



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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

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March 14, 2016

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

Dear Governor Hogan:

Pursuant to Executive Order 01.01.2015.13, we are pleased to submit to you the first report of the Inter-Agency Heroin and Opioid Coordinating Council.

The heroin and opioid epidemic is one of the top public health and public safety issues in the State. Recognizing the need to take a multi-sector approach to the problem, the Council was 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.

During the past year, experts were invited to come and brief the Council on different programs and activities occurring in Maryland. For example, the Council heard from a workers compensation insurance company in Maryland and the coordinator of the local overdose fatality review teams on each group's approach to reducing deaths and overdoses from opioids. The Council also worked collaboratively to implement a number of initiatives in response to the recommendations contained in Maryland's Heroin and Opioid Emergency Task Force Interim Report, which was released in August 2015.

Finally, this report contains an inventory of the State's commitment to combatting the crisis. The Council asked each member to submit an inventory of state resources, including personnel and budget, currently deployed to fight the heroin and opioid epidemic. The body

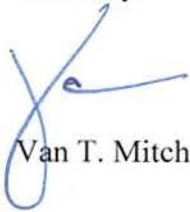
The Honorable Larry Hogan

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of the report includes a summary while the each agency's inventory is contained in the appendices. The Council will use all of the information gathered as it continues its work throughout 2016.

We appreciate your continued support of the Council's activities. Should you have questions, please contact Sara Cherico-Hsii, Senior Policy Analyst at 410-767-5660.

Sincerely,



Van T. Mitchell

Enclosure

cc: Sara Cherico-Hsii



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**INTER-AGENCY HEROIN AND  
OPIOID COORDINATING  
COUNCIL**

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**ANNUAL REPORT TO THE GOVERNOR  
EXECUTIVE ORDER 01.01.2015.13**

**February 2016**

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**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

## **Council Members**

Jay Cleary  
Chief of Staff, Department of Juvenile Services

Mary Moody Kwei  
Chief, Complaints, Appeals and Grievance, Maryland Insurance Administration

Sam Malhotra  
Secretary, Department of Human Resources

Stephen T. Moyer  
Secretary, Department of Public Safety and Correctional Services

Major David Ruel  
Maryland State Police

Kevin Seaman, M.D.  
Executive Director, Maryland Institute for Emergency Medical Services Systems

Christopher Shank  
Executive Director, Governor's Office of Crime Control and Prevention

Penelope Thornton-Talley  
Chief Performance Officer, Maryland State Department of Education

## **Primary Staff**

Sara Cherico-Hsii, M.P.H.  
Health Policy Analyst-Advanced, Department of Health and Mental Hygiene

Richard Alcorta, M.D.  
Chief Medical Officer, Maryland Institute for Emergency Medical Services Systems

Monty Magee, J.D.  
Legal Counsel, Maryland Institute for Emergency Medical Services Systems

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## 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.

## COUNCIL ACTIVITIES IN 2015

The Council met a total of four times in 2015: March 25<sup>th</sup>, May 20<sup>th</sup>, September 16<sup>th</sup>, and November 5<sup>th</sup>. In accordance with Executive Order 01.01.2015.13, members provided an update at the start of each meeting regarding their agency's efforts to share public safety and public health information relating to the heroin and opioid epidemic. The Council also invited experts to come and brief the Council on different programs and activities, such as workers compensation and the local overdose fatality review teams. These updates can be found in the Council's meeting minutes, available online at: [http://bha.dhmf.maryland.gov/OVERDOSE\\_PREVENTION/Pages/interagency-heroin-council.aspx](http://bha.dhmf.maryland.gov/OVERDOSE_PREVENTION/Pages/interagency-heroin-council.aspx).

Throughout 2015, the Council undertook two major activities to meet its mission. First,

the Council responded to the recommendations contained in Maryland's Heroin and Opioid Emergency Task Force Interim Report, which was released in August 2015. Second, Secretary Mitchell, as chair, asked each member agency to conduct an inventory of agency activities. The goal of this exercise was to have a clear understanding of how resources currently are being deployed both programmatically and financially before developing any recommendations for policy, legislation, or regulatory changes.

## **Maryland's Heroin and Opioid Emergency Task Force Interim Report**

The Council responded to the recommendations contained in Maryland's Heroin and Opioid Emergency Task Force Interim Report, which was released in August 2015. The report contains 10 recommendations that were to be implemented within a few weeks at little or nominal cost to the relevant state agency. Five recommendations relate to improving prevention and education efforts for youth and adolescents, two relate to law enforcement and the jail-based population, one relates to quality of care in hospital emergency rooms, another relates to highlighting and leveraging faith-based resources, and the last relates to an immediate week-long public awareness push.

Council members worked collaboratively to share information and operationalize these recommendations. For example:

- **Health and Mental Hygiene and Education have regularly scheduled meetings to develop public service announcements and a student-based prevention campaign.**
- **Multiple agencies worked together to disseminate information on a crisis hotline expanded to include substance use disorder services.** The Behavioral Health Administration has broadened the services provided by the statewide Maryland Crisis Hotline. Individuals or family members can now call **1-800-422-0009** 24/7 to receive information and support in accessing substance use disorder treatment services, in addition to the current mental health and suicide prevention crisis services historically provided by this hotline.
  - Callers to **1-800-422-0009** will automatically be routed to one of five designated MD Crisis Hotline Centers throughout Maryland, depending on the origination of the call. Call specialists will offer to stay on the line to facilitate direct connection to either the caller's local health department, or to a private health insurance provider. Follow up calls will be made to callers who were not able to be directly connected due to calling after regular business hours.
  - Call specialists are trained to handle multiple types of crisis, and have also received basic training on substance use disorder services.
  - Call specialists can access information on local resources, including information about naloxone, recovery support, and family services as available/appropriate in the individual's local area.

- The Behavioral Health Administration shared information about the hotline to the Council on September 16, 2015.
- **Behavioral Health Administration worked collaboratively with Maryland State Police to develop information cards with the hotline number.**  
Together, 10,000 cards were printed for distribution by road patrol troopers.

## **Inventory of Activities**

As stated above, the goal of this exercise was to have a clear understanding of how resources currently are being deployed both programmatically and financially before developing any recommendations for policy, legislation, or regulatory changes.

The inventories reveal that State agencies are combating the heroin and opioid crisis in a variety of ways. Some agencies are directly involved with individuals suffering from addiction in clinical settings or situations that require intervention by first responders. Other agencies take a broader approach by addressing a range of substance use disorders or providing grants to community partners. Please see Table 1. for a breakdown by agency and appendices A-I for each agency's completed inventory.

- ***Staff Resources Dedicated to Heroin and Opioid Epidemic***

There are 1,684 agency staff members working on this issue in some capacity, which includes all Maryland State Police troopers. The majority of staff works part-time on the issue, meaning they have other duties outside of working directly on the heroin and opioid crisis. Many staff members included in the inventories that deliver direct, clinical care to clients provide substance use services that are not limited to just heroin and opioid use disorders. A large number of staff also set policies or administer grants to local jurisdiction to fight the epidemic directly or substance use disorder generally. All of the approximately 1,400 State troopers were included in the count, because they may come across individuals or situations in their everyday duties that impact the heroin and opioid crisis.

- ***Total Expenditures Spent on Combating Heroin and Opioid Abuse***

Agencies have spent approximately \$241 million in fiscal year (FY) 2015 and FY 2016 (as of October 2015) on combating the heroin and opioid epidemic. However, this figure does not include expenditures in the Medicaid program, because Medicaid providers have up to a year to bill for services rendered to Medicaid patients. The Medicaid FY 2016 appropriation was approximately \$212 million. When including the Medicaid FY 2016 appropriation as an estimate for Medicaid expenditures, the total spent on combating heroin and opioid abuse by the State is approximately \$453 million.

- ***Partnerships with Local or Other State Agencies Outside the Council***

State agencies have developed partnerships with various federal, county, and municipal entities. These partnerships focus on a range of interventions that impact the heroin and



opioid crisis from law enforcement to harm reduction.

**Table 1. Resources Devoted to Fighting the Opioid Epidemic and Substance Use, by Maryland State Agency, 2015**

Agency	Total Staff	Total Expenditures in FY 2015 and FY 2016 (As of October 2015)
Juvenile Services	36	\$15,846,668
Governor’s Office of Crime Control and Prevention	6	\$1,041,313
Insurance Administration	13	\$7,145
State Department of Education	11	\$172,350
State Police <sup>1</sup>	1,476	\$2,500,000
Health and Mental Hygiene <sup>2</sup>	85	\$205,306,671
Public Safety and Correctional Services	42	\$12,763,326
Human Resources <sup>3</sup>	24	\$3,500,000
Maryland Institute for Emergency Medical Services Systems	16	-
<b>Total without Medicaid’s FY 2016 appropriation</b>	<b>1,709</b>	<b>\$241,137,473</b>
<b>Total with Medicaid’s FY16 appropriation</b>	<b>1,709</b>	<b>\$452,968,460</b>

<sup>1</sup> Personnel includes all sworn troopers.

<sup>2</sup> Expenditures do not include Medicaid, because Medicaid providers have up to a year to bill for services rendered to Medicaid patients. The FY 2016 Medicaid substance use disorder appropriation was \$211,830,987.

<sup>3</sup> Human Resource’s \$3.5 million is also captured in Health and Mental Hygiene’s expenditures in Appendix F. Health and Mental Hygiene’s total in this table is reduced by \$3.5 million to account for the redundancy.

## **FUTURE COUNCIL ACTIVITIES**

The Council will meet in 2016 on a quarterly basis. Future meeting dates, times, and locations are still to be determined. Once they are available, they will be posted on the Council's website and published in the Maryland Register.

The Council will continue to work together in a collaborative fashion to combat heroin and opioid use disorders and implement recommendations and legislation contained in the final report of the Maryland's Heroin and Opioid Emergency Task Force. The Council met early in the 2016 legislative session to review the legislation contained in the final report and organize support for one another's positions. In addition, the Council has largely decided to support a project designed to share information among agencies, which is described in greater detail below.

### **Predictive Risk Model Project**

During the November 5<sup>th</sup> Council meeting, staff from the Behavioral Health Administration, within Health and Mental Hygiene, presented to the Council a new data sharing opportunity. The Behavioral Health Administration was awarded a 3-year, \$750,000 grant to create, test, and implement a predictive risk model for overdose. They are collaborating on this project with the Johns Hopkins Bloomberg School of Public Health's Center for Population Health Information Technology and the prescription drug monitoring program's (PDMP) information technology vendor and state-designated health information exchange, Chesapeake Regional Information System for our Patients, more commonly known as CRISP.

Predictive risk modeling is a scientific methodology used to identify individuals who have an elevated probability of experiencing an adverse event such as an overdose. Using quantitative data from multiple sources, patterns of risk may be identified that are not immediately evident to front-line practitioners, such as clinicians, allowing for more effective targeting of resources to individuals who would benefit from timely focused interventions. The main use of the predictive risk modeling will be to inform specific PDMP activities, including outreach, education, and public health surveillance.

The research project will also have an advisory committee comprised of subject matter and research experts, including a patient data privacy expert to advise on collection, linking, and storing a wide variety of sensitive datasets. All aspects of the project will be conducted under review by institutional review boards at both Health and Mental Hygiene and Johns Hopkins University.

The Council was asked to participate in this project by sharing relevant health care, social services, criminal justice, and other datasets potentially containing information about individuals at high-risk for opioid addiction and overdose. The majority of Council member agencies agreed to work with the Behavioral Health Administration on this research project and the project leads agreed to brief the Council on the project's status

throughout the life of the project. Future steps include project staff reaching out to Council members to learn about relevant datasets, including privacy issues and concerns.

## APPENDIX A. DEPARTMENT OF JUVENILE SERVICES INVENTORY OF ASSETS

### 1. Number of individuals who work on the issue full-time and number of individuals who work on it in addition to other topic areas.

Juvenile Services has full-time and part-time substance use, somatic, and mental health staff that serves their clients.

- **Substance Abuse Counselors**
  - **Leadership** - The Department of Juvenile Services has two full-time Program Administrators for Substance abuse services based out of Juvenile Services headquarters.
  - **Residential Treatment Facilities** – Juvenile Services has 19 positions allocated for full-time substance abuse counselors in its seven secure residential treatment facilities. Currently, the total staff count is 15 with four vacant positions.
  - **Secure Youth Detention Facilities** – Juvenile Services has six full-time substance abuse counselors assigned to Waxter Children’s Center, Noyes Center, Lower Eastern Shore Children’s Center, and Western Maryland Children’s Center. Substance abuse services are provided by private vendors at the Baltimore City Juvenile Justice Center, Cheltenham Youth Facility, and the Hickey School.

**Total Full-Time Juvenile Services Substance Abuse Staff: 23**

- **Somatic and Mental Health Staff**
  - **Somatic Health** - Juvenile Services currently has seven physicians who can prescribe buprenorphine (Suboxone or Subutex) which requires a federal Drug Enforcement Agency waiver. These physicians cover the Juvenile Services secure youth detention centers 24/7 so that a youth with opioid dependence and/or opioid withdrawal can be treated with buprenorphine, if necessary. Youth with opioid dependence also have access to substance abuse and mental health counseling while in detention.
  - **Mental Health** - Juvenile Services has 12 mental health practitioners providing substance abuse services part-time at the Western Maryland Youth Centers and the William Donald Schaefer House, a group home operated by Juvenile Services that serves youth with substance abuse issues.

**Total Full-Time Somatic Medical Staff: 7**

**Total Part-Time Mental Health Staff: 6**

**2. Total expenditures spent on combating heroin and opioid abuse broken down by project.**

Juvenile Services substance abuse treatment budget expenditures for FY 2015 and FY 2016

<b>Program</b>	<b>FY 2015</b>	<b>FY 2016</b>
ADAA Grant Total	\$720,295	\$686,282
Drug Courts Total	\$1,236,405	\$1,126,285
Facility Substance Abuse Total	\$663,516	\$860,504
Meadow Mountain Youth Center Total	\$3,032,970	\$2,829,437
William Donald Schaefer House Total	\$2,333,338	\$2,357,636
<b>Grand Totals</b>	<b>\$7,986,524</b>	<b>\$7,860,144</b>

**3. Regularly scheduled events in which the agency participates.**

Juvenile services participates in the following events regarding substance abuse:

- Department of Behavioral Health sub-committees.
- Opiate Overdose Committee in each region.
- Juvenile Services’s Substance Abuse Program Administrators represent Secretary Abed on the combined councils for state of Maryland Behavioral health.
- All Juvenile Services treatment and detention facilities participate statewide in Recovery month activities.
- Entry Level Training, which includes topics related to recognizing and assessing substance abuse issues in youth, is provided for all new direct care facility and community staff.

**4. Partnerships with local or other state agencies outside of those sitting on this Council.**

- Juvenile Services works closely with the Behavioral Health Administration at Health and Mental Hygiene for a Federal Block grant to provide substance abuse services within Juvenile Services.
- Juvenile Services has an executed MOU with Baltimore Mental Health Systems to support juvenile Drug Court in Baltimore City.
- Juvenile Services has executed an MOU with Mid Shore Mental Health Systems to provide mental health and substance abuse services for the Carter Center, a residential treatment facility for girls on the Eastern Shore.
- Juvenile Services has executed an MOU with Harford County Government to support juvenile Drug Court.

## APPENDIX B. GOVERNOR’S OFFICE OF CRIME CONTROL AND PREVENTION INVENTORY OF ASSETS

**1. Number of individuals who work on the issue full-time and number of individuals who work on it in addition to other topic areas.**

- One individual full-time: Policy Analyst; and
- Five individuals part-time: Executive Director; Director of Special Projects; Policy and Planning Chief; Research Chief; and Program Manager

**2. Total expenditures spent on combating heroin and opioid abuse broken down by project.**

- Medication Assisted Treatment/Reentry Grants:

Jurisdiction	Funding
Anne Arundel County	\$100,000
Carroll County Health Department	\$54,272
Calvert County Health	\$46,400
Cecil County Sheriff’s Office Law Enforcement Facility	\$47,500
Frederick County Detention Center	\$50,536
Howard County Department of Corrections	\$39,894
Montgomery County Department of Corrections & Rehabilitation	\$31,179
St. Mary’s County Government	\$52,000
Washington County Detention Center	\$62,700
<b>TOTAL</b>	<b>\$484,481</b>

- New Grants to Help Addicts, Seize Drugs and Advance Investigations Statewide:

Grantee	Funding
Allegany County State’s Attorney’s Office	\$55,532
The Family Recovery Program, Inc.	\$100,000
Hampstead Police Department	\$18,150
The Center for Children, Inc.	\$69,000

Grantee	Funding
Charles County Circuit Court	\$98,554
Howard County Department of Corrections	\$49,706
Montgomery County Police Department	\$35,000
Somerset County Local Management Board	\$130,890
<b>TOTAL</b>	<b>\$556,832</b>

**3. Regularly scheduled events in which the agency participates.**

- State Overdoes Advisory Council;
- Mental Health/Criminal Justice Partnership; and
- Regular meetings of program directors for reentry medication assisted treatment grants

**4. Partnerships with local or other state agencies outside of those sitting on this Council.**

- Local Law Enforcement Agencies;
- Local Health Departments; and
- High Intensity Drug Trafficking Area (HIDTA) program

## APPENDIX C. MARYLAND INSURANCE ADMINISTRATION INVENTORY OF ASSETS

The activities of the Maryland Insurance Administration are not generally specialized to heroin and opioid abuse issues, which makes it difficult to quantify the amount of time and budgets spent specifically on this topic. For example, the forms review unit generally looks over health plan policies, and conducts a detailed analysis of cost sharing, such as coinsurance, copayment, etc., for mental health/substance use disorder compared to somatic illnesses. In particular, the forms review unit looks at all health benefit plan policy forms for compliance with the Mental Health Parity laws, which include substance use disorder treatment. Another example is in the complaints unit, which handles complaints as they come in related to the topic. These functions are certainly related to the heroin and opioid use disorder treatment and access, but it is very difficult to quantify.

However, the following information comes from the Insurance Administration's Market Conduct Unit, which has looked at mental health parity specifically. This unit is looking at issues related to heroin/substance use disorder by including some questions about heroin/opioid use disorder treatment in the next survey going out to insurance companies.

- Eight staff, training time on topic = \$1,362
- Four staff, exam time on topic = \$359
- Chief, Mental Health Parity and Addiction Equity Act survey time = \$5,424
- Total worth of man hours expended so far = \$7,145



## **APPENDIX D. MARYLAND STATE DEPARTMENT OF EDUCATION INVENTORY OF ASSETS**

### **1. Number of individuals who work on the issue full-time and number of individuals who work on it in addition to other topic areas.**

Eleven Department of Education staff members are working on the Heroin and Opioid Emergency Plan. The positions include:

- Interim State Superintendent
- Chief Performance Officer
- Interim Chief Academic Officer
- Chief of Staff
- Assistant State Superintendents (2)
  - Division of Student, Family and School Support
  - Division of Academic Policy and Innovation
- Interim Director of Curriculum
- Director, Youth Development Branch
- Specialists (3)
  - Health and Physical Education
  - School Safety
  - Service Learning

These staff members will devote 500 hours at an estimated cost of \$30,000 in FY 2015 and 600 hours at an estimated cost of \$36,000 for a total of 1100 hours at an estimated total cost for staff of \$66,000 over two years to combating heroin in the State of Maryland.

### **2. Total expenditures spent on combating heroin and opioid abuse.**

Total Budget estimate: \$106,350 (Department of Education is searching for resources to support this expenditure)

- Two page full color quarterly publication sent to all schools one time per quarter: \$93,600 annual cost for four quarters

(370,000 copies: \$8,200 printing cost + \$5,600 distribution + \$9,600 mailing = \$23,400 per quarter; \$23,400 x 4 quarters = \$93,600)

- Two page 1,500 copies of a single campaign poster = \$12,750

Given the \$66,000 for staff and \$106,350 for expenditures if resources are identified, Department of Education will have committed \$172,350 to this effort.

**3. Regularly scheduled events in which the agency participates.**

None listed

**4. Partnerships with local or other state agencies outside of those sitting on the Council.**

Education is working with the 24 Local Education Agencies to provide content and information that can be used in instruction with students across Maryland.

## **APPENDIX E. MARYLAND STATE POLICE INVENTORY OF ASSETS**

### **1. Number of individuals who work on the issue full-time and number of individuals who work on it in addition to other topic areas.**

State Police currently has approximately 1,476 sworn troopers. Of these, 811 are assigned to the Field Operations Bureau (FOB), which serves as State Police's uniform patrol force, and 210 are assigned to the Criminal Enforcement Division (CED), which serves as the State Police's investigative component. The other 455 personnel are assigned to support and operational units throughout the State such as the Automotive Safety Enforcement Division, Commercial Vehicle Enforcement Division, Special Tactical Assault Team Element, Aviation, Executive Protection, etc. All troopers work on this issue in some capacity as law enforcement officers. None of the State Police personnel work on this issue full time, but those assigned to FOB and CED do spend a lot of time investigating and responding to this issue.

### **2. Total expenditures spent on combating heroin and opioid abuse broken down by project.**

- \$2.5 Million (approximate)
  - Narcan Project - \$143,260
  - Investigations/Police Responses, which include approximately 200 overdose investigations, heroin/opioid possession & distribution investigations, arrests, public presentations and the countless patrol responses and arrests associated with this issue. This figure includes the personnel salary and overtime. \$2,305,600.

### **3. Regularly scheduled events in which the agency participates.**

Other than attendance at the Inter-Agency Heroin/Opioid Council meetings, the State Police has not attended any regularly scheduled events. However, State Police has conducted four separate narcotics training sessions for patrol officers during 2015. State Police CED personnel have also presented at 12 formal speaking events throughout the state on this issue during 2015 and the FOB commanders have conducted a countless number of presentations at engagements within their local areas throughout the state.

### **4. Partnerships with local or other state agencies outside of those sitting on this Council.**

- State Police is involved in 16 Drug Task Forces throughout the state involving MOU partnerships with local allied agencies in each area.

- State Police has three Federal MOU partnerships with Homeland Security Investigations, the Drug Enforcement Agency, and the Bureau of Alcohol, Tobacco, Firearms and Explosives.
- State Police works closely with the Washington-Baltimore High Intensity Drug Trafficking Area program (HIDTA).
- State Police maintains unofficial partnerships with allied agencies in all counties and Baltimore City.

## APPENDIX F. DEPARTMENT OF HEALTH AND MENTAL HYGIENE INVENTORY OF ASSETS

**1. Number of individuals who work on the issue full-time and number of individuals who work on it in addition to other topic areas.**

There are a total of 85 personnel across Public Health, Behavioral Health, Medicaid, and the Office of the Secretary whose duties directly relate to combatting the heroin and opioid epidemic. Eight personnel within behavioral health are 100 percent devoted to overdose prevention, while the remaining personnel also have other duties, including substance use in general.

**2. Total expenditures spent on combating heroin and opioid abuse broken down by project.**

Health and Mental Hygiene estimates includes all funding spent on substance use activities, as it is difficult to quantify expenditures by substance and many individuals are dependent upon multiple substances.

- **Behavioral Health Administration:** Behavioral Health expends a total of \$208,806,671 on activities, including salaries, related to the heroin and opioid crisis. See the table below for a breakdown of expenditures. The majority of funds are spent on grants to the 24 local jurisdictions to fund substance use treatment.

Behavioral Health Administration Services and Activities	Total FY 2015 Expenditures	FY 2016 Expenditures (July - September)
Administrative Services (Salaries etc.)	\$ 6,603,785	\$ 1,454,703
Primary Prevention Services (Grants to 24 jurisdictions) (included SEOW activities, College Binge Drinking, and ATOD Prevention Centers at Bowie, Frostburg, Towson and UMEastern Shore)	\$ 6,276,693	\$ 381,029

Behavioral Health Administration Services and Activities	Total FY 2015	FY 2016
	Expenditures	Expenditures (July - September)
Substance Use Treatment (General treatment grants to jurisdictions) (included Residential Treatment Services for Criminal Justice and Women and Women with Children) (included MD Quitline) <sup>1</sup>	\$ 48,316,928	\$ 23,910,105
Substance Use Treatment (SAPT)(Grants to 24 jurisdictions) (included PDMP evaluation, opioid misuse prevention grants, and others)	\$ 22,894,428	\$ 2,104,670
Cigarette Restitution Funds (Grants to 24 jurisdictions)	\$ 21,032,184	\$ 19,761,206
Marijuana Citation Funding	\$ 181,698	\$ -
Drug Court Treatment (Grants to 24 jurisdictions)	\$ 1,731,392	\$ 1,598,040
MD Strategic Prevention (Grants to 24 jurisdictions)	\$ 3,060,566	\$ 241,416
Whittsitt Center Expansion (Substance use portion only)	\$ 1,578,378	\$ 1,828,378
MD Recovery Support Services	\$ 3,058,624	\$ 259,513
Recovery Support Services (Grants to 24 jurisdictions)	\$ 10,758,363	\$ 8,396,105
MDBHAY- Cooperative Agreement for State Adolescents Treatment with University of Maryland and two local health departments	\$ 46,321	\$ 70,698
SBIRT-Screening, Brief Intervention, and Referral to Treatment (grant to Baltimore City)	\$ 1,603,158	\$ 145,742
SB512-Children in Need of Assist. Drug Affected Babies (Grants to 24 jurisdictions)	\$ 1,656,599	\$ 335,583
Substance Use Treatment Outcome Partnership (STOP) Funds (Grants to 24 jurisdictions)	\$ 6,432,644	\$ 5,888,852
HB7-Integration Child Welfare and Substance Use Services (Grants to 24 jurisdictions)	\$ 2,322,364	\$ 70,970

<sup>1</sup> Includes \$3.5 million that goes to the Department of Human Resources to place an addictions counselor from the local health department within each local department of social services to screen Temporary Cash Assistance applicants for substance abuse.

Behavioral Health Administration Services and Activities	Total FY 2015	FY 2016
	Expenditures	Expenditures (July - September)
Buprenorphine Initiative (Grants to 24 jurisdictions)	\$ 3,560,525	\$ 1,245,011
<b>TOTAL</b>	<b>\$ 141,114,650</b>	<b>\$ 67,692,021</b>

- Medicaid:** Medicaid's behavioral health unit, which consists of nine PINS dedicates roughly 75 percent of its time on substance use disorder. In addition, Medicaid providers have up to a year to bill for services rendered to Medicaid patients. Therefore, it is difficult to estimate expenditures in FY 2015 and 2016. Included below is the Medicaid FY 2016 substance use disorder appropriation, including the behavioral health unit staff time.

Service	FY 2016 Appropriation
Behavioral Health Unit	\$ 400,586
Inpatient	\$ 10,104,000
Outpatient	\$ 25,420,000
Community	\$ 142,352,001
Pharmacy	\$ 33,554,400
<b>TOTAL</b>	<b>\$ 211,830,987</b>

### 3. Regularly scheduled events in which the agency participates.

Type of Event	Frequency
State Overdose Awareness Council	Quarterly
Local Overdose Fatality Review Meetings	Multiple per month
State Behavioral Health Advisory Council and Prevention subcommittee	Six times yearly
PDMP Advisory Council	Quarterly
CDS Integrated Unit	Monthly
Joint BHA/CSA/ASO/MA Executive Committee Meeting	Monthly
National Recovery Month	Annual
National Council on Alcoholism and Drug Dependence member meeting	Upon request
Maryland Addiction Directors Council provider meeting	Monthly
Local Addiction Authority and Maryland Association of Core Service Agencies meetings	Monthly
Maryland Association of County Health Officers	Quarterly

Type of Event	Frequency
Provider Council meeting	Monthly
Naloxone Conference	Annual
Behavioral Health Association Annual Conference	Annual
Peer Advisory Council	Monthly
Health and Government Operations Committee PDMP Briefing	Annual
Presentations on PDMP at professional organization conferences / training events	Varies
National Association of Boards of Pharmacy - PMP InterConnect Steering Committee Meeting	Annual
Maryland Association for the Treatment of Opioid Dependence (MATOD)	Quarterly
Behavioral Health Systems Baltimore - Methadone Roundtable	Quarterly
Quality Assurance meeting with the Local Addictions Authorities to go over Grant Monitoring of Sub-vendors	Annual
Certified Peer Recovery Specialist Summit	Annual
Grantee meeting with the Local Addictions Authorities	Annual
Screening Brief Intervention Referral to Treatment (SBIRT) Federal Grant	Various trainings with SBIRT entities
University of Maryland School of Law Legislation Stakeholder Group	Varies
Behavioral Health Administration Prevention/Education Interim Report Action Items meeting	Varies
Prevention Coordinators Network	Quarterly
Maryland Strategic Prevention Framework Planning meeting (planning technical assistance related to Opioid Misuse Prevention Programs)	Weekly
National Prevention Network	Quarterly plus annual 3 day conference
State Epidemiology Outcomes Workgroup	Quarterly
Children's Cabinet Initiatives	Quarterly



#### **4. Partnerships with local or other state agencies outside of those sitting on the Council.**

Addiction Technology Transfer Center  
Boards of Physicians, Pharmacists and Professional Counselors  
Chesapeake Regional Information System for our Patients  
Department of Human Resources  
Health and Mental Hygiene's Maternal and Child Health Bureau  
Department of Juvenile Services  
Department of Justice Bureau of Justice Assistance Harold Rogers Grant program  
Department of Public Safety and Correctional Services  
Division of Drug Control  
Governor's Office for Children, Children's Cabinet  
Governor's Office of Crime Control and Prevention  
Washington-Baltimore High Intensity Drug Trafficking Area program  
The Hilltop Institute  
Johns Hopkins University Bloomberg School of Public Health  
Local Addiction Authorities  
Local Correctional Facilities  
Local Drug and Alcohol Abuse Councils  
Local Health Departments  
Local Opioid Misuse Prevention Programs  
Local Overdose Response Program entities  
Local Overdose Fatality Review Teams  
Local Prevention Coordinators  
Maryland Association of Core Service Agencies  
Maryland Addiction Directors Council

Maryland Correctional Administrators Association  
Maryland District and Circuit Courts  
Maryland Hospital Association  
Maryland Medicaid  
Maryland State Police  
MedChi  
MIEMSS  
Maryland Recovery Organization  
Connecting Communities (M-ROCC)  
Mosaic  
National Association of Boards of Pharmacy  
National Council on Alcoholism and Drug Dependence  
Office of the Chief Medical Examiner  
Office of Health Care & Quality Assurance  
Office of National Drug Control Policy  
Office of Problem Solving Courts Drug Treatment Courts  
Poison Control Center  
PHPA-Sexual Health Initiative  
Substance Abuse and Mental Health Services Administration  
Screening, Brief Intervention, and Training Policy Steering Committee members  
State Health Professions' Licensing Boards  
State Overdose Council membership  
State Correctional Facilities  
State Drug and Alcohol Abuse Council/State Behavioral Health Advisory Council  
University of Maryland School of Medicine - Systems Evaluation Center

Universities of Bowie, Frostburg,  
Maryland Eastern Shore & Towson  
University of Maryland School of  
Pharmacy  
University of Maryland School of Social  
Work

University of Maryland Medical Systems  
University of Maryland, Baltimore-SEOW  
Value Options  
Veterans Administration  
Vital Statistics

## APPENDIX G. DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES INVENTORY OF ASSETS

**1. Number of individuals who work on the issue full-time and number of individuals who work on it in addition to other topic areas.**

The Department of Public Safety and Correctional Services does not have individuals who are solely dedicated to the issue of heroin and opioid abuse. We do, however, have numerous staff dedicated to the issue of substance abuse screening, assessment, and treatment which is a part of heroin and opioid abuse.

We currently have four administrator positions, six supervisor positions, 23 counselor positions and nine assessment positions dedicated to substance abuse issues.

**2. Total expenditures spent on combating heroin and opioid abuse.**

Public Safety spends a total of \$12,763,327.05 on combatting substance abuse. This includes the following project categories:

**a. Staff Salary & Fringe**

Staff Salary & Fringe	Expenditures
Administrator Positions	\$373,548
Supervisor Positions	\$538,347
Counselor Positions	\$1,392,144
Assessment Positions	\$539,058
<b>TOTAL</b>	<b>\$2,843,097</b>

**b. Contracts**

Contracts	Expenditures
Substance Abuse Treatment Services, Five Therapeutic Community Programs, 606 total treatment slots	\$8,475,175
Substance Abuse Assessment Services Texas Christian University Drug Screen II Screening & Treatment Assignment Protocol Assessments	\$611,441
Acupuncture Services	\$74,412
<b>TOTAL</b>	<b>\$9,161,028</b>

**c. Projects**

<b>Projects</b>	<b>Expenditures</b>
Public Awareness Department of Health and Mental Hygiene Campaign printed materials for Public Safety distribution	\$2,390
<b>TOTAL</b>	<b>\$2,390</b>

**d. Grants**

<b>Grants</b>	<b>Expenditures</b>
Behavioral Health System Baltimore Alcohol & Treatment Block, Designated to Division of Pretrial Detention & Services	\$168,632
Governor's Office of Crime Control and Prevention / Bureau of Justice Administration Residential Substance Abuse Treatment Aftercare Services	\$163,179
<b>TOTAL</b>	<b>\$331,811</b>

**e. Memorandums of Understanding**

<b>Memorandum of Understanding</b>	<b>Expenditures</b>
Washington County Health Department for Assessments	\$25,000
Behavioral Health System Baltimore, Correctional Options Program, Treatment Slots for Baltimore City Residents	\$400,000
<b>TOTAL</b>	<b>\$425,000</b>

**Grand Total: \$12,763,327.05**

**3. Regularly scheduled events in which the agency participates.**

- Attendance and frequent keynote speaker for Drug Treatment Court Graduations
- Participated in the National Prescription Return Day press conference with Baltimore City Health Department
- Keynote Speaker at Power Recovery Treatment Program graduations and a frequent speaker at the Men's Group

#### **4. Partnerships with local and other state agencies outside of the Council.**

- Opioid Misuse Prevention Program
- Overdose Fatality Review in Baltimore City, Baltimore County, Anne Arundel County, Somerset County, Worcester County, Frederick County, Garrett County, Allegany County, Washington County, and Howard County
- Frederick, Garrett & Allegheny County Health Departments through their Substance Abuse Councils, Drug Free Community Coalitions and Opioid Task Forces
- Mental Health and Addictions Advisory Council & Harford County
- Interagency Forensic Services Committee
- Mental Health Criminal Justice Partnership
- Baltimore City Health Department Naloxone initiative with Baltimore City detainees
- Maryland Behavioral Health Advisory Council

## **APPENDIX H. DEPARTMENT OF HUMAN RESOURCES INVENTORY OF ASSETS**

### **CURRENT RESOURCES**

Currently, the Maryland Department of Human Resources has a long-standing agreement with the Maryland Department of Health and Mental Hygiene's Behavioral Health Administration to fund addictions counselor positions. Human resources provides Health and Mental Hygiene with approximately \$3.5 million annually to place an addictions counselor from the local health department (24-25 county employees) within each local department of social services to screen temporary cash assistance applicants for substance abuse. If screened positive, the addictions counselor refers the client to testing and treatment covered by Medicaid benefits.

This program is codified in the Maryland Annotated Code, Human Services Article § 5-314.

## **APPENDIX I. MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS INVENTORY OF ASSETS**

### **1. Number of individuals who work on the issue full-time and number of individuals who work on it in addition to other topic areas.**

Sixteen Maryland Institute For Emergency Medical Services Systems (commonly known as MIEMSS) staff who have worked on the Opioid /Heroin Task force and collect/share emergency medical service (EMS) patient information with Health and Mental Hygiene on part time basis and have other full-time duties: MIEMSS Executive Director, MIEMSS Deputy Director, State EMS Medical Director, Assistant Attorney General, Privacy Information Officer, Director Data Management, Protocol Administrator, Regional Administrators and Director Licensure and Certification, and Chief Medical Officers.

### **2. Total expenditures spent on combating heroin and opioid abuse broken down by project.**

Total expenditure spent on combating heroin and opioid abuse is based on staff hours dedicated to implementing the statewide protocol and educational roll out allowing EMTs to administer naloxone July 2014, aggregating and providing EMS patient care data to Health and Mental Hygiene through an MOU in compliance with existing statutory authorities, participation in local County/Health Department opioid/heroin outreach and education programs, and MIEMSS Regional Council discussions, and participation in the Opioid/Heroin Task Force. The aggregate staff hours is in excess of 165 hours.

### **3. Regularly scheduled events in which the agency participates.**

None

### **4. Partnerships with local or other state agencies outside of those sitting on this Council.**

Partnerships: "I Wish I Knew" Drug Free Queen Anne's Coalition and Queen Anne's County Office of the Sheriff Supervisor.