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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**

**December 2016**

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

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## **INTRODUCTION AND BACKGROUND**

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### **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 & 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**

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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. In the year since the initial recommendations were made, eight recommendations have been initially implemented and are progressing toward the set goals. Fourteen recommendations are on course for implementation by the 2017 Interim report, and an additional four are scheduled for implementation by 2017 year end. In August 2016, a mid-year report was published detailing initial progress. This report contains a brief update on those activities.

## **Final Report Recommendations**

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### **I. Expanding Access to Treatment**

#### **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 the number of patients that qualified physicians who prescribe buprenorphine for opioid use disorders can treat from 100 to 275. BHA will update their work plan given the recent rule change.

Additionally, using funds provided through the CDC's Prevention for States (PFS) grant, BHA has partnered with Behavioral Health Systems Baltimore (BHSB) to establish a gap buprenorphine induction and fast-tracked enrollment in treatment pilot at four Baltimore City hospitals and eight treatment facilities. Through this pilot, individuals presenting in Emergency Departments diagnosed with opioid addiction and interested in entering treatment will be administered a dose of buprenorphine and - with the assistance of a peer recovery specialist - will enroll in treatment at a partnering treatment facility.

### **Reviewing the Substance Use Disorder Reimbursement Rates Every Three Years**

Medicaid has begun to compile substance use disorder reimbursement rates in select states. The Department is currently assessing the rate information collected.

### **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. Health care providers who treat patients with substance use disorders and advocates for patients with substance use disorders have contributed information that the Maryland Insurance Administration will use in setting standards to determine if there are sufficient providers available in a health benefit plan's network. The regulations are required on or before December 31, 2017.

### **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 37 training sessions with 1,229 participants.

### **Providing Recovery Support Specialists to Assist Pregnant Women with Substance Use Disorders**

As a result of analysis of the number of drug exposed newborns, BHA has finalized and approved budgets for five selected pilot jurisdictions: Baltimore City, Baltimore County, Prince George's County, Washington County, and Worcester County. The jurisdictions are hiring staff. BHA has scheduled a kick off meeting with the Recovery Support Specialist in late January 2017 to discuss data collection points, outcomes, and reporting requirements. The IT contract has been initiated and the contractor has met with BHA to identify data points for the project.

### **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 Medicaid took place on August 2, 2016. Two additional Learning Collaboratives took place in the fall that focused on connecting the justice-involved population to care and creating sustainable financing mechanisms respectively.

### **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.

## **II. Enhancing Quality of Care**

### **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 is implementing an education campaign to inform providers statewide about mandatory registration and other changes under HB 437. Completed activities include branding of the PDMP with a new logo, deployment of an auto-registration workflow, and creation of dedicated online resources for registrants. As a result of these preparations,

over 60% of licensees subject to registration under HB 437 have been registered 6 months ahead of the deadline. The PDMP system is already accommodating an increase in queries as a result of early adoption. Ongoing activities include expansive and intensive outreach with written materials and attendance at events to promote PDMP Registration and register users for PDMP access in the statewide health information exchange.

### **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:

- Initiated discussions with Local Health Departments potentially interested in applying to operate syringe services programs (SSP) and developed a document for local health officers summarizing the efficacy of SSP in reducing the transmission of HIV and hepatitis C for their use in persuading local decision makers about the need for local SSP.
- Selected and appointed the membership of the SSP Standing Advisory Committee in October 2016.
- Conducted the inaugural meeting of the SSP Standing Advisory Committee (October 26, 2016).
- Developed a draft set of regulations to govern Syringe Services Programs. Shared with the Standing Advisory Committee (October 21) and the Maryland Association of County Health Officers (November 3) for comment.
- Developed the application interested SSP providers would complete and submit to the Department and the Local Health Officer(s) in the jurisdiction(s) in which they propose to operate to be considered for approval.

### **Requiring and Publishing Performance Measures on Addiction Treatment Providers**

In October 2016, BHA began tracking opioid maintenance therapy (OMT) programs in its Outcomes Measurement System (OMS).

### **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 Nursing implemented this requirement in 2014 and renewed it on June 23, 2015.

The Board of Pharmacy provides information on continuing education opportunities and held a presentation in October 2016 where credit was issued to approximately 300



participating pharmacists. The Board of Pharmacy recommends their members take continuing education on opioid dispensing, but does not require it at this time. In the first quarter of 2017, the Board of Pharmacy plans to submit proposed regulation to DHMH requiring Maryland pharmacists receive annual CEUs in opioid prescribing. The Board plans to offer opportunities to obtain the CEUs through the use of live presentations, webinars, and website classes. This would ensure opioid-prescribing education to approximately 10,000 pharmacists.

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 as of September, primarily because podiatrists typically do not treat patients for long-term pain management. The controlled substance prescriptions are for short term postoperative pain. Long term pain management requiring opioid prescriptions is typically referred out to pain management specialists.

### **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) workgroup is charged with developing minimum standard DUR activities related to opioids in the acute and chronic treatment of pain. DUR activities have been developed collaboratively during the summer and fall of 2016 and will be adopted and implemented across all eight managed care organizations by July 1, 2017.

## **III. Boosting Overdose Prevention Efforts**

### **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](http://getnaloxonenow.org). The video is being edited and updated to a new platform for viewing on mobile devices. Development of a Maryland-specific webpage on [getnaloxonenow.org](http://getnaloxonenow.org) has been completed, and the next step will be launching the page.

### **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. BHA filmed a public service announcement regarding Good Samaritan Law, dramatizing a scenario to demonstrate how protections impact witnesses and overdose victims. The public service announcement is scheduled to air in mid January 2017 on a number of local stations, and is available on the Maryland Public Television website. It will be featured as part of the larger BHA communications strategy with other opioid and prevention related PSAs on the department's website and social media pages.

#### **IV. Escalating Law Enforcement Options**

##### **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.

##### **Creating a Multi-Jurisdictional Maryland State Police Heroin Investigation Unit**

State Police has created Standard Operating Procedures for the Heroin Investigation Unit and distributed it statewide. State Police command has met with task force partners to discuss the Heroin Investigation Unit to ensure collaboration and a seamless implementation. Standard Operating Procedures that delineate the MSP investigative response to heroin/opioid overdose reports were developed and implemented, providing all State Police investigators responding to an overdose with the same investigate objectives.

The five regional Heroin Investigation Units, staffed from existing local drug task forces, collaborate with each other to ensure statewide coverage. Regional units respond 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, 27 HIDTA heroin/opioid referrals have been forwarded to the regional Heroin Investigative Unit coordinators for inquiry. In addition, four multi-jurisdictional major investigations into heroin/opioid drug trafficking organizations have been initiated. One of the investigations resulted in the dismantlement of a major multi-state drug trafficking organization operating in the states of Maryland, Georgia, and North Carolina. This investigation culminated in five arrests and the seizure of 2,467.8 grams of heroin and 370.8 grams of cocaine. The other three Heroin Investigation Unit investigations remain ongoing.

## **Designating HIDTA the Central Repository for Maryland Drug Intelligence**

With the support of Lt. Governor Rutherford, 65 agencies across Maryland have signed addendums to mutually share case data with HIDTA, State Police, and Baltimore Drug Enforcement Agency office for combined analysis and mutual case enhancement. Crime Control & Prevention continues to follow up with the three remaining counties to encourage agency participation.

### *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. Funding was ultimately awarded to 18 agencies on July 1, 2016, including Maryland State Police. Ten agencies have hired their coordinator or designated this role, and eight are in the hiring process. This position is tasked with entering into HIDTA's Case Explorer data relating to all opioid overdose and drug related investigative activities, assisting law enforcement with drug-related cellular phone extract uploads into the Communications Analysis Portal, and analysis of related drug data within their jurisdiction. The coordinator is also responsible for facilitating referral of repeat victims to Crisis Intervention Teams (CIT) or local health departments for follow up intervention.

Year to date, there have been 3,174 overdose incident submissions into Case Explorer, of which 1,302 were from agencies receiving grants for Heroin Coordinators since the inception of the program. Additionally, 454 overdose submissions have been made into the Communications Analysis Portal from participating Maryland agencies. In addition, the HIDTA has provided to the Department of Health and Mental Hygiene a list of victims with multiple, nonfatal overdoses in order to identify how law enforcement data can be used to supplement public health outreach. GOCCP will develop a process facilitated by the Heroin Coordinators to ensure consistent referral to county level public health stakeholders.

### *State Police*

State Police has implemented policy requiring an investigator from the Criminal Enforcement Division to respond to all State Police overdoses. Year to date, Maryland State Police Criminal Enforcement Division assets have been called to 86 fatal and 502 non-fatal suspected heroin/opioid overdoses statewide. In compliance with the recommendation, each incident is thoroughly investigated, and the majority of these investigations have been documented in Case Explorer, and cell phone data has been uploaded to the Communications Analysis Portal when applicable. The criminal investigator from the Criminal Enforcement Division working as a coordinator for the HIDTA heroin/opioid program recently retired. A potential replacement has been identified with a plan to

permanently reassign that individual to the position. The State Police Heroin Coordinator position, to be embedded at HIDTA, has been advertised and will be filled soon.

### **Enhancing Interdiction of Drug Laden Parcels**

Maryland State Police has created a draft Memorandum of Understanding (MOU) to form a task force with the United States Postal Inspection Service (USPIS) and presented it to them for review. The draft MOU is currently being reviewed by the USPIS legal representatives and it is still uncertain if a partnership of this nature will materialize. 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.

### **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.

## **V. Reentry and Alternatives to Incarceration**

### **Establish a Day Reporting Center Pilot Program to Integrate Treatment into Offender Supervision**

The Governor made \$540,000 available to establish an Adult Day Reporting Center Pilot Program. The project 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. The Pilot Program incorporates 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.

Of two jurisdictions that applied, Washington County was awarded the grant and aligned the program with Washington County Detention Center. Community mental health and substance disorder treatment providers have been contracted, and the center is establishing an agreement for a technical vendor to track outcome measurement and drug testing. The program schedule, phase criteria, and other policies and procedures were prepared for a November opening, and the first participants began in December. Washington County Detention Center has also coordinated with local courts to explain eligibility, as well as community agencies providing a breadth of reentry services to facilitate participant success.

### **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.

### **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. The Department of Public Safety and Corrections Services convened a workgroup that met to set benchmarks and develop a draft matrix, which is two folded and focuses on behavior management to address individual destabilizing factors. The workgroup also developed the necessary due process form for supervised individuals, and policy recommendations that have been submitted for revision by leadership.

Although the relevant provisions will not become effective until October 1, 2017, the process to integrate the new matrix into the electronic case management system began months earlier. The workgroup met with Maryland judiciary and problem solving courts in December 2016 to discuss the new system, and has two training events for circuit and district courts scheduled in January 2017.

### **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. Of the nine Safe Streets sites funded in Fiscal Year 2017, five sites received funding for peer recovery specialists to integrate treatment into the model, including: Anne Arundel County, Dorchester County, Frederick County, Cecil County, and Salisbury. Three recovery specialists have been hired in Anne Arundel County, Cecil County and Salisbury respectively, and two are pending completion of the hiring process.

### **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.

### **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. In partnership with the Judge Alexander Williams, Jr. Center for Education, Justice and Ethics, the workgroup convened for six sessions to share input, reviewed research, and heard public testimony from stakeholders. The final report, prepared on December 1, 2016, outlined thirteen recommendations aimed at promoting transparency, ensuring equal application of occupational licensing law, sustainably incentivizing employers to hire persons with criminal records, and removing unnecessary reentry barriers.

## **VI. Promoting Educational Tools to Youth, Parents, and School Officials**

### **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 and other materials can be viewed at <http://marylandpublicschools.org/Pages/heroinprevention/index.aspx>.

### **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 via a digital print postcard, and public service announcement. This work is in production and is expected to be completed in the 2016-2017 school year.

### **Promoting Evidence-Based Prevention Strategies that Develop Refusal Skills**

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

In the spring 2016, the survey data was used to develop strategies to support all jurisdictions in drug abuse prevention and awareness programs. The survey showed that there were several efforts across the State which utilized student leadership and provided training to students on the dangers of drug abuse. Students from several of the leading programs were identified and asked to present at a series of student leadership conferences. This culminated in a student led workshop at the MASC Convention. The MASC convention hosts approximately 1,000 students and advisors from all 24 local jurisdictions. At this breakout session students were able to learn from each other about best practices in drug abuse prevention and awareness programs and gain insight into the work being done across the State.

### **Support Student-Based Film Festivals on Heroin and Opioid Abuse**

Contact has been made with local school systems, community organizations, the Maryland State Arts Council, and the Maryland Film Office regarding collaborations on student produced films about awareness and prevention of heroin and opioid abuse. Separately, several school districts have initiated student produced film festivals. Lt. Governor Rutherford participated in a Frederick County student film festival in November 2016.

Because of multiple, existing student film festivals and the costs associated with the creation of a statewide festival, all stakeholders recommend a student video PSA contest through which submissions would be adjudicated at the district level, sending three finalists from each district to an all-state screening. The all-state screening would be adjudicated by professional filmmakers, recommended by the Maryland Film Office. The three final video PSAs would be distributed statewide for use at school-designated events (PTA meetings, student performances, sports events, etc.) If approved, the video PSA model would be announced in January, 2017 with statewide distribution of the three winners by April 15, 2017.

## **VII. Improving State Support Services**

### **Implementing Comprehensive Heroin and Opioid Abuse Screening at the Department of Juvenile Services and the Department of Human Resources**

The Department of Juvenile Services recently launched a new, automated version of its risk and need assessment tool that incorporated enhanced questions that attempt to identify youth currently using and/or having access to opiates. Specifically, the questions target possible opiate use within a household and provide a basis for a discussion about the risks associated with opiates, including prescription painkillers. The risk and need assessment tool is administered at intake, which is the initial contact between the youth and family and the department. The tool is designed to assess several areas in the youth's life including school, family, mental health and drugs and alcohol use and inform the department's potential treatment options, if necessary.

### **Final Report Resource Allocations**

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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.

#### **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. Since the project was initiated, 79 Convictions have been secured, 122 Repeat Offenders have been identified, and 139 Search Warrants have been executed.



### **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 265 clients, 95 have been screened, and 101 referrals have been made. Seven mentors have been recruited and screened.

### **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. The system immediately identifies stolen tags and vehicles, as well as suspended plates and registrations. Over the course of the program, 120 citations/warnings were written, allowing the removal of suspended/revoked drivers, vehicle owners with suspended tags and registrations and additional criminal violators. Fourteen arrests were made and one of the arrests required a K-9 scan resulting 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.

### **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. Since the program began on October 1, 2015, 840 client screens have been completed and, of those screens, 68 were positive with 17 referred for treatment.

### **Charles County Circuit Court**

The Charles County Circuit Court 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. Since its inception in October 2015, the program has been extremely successful in funding residential treatment during the completion of their supervision. The program has facilitated long term residential treatment for 31

participants and short-term treatment for 21 participants, many of whom transitioned into long term or short-term intensive outpatient treatment. During the program, 26 participants earned phase advancements predicated on full and successful compliance with supervision. As a whole, the program also significantly expanded its number of MAT providers.

### **Montgomery County Police Department**

The Montgomery County Police Department's Heroin Overdose Prevention & Education (HOPE) 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. The program assigns a caseworker to a steady team of narcotics investigators that dually respond to nonfatal and fatal overdoses. Since the start of the program, investigators have responded to 119 overdoses, collecting 47 phone extractions that enable them to identify networks responsible for at least two confirmed overdose deaths. Most importantly, with the cooperation of a caseworker 63 nonfatal victims were referred for outreach, 20 of whom transitioned into treatment.

### **Somerset County Local Management Board**

The Somerset County Local Management Board's Collaborative 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 all four law enforcement agencies to collaboratively increase their presence in high crime areas of Somerset County, particularly the towns of Crisfield and Princess Anne. Since the beginning of the project, law enforcement has arrested 56 known gang members, conducted 249 searches, and written 67 adult criminal citations and 11 juvenile citations. The program resulted in 40 drug seizures, 34 heroin seizures and four firearm seizures.

### **Maryland Medication-Assisted Treatment (MAT) Reentry Programs**

Eight medication-assisted treatment (Vivitrol) reentry programs are presently being funded through the Governor's Office of Crime Control & Prevention. In addition, two previously funded programs will continue to operate independently, without State funding. As of December 1, 2016, approximately 220 detention center inmates had received a Vivitrol injection. A number of participants continued to receive their sixth or subsequent injections in the community, thus fulfilling their initial treatment commitment. Crime Control and Prevention held multiple collaborative meetings with project directors to

share best practices across programs throughout the grant year, including close collaboration between detention centers and local health departments, and coordination between programs to transfer participants upon release to other jurisdiction. One program produced a video guide on program operations to serve as a resource for other developing programs. As a result of these program outcomes, a compilation of best practices are being collected into one resource guide by Crime Control & Prevention. A formal long-term evaluation of outcomes measures will be performed by a Maryland Statistical Analysis Center analyst who was hired December 2016.

## **Interim Report Recommendations**

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### **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 local school systems 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.

### **Incorporating 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.

### **Heroin and Opioid Addiction Integrated into Service-Learning Projects**

In the 2016-2017 school year, 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. The Service-Learning projects are prominently displayed on MSDE's webpage. The plans were discussed at a recent virtual meeting with service-learning coordinators and on individual technical assistance phone calls with each local school system coordinator. During the technical assistance calls it was revealed that several local jurisdictions are collaborating with their local health departments to implement the service-learning projects. Lastly, the projects will be reviewed and discussed at the upcoming face-to-face coordinator's meeting being held on November 30, 2016.

### **Student Based Heroin and Opioid Prevention Campaign**

A Statewide committee is being formed to create a student video public service

announcement contest.

### **Video Public Service Announcement (PSA) Campaign**

Stevenson University (3) and Morgan State University (2) created five PSAs for use by the State to combat the heroin and opiate crisis in Maryland. The messages in the PSAs provided education about the crisis and encouraged viewers to call the Maryland Crisis Hotline. Morgan State University's two PSAs were selected to air on Fox-45 in January 2015 and are still running on the station. All of the PSAs have been used on social media by BHA and will be added to the BHA website. Towson University has provided 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 Screening, Brief Intervention and Referral to Treatment (SBIRT) initiative, share personal stories about how the substance use and misuse of prescription medications are affecting Maryland families, and communicate anti-stigma messages.

In partnership with Maryland Public Television, digital sorties or small vignettes and five PSAs are being or have already been produced to cover specific topics including: Fentanyl, Naloxone, the Good Samaritan law and stigma reduction. They are scheduled for completion December 31, 2016.

### **Maryland Emergency Department Opioid Prescribing Guidelines**

In August 2015, Maryland Hospital Association, in partnership with the Maryland Chapter of the American College of Emergency Physicians, released Maryland's Opioid Prescribing Guidelines. As of November 2015, all 47 of Maryland's acute care hospitals signed on to implement the guidelines. Most recently, Maryland Hospital Association staff has recommended updates to the guidelines to reflect more current information. The proposed updates will include updating statistics on the epidemic and information regarding the requirements of the PDMP based on passed legislation in 2016.

Maryland's PDMP law requires providers to register with the PDMP by July 1, 2017 and mandate query of the PDMP beginning July 1, 2018. In addition, as of March 2016, the Centers for Disease Control and Prevention (CDC) released new guidelines for prescribing opioids for chronic pain. The guidelines address (1) when to initiate or continue opioids for chronic pain; (2) opioid selection, dosage, duration, follow-up, and discontinuation; and (3) assessing risk and addressing harms of opioid use. While the guidelines are focused on primary care practices, Maryland Medicaid has recommended that MHA's emergency department guidelines be more closely aligned with dosage recommendations included within CDC guidelines.

Maryland Hospital Association staff recommended updating the dosage recommendations for chronic pain in keeping with CDC recommendations. Staff recommend referencing the CDC recommendations for prescribing the lowest effective dosage when opioids are started. Maryland Hospital Association will continue to survey members on implementation and will be working with the Maryland Chapter of the American College of Emergency Physicians as appropriate in the future to address barriers to implementation and share best practices.

### **Provide Statewide Training to Law Enforcement on Maryland's Good Samaritan Law**

On August 25, 2016, State Police command met with the Maryland Police and Corrections Training Commission (MPCTC) to develop the Statewide training. The Maryland State Police Training Division is developing a PowerPoint training class which will be electronically disseminated statewide by the MPCTC.

### **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 five State Police regions. By November 2016, cards were distributed to uniform field personnel and investigative personnel in each region for use during interaction with persons identified to be at high risk for heroin/opioid abuse.

### **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. This information will be included in local resources featured on the Crime Control and Prevention's proposed landing page for Council efforts.

### **National Recovery Month**

National Recovery Month was observed in Maryland from Sunday, August 30, 2016 to Saturday, September 30, 2016. Announcements of activities from all participating jurisdictions were posted on social media. PSA and digital story were released as well a student produced video from Towson. A successful Twitter Storm was conducted on September 6, 2016 in partnership with multiple jurisdictions, advocates and stakeholders.

## **Interim Report Resource Allocations**

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

The Whitsitt Center has been restored to full 40 bed capacity, and all beds are currently filled. All clinical and medical staff vacancies have also been filled to fully support the resident population. Both wings are now fully operational after wing renovations were completed in Winter 2015. The facility has undergone significant upgrades, including update of its recreational space, and installation of a security system and cameras. The purchase of new furniture has allowed the facility to create a positive treatment environment that is less institutionalized in its appearance.

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.

### **Providing Community-Based Naloxone Training and Distribution**

The Department continues to provide technical assistance to local health departments, law enforcement agencies, hospitals, community-based organizations, and others to establish and expand trainings for naloxone. BHA issued a Solicitation for applications to local health departments on June 26, 2015; applications were 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%.

### **Piloting Overdose Survivor Outreach Program in Hospital Emergency Departments**

The Overdose Survivors Outreach Program (OSOP) engages overdose survivors and those

at risk for overdose in Emergency Departments through peer-driven interventions to offer access to treatment, naloxone, and support services. The program is operational in Anne Arundel County at Baltimore Washington Medical Center and Anne Arundel Medical Center, and Baltimore City at Mercy, Harbor, Bon Secours and University of Maryland hospitals. In the first two quarters of FY 2017 in Anne Arundel County, 238 individuals received an intervention, with 26 confirmed enrollments into treatment. In Baltimore City, as a result of combined SBIRT and OSOP interventions, 194 people have been enrolled in treatment.

### **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. In FY17 the funding will support expansion to five more counties.

### **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 added an additional three-bedroom house in October 2016, which can support 1-2 families. A new vendor, Opportunity Ministries, has also been added. Opportunity Ministries has added an additional house with 12 bedrooms, which can support up to six families. Both providers are currently screening potential families to move into the houses.

### **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 Women's Treatment Program. Child care services are provided in order for women to receive services. Gaudenzia treated an additional seven women at the program and a total of 12 children were able to enter the program with their mothers.

### **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. As of August, 2016, unsolicited reporting has resumed to controlled dangerous substances (CDS) prescribing clinicians that have prescribed to a patient who is receiving CDS from at least 14 other prescribers, and has visited 10 pharmacies over the previous three months.

### **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. The grant has allowed the Dorchester County Sheriff's Office the opportunity to establish stronger working relationships with local and state police by further sharing of information and establishing interagency strategies to identify dealers and routes of distribution. Over the course of the program, outdated mobile data terminals were replaced, and overtime funding was committed to execute three search warrants, make 10 heroin trafficking arrests, and 16 opioid related possession arrests. Using their license plate readers, they issued 133 citations and 234 warnings. From increased enforcement efforts, source areas into the county and local distribution addresses were identified, and increased law enforcement presence deterred local trafficking activity.

### **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. The Maryland State Police Gang Unit/Heroin Disruption Project continues to work throughout all regions of the state. As a result of their efforts, a previously undetected major heroin drug trafficking organization has been identified, and in November of 2016 a multi-jurisdictional Heroin Investigation Unit case has been initiated.

### **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 by allowing



officers to view alarms in real time. Permits were approved in the summer, and both cameras were installed and operational in late August 2016. Once operational, the data enabled hundreds of enforcement actions on stolen vehicles, wanted persons, drug offenses, and traffic violations collectively.

## **FUTURE COUNCIL ACTIVITIES**

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The Council will begin holding interim working group meetings of selected agency designees to identify and eliminate roadblocks to full implementation, encourage data sharing amongst council members and develop new priorities to improve overdose death rates in Maryland. These meetings will increase interagency collaboration, and focus on priority topics such as geographic accessibility to treatment, short term intervention efforts, improved inter-agency referral tracking, and a consolidated communication strategy for public awareness of state response.

To better capture the full spectrum of impacts of the Heroin Task Force recommendations, the Council will integrate selected priority data points from outcome and planning measures into one dynamic health index. This score will monitor negative impacts of the heroin and opioid crisis balanced against response indicators reported by member agencies. This tool will facilitate data sharing and report progress to the public.