



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van T. Mitchell, Secretary

August 8, 2016

The Honorable Larry Hogan
Governor of Maryland
State House
100 State Circle
Annapolis, MD 21401-1925

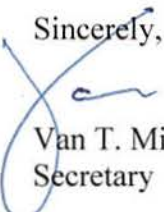
Dear Governor Hogan:

The Inter-Agency Heroin and Opioid Coordinating Council (Council) was formed through Executive Order 01.01.2015.13 on February 24, 2015. The Council is composed of multiple State agencies and provides the opportunity to share data for the purpose of supporting public health and public safety responses to the heroin and opioid crisis. It also serves to develop recommendations for policy, regulations, and legislation to facilitate improved sharing of public health and public safety information among State agencies.

The Executive Order required the Council to provide an update on each agency's efforts to address heroin and opioid education, treatment, interdiction, overdose, and recovery on a biannual basis. The report is attached for your review. This report focuses on the recommendations contained in the Maryland Heroin and Opioid Emergency Task Force's final and interim reports.

If you have any questions or concerns, please contact Sara Cherico-Hsii, Health Policy Analyst-Advanced, Department of Health and Mental Hygiene at (410) 767-5660.

Sincerely,



Van T. Mitchell
Secretary

Enclosure

cc: Lieutenant Governor Boyd Rutherford
Members of the Inter-Agency Heroin and Opioid Coordinating Council
Richard Tabuteau
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**INTER-AGENCY HEROIN AND
OPIOID COORDINATING
COUNCIL**

**MID-YEAR REPORT TO THE GOVERNOR
EXECUTIVE ORDER 01.01.2015.13**

August 2016

**Van T. Mitchell
Secretary, Department of Health and Mental Hygiene**

INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

Chair: Van T. Mitchell, Secretary, Department of Health and Mental Hygiene

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Chief, Complaints, Appeals and Grievance, Maryland Insurance Administration

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TABLE OF CONTENTS

Introduction and Background	4
Council’s Establishment and Purpose	4
Council Membership.....	4
Updates to Maryland’s Heroin and Opioid Emergency Task Force Reports	4
Final Report Recommendations	5
Final Report Resource Allocations.....	14
Maryland Medication Assisted Treatment Reentry Programs	16
Interim Report Recommendations	17
Interim Report Resource Allocations	18
Future Council Activities	21

INTRODUCTION AND BACKGROUND

Council's Establishment and Purpose

In February 2015, Governor Larry Hogan established the Inter-Agency Heroin and Opioid Coordinating Council (Council) by executive order in response to the growing heroin and opioid crisis facing the State.

The Council is tasked with sharing data and information with one another and the Office of the Governor to support public health and public safety responses to the heroin and opioid epidemic. The Council is also tasked with developing recommendations for policy, regulations, or legislation needed to meet its mission. The remainder of this report will provide an overview of the work completed to date, and outline future opportunities for the Council.

Council Membership

The Council is a sub-cabinet of the Governor and consists of the heads (or their designee) of the following state agencies:

- Department of Health and Mental Hygiene (Chair);
- Maryland State Police;
- Department of Public Safety and Correctional Services;
- Department of Juvenile Services;
- Maryland Institute for Emergency Medical Services Systems;
- State Department of Education;
- Governor's Office of Crime Control and Prevention;
- Department of Human Resources, at the request of the Chair; and
- Maryland Insurance Administration, at the request of the Chair.

UPDATES TO MARYLAND'S HEROIN AND OPIOID EMERGENCY TASK FORCE REPORTS

Maryland's Heroin and Opioid Emergency Task Force spent over ten months holding regional summits in six locations around the State. The Task Force listened to local elected officials, treatment professionals, researchers, law enforcement, and families of individuals who have fought addiction. The Task Force released their final report in December 2015. The final report is the culmination of the work of the Task Force, which includes 33 final recommendations, 10 interim recommendations, and 10 resource allocations.

Since that time, the Council has continued meeting and implementing the recommendations of the Task Force. This report contains a brief update on these activities.

Final Report Recommendations

Expanding Access to Treatment

1. Implementing a Statewide Buprenorphine Access Expansion Plan

The Behavioral Health Administration (BHA) has formed the Maryland Buprenorphine Workgroup. The Workgroup has met several times and developed a work plan to operationalize their activities. The work plan has three primary goals:

- Increase the number of community based physicians prescribing buprenorphine.
- Increase the number of opioid treatment programs prescribing buprenorphine.
- Identify systems changes needed to increase access to buprenorphine.

The Department of Health and Human Services, through the Substance Abuse and Mental Health Services Administration, issued a final rule to increase from 100 to 275 the number of patients that qualified physicians who prescribe buprenorphine for opioid use disorders can treat. Providers, policymakers, advocates, and experts have pointed to the current 100 patient limit for buprenorphine prescribing as a barrier to opioid use disorder treatment. The rule aims to increase access to medication-assisted treatment and associated behavioral health supports for tens of thousands of people with opioid use disorders, while preventing diversion. BHA will update their work plan given the recent rule change.

2. Reviewing the Substance Use Disorder Reimbursement Rates Every Three Years

Medicaid will conduct a comparison to other states substance use disorder reimbursement rates in the fall of 2016.

3. Expanding Access to Treatment Through Payments to Non-Contracting Specialists

This legislation did not pass in the 2016 Maryland General Assembly session.

4. Improving provider panel lists

HB 1318, Chapter 309 of the Laws of 2016 includes the requirement that carriers provide prospective enrollees with a list of providers for the enrollee's health benefit plan, including names, addresses, specialty areas, and whether each provider is accepting new patients. The section of the law related to provider panel lists will take effect January 1, 2017.

HB 1318 also requires regulations to establish standards for network adequacy. The Maryland Insurance Administration has scheduled meetings to obtain information from stakeholders. The July 14, 2016 meeting discussed geographic

accessibility of providers, including substance use disorder providers. The August 4, 2016 meeting discussed waiting times for an appointment with providers, including substance use disorder providers.

5. Expanding Access to Training for Peer Recovery Specialists

BHA has been holding trainings and summits for the peer workforce. Since February 2016, BHA has held over 20 training sessions with nearly 650 participants.

6. Providing Recovery Support Specialists to Assist Pregnant Women with Substance Use Disorders

BHA received data on the number of drug exposed newborns from the Department of Human Resources to better inform their decision on where to pilot this initiative.

BHA selected four jurisdictions, which are: Baltimore City, Baltimore County, Wicomico County, and Prince George's County. BHA is in the process of selecting either Allegany or Washington Counties as the final jurisdiction. BHA is working on contracts for a Program Manager and a Part-time Data Specialist.

7. Transitioning Inmates to Outpatient Addictions Aftercare and Community Providers

Public Safety & Correctional Services has partnered with Health and Mental Hygiene in the Connecting Criminal Justice with Health Care (CCJH) Initiative sponsored by the U.S. Department of Justice, Bureau of Justice Assistance and facilitated by the Urban Institute and Manatt, Phelps, & Phillips.

The CCJH initiative will support state and local partners in Maryland and California to improve health outcomes for justice-involved individuals, enhance public safety, and conserve taxpayer resources. Together, participants will have the opportunity to:

- Bring together state and local criminal justice agencies with the state Medicaid program to develop actionable policies.
- Receive technical assistance for policy makers and operational leaders.
- Participate in Learning Collaboratives to design, implement, and revise promising ideas.
- Strengthen the capacity of state and local justice agencies to document and measure the effects of their policies and practices.

The first Learning Collaborative on enrolling the justice-involved population in to Medicaid took place on August 2, 2016. There will be two future Learning Collaboratives in September and October focusing on connecting the justice-involved population to care and creating sustainable financing mechanisms respectively.

8. Incentivizing Colleges and Universities to Start or Expand Collegiate Recovery Programs

The Maryland Higher Education Commission is exploring strategies to incentivize colleges and universities to create collegiate recovery programs.

Enhancing Quality of Care

1. Requiring Mandatory Registration and Querying of the Prescription Drug Monitoring Program (PDMP)

HB 437, Chapter 147, of the Laws of 2016 was signed into law on April 26, 2016, with an effective date of October 1, 2016. Final legislation included:

- Mandatory registration by July 1, 2017.
- Mandatory use beginning July 1, 2018.
- Expanded unsolicited reporting to analyze data for prescriber and dispenser issues and notify providers for the purpose of education.
- Expanding delegates to include unlicensed staff.
- Shortened dispenser reporting timeframe.
- Expansion and shift in role of the Technical Advisory Committee.

PDMP staff are also developing an education campaign to inform providers statewide about mandatory registration, and other changes under HB 437, including branding of the PDMP with a new logo and expansive and intensive outreach with written materials and attendance at events to promote and register users for PDMP access in the statewide health information exchange.

2. Authorizing the Opioid Associated Disease Prevention and Outreach Program

SB 97, Chapter 348, of the Laws of 2016 authorizes any Maryland county to establish an Opioid Associated Disease Prevention and Outreach Program. Since that time, the Department of Health and Mental Hygiene has:

- Developed a document for local health officers summarizing the efficacy of syringe services programs (SSP) in reducing the transmission of HIV and hepatitis C for their use in persuading local decision makers about the need for local SSP.
- Disseminated the solicitation of nominations for the SSP Standing Advisory Committee. Nominations are due August 10th.
- Submitted a Determination of Need request to the Centers of Disease Control and Prevention (CDC) to use federal grant funds for SSPs, which was approved by CDC in July 2016.

3. Requiring and Publishing Performance Measures on Addiction Treatment Providers

The measures have been identified and collection is scheduled to begin in the Fall/Winter of 2016.

4. Requiring Continuing Professional Education on Opioid Prescribing for the Board of Podiatric Medical Examiners and Board of Nursing and on Opioid Dispensing for the Board of Pharmacy

The Board of Podiatry recommends to all the prescribing podiatrists in Maryland that they take a continuing education course in opioid prescribing practices. For those practitioners that take the course, the Board awards them Continuing Medical Education credits. The Board is not mandating this specific requirement at this time, primarily because podiatrists typically do not treat patients for long term pain management. The controlled substance prescriptions are for short term post-operative pain. Long term pain management requiring opioid prescriptions, is typically referred out to pain management specialists. The Board will address this issue again at the September 8, 2016 Board meeting.

The Board of Nursing implemented this requirement in 2014 and renewed it on June 23, 2015.

The Board of Pharmacy recommends their members take continuing education on opioid dispensing, but does not require it at this time. The Board provides information on continuing education opportunities and will hold a presentation where credit will be issued on October 23, 2016.

5. Requiring Drug Monitoring for Medicaid Enrollees Prescribed Certain Opioids Over an Extended Time

Medicaid, in collaboration with its managed care organizations, is undergoing a process to create policies to reduce high risk prescribing practices. The Medicaid Opioid Drug Utilization Review (DUR) work group is charged with developing minimum standard DUR activities related to opioids in the acute and chronic treatment of pain. It is Health and Mental Hygiene's expectation that these DUR activities will be developed collaboratively and then adopted and implemented across all eight managed care organizations in an effort to curb the impact to the State from the current opioid epidemic.

Boosting Overdose Prevention Efforts

1. Expanding Online Overdose Education and Naloxone Distribution

BHA established a contract with National Development and Research Institutes, Inc., to use an already developed video housed at getnaloxonenow.org. The video is being edited and a medical provider is being recruited to participate in the video. A Maryland-specific webpage on getnaloxonenow.org is under development.

2. Implementing a Good Samaritan Law Public Awareness Campaign

BHA has developed an ongoing workgroup to guide the development of the campaign. As part of the campaign, BHA is working with Maryland Public Television to develop a one-hour special focused on recovery as well as digital

shorts and other public service announcements.

Escalating Law Enforcement Options

1. Enacting a Maryland Racketeer Influenced and Corrupt Organization Statute
SB 1005, Chapter 515, of the Laws of 2016, known as the Justice Reinvestment Act, signed by Governor Hogan on May 19, 2016, establishes a statewide Maryland Racketeer Influenced and Corrupt Organizations (RICO) statute which provides extended penalties for acts committed as part of an ongoing criminal organization. Crime Control & Prevention has encouraged its current Safe Streets sites to begin thinking about how they can utilize the new law come October 2017 when the law becomes effective.

2. Creating a Criminal Penalty for Distribution of Heroin or Fentanyl Resulting in Fatal or Nonfatal Overdose

No bill was introduced by the administration, agencies, or private sponsor.

3. Creating a Multi-Jurisdictional Maryland State Police Heroin Investigation Unit

Maryland State Police has developed an operation plan using existing personnel to implement five regional Heroin Investigation Units. State Police personnel from existing local drug task forces will be used to staff specific heroin/opioid investigations. The regional investigative units will collaborate with each other to ensure statewide coverage. Regional units will also be responsive to referrals received from Washington/Baltimore High-Intensity Drug Trafficking Area (HIDTA) based on overdose and heroin/opioid intelligence contained in Case Explorer and the Communications Analysis Portal.

Since March of 2016, ten HIDTA heroin/opioid referrals have been forwarded to the regional Heroin Investigative Unit coordinators for inquiry. In addition, two multi-jurisdictional major investigations into heroin/opioid drug trafficking organizations have been initiated. One originated from the Western Region and one originated from the Central South Region. Both investigations are currently ongoing.

4. Designating HIDTA the Central Repository for Maryland Drug Intelligence
Crime Control & Prevention

The Office of Crime Control & Prevention made Maryland Safe Streets funding available for one law enforcement agency in each jurisdiction to apply for the cost of a full-time heroin coordinator. The coordinator position will help effectuate the recommendation that HIDTA act as the central repository of drug intelligence. This position will be tasked with entering into HIDTA's Case Explorer data relating to all drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug related investigative activities. The coordinator will also assist law enforcement with drug-related cellular phone extract uploads into HIDTA's Communication Analysis Portal along with analysis of related drug data

within the jurisdiction. Possible treatment referral processes will be developed and implemented by the coordinator. Nearly 20 jurisdictions applied for funding, which was awarded July 1, 2016.

To effectuate input of data into HIDTA's Case Explorer, Lt. Governor Rutherford sent a letter to all Chiefs and Sheriffs statewide, urging them to permit HIDTA to share the results of their analyses with multiple agencies. Crime Control & Prevention continues to follow up and encourage agencies to sign on. As of June 6, 2016, a total of 55 addendums to share results had been signed by law enforcement agencies.

As of the end of May 2016, there have been 630 overdose incident submissions into Case Explorer and 311 total overdose submissions into the Communications Analysis Portal. In addition, the HIDTA has provided to the Department of Health and Mental Hygiene a list of people with multiple, nonfatal overdoses in order to help identify options for them.

State Police

State Police has implemented policy requiring an investigator from the Criminal Enforcement Division to respond to all State Police overdoses. Each incident will be thoroughly investigated and all information gained will be documented in the HIDTA Case Explorer database. In addition, both victim and if available suspect cell phone data will be uploaded into HIDTA's Communication Analysis Portal. To further aid in this effort, State Police has assigned a Detective Sergeant from the Criminal Enforcement Division to work as a coordinator for the HIDTA heroin/opioid program. This position is housed out of the HIDTA Greenbelt office.

State Police also applied and received a Crime Control & Prevention grant to fund a State Police analyst position that will also work out of HIDTA Greenbelt to further the State Police's documentation and analysis of heroin/opioid data in Case Explorer and the Communication Analysis Portal.

Year to date in 2016, State Police Criminal Enforcement Division assets have been called out statewide to investigate 58 fatal and 333 non-fatal suspected heroin/opioid overdoses. The majority of these investigations have been documented in Case Explorer, and when applicable cell phone data has been uploaded into the Communication Analysis Portal. The current State Police Detective Sergeant working at the HIDTA Greenbelt office recently forwarded the first 10 heroin/opioid referrals for follow-up. The Crime Control & Prevention grant application for the heroin/opioid analyst position was submitted for consideration and on July 14, 2016 the grant was awarded. State Police is working to fill the position.

5. Enhancing Interdiction of Drug Laden Parcels

State Police upper command has spoken to and met with U.S. Postal Inspector Service (USPIS) partners to discuss task force options. Upon USPIS request, copies

of other federal task force MOU's were provided. To date USPIS has indicated that our requests were being reviewed by USPIS legal representatives, but the general consensus was that a partnership of this nature would not be possible.

State Police continues to conduct parcel investigations through already existing partnerships in both the private and public parcel arena to include Homeland Security Investigations and the occasional operation with U.S. Postal.

6. Strengthening Counter-Smuggling Efforts in Correctional Facilities

On June 3, 2016, Public Safety & Correctional Services finalized a new front-entrance policy, Entry and Exit Procedures — Correctional Facilities Directive Number: OPS.110.0033, which supersedes the previous separate entry and exit policies and procedures.

Previously, Public Safety & Correctional Services maintained three separate policies regarding front entrance and exit procedures, including one for each custody agency (i.e. the Division of Corrections, the Division of Pretrial, Detention and Services and Patuxent Institution). The three policies varied in numerous ways. For example, the Division of Correction's policy did not require correctional officers to provide front entrance staff with photo identification. Additionally, prohibited items varied between the three custody agencies.

The new front-entrance policy rectifies these differences by creating a uniform standard for these three custody agencies so that all employees, contractors, volunteers and staff will be screened in the same manner. All individuals entering an institution will be required to show photo identification and prohibited items are the same for all institutions. Moreover, the new front-entrance policy requires all staff to obtain gate passes prior to leaving the facility during shift and mandates that they are still subject to the same search procedures upon return.

Reentry and Alternatives to Incarceration

1. Establish a Day Reporting Center Pilot Program to Integrate Treatment into Offender Supervision

The Governor's budget made \$540,000 available to establish an Adult Day Reporting Center Pilot Program in one or more jurisdictions. The Pilot Program will incorporate a concentrated area of service and supervision as an alternative to incarceration for nonviolent drug offenders. The primary goal is to provide community based services and treatment to offenders under parole/probation or pretrial supervision in order to reduce recidivism, jail and prison populations and corrections related costs. Crime Control & Prevention issued a Notice of Funding Availability to all jurisdictions, making up to \$540,000 available. Two jurisdictions, Washington County and Prince George's County, applied. Washington County was awarded the grant.

Projects began on July 1, 2016 and will continue for at least three years. Crime Control & Prevention will allocate federal Byrne Justice Assistance Grant funds for year two and three, with a local match required.

2. Expanding the Segregation Addictions Program

Funding for \$138,000 was attached to the FY 2017 Public Safety & Correctional Services budget to hire three additional counselors to allow for the expansion of the project. Counselors are currently in the recruitment process.

3. Implement a Swift and Certain Sanctions Grid for Probation and Parole

The Justice Reinvestment Act, which was signed by Governor Hogan on May 19, 2016, provides for the Division of Parole & Probation to develop and impose graduated sanctions (excluding incarceration or involuntary detention) in response to technical violations of supervision conditions. This will involve the development of a graduated sanctions matrix which will help parole and probation agents determine the suitable response with a range of the most common violations and a range of possible non-custodial sanctions to be imposed.

Although the relevant provisions will become effective October 1, 2017, Crime Control & Prevention has worked with implementing agencies to assign staff to a working group to, among other provisions, work out the graduated responses grid.

4. Institutionalize a Substance Use Goal into the Maryland Safe Streets Initiative

In Fiscal Year 2016, a new goal was added to the Maryland Safe Streets Initiative to address substance use disorder issues. Safe Streets is an offender-based program that tracks down and arrests the most serious, violent, and repeat offenders while connecting those offenders struggling with substance abuse to drug treatment, health care, education, and other services. More specifically, each Safe Streets site is leveraging appropriate resources to address the issue of violent crime related to drug trafficking and substance use disorders. This includes identifying the source networks responsible for the drug trade and also providing priority offenders access to drug treatment and prevention resources. At the recommendation of the Task Force, the Fiscal Year 2017 Safe Streets program is incorporating additional funds for a Peer Recovery Specialist to be embedded within each site.

On August 8, 2016, Governor Hogan announced a total of \$2.1 million in state grants that will go to nine jurisdictions to continue the Safe Streets Initiative. The nine jurisdictions are: Annapolis City Police Department, Anne Arundel County, Cumberland Police Department, Dorchester Community Partnership, Frederick City Police Department, Hagerstown Police Department, Harford County Sheriff's Office, Maryland State Police/Cecil County, and Salisbury Police Department. Five of the current Safe Streets sites received funding for peer recovery specialists to

integrate treatment into the model.

5. Establishing a Recovery Unit at Correctional Facilities

Public Safety & Correctional Services applied for and received a Governor's Office of Crime Control & Prevention Residential Substance Abuse Treatment grant funded through the U.S. Department of Justice, Bureau of Justice Assistance for \$129,489. This will fund an additional 2.3 counselors to work in this recovery unit. Counselors are currently in the recruitment process. In addition, Health and Mental Hygiene is providing peer mentor training to the offenders who will be working in this unit.

6. Study the Collateral Consequences of Maryland Laws and Regulations on Employment of Ex-Offenders

Governor Hogan announced the study of collateral consequences to be spearheaded by Crime Control & Prevention. The Justice Reinvestment Act codified the workgroup, and included the Department of Health and Mental Hygiene, Department of Public Safety & Correctional Services, and Department of Labor, Licensing and Regulation. Now that the Justice Reinvestment Act was signed and we know how the law will reduce some barriers to reentry, Crime Control & Prevention has had conversations to enter into an agreement with the University of Maryland to provide technical assistance and is working to appoint members.

Promoting Educational Tools to Youth, Parents, and School Officials

1. Creating a User-Friendly Educational Campaign on School Websites

An online toolkit has been created, shared with all 24 local school systems, and placed on Education's website. It will continue to be updated as new State and local resources are developed. This toolkit can be viewed here:

<http://www.marylandpublicschools.org/msde/newsroom/doc/HeroinToolkit011116.pdf>.

2. Training for School Faculty and Staff on Signs of Student Addiction

The Department of Education's Communication Office is working to develop materials to increase awareness and prevention including a logo, digital print postcard, and public service announcement. This work is in production and is expected to be completed in the 2016-2017 school year.

3. Promoting Evidence-Based Prevention Strategies that Develop Refusal Skills

The Department of Education executed meetings and polls with Maryland Association of Student Councils and provided updates to Curriculum Coordinators. The results of the survey indicated that 10 out of 16 regions of student councils, which represents all 24 jurisdictions, have at least one program in place and three regions specifically requested more programs and more information.

The survey was completed and the data is being used to develop strategies to support all jurisdictions in drug abuse prevention and awareness programs.

4. Support Student-Based Film Festivals on Heroin and Opioid Abuse

Contact has been made with local school systems and community organizations regarding collaborations on student produced films about awareness and prevention of heroin and opioid abuse. Student films are still in production and are expected to be ready for the spring 2017 Film Festival.

Improving State Support Services

1. Implementing Comprehensive Heroin and Opioid Abuse Screening at the Department of Juvenile Services and the Department of Human Resources

Juvenile Services has developed enhanced assessment questions specifically targeted to elicit responses from youth and families that may indicate possible opiate use within a household and provide a basis for a discussion about the risks associated with opiates, including prescription opioids. These enhanced assessment questions will be added to Juvenile Service's already comprehensive standardized intake risk assessment when the new automated version is implemented in late 2016. The risk assessment tool, which is currently filled out on paper, is being upgraded to an automated format for better record keeping and data collection.

2. Establishing the Maryland Center of Excellence for Prevention and Treatment under the Behavioral Health Advisory Council

The FY 2017 Governor's Allowance included \$1 million for the creation of the Maryland Center of Excellence for Prevention and Treatment. This recommendation was stripped by the General Assembly and was not funded in the final FY 2017 budget.

Final Report Resource Allocations

On October 7, 2015, Lieutenant Governor Boyd K. Rutherford announced the following nine new grants, totaling \$608,832 aimed at tackling the opioid crisis. The grants are administered through Crime Control & Prevention.

1. Allegany County State's Attorney's Office

The Allegany State's Attorney's Office, Prosecution Partnership Targeting Priority Offenders program supports the Cumberland Safe Streets Program. A priority offender prosecutor was hired and handles cases in both District and Circuit Courts. Contact between law enforcement and State Attorney's Office has increased with regard to priority offenders. This prosecutor has tried five Safe Streets/priority offenders to a guilty verdict and has added approximately 70 persons to the priority offenders list. The team reviewed 155 open warrants and forwarded the results to the Safe Streets team for warrant sweep planning.

2. The Family Recovery Program, Inc., Baltimore City

The Family Recovery Program, Inc., Parents in Recovery Together project helps clients work with Peer Recovery Advocates to gain support/skills targeting relapse and crime prevention, parenting, and trauma. Four parent mentors were recruited, hired, and trained in numerous areas including mental health awareness and effective communications. To date, the program has enrolled approximately 25 clients. Approximately 72% have remained abstinent from illicit drugs and/or alcohol, and 80% have received on-site mental health services and participate in evidenced-based groups related to trauma and parenting. One client has been reunited with her child since enrollment in the program.

3. Hampstead Police Department, Carroll County

The Hampstead Police Department's Mobile License Plate Reader Technology program's ability to scan hundreds of license plates a minute has improved the Department's police work through identifying and capturing violators. Stolen tags and vehicles, as well as suspended plates and registrations, are detected immediately. Approximately 74 citations/warnings have been written, allowing the removal of suspended/revoked drivers, vehicle owners with suspended tags and registrations and additional criminal violators. Six arrests have been made and one of the arrests required a K-9 scan that resulted in a drug arrest. It has also allowed the gathering of criminal intelligence data through after action analysis, crime scene investigation, criminal pattern analytics, critical infrastructure and gang/terrorist watch list development.

4. The Center for Children, Inc., Charles County

The Center for Children, Inc., Adolescent Substance Use Disorder Integration Initiative provides training for a new co-occurring Department of Health and Mental Hygiene-licensed treatment program in Southern Maryland. The substance use program coordinator is operational and all clinical staff have received training on Screening, Brief Intervention, and Referral to Treatment. 190 client screens were completed and, of those screens, eight were positive and all referred for treatment.

5. Charles County Circuit Court

The Charles County Circuit Court's, Family Recovery Court program is designed to serve parents with a Charles County Circuit Court case where substance use disorder is identified as a barrier preventing parents from providing safe, appropriate care for their children. The Family Recovery Court uses a holistic approach to support parents and families with consistent monitoring, intensive treatment, referrals to ancillary services, and the collaborative efforts of a drug court team. Thus far, nine individuals completed short term inpatient treatment. Of those individuals, four participants went on to long term treatment. The other five participants are enrolled in intensive outpatient services. A total of seven participants were enrolled in long term residential treatment and five of those participants completed treatment. The other two clients are still enrolled in long

term residential treatment. Also during the reporting period, 14 Family Recovery Court participants earned phase advancements for completing all current phase requirements including attending all appointments, drug testing and testing negative.

6. Howard County Department of Corrections

The Howard County Department of Corrections received funding from Crime Control & Prevention as part of the Maryland Medication Assisted Treatment Reentry Program, in which nine programs are currently funded.

7. St. Mary's County Detention Center

The St. Mary's County Detention Center received funding from Crime Control & Prevention as part of the Maryland Medication Assisted Treatment Reentry Program, in which nine programs are currently funded.

8. Montgomery County Police Department

The Montgomery County Police Department's Heroin Overdose Prevention & Education program offers a comprehensive approach to address the heroin problem by supporting prevention and intervention efforts to prevent overdoses by reducing risk through awareness and education, and implementation of targeted law enforcement response and enforcement initiatives. Since the start of the program, investigators responded to 71 overdoses.

9. Somerset County Local Management Board

The Somerset County Local Management Board's Anti-Gang Enforcement and Strategies Initiative enhances enforcement and prosecution of gang-related crimes, develops an effective method of tracking gang members, and supports anti-gang community outreach initiatives. The initiative has allowed for an increased law enforcement presence in high crime areas of Somerset County, particularly in the towns of Crisfield and Princess Anne. Law enforcement agencies have arrested 19 known gang members and contacted 102 validated gang members and 98 validated associates of known gang members. They have seized a variety of drugs, primarily heroin. Additionally, law enforcement conducted 98 field investigations, 31 searches, stopped 160 vehicles, and conducted seven adult DUI arrests.

Maryland Medication Assisted Treatment Reentry Programs

The first year of funding for 8 of the 11 Reentry Medication Assisted Treatment Vivitrol programs terminated on April 30, 2016. Six of these eight programs subsequently received federal Residential Substance Abuse Treatment funding, through the Governor's Office of Crime Control & Prevention, and will use these funds to continue full operations until December 31, 2016. The other two programs will continue to operate but indicated they no longer need State funding. Three other Reentry Medication Assisted Treatment Vivitrol programs continue operations with State funding expiration dates in approximately six months. A total of nine programs are currently funded.

As of April 30, 2016, approximately 180 detention center inmates had received a Vivitrol injection and 245 injections had been given in the community. A number of individuals have now received their sixth or subsequent injections in the community. A long-term evaluation process is being planned and will soon be discussed with the local project directors.

Interim Report Recommendations

1. Earlier and Broader Incorporation of Heroin and Opioid Prevention into the Health Curriculum

Education met with all Health Education coordinators to discuss incorporation of this work into the health curriculum. The coordination of resources for jurisdictions so that they could prepare developmentally appropriate lessons on the misuse of prescription medication and the skills necessary to lower the possibility of use (i.e. local prescription disposal programs) have been completed.

2. Infusion of Heroin and Opioid Prevention in Additional Disciplines

Education is visiting professional development sessions to talk to content teachers (i.e. Washington County upcoming professional development day in November with their English and Language Arts teachers.) All content area Local Education Agency coordinators have been briefed and Education has provided resources when requested.

3. Heroin and Opioid Addiction Integrated into Service-Learning Projects

Once the 2016-17 school year starts, local school systems will again be encouraged by Education to engage students in heroin and opioid prevention projects and feature the topic as part of four meetings with Local Education Agency service-learning contacts throughout the school year.

Project template was developed and sent to all schools. It was also featured in the fall meeting of service learning contacts. Two school systems requested and received staff development on integrating heroin and opioid prevention in the health curriculum.

4. Student Based Heroin and Opioid Prevention Campaign

Statewide committee being formed to create student film event.

5. Video Public Service Announcement (PSA) Campaign

Stevenson University (3) and Morgan State University (2) created five PSA for use by the State to combat the heroin and opiate crisis in Maryland. The messages in the PSA provided education about the crisis and encouraged viewers to call the Maryland Crisis Hotline. Morgan's two PSA were selected to air on Fox-45 in January 2015 and are still running on the station. All of the PSA have been used on social media by BHA and will be added to the BHA website.

Towson University has provide studio time and staffing to record and edit more than a dozen community interviews, PSA, and other videos. These videos provide education about BHA's naloxone distribution program, explain BHA's SBIRT (Screening, Brief Intervention and Referral to Treatment) initiative, share personal stories about how the substance use and misuse of prescription medications are affecting Maryland families, and communicate anti-stigma messages.

6. Maryland Emergency Department Opioid Prescribing Guidelines

The Maryland Hospital Association (MHA) has obtained universal commitment to implement the guidelines from their members and those agreeing signed pledge forms. MHA will be surveying members in August to seek additional feedback.

7. Provide Statewide Training to Law Enforcement on Maryland's Good Samaritan Law

On October 1, 2015, a request for an official review and written legal opinion of the Good Samaritan law was sent to the Maryland Attorney General's Office. In addition, State Police command met with the Maryland Police and Corrections Training Commission to discuss options for training development and implementation.

On July 19, 2016, the requested legal review of the Good Samaritan law was received from the Attorney General's office. State Police will be facilitating a meeting in the near future with Maryland Police and Correctional Training Commissions to develop and disseminate the training electronically.

8. Develop and Disseminate Heroin/Opioid Help Cards

Through coordination with Health and Mental Hygiene 10,000 help cards were printed and delivered to State Police. The allotment was broken down into bundles of 2,000 which were then distributed to each of the 5 State Police regions. Cards were given to both uniform field personnel and investigative personnel in each region for distribution during their contacts with persons identified to be at high risk for heroin/opioid abuse.

9. Faith Based Addiction Treatment Database

The Governor's Office of Community Initiatives contacted over twelve hundred faith-organizations, most provided limited counseling and no treatment. There were 21 faith-based organizations throughout the State that provide treatment and counseling and gave permission to publish their information.

10. Overdose Awareness Week

The first overdose Awareness Week was observed in Maryland from Sunday, August 30, 2015 to Saturday, September 5, 2015.

Interim Report Resource Allocations

1. Restoring A.F. Whitsitt Center to a 40-bed Capacity

Both wings are now fully operational after wing renovations were completed in Winter 2015. Currently 35 of 40 beds are filled and the Whitsitt Center is expecting several new admission in early August 2016. Due to problems with recruiting staff, the program was not able to fill the remaining 5 beds. All staff vacancies (clinical and medical) are now filled and vacancies should be filled by August 12, 2016.

There have also been upgrades to the building. A security system and cameras have been installed. The purchase of new furniture has allowed the facility to create a positive treatment environment that is less institutionalized in its appearance. The recreational space has also been updated.

By restoring the Whitsitt Center to a 40-bed capacity, the wait list has been decreased from 110 to 48 people, treatment completion rate has been increased to 70 percent, and the incidence of individuals leaving against medical advice has decreased to approximately 21 percent.

2. Providing Community-Based Naloxone Training and Distribution

Solicitation for applications were sent to local health departments on June 26, 2015, applications received on August 7, 2015, and award letters were sent in September 2015. Applications that target individuals at high risk for overdose, their friends and family, used standing orders to reduce training costs, and proposed innovative methods for reaching target populations were prioritized by Health and Mental Hygiene. Twenty jurisdictions received funding for overdose response training and naloxone distribution. As a result of this funding:

- Total number of people trained: 16,370.
- Total doses of naloxone dispensed at the time of training (not including those dispensed to trainees by a pharmacy): 20,343.
- Total number of people receiving training because of family or social experience: 8,834.
- Percent increase in this trainee category since FY15, which demonstrates we are reaching priority populations: 433%.

3. Piloting Overdose Survivor Outreach Program in Hospital Emergency Departments

Currently, the program exists at four hospitals – Mercy, Harbor, Bon Secours and Baltimore Washington Medical Center - which use peers to engage overdose survivors in their Emergency Department. The program is expanding into Baltimore City's University of Maryland Medical Center and Anne Arundel County's Anne Arundel Medical Center. One hundred thirty individuals have been referred to treatment through peers, and 40 percent of survivors have been engaged in treatment.

4. Piloting Naloxone Distribution to Individuals Screened Positive for Opioid

Use Disorder at Release from Local Detention Centers

Health and Mental Hygiene supported naloxone distribution in the detention centers of three jurisdictions to target this high risk population and identify best practices for naloxone distribution that can be instituted in detention centers across the state. The three chosen counties were Charles, Calvert, and St. Mary's. Each county submitted protocols for selecting trainees, conducting overdose education, and dispensing naloxone upon inmate's release.

One hundred thirty nine inmates received training between February-June 2016 and 84 kits have been dispensed upon inmate's release.

5. Expanding Supportive Recovery Housing for Women with Children

BHA continues to provide funding to Anne Arundel County to fund recovery housing for women with children. The vendor, Chrysalis House, purchased homes that provided housing to five families. The vendor plans to open an additional home in October 2016. As a result, five families were able to receive housing in a supportive recovery environment.

6. Supporting Detoxification Services for Women with Children

BHA continues to award funding to Behavioral Health Systems Baltimore to fund detoxification services for women at Gaudenzia's Treatment Program. Child care services are provided in order for women to receive services. Gaudenzia treated an additional 7 women at the program and a total of 12 children were able to enter the program with their mother.

7. Targeted Outreach and Education to Aberrant/High-Risk Opioid and Other Controlled Substance Prescribers

Under HB437, Chapter 147, of the Laws of 2016, BHA is authorized to conduct educational outreach to aberrant prescribers. A multidisciplinary consensus panel led by the University of Maryland School of Pharmacy has identified prescribing practices that may indicate dangerous prescribing, and will be used to analyze prescription drug monitoring program (PDMP) data to initiate outreach.

Unsolicited reporting to clinicians that have prescribed controlled dangerous substances (CDS) to a patient receiving CDS from at least 14 other prescribers, and visited 10 pharmacies over previous three months has resumed as of August, 2016.

8. Overtime for Dorchester County Law Enforcement

The Dorchester County Council's Combating Heroin Use and Trafficking program provides assistance to the County's Heroin Task Force. Outdated mobile data terminals were replaced and overtime funding spent. The grant has allowed the Dorchester County Sheriff's Office the opportunity to establish stronger working relationships with the Maryland State Police, Hurlock Police Department and the Cambridge Police Department by further sharing of information and establishing interagency strategies to identify dealers and routes of distribution. Once the

information is gathered, plans to combat the growing problem are developed.

9. Maryland State Police Gang/Heroin Disruption Project

The Maryland State Police Gang/Heroin Disruption Project funds the Maryland State Police Gang Enforcement Unit to work closely with regional drug investigators throughout the State, making arrests related to heroin crimes. It allows Unit Troopers to conduct home visits on priority offenders, conduct surveillance, and serve arrest warrants. Since receiving the overtime funds, the Unit has made 56 combined felony and misdemeanor arrests and 32 felony drug arrests. They have seized 910.5 grams (2 lbs.) of heroin, 162.2 grams of powder and crack cocaine and, 1,912 grams of methamphetamine (4.2 lbs.). Also seized were four vehicles, \$87,990 drug currency and three handguns. 182 Violence Prevention Initiative home visits were conducted.

10. License Plate Reader Technology

The Ocean City Police Department's license plate recognition technology enhances law enforcement efficiency and capabilities with computerized image technology that will assist in apprehending criminals and aid in drug trafficking investigation. Representatives of the County's IT Department, Public Works, Stolar Construction and the company which supplies the system hardware met to develop the installation plan. All of the necessary Maryland State Highway Administration permits and drawings are approved. The license plate readers have been delivered to the Ocean City Police Department and the needed parts (including pole, bolts, brackets, etc.) are in production and expected to be ready for installation in the coming weeks. Stolar Construction (the company who will be installing the equipment) will be submitting the lane closure permit to the Maryland State Highway Administration soon. The Town of Ocean City Engineering Department will be conducting inspections during installation and submitting the completed inspection reports to the Maryland State Highway Administration as required in the approved permit.

FUTURE COUNCIL ACTIVITIES

The Council will meet on Wednesday, September 14, 2016 and Thursday, December 1, 2016 from 9:30 – 10:30 am in the Harry Hughes Conference Center, Maryland Department of Transportation.