel Air, MD 21014 O- 410.877.2362 Andrea.Pappas@maryland.gov</p>	<p>Ex-Officio</p>
<p><u>The County Adolescent Drug Abuse Treatment Coordinator</u> Katharine Hart HCHD, Behavioral Health 120 Hays Street- Suite 300 Bel Air, MD 21014 Katharine.hart@maryland.gov</p>	<p>Ex-Officio</p>
<p><u>The Director of Core Service Agency</u> Jessica Kraus</p>	<p>Ex-Officio</p>

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 2231 Conowingo Road, Suite A
 Bel Air, MD 21015
 O- 410-803-8726
jkraus@harfordcountymd.gov

<p><u>The Manager for the Harford County Office of Drug Control Policy</u> Tara Lathrop 125 N. Main St. Bel Air, MD 21014 O- 410-638-3333 ext. 1264 trlathrop@harfordcountymd.gov</p>	<p>Ex-Officio</p>
<p><u>A Judge of the District Court for Harford County</u> The Honorable Susan Hazlett Mary Risteau Building 2 S. Bond Street Bel Air, MD 21014 O- Email</p>	<p>Ex-Officio</p>
<p><u>A Judge of the Circuit Court for Harford County</u> The Honorable Kevin Mahoney Circuit Court 20 W. Courtland Street Bel Air, MD 21014 O- kevin.mahoney@mdcourts.gov</p>	<p>Ex-Officio</p>
<p><u>The State's Attorney for Harford County/Designee</u> Albert J. Peisinger, Jr. State's Attorney State's Attorney Office 20 W. Courtland Street Bel Air, MD 21014 O- 410-638-3500 Email</p>	<p>Ex-Officio</p>
<p><u>The Public Defender for Harford County/Designee</u> Kelly A. Casper District Public Defender Mary Risteau Building 2 South Bond-suite 100 Bel Air, MD 21014 H - 410-420-9134 O - 410-836-4880 kcasper@opd.state.md.us</p>	<p>Ex-Officio</p>
<p><u>A Representative of the County Executive</u> Linda Williams</p>	<p>June 30, 2022</p>

Harford County Local Addictions Authority (LAA) &
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3609 Duxbury Court Jarrettsville, MD 21084 O- 443-417-6405 Gwlw13@msn.com	
<u>A Representative of the County Public Schools</u> Mary K. Malone – Designated Christina Alton Supervisor Office of School Counseling 104 Fairmont Drive Bel Air, MD 21014 O- 410-588-5251 Kay.Malone@hcps.org Christina.Alton@hcps.org	June 30, 2022 (2 nd Term)
<u>A Representative of the Local DSS</u> Jerome Reyerson Mary Risteau Building 2 S. Bond Street- Suite 300 Bel Air, MD 21014 O jerry.reyerson@maryland.gov	June 30, 2022 (1 st Term)
<u>A Representative of the Local Juvenile Services Agency</u> Megan Deacon Mary Risteau Building 2 S. Bond Street- Suite 300 Bel Air, MD 21014 O- megan.deacon@maryland.gov	June 30, 2022 (1 st Term)
<u>A Representative of the Department of Parks & Recreation</u> Kathy Burley – Designated Chad McGraw Director Parks & Recreation Department 702 N Tollgate Road Bel Air, MD 21014 O- cemcgraw@harfordcountymd.gov	June 30, 2022 (1 st Term)
<u>A Representative of the State Division of Parole & Probation</u> Shaun Rutherford Field Supervisor Parole & Probation Mary Risteau Building 2 S. Bond Street- Suite 200 Bel Air, MD 21014 O- shaun.rutherford@maryland.gov	June 30, 2022 (1 st Term)
<u>A Representative of a Law Enforcement Agency</u> Captain Carl N. Brooks	June 30, 2022 (2 nd Term)

Harford County Local Addictions Authority (LAA) &
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Harford County Sheriff's Office 45 South Main Street Bel Air, MD 21014 brooksc@harfordsheriff.org	
<p><u>An Individual Who Has Received/Is Receiving MH Care</u></p> <p>Jose Rosado Director New Day Wellness & Recovery Center 126 N Philadelphia Blvd Aberdeen, MD 21001 office: (410) 273-0400 work cell: (443) 345-0020 jrosado@newdaywellness.org</p>	<p>June 30, 2022 (1st Term)</p>
<p><u>A Representative of the Local Council on Alcoholism</u> No agency within the county</p>	
<p><u>Two Employees of an Operating Harford County Substance Abuse Treatment Program</u></p> <p>Craig Lippens Director of Community Relations and Development Bergand Group 1803 Harford Rd Fallston, MD 21047 clippens@bergandgroup.com</p> <p>Mike Bassler- Clinical Outreach Representative Ashley Treatment 800 Tydings Ln Havre De Grace, MD 21078 443.356.0112 mbassler@ashleytreatment.org</p>	<p>June 30, 2022 (1st Term)</p> <p>Date (Term)</p>
<p><u>An Individual who is a relative of a mental health care recipient</u></p> <p>Kathleen M. Walsh 1317 Cheshire Lane Bel Air, MD 21014 O-410-215-9049 kwalsh@jigsawmarketingsolutions.com</p>	<p>June 30, 2021 (2nd Term)</p>
<p>Mary L. Bunch 224 Doncaster Road Joppatowne, MD 21985 C- 443-617-5016 mesliebunch@gmail.com</p>	<p>June 30, 2020 (1st Term)</p>
<p><u>Three of the public who have an interest in the provision of</u></p>	

Harford County Local Addictions Authority (LAA) &
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FY 2022 Annual Program Plan
mental health services

Bari Klein

Executive Director
Healthy Harford/Healthy Cecil
500 Upper Chesapeake Drive- Suite 405
Bel Air, MD 21014
O-443-643-3356

Bari.klein@maryland.gov

Stacy D. Fair – Re-appoint

137 Linton Run Road
Port Deposit, MD 21904
O-443-843-8047

Springwater1960@hotmail.com

Michael Clancy

Affiliated Sante Group
802 Baltimore Pike
Bel Air, MD 21014

mclancy@santegroup.org

**Two members of the public with an interest in the
problems of substance abuse**

Gigi Rosenblatt MS, APRN, PMHCNS-BC
Administrative Director Substance Use Services
Harford Memorial Hospital
Behavioral Health Regional Office 2nd floor
501 S Union Ave Havre De Grace 20178
Office # 443-843-8707
Cell # 410-937-8773

grosenbla@uchsc.org

Shawn Martin

LAA Administrator
120 Hays Street- Suite 300
Bel Air, MD 21014
O- 410-877-2338

Shawn.Martin@maryland.gov

A Representative of the Clergy

Pastor Craig A. McLaughlin

625 Weatherby Road
Bel Air, MD 21015
O-410-836-7444

Lisa.Craig4@verizon.net

A Practicing Physician

Roy Phillips, M.D.

June 20, 2022
(1st Term)

June 30, 2022
(2nd Term)

June 30, 2022
(1st Term)

June 30, 2022
(1st Term)

June 30, 2022
(1st Term)

June 30, 2022
(Term)

June 30, 2022
(2nd Term)

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2809 Eagle Court
Baldwin, MD 21013
O-443-876-7541
royhp@comcast.net

A Mental Health Professional Who is Not a Physician

Carol Deel Ph.D., LCPC, LCMFT

101 S Main St #307

Bel Air, MD 21014

O:

caroladeel@gmail.com

June 30, 2022
(1st Term)

A Representative of the Mental Health Association

No agency within the county

A Representative of the Legal Profession

Appointee- Potential appointees (in discussion)

Title

Address

Contact info

June 30, 2022

A Member of the County Council, Appointed by the County Council

Robert S. Wagner

County Council Member, District E

212 S. Bond Street

Bel Air, MD 21014

O-410-638-3522

RWagner@harfordcountymd.gov

June 30, 2022
(1st Term)

A Representative of the Residential Unit... Code of Maryland

No agency within the county

H. CSA Board of Directors Actions

Harford County Local Addictions Authority (LAA) &
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FY 2022 Annual Program Plan



Office on Mental Health
Core Service Agency of Harford County, Inc.

2231 Conowingo Road Suite A
Bel Air, MD 21015
P: 410.803.8726
F: 410.803.8732
www.harfordmentalhealth.org

January 21, 2021

Aliya Jones, M.D., MBA
Deputy Secretary/Executive Director
Maryland Department of Health
Behavioral Health Administration
55 Wade Avenue, Dix Building, SGHC
Catonsville, MD 21228

Dear Dr. Jones,

The Board of Directors of the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA) closely monitors the efforts of the OMH/CSA through presentations and information sharing at Board meetings throughout the year, as well as, the work of the Board Committees in coordination with the OMH/CSA staff. The Executive Director and staff keep the Board advised of current activities focused on the health, wellness, and recovery within the Harford County community, and at the State level.

The Board of Directors is updated regularly on local and state behavioral health integration efforts. The OMH/CSA is very much involved with the efforts in Harford County by regular participation in the Mental Health and Addictions Advisory Council, the Local Health Improvement Coalition, and the Opioid Intervention Team.

The goals and proposed activities of the OMH/CSA for FY 2022 and the proposed FY 2022 Administrative Budget were presented to the members of the Board of Directors for their review. The FY 2022 Program Plan and Budget were approved at the January 21, 2021 Board Meeting.

The Board of Directors looks forward to supporting the OMH/CSA Executive Director and staff to implement and carry out the FY 2022 Program Plan. Should you need any additional information, please do not hesitate to jennilandbeck@gmail.com or 443-987-8011.

Sincerely,

Jennilyn Landbeck
Board of Directors' President



**Board of Directors Meeting
January 21, 2021
Minutes**

Due to the COVID 19 pandemic, the January 21, 2021 Board of Directors meeting was conducted virtually using Zoom

Board Members Present

Jennilyn Landbeck, Jennifer Redding, Kevin Bianca, Christina Alton, Dr. David Bishai, Jeffrey Burger, Heather Connellee, Aurora Kahoe (Proxy for Councilman Chad Shrodes), Tara Lathrop, Steve Richards, Diane Shields, Amy Snyder

Board Members Absent/Excused

Kathleen Ward

Staff

Jessica Kraus, Leah Keenan

I. Call to Order/Introductions

Meeting was called to order by Board President Jennilyn Landbeck @ 4:46PM. Jennilyn began the meeting by introducing herself and welcoming Board Members. All attendees made introductions.

II. Review/Acceptance of November 19, 2020 Board Minutes

Board Members reviewed the November 19, 2020 minutes. Heather Connellee made a motion to approve the minutes as written; Steve Richards seconded the motion. Board members approved the minutes. The vote was unanimous.

III. President's Report

Jennilyn opened the meeting by reviewing the agenda items and handed the meeting over to Jess.

IV. Independent Auditors' Report Presentation (Dan Harrington, Olena Bilonog, & Frances MacEwan from Grandizio, Wilkins, Little, & Matthews, LLP)

Dan Harrington, Olena Bilonog, and Frances MacEwan provided the Board with an overview of the results from FY 2020 Independent Audit of

statements. The auditors provided the Board with list of discussion items pertaining to the audit. Board Members were also provided drafts of the audit overview letter, Financial Statements report, and the Report on Single Audit. A single audit was also conducted due to the OMH/CSA receiving more than \$750,000 of Federal Funding. Dan also gave an overview of Paycheck Protection Program (PPP) loans, the criteria for the loans, and how the loans are forgiven. Dan recommended the OMH/CSA research if the agency is eligible to apply for a PPP loan. Overall, the audit did not identify any deficiencies in internal control and there were no instances of non-compliance listed in the report. The report must be reviewed and approved by the Board, with any final revisions being submitted by March 31, 2020. Steve Richards motioned to approve the Independent Audit as written; Kevin Bianca seconded the motion. The Board of Directors unanimously voted to approve the FY 2020 Audit Report.

V. Executive Director's Report

Personnel Policy Review (Voting Item)

The proposed personnel policy changes were emailed to the Board prior to the meeting. Jess confirmed Members received the documents regarding the personnel changes. Jess reviewed the proposed changes to the personnel policies. Jess asked the Board if there were any questions, comments, and/or concerns about the proposed changes. Steve Richards suggested reviewing and updating the language in Sections 6, 19, and 21. These updates would be discussed at the next Board meeting and they would not impact the Board moving forward to approve the proposed changes. Kevin Bianca made a motion to approve the personnel policy. Steve Richards seconded the motion. Board members approved the personnel policies pending updates to sections 6, 9, and 21.

FY 2022 Program Plan (Voting Item)

Jess provided the Board with an overview of the sections in the FY 2022 Program Plan. The OMH/CSA's FY 2022 goals, objectives, strategies, performance measures, and performance targets were distributed prior to the meeting. Jess informed the Board the goals were selected based on the Local Systems Management Self-Assessment Tool. Jess provided details about this tool, highlighting it is comprised of seven domains local authorities should focus integration efforts. The OMH/CSA and LAA selected four domains to focus on for FY 2022. The goal is to increase integration efforts in these four areas by June 30, 2022. Kevin Bianca motioned to approve the FY 2022 plan; Tara Lathrop seconded the motion. The Board of Directors unanimously voted to approve the FY 2022 Program Plan.

FY 2022 Budget Review (Voting Item)

Jess provided the Board with a brief overview of the proposed FY 2022 budget. Jess turned the meeting over to Kevin Bianca and Christina Alton to speak on behalf of the Finance Committee. The FY 2022 proposed budget

was reviewed and line items were explained. Steve Richards motioned to approve the FY 2022 budget; Tara Lathrop seconded the motion. The Board of Directors voted to approve the FY 2022 budget.

VI. Finance Report

Prior to the meeting, the FY 2021 budget year-to-date (YTD) expenditures through 12/31/2020 was disseminated to the Board members. Due to time constraints, board members were invited to email questions and/or concerns related to the FY 2021 budget to Jess and Leah.

VII. Upcoming Events & Announcements

The next Mental Health and Addictions Advisory Council will be held on January 26th at 8:00AM.

VIII. Adjournment

Steve Richards made a motion to adjourn the meeting and Heather Connellee seconded the motion. The Board of Directors meeting adjourned at 5:55PM. The next Board Meeting is scheduled for March 18, 2021 @ 4:30PM.

Board Member List January 2021	
Member County Council	
Chad Shrodes County Council Building 212 S. Bond Street Bel Air, MD 21014	County Council Office: 410-638-3100 County Council Fax: 410-893-4972 Email: cshrodes@harfordcountymd.gov Term Expires: Ex Officio (non-expiring)
Aurora Kahoe Legislative Aide to Chad Shrodes	Email: akahoe@harfordcountycouncil.com Office: 410-638-4109 ext. 1815
County Health Officer	
David Bishai, MD Harford County Health Officer 120 South Hays Street Bel Air, MD 21014	Office: 410-877-1012 Email: david.bishai@maryland.gov Term Expires: Ex Officio (non-expiring)
County Executive or Executive's Designee	
Kevin Bianca Program Director Harford County Community Service Program 101 S. Main Street, Suite 105 Bel Air, MD 21014	Office: 410-638-4730 Home: 410-652-8371 Email: kmbianca@harfordcountymd.gov Term Expires: Ex Officio (non-expiring)
Mental Health and Addictions Advisory Council	
Tara Lathrop 125 N. Main Street Bel Air, MD 21014	Office: 410-638-3333 Home: 443-910-3813 Email: tlathrop@harfordcountymd.gov Term Expires: September 1, 2023 (2 nd term)
Representative/Provider Community	
Jennifer Redding 2313 Walnut Spring Ct. White Hall, MD 21161	Office: 443-619-0074 Email jennredding1@gmail.com Term Expires: June 11, 2022 (1 st term)
A minimum of 2 but no more than 3 County Residents Current/Past Recipients of Mental Health or Addictions Services, or Family Members of Individuals who are Current/Past Recipients of such services, or Members of a Mental Health Advocacy Group	
Jennilyn Landbeck 202 Mt. Royal Avenue Aberdeen, MD 21001	Home: 443-987-8011 Email: jennilandbeck@gmail.com Term Expires: October 17, 2020 (1 st term)

Harford County Local Addictions Authority (LAA) &
 Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA)
 FY 2022 Annual Program Plan

<p>Diane Shields 1805 Bernadette Court Forest Hill, MD 21050</p>	<p>Home: 443-417-7413 Office: 410-420-6638 Email: dianef1128@hotmail.com Term Expires: September 1, 2023 (1st term)</p>
<p>Amy Snyder, Esquire 210 Hemlock Lane Aberdeen, MD 21001</p>	<p>Home: 443-619-2880 Office: 410-306-2729 Email: amylsnyder@gmail.com Term Expires: September 1, 2023 (1st term)</p>
2 County Members with an Interest in Provision of Mental Health or Addiction Services	
<p>Kathleen Ward 4023 Grande View Dr. Pylesville, MD 21132</p>	<p>Home: 410-399-0337 Cell: Email: kpward17@gmail.com Term Expires: September 18, 2021 (2nd term)</p>
<p>Christina Alton 717 S. Union Avenue Havre de Grace, MD 21078</p>	<p>Office: 410-809-6243 Home: 443-992-00358 Email: christina.alton@hcps.org Term Expires: November 5, 2022 (1st term)</p>
2 County Residents Who Are Members of the Business Community	
<p>Steve Richards Supervisor of Psychological & Pupil Personnel Services 102 S. Hickory Avenue Bel Air, MD 21014</p>	<p>Office: 410-588-5283 Email: steve.richards@hcps.org Term Expires: October 19, 2022 (2nd term)</p>
<p>Heather Connellee 2302 Parlor Court Fallston, MD 21047</p>	<p>Phone: 443-629-3644 Email: heather@alpineteam.net Term Expires: September 1, 2023 (1st term)</p>
1 County Resident Licensed to Practice Law in Maryland	
<p>Jeffrey Burger, Esquire Love, Fleming, Bearsch & Hurff, LLC 503 Brians Garth Bel Air, MD 21015</p>	<p>Home: 410-456-7521 Office: 410-838-7100 Email: jburger@lfbalaw.com Term Expires: September 1, 2023 (1st term)</p>