

TALBOT COUNTY OPIOID INTERVENTION TEAM PLAN

FOR 2018 - UPDATED APRIL 16, 2018

INTRODUCTION

The Talbot County Opioid Intervention Team (OIT) was convened as a response to Governor Hogan's State of Emergency Order that created the Opioid Overdose Command Center (OCCC). The Talbot EMS served as the convener of the OIT and the Talbot County Health Officer led the team in developing the Talbot County Plan for 2017- 2018). *The following is an update of the original 2017 – 2018 plan followed by the new goals and objectives for FY 2018 – 2019. The Talbot Plan is an ongoing effort that will change as necessary to make progress in decreasing opioid overdose incidents and substance use disorders.*

Talbot County's OIT contains representatives from the seven areas suggested by the state (EMS, Public Health and Medical, Law Enforcement, Judicial, Social Services, Detention Center and Public Schools). However, the OIT seeks input from the Local Drug and Addiction Advisory Council (LDAAC) with a broader representation of community and regional stakeholders. LDAAC will serve as the Advisory Council for the ongoing development of the county plan.

UPDATE OF 2017 – 2018 PLAN

The OIT gathered input from community stakeholders and users of addiction services to develop a list of needs for decreasing opioid overdose deaths and preventing opioid use. A brief and high level status is given for the needs identified.

- **More emergency treatment beds – with treatment on demand for overdose survivors**
Status: Whittitt Center serves Talbot County and other Eastern Shore counties, has 40 beds, with an average of 15 beds used for emergency treatment/detoxification. Clients often have mental health disorders that can delay discharge and decrease the availability of a bed when needed for emergency addiction treatment. A regional task force (convened by Shore Regional Hospital to better coordinate services and share data) has had its first meeting and will work on this challenge. Within that meeting another concern emerged and that is what EMS and Emergency Departments are to do when so many overdose survivors refuse treatment after being revived with Narcan.
Update April 2018: With 4 MORR beds added for Whittitt Center, our ability to get clients admitted within 24 and 48 hours has been achieved. We are also using other detoxification facilities as the client requests.
- **Availability of recovery beds for Talbot residents**
Status: Clients discharged from an acute treatment facility often are not ready to go back into their previous environment and need a recovery bed. At this time TCHD has funds from DHMH to reimburse for recovery beds for Talbot residents enrolled in their care coordination program whether they choose a Talbot facility or one in another county. Funds have been sufficient to

cover any Talbot resident requesting services and 4 clients that lived in other counties but were in a Talbot Recovery House. Current plans are to have ASAM 3.1 level of care (half way houses/recovery beds) covered with Medicaid funds by January 2019. Many facilities at this time are not eligible for this Medicaid reimbursement because they do not meet the treatment requirements. The concern is that 1) these recovery houses will not become eligible by January 2019; 2) in order to fund the state's portion of the reimbursement, recovery funds will be pulled from health departments to use as the state match; 3) ineligible recovery houses cannot survive; 4) available recovery beds will decline.

Update April 2018: Talbot County now has 4 recovery houses and TCHD is on target to spend \$90,000 for recovery beds for clients.

- Comprehensive assessments and plans to cover addiction, mental health, and physical diagnoses as well as social needs shared with TCHD care coordination program

Status: Comprehensive discharge plans are required for addiction treatment facilities and appointments are to be arranged before discharge. Not all facilities have adequate arrangements for community provider appointments; not all appointments meet the needs of the client (a mental health appointment may be given but not in timely manner so that mental health medications run out before a psychiatrist can be seen.)

Update April 2018: Handoff process from Whitsitt Center to TCHD has been developed to allow for sharing of discharge information when the client approves. We also are working with other detoxification centers and Johns Hopkins unit for detoxification of pregnant women to have appointments arranged with local providers before discharge.

- Enhanced Care Coordination and support for targeted addicted individuals to decrease relapse rates

Status: TCHD is now building a care coordination program that should be completed by August 2017. While there are priorities, eligibility is broad. The Talbot County Problem Solving Court has care coordination for its population that often lasts 18 to 24 months. The Talbot Detention Center provides many treatment services and is developing care coordination services for transitioning inmates into the community. All these care coordination services try to meet whatever needs clients have that will help them avoid relapse (including safe housing, employment assistance, along with treatment and support services). These services are for different populations and staffing is not adequate for the increasing need.

Update April 2018: The three major care coordination entities continue to provide care coordination services with the main concern being the growing need for services. The TCHD will soon have 3 peers and 3 special care coordinators with 2 of the latter being in recovery over two years. Our staffing is finally complete but more training is being planned for staff to understand the available resources both clinical and social. Our progress on data collection process has been delayed due to the software company implementing an upgrade and we are reluctant to make modifications until we see what the updated model has.

- Adequate addiction and mental health providers with ability to provide urgent client visits when necessary

Status: Mental health and addiction services are more limited in rural areas and services for children and youth are a greater challenge. Getting timely services is a problem for either substance use or mental health disorders and when clients have co-occurring disorders finding and coordinating care becomes a greater problem. After discharge from an addiction treatment facility, the greatest challenge is in finding community providers that can provide care in a timely manner to avoid a relapse. The Shore Regional Hospital Outpatient Clinic is working with representatives of the regional task force on several issues with this one being included.

Update April 2018: A new provider has helped in getting clients into treatment and capacity appears to have increased in some other agencies. We are having far less trouble getting clients into care. For Methadone treatment a client is usually seen within 24 hours.

- Treatment for addicted individuals in the Detention Center and enhanced care coordination or transition services upon release

Status: Talbot Detention Center has been very successful in providing a multitude of services for inmates and has been awarded funds to provide better care coordination services for transition of inmates into the community. Funding for part of this program begins July 1, 2017.

Update April 2018: The Detention Center has identified funds to cover the first Vivitrol injection before release of detainees. This will allow them enough time to get those released into care before another injection is needed. Ongoing support for treatment and care coordination services provided for individuals involved with the Circuit Court Problem Solving Court

Status: The care coordination services for this population are comprehensive and are provided on an average of 18 to 24 months.

Update 2018: Funding and services continue without significant problems.

- Consideration for additional options for referring non-violent drug offenders for treatment instead of jail

Status: Options for treatment instead of jail with a requirement that treatment be completed is being reviewed by many communities in the state and will be considered in Talbot.

Update April 2018: Safe Stations opened at St Michaels Police Department and TCEDS Command Center on Port Street. The goal is to get those appearing at the Safe Stations into care as quickly as possible.

- Enhanced training for Narcan administration and distribution

Status: TCHD provides Narcan training and has a small amount of funds that can be used to purchase and distribute Narcan; prescriptions are given to those trained to be filled at a pharmacy. EMS paramedics have been trained and can also train others. A plan exists for training all first responders in Talbot. The price of Narcan is increasing and this is a challenge for wide distribution. There is a statewide prescription for Narcan that can be filled at pharmacies without training. We do not have any data on how many of these prescriptions have been filled.

Update April 2018: 839 have been trained to date: first responders have all been trained; 15 businesses received training and TCHD has placed a sign in their window indicating this.

- Maintain and increase drop boxes with increasing community awareness of location and purpose

*Status: Drop boxes need 24 hour oversight and are often associated with Law Enforcement facilities. Some pharmacies are also providing these. Problems such as needles and syringes being dumped on sites with drop boxes and the time involved in collecting and transporting the disposed drugs have resulted in less willingness to maintain drop boxes. **Update April 2018: drop boxes have been maintained at three locations. Disposal bags for drugs have also been distributed and the state is funding additional bags (neutralize drugs so do not have to take to drop box) for our use over the next few months. Periodic campaigns to bring attention to disposal of old drugs will need to continue to keep awareness high.***

- Better coordination of addiction prevention services within community with interventions targeted to children/youth and parents.

Status: The Sheriff's Office, TCPS, TCHD, TCSS, Talbot Prevention Partnership plus many other community agencies and organizations have some addiction prevention efforts. Talbot County Sheriff is planning a kickoff of Project Purpose in September 2017, and is offering a good opportunity for other stakeholders to support the kickoff and sustain efforts to keep addiction awareness high. At this time Talbot does not have a coordinated plan among all stakeholders that addresses addiction prevention as a community using evidence based strategies. However, due to the nature of addiction disorders, we cannot "treat our way out of this epidemic." We must determine the best prevention strategies for Talbot County. That will require a different group of stakeholders to be involved and committed to substance abuse prevention over several years. Good prevention interventions will also require some funding in an era in which treatment takes priority and prevention always gets the backseat on the bus.

The OIT is in the process of developing a more detailed prevention plan with input from the community.

Update April 2018: Project Purple was a great success in raising awareness for the opioid problem in this county. Two after school clubs were established and another is in progress to keep the momentum strong.

For 2019, Sheriff Joe Gamble is planning another Project Purple Campaign to bring awareness to what increases the risk of addiction in youth.

Talbot Investing in Children participants have advocated for: 1) earlier mental health services for children and youth; 2) groups to engage parents in learning the signs of teen substance use and how to manage; 3) decreasing the Adverse Childhood Experiences (ACEs) for children in Talbot.

TCSS is seeking a grant to hold a conference on ACEs in September 2018.

The Talbot Rising Addiction Forum on March 19th suggested a project around decreasing ACEs in children also for decreasing the risks of addiction in adolescence.

2017 – 2018 GOALS of TALBOT COUNTY'S OPIOID ADDICTION REDUCTION PLAN

1. Decrease Opioid Overdose Deaths
2. Decrease Opioid Overdose Events
3. Decrease use/abuse of nonprescribed opioids

OBJECTIVES

- I. Decrease Opioid Overdose Deaths in survivors of treated overdose events by 50% within 12 months of development of coordinated care system for overdose survivors
Update 4/2018: Data is not available to evaluate progress.
Many survivors are a result of Narcan distributed to friends or family and their overdose events are never counted. Others have EMS respond but never go to the ED. When persons go to the ED after being revived information is not collected (given) relative to whether this is the first or fifth overdose. After being revived, some persons refuse any follow-up or treatment. EMS is now notifying TCHD when they respond to an overdose and TCHD staff makes a visit to offer assistance in getting survivors into treatment. TCHD is planning with Shore Behavioral Health to have peers vetted so that the hospital can call Peers while are survivors in ED. When this is fully operational we can assess what percentage of clients agrees to treatment and what percentage agrees to treatment after a follow-up contact. This will still not capture the number of times a person overdoses before deciding on treatment or dying.
- A. Create Coordinated Care System for Opioid Overdose Survivors
 1. Regional task force will work with Whitsitt Center to have available emergency beds. Whitsitt has a total of 40 beds but many clients have to stay 3 and 4 weeks due to mental health problems and social issues. The regional task force will seek ways to decrease the need for long stays in treatment facilities to provide available beds for overdose survivors agreeing to enter treatment.
Update April 2018: 4 MORR beds have greatly improved the likelihood of getting clients into detoxification center at Whitsitt Center within 24 hours; 2 Safe Stations have been established to rapidly get individuals into treatment.
 2. Establish access for emergency assessments within ED 24/7 for treatment beds by July 2017 (TCHD, ED Shore Regional Hospital)
Update 2018: This is no longer a problem.
 3. Develop transportation options from Emergency Department to Addiction Treatment Center for overdose victim by July 30, 2017. (TCHD, EMS, ED Shore Regional Hospital)
Update April 2018: A.F. Whitsitt now provides transportation and this has greatly reduced this problem.
 4. Establish an agreement with Whitsitt Center by July 2017, to: a) encourage discharged Talbot residents to agree to enrollment in TCHD care coordination program; b) agree for release of information to TCHD; c) provide copy of care plan to TCHD care coordination staff upon or before discharge.
Update 2018: Warm handoffs are occurring when clients agree for ongoing support services. Some clients leaving treatment early and refusing support services. TCHD also developed MOU with partners of Safe Station (including Whitsitt Center) which including how warm handoffs would occur.

5. TCHD care coordinators will make first contact with 90% of clients within 24 hours of release and review treatment plan with clients; follow clients to assure appointments kept and social services arranged. Clients will be followed for 12 months for support. ***Update April 2018: Some clients leave treatment before completed. TCHD is being notified when clients approve and want support and this is essentially all completing treatment. Long term follow-up and reliable data is still a problem as clients leave the area or are lost to follow-up which could also mean relapse. For longer recovery support, TCHD is working with community groups to increase volunteer peer support and also provide some training to peers.***
 6. TCHD will have quarterly or more frequent meetings with providers to find a satisfactory procedure for achieving timely appointments with addiction and mental health community providers for these high risk clients by September 2017. ***Update April 2018: Provider meetings continue to occur quarterly for sharing information and working on concerns. With a new provider and some expansion of capacity, the problem is less but still exists.***
 7. TCHD will work with existing and potential recovery bed providers to assure available recovery beds when needed for Talbot residents by September 2017. ***Update April 2018: With 4 recovery houses now in Talbot County, we have had no problems in getting beds.***
 8. TCHD will develop a system to capture data on clients enrolled in care coordination to document relapse rate over 12 months of services. ***Update 2018: Modifications have been stalled due to our EMR software moving to an updated platform and TCHD is reluctant to make changes until the new model is implemented this year. We have just hired our third care coordinator and third peer. All peers and two care coordinators are in recovery. TCHD for 2019 will be working toward: 1) increasing training for care coordinators and peers about available social services; 2) providing more complete assessments and plans by social worker; 3) building volunteer peer network***
Secondly, many groups have agreed that we need a network for volunteer peer support that can extend support for 12 or more months.
Mike Flaherty is working with Healthy Tilghman; Chesapeake Voyagers is interested in enhancing peer support; Shore Hospital would like to have peers meet patients with SUD in the ED; the peers of the TCHD are being used for Safe Stations and ongoing support for transitions of care, but don't have the peers needed.
The Detention Center and Problem Solving Court could also use more peers for longer support.
The Rising Talbot Forum on opioid addiction suggested as greater focus on building a volunteer network of peers.
- B. TCHD and Talbot Emergency Services will increase training and distribution of Narcan by 25% over 2017 to prevent opioid overdose deaths.
1. All police and firemen will be trained and Narcan provided in FY 2018. ***4/2018: completed***

2. 20 Businesses (bars, restaurants) will have employees trained and Narcan provided in FY 2018 **Update 4/2018: 15 businesses have staff trained and Narcan to use.**
 3. 100 family members/friends will be trained on Narcan **4/2018: completed**
 4. Health Officers of 5 Mid-Shore counties are working on method of gaining data on prescriptions filled for Narcan **No Action**
Update 4.2018 – over 800 trainings have been completed with one demonstration at the County Council Meeting and televised.
- II. Decrease overdose events by increasing number of individuals treated for addiction successfully (defined as a decreased relapse rate – *base line data needed*)
- A. Assure available and accessible treatment providers for pharmacological treatment or intervention for persons addicted to opioids.
 1. Increase capacity of existing providers, **4/2018: Buprenorphine provider added and one in adjacent county is also used for Talbot clients; Methadone available within 24 hours on average.**
 2. Provide options for methadone and suboxone substitution or intervention with vivitrol, **4/2018: Vivitrol will be provided to those treated in Detention Center and being released to allow time to get released persons into treatment.**
 3. Access to provider(s) to treat pregnant women, **Update 4/2018: we have had few pregnant patients and secured admission for them into John’s Hopkins for detox.**
 4. Availability of providers that will wean clients off alternative drugs for opioid addiction when requested. **4/2018: No progress**
 - B. Increase availability of mental health providers for individuals with co-occurring addiction and mental health disorders
 1. Increase sites/capacity of sites where both treatment services can be provided to an individual **4/2018: Corsica River partnered with Four All Seasons to have addiction services on site with their mental health services.**
 2. Increase coordination of services when provided by different providers **4/2018: Care coordination helps but there is still much to do.**
 3. Better coordination for mental health medication refills in timely manner to prevent addiction relapses **4/2018: Remains a problem especially when a provider is lost to an organization but appears less of a problem this year than last year.**
 - C. Detention Center’s program for treatment and transition to the community will be supported by TCHD and Talbot Social Services to meet needs of released inmates (Assistance in securing Medicaid eligibility, recovery bed placement, help with social and employment needs when needed). **Update 4/2018: Detention Center Care coordinator has used funds provided through TCHD for help with housing for inmates on release. Since this group will need a great deal of help finding employment, this will continue to be an issue of concern.**
 - D. Problem Solving Court will be supported by TCHD and TSS for assistance in finding services that may be needed for their population during their 1 to 2 year period of care

coordination services for their population. **4/2018: TCHD has made available funds to help in getting housing (deposits and first month rent when client has job and can cover expenses after the first month.)**

- E. Increase availability, capacity, and collaboration of entities providing care coordination for clients with substance use disorders

Representatives from TCHD, Detention Center, Problem Solving Court will meet as needed to provide support to each other to resolve care coordination services for their population by September 2017 **4/2018: Collaboration has occurred and problems resolved at OIT group meetings and individual partner meetings.**

- F. Explore Options for treatment over jail for non violent offenders

4/2018 Update: Problem Solving Court has support services for individuals accepting treatment instead of incarceration.

Prevention Partnership is working Teen Court on youth cases mostly for alcohol and marijuana. Youth counseling has been provided to 5 and has gone beyond what was required in a couple of cases. PP has also tried to have monthly meetings for parents to get them engaged. Due to lack of attendance they are now going to an online method in hopes of engaging parents in the discussion of youth risks.

- G. Identify regional services that could benefit all 5 mid-shore counties (MSBHI &TCHD, Shore Regional Hospital and Outpatient treatment clinic, Mid-Shore Health Officers)

1. Determine need for increase in capacity for hotline phone center to provide information for locating services. **Update 2018: State BHA and Mid-Shore Behavioral Health Inc are working on operational and funding issues recognized by the BHA due to multiple complaints.**
2. Assess need for emergency management of individuals with co-occurring substance abuse and mental health disorders. **Update 4/2018 Mobile Crisis Teams can now assess clients for both conditions.**
3. Increase availability of treatment beds **Update 4/2018: 4 MORR beds added.**
4. Collaboration of 5 counties on efforts that one county cannot manage **Update 2018: Having MSBHI work on funding for MORR beds and Mobile Crisis Teams are examples of services across county lines.**

III. Increase community awareness about the harms of addiction by coordinating services among community agencies and organizations

- A. Convene a community team consisting of Talbot Sheriff, TCPS, TCHD, TCSS, Prevention Partnership, TFN, and community agencies groups providing addiction prevention services to:

1. Determine existing prevention efforts and how agencies and groups can coordinate efforts and support each other. **Update 2018: Alexandra Duff of TCHD has maintained contact with Sheriff's Department and Project Purple, with Regional Opioid Prevention Program, and with other groups to coordinated TCHD educational services with others in the community as well as with the state.**

2. Research proven strategies to determine the best interventions for different age groups in Talbot County including a) decreasing risk factors and creating resiliency in early childhood; b) interventions for middle school through high school; c) interventions for disconnected youth; d) interventions to decrease mental health disorders/severity that can also decrease addiction; e) how to reach parents and other caregivers.
Update 4/2018: As stated in other updates a, d, and e have received the most support from several groups. Groups are discussing projects for a and d but there have not been a great deal of discussion and suggestions concerning how to engage working parents with little time for meetings.
 3. Provide report to the community on prevention plan by September 30, 2017. ***OIT members gave updates.***
- B. Coordinate community services around the Talbot County Sheriff's Project Purple in September 2017 as a kickoff for addiction harm awareness.
The Sheriff's Office, TCPS, TCHD, TCSS, Talbot Partnership, churches, businesses, home owners associations, philanthropic groups, clubs and others partnered to bring substance abuse awareness and prevention messages to all 6th – 12th graders in our public schools by hosting speakers and "purple days". A nationally renowned speaker prevention speaker was brought in and over 1,000 people attended the community event and over 2000 school student. In addition over 100 presentations were given to youth sports teams, business lunch and learn sessions, community groups, and churches to reach the entire community. Approximately 10,000 educational brochures were handed out at nearly every public venue in the county during the month of September. Over 2,000 purple shirts, 8,000 purple stickers and 8,000 purple wrist bands went out to the public at those events. Nearly 50 newspaper articles about prevention, early intervention, treatment and recovery were authored by the team and published in the local newspaper.
- C. Support services to sustain youth services created by Project Purple ***Update 4/2018 Purple Clubs were initiated in our 2 public high schools. The purpose of the clubs is to provide students with to learn about substance abuse in their school community and help students have a united voice against substance abuse. Many of the club members were trained in the use of Narcan. Some club members were interviewed by local television stations giving testimony about why they stand against substance abuse. The clubs meet regularly and look for opportunities to inform other students about substance abuse issues. A club for middle school is in the planning stages.***
- D. Support Talbot County Public Schools with its existing efforts:
1. As it conducts drug awareness imbedded in the health curriculum with resources from other community agencies. ***Sheriff Office has provided speakers***
 2. With its service learning project where students create public awareness items in 8th grade. ***Service component has been embedded in health curriculum on alcohol and drug prevention.***
 3. Its DARE program through Talbot County Sheriff's Office. ***Dare continues***

Additional Update 4/2018 - Community awareness has been greatly increased due to several efforts:

1. *The Regional Opioid Prevention Group has worked on efforts across county lines*
2. *The TCHD has worked with consultant to have many media messages with several targeted toward teens; conducted teen focus groups; attended many community meetings; had several TV interviews and ads; held meetings for Talbot Investing in Children to get input for prevention efforts. Priority Project K – 3 was supported as well as early pre-school programs for behavioral problems. At the Rising Up Talbot Forum there was a better understanding of how Adverse Childhood Experiences increase the risk for addictions later in youth.*
3. *Participated in Rising Talbot held a public forum with great attendance to discuss addictions and what citizens can do; major suggestions were a) volunteer peer support network; b) community working to decrease or mitigate ACEs. TCHD is making plans with Rising Talbot for follow-up of the meeting*
4. *The MDH BHA has had several campaigns about prescriptions opioids to get patients to talk with their health providers about alternatives to opioids, and to encourage appropriate use*
5. *The state PDMP has been effective in decreasing opioid prescriptions and some payers are also taking an active role in monitoring for inappropriate use.*

2018 – 2019 TALBOT COUNTY TREATMENT PLAN

The successful efforts on the 2017-2018 plan will be continued with the following being a priority in 2018 – 2019

1. Fully implement the two Safe Stations in Talbot County between March and July 2018
 - A. Increase awareness about them to have at least 2 clients/month;
 - B. Evaluate usage over next 12 months to determine if resources should be invested in 24/7 services.
 - C. Build a warm handoff system from safe station to detoxification to recovery bed, to community recovery support over the next year *(No funds requested at this time.)*
2. Support Detention Center in providing first Vivitrol injection for detainees being transitioned into community.
3. Build a network of volunteer peers to help in supporting persons in recovery.
 - A. By end of year have 25 volunteers recruited across Talbot County to provide peer to individuals in their communities.
 - B. Include Healthy Tilghman, Shore Recovery, Chesapeake Voyagers, Rising up Talbot, NA and AA groups.
 - C. By December 2018, have no less than 25 volunteers in the network
 - D. Work with interested groups in providing training for peers this fiscal year.
 - E. Work with Shore Regional Hospital to have peer on call to come to ED when needed. Expected cost \$30 for a peer at Chesapeake Recovery to help build a network.
4. Continue to support the funding of recovery beds for individuals in need (total @ \$90,000)

5. Continue working with Shore Hospital, EMS, and five Mid-Shore health officers to get timely and reliable data on overdoses incidents across the region (seen by EMS or ED)
6. Establish system to have Detention Center, Problem Solving Court, and TCHD report on numbers provided care coordination services quarterly.
Have reports include how long persons received support services (care coordination and peer support services)
7. Continue working with all provider groups, MSBHI, and state to support expansion of capacity for mental health and SUD provider network.

TALBOT PREVENTION PLAN 2019

Talbot County will continue its short term efforts for prevention. However, as treatment services are enhanced and more are getting into treatment, there is still an increase in “measurable opioid overdose/poisoning events. This may be due to an increase in fentanyl and carfentanil use as demonstrated by an increase % of opioid deaths showing the two synthetic drugs. There are no good data on the actual number of person addicted in Talbot County but experts across the country believe that the number becoming addicted is still growing.

For this reason the OIT as well as other groups that have discussed addiction in Talbot County, have voiced a need for long term prevention efforts based on the research showing 1) early childhood experiences increase the risk of mental health and addiction problems later in childhood, youth or young adulthood; 2) these early childhood experiences can be reduced or mitigated to decrease the risk of mental health and addiction problems later.

SHORT TERM PREVENTION EFFORTS

1. Continue awareness efforts about the prevalence of SUD in Talbot; the harmful effects; evidence based prevention strategies; and resources for treatment
 - A. Plan for 2018 Project Purple in September led by Sheriff Joe Gamble to heighten awareness about factors increasing the risk of substance abuse in youth.
 - B. TCPS continue with curriculum utilization and support after school programs
 - C. TCHD continues support of MDH efforts on 1) PDMP and messages to physicians and patients about harm of inappropriate opioids use; 2) regional Opioid Planning; 3) opioid storage and disposal; 4) general and targeted messaging
2. Explore with Community groups methods of engaging parents for awareness and prevention in children and youth; implement at least one new method for engaging parents.
3. TCHD continues Narcan training and distribution of Narcan to exceed number trained in 2018. First responders have been trained; this will be maintained and more businesses staff trained.
4. Because Adverse Childhood Experiences increase the risk of mental health problems and substance use disorders,
 - A. DSS will seek funds to have a Conference in September for all of Talbot County about ACEs

- B. TCHD will convene a meeting of community leaders following this conference to develop a plan for decreasing ACEs or mitigating their impact in children and youth. This group will include those in Talbot Investing in Children, Rising up Talbot, and entities involved in early childhood development and services.
5. Because early interventions for behavioral problems have been proven effective in decreasing later mental health problems, school failures, SUD, and other problems, TCHD, TCPS and Channel Marker will seek funding to increase the number served by Priority Project in FY 2018 - 19.
6. To help in mitigating the negative impact of ACEs, TCPS, TCDSS, and TCHD will seek funding to provide additional social worker services (40 hrs/week) for children in TCPS preschool programs, Kindergarten, and grades 1 – 3.

SUMMARY OF PRIORITIES FOR OPIOID INTERVENTION TEAM FUNDS FOR FY 2018 - 2019

1. Continue to support longer recovery period by funding Recovery Beds - \$20,000 (TCHD increased our requested amount from state addiction grants but will still need \$20,000 from OIT funds to meet the need. These funds can also be used to help individuals get into safe housing with deposits and first month rent when no other resources are available.
2. With Chesapeake Voyagers build a network of volunteer peers to provide support to peers in recovery for at least 6 months and longer if possible. A peer will be supported with OIT funds to recruit and support this network of volunteer peers. \$18,848
3. Decrease the number becoming addicted by providing services to high risk students and families that provide family stability and student resiliency. High risk students will be identified in schools and a social worker will link them to available services and continue to provide support to decrease and mitigate the adverse childhood events. \$40,000 will be used to employ a social worker for the entire year allowing services to continue during the summer.
4. Decrease overdose deaths by having EMS train and distribute Narcan to overdose victims and family/friends (68 individuals)