

Healing Allegany: Pathway to Recovery **Strategic Plan**

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	Allegany County Health Department	
	Allegany College of Maryland	
	Maryland Rural Health Association	
	Maryland Department of Health	
	Stakeholders Network: Maryland Coalition of Families, Archway Station, Frostburg State University, Pressley Ridge, Fort Recovery, Allegany County Public Schools, Maryland Legal Aid Bureau, and Family Junction.	

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SUMMARY

Background

AHEC West was awarded the Rural Communities Opioid Response Program (RCORP) Planning Grant by the Health Resources Services Administration (HRSA) in May, 2019. The goal of the year-long grant is to reduce morbidity and mortality rates due to opioid misuse in Allegany County, Maryland. AHEC West is the lead agency of the seven-member Healing Allegany Consortium formed through this grant.

Consortium

The Healing Allegany Consortium is composed of seven agencies. Their roles in the planning grant:

- AHEC West – coordinate overall program, prepare project deliverables and reports in collaboration with other consortium members, provide oversight of project initiatives, provide administrative and clerical support
- Allegany County Health Department – Behavioral Health and Substance Abuse staff to review existing programs for gaps in recovery related services, opportunities for program enhancement
- Allegany County Sheriff's Office – Staff in inmate re-entry program to assess gaps in recovery related services, opportunities for enhancement
- Allegany County Workforce Development – Staff to evaluate county workforce for gaps in recruitment and/or availability related to recovery-related employment
- Allegany College of Maryland – Will provide educational seminars on opioids/recovery to ACM students and evaluate feasibility of providing specialized on-campus housing for students who are in recovery
- Maryland Rural Health Association – Will assist with analysis of services, needs, and workforce, and take primary responsibility for delivery of Sustainability Plan, working on the plan with other consortium members.
- Maryland Department of Health – To serve on the consortium in an advisory capacity, providing statewide information and perspective

In addition to these seven formal member-agencies, Healing Allegany features a stakeholders network of supportive concerned citizens and partner agencies, including the Maryland Coalition of Families, Archway Station, Frostburg State University, Pressley Ridge, Fort Recovery, Allegany County Public Schools, Maryland Legal Aid Bureau, and Family Junction. Individual members include retired behavioral health professionals, county residents in recovery, and other concerned county residents.

Consortium Focus Areas

The Healing Allegany Consortium four main focus areas:

Primary Prevention: Prevent opioid addiction among new and at-risk users

Overdose Prevention/Harm Reduction: Prevent fatal opioid overdoses and the spread of infectious diseases like HIV and Hepatitis

Treatment: Expand access to treatment for addiction and Substance Use Disorder/Opioid Use Disorder (SUD/OD), including Medication Assisted Treatment (MAT)

Recovery: Expand resources available to those in recovery, including peer support, housing, employment and family services

Healing Allegany Vision, Mission and Values

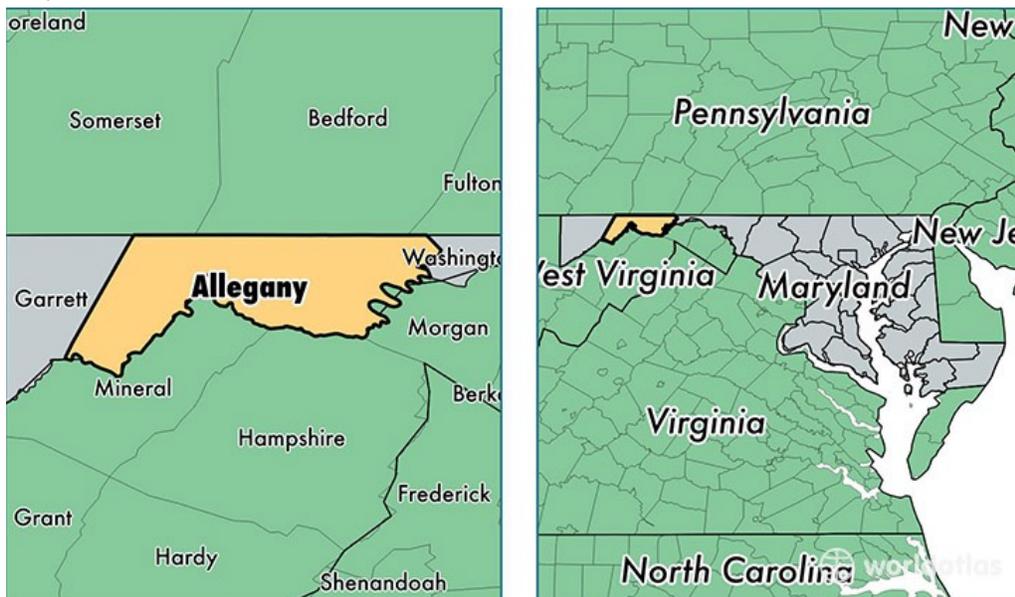
Vision: Allegany County will have equitable access to prevention, treatment and recovery services that are affordable and readily accessible. The goal is to address gaps in addictions services, improve coordination of and communication between public and private services, and provide hope for those in the throes of addiction.

Mission: Healing Allegany's mission is to strengthen the capacity of the consortium, and the larger stakeholder network so that it is better equipped to reduce the morbidity and mortality associated with SUD/OD, addiction, and overdoses in Allegany County.

Value: Healing Allegany's mission is to strengthen the capacity of the consortium and larger stakeholders' network. The goal is to reduce the morbidity and mortality associated with addiction, SUD/OD and overdoses in Allegany County.

Geographic Service Area of Healing Allegany Consortium

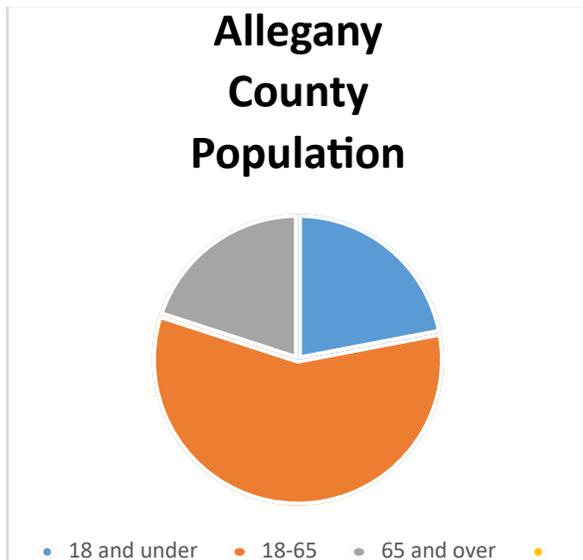
Map



Located on Maryland's mountainous western panhandle, Allegany County is bordered to the north by Pennsylvania and the south by West Virginia. With a population of 71,000 (U.S. Census estimate 2018), it is the 15th most populous of Maryland's 23 counties. Based on per capita

income Allegany County is the second-poorest county in Maryland. The county seat is Cumberland, which due to the loss of traditional “smokestack” industry in the region has seen its population plummet from almost 40,000 in 1940 to just 19,500 today. Many of the challenges associated with SUD/ODU in Allegany County are concentrated in Cumberland and the immediate vicinity. Allegany County’s rural nature and lack of a robust public transportation system contributes significantly to the challenges of providing SUD/ODU related services in more remote parts of the county where intense, persistent pockets of addiction and SUD/ODU exist.

Population



Western Maryland’s mountainous geography has long isolated Allegany County, creating significant challenges for economic development and healthcare delivery that have both contributed to a devastating opioid crisis in the community.

In addition to rural isolation, the county suffers socioeconomic disadvantages that only exacerbate healthcare challenges, including SUD/ODU. The median household income in Allegany County is \$43,000, compared to a state average of \$76,000 and a national average of \$58,000. The poverty rate in Allegany County is 17.4 percent, compared to 9.9 percent for the state.

The major employers in Allegany County are the Western Maryland Health System, two state and one federal prison, and the public sector, including schools, law enforcement and county/municipal governments. In June of 2019 the county lost its last major blue collar employment when the Verso Paper Mill closed, resulting in the loss of more than 750 jobs, as well as numerous jobs in trucking, lumber and associated support industries. The area surrounding the shuttered mill, including Westernport, was already one of those pockets of high-intensity SUD/ODU even before the closure.

NEEDS ASSESSMENT FINDINGS

Allegany County has been an epicenter of the statewide opioid epidemic. Overdose deaths in the county increased nearly three-fold from 2014-2015, with Cumberland, the county's largest municipality, second only to Baltimore City in per-capita opioid overdoses and deaths in the state. According to the National Opinion Research Center at the University of Chicago (NORC), Allegany County has a Drug Overdose Mortality Rate of 43.8 deaths per 100,000 population, far above the state mortality rate of 29.2 and nearly double the national rate of 22.4. A 2018 study by the American Enterprise Institute that assessed lost productivity, lost wages, criminal justice expenses and health care costs related to opioid misuse found that Allegany County ranked 16th among the top 30 counties and municipalities in the entire nation, with a per-capita expense of \$5,882.

The Needs Assessment conducted by the Healing Allegany Consortium identified numerous OUD service gaps:

Stigma

Both among general population AND SUD/ODU/addictions/healthcare workforce

From focus groups - Manifestation of Stigma:

- Lack of empathy/sympathy for addiction compared to that shown for other diseases
- "Let them die..."
- "They brought it on themselves"

Cynicism/callousness within ranks of treatment staff; the ER doctor at WMHS specifically spoke of "compassion fatigue" among ER staff who see repeat overdose cases

Importance of counselors who genuinely care, which implies that many do not or are perceived that way

Realization among treatment staff that recovery often/usually takes multiple attempts

Value of Peer Recovery Specialists

The value of counselors, addictions staff who have "been there"

Detention Center staff noted importance of mentoring that Peer Recovery Specialists can provide, so that clients follow through with appointments in the community

Increased cooperation/communication/coordination between public sector and Faith Community programs,

Faith "wants a seat at the table"

Stigma as an issue for bias against faith-based programs

List of programs and services available -- Need for comprehensive (local, state, private, faith, non-profit), readily accessible, regularly updated list

Lack of residential facilities for those in recovery, housing in general

Importance of housing for those in recovery identified as strong, widespread community need
If you find yourself homeless, “You won’t find recovery at The Mission (Union Rescue Mission homeless shelter)

For inmates, reentry/transitional hub or housing in community
Stable, recovery-supportive housing

Economy/jobs/importance of employment

Hiring regulations/policies

Background checks -- Do all the right things and 5-year-old legal case can prevent hiring, even at fast food facilities

Need for job training, including programs for county inmates on re-entry

Transportation – A need cited across the board. Can’t get to appointments, can’t get to jobs, leads to clients being identified as “problem cases” because they miss appointments
Detention Center staff noted need for more regular bus runs in rural areas outside Cumberland, including small towns of Lonaconing and Westernport

Lack of treatment facilities/programs

Massie treatment period too short

Lack of capacity/available slots

Need for immediacy of treatment – Can’t wait for appointment in two weeks

More collaboration between mental health providers and substance use/MAT providers

MAT – Medication Assisted Treatment

Widespread cynicism especially among recovery population, homeless, faith – “ground level” focus group participants

- Profit motive/big business, exploitive of addicted population
- Treatment generally seen as more effective when provided by physicians, as opposed to clinics
- New reality is “functioning addicts” (Social Workers)

These issues point to need for community education/outreach as part of Stigma awareness campaign

Harm Reduction

General discussion among focus groups but no consensus; strong public support for harm reduction not evident in focus groups. No visible public support among elected officials or law enforcement.

Accessibility/Insurance limitations

Private insurance limitations often serve as a block to SUD/OD treatment. Medicaid opens the door but the government health insurance program has very strict income eligibility, limiting its benefits to the poor.

Family services/Foster care

Maryland's overall rate of removal into foster care increased between fiscal 2015 and 2018 before decreasing in fiscal 2019. Rates were much higher in Allegany County (greater than 3 removals per 1,000 children). Increases in children in care occurred during a period of substantial increases in drug overdose deaths and drug-related hospitalizations. Nationally, parental substance use was a factor in 41% of removals in federal fiscal 2018, a 3 percentage point increase over federal fiscal 2015. In Maryland, between fiscal 2015 and 2018, the share of removals in which parental substance use was a factor increased by 5.8 percentage points before declining in fiscal 2019. The U.S. Department of Health and Human Services found that from federal fiscal 2011 through 2016, a 10% increase in drug overdose deaths correlated with a 4.4% increase in foster care entry rates, while a 10% increase in drug hospitalizations correlated with a 2.9% increase.

Presented below are the four major takeaways from the Needs Assessment, which form the basis for the Goals and Objectives of the Healing Allegany Consortium:

STIGMA

Stigma is pervasive among the general public and present in the healthcare/first responder workforce as well. Stigma also extends to Harm Reduction programs, inhibiting the needed move toward syringe services and other programs that could help reduce the morbidity and mortality associated with opioid misuse.

Stigma was a common theme among many of the Focus Groups, manifesting itself in a view toward opioid misuse that places blame for addiction on those who misuse drugs, in the process diminishing their value as fellow citizens, diminishing in effect their very humanity, and consequently undermining efforts to address the fallout from addiction, including the morbidity associated with opioids misuse. Specifically, Focus Groups noted:

Lack of empathy/sympathy for addiction compared to that shown for other diseases

Attitudes of “Let them die...” and “They brought it on themselves”

Cynicism/callousness within ranks of first responders and hospital treatment staff; the ER doctor at WMHS specifically spoke of “compassion fatigue” among ER staff who see repeat overdose cases

Stigma extends as well to widespread negative attitudes towards Medication Assisted treatment (MAT), syringe services and other harm reduction programs as a means to reducing morbidity associated with opioid misuse. Members of several focus groups were cynical about the motives of MAT providers, saying profit motive – not the need for care – drives the treatment. Even social workers displayed a sense of resignation, where MAT is creating “functioning addicts.” The Recovery and Homeless Focus Groups noted the critical importance of counselors who genuinely care. The implication here is that such counselors are relatively rare; that treatment staff themselves stigmatize their clients in failing to exhibit the empathy and understanding required to effectively counsel those in the throes of addiction and greatly at risk of overdose and associated morbidity. This was reinforced by input from the Emergency Room staff at the

regional hospital, who noted the prevalence of “compassion fatigue” among those treating overdose cases.

Although the Healing Allegany consortium confirmed a need for robust Harm Reduction measures in Allegany County, also noted was a lack of community and political support at this time for programs such as syringe services. This ties into the overall educational need related to stigma, to help build both public and political support for evidence based programs such as MAT, syringe services, and targeted Naloxone distribution that demonstrably improve morbidity rates associated with opioid misuse.

As part of the critical, ongoing effort to leverage existing federal, state and local OUD resources to its planning and implementation efforts, Healing Allegany will work with the COAT program—Conquering Opioid Abuse Together -- a University of Maryland System, AmeriCorps program based at Frostburg State University and coordinated by Dr. Stephanie Hutter-Thomas, an active supporter of the consortium. COAT currently funds nine AmeriCorps staff who are placed at various sites in Maryland’s westernmost counties, including Allegany County. Staff from COAT provide resources and programming to individuals currently battling opiate addiction while also offering education and support to community members affected by this crisis. Rather than “reinvent the wheel,” Healing Allegany will take full advantage of this local program to help conduct outreach, stigma-awareness programs and other initiatives identified in the Strategic Plan.

Federal resources potentially available to Healing Allegany include the CDC’s OD2A program -- Overdose Data to Action -- a three-year cooperative agreement that began in September 2019 and focuses on the complex and changing nature of the drug overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach; SAMSHA’s State Opioid Response grants, and the associated state funding streams; as well as the RCORP Implementation grant, to be applied for early in 2020. We will also continue to assess opportunities for public safety/public health partnership, especially through the Bureau of Justice Assistance at the Department of Justice.

ACCESS/WORKFORCE

Improved access to care through workforce enhancement, including county jail re-entry programs and family services initiatives, recruitment of additional Peer Specialists and improved collaboration between public and private treatment programs

The Consortium identified a gap in treatment programs available to inmates at the Allegany County Detention Center transitioning to post-incarceration life. Counseling services in some cases are restricted to those who have a dual-diagnosis of both a mental disorder and previous opioid use disorder. A history of addiction alone is not enough to qualify for mentoring and counseling services that can make the difference in avoiding addiction upon release from jail. Furthermore, these programs generally do not take into account housing needs of released inmates.

These programs are especially critical given CDC studies showing that those recently released from prison are up to 25 times more likely to overdose.

Healing Allegany also confirms the importance of Peer Recovery Specialists in addressing the opioid epidemic. Time and again, focus groups emphasized the value and importance of addiction counselors who have “been there” and understand the myriad challenges of recovery. Peer Recovery Specialists are uniquely suited to this task, however, they are relatively few in number in Allegany County—an assessment confirmed by Consortium membership. Healing Allegany identified the need for more public awareness about all prevention, treatment, and recovery programs available in Allegany County. No comprehensive, regularly updated list of such services – both county and state/ public and private – now exists. In addition, Faith groups involved in providing treatment and support services for those in addiction want “a seat at the table” both in policy discussions and treatment programs available to county residents. Intensive family support services are not accessible to most families that are affected by SUD/ OUD, and family support workers are experiencing significant burn out.

HOUSING

Stable recovery housing is essential to recovery.

The importance of housing for those in recovery was identified by both focus groups and consortium members as a strong, widespread community need. From the Homeless Focus group: If you find yourself homeless “You won’t find recovery at The Mission (Union Rescue Mission homeless shelter).

Stable, recovery-supportive housing is seen as essential to breaking the grip of addiction and opioid misuse, with the Oxford House programs seen as a potential model for development of such services in Allegany County. Oxford House, which has been the subject of numerous research studies verifying its effectiveness, currently has a presence in neighboring Washington County, but is wholly absent in Allegany County. Long-term housing options for those in recovery are limited to a handful of faith-based programs with strict restrictions for participation. Long-term housing through the state Massie Unit requires relocation to urban areas of the state. Neither option provides the long-term housing availability that is a hallmark of the “unique, time-tested, evidence based” Oxford House program. (https://oxfordhouse.org/userfiles/file/doc/2017_Convention_Program.pdf)

Healing Allegany can play a central role in thoroughly evaluating the potential for Oxford House or similar housing programs, and promoting it as a viable, effective source of stable housing for those in recovery in Allegany County.

FAMILY RESILIENCE

Evidence-based prevention approaches in training OUD-affected families and the community at large in mind-body skills, conducted in conjunction with additional emphasis on family and foster-care services

In sharing the evidence-based practices of the renowned Center for Mind-Body Medicine (CMBM), Healing Allegany pursues the approach that the best defense against opioid misuse is a

good offense in promoting emotional well-being among families affected by OUD, and the community at large. The CMBM model teaches simple stress-relief and resilience-building skills in the context of small, supportive groups. When chronic or overwhelming, stress disrupts physiological function and contributes in significant ways to psychological disorders that can lead to drug misuse and addiction. With several staff members certified as instructors by the CMBM, AHEC West will take the lead in employing coping skills, self-care and other mind-body principles to pro-actively combat the opioid epidemic, strengthening participants spiritually, emotionally and physically against the siren-song of drugs.

Proposed foster care and family services enhancements would be spearheaded by Pressley Ridge family services, a member of the Healing Allegany stakeholders network, and built around the HOMEBUILDERS® program. HOMEBUILDERS provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. The goal of services is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises. Therapists work with high-risk families involved with the child protective services system. The goal of the HOMEBUILDERS program is to remove the risk of harm to the child instead of removing the child. The model will bring services directly into the home of identified families making services accessible and consistent and outcomes more achievable.

In response to the increasing need for intensive in home services for families affected by substance abuse in Allegany County, Maryland, Pressley Ridge proposes to provide intensive in-home services to families whose children are at an imminent risk of placement or those who are in placement and cannot return home without intensive in-home services.

Each Homebuilders therapist serves around 25 families per year.

PROBLEM STATEMENT

Target Population

The target population of the Healing Allegany Consortium RCORP project is Allegany County, Maryland, a large, rural, mountainous county designated as part of the Appalachian Regional Commission service area. According to HRSA's Rural Health Grants Eligibility Analyzer, the entire county is classified as rural when populations of state and federal inmates are deducted from the overall population of the Cumberland core urbanized area. Allegany County covers 430 square miles. In addition to the county seat of Cumberland – by far the county's largest municipality with a population of 19,500 – the county features the city of Frostburg – population 9,000 and home to 5,400-student Frostburg State University – and the towns of Barton, Lonaconing, Luke, Midland, and Westernport.

Problem Statement

Opioid misuse is prevalent in Allegany County, leading to overdoses and increased pressure on public services and healthcare delivery amidst a deepening climate of despair. This problem is exacerbated by:

- Stigma against opioid users and harm-reduction programs that restore hope and save lives
- Workforce gaps that inhibit access to affordable treatment and recovery services.
- A shortage of stable sober living housing for those in recovery
- Socio-economic conditions contributing to a culture of despair and malaise that is ripe for counter-messaging of resilience and hope

Goals

In response to the opioid epidemic ravaging Allegany County, Md., Healing Allegany seeks a brighter, more hopeful tomorrow featuring readily available and affordable access to treatment and recovery services, adequate staffing for associated health and family-services programs, stable housing for those in recovery, and a healthcare workforce and general population aware of stigma associated with opioid misuse and the harm-reduction programs that curtail drug overdoses and save lives.

Goal 1

Provide stigma education to the general public and healthcare workforce, to include information on and advocacy for harm-reduction programs that reduce the morbidity and mortality associated with SUD/OD

Goal 2

Expand access to prevention, treatment and recovery services through workforce enhancement and improved service coordination

Goal 3

Promote development of stable housing and other supportive services, including self-help and mutual support programs, for those in recovery

Goal 4

Provide targeted services for families affected by SUD/ODU, to include Naloxone distribution and training, enhanced foster care services, and evidence-based mind-body skills training to prevent addiction, promote resilience and restore hope

GOALS/OBJECTIVES/ACTIVITIES/INDICATORS

Goal 1: Provide stigma education to the general public and healthcare workforce, to include information on and advocacy for harm-reduction programs that reduce the morbidity and mortality associated with SUD/OD

Objective 1: By June 30, 2022, Healing consortium members will have educated 10,000 Allegany County residents on stigma related to SUD/OD.

Activities:

- Ongoing Healing multi-media campaign (radio, newspaper, social media etc.) featuring stories of recovering people, stories from families of SUD/OD impacted individuals, information on the signs and symptoms of SUD/OD, effects of SUD/OD, Naloxone as a life-saving treatment, and the value of harm-reduction services such as Syringe Services Programs and MAT that can restore hope and save lives.
- Campaigns will be built around the five pillars of the Maryland Department of Health's Regrounding Our Response initiative: Stages of Change, Adverse Childhood Experiences, Social Determinants of Health, MAT as Overdose Prevention, and Drug User Health.

Objective 2: By June 30, 2022 Healing consortium members will have trained 250 health and human service professionals, including first responders, frontline medical staff and emergency room personnel, in stigma and "compassion fatigue."

Activities:

- Training events focused on techniques to address compassion fatigue, including linkages to mental health assistance and support to prevent first responders from becoming secondary victims of the opioid epidemic.
- Target groups for compassion-fatigue training to include first responders, healthcare providers, hospital and ER staff, social workers, pharmacists, teachers, and members of the legal profession

Objective 3: By June 30, 2022, Healing consortium members will have arranged for 10,000 Allegany County public school and college students to receive information and education on the signs and symptoms of SUD/OD, effects of SUD/OD, Naloxone as a life-saving treatment, and the value of harm reduction programs such as MAT and syringe services.

Activities:

- Semi-annual programs in Allegany County public schools and prevention events at Frostburg State University and Allegany College of Maryland, including resource fairs.
- These educational events will be built around the five pillars of the Maryland Department of Health's Regrounding Our Response initiative: Stages of Change, Adverse Childhood Experiences, Social Determinants of Health, MAT as Overdose Prevention, and Drug User Health.

- Stigma programs will be conducted by On Our Own of Maryland, a 38-year-old organization whose motto is “Changing Attitudes, Supporting Recovery.”
- In addition to Regrounding elements, the On Our Own programs will feature interactive sessions that “enable participants to talk openly on a level playing field about attitudes, behaviors, and practices that are stigmatizing” resulting to “raise awareness, improve attitudes, decrease stigma and foster a sense of personal recovery.”

Short term outcome of Goal 1:

By July 1, 2020 Healing Allegany will begin to implement activities to reduce SUD/ODU-related stigma in Allegany County, and to promote the value of harm reduction programs that can reduce the morbidity and mortality associated with opioid misuse and addiction.

Long term outcome of Goal 1:

Outcome: SUD/ODU risk factors in Allegany County are reduced by greater community awareness of stigma and the value of harm reduction programs.

Indicators (by June 30, 2022):

- 10,000 residents receive stigma awareness information through public information campaigns, including radio, print and social media
- 250 members of the healthcare workforce receive stigma training, including components to address compassion fatigue and available resources for workers such as mental health assistance
- 10,000 public school and college students will receive information and/or education on SUD/ODU stigma, including stories of those in recovery, effects of SUD/ODU, and the value of harm reduction programs

Goal 2: Expand access to prevention, treatment and recovery services through workforce enhancement and improved service coordination

Objective 1: By June 30, 2022, Healing Allegany will have trained 250 health and human services professionals (including first responders) about safe opioid prescribing, use of SBIRT (Screening, Brief Intervention, and Referral to Treatment) screening technique to better identify possible SUD/OD cases, the value of MAT, and financial obstacles to treatment.

Activities:

- Training events focusing on safe opioid prescribing, SBIRT, MAT and the availability of prevention, treatment, and recovery services in Allegany County.
- In addition to informational presentations on insurance and financial limitations, Healing Allegany will maintain ongoing involvement through the consortium and stakeholders network – including consortium member Maryland Rural Health Association -- in advocating for:
 - o Development of additional treatment and recovery resources, including financial assistance programs needed to access currently available services
 - o Medicaid coverage of treatment, recovery, and transportation services
 - o Enhanced coverage under private health insurance plans of SUD/OD treatment and recovery services

Objective 2: By June 30, 2022, Healing Allegany consortium members will coordinate the recruitment and hiring of 20 Peer Specialists to work with those suffering from SUD/OD in Allegany County.

Activities:

- Promote the value of Peer Specialist employment among those in recovery through targeted outreach as part of other Healing Allegany initiatives.
- Attend job fairs throughout the county to offer Peer Specialist positions as a viable form of employment and self-support for those in recovery.
- Advocate for and take the lead in coordinating local training of Peer Specialists
- Initiate a community-supported scholarship fund to help cover tuition costs for Peer Specialist training.

Objective 3: Improve coordination and communication between public-sector and private – including faith-based -- addictions and SUD/OD programs; develop comprehensive, regularly updated list of programs and services available for prevention, treatment and recovery

Activities:

- Designate a Healing Allegany consortium member to take the lead in public/private coordination efforts, to include an initial meeting of all service providers, designation of contact persons for each organization, and regular outreach to confirm service offerings and identify new programs addressing prevention, treatment, and recovery services in Allegany County.

- Develop comprehensive, regularly updated lists of SUD/ODU services available to residents of Allegany County, including schedules of upcoming face-to-face and online self-help meetings such as Twelve Step, SMART training, and Celebrate Recovery
- As part of this program, increase awareness of and integrate county-based services into the SAMHSA's "real time" Behavioral Health Treatment Services Locator at <https://findtreatment.samhsa.gov/>. This activity will include ongoing evaluation of the SAMHSA tool to ensure its accuracy for Allegany County based programs and service offerings.

Objective 4: Expand treatment programs available to inmates at the Allegany County Detention Center transitioning to post-incarceration life.

Activities:

- Healing Allegany, including consortium members representing the Allegany County Detention Center, will work to expand SUD/ODU treatment programs to all inmates affected by the disorders, eliminating restrictions that currently limit many services to those who have a dual diagnosis including SUD/ODU and a mental disorder.

Objective 5: Provide billing and coding training to healthcare providers and administrative staff and other relevant stakeholders to optimize reimbursement for SUD/ODU encounters across all insurance types.

Activities:

- Consortium member Allegany College of Maryland will provide targeted training on billing and coding at least once a year to relevant members of the healthcare workforce, especially administrative staff.
- Training will include messaging on stigma and compassion fatigue, as in some cases the same staff can serve as frontline office gatekeepers.

Short term outcome of Goal 2: By July 1, 2020 Healing Allegany will begin to implement activities to expand access to SUD/ODU prevention, treatment and recovery services through workforce enhancement and improved service coordination.

Long term outcome of Goal 2:

Access to SUD/ODU prevention, treatment, and recovery services will be expanded in Allegany County.

Indicators: (By June 30, 2020)

- 250 healthcare workforce members in Allegany County will be trained about safe opioid prescribing, use of SBIRT, and MAT.
- An additional 20 Peer Specialists will be added to the healthcare workforce to provide counseling, education, encouragement, and advice to Allegany County residents suffering from SUD/ODU.
- A Healing Allegany consortium member will serve as point-person coordinating services between public and private SUD/ODU treatment programs, enhancing communication

between these agencies, and overseeing regular updates to a comprehensive list of services available to residents of Allegany County

- SUD/OD treatment programs at the Allegany County Detention Center will be revised to eliminate policies that limit participation to dual-diagnoses inmates who also have a separate mental health disorder

Goal 3: Promote development of stable housing and other supportive services, including self-help and mutual support programs, for those in recovery

Objective 1 – By June 30, 2020 Healing Allegany will support and coordinate development of at least three housing facilities in Allegany County for those in recovery from SUD/ODU.

Activities:

- Healing Allegany will take a lead role in educating the public on the need for stable, long-term housing for those in recovery, advocating in particular for development of evidence-based Oxford House housing facilities in Allegany County.
- Meet with Oxford House representatives regarding development and operational issues.
- Coordinate with Oxford House development team in meetings with Cumberland/local government officials and community groups
- Advocate for inclusion of previously incarcerated individuals in recovery housing, providing transitional housing for those recently released from jail or prison

Objective 2 – By June 30, 2022 Healing Allegany will facilitate increased access to SUD/ODU supportive services for no fewer than 1,000 residents of Allegany County.

Activities:

- Host annual public “recovery rallies” featuring recovering and non-recovering people who gather to share their experiences and learn about available supportive services.

Objective 3 – By June 30, 2022 develop network of at least 20 general public and healthcare workforce certified trainers in the SMART recovery program: Self-Management And Recovery Training.

Activities:

- AHEC West to take lead in both certification training and development/coordination of SMART training groups

Short term outcome of Goal 3:

By July 1, 2020 Healing Allegany will initiate efforts to develop stable housing and other supportive services, including alternative forms of self-help and mutual support programs, for those in recovery

Long term outcome of Goal 3:

Outcome: Allegany County residents in recovery from SUD/ODU will have access to stable, long-term housing to promote the stability necessary for full, sustained recovery, while those suffering from ongoing SUD/ODU will have access to a variety of self-help and mutual support services, including the SMART recovery program.

Indicators (by June 30, 2022)

- Development of at least three Oxford House or similar programs providing stable, long-term housing for those in recovery
- Hosting of three annual “recovery rallies” that will collectively reach at least 1,000 Allegany County residents
- Certification of at least 20 public and healthcare workforce trainers capable of providing SMART self-help sessions to Allegany County residents suffering from SUD/OD

Goal 4: Provide targeted services for families affected by SUD/ODU, to include Naloxone distribution and training, enhanced foster care services, and evidence-based mind-body skills training to prevent addiction, promote resilience and restore hope

Objective 1 -- By June 30, 2022, Healing Allegany consortium members will have provided evidence-based mind-body skills training to at least 500 residents of Allegany County, including families of those affected by SUD/ODU

Activities

- Semi-annual community prevention events including resource fairs and training on signs and symptoms of SUD/ODU, effects of SUD/ODU, how/where to get help, and capstone-training on effective coping mechanisms through the evidence-based Center for Mind-Body Medicine

Objective 2 – By June 30, 2022, provide Naloxone to at least 250 residents of Allegany County who are personally affected by SUD/ODU

Activities

- Conduct targeted outreach through consortium members, stakeholders network and other county-based agencies to provide Naloxone directly to those affected by SUD/ODU, their family members and their friends
- Provide regular Naloxone training through public outreach, community health fairs, and one-on-one instruction

Objective 3 – By June 30, 2022 facilitate enhancements to foster care services provided in Allegany County to better address the increased rate of child removal as a result of SUD/ODU by parents and caregivers, utilizing the HOMEBUILDERS model of family support.

Activities

- Convene study group of affected agencies and individuals to identify areas of needed improvement in foster care services in Allegany County
- Ongoing advocacy by study group and Healing Allegany consortium, including Maryland Rural Health Association, to provide adequate resources to meet the needs of children displaced from their families by SUD/ODU
- Coordinate with Pressley Ridge family services – a member of the Healing Allegany Consortium stakeholders network – in the provision of the HOMEBUILDERS program to families in Allegany County impacted by SUD/ODU, and at risk of having children placed in foster care as a result of parent or caregiver addiction or drug abuse.

Short term outcome of Goal 4:

By July 1, 2020 Healing Allegany will begin efforts to provide targeted services for families affected by SUD/OD, to include Naloxone distribution and training, enhanced foster care services, and evidence-based mind-body skills training to promote resilience

Long term outcome of Goal 4:

Outcome: Families of Allegany County residents suffering from SUD/OD or in recovery from addiction will have access to life-saving Naloxone medication and the ability to deliver it to those suffering overdose; foster care services will be improved to better manage the increased caseload brought about by SUD/OD; and the community at large, including families of those affected by SUD/OD, will receive mind-body skills training to prevent addiction, promote resilience, and restore hope.

Indicators (by June 30, 2022)

- Evidence-based mind-body skills training will be provided to at least 500 community members, including families and friends of those suffering from SUD/OD
- Naloxone will be distributed to at least 250 individuals in Allegany County who are personally affected by SUD/OD, with appropriate training provided either in group settings or individually
- Foster care services in Allegany County will be improved to meet the demand placed on them by SUD/OD

LOCAL, STATE AND FEDERAL RESOURCES

(Including potential sources of supplemental funding)

Local:

- Allegany College of Maryland
- Allegany County Department of Social Services
- Allegany County Health Department
- Allegany County Office of Workforce Development
- Allegany County Opioids & Overdose Task Force
- Allegany County Schools
- Allegany County Sheriff
- Archway Station
- Celebrate Recovery
- Churches/Faith-based groups
- Community Service Organizations
- Family Foundation
- First Responders
- Frostburg State University
- Frostburg State University - COAT program– Conquering Opioid Abuse Together
- Maryland Coalition of Families
- Maryland Legal Aid
- Municipal law enforcement
- Prescribe Change
- Pressley Ridge family services
- Primary Care Professionals
- Western Maryland Health System

State/Regional:

- Maryland Department of Health
- Maryland Rural Health Association
- Center for Harm Reduction Services ACCESS Grant
- Bureau of Population Health's Overdose Fatality Review and Opioid Misuse Prevention Program
- Opioid Operational Command Center
- The SEADS research program – Statewide Ethnographic Assessment of Drug Use and Services
- Maryland Overdose Fatality Review program
- Maryland Opioid Intervention Team

Federal:

- HRSA Rural Communities Opioid Response Program (RCORP) – Implementation Grant
- SAMHSA, including the agency's State Opioid Response grants

- HRSA Rural Communities Opioid Response Program – Planning Grant
- CDC’s OD2A program -- Overdose Data to Action
- HUD Continuum of Care initiative

CONCLUSION

Allegany County has numerous risk factors increasing its exposure to Substance Use Disorder and Opioid Use Disorder – and related morbidity and mortality – including proximity to urban drug markets and communities of heavy drug use in neighboring states, a poor regional economy and an attendant societal malaise that fosters hopelessness and consequent drug abuse. Heaped upon this bleak socio-economic combination are additional factors further driving SUD/ODU and overdoses, including:

- Prevalent, powerful **stigma** not only among the general population but within a healthcare workforce that suffers from the “compassion fatigue” common to first responders, emergency room staff, healthcare providers, social workers, pharmacists and others who face professional burnout from frequently – often repeatedly -- treating and interacting with people who use drugs, and the many challenges and frustrations that entails. In the larger community, stigma often prevents people who use drugs from seeking services and treatment that would help them.
- The **healthcare workforce** arrayed against SUD/ODU is thin to begin with, as Allegany County features Health Professional Shortage Areas typical of Appalachia, and now grapples with an epidemic of drug misuse that poses unprecedented challenges in the delivery of adequate care. We have too few Peer Support Specialists who can better relate to and guide those suffering from addiction, our treatment programs suffer the “silo-effect” from lack of communication and coordination, the county lacks a comprehensive, updated list of available services for those seeking treatment, and the resources simply are not there to develop needed programs such as re-entry supervision and service-coordination for those recently released from jail.
- Stable, long-term **housing** for those in recovery is virtually non-existent in Allegany County. Current programs are focused primarily on treatment, with a window of eligibility that inevitably closes, forcing those suffering from addiction back on the street where the temptation to re-use is often too strong to resist. Efforts to develop such housing languish for lack of the type of leadership and support that Healing Allegany could provide.
- Those suffering from addiction are not the only victims of SUD/ODU, as the **families** of those who use drugs are invariably caught in the grinder, their finances depleted, their patience exhausted, their love tested. Removal of children to foster care because of parental or caregiver drug use has increased alarmingly in Allegany County. Lacking for these families on the front lines of the opioid epidemic are the kinds of coordinated, sustained support services that can increase knowledge and awareness of services, build personal resilience, and restore hope.

The Healing Allegany Strategic Plan seeks to directly respond to these and other pressing community needs. Through the plan’s four main goals and associated objectives and activities,

the Healing Allegany Consortium will reduce the morbidity and mortality rates due to opioid and other substance misuse in Allegany County, Maryland.