INTERIM REPORT

HEROIN & OPIOID EMERGENCY TASK FORCE

Lieutenant Governor Boyd K. Rutherford, Chair

AUGUST 24, 2015

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August 24, 2015

Larry Hogan
Governor, State of Maryland
100 State Circle
Annapolis, MD 21401

Dear Governor Hogan:

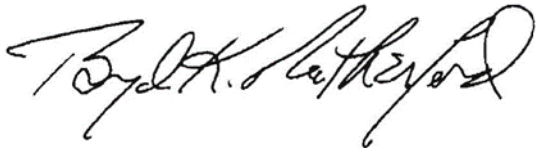
Through our travels during the 2014 gubernatorial campaign, we heard stories from families, law enforcement, and healthcare professionals of the devastation heroin and opioid abuse has wreaked on communities. As a candidate, you stood alone in publicly recognizing the crisis that has engulfed our State.

I applaud your leadership in creating the Heroin and Opioid Emergency Task Force and thank you for appointing me as Chair. Over the past six months, the Task Force has brought together hundreds of stakeholders in order to develop a plan to tackle this emergency and provide you with holistic and comprehensive recommendations.

Enclosed is our Interim Report, which includes our findings and Task Force workgroup updates. Though final recommendations are not due until later this year, the Interim Report includes 10 recommendations, which can be implemented by the relevant state agency within a few weeks. It also includes 10 funding announcements: seven Department of Health and Mental Hygiene allocations to improve access to treatment and quality of care and three Governor's Office of Crime, Control, and Prevention grants to support law enforcement efforts.

Thank you for your continued leadership and support. We look forward to submitting our Final Report on December 1, 2015.

Sincerely,



Boyd K. Rutherford
Lieutenant Governor, State of Maryland
Chair, Heroin and Opioid Emergency Task Force

I. EXECUTIVE SUMMARY

On February 24, 2015, Governor Hogan issued Executive Order 01.01.2015.12, which created the Heroin and Opioid Emergency Task Force. The Task Force is composed of 11 members with expertise in addiction treatment, law enforcement, education, and prevention. Lieutenant Governor Boyd K. Rutherford serves as the Chair. The Task Force was charged with advising and assisting Governor Hogan in establishing a coordinated statewide and multi-jurisdictional effort to prevent, treat, and significantly reduce heroin and opioid abuse.

In addition, the Task Force must provide recommendations for policy, regulations, or legislation to address the following:

a) Improvement in access to heroin and opioid drug addiction treatment and recovery services across the State, including in our detention and correctional facilities, as well as development of specific metrics to track progress;
b) Improvement and standardization of the quality of care for heroin and opioid drug addiction treatment and recovery services across the State, as well as development of specific metrics to track progress;
c) Improvement in federal, state, and local law enforcement coordination to address the trafficking and distribution of heroin and opioids throughout the State;
d) Improvement of coordination between federal, state, county, and municipal agencies to more effectively share public health information and reduce duplicative research and reporting;
e) Help for parents, educators, community groups, and others to prevent youth and adolescent use of heroin and opioids;
f) Development of alternatives to incarceration for nonviolent offenders whose crimes are driven primarily by their drug addiction; and
g) Increased public awareness of the heroin and opioid abuse crisis, including ways to remove prejudices associated with persons suffering from substance use disorders.

This Interim Report details the Task Force's findings from the regional field summits relating to the impact of heroin and opioid drug use on public health, law enforcement, addiction treatment professionals, families, and communities at large. It is divided into four major sections: Summit Findings, Workgroup Areas of Further Study, Preliminary Recommendations, and Approved Resource Allocations.

The Summit Findings section reflects information provided by the hundreds of stakeholders who testified at the regional summits and in subsequent stakeholder conversations with members of the

Task Force. There are five subsections: a) Access to Treatment; b) Quality of Care; c) Law Enforcement; d) Drug Courts and Reentry; and e) Education and Prevention. Major themes reflected in this section include: insufficient federal, state, and local funding; a critical shortage of residential and outpatient treatment options; inconsistent quality of care standards; an increase in heroin- and opioid-related criminal activity; the promising preliminary outcomes of day reporting centers and jail-based Vivitrol (*i.e.* naltrexone) programs; and the need to raise public awareness and reach young people earlier in more innovative ways.

The Task Force subdivided into five workgroups, which mirrored the five major categories of information provided to the Task Force at the regional summits and through electronic submissions: a) Access to Treatment and Overdose Prevention; b) Quality of Care and Workforce Development; c) Intergovernmental Law Enforcement Coordination; d) Drug Courts and Reentry; and e) Education, Public Awareness, and Prevention. The Workgroup Areas of Further Study section details the objectives, guiding principles, and specific issues under consideration by each workgroup.

The Preliminary Recommendations section details 10 recommendations that can 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 weeklong public awareness push.

The Approved Resource Allocations section details how $2,000,000 in additional treatment and prevention funding, released by Governor Hogan for fiscal 2016, will be spent. Generally, funds will be spent on naloxone training and distribution to local health departments and local detention centers, overdose survivor outreach programs in hospital emergency departments, prescriber education to improve quality of care, recovery housing for women with children, detoxification services for women with children, and to increase bed capacity at the A.F. Whitsitt Center, a state-operated residential treatment facility on the Eastern Shore. It also details how $189,000 in Governor's Office of Crime Control and Prevention grant funding to local law enforcement will be spent for overtime pay, gang and heroin disruption efforts, and license plate reader technology.

The final report is due on December 1, 2015, and will contain further recommendations.

II. SYNOPSIS OF PRELIMINARY RECOMMENDATIONS

Below are synopses of the Heroin and Opioid Task Force's preliminary recommendations to Governor Hogan that can be implemented within weeks upon authorization.

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

   The Task Force recommends that the Maryland State Department of Education's Division of Curriculum, Assessment, and Accountability develop age-appropriate lessons and resources on heroin and opioid use in support of the Maryland Comprehensive Health Curriculum.

2. **Infusion of Heroin and Opioid Prevention into Additional Disciplines**

   The Task Force recommends that MSDE's Division of Curriculum, Assessment, and Accountability develop Disciplinary Literacy lessons integrating education on heroin and opioid use with College and Career-Ready Standards.

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

   The Task Force recommends that MSDE's Service-Learning Office create service learning curriculum-based projects that engage students in addressing the heroin and opioid public health crisis.

4. **Student-based Heroin and Opioid Prevention Campaign**

   The Task Force recommends that MSDE partner with the Office of the Governor and state agencies on a coordinated, multi-tiered public education campaign that discourages students from using heroin or abusing opioids.

5. **Video PSA Campaign**

   The Task Force recommends the recruitment of university film students to develop and produce Public Service Announcements (PSA) to be distributed for broadcast and State social media platforms.

6. **Maryland Emergency Department Opioid Prescribing Guidelines**

   The Task Force recommends that each acute care hospital work with its Emergency Department personnel to implement, as medically appropriate, the opioid prescribing guidelines developed by the Maryland Hospital Association.

7. **Maryland State Police Training on the Good Samaritan Law**

   The Task Force recommends that the Maryland State Police provide training to field and investigative personnel on the legal requirements of the Good Samaritan Law.

8. **Maryland State Police Help Cards and Health Care Follow-Up Unit**

   The Task Force recommends that the Maryland State Police provide heroin and opioid "Help Cards" to all MSP troopers and develop, in conjunction with the Department of Health and Mental Hygiene, a healthcare follow-up unit.

9. **Faith-based Addiction Treatment Database**

   The Task Force recommends that the Governor's Office of Community Initiatives' Interfaith Coordinator develop a comprehensive database of faith-based organizations that provide addiction treatment services.

10. **Overdose Awareness Week**

    The Task Force recommends that the first week of September be declared Maryland Overdose Awareness Week, which will include a conference for Overdose Response Program (ORP) entities and other local events to raise awareness of the addiction and overdose problem.

III. SYNOPSIS OF APPROVED RESOURCE ALLOCATIONS

Below are synopses of approved resource allocations that Governor Hogan, in consultation with the Heroin and Opioid Emergency Task Force, has prioritized in the effort to combat the heroin and opioid public health crisis.

1. **Restoring the A.F. Whitsitt Center to a 40-bed Capacity**
   Governor Hogan will allocate an additional $800,000 in fiscal 2016 to the A.F. Whitsitt Center to restore capacity to 40 beds, allowing an additional 240 patients to receive treatment each year.

2. **Providing Community-Based Naloxone Training and Distribution**
   Governor Hogan has directed $500,000 in supplemental grant awards to Local Health Departments (LHD) to support ORP trainings.

3. **Piloting Overdose Survivor Outreach Program in Hospital Emergency Departments**
   Governor Hogan has directed the Behavioral Health Administration (BHA) to allocate $300,000 towards establishing a pilot Overdose Survivor Outreach Program (OSOP) in Baltimore City.

4. **Piloting Naloxone Distribution to Individuals Screened Positive for Opioid Use Disorder at Release from Local Detention Centers**
   Governor Hogan has directed BHA to provide $150,000 through supplemental awards to three Southern Maryland LHDs - Calvert, Charles, and St. Mary's Counties - to implement overdose education and naloxone distribution programs for individuals released from local detention centers.

5. **Expanding Supportive Recovery Housing for Women with Children**
   Governor Hogan has directed BHA to allocate $100,000 for recovery housing, prioritizing those jurisdictions that currently do not have recovery housing for women with children and those with a significant waiting list.

6. **Supporting Detoxification Services for Women with Children**
   Governor Hogan has directed BHA to make an additional $50,000 available to residential detoxification services with childcare services on site in Baltimore City.

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

   Governor Hogan has directed BHA to allocate $100,000 to conduct targeted outreach and education for practitioners identified as engaging in high-risk prescribing practices.

8. **Overtime for Dorchester County Law Enforcement**

   Governor Hogan, through the Office of Crime Control and Prevention (GOCCP), will provide Dorchester County with $24,700 to provide overtime for law enforcement to address the opioid and heroin epidemic.

9. **Maryland State Police Gang/Heroin Disruption Project**

   Governor Hogan, through GOCCP, will provide Maryland State Police (MSP) with $40,000 to support MSP's Gang/Heroin Disruption Project.

10. **License Plate Reader Technology**

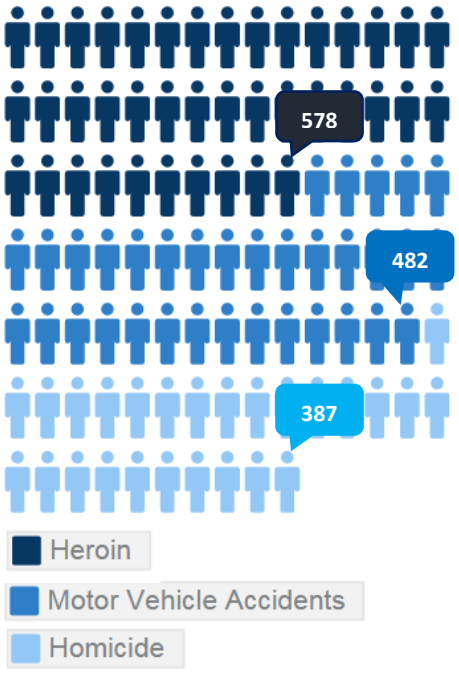
    Governor Hogan, through GOCCP, will provide the Ocean City Police Department with $124,635 to fund license plate reader (LPR) technology at the northern end of Ocean City to target heroin entering Maryland across state lines.

HEROIN & OPIOID EMERGENCY TASK FORCE

INTERIM REPORT

IV. INTRODUCTION

Throughout the 2014 gubernatorial campaign, then-candidates Larry Hogan and Boyd K. Rutherford visited every corner of the State and everywhere they traveled, heard the same tragic stories of how the heroin and opioid epidemic was destroying families and communities. It was clear that it was a public health crisis affecting Marylanders of all walks of life, regardless of socio-economic status, race, religion, education, or any other demographic. The State's prior response focused almost entirely on overdose prevention. Such efforts are important given that fatal overdoses from heroin outpaced the State's homicide rate and deaths from automobile accidents.[1] However, this administration is taking a comprehensive approach through education, treatment, quality of care, law enforcement, alternatives to incarceration, and overdose prevention.



DATA SOURCE: MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2014 ANNUAL REPORT

On February 24, 2015, after only a month in office, Governor Hogan issued Executive Order 01.01.2015.12, formally creating the Heroin and Opioid Emergency Task Force. The Task Force was authorized to employ every resource available to take a holistic approach to address this public health emergency.

[1] In 2014, there were 578 heroin overdose deaths versus 421 homicides and 511 motor vehicle fatalities. *See* DHMH: Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2014, and DHMH Vital Statistics Administration, Unpublished data, 2015. In 2013, there were 464 heroin overdose deaths versus 387 homicides and 482 motor vehicle fatalities. *See* DHMH: Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2013, and DHMH: Maryland Vital Statistics Annual Report, 2013.

Task Force members include:

- Lieutenant Governor Boyd K. Rutherford, Chair
- Circuit Court Judge Julie S. Solt, Frederick County
- Sheriff Timothy Cameron, St. Mary's County
- Senator Katherine Klausmeier, District 8, Baltimore County
- Delegate Brett Wilson, District 2B, Washington County
- Nancy Wittier Dudley, President, Resilient Soul Services, Inc.
- Elizabeth Embry, Chief of the Criminal Division, Office of the Attorney General
- Dr. Michael B. Finegan, Peninsula Mental Health Services
- Dr. Bankole Johnson, Psychiatry Department Chair, UMD School of Medicine
- Tracey Myers-Preston, Executive Director, MD Addiction Directors Council
- Linda Williams, Executive Director, Addiction Connections Resource, Inc.

Pursuant to the Executive Order, the Task Force is required to submit recommendations on ways to improve public awareness, access to treatment, quality of care, alternatives to incarceration for non-violent drug abusers, and law enforcement coordination. The Task Force held six regional summits throughout the State to hear testimony from persons with substance use disorders, family members, educators, faith leaders, elected officials, law enforcement, addiction treatment professionals, and other stakeholders. The summits were held in Elkton, Baltimore City, Prince Frederick, Hagerstown, Salisbury, and Silver Spring. Participants offered unique perspectives into this public health crisis. An approximate total of 223 people testified before the Task Force—21 elected officials, 31 law enforcement officials, 78 addiction treatment professionals, and 93 members of the general public. In addition, dozens of people submitted written testimony, suggestions, and comments to the Task Force through its Web portal and email address.

"As I travel throughout our State, I hear the devastating stories from our families and friends who hurt from the devastation heroin has wreaked on our communities."

–Governor Larry Hogan

This interim report reflects the Task Force's findings, the ongoing efforts of its workgroups, preliminary recommendations, and approved resource allocations with the understanding that a final report with further recommendations will be submitted to Governor Hogan on December 1, 2015.

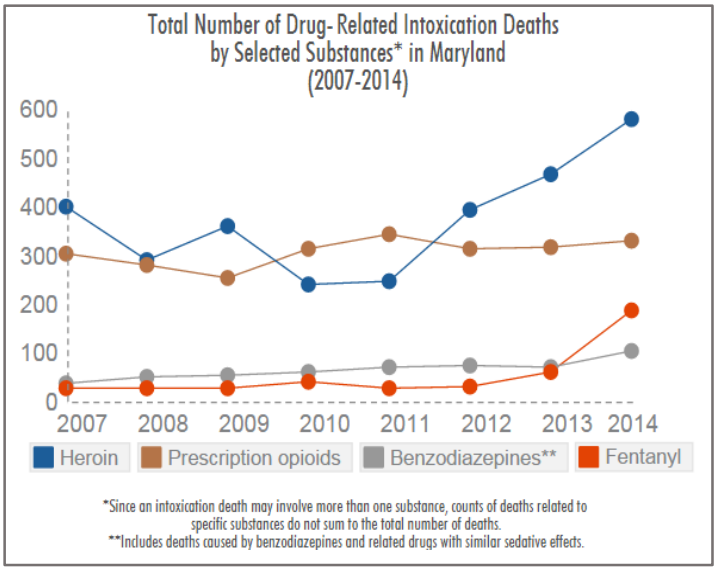
V. SUMMIT FINDINGS

The Heroin and Opioid Emergency Task Force held six regional summits to solicit input and guidance from a wide variety of sources. Testimony delivered at the summits can broadly be categorized into five areas: a) Access to Treatment; b) Quality of Care; c) Law Enforcement; d) Drug Courts and Reentry; and e) Education and Prevention. Below is a summary of the findings from the regional summits.

a. Access to Treatment

A strong recurring theme in the testimony delivered at the summits was the lack of sufficient resources to address the heroin and opioid epidemic and the serious issues Marylanders face as they try to access care. Stakeholders across the State reported a critical shortage of qualified treatment professionals and insufficient capacity at both inpatient and outpatient treatment facilities. The problem is acute in rural counties, where it is difficult to attract and retain treatment professionals. These challenges, among others, highlighted the need to realign and secure additional funding and launch efforts to expand the capacity and collaboration of the treatment system.

At each summit, there was compelling testimony that addressed the overwhelming inability to access treatment immediately. Families consistently reported experiencing multiple and repeated barriers, such as excessively long waiting periods, high deductibles and co-pays, delayed insurance authorization challenges, lack of appropriate levels of care in their respective county or region, among others. Such delays can result in serious consequences including death.



DATA SOURCE: MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2014 ANNUAL REPORT

Health department and other county officials reported a shortage of long-term residential treatment options, though long-term rehabilitation is not always essential or necessary for every patient. Relatedly, testimony delivered to the Task Force highlighted the need to improve the transition of care for patients when they move from high-intensity residential

treatment to lower-intensity outpatient treatment to ensure high-quality and seamless continuity of patient care.

Stakeholders offered a variety of opinions about the most appropriate treatment needed in the community. Many cited limited or no availability of treatment that includes medication and advocated for the need for additional resources to utilize medication as an important component of treatment. On the other hand, some local parent coalitions were disturbed that medication usage during treatment has seemingly emerged as the sole option to address heroin and opioid dependency and that long-term abstinence-based residential treatment appears to have largely vanished as a valuable treatment option. The testimony also highlighted competing views in the community between those that would like to increase capacity and local treatment options and those that have voiced resistance to new or expanding programs in their communities.

b. Quality of Care

Individuals, families, community groups, and others from the private sector expressed deep concern regarding the increased challenges of providing effective substance use disorder treatment for heroin and opioid dependency. Established standards of care for addiction medicine and practice are not applied at all treatment facilities, resulting in inconsistent quality of care across providers in the State. Currently, notions of quality of care are often based on diagnoses, availability of services, and provider comfort rather than an evidence-based, outcome-driven approach. Additionally, person-centered care is often missing in Maryland's approach to behavioral health, which highlights the active involvement of patients and their families in the design of new care models and in decision-making about individual options for treatment.

Testimony from the public, including parents of children who overdosed and/or died, raised concerns with questionable prescribing practices of some physicians and dentists as well as the quality of some substance use disorder treatment programs, which were not diligent in monitoring the prescribing of opioid replacement medications and providing inadequate medication-only care. At the same time, there appeared to be some confusion by the public as to realistic expectations of the substance use disorder treatment system and what kinds of treatments are best for whom. Finally, there was great dissatisfaction regarding standards of care generally, gaps in communication and collaboration between health care services and law enforcement, and lack of accountability for outcomes.

A broad range of opinions were expressed regarding the use of medications to treat opioid dependency. There was general consensus on the value of Vivitrol (*i.e.* naltrexone), an opioid

antagonist, when dispensed in the context of a comprehensive treatment program. Yet there is concern that the public might be led to believe that naltrexone is a cure-all, which is not yet borne out by sufficient data. Opinions were decidedly mixed regarding opioid replacement interventions, such as methadone and buprenorphine. For example, these medications were described as "an essential component in the long-term treatment of opioid dependency"; "helpful for short-term use only"; "destructive to the patient seeking long-term recovery"; "useful as a 'stabilizing agent' only to prepare the patient to receive treatment"; and "extremely problematic to the operation of treatment programs and other community-based programs since the replacement medications are so often sold by patients for cash to then purchase heroin." A number of people stressed that a key component for addiction treatment and successful recovery is the assumption of personal responsibility. They go on to argue that many patients enter treatment as passive recipients and many treatment regimens involving medication-assisted drug treatment programs fail to promote the theme of personal responsibility.

Nevertheless, there is data on the effectiveness of opioid replacement in the treatment of opioid addiction from decades of research and endorsed by government agencies, including the federal Substance Abuse and Mental Health Services Administration (SAMHSA). According to SAMHSA, opioid replacement therapies have been shown to increase treatment retention while decreasing mortality, criminality, and risk of infectious disease.

Incidents of abuse by both prescribers and patients were reported in most counties. Some recurring concerns that point to the potential for medication diversion or abuse include: the worker's compensation system where medications are reimbursed at 100 percent with no co-pay; in physicians' offices, where medications are marked up at a rate of 500-600 percent; and in some medication-assisted drug treatment programs that maintain patients at higher doses and for a longer period of time than may be medically necessary.

c. Law Enforcement

Though it is evident that we cannot arrest our way out of the State's heroin and opioid problem, law enforcement still plays a very important role in combating this public health crisis. The scale of the heroin and opioid crisis is swamping law enforcement and depleting their resources, leaving local law enforcement ill-equipped to respond to the magnitude of the heroin and opioid problem in Maryland. Sheriffs and police chiefs across the State explained that they are devoting more and more of their resources to fighting heroin trafficking and related crime. In Kent County, 75-80 percent of drug enforcement activity

> ***"We can't arrest our way out of this problem."***
>
> *–St. Mary's County Sheriff Tim Cameron*

focuses on stemming the flow of heroin into the county. In St. Mary's County, 34 percent of all arrests are opioid-related. In Queen Anne's County, heroin is the driving force behind car thefts, thefts from autos, and burglaries. In Calvert County, more than half of all burglaries, sexual assaults, and homicides are related to heroin and opiates. In Allegany County, open-air drug markets are now common. To combat this problem, local jurisdictions have increased the numbers of sheriffs and prosecutors and created new intervention teams.

One of the key strategies presented at the summits is inter-agency collaboration. In Carroll County, prosecutors, sheriffs, members of the health department, and others have formed an overdose response team that focuses on prevention and education, prosecution of repeat drug trafficking offenders, and early intervention for those with minor offenses (treatment and education). They are also adding five detectives to the sheriff's office. Anne Arundel County has a similar collaboration and works closely with Anne Arundel County police and the United States Drug Enforcement Administration to bring cases against distributors and interrupt supply networks. In Caroline County, the Maryland State Police, collaborating with five local police departments, built a 25 co-defendant case. Cecil County has increased funding for their forensic lab. These collaborations were widely praised, but a common theme emerged that additional help is needed with heroin trafficking across State borders.

Some law enforcement officials suggested initiating a criminal investigation in response to every heroin or opioid overdose to identify whether the person who supplied the drugs should be criminally charged and to learn more about the supply network. In the meantime, some counties are referring every fatal overdose to federal authorities for prosecution of the supplier for homicide, since Maryland does not have an equivalent statute that would allow for a homicide charge. On the legislative front, many sheriffs and prosecutors were in favor of a change to Maryland statute to allow for prosecution of suppliers in the case of a fatal overdose and expressed concern about the decriminalization of small amounts of marijuana. The mandatory minimum sentencing laws for repeat offenders were met with mixed reactions. Some wanted stricter mandatory minimums while others praised the General Assembly for relaxing the mandatory minimum sentencing laws. Advocates also praised legislation signed by Governor Hogan that shields certain criminal records to help people obtain housing and employment, and legislation that created the Justice Reinvestment Council.

d. Drug Courts and Reentry

While many of the stakeholders who testified at the summits agreed that incarcerating an offender is not the appropriate way to solve the heroin and opioid epidemic, the criminal justice system does offer an interface to intervene and connect the individual with the resources needed for recovery. Drug courts represent one such opportunity for an offender to

connect with substance use disorder services. Drug court eligibility requirements vary in each jurisdiction, as do the available resources. These programs include needs assessments on arrest, diversion, jail-based substance use disorder treatment, and reentry programs.

Circuit Court Judge Nelson Rupp testified about the extensive conditions for completing the Montgomery County Drug Court program. This program highlighted the value of rapid communication and decisive action by the court and treatment program to deal with non-compliance. The program requires a minimum 30 days in a pre-release center, attending night court weekly, counseling two to three times a week, obtaining a job before moving into a sober home, living in a sober home, and getting slips signed by a sponsor and human services partner. A probation agent also makes periodic home checks. The program takes about two years to complete. Since its inception in 2004, approximately 163 participants have graduated from the Montgomery County Drug Court.

According to Retired Circuit Court Judge Ellen Heller, the Baltimore City Drug Court program includes addiction and mental health treatment, job training, housing, and education. She emphasized the cost savings for treating offenders instead of incarcerating them, but noted that the availability of quality programs, delays in accessing treatment, and the prevalence of co-occurring disorders remain prominent challenges for drug courts. She also identified other alternatives to incarceration for addicted offenders, including pre-charge and pre-booking programs in other jurisdictions.

Howard County State's Attorney Dario Broccolino testified that his county has both a drug court and a reentry program through the Howard County Detention Center. While the reentry program is new, it features drug treatment referral and occupational therapy. Baltimore County State's Attorney Scott Shellenberger identified diversion programs that are being expanded to include offenses other than marijuana. Calvert County State's Attorney Laura Martin noted the sizeable increase in addicted offenders in her county. Calvert County has a drug court; however, it has less than 30 participants. Calvert County is interested in increasing the number of participants because the success of the program makes the community safer. Sheriff Evans from Calvert County noted that forcing addicts into treatment through the criminal justice system is effective.

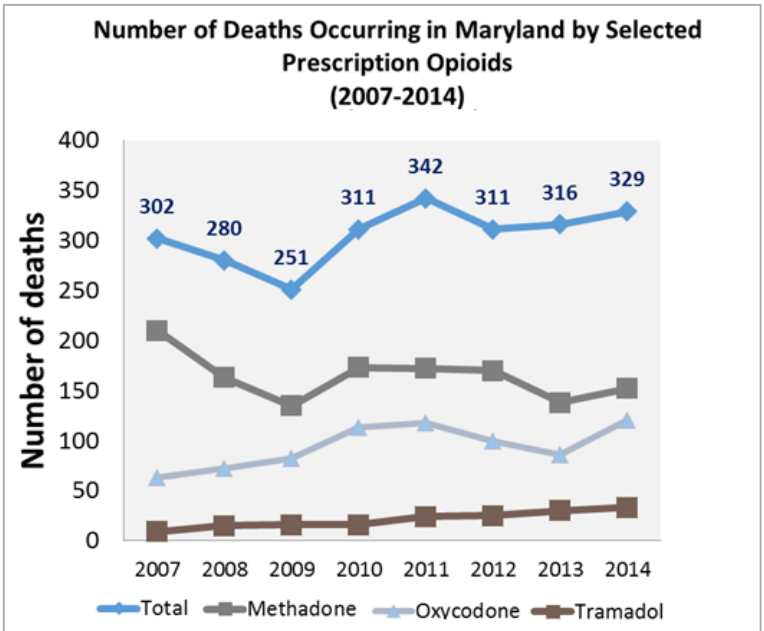
Testimony delivered at the Western Maryland summit discussed the use of Vivitrol (*i.e.* naltrexone) as part of law enforcement treatment options, particularly in Washington County where the Vivitrol pilot program has resulted in zero recidivism or failed tests thus far. Washington County has also been exploring a day reporting center to assist with wraparound services, such as drug and mental health treatment, job training, drug testing, life

skills, and other services, outside of the jail. Frederick County recently received a grant from the Governor's Office of Crime Control and Prevention to include Vivitrol as part of the detention center treatment options. It is important to note, however, that use of extended-release naltrexone in opioid addiction treatment is relatively novel when compared to opioid replacement therapy, and therefore less research exists to describe its effectiveness.

Other stakeholders recommended increased decriminalization efforts, reducing mandatory sentencing, expanding expungement availability, and enhancing reentry services for incarcerated inmates with sentences longer than 18 months. These services include mental health and substance use disorder treatment, housing, and other community benefits. It was also noted that individuals in recovery often have an added hurdle of criminal records to further frustrate employment and housing challenges.

e. Education and Prevention

At each regional summit, people expressed the need to start educating children at a younger age about the dangers of prescription medications, heroin, and other opioids. It was pointed out that there has been a growing problem of young people stealing prescription medications from family members and distributing them at parties (*i.e.* pill parties), with no idea of the medication's prescribed use or effect. Relatedly, it was suggested that parents need to become educated on heroin and opioid abuse, specifically how to talk with their children about drugs and what signs to look for that may indicate drug abuse. Similarly, teachers, law enforcement, judges, and even health care professionals need additional training to more effectively identify substance use disorders.



SOURCE: MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2014 ANNUAL REPORT

Stakeholders recommended that the State undertake a large-scale, coordinated media campaign employing all forms of media in order to educate the public and reduce the stigma associated with substance use disorders and addiction treatment. A number of creative ideas

were discussed to involve young people in the development of media campaigns in order to reach target populations. Others suggested that the State should publicize how to safely store and dispose of unused prescription medications.

Earlier this year, Governor Hogan signed legislation to extend civil immunity under the Good Samaritan Act to rescue and emergency care personnel administering medications or treatment in response to an apparent drug overdose. Despite the expanded protections, stakeholders suggested that additional education is needed to clarify the law for the public so that there is no resistance to offer help to a person overdosing on illicit drugs.

Summit participants urged the expansion of peer recovery coaches, resource centers, and naloxone training. It was also recommended that the State do a better job of reaching out to faith-based community organizations because they reach diverse communities and provide counseling services. Such services can be critically important for individuals that are trying to maintain recovery.

VI. WORKGROUP AREAS OF FURTHER STUDY

Following the regional summits, the Task Force subdivided into five workgroups to further study the main areas of concern raised during the summits: a) Access to Treatment and Overdose Prevention; b) Quality of Care and Workforce Development; c) Intergovernmental Law Enforcement Coordination; d) Drug Courts and Reentry; and e) Education, Public Awareness, and Prevention. The policy areas to be studied by each workgroup reflect the duties assigned to the Task Force in the underlying Executive Order. Each workgroup is co-chaired by two Task Force members who solicited the participation of stakeholders interested in the particular subject area. Below are specific issues under consideration by each respective workgroup.

Task Force Workgroups

a) Access to Treatment and Overdose Prevention Workgroup

b) Quality of Care and Workforce Development Workgroup

c) Intergovernmental Law Enforcement Coordination Workgroup

d) Drug Courts and Reentry Workgroup

e) Education, Public Awareness, and Prevention Workgroup

a. Access to Treatment and Overdose Prevention Workgroup

Task Force members Dr. Michael Finegan and Tracey Myers-Preston serve as co-chairs of the Access to Treatment and Overdose Prevention Workgroup. The workgroup is supported by staff from the Department of Health and Mental Hygiene, Department of Human Resources, Maryland Insurance Administration, Department of Juvenile Services, Governor's Office of Crime Control and Prevention, and the Governor's Office of Children. The workgroup is focusing on the challenges individuals and families face with regard to accessing treatment, financial barriers to accessing treatment, and identifying and prioritizing target populations, such as adolescents, pregnant women, and the justice-involved population. Currently, individuals and families lack sufficient information regarding how to access treatment and how best to navigate the treatment system. Further compounding this problem is insufficient access to outpatient and residential treatment, especially for youth and adolescents.

Data provided by the Department of Health and Mental Hygiene indicates that serious deficiencies exist in the treatment system that prevent an individual from accessing the full range of care settings and levels of care. The admission data for fiscal year 2014 by level of care indicates inconsistent use and lack of availability of the full continuum of care in each

part of the State. With the exception of Baltimore City, every county has significant gaps in services. Counties located in Western Maryland and on the Eastern Shore provide the majority of their services in outpatient settings, possess very limited access to residential services, and lack other services across the continuum of care. Furthermore, across the State, there is concern related to transportation, childcare, care for aging parents, and maintaining employment while in treatment.

Another important area of study that the workgroup will examine is the extent to which jurisdictions are funding intervention, assessment, referral, and treatment services beyond traditional business hours, as best practices consistently support the theory that treatment must be readily available. Given the fact that individuals may be uncertain about entering treatment, the system must be positioned to take advantage of any opportunity when an individual expresses a readiness to enter treatment. Treatment must be immediately available and readily accessible. Some facilities have implemented a "no wrong door" approach that includes a 24-hour phone-based hotline, emergency room diversion, screening and referral for treatment, and same-day access to services via walk-in appointments.

The workgroup will identify which programs in the State are offering treatment on demand and providing after-hours services, and will explore methods to incentivize treatment providers to similarly establish urgent care. The workgroup will also determine what technical assistance the State can provide that would allow treatment providers to offer assessments and referrals to treatment beyond traditional business hours.

Care should be individualized, clinically driven, patient-directed, and outcome-informed. Matching the treatment setting, intervention, and services to each individual is critical to achieving positive outcomes. Patients should be afforded the opportunity to receive care at the appropriate level and step up or down in services based on the individual's response to treatment. With this in mind, the workgroup will explore whether the use of outpatient services rather than residential service is truly the result of clinical need or is instead based on availability. Funding clinically inappropriate services is a waste of precious resources, as recovery will not likely be achieved and the patient will continue to cycle in and out of the healthcare system, or worse. The workgroup will also examine whether public dollars are being spent on higher levels of service than what is assessed. For example, a judge could order residential treatment for individuals based upon criminal justice or housing concerns rather than clinical need.

b. Quality of Care and Workforce Development Workgroup

Task Force members Dr. Bankole Johnson and Nancy Dudley serve as co-chairs of the Quality of Care and Workforce Development Workgroup. The workgroup is supported by staff from the Department of Health and Mental Hygiene and Department of Human Resources and will examine a number of factors affecting quality, outcomes, and workforce development.

Standardized quality of care at treatment centers across the State is critically important to ensure that patients have access to evidence-based care. Testimony delivered at the regional summits highlighted inconsistencies across the State. As a result, the workgroup will address inconsistencies in the quality of care across treatment centers and recommend strategies to standardize and enhance quality of care in order to produce the best outcomes for patients. Patient satisfaction surveys and outcome measures will also be explored to ensure patients are treated with the highest quality of care and that patients and their families are actively involved in their treatment plan. The workgroup will also consider ways to bridge the gap in care for individuals with comorbidities, such as chronic pain, psychiatric disorders, and pregnancy. Finally, an adequate supply of treatment professionals is critical to handle the demand demonstrated across the State. As part of its work, the workgroup will identify strategies to cultivate sufficient numbers of qualified, trained, diverse, and competent treatment professionals.

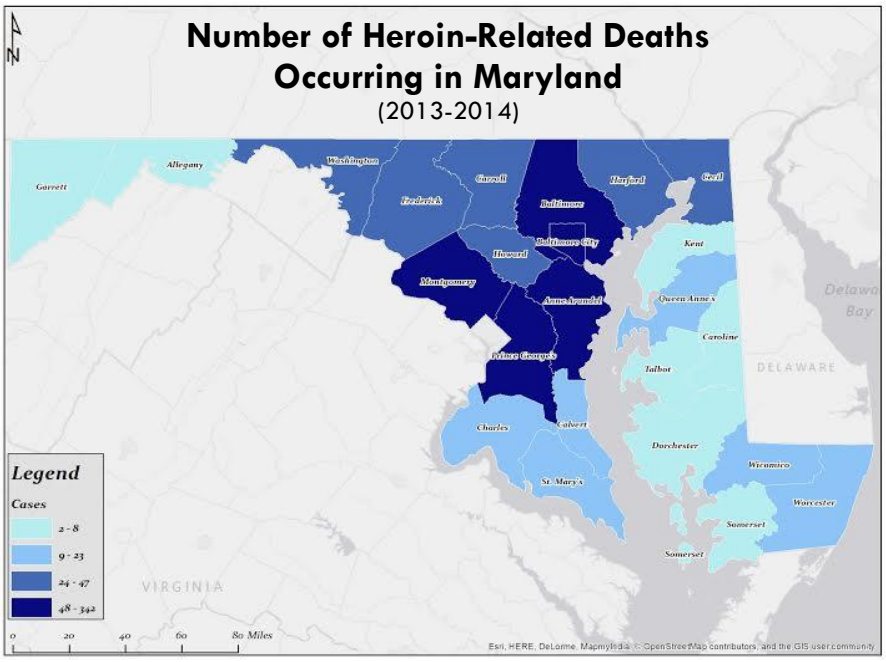
During the course of the regional summits, the workgroup noted deep confusion by the public as to what constitutes effective treatment for heroin and opioid dependency. Effective treatment of individuals with opioid use disorder should be evidence-based, outcome-driven, continuous, comprehensive, compassionate, and based upon integrating both the medical and psychosocial needs of the individual. There is also significant evidence for the efficacy, safety, and life-saving role of medications in the treatment of opioid use disorder. Decisions regarding medication-assisted treatment should be made in collaboration between a patient and a knowledgeable and trained healthcare practitioner. As a corollary, healthcare professionals should provide information to patients about all the different medication options, their pros and cons, and discuss with patients the role of medications as part of individualized treatment planning. Patients should be encouraged to play an active role in their treatment for it to have optimal efficacy and achieve optimal outcomes, including long-term recovery. In short, patients who participate actively in their own treatment have the best outcomes.

c. Intergovernmental Law Enforcement Workgroup

Task Force members Sheriff Tim Cameron and Elizabeth Embry serve as co-chairs of the Intergovernmental Law Enforcement Workgroup. The workgroup is supported by staff from the Governor's Office of Crime Control and Prevention, Maryland State Police, Department of

Human Resources, and Maryland State Department of Education. The workgroup is developing recommendations to improve federal, state, and local law enforcement coordination to address heroin and opioid trafficking across the State. To reach this broad objective, the workgroup developed a work plan covering five core areas: data sharing, intelligence gathering and methods of real-time dissemination, heroin interdiction strategies, prescription drug enforcement and monitoring, and possible legislation that will enable law enforcement to combat the heroin epidemic more effectively.

Improved data sharing among local, state, and federal law enforcement concerning heroin-related enforcement activity is vital for coordinated law enforcement efforts against heroin traffickers in Maryland. While there are structures in place, there are gaps and technological hurdles that need to be addressed. The workgroup will produce specific recommendations to develop a fully functioning, centralized, statewide system used by all local, state, and federal law enforcement to capture data on heroin-related crime.



Similar to the sharing of data, the collection and dissemination of intelligence on heroin trafficking from debriefings, confidential informants, social media, cell phones, and investigations into overdoses occurs inconsistently and may be delayed by protocols designed to protect sensitive information. The workgroup will create recommendations to eliminate unnecessary barriers to the sharing of intelligence among law enforcement agencies and disseminate the best available guidance on how to allocate the responsibility of sharing that information within an agency.

In addition to existing strategies for interdiction, the workgroup will look at allocating additional resources to methods that are underutilized. Partnerships with law enforcement in neighboring states are piecemeal and should be expanded and standardized. The workgroup will develop these recommendations based on proven strategies. Criminal

enforcement of doctors and pharmacies responsible for illegally prescribing or dispensing opiates has been sparse. This is due, in part, to the fact that the transactions occur in private, and in part to the lack of prescription data accessible to law enforcement. The workgroup will explore expanding the usefulness of the Maryland Prescription Drug Monitoring Program (PDMP) to law enforcement through mandatory registration and querying and dedicating investigative and prosecutorial resources to enforcement. Many members of local law enforcement have developed partnerships with local pharmacies so that they are alerted if there is suspicious behavior. In some cases, these initiatives could be replicated and the workgroup will evaluate the feasibility of expanding those partnerships statewide.

Lastly, the workgroup will examine the challenges drug addiction creates in maintaining safety inside correctional facilities. Inmates come up with inventive ways to smuggle contraband drugs inside the facilities. Contraband can be treated as a form of currency, incite violence, and derail an inmate's substance use treatment program. During fiscal year 2015, the Department of Public Safety and Correctional Services (DPSCS) confiscated 187 opiates and approximately 3,350 forms of Suboxone. One of the primary means by which inmates attempt to smuggle contraband is by having their friends and acquaintances conceal it in letters and in the folds of greeting cards. In order to minimize opportunities for introduction of contraband into the facility by mail, especially contraband available in forms visually undetectable, the workgroup will evaluate measures to disrupt smuggling of drugs through inmate personal correspondence mail.

d. Drug Courts and Reentry Workgroup

Task Force members Judge Julie Solt and Delegate Brett Wilson serve as co-chairs of the Drug Courts and Reentry Workgroup. The workgroup is supported by staff from the Department of Public Safety and Correctional Services, Department of Juvenile Services, Governor's Office of Crime Control and Prevention, Department of Human Resources, Maryland State Department of Education, and the Governor's Office of Children. Due to the close correlation between addiction and criminal activity, the criminal justice system, via drug courts and reentry programs, is frequently a gateway to treating heroin- and opioid-addicted offenders.

The workgroup is exploring opportunities with diversion programs, drug courts, day reporting centers, Health General Placements (*i.e.* 8-505/8-507 programs[2]), and reentry programs. The workgroup is currently working with the Maryland State's Attorneys' Association to collect

[2] 8-505/8-507 programs refer to programs created to give effect to powers granted to the judiciary under MD. CODE ANN., HEALTH–GEN. §8-505 and §8-507 to evaluate a defendant to determine whether, by reason of drug or alcohol abuse, the defendant is in need of and may benefit from treatment and is willing to participate in treatment.

data on which jurisdictions have diversion programs, whether treatment is required where the offender is identified as being heroin- or opioid-addicted, and the recidivism rate for diverted offenders. The workgroup will be exploring recommendations on best practices for successful diversion programs for heroin- and opioid-dependent offenders.

With respect to drug courts, the workgroup is researching how existing programs differ in each jurisdiction. The workgroup will determine whether there is a way to create some uniformity across the various drug court programs with respect to core functions and program requirements. The workgroup has also been in contact with the judiciary regarding the 8-505/8-507 process. It has received information and concerns relating to manipulation of the program to reduce incarceration length, funding issues, delays in treatment, and the appropriate length of treatment.

In addition, the workgroup is examining the merits of day reporting centers, which are designed to operate through the home detention programs available in all Maryland jurisdictions. These centers provide the types of services often needed by addicted offenders, such as drug and mental health treatment, job training, drug testing, life skills, and other services all located under one roof. The workgroup will develop recommendations on how to implement day reporting centers, particularly in areas of the state with fewer local resources. Lastly, the workgroup is gathering data on various reentry programs with the goal of identifying what works, why it works, and which can be duplicated across the state.

e. Education, Public Awareness, and Prevention Workgroup

Task Force members Senator Katherine Klausmeier and Linda Williams serve as co-chairs of the Education, Public Awareness, and Prevention Workgroup. The workgroup is supported by staff from the Maryland State Department of Education, Department of Health and Mental Hygiene, Department of Human Resources, Governor's Office of Community Initiatives, and the Governor's Office of Children. The workgroup is developing recommendations to address ways to engage youth and adolescents, prevention strategies, relapse prevention, overdose death prevention, and the reduction of stigma. Any recommendations will reflect the importance of messaging for specific audiences, including children, parents, families, educators, public health officials, law enforcement, addiction treatment professionals, community groups, and other stakeholders.

> ***"From preventing our kids from using heroin in the first place to increasing and improving access to treatment services for those in recovery, this task force will employ every resource available to take a holistic approach to address this public health emergency."***
>
> *–Governor Larry Hogan*

The workgroup will be studying environmental factors including the broader physical, social, cultural, and institutional forces that contribute to illicit drug use and addiction. It will begin with strategies to stop heroin and opioid abuse before it has a chance to occur. This level of prevention involves education in schools, including use of research-informed curriculum in elementary, middle, and high schools as well as community-based youth services and other nonprofit organizations with a history of providing effective drug education. It also includes the education or re-education of health care professionals about the disease of addiction, the use of screening tools, and problems that can arise from overprescribing opioids.

Next, the workgroup will explore strategies targeted toward those most at risk for problems with heroin or opioids. The workgroup will develop recommendations related to intensive substance abuse education for at-risk and high-risk individuals such as those charged with drug-related offenses or children of addicted parents.[3] In addition, the workgroup will consider the use of social workers or licensed counselors in middle and high schools to provide support as well as screenings, brief intervention, and referrals to treatment (*i.e.* SBIRTs).

The workgroup will pursue strategies to reduce heroin and opioid abuse and support the recovery efforts of people with substance use disorders. The workgroup is exploring ways to provide more supportive environments for young people, such as recovery clubs, recovery high schools, and collegiate recovery centers. It is also developing recommendations for increased naloxone training. The workgroup is focusing on ways to reduce the stigma associated with addiction, including educating the public on the brain science of addiction to clarify that it is a disease rather than a moral weakness. It also agrees that the State should employ a large-scale, coordinated media campaign to educate the public on heroin and opioid abuse.

The Centers for Disease Control and Prevention states that 45 percent of heroin addicts were also addicted to prescription painkillers. The Drug Enforcement Agency has stated that at least 70 percent of new heroin users started with prescription painkillers. Accordingly, the Task Force will explore reintroducing legislation similar to House Bill 3 of 2015 introduced by then-Delegate Kelly Schulz, which will require a prescriber and a dispenser to query the Prescription Drug Monitoring Program (PDMP) to review a patient's prescription monitoring data before prescribing or dispensing a monitored prescription drug. The PDMP was established in 2011 and is housed within the Department of Health and Mental Hygiene (DHMH) to support healthcare providers and their patients in the safe and effective use of prescription drugs. The PDMP collects and stores information on drugs that contain controlled

[3] The workgroup has identified the need for law enforcement, corrections, parole, and probation officers to learn about the disease of addiction and appropriate responses to relapse.

dangerous substances and are dispensed to patients in Maryland. The PDMP also assists in investigations of illegal or inappropriate prescribing, misuse, diversion, or other prescription drug abuse.

Currently, the law does not require prescribers or dispensers to query their patients' PDMP data when prescribing or dispensing controlled substances. As such, the Task Force will explore requiring a prescriber and a dispenser to query the PDMP to review a patient's prescription monitoring data before prescribing or dispensing a monitored prescription drug. Requiring prescribers and dispensers to access PDMP prior to prescribing or dispensing a controlled prescription drug will increase the number of registered PDMP users and the number of inquiries. If legislation is pursued, the Task Force envisions extensive outreach to stakeholders to reach consensus on which healthcare professionals should be required to register and query the PDMP, and under what circumstances. DHMH will also need to increase the technical capabilities of the PDMP to support additional users and increased queries.

In furtherance of its efforts to stem the pipeline of new users, the Task Force will explore possible strengthening of prescriber and pharmacist disclosures. Prescription opioid medications are among the most widely prescribed drugs for the management of moderate to severe chronic pain. The potential for misuse, abuse, or diversion should be concerning for both prescribers and dispensers of opioid prescription medication. There is a role that both prescribers and dispensers can play to ensure the safe use of opioid pain management therapy. Pharmacists are a central point of contact for patients when they fill prescriptions and present an opportunity to further inform patients of any potential adverse side-effects.

The Task Force will explore whether additional, verbal counseling should be required when prescribing or dispensing an opioid prescription drug to patients in Maryland. Prescribers have a responsibility to counsel patients about the specific details of the drugs they are prescribing. They also have a responsibility to monitor patient use, abuse, or diversion of drugs. The Task Force will explore whether prescribers should verbally counsel their patients on how to secure and properly dispose of opioid prescription drugs, as well as the risks of misuse or abuse of opioid prescription drugs. The Task Force will examine the role pharmacists play to ensure that patients understand the risks and benefits of the opioid prescription drugs and whether face-to-face verbal counseling is practical.

VII. PRELIMINARY RECOMMENDATIONS

Though the Task Force is working diligently to develop final recommendations for the December 1, 2015 final report, this interim report includes 10 recommendations with a heavy emphasis on education and prevention strategies targeted toward youth and adolescents.

Recommendation Overview

1. Earlier and Broader Incorporation of Heroin and Opioid Prevention into the Health Curriculum
2. Infusion of Heroin and Opioid Prevention into Additional Disciplines
3. Heroin and Opioid Addiction Integrated into Service-Learning Projects
4. Student-based Heroin and Opioid Prevention Campaign
5. Video PSA Campaign
6. Maryland Emergency Department Opioid Prescribing Guidelines
7. Maryland State Police Training on the Good Samaritan Law
8. Maryland State Police Help Cards and Healthcare Follow-Up Unit
9. Faith-based Addiction Treatment Database
10. Overdose Awareness Week

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

The Task Force heard extensive testimony relating to improving the education of children and adolescents on heroin and opioids at earlier ages. As such, the Task Force recommends that the Maryland State Department of Education's Division of Curriculum, Assessment, and Accountability develop age-appropriate lessons and resources on heroin and opioid use in support of the Maryland Comprehensive Health Curriculum by the MSDE Educational Specialist in Health and Physical Education (PE), Local Education Agency (LEA) Health/PE Coordinators, and Master Teachers. In addition, the Task Force recommends that corresponding professional development and training for school personnel will ensure effective implementation of the materials that are created.

Due to the variety of delivery formats for comprehensive health education amongst the LEAs, lessons and resources will be developed for the traditional focused health classroom as well as cross-curricular resources that can be used by teachers throughout a school. Lessons and resources will be written with consideration given to the age and prior learning of students. Lessons and resources will look at the physical and mental effect heroin and opioid abuse has on a person. In addition, focus will be given to the larger consequence of heroin and opioid

abuse within families and communities. These lessons are ready for dissemination for the 2015-2016 school year.

2. Infusion of Heroin and Opioid Prevention into Additional Disciplines

For students to be fully prepared for the challenges and expectations of college and career, it is critical that they develop literacy skills in all content areas. As a part of Maryland's College and Career-Ready Standards, it is critical that educators in all science, technical subjects, and history/social studies classrooms incorporate content-specific literacy into their instruction. As such, the Task Force recommends that MSDE's Division of Curriculum, Assessment, and Accountability develop Disciplinary Literacy lessons integrating education on heroin and opioid use with College and Career-Ready Standards (English Language Arts and mathematics) through the collaborative efforts of MSDE staff, LEA Content Coordinators, and Master Teachers.

> ***"Virtually every 3rd grader can tell you that cigarettes are bad for you, but most don't know that taking someone else's prescription drugs is harmful."***
>
> *–Lt. Governor Boyd K. Rutherford*

The use of the heroin and opioid topic as a central theme in social studies, science, fine arts, and other subjects supports the importance of introducing related college and career-ready standards to other disciplines. Since the standards emphasize research skills and the development of point of view related to these skills, this topic will generate interesting and pertinent classroom discussion and assignments in all content areas. The desire to incorporate a disciplinary literacy theme as part of standards-based education requires all subjects and disciplines to align their work with the theme chosen: heroin and opioid addiction. These lessons will be planned for dissemination during the 2015-2016 school year.

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

Service-learning is a teaching method that combines meaningful service to the community with curriculum-based learning. Through service-learning, students improve their academic, social, and civic skills by applying what they learn in school to the real world. When meaningful reflection is added, students can use the experience to reinforce the link between their service and their learning. All 24 local school systems in Maryland implement service-learning graduation requirements. Each implements the requirements slightly differently because they tailor the specifics of their program to their local community.

The Task Force recommends that MSDE's Service-Learning Office create service-learning curriculum-based projects that engage students in addressing the heroin and opioid public health crisis. The goal is to provide educators with rigorous and meaningful service-learning

curriculum models and guidance on how to re-engage students in the fight against heroin and opioid abuse. This curriculum will be aligned to newly developed heroin and opioid prevention education infused into course curriculum. To accomplish this task, MSDE's service-learning specialist will conduct meetings with Service-Learning Coordinators in the 24 LEAs. Staff will then work with curriculum specialists to understand relevant areas where these service-learning projects could be best infused. Staff will create the projects and share them at coordinator meetings and via MSDE's website.

4. Student-based Heroin and Opioid Prevention Campaign

The Task Force recommends that MSDE partner with the Office of the Governor and State agencies on a coordinated, multi-tiered public education campaign that discourages students from using heroin or abusing opioids. The campaign will focus on educating students and parents on how to identify and respond to signs of addiction and informing students, parents, and communities on how to access support services. To foster participation at the local level, the campaign will partner with all 24 school systems and youth-serving organizations throughout Maryland to communicate with students and adults during in-school and after-school activities. Target audiences will include students, parents, school personnel, and community and faith-based leaders.

Activities will include the following:

a) Pre- and post-campaign surveys/research to gauge public awareness and success;

b) Fall events at schools with multiple state leaders highlighting a success story or successful local overdose prevention plan that includes the LEA;

c) A student-led contest to design a campaign name, logo, and slogan to support Governor Hogan's overall statewide strategy;

d) Web pages to share key messages and resources, including communication toolkits, downloadable posters, and links to federal, state, and local campaigns, information, and contacts;

e) Focus groups with parents and students to discuss and gain knowledge of prevention and support needs and partner with DHMH and other agencies on health risk communication;

f) Social media campaign by youth to engage youth, led by the student member of the State Board of Education, the Maryland Association of Student Councils, and others; and

g) MSDE and State agencies will pursue earned media focused on prevention, what parents and students are saying, and school services that address the specific needs identified by parents and students.

5. Video PSA Campaign

Though the Education, Public Awareness, and Prevention Workgroup is developing the outlines of a large-scale, coordinated media campaign employing all forms of media, the Task Force recommends the immediate launch of video public service announcements via broadcast and social media throughout Maryland. The Department of Business and Economic Development's Division of Tourism, Film, and the Arts and the Maryland Higher Education Commission will seek students from local higher education institutions to develop and produce 30-second public service announcements. The best PSAs will be featured on State social media platforms and submitted to local broadcast stations for airing. The Governor's Communications Office will direct distribution of approved PSAs.

6. Maryland Emergency Department Opioid Prescribing Guidelines

According to the Centers for Disease Control and Prevention, the strongest risk factor for heroin addiction is addiction to prescription opioid painkillers. As such, hospitals can play an important preventive role in the fight to reduce opioid misuse and abuse. Earlier this summer, the Maryland Hospital Association developed standardized opioid prescribing guidelines for hospital emergency departments.[4] The guidelines are informed by a patient-focused brochure developed by the Maryland Chapter of the American College of Emergency Physicians (MDACEP) that was released in 2014. They were crafted to allow emergency medicine physicians flexibility in prescribing opioids when medically necessary while encouraging best practices in an effort to reduce the risk of opioid addiction. These guidelines, which are endorsed by MDACEP, promote:

> ***"There are some steps that could be taken to better inform doctors, dentists, pharmacists ... about the effects of prescription medications."***
>
> *–Lt. Governor Boyd K. Rutherford*

a) Screening and patient education to help detect and treat existing substance misuse conditions and safeguard patients against unnecessary risks of developing such conditions;
b) Enhanced information sharing among providers using existing tools like the State's health information exchange (CRISP) and the state's prescription drug monitoring program; and

[4] See Appendix B.

c) Standardized prescribing practices to reduce unnecessary prescriptions (and the amount of pills prescribed) to diminish inadvertent or purposeful misuse of opioids.

The Task Force recommends that each acute care hospital work with its Emergency Department personnel to implement, as medically appropriate, these guidelines and provide the Maryland Hospital Association with periodic updates on the progress of the implementation.

7. Maryland State Police Training on the Good Samaritan Law

The Task Force recommends that the Maryland State Police (MSP) provide training to field and investigative personnel on the legal requirements of the Good Samaritan Law. It is apparent that some confusion exists among law enforcement agencies on what actions they can and cannot take when confronted with a police response that falls under the protection of this law. Unless efforts are taken to remove confusion, valuable intelligence and opportunities to combat this issue could be lost. It is recommended that the State's Attorneys' Association be included in this training, as conformance to this law should be consistent statewide.

8. Maryland State Police Help Cards and Healthcare Follow-Up Unit

The Task Force recommends that the Maryland State Police provide heroin and opioid "Help Cards" to all MSP troopers, with the distribution of the cards beginning in the Western Maryland barracks. The cards should contain health department, treatment, and financial assistance resource information. The cards should be distributed by troopers when encountering heroin- or opioid-related arrests or other encounters. They also can be provided to family members who contact MSP facilities seeking assistance or guidance for addicted family members, friends, or colleagues.

The Task Force also recommends that the Department of Health and Mental Hygiene assist the MSP in developing a healthcare follow-up unit that would be responsive to law enforcement, school personnel, and citizen referrals of persons involved in or at risk of being involved in heroin and opioid use. Often when these contacts occur, persons with substance use disorders are at their most vulnerable state, and quick treatment interaction may be the difference between recovery and continued abuse.

9. Faith-based Addiction Treatment Database

There is a groundswell of passion and commitment among faith groups to help combat the heroin and opioid health crisis. A number of representatives from the faith community, including pastors and members of congregations, stepped forward in support of individuals, families, and programs that are battling heroin and opioid dependency. Such faith-based groups are offering numerous forms of support, including space for 12-step meetings; outreach to individuals and families in crisis due to drug abuse; and non-clinical case

management support for drug dependent individuals who are either waiting to enter treatment, need support during treatment, or who require post-treatment support in order to enter into long-term recovery. Unfortunately, many people with substance use disorders and their families are unaware of the addiction treatment services faith-based organizations in their communities provide. As such, the Task Force recommends that the Governor's Office of Community Initiatives' (GOCI) Interfaith Coordinator develop a comprehensive database of faith-based organizations that provide such services and include contact information, hours of operation, and types of services. The database should be made accessible via GOCI's website and easily navigable by the general public.

10. Overdose Awareness Week

August 31 is International Overdose Awareness Day and September is the SAMHSA-sponsored National Recovery Month. The Task Force recommends that the first week of September be declared Maryland Overdose Awareness Week, which will include a conference for Overdose Response Program (ORP) entities, vigils, and other local events to raise awareness of the addiction and overdose problem.

VIII. APPROVED RESOURCE ALLOCATIONS

In May 2015, Governor Hogan authorized $2 million in additional funding for fiscal year 2016 to combat the heroin and opioid health crisis in Maryland. Over the last six months, the Task Force has had the opportunity to solicit input from well over 300 people on how to best utilize scarce resources to address this public health epidemic. Among the top suggestions received were requests for increased overdose prevention and addiction treatment funding, particularly for the Eastern Shore, ex-offenders, and women with children. Based on the work of the Task Force and the input provided by stakeholders, below are the initial funding announcements approved and authorized by Governor Hogan.

Resource Allocations Overview

1. **Restoring the A.F. Whitsitt Center to a 40-bed Capacity**
2. **Providing Community-Based Naloxone Training and Distribution**
3. **Piloting Overdose Survivor Outreach Program in Hospital Emergency Departments**
4. **Piloting Naloxone Distribution to Individuals Screened Positive for Opioid Use Disorder at Release from Local Detention Centers**
5. **Expanding Supportive Recovery Housing for Women with Children**
6. **Supporting Detoxification Services for Women with Children**
7. **Targeted Outreach and Education to Aberrant/High-Risk Opioid and Other Controlled Substance Prescribers**
8. **Overtime for Dorchester County Law Enforcement**
9. **Maryland State Police Gang/Heroin Disruption Project**
10. **License Plate Reader Technology**

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

Established in 1993, the A.F. Whitsitt Center is a 24-hour, seven-day-a-week residential treatment facility for adults suffering from chemical dependency and co-occurring disorders. It also offers a medically monitored detoxification for alcohol-, opiate-, and benzodiazepine-dependent individuals. As a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited residential treatment facility, it offers a wide variety of treatment levels including Level 0.5 early intervention, Level 1 outpatient, Level 2.1 intensive outpatient, Level 3, and 3.7D residential treatment services. Upon completion of the residential program, individuals are connected to a care coordinator through whom they have access to referral and linkage to community-based clinical and recovery support services.

The Center is located in Kent County on the grounds of the former Upper Shore Community Mental Health Center. The catchment area encompasses the entire Eastern Shore of

Maryland. Demographically, Cecil County residents represents 53 percent of the patients, Talbot County represents 10 percent, Queen Anne's County represents 10 percent, Kent County represents 10 percent, Caroline and Dorchester Counties represent 9 precent, and the remaining Lower Shore counties represent 3 percent.

Although individuals can be referred by a physician, the primary source of referrals comes from county detention centers in the Center's catchment area. Judges from the Kent County Circuit and District Court send referrals as well. It treats just under 600 patients annually, prioritizing treatment toward low-income patients and patients requiring medical assistance. These patients tend to have failed outpatient treatment and are high-risk for fatal overdose.

Originally funded for 40 beds with average stay of 30 days, budget cuts in fiscal year 2012 resulted in reduced capacity, shorter lengths of stay, and a longer wait list. Today, the capacity is only 26 beds with an average length of stay of 21 days and an average wait time of four weeks for admission. Due to extraordinary demand and the fact that the Center is the only health department-operated 3.7D residential facility on the Eastern Shore, Governor Hogan has allocated $800,000 in fiscal year 2016 to restore capacity to 40 beds allowing an additional 240 patients to receive treatment each year.

2. Providing Community-Based Naloxone Training and Distribution

The Overdose Response Program (ORP) is the State's primary vehicle for training community members on opioid overdose recognition and response and equipping them with naloxone. Although the ORP law only requires the Department of Health and Mental Hygiene to exercise regulatory oversight over local-level entities that conduct naloxone training and distribution, the Behavioral Health Administration (BHA) has historically provided funding to local health departments (LHDs) to promote and expand ORP trainings. Responses to a DHMH survey of ORP training entities conducted in early 2015 showed that many would cease or significantly curtail training and distribution if state funding was not available. As such, Governor Hogan directed $500,000 in supplemental grant awards to LHDs to support ORP trainings. The funding may support the purchase of naloxone and related supplies, personnel time, and promoting and implementing training events.

Applicants will be asked to maximize naloxone funding opportunities from other sources and take advantage of new legal authorities to facilitate wider distribution. BHA will prioritize funding for applications that propose to use standing orders for naloxone prescribing and dispensing as authorized by Chapter 356 of 2015, legislation introduced by Senator Klausmeier to improve the State's ORP program. Standing orders remove the requirement that a healthcare practitioner, such as a doctor or nurse, be physically present for prescribing

and dispensing to occur, which will allow for broader and more efficient naloxone distribution to those most likely to experience, or be in a position to respond to, an opioid overdose. This was a major barrier identified by ORP training entities. In addition, BHA will prioritize funding to LHDs that partner with community-based organizations to expand the number of available trainings. Community-based ORP entities often include highly motivated volunteers with direct connections to high-risk individuals, their families, and friends.

3. Piloting Overdose Survivor Outreach Program in Hospital Emergency Departments

In 2014, DHMH issued a report showing that nearly 60 percent of all overdose decedents in 2013 had previously been treated for an overdose at a Maryland hospital in the year prior to death, with almost 10 percent having been treated for overdose five or more times. This indicates an urgent need to improve coordination between hospitals and public health authorities to target the provision of behavioral health treatment, recovery, and harm reduction services for opioid overdose survivors. In response, DHMH announced a new initiative in December 2014 to work with hospitals, local health departments, and behavioral health/addictions authorities to improve information sharing with hospitals and establish effective outreach and care coordination collaborations.

To further these efforts, Governor Hogan has directed BHA to allocate $300,000 toward establishing a pilot Overdose Survivor Outreach Program (OSOP) in Baltimore City. The goal of OSOP will be to coordinate and supplement programs that identify and intervene with addicted individuals in hospital emergency departments to ensure ongoing, in-community follow-up and engagement with overdose survivors after discharge. OSOP will seek to implement peer support services for overdose survivors at multiple points in the continuum of care, including emergency medical services, treatment referral, care coordination, and while enrolled in a treatment program. Overdose education and naloxone distribution services will be incorporated and targeted for opioid overdose survivors. OSOP will also seek to identify and support additional hospitals in Baltimore City and neighboring jurisdictions interested in implementing screening, intervention, and referral protocols and partnering with the local addictions authority to improve care coordination services. Lessons learned from the pilot will inform the State's strategy to expand ED-based interventions to other hospitals throughout the State and be incorporated into technical assistance materials to support implementation.

Funding may be used to support hiring and training peer recovery support specialists, expanding the capacity of Behavioral Health Systems Baltimore (BHSB) to conduct outreach services, training hospital staff, and other necessary services. Importantly, funding will be coordinated to maximize the impact of other existing grant programs, including those focused on implementing Screening, Brief Intervention and Referral to Treatment (SBIRT) in hospitals

and community health centers and expanding access to recovery support services in medication-assisted treatment programs. Other existing funding streams will be leveraged, as available, to provide ongoing recovery support services, including Maryland Recovery Net, a fee-for-service recovery support system overseen by BHA and managed by Value Options that provides access to transportation, housing, peer support, and other services. BHA will work with BHSB and other State and local partners to improve data collection and analysis on survivors receiving services.

4. **Piloting Naloxone Distribution to Individuals Screened Positive for Opioid Use Disorder at Release from Local Detention Centers**

In 2014, the DHMH Vital Statistics Administration (VSA) worked with the Department of Public Safety and Correctional Services to match medical examiner records of overdose deaths with corrections data. Findings from the analysis supported existing research showing that opioid-addicted individuals are at increased risk of overdose immediately following release from incarceration. These findings indicate that targeting overdose education and naloxone distribution to high-risk individuals at the time of release may be an effective strategy for reducing overdose deaths. Models supporting these strategies currently exist across the country. For example, the New York State prison system has recently launched a program to dispense naloxone at the time of release. The Baltimore City Health Department has conducted overdose education trainings in the Baltimore City Detention Center.

Seeking solutions to these challenges, Governor Hogan directed BHA to provide $150,000 through supplemental awards to three Southern Maryland LHDs - Calvert, Charles, and St. Mary's Counties - to implement overdose education and naloxone distribution programs for individuals released from those counties' local detention centers. Focusing the pilot in one region of the state will help maximize impact and evaluation in these three counties that collectively experienced an 88 percent increase in overdose deaths between 2013 and 2014. Historically, these counties have also had limited naloxone distribution through ORPs and there were no opioid treatment programs that received a supply of the Evzio naloxone auto-injector donation. There is an urgent need to target distribution to high-risk individuals in these counties. BHA will work with the LHDs to ensure that those being released are screened for opioid use disorder and that naloxone distribution is targeted accordingly. Detention centers and LHDs will be required to collect and report to BHA information on the individuals served by the program to evaluate impact and estimate the feasibility of expanding the program statewide.

5. Expanding Supportive Recovery Housing for Women with Children

Research shows that parental substance use is associated with numerous negative outcomes for children. Parental substance use has been shown to increase the likelihood that a family will experience financial problems, shifting of adult roles onto children, child abuse and neglect, violence, disrupted environments, and inconsistent parenting. Research also shows that a complex and harmful cycle exists in which a history of child abuse and neglect increases a person's risk of substance use later in life and that individuals with substance use disorders are more likely to abuse or neglect their children in turn. In addition, children of parents with substance use disorders are known to have a heightened risk for developing substance use problems themselves. Women, the traditional caregivers, face many obstacles and challenges in engaging in treatment and recovery services that could prevent these negative outcomes. Those obstacles include a lack of collaboration among social service systems, limited options for women who are pregnant, lack of culturally congruent programming, few resources for women with children, fear of loss of child custody, and the stigma of substance use.

In 2012, BHA initiated a series of focus groups to explore substance use among women with children at every women and children's residential treatment program and at several co-ed, intensive outpatient programs. The results were universal: the overarching need identified for women with dependent children was recovery housing that would allow a mother to bring all of her children into recovery with her. Since 2013, BHA has funded recovery houses in Baltimore City and Anne Arundel County. There are currently nine vendors: six in Baltimore City with 11 houses and three in Anne Arundel County with four houses. The houses are in constant demand with waiting lists, as treatment providers are often looking for options similar to these homes when women are ready to be discharged from more intensive treatment.

> ***"We are going to attack this problem from every direction using everything we've got."***
>
> *–Governor Larry Hogan*

As such, Governor Hogan directed BHA to allocate an additional $100,000 for recovery housing, prioritizing those jurisdictions that currently do not have recovery housing for women with children and those with a significant waiting list. The funding will support the lease/rent of a house, furnishing for the building, and a peer house manager to reside in the facility with the families.

6. Supporting Detoxification Services for Women with Children

Detoxification is an important, but resource-intensive process. Clients require 24-hour monitoring for assessment and ongoing monitoring of sub-acute biomedical and behavioral conditions related to opioid and alcohol withdrawal. A comprehensive nursing assessment

including client and family history; vital signs; and medication, psychiatric, medical, and substance use history are all provided upon admission to the treatment. Because women historically do better in treatment with their children than without their children, BHA utilizes a model of residential detoxification services with childcare services on site in Baltimore City. This allows mothers to detox in a safe environment and children can receive appropriate wraparound services. These services include, but are not limited to, pediatric and mental health referrals, after-school programming, and recreational activities that are age appropriate.

As such, Governor Hogan will direct BHA to make an additional $50,000 available to continue operation of this program. Treatment programs will have an opportunity to submit a request for the funding and will identify the best practices that they will utilize to move the women into long-term residential treatment or intensive outpatient treatment. BHA will require a yearly report that documents how the program used the funding and the outcomes associated with the funding.

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

The widespread overprescribing of opioid analgesics for the treatment of pain has been identified as a major driver of the opioid addiction and overdose epidemic. Increased opioid prescribing has refocused the medical community on the lack of strong evidence for the safety and efficacy of long-term opioid therapy for chronic non-cancer pain. However, many providers, including both primary care and pain specialists, may continue to prescribe inappropriately based on outdated or erroneous information about the risks and benefits of opioids for most patients. High-risk prescribing practices, including maintaining patients at high opioid doses, rapid dose escalation, and co-prescribing opioids, benzodiazepines, and other controlled substances, may be common among a relatively small subset of practitioners. This small group may be disproportionately contributing to new cases of addiction, overdose, and diversion.

Aberrant prescribers are at high risk for disciplinary actions by licensing boards and criminal enforcement actions by public safety authorities. These actions can create other unintended consequences when the prescriber's patients are abruptly cut off from their prescriptions. These patients often have multiple co-occurring somatic and behavioral health issues, and a large influx of patients with complex needs can quickly overwhelm a local healthcare system in medically underserved areas.

DHMH has promoted continuing medical education (CME) courses on opioid prescribing provided by MedChi and the Maryland Society of Addiction Medicine and is organizing a live CME training for physicians, nurses, and pharmacists to take place in Maryland in October 2015. The Maryland Board of Physicians has also required a one-hour CME credit on appropriate opioid prescribing as part of its licensing process for all physicians starting in 2015. However, to date there have been no clinical education initiatives narrowly targeted at high-risk prescribers.

As such, Governor Hogan has directed DHMH to allocate $100,000 to conduct targeted outreach and education for practitioners identified as engaging in high-risk prescribing practices. DHMH will develop clinical tools and deploy appropriate personnel to provide direct consultation and support services to improve the quality of treatment provided to patients with chronic pain that are receiving opioid prescriptions. Educational content may also include information on use of the PDMP and CRISP, screening and referral for substance use disorders, buprenorphine, naloxone, and other overdose prevention priorities for the Department. In collaboration with academic partners, practitioner organizations and other stakeholders, DHMH will also investigate establishing an inter-disciplinary pain and addiction medicine collaborative that can provide ongoing clinical consultation to primary care providers across the state.

High-risk practices will be identified by DHMH through analyses of Medicaid claims data, pharmacy inspections/surveys, medical examiner records, and other intra-departmental data sources. DHMH will also conduct an analysis of the PDMP law and regulations to determine whether PDMP data and legal authorities could be used to identify providers or as a means of outreach and education.

8. **Overtime for Dorchester County Law Enforcement**

Governor Hogan, through the Office of Crime Control and Prevention (GOCCP), will provide Dorchester County with $24,700 to provide overtime for law enforcement to address the opioid and heroin epidemic. Overtime will be used to gather intelligence in conjunction with numerous regional law enforcement agencies to examine the point of origin of the heroin and locations from which drugs are entering Dorchester County. This information will enable law enforcement to target efforts in regards to control and enforcement and will be valuable in prosecuting heroin trafficking cases.

9. **Maryland State Police Gang/Heroin Disruption Project**

Governor Hogan, through GOCCP, will provide Maryland State Police (MSP) with $40,000 to support MSP's Gang/Heroin Disruption Project. The funds will provide overtime to members

of the MSP Gang Enforcement Unit to conduct home visits with parole and probation officers to Violence Prevention Initiative (VPI) offenders, work beyond scheduled shifts to further heroin investigations, conduct surveillance, and serve arrest warrants. These inter-jurisdictional efforts will help law enforcement arrest street-level drug dealers and those transporting heroin into Maryland.

10. License Plate Reader Technology

Governor Hogan, through GOCCP, will provide the Ocean City Police Department with $124,635 to fund license plate reader (LPR) technology at the northern end of Ocean City. The LPR will allow law enforcement to target heroin coming into the State and will be linked into the Maryland Coordination and Analysis Center (MCAC) database.

IX. CONCLUSION

The Heroin and Opioid Emergency Task Force has worked diligently to determine the scale of Maryland's heroin and opioid problem, investigate areas of specific concern and opportunity, and gather a broad coalition of stakeholders to assist in finding solutions. The Interim Report's 10 recommendations and 10 funding disbursements represent the input of hundreds of contributors and will have an immediate positive effect in combating this public health crisis. Even so, the work of the Task Force and its workgroups is nowhere near complete. Over the next four months, the Task Force will continue to leverage all available resources to produce additional recommendations for the Final Report that will span areas ranging from education and prevention to insurance coverage to alternatives to incarceration.

X. ACKNOWLEDGEMENTS

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APPENDICES