

**ADDRESSING SUBSTANCE USE
ON CAPE COD:
ACTION PLAN
2015 - 2020**

Prepared for:

Barnstable County Regional Substance Abuse Council (RSAC)

Prepared by:

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Local and State Context

Scope of the Problem

Barnstable County (interchangeably referred to as Cape Cod) retains a unique social cohesion due to its semi-rural character and geographical remoteness from urban resources. However its age-adjusted rates (per 100,000 residents) of alcohol addiction, drug addiction, accidental overdose, and deaths among adults (18 +) do not differ substantially from those of Massachusetts.

The county is home to a disproportionately large population of older adults age 65 and older) 25%, when compared to Massachusetts (14%). This feature has the potential to impact the community's planning and implementation of region-wide substance use prevention and treatment interventions.

In general, youth are at risk for uptake of substance use habits during their high school years. In Barnstable County, high school students self-report substance-related behaviors at rates that are generally equivalent to their state-wide peers for lifetime and current alcohol use, lifetime marijuana use, lifetime heroin use, and lifetime cocaine and ecstasy use. Alcohol and marijuana use in middle school and high school are acknowledged problems statewide and on Cape Cod and they are important risk factors for addiction in young adulthood and beyond.

Similar to statewide rates, heroin use and mortality from overdose has increased dramatically on Cape Cod since 2012. Thus the Opioid Emergency Declaration made by Massachusetts Governor Patrick in March of 2014, and subsequent work by Governor Baker's Opioid Working Group in 2015 pertain directly to Cape Cod.

Barnstable Regional Substance Abuse Council (RSAC)

The RSAC was convened and funded in 2014 by the Barnstable County Department of Human Services in response to a need for regional coordination around the issue of substance use. The RSAC has undertaken a systematic and thoughtful approach to connecting the variety of substance use related efforts already underway across the region and has developed regional recommendations for further action.

The Barnstable Regional Substance Abuse Council brings together a diverse group of stakeholders representing local government, elected officials, law enforcement,

courts, schools, healthcare providers, and community coalitions. A listing of Council members can be found in Appendix A.

Barnstable RSAC Goal

Reduce the magnitude and severity of harm related to substance use and related deaths in Barnstable County from all substances of concern: alcohol, opioids, marijuana, and other drugs.

Barnstable RSAC Objective

Produce actionable recommendations to address substance use in Barnstable County.

Governor's Action Plan to Address the Opioid Epidemic in the Commonwealth

In June of 2015 Governor Baker's Opioid Working Group released its *Recommendations* report and an *Action Plan to Address the Opioid Epidemic in the Commonwealth*.¹ Many features of the Governor's *Action Plan* directly pertain to the needs in Barnstable County and therefore elements of the Governor's *Action Plan* are referenced in this planning document.

The Barnstable *RSAC Action Plan*'s scope is not, however, limited to opioids (heroin and prescription opioids). It also addresses alcohol, marijuana, and other substances.

Other Statewide Planning to Address Substance Use and Prevention

In July of 2010 the Governor's Interagency Council on Substance Abuse and Prevention published its *Substance Abuse Strategic Plan Update, FY2011-FY2016*,² in which it affirms the Massachusetts Department of Public Health's (MDPH) Bureau of Substance Abuse Services (BSAS) status as the lead agency to address the substance use problem statewide. The document articulates the comprehensive work needed to address substance use across all substances of concern and gives equal weight to alcohol and opioids. At the time of this document's issuance the statewide opioid public health emergency had not yet been declared.

The Barnstable RSAC will maintain a balance in focus and emphasis upon all substances of concern, not just opioids. As such, it has applied for and been

¹ Both documents are available at <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/recommendations-from-the-governors-opioid-addiction-working-group.html>.

² This document is available at <http://archives.lib.state.ma.us/handle/2452/50490>.

awarded funding for two prevention/harm reduction grants from the MDPH's Bureau of Substance Abuse Services (BSAS):

- The Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) targets opioid use (duration is 5 years);
- The Massachusetts Substance Abuse Prevention Collaborative (SAPC) targets underage drinking and other drug use (duration is 7 years).

Barnstable RSAC Activities to Date

- Held monthly meetings at which regional information is disseminated and discussed, and at which regional planning activities are decided.
- Published Barnstable RSAC e-Newsletter bi-monthly
- Published *Analysis of Substance Abuse on Cape Cod: A Baseline Assessment* (March 2015)³ which included:
 - An environmental scan of substance use-related resources for prevention, harm reduction, treatment and recovery
 - Epidemiology of substance use in the region
 - Economic impact of the consequences of substance use
 - Twenty-three key informant interviews
- Provided information to support creation of Barnstable County Department of Human Services' Behavioral Health Portal & Service Directory (<http://barnstable.ma.networkofcare.org/mh/>)
- Held Focus Groups (April and May, 2015); received Focus Group Findings (June 2015)
- Awarded funding in the amount of \$550,000 over 5 years under MOAPC.
- Awarded funding in the amount of \$700,000 over 7 years under SAPC.
- Approved the RSAC Action Plan (2015-2020) in August 2015.
- Scheduled first meetings of workgroups.

³ Harik, V., El Ayadi, A., Kossow, S. (March 2015) *Analysis of Substance Abuse on Cape Cod: A Baseline Assessment*, Barnstable County Department of Human Services, Barnstable, MA.
<http://www.bchumanservices.net/library/2015/03/RSAC-Baseline-Report-FULL-REPORT-3-11-15-Final.pdf>

RSAC *Baseline Assessment Findings and Preliminary Recommendations* (March 2015)

Epidemiological Findings (as of 2013)

- Alcohol addiction is endemic. The estimated number of persons addicted to alcohol on Cape Cod (17,063, or 7.9% of the population) outnumbers that of all other substances combined. Although prevalence of substance use is lowest amongst older adults, over 2/3 of treatment admissions for older adults are due to alcoholism.
- At least 3.1% of Barnstable County residents are addicted to or dependent upon heroin or prescription opioids (5,691 persons), and 3.1% are addicted to “other drugs” (5,691). This is very likely an under-estimate of the prevalence of heroin/prescription opioid users.
- Approximately 27,000 adults (age 18+) and 3,000 children (17 and under) on Cape Cod use marijuana regularly. Approximately 9% of those users are addicted to marijuana (or 2,715 persons).
- Mortality rates attributable to alcohol dependence and drug dependence were roughly equal in 2013 (0.80 % and 0.90% respectively). However, an accelerating mortality rate from heroin and prescription opioid overdoses from 2013 through 2014 shows that deaths attributable to this cause are increasing at a much higher rate than deaths attributable to alcohol.

Cost Findings (as of 2013)

- The estimated annual direct cost of substance abuse in Barnstable County is \$110,085,000 (the base year is 2013). These cost findings are summarized in Table 6 of the full report. Direct costs are those costs that are identifiable as being a direct result of substance abuse activity on Cape Cod (e.g. treatment, rehabilitation, arrests, incarceration, prevention).
- Annual expenditures on prevention and on community harm reduction in 2013 were less than 1% each of the total direct costs spent on combating substance abuse in Barnstable County; 0.9% for prevention activities, and 0.6% for harm reduction.

- Annual expenditures on substance abuse related law enforcement activities in 2013 were approximately \$56.9 million (52% of total), representing expenditures by the Police, Courts, Probation, Sheriff’s Office/Jail, District Attorney’s Office.
- Annual expenditures on treatment and recovery activities were approximately \$49.3 million and \$2.2 million, respectively, in 2013 (47% of total), representing services from agencies such as Gosnold on Cape Cod, Cape Cod Healthcare, community health centers, EMS, private providers, self-help meetings, and sober living facilities.
- Of the total direct costs associated with substance abuse in Barnstable County, approximately 43% are attributable to the use of alcohol and 52% are attributable to the use of heroin/prescription opioids.
- Additional work is needed to further define and analyze the impact of the “Other Drug” category since it represents a non-trivial amount of cost, morbidity, and mortality in the system.
- Preliminary work on external costs suggests that for every \$1 of direct cost there may be, conservatively, a further one to three and a half dollars (\$3.5) of productivity costs associated with substance abuse in our community (\$110 million to \$355 million).

Table 1. Summary of Costs of Substance Use on Cape Cod, 2013

DOMAIN	-----DIRECT COSTS-----					
	Total by Domain	Percent of Total	Sub-Total Alcohol	Sub-Total Heroin/Opiates	Sub-Total Marijuana	Sub-Total Other Drug
HARMS REDUCTION	\$ 707,000	0.6%	\$79,000	\$615,000	\$13,000	Pending
PREVENTION	\$1,010,000	0.9%	\$566,000	\$303,000	\$141,000	Pending
LAW ENFORCEMENT	\$56,900,000	51.7%	\$23,500,000	\$33,400,000	Pending	Pending
TREATMENT	\$49,311,000	44.8%	\$21,932,000	\$22,537,000	\$752,000	\$4,090,000
RECOVERY	\$2,156,000	2.0%	\$1,097,000	\$1,059,000	Pending	Pending
Total Estimated Cost of Substance Use on Cape Cod (2013)	\$110,084,000	100.0%	\$47,174,000	\$57,914,000	\$906,000	\$4,090,000
		Percent of Total	43%	53%	1%	4%

Preliminary Recommendations Published in the RSAC *Baseline Assessment* of March 2015

Table 2. RSAC Preliminary Recommendations

PREVENTION	INTERVENTION (Harm Reduction)	TREATMENT	RECOVERY
i. Address alcohol use, non-medical use of prescription drugs, and illicit drugs.	i. Increase awareness that addiction is a chronic medical condition.	i. Centralize substance abuse treatment referrals to help consumers be matched with appropriate resources and assistance in navigating the treatment system.	i. Expand recovery support services on Cape Cod, especially for youth and young adults (age 15 to 25).
ii. Identify effective prevention programs which are evidenced-based for use in Barnstable County.	ii. Educate consumers on the appropriate use and disposal of prescription drugs.	ii. Conduct a review of the adequacy of treatment resources available to Cape Cod residents.	ii. Substance abuse clients exiting the criminal justice system could benefit from evidenced-based case mgmt. services as part of re-entry planning/recovery support.
iii. Establish a unified substance abuse prevention effort.	iii. Engage health care professionals, prescribers, and pharmacists, to reduce the negative effects of prescription drug abuse.		iii. Consider a Recovery High School for Cape Cod.
iv. Include youth and youth in recovery in planning and implementation processes, given the impact of addiction on youth and young adults.			
v. Evaluate current prevention efforts in Barnstable County.	v. Educate the public and policy makers about the importance of harm reduction practices.		
vi. Support promising programs in the Law Enforce./Criminal Justice sector	vi. Institute active systematic surveillance of federal, state and locally generated substance abuse data.		
∞ Facilitate Funding of Identified Priorities			

RSAC Action Plan Overview

Based upon the foregoing preliminary recommendations, which came from the March 2015 *Baseline Assessment*, and upon the results of focus groups held during April and May of 2015 the RSAC presents this *Action Plan* to address substance use on Cape Cod, covering the period 2015 to 2020.

While conducting the *Baseline Assessment* the RSAC employed a public health approach to examine substance abuse on Cape Cod. Using established analytic approaches substance abuse behaviors, outcomes, and costs were divided amongst the following four domains:

1. Prevention
2. Harm Reduction (Intervention)
3. Treatment and Recovery
4. Law Enforcement

Subsequent work resulted in the alignment of the four domains with the planning work conducted at the statewide level. As such, the recommendations under Law Enforcement have been distributed to the Treatment and Recovery domains.

Thus the *RSAC Action Plan* now describes the strategic priorities for the RSAC's work along the following five domains:

- RSAC Core Functions
- Prevention Initiatives
- Intervention Initiatives
- Treatment Initiatives
- Recovery Initiatives

RSAC Core Functions

Establish and Maintain Cape-wide Regional Substance Abuse Council

Convene and Support Domain-Related Workgroups

- Prevention/Intervention Workgroup
- Treatment Workgroup
- Recovery Workgroup

Establish Legislative Agenda and Advocacy Plan

- Support and localize State initiatives (TBD).
- Identify local and regional gaps and options for opportunities for change.

Policy Change to Facilitate Prevention

- Evaluate need for policy change (local ordinances, school policy) to support prevention activities.

Facilitate Funding and Support of Identified Priorities

- Seek funding opportunities (public and private sources).
- Promote public-private collaboration with a regional perspective.

Support Community Prevention Coalitions

- Provide technical assistance to town coalitions.
- Promote formation of new coalitions in towns that do not yet have one.

Establish Communications Strategy for RSAC

- Plan a public education/media campaign to align with Governor's Plan. Locus of the planning and implementation to be within the Prevention Workgroup with participation from Intervention Workgroup.
- Establish a Speakers' Bureau.
- Aggregate and disseminate local information, events, and resources.

Support Evidence-Based and Promising Practices and Programs

- Provide Technical Assistance and forums for collaboration.

Provide Surveillance, Information Management, and Technical Assistance

- Surveillance of data, the evidence base, and policy/legislation.
- Technical assistance to RSAC membership/Town Coalitions.
- Support and localize State initiatives per the Governor's Opioid Action Plan, and MOAPC and SAPC reporting requirements.
- Collect, maintain, and facilitate access to local and statewide substance use-related data.
- Respond to information requests.

Prevention Initiatives & Strategies

Public Awareness (General)

- Develop a cogent local mass media public education campaign, leveraging educational campaigns underway through MDPH, to increase the public's knowledge about substance use and addiction, change normative perceptions, and to reduce stigma.

Public Awareness (Targeted: Alcohol and Marijuana)

- Build community capacity and raise awareness targeted at local youth about prevention of alcohol, marijuana, opioids, and other drug use.

Education—Parents and Students

- Educate parents about harms associated with substance use including: home access points to prescription drugs; risks of social hosting; pain management after surgery (themselves and their children); postponement of substance use initiation among youth as long as possible.
- Promote County-wide school-based primary prevention curriculum [age group(s) TBD].
- Outreach to parents organizations.

Education—School Administrators

- Educate school administrators on age-appropriate substance use prevention.

Education—Student Athletes, Coaches, Parents

- Educate student athletes, coaches, and parents about injury pain management, prescription drug misuse, and addiction

Drug Take-Back Events

- Support regional Drug Take-Back events and disposal planning.

Maintain Grant Funding from BSAS for the MA Substance Abuse Prevention Collaborative (SAPC) and for the MA Opioid Abuse Prevention Collaborative (MOAPC)

- Convene SAPC and MOAPC Planning Committees.
- Identify and pursue SAPC and MOAPC Priorities and Strategies.
- Set forth 5-Year Plan for prevention of under-age drinking and drug, and for prevention of opioid abuse, use by means of selected prevention strategies.

Local Policy Evaluation

- Identify need for local policy change to render local environment conducive to prevention activities, as appropriate.

Intervention Initiatives & Strategies

(Harm Reduction)

Education—School Administrators

- Educate school administrators and coaches on best practices for responding to student substance use and recovery.

Education—Employers and Businesses

- Provide technical assistance to employers/businesses about substance use and addiction, to include: warning signs of employee use; policies and procedures; referral information for treatment; overdose prevention; and emergency situations at the workplace.

Support Prescription Monitoring Program (PMP)

- Support and localize State initiatives per the Governor’s Opioid Action Plan.
 - Support the implementation of the statewide (and possibly multi-state) Prescription Monitoring Program (PMP).
 - Support local prescriber continuing medical education on management of patients with chronic pain (SCOPE of Pain curriculum).

Promote Overdose Education and Naloxone (Narcan) Distribution (OEND)

- Support and localize State initiatives per the Governor’s Opioid Action Plan.
 - Support increased retail availability of Naloxone (Narcan).

Good Samaritan Law

- Support and localize State initiatives per the Governor’s Opioid Action Plan.
 - Support implementation and awareness of 911 Good Samaritan Law.

Maintain Grant Funding from Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)

- Convene MOAPC Planning Committee.
- Pursue MOAPC Priorities and Strategies.
- Set forth 5-Year Plan for prevention of opioid use and related deaths by means of selected intervention strategies.

Secure Funding to address alcohol abuse intervention and treatment for adults.

SAPC funding to prevent alcohol use initiation and abuse is targeted at middle and high school children. However, the RSAC *Baseline Assessment* identified alcohol addiction as a major contributor to substance use-related morbidity and mortality on Cape Cod. Thus, planning and funding to address alcohol abuse among adults (and the senior sub-population) is necessary.

Treatment Initiatives & Strategies

Promote Access to Treatment Services

- Support and localize State initiatives per the Governor’s Opioid Action Plan, to include:
 - Advocate for Central Navigation System to access treatment.
 - Promote establishment of a Patient Assessment Center on Cape Cod, an extension of Intensive Outpatient Treatment (IOP) which is in the Governor’s Opioid Action Plan.

- Topics for local focus:
 - Work with existing access points to improve entry to treatment system:
 - CCHC Emergency Rooms (potential to pilot Recovery Coaching)
 - Outpatient treatment modalities (e.g. Medically Assisted Treatment [MAT])
 - Risk screening at multiple points of contact with patient (clinical or emergency contact and contact with law enforcement sector)
 - Local Department of Children & Families (DCF) and Department of Mental Health (DMH) activities to address substance use (DMH Resource Connection Center [RCC])

Work with Sheriff’s Office to Support Treatment and post-Incarceration Services

- Explore options for expanding treatment to “held” (non-sentenced) persons in Jail.
- Explore use of excess capacity at Jail for clinical stabilization services.
- Support post-incarceration re-entry initiative for sentenced persons in House of Corrections (and see Recovery Support Initiatives).

Recovery Support Initiatives & Strategies

Promote Access to Recovery Services

- Support and localize State initiatives per the Governor's Opioid Action Plan:
 - Explore standardization of recovery wrap-around services (including MAT, consistent with the office-based opioid treatment model used by the Community Health Centers).
 - Support accreditation of Sober Homes
- Topics for local focus:
 - Work with Recovery Support Center (RSC) in Hyannis.
 - Identify and disseminate substance use-related counseling toolkit to clergy to assist with supporting persons in recovery and their families and friends.
 - Support post-incarceration re-entry initiative for sentenced persons in House of Corrections (and see Treatment Initiatives).

Explore New Recovery Services

- Explore potential for a Recovery High School for Cape Cod.
- Support creation of Recovery Support Groups for teenagers.
- Work with MDPH/BSAS to study creation of standardized Recovery Coaching model, with consideration of payment options.
- Liaise with the MDPH/BSAS and the Mass. Executive Office of Health and Human Services (EOHHS) to support amending the Centers for Medicare & Medicaid Services (CMS) state plan to fund Recovery Coaches via use of community health workers (CHWs)⁴ (as in the Rhode Island emergency room project⁵).

⁴ Massachusetts will need a waiver from the federal Centers for Medicare & Medicaid Services (CMS) to allow reimbursement of CHWs through the State Plan Amendment (SPA). MassHealth would be the entity to prepare the SPA for submission to CMS. EOHHS oversees both the DPH and MassHealth.

⁵ Bowman, S. (October 2014). The Rhode Island Community Responds to Opioid Overdose Deaths. Rhode Island Medical Journal. The RI Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) and The Providence Center are administering a pilot program providing hospital emergency rooms with peer recovery

Implementation

Lead the following RSAC Core Functions:

- Establish Legislative Agenda and Advocacy Plan
- Establish Communications Strategy for RSAC
- Convene Workgroups to Lead Work in the Four Domains:
 - Prevention/Intervention Workgroup
 - Treatment Workgroup
 - Recovery Workgroup
 - Under the guidance of the RSAC each Workgroup will develop an implementation plan, to include a 5-year timeline, outcomes measures, and tactics for implementation. A draft Implementation Matrix for each Workgroup is included with this *Action Plan* as Appendix B.

RSAC Members to Support the Following RSAC Core Functions:

- Establish and Maintain Cape-wide Regional Substance Abuse Council
- Join Workgroup(s) in the Four Domains
- Support Promising Practices and Programs

Barnstable County Dept. of Human Services to Support Selected RSAC Core Functions:

- Provide Surveillance, Information Management, and Technical Assistance
- Staff the four RSAC Workgroups.

coaches to meet with drug overdose survivors.

<http://www.ncbi.nlm.nih.gov/pubmed/?term=The+Rhode+Island+Community+Responds+to+Opioid+Overdose+Deaths>

Appendix A: RSAC Members, As of 10/1/2015

First Name	Last Name	Title	Company/Organization
Beth	Albert	Director	Barnstable County Dep. Of Human Services
Roger	Allen	Clinical Director, Inmate Services	Barnstable County Sheriff's Department
Deirdre	Arvidson	Public Health Nurse	Barnstable County Dept. of Health & Environment
Cheryl	Bartlett	Executive Director	CCHC Office of Health Initiatives
Ronald	Bergstrom	Speaker	Assembly of Delegates
Shaun	Cahill	Youth Program Director	Barnstable Sheriff's Office
Karen	Cardeira	Director, Falmouth Human Services	Falmouth Substance Abuse Commission
Jennifer	Cullum	Town Councilor	Barnstable Town Hall
Dennis	Cunningham	Community Representative	Town of Wellfleet
John	Fortes		MOAR: Mass Organization for Addiction Recovery
Chris	Greeley		Yarmouth Police Drug Awareness Committee
Elisabeth	Griffin	School Adjustment Counselor	Upper Cape Technical High School
Linell	Grundman	Human Services Advisory Committee	Sandwich Human Services Advisory Committee
Thomas	Guerino	Town Administrator	Bourne Town Hall
Lisa	Guyon	Community Benefits	Cape Cod Healthcare
Paul	Hilton	Executive Director	Cape Cod Collaborative
Randall	Hoskinson, Jr.	Clinical Research Program Director	Brown University
Sheila	House	Youth Counselor	Harwich Town Hall
Randy	Hunt	Representative	5th Barnstable District
John M.	Julian	Judge	Barnstable District Drug Court
Edward	Kulhawik	Police Chief	Eastham Police Department
Mary	LeClair	Former County Commissioner	Mashpee Cares
Sheila	Lyons	County Commissioner, Chair	Barnstable County Commissioners
Donna	Mello	Harm Reduction Manager	AIDS Support Group of Cape Cod
Patty	Mitrokostas	Prevention Program Director	Gosnold on Cape Cod
Andrew	Nelson	District Representative	Office of Congressman Keating (Non-Voting)
Heidi	Nelson	CEO	Duffy Health Center
Edye	Nesmith	Interim Director	Cape Cod Council of Churches
Gerry	Panuczak	Human Resources Director	Chatham Town Hall

Ruth	Provost	Director	Boys & Girls Club of Cape Cod
Kathy	Quatromoni	Programs Director	C&I District Attorney's Office
Carolyn	Rains	Nursing Supervisor	Sandwich Public Schools
Brian	Robbins	Director	Hyannis Peer Recovery Center
Sue	Rohrbach	District Director	Office of Senator Dan Wolf
Sean	Sheehan	Assistant Chief Probation Officer	Barnstable First District Court
Ray	Tamasi	Executive Director	Gosnold on Cape Cod
Sam	Tarplin		“What Happened Here: Untold Story of Addiction”
Gail	Wilson	Director	Mashpee Human Services
Regina	Yarouch	Adjunct Professor	Cape Cod Community College, Arts & Communication

Staff:

Vaira Harik, Samantha Kossow, Jessica McHugh MOAPC Coordinator, and SAPC Coordinator (TBD)

Technical Assistance:

Carl Alves, MassTAPP

Appendix B: Implementation Matrices for Workgroups

(DRAFT)

RSAC Core Functions:

RSAC Action Plan, Implementation Matrix										2015		
RSAC CORE FUNCTION: COORDINATED REGIONAL EFFORT NEEDED TO REDUCE SUBSTANCE ABUSE.										As of 11/1/15		
<p>Problem Identified by RSAC: Regional coordination and prioritization of activities amongst participants in the four analytic domains (Prevention, Intervention/Harms Red., Treatment, and Recovery) is needed for success in preventing and reducing substance abuse on Cape Cod</p>										RSAC Role: -Lead -Support -Liaise (?)	Workgroup Assigned: -Prevention/Intervention -Treatment -Recovery -RSAC Planning Group	Supporting Entities
Goals	Strategies	Target Group(s)	Outputs	Outcomes			RSAC Role	Workgroup Assigned	Supporting Entities			
				Short Term: 1 YEAR	Intermediate Term: 5 YEAR	Long Term: 10 YEAR						
1. Prevention (Requires selection of interventions, increased funding, and intensive coordination);	Refer to "RSAC-Prevention" Sheet						Lead	Prevention/Intervention Workgroup				
2. Intervention/Harm Red. (Requires selection of interventions, increased funding, and intensive coordination);	Refer to "RSAC-Intervention-Harm Red." Sheet						Lead	Prevention/Intervention Workgroup				
3. Treatment (The system requires regional coordination and improved access);	Refer to "RSAC-Treatment" Sheet						Support Liaise	Treatment Workgroup				
4. Recovery (The system requires regional coordination and improved access);	Refer to "RSAC-Recovery" Sheet						Support Liaise	Recovery Workgroup				
5. Regional Coordination of Effort (Outlines RSAC's methods to support and manage work undertaken in the four domains)	A. Establish and maintain Cape-wide Regional Substance Abuse Council.											
	B. Convene and Support Domain-Related Workgroups.											
	C. Establish Legislative Agenda and Advocacy Plan.											
	D. Facilitate Funding of Identified Priorities						Lead	RSAC Planning Group				
	E. Support Community Prevention Coalitions											
F. Establish Communications Strategy for RSAC												
G. Support Evidence-Based and Promising Practices and Programs												
H. Provide Surveillance, Information Management, and Technical Assistance												

Appendix B: Implementation Matrices for Workgroups (DRAFT)

Prevention/Intervention Workgroup (Sheet 1, Prevention):

RSAC Action Plan, Implementation Matrix										2015					
As of 11/1/15															
DOMAIN = PREVENTION (Requires selection of interventions, increased funding, and intensive coordination).										RSAC Role: -Lead -Support -Liaise (?)		Workgroup Assigned: -Prevention/Intervention -Treatment -Recovery -RSAC Planning Group		Supporting Entities	
Goals	Strategies	Target Group(s)	Outputs	Outcomes											
				Short Term: 1YEAR	Intermediate Term: 5 YEAR	Long Term: 10YEAR									
1. Secure Funding for Cape-wide prevention effort.	A. Maintain funding from BSAS via SABC (Substance Abuse Prevention Collaborative) grant. B. Maintain funding from BSAS via MOAPC (MA Opioid Abuse Prevention Collaborative) grant.	Underage Drinking and Drug Use. Opioid abusers and their friends/family.					Lead	RSAC Planning Group	MOAPC: Towns of Bourne, Falmouth, Sandwich, Mashpee, Barnstable, Yarmouth, Harwich.						
										A. Media Campaign (General) (SABC + MOAPC) B. Media Campaign (Targeted: Alcohol & Marijuana) (SABC)	General Public School children and their parents.				
	2. Build Public Awareness of substance use, addiction, and prevention.	A. Parents: Educate parents about harms associated with substance use and addiction	Parents of school-age children (Age groups) and curricula TBD)					Lead		SABC					
											B. Parents and Students: Promote County-wide school-based primary prevention curriculum; social hosting; postponement of first use of alcohol and marijuana.	School children and their parents, (Age groups) and curricula TBD)			
C. School Administrators: Provide information on age-appropriate substance use prevention methods.		School Administrators				Lead	SABC								
								D. Student Athletes, Coaches, Parents: Educational programming regarding injury pain management, prescription drug misuse, and addiction.	Student Athletes, Coaches, Parents				Lead	MOAPC	
3. Education	A. Evaluate need for policy change (local ordinances, school policies) to render local environment conducive to prevention activities.	School Districts (policies); Town Ordinances					Lead								RSAC Planning Group
								B. (Placeholder)							
4. Local Policy/Evaluation	A. Support regional events.	Local Police Departments					Lead								Prevention/Intervention Workgroup
								5. Support Drug Take-Back Events	B. (Placeholder)						
6. (Placeholder)...															

Appendix B: Implementation Matrices for Workgroups (DRAFT)

Prevention/Intervention Workgroup (Sheet 2, Intervention):

RSAC Action Plan, Implementation Matrix										2015 As of 11/1/15										
DOMAIN = INTERVENTION (Harm Reduction) (Requires selection of interventions, increased funding, and intensive coordination).										RSAC Role: -Lead -Support -Liaise (?)		Workgroup Assigned: -Prevention/Intervention -Treatment -Recovery -RSAC Planning Group		Supporting Entities						
Goals	Strategies	Target Group(s)	Outputs	Short Term: 1 YEAR	Intermediate Term: 5 YEAR	Long Term: 10 YEAR	Outcomes													
1. <u>Secure Funding for Cape-wide harm reduction effort.</u>	A. Maintain funding from BSAS via MOAPC (MA Opioid Abuse Prevention Collaborative) grant opportunity. B. Secure funding to address alcohol abuse intervention and treatment for adults.	Opioid abusers and their friends/family.							Lead	RSAC Planning Group	Towns of Bourne, Falmouth, Sandwich, Mashpee, Barnstable, Yarmouth, Hanwich.									
2. <u>Education</u>	A. School Administrators and Coaches. Educate on best practices for responding to student substance use and recovery. B. Employers and Businesses, P&Ps, HR needs; Treatment referral for employees.	School administrators and Coaches Employers and Businesses							Lead	Prevention/Intervention Workgroup	RSAC									
3. <u>Support Prescription Monitoring Program (PMP)</u>	A. Support and localize State initiatives. Per Governor's Opioid Action Plan. A.i. Continuing Medical Education for local prescribers on management of patients with chronic pain (SCOPE of Pain curriculum). B. (Placeholder)...	Pharmaceutical Prescribers							Support	Prevention/Intervention Workgroup	Cape Cod Healthcare, MOAPC									
4. <u>Promote Overdose Education and Naloxone Distribution (OEND) (Narcan)</u>	A. Support and localize State initiatives. Per Governor's Opioid Action Plan. B. (Placeholder)...	Opioid abusers and their friends/family; Pharmacy retail outlets							Support	Intervention Workgroup	MOAPC									
5. <u>Support Good Samaritan Law</u>	A. Support and localize State initiatives. Per Governor's Opioid Action Plan. B. (Placeholder)...	Opioid abusers and their friends/family; Law Enforcement, Courts							Support	Prevention/Intervention Workgroup	MOAPC									
6. <u>(Placeholder)...</u>																				

Appendix B: Implementation Matrices for Workgroups

(DRAFT)

Treatment Workgroup:

RSAC Action Plan, Implementation Matrix										2015	
DOMAIN = TREATMENT										As of 11/1/15	
(The system requires regional coordination and improved access).											
Goals	Strategies	Target Group(s)	Outputs	Outcomes			RSAC Role: -Lead -Support -Liaise (?)	Workgroup Assigned: -Prevention/Intervention -Treatment -Recovery -RSAC Planning Group	Supporting Entities		
				Short Term: 1 YEAR	Intermediate Term: 5 YEAR	Long Term: 10 YEAR					
1. Promote Access to Treatment Services	A. Support and localize State initiatives. Per Governor's Opioid Action Plan.	Local Treatment Providers				Support	Treatment Workgroup				
	B. Advocate for Central Navigation System to access treatment.	Local Treatment Providers; BSAS; Legislature				Support	Treatment Workgroup				
	C. Promote establishment of Patient Assessment Center on Cape Cod.	Local Treatment Providers; BSAS; Legislature				Support	Treatment Workgroup				
	D. Promote existing treatment system access points.	Substance Abusers and their Friends/Family; Law Enforcement; Courts; First Responders				Lead	Treatment Workgroup				
	E. Explore potential for a Recovery High School on Cape Cod.	Local Community; Local Treatment Providers; BSAS; Legislature				Support	Treatment Workgroup	Recovery Workgroup			
2. Expand Treatment to Incarcerated Individuals	C. (Placeholder)...										
	A. Explore with Sheriff's Office expansion of treatment to non-sentenced persons in jail.	Addicted inmates in jail									
	B. Explore with Sheriff's Office use of excess capacity at jail for clinical stabilization services.	Addicted jail inmates; Persons under Section 35				Liaise	Treatment Working Group	Sheriff's Office, Recovery Workgroup			
3. (Placeholder)...	C. Support post-incarceration re-entry initiative for sentenced persons in House of Corrections (and see Recovery Support Initiatives).	Addicted inmates in House of Corrections									

Appendix B: Implementation Matrices for Workgroups (DRAFT)

Recovery Workgroup:

RSAC Action Plan, Implementation Matrix										2015																					
DOMAIN = RECOVERY (The system requires regional coordination and improved access).										As of 11/1/15																					
Goals	Strategies	Target Group(s)	Outputs	Short Term: 1 YEAR	Intermediate Term: 5 YEAR	Long Term: 10 YEAR	RSAC Role: -Lead -Support -Liaise (?)	Workgroup Assigned: -Prevention/Intervention -Treatment -Recovery -RSAC Planning Group	Supporting Entities																						
1. Promote Access to Recovery Services	A. Support and localize state initiatives. Per Governor's Opioid Action Plan. A.i. Standardization of recovery wrap-around services. (Including MAT, consistent with CHC model) A.ii. Accreditation of Sober Homes. B. Liaise with (upcoming) Recovery Support Center (RSC) in Hyannis and disseminate resulting information. C. Identify and disseminate substance abuse-related counseling toolkit to clergy to assist with supporting persons in recovery. D. (Placeholder)...	Local Treatment Providers Local Treatment Providers Local Treatment Providers (referring to Sober Homes); Local Sober Home Operators.	Local Treatment Providers Local Treatment Providers Local Treatment Providers (referring to Sober Homes); Local Sober Home Operators.				Support	Recovery Workgroup	Gandara Center, Inc.																						
											2. Explore New Recovery Services	A. Explore potential for a Recovery High School on Cape Cod. B. Support creation of Recovery Support Groups for teenagers. C. Work with BSAS to: C.i. Study the creation of a standardized Recovery Coaching model, with consideration of payment options. C.ii. Study amending the CMS state plan to fund Recovery Coaches via use of community health workers (CHWs) (as in the Rhode Island emergency room project). D. Support post-incarceration re-entry initiative for sentenced persons in House of Corrections (and see Treatment Initiatives).	Local Community; Local Treatment Providers; BSAS; Legislature Teens recovering from addiction	Addicted Inmates in House of Corrections				Lead	RSAC Planning Group	Recovery Workgroup	SAPC										
																						3. (Placeholder)...							Support	Recovery Workgroup	RSAC Planning Group, Treatment Workgroup



Addressing Substance Use on Cape Cod: Action Plan, 2015 - 2020

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