

2016

# Heroin Treatment and Prevention Task Force Recommendations

One Year Progress Report

November 2016



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**Recommendation 1 (pg. 14) Develop a dashboard for ongoing monitoring** to obtain real-time data for number of people with substance use disorders, near-fatal and fatal overdoses, and capacity for treatment.

**Recommendation 2 (pg. 17) Implement a citywide heroin overdose** plan to save lives of our citizens.

**Recommendation 3 (pg. 19) Develop a centralized, easy-to-access intake that is 24/7**, with immediate access to an addiction counselor or social worker, and publicize to all (including emergency departments, emergency personnel, peer networks, and community members).

**Recommendation 4 (pg. 21) Increase data-driven, high-impact options for treatment.** This includes universal case management and access to treatment for most vulnerable individuals in the city such as inmates and the recently incarcerated, as well as increasing availability of evidence-based treatment, such as buprenorphine.

**Recommendation 5 (pg. 22) Ensure treatment on demand.** This includes work towards a 24/7, “no wrong door” treatment center for addiction and full capacity for treatment in both intensive inpatient and low-intensity outpatient



settings.

**Recommendation 6 (pg. 23) Develop a voluntary certification and review for substance use providers** based on core standards of care. This includes a pilot to test and refine best practice standards with key volunteer providers in Baltimore City

**Recommendation 7 (pg. 25) Facilitate an ongoing partnership and collaboration** among key stakeholders to pilot programs, test economic incentives, and discuss integration with state/federal systems of care.

**Recommendation 8 (pg. 27) Develop a standardized good neighbor agreement and establish best practices for substance use disorder providers and community members** (including issues such as loitering, cleanliness, security, community advisory committee, and voluntary agreements).

**Recommendation 9 (pg. 28) Coordinate efforts with treatment providers and law enforcement.** This includes preventing targeted drug sales to vulnerable individuals undergoing addiction treatment; working collaboratively to obtain help for people with behavioral health disorders; and increasing support for Drug Treatment Courts and other diversion programs.

**Recommendation 10 (pg. 30) Implement a comprehensive strategy to educate and inform residents, businesses, and other key stakeholders** about substance addiction to help reduce fear and combat stigma. This includes launching a campaign to educate citizens that addiction is a chronic disease and to encourage individuals to seek treatment.

## Letter from Mayor Stephanie Rawlings-Blake

Baltimore City has the building blocks for a bright future, including strong neighborhoods, a rich history, thriving anchor institutions and vibrant cultural activities. But we also face major challenges, including problems stemming from heroin. For decades, heroin and other opioids—like prescription narcotics—have disrupted the lives of too many of our residents and damaged our communities.

Most directly, heroin and the misuse of other opioids harm users, sometimes with deadly results. In 2015, there were 393 overdose deaths in Baltimore. About 90 percent of these involved heroin or other opioids. Those with substance use problems may struggle to work or be good parents. They often lose their homes and develop other health problems.

But all of us are affected. Misuse of these drugs generates crime, strains our healthcare system, and harms the quality of life for residents in many communities. Heroin and opioid misuse threaten all aspects of Baltimore's future.

I formed the Heroin Treatment and Prevention Task Force to examine the problem, measure its scope, identify shortcomings in our treatment system, and develop smart responses. After months of hard work by the Task Force, Baltimore City released a report outlining its findings and recommendations.

As a city, we have spent the last year focused on making progress implementing these recommendations to save lives and improve the health of our residents. We have worked to gain a deeper understanding of the problem we confront, to address the overdose epidemic by preparing our residents to recognize and respond to overdoses, and to expand access to the best possible substance use treatment for those who need it.

I applaud the Baltimore City Health Commissioner, Dr. Leana Wen, for her visionary leadership and strong efforts to move this plan forward, and I am grateful to Behavioral Health System Baltimore CEO Kathy Westcoat, along with all the partners who have made progress on these recommendations. Together, we are making Baltimore a healthier city for all.

Sincerely,

Stephanie Rawlings-Blake, Mayor of Baltimore



## **Letter from Baltimore City Health Commissioner Dr. Leana Wen**

As an ER doctor, I have seen the ravages of heroin addiction firsthand. Many of my patients have suffered lasting consequences of addiction, and many have died from heroin overdose. As the city's doctor, I have seen how heroin ties into the very fabric of Baltimore. It is impossible to separate heroin use from problems of poverty, violence, incarceration, homelessness, and ill physical and mental health.

While addiction knows no racial, socio-economic, cultural, or geographic boundaries, these issues contribute to rampant health disparities that divide our city. We recently released our blueprint for health in Baltimore—Healthy Baltimore 2020—with a specific goal of cutting health disparities in half in ten years. In order to achieve our health goals for Baltimore, we must address the underlying problem: substance addiction, and in particular, the heroin and opioid epidemic that has and is continuing to devastate our city.

The Baltimore City Health Department has a mandate to protect the health and improve the well-being of all our residents. There are many issues we must address, but none of them are more urgent than this crisis. This is why we are so proud of our previous Mayor, Stephanie Rawlings-Blake, for taking on this critical public health issue and demanding citywide attention and action on it.

There were three principles we committed to in issuing the report on recommendations from the Heroin Task Force. First, this report is all about action. The last thing our city needed was another report to sit unused on a shelf. Second, we intended for the recommendations to serve as a call to action for many stakeholders. Third, we promised not to shy away from the challenge presented by heroin and opioid misuse in Baltimore.

In this Progress Report, we will detail how Baltimore City has risen to the occasion and acted on each of the Heroin Task Force recommendations. Our city has made tremendous progress in this fight and gained national prominence as a model for how other jurisdictions can address heroin and opioids. But we also will confront the reality that we are nowhere near finished with this task, that heroin and other opioids continue to harm our families, friends, and neighbors, and kill residents of our city. Fentanyl, in



particular, has been responsible for a growing number of overdose deaths in Baltimore, and its pervasiveness in our city must be addressed.

The Baltimore City Health Department is pleased to join Mayor Rawlings-Blake and Behavioral Health System Baltimore to issue this important update on the progress we have made and the challenges that lie ahead. We are also excited to continue this critical work with Baltimore's new administration under the leadership of Baltimore City Mayor Catherine Pugh.

Sincerely,



Leana Wen, M.D., M.Sc.  
Baltimore City Health Commissioner

## Letter from Behavioral Health System Baltimore CEO Kathy Westcoat

In Baltimore and across the country, we are seeing a renewed focus on the importance of behavioral health care. This has been driven in part by the worsening opioid epidemic, both here and nationally. While effective treatment exists, far too few people with substance use disorders receive the help they need. We estimate that approximately 53,000 people have a substance use disorder in Baltimore City, however, only 34 percent of people in need utilize services within the public behavioral health system.

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City and works to increase access to a full range of quality behavioral health services to build a healthier city. Working with a range of partners, we address barriers to access to treatment and support services and combat stigma associated with mental illness and substance use. We believe that accessible, high-quality behavioral health services are vital to improving the health of city residents.

Over the past year, BHSB has worked with the Baltimore City Health Department to implement an ambitious overdose response plan, and together we have trained over 16,000 people on how to administer naloxone, the life-saving medication that reverses an opioid overdose. We also launched the Overdose Survivors Outreach Program in four Baltimore City hospitals to provide intensive outreach and engagement to overdose survivors.

We have made significant progress towards implementing the Heroin Task Force Report recommendations but know that there is still much more work ahead. I look forward to continued collaboration with our state and local partners to ensure we support behavioral health and wellness for all our citizens.

Sincerely,



Kathleen Westcoat  
President and CEO  
Behavioral Health System Baltimore

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## Executive Summary

Dr. Leana Wen, Baltimore City Health Commissioner, has declared opioid addiction and overdose to be a public health emergency. In 2015, 393 people died from overdose in Baltimore, and 290 people have died from overdose in the first half of 2016. The deadly synthetic opioid fentanyl has been a major factor contributing to the continuing increase.

Mayor Stephanie Rawlings-Blake, the Baltimore City Health Department (BCHD), and Behavioral Health System Baltimore (BHSB) have made strengthening the city's response to opioids a top priority. Mayor Stephanie Rawlings-Blake convened the Heroin Treatment and Prevention Task Force to identify actionable strategies for addressing this urgent public health crisis.

The Task Force made ten recommendations. This Progress Report documents Baltimore's efforts to implement those recommendations. It also identifies ways that additional progress could be made.

## Recommendations and Progress Updates

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***Recommendation 1: Develop a dashboard for ongoing monitoring to obtain real-time data for the number of people with substance use disorders, near-fatal and fatal overdoses, and capacity for treatment.***

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**Response:** Baltimore made significant strides to address the data needs identified by the workgroup. This included:

- Obtaining an updated estimate of the number of people with opioid use disorders (24,887) and number of people who use heroin in Baltimore (19,624);
- Making progress toward estimating the number of people with opioid use disorders who are engaged in treatment. A 2016 Hilltop Institute report estimated that 59 percent of the people with substance use disorders in Baltimore are receiving treatment. This estimate included only those individuals with opioid use disorders who had some contact with the health system. This is likely an overestimate of the percentage of

people with opioid use disorders in Baltimore who are receiving treatment;

- Estimating the number of people with unmet substance use treatment needs. Out of an estimated 53,592 who need treatment, 18,489 people receive it, although more information is needed about the quality of care they receive;
- Implementing and improving rapid data sharing across agencies to obtain real-time awareness of overdoses in Baltimore.

**What's Next:** Baltimore will continue to improve real-time awareness of overdoses and service utilization and identify ways to intervene with high utilizers of services to help prevent deaths.

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***Recommendation 2: Implement a citywide heroin overdose plan to save lives of our citizens.***

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**Response:** We have expanded overdose response education and naloxone training and distribution in Baltimore. Between January 2015 and September 2016, Baltimore's Overdose Response Programs have trained 15,930 people on how to administer naloxone and distributed 12,904 naloxone kits. These efforts have led to community members administering naloxone to reverse over 531 overdoses.

**What's Next:** With additional resources, we will expand the number of trainings we perform and the amount of medication we make available to residents.

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***Recommendation 3: Develop a centralized, easy-to-access intake that is 24/7, with immediate access to an addiction counselor or social worker, and publicize to all (including emergency departments, emergency personnel, peer networks, and community members).***

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**Response:** In October 2015, we integrated BCRI's crisis hotline with HealthCare Access Maryland's (HCAM) referral line to create a more comprehensive resource for the community. This combined hotline enables callers to get screened and linked to the appropriate behavioral health services.

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**What's Next:** Organize a *High Utilizer Task Force* to facilitate an IT referral system.

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***Recommendation 4: Increase data-driven, high-impact options for treatment.*** *This includes universal case management and access to treatment for the most vulnerable individuals in the city, such as inmates and the recently incarcerated, as well as increasing availability of evidence-based treatment, such as buprenorphine*

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**Response:** We are partnering with physicians and substance use disorder treatment providers in the city to expand access to medication-assisted treatment for opioid use disorders. These partnerships allow us to deploy outreach workers to meet overdose survivors in the emergency room and assist them with entering substance use disorder treatment.

**What's Next:** We are developing a plan to expand access to the opioid treatment medication buprenorphine.

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***Recommendation 5: Ensure treatment on-demand. This includes work towards a 24/7, "no wrong door" treatment center for addiction and full capacity for treatment in both intensive inpatient and low-intensity outpatient settings.***

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**Response:** Baltimore City is developing a Stabilization Center that will be a significant step toward substance use disorder and mental health treatment on-demand. The center will provide a range of services including medical exams, meals, clothing and hydration.

**What's Next:** With support from the Maryland Community Health Resources Commission and other city partners, the Stabilization Center is on track to become operational by early 2017. With additional resources, we could increase the capacity and range of services provided by the Stabilization Center.

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***Recommendation 6: Develop voluntary certification and review for substance use providers based on core standards of care. This includes a pilot to test and refine best practice standards with key volunteer providers in Baltimore City.***

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**Response:** We are partnering with the state’s Behavioral Health Administration to develop and implement quality improvement processes for provider standards of care.

**What’s Next:** We will continue to work with providers to ensure that they obtain the accreditation the state will require and deliver treatment that meets the highest standards.

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***Recommendation 7: Facilitate an ongoing partnership and collaboration among key stakeholders to pilot programs, test economic incentives, and discuss integration with state/federal systems of care.***

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**Response:** Baltimore City is working with partners and promoting innovation, including 1) developing a Law Enforcement Assisted Diversion Program, an evidenced-based pre-booking diversion program that responds to low-level crimes with community-based services including substance use disorder treatment rather than prosecution, and 2) submitting an innovative grant application with multiple partners to the Center for Medicare and Medicaid Innovation.

**What’s Next:** We have convened a Citywide Fentanyl Taskforce to bring together city agencies, substance use treatment providers, hospitals, and other stakeholders to respond to the deadly synthetic opioid fentanyl.

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***Recommendation 8: Develop standardized good neighbor agreement and establish best practices for substance use disorder providers and community members (including issues such as loitering, cleanliness, security, community advisory committees, and voluntary agreements).***

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**Response:** In an effort to improve the quality of life for the residents in the community and the dignity of clients in treatment, a Good Neighbor Agreement template was created. We recently convened a Work Group for Drug Treatment Access and Neighborhood Relations to improve distribution of substance use treatment services in the city

and encourage providers to adopt practices that make them good neighbors.

**What's Next:** The Work Group for Drug Treatment Access and Neighborhood Relations will engage a broad cross section of stakeholders, develop recommendations, and inform Baltimore City's work with providers and communities to implement the Work Group's recommendations.

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**Recommendation 9: Coordinate efforts with treatment providers and law enforcement.** *This includes preventing targeted drug sales to vulnerable individuals undergoing addiction treatment; working collaboratively to obtain help for people with behavioral health disorders; and increasing support for Drug Treatment Courts and other diversion programs.*

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**Response:** We are coordinating three city-wide programs that unite law enforcement and public health: 1) A Prescription Drug Take Back program that allows residents to anonymously dispose of unused prescription medications; 2) Overdose Education and Naloxone Training in Baltimore City's Drug Treatment Court Program; and 3) Law Enforcement Assisted Diversion.

**What's Next:** We will work with law enforcement to employ surveillance techniques as part of a public health strategy.

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**Recommendation 10: Implement a comprehensive strategy to educate and inform residents, businesses, and other key stakeholders about substance addiction** *to help reduce fear and combat stigma. This includes launching a campaign to educate citizens that addiction is a chronic disease and to encourage individuals to seek treatment.*

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**Response:** Baltimore City launched the Don't Die campaign to educate city residents about the risks of opioids and the opportunity to save a life with naloxone. In December 2015, BHSB launched B'More in Control, a prevention campaign to identify safe and health ways for youth to have fun without misusing substances.



**What's Next:** With additional resources, we will work to increase exposure to our proven public health messaging, including the Don't Die Campaign and B'More in Control.

## Introduction

Baltimore City is facing an epidemic of opioid addiction and overdose. In 2015, 393 people died from drug and alcohol overdose in Baltimore—more than the number of people who died from homicide. That number continues to rise. In the first half of 2016, 290 overdose deaths occurred in Baltimore. Fentanyl has been a major driver of this increase. This deadly synthetic opioid was involved in four overdose deaths in 2012. That number increased to 120 deaths last year, and 149 so far in 2016.

Baltimore’s Health Commissioner, Dr. Leana Wen, has declared opioid addiction and overdose to be a public health emergency. In response, the Baltimore City Health Department and Behavioral Health System Baltimore are strengthening and coordinating efforts to reduce addiction and overdose rates.

Addressing heroin addiction is also a critical priority of Mayor Stephanie Rawlings-Blake, who convened the Heroin Treatment and Prevention Task Force to come up with urgent and actionable strategies.

The Task Force envisioned a city where people live and thrive in communities that promote and support health and wellness, believing that all Baltimore residents should have the opportunity to achieve their full potential. They focused on ensuring that the care provided throughout Baltimore is of the highest quality, comprehensive and person-centered, and that providers work in true partnership with those who seek care.

This multi-agency task force took on their responsibility with the urgency that this issue deserves. One resident in our city dies nearly every day because of overdose. Many thousands more suffer from untreated addiction. This is a life and death issue, one that affects friends, neighbors, and family members across our city.

These values guided the work and recommendations of the Task Force. This report outlines the recommendations that came from the Task Force and the progress that has been made in implementing them. There remains much work to be done to protect the health of all Baltimore residents grappling with addictions to heroin and other opioids.

The Baltimore City Health Department and Behavioral Health System Baltimore will continue to collaborate and coordinate to improve the city’s response to heroin and other opioids.



# Progress on Task Force Recommendations

**RECOMMENDATION 1:**

**Develop dashboard for ongoing monitoring** to obtain real-time data for the number of people with substance use disorders, near-fatal and fatal overdoses, and capacity for treatment.

## Issue Summary

Substance use disorder epidemiology quantifies the prevalence of substance use in Baltimore. One inherent challenge is that different data sources do not always use the same data points. Further complicating measurement is the fact that substance use is hidden by users due to social stigma and the legal

consequences of it.

The goals of the Data Workgroup of the Heroin Prevention and Treatment Task Force were to make sense of the available data on heroin and opioid use in Baltimore and point the way toward greater and more effective collection and utilization of data.

The recommendation of this Workgroup to develop a data dashboard for real-time awareness of the need, capacity, and utilization of substance use services included six immediate next steps.

## Baltimore’s Response

- 1. Provide an updated estimate by the end of 2015 of the number of individuals in Baltimore City using heroin each year.** The estimated number of people with opioid use disorders in Baltimore is 24,887. This number was reported by The Hilltop Institute based on a comprehensive analysis of Medicaid, hospital discharge and other utilization data. It includes all people who engaged with the medical system in some way and does not include people who have been completely disconnected from care systems. *Therefore, this estimate is likely lower than the actual number of people in Baltimore with opioid*

*use disorders and those who use heroin.*<sup>1</sup> It is important to note that this estimate includes people who use heroin as well as those who use other opioids. Using national prevalence data, it was previously estimated that 19,624 people in Baltimore City use heroin.

- 2. Provide an estimate of the number of people engaged in substance use disorder treatment who use heroin.** The Hilltop Institute report estimated that 59 percent of people with opioid use disorders had at least one interaction with the outpatient substance use treatment system. The report examined only those individuals with opioid use disorders who had some contact with the health system, so this is likely an overestimate of the percentage of people with opioid use disorders in Baltimore who contacted the treatment system. It also does not tell us the periods of time for which individuals were retained in treatment or whether treatment resulted in positive outcomes. More information is needed to determine a reliable estimate of the quantity and quality of treatment provided to people with opioid use disorder treatment needs in Baltimore.
- 3. Determine methodology for defining need, i.e. does every individual who uses need treatment.** Some people may use heroin or other opioids only occasionally or recreationally. While it is important to inform these individuals about the risks of addiction and dangers of opioid overdose and death, not everyone will need substance use disorder treatment to desist from heroin and opioid misuse. Baltimore must identify those individuals in need of treatment, work to engage them in services and ensure that there is adequate capacity and access to meet their treatment needs.
- 4. Provide an estimate of the number of people with unmet treatment needs.** Of the estimated 53,592 people with substance use disorder treatment needs (for alcohol or other drugs) in Baltimore, 18,489, about 34 percent, utilize substance use disorder treatment services within the public system. Others may receive treatment that is paid for out-of-pocket or by private insurance. This places Baltimore well above the national average. Only about 11 percent of people with substance use disorders receive treatment services nationally.

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<sup>1</sup> The Hilltop Institute, *University of Maryland Baltimore County, Opioid Use Disorders in Baltimore City: Prevalence and Treatment Rates, 2016*



However, these numbers do not reflect the adequacy of substance use disorder treatment, whether people are receiving care that is appropriate for their disorder, and what the outcomes of treatment are. While Baltimore continues to close the treatment gap, the city must also focus on analyzing and improving the quality of care that is delivered to our residents.

5. **Determine how often these data points can be obtained.** The Health Department and Behavioral Health System Baltimore are working with the Baltimore City Fire Department, hospitals, and other partners to share in real-time data about overdoses in the city as part of an effort to recognize and respond to overdose spikes when and where they occur.
6. **Formulate information needed to have real-time provider capacity for treatment.** Baltimore is actively collecting information from providers in the city through surveys and conversations to determine the capacity for substance use disorder services within Baltimore. This includes examining the types of services offered, number of people providers can serve, and the amount of time patients must wait for services. The next step will be to develop an IT exchange for capacity and usage so that stakeholders across the city have current information about the availability of services for patients.

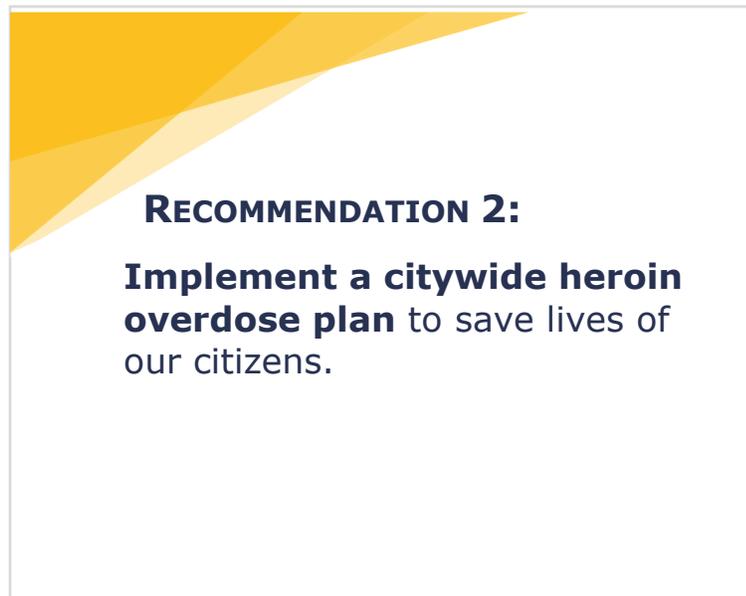
## What's Next?

We are committed to creating a system for data sharing that supports rapid innovation and links systems to enable person-centered care. We recently launched a *Task Force on High Utilizer Care Coordination*. Goals of this Task Force include establishing the processes and legal framework to share data for some of Baltimore City's most vulnerable residents — those who are high utilizers of services — to coordinate service delivery across systems and organizations and improve outcomes. As the work of the Task Force unfolds, we will use technology to support ongoing quality improvement and better outcomes for people with substance use disorders.

Changes at the state level are shifting the payment mechanism for the public behavioral health system from a grant-funded to fee-for-service model. This change creates an opportunity to more accurately track service utilization and delivery across the system, giving us a more precise baseline for determining service utilization. We plan to use this information to create

a more complete picture of the city’s capacity for behavioral health services and the availability of services being delivered.

We will continue developing Baltimore’s alert system to identify and respond to spikes in overdoses when and where they occur in our city. This system has already been triggered on multiple occasions. In response, Rapid Response Teams deploy to affected areas of the city and alerts are sent to agencies and service providers that can intervene to warn residents about the dangers of drugs on our streets.



**RECOMMENDATION 2:**  
**Implement a citywide heroin overdose plan** to save lives of our citizens.

## Issue Summary

As heroin and other opioids continue to cause unprecedented numbers of deaths nationally, this crisis continues to be felt acutely in Baltimore. To protect our city’s residents, we must first prepare as many people as possible to recognize and respond to an overdose. Only by saving their lives today can we give people who

overdose the chance to build a better tomorrow. This need is so critical that we began to implement an aggressive strategy to reduce non-fatal and fatal opioid-related overdoses even as the Heroin Prevention and Treatment Task Force continued work on these recommendations.

## Baltimore’s Response

We have dramatically expanded overdose response education and naloxone training and distribution in Baltimore. Baltimore’s Overdose Response Programs (ORPs) are on the streets in high-risk communities, on the city’s Needle Exchange Program vans, and in healthcare settings to provide on-site training for Baltimore residents to recognize an opioid overdose and respond with naloxone to save a life. Since January 2015, ORPs:

- Trained more than 15,930 people on how to administer naloxone
- Distributed 12,904 naloxone kits



Because of these trainings, members of the community have administered naloxone to reverse over 531 opioid overdoses.

Recognizing the role that first responders can play to save a life, the Baltimore Police Department has provided naloxone trainings to police officers since August 2015. Since then, 416 have been trained, and Baltimore Police Department (BPD) officers have administered naloxone to 74 suspected overdose victims across the city, saving 72 lives.

On October 1, 2015, Dr. Wen issued a citywide standing order for naloxone to be dispensed by pharmacies and overdose response program employees or volunteers. Baltimore City's standing order model expands access to naloxone for those at-risk of experiencing or witnessing an opioid overdose in Baltimore City and makes it easy for people to get naloxone from their local pharmacy.

We launched an online naloxone training module through our public education campaign, Don't Die. The campaign aims to educate drug users and their friends and family about overdose prevention and treatment with naloxone. City residents can get trained and receive a certificate to administer naloxone through the campaign website, [www.dontdie.org](http://www.dontdie.org).

We created an Overdose Prevention Toolkit for SUD Treatment Programs to help providers across the city to implement overdose education and naloxone distribution programs.

Baltimore's aggressive response to the opioid overdose crisis has been recognized as one of the strongest in the nation. Dr. Wen has been invited to testify about Baltimore's efforts before U.S. Senate and House committees and discussed them on a panel with President Barack Obama at the National Rx Drug Abuse and Heroin Summit in March 2016. These efforts have gained national media attention as a model for the country from USA Today, National Public Radio (NPR), CNN, and other outlets.

## **What's Next?**

With implementation of a real-time overdose spike alert system, Baltimore has been able to immediately redeploy ORP resources to locations in the city experiencing overdose spikes. With additional resources, we will improve automation of this process, expand the number of trainings we perform and increase the amount of naloxone we make available to residents.

Narcan, the nasal spray version of naloxone, is now available to Medicaid beneficiaries with a \$1 copay. We will build on our partnerships with area pharmacies to make the medication available to at-risk individuals with Medicaid coverage.

We are launching an Overdose Ambassadors Program for volunteer naloxone trainers to expand the reach of our training efforts and partner with community-based organizations to host naloxone trainings for their employees and people they serve. We are also training all frontline city agency staff to recognize and respond to an overdose when they are in the community.

### **RECOMMENDATION 3:**

**Develop a centralized, easy-to-access intake that is 24/7**, with immediate access to an addiction counselor or social worker, and publicize to all (including emergency departments, emergency personnel, peer networks, and community members).

### **Issue Summary**

Access to opioid use disorder treatment for non-emergencies should be considered urgent, and people seeking treatment should be able to access it within 48 hours. They should also be able to receive a thorough medical evaluation and any needed immediate treatment, not just an intake assessment.

It should be easy for people to identify who to call and how to call.

### **Baltimore's Response**

BHSB partners with BCHD and Baltimore Crisis Response (BCRI) to provide a 24/7 Crisis Information and Referral line (CI&R line). In October 2015, we integrated BCRI's crisis hotline with HealthCare Access Maryland's (HCAM) referral line to create a more comprehensive resource for the community. This combined hotline enables callers to get screened and linked to the appropriate behavioral health services.

The CI&R Line receives over 40,000 calls annually, and approximately 12 percent generate a referral for direct crisis intervention by the BCRI mobile crisis team. Services available through the CI&R Line include:

- Substance use disorder treatment appointments
- Mental health treatment appointments
- Information on treatment services
- Mobile crisis team response
- Residential crisis services
- Residential detox services
- Referral to homeless shelters
- Homeless outreach
- Case management services
- Primary mental health
- Veterans services
- Grief support
- Domestic violence resources
- Critical incident response
- Suicide call response
- Assistance with insurance entitlements
- Information on naloxone trainings and standing orders
- Medication assistance

## **What's Next?**

With the development of the data dashboard for real-time system capacity and usage through the *High Utilizer Task Force*, we will tie the CI&R line referral system into this IT infrastructure to make referrals into treatment as easy, accurate, and seamless as possible.

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#### **RECOMMENDATION 4:**

##### **Increase data-driven, high-impact options for treatment.**

This includes universal case management and access to treatment for most vulnerable individuals in the city such as inmates and the recently incarcerated, as well as increasing availability of evidence-based treatment, such as buprenorphine.

#### **Issue Summary**

It is not sufficient to have treatment if the individual is unable to access it. Research shows that individuals who are the most vulnerable often do not know how to connect to care. For example, on average 8 out of 10 people in jail have a substance use disorder and 4 out of 10 have a diagnosed mental illness.

Evidence shows that medication-assisted treatment is an effective treatment for opioid use disorders. Buprenorphine is one of three FDA-approved medications that has been proven effective for the treatment of opioid use disorders, has a lower potential for misuse and overdose than methadone, and, unlike methadone, can be prescribed by physicians rather than only dispensed on-site. This makes it a more convenient option for many opioid use disorder patients and one that is also less stigmatizing because it is incorporated into the broader health care system.

#### **Baltimore's Response**

We are partnering with physicians and substance use disorder treatment providers in the city to expand access to medication assisted treatment for opioid use disorders. We are seeking partners in primary care, emergency departments, and internal medicine to refer patients into substance use disorder treatment and continue to maintain them on buprenorphine once they have been stabilized. Under the Overdose Survivors Outreach program, we deploy outreach workers to meet overdose survivors in the emergency room and assist them with entering substance use disorder treatment and learning to recognize and respond to an overdose.

#### **What's Next?**

We are planning an aggressive expansion of low-threshold buprenorphine treatment to community sites and criminal justice settings. The next step in

the city's opioid response plan is to expand access to the opioid treatment medication, buprenorphine.

We are advocating to the state to reimburse wrap-around services and peer recovery support to patients enrolled in Medicaid.

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### **RECOMMENDATION 5:**

**Ensure treatment on-demand. This includes work towards a 24/7, "no wrong door" treatment center for addiction and full capacity for treatment in both intensive inpatient and low-intensity outpatient settings.**

### **Issue Summary**

Models such as the stabilization center in San Antonio demonstrate the effectiveness of a "no wrong door" resource center for substance use disorder treatment. A 24/7 stabilization center for people with urgent care needs related to substance use or mental health would relieve pressures on hospital emergency departments while giving people access

to the treatment services they need.

### **Baltimore's Response**

The backbone of any strong public behavioral health system includes a comprehensive, integrated crisis response system. Baltimore City is developing a Stabilization Center that will be a significant step toward substance use disorder and mental health treatment on demand. Open around the clock, the Stabilization Center will provide sobering and support services to help people stabilize their physical condition and take steps to improve their lives. Services will include:

- Medical screening and examination
- Basic first aid
- Medical monitoring
- Hydration and electrolyte replacement
- Food, clothing and showers

- Peer support services
- Screening, brief intervention and referral to treatment for substance use, mental health and physical health disorders
- Case management for up to 30 days after a visit to ensure linkage to needed services, including behavioral health treatment, shelter assistance and health care

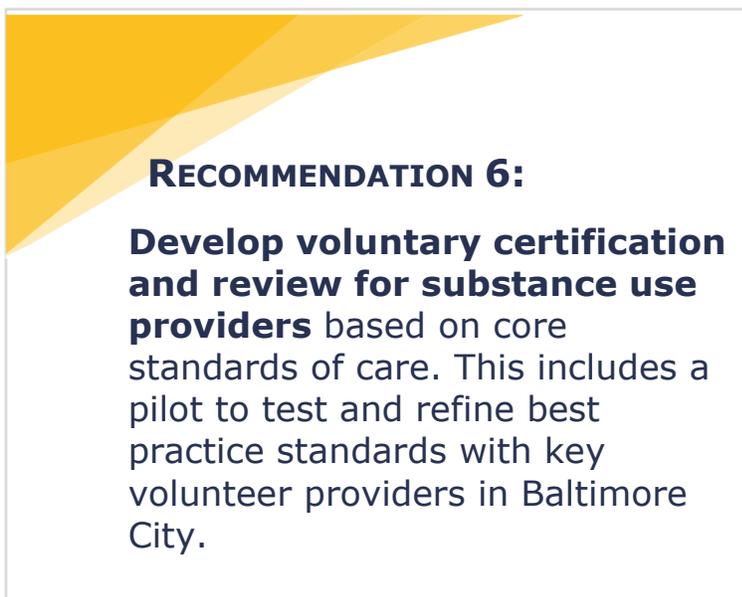
We formed a weekly workgroup charged with creating protocols for the center’s operations. Through the workgroup’s efforts, the Maryland Institute for Emergency Medical Services Systems approved a protocol for the Baltimore City Fire Department EMS to use the Stabilization Center as an alternative transport site. The alternative transport protocol will create cost savings for the city and improve connections to appropriate treatment services.

## What’s Next?

With support from the Maryland Community Health Resources Commission and other city partners, the Stabilization Center is on track to become operational by early 2017. With additional resources, we could increase the capacity and range of services provided by the Stabilization Center.

## Issue Summary

Evidence-based practices have become part of the specialty behavioral



**RECOMMENDATION 6:**

**Develop voluntary certification and review for substance use providers** based on core standards of care. This includes a pilot to test and refine best practice standards with key volunteer providers in Baltimore City.

health system landscape.

As issues related to quality of care and system accountability receive more emphasis through health care reform, the inherent effectiveness of evidence-based practices is attractive to policymakers and purchasers of services.

There is no comprehensive system of reporting, analysis, and improvement for behavioral health



services in existence. Outcome reporting will allow the identification of strengths and opportunities for improving care across the domains of opioid use disorder treatment. In addition, practice standards can define the metrics for treatment success; measures of treatment effectiveness; and a data infrastructure system for monitoring providers.

## **Baltimore's Response**

We are partnering with the state's Behavioral Health Administration (BHA) to develop and implement quality improvement processes, which will have a direct impact on provider standards of care. BHA convenes the Opioid Treatment Program Quality Improvement Workgroup and the Buprenorphine Expansion Workgroup to improve standards of care and best practices. Because these statewide activities focus on outpatient services, we are also working with a group of key stakeholders to create practice standards for residential services.

In addition, we continue to provide technical assistance to providers seeking accreditation from a national accrediting body. To improve treatment practices and outcomes, BHA has implemented regulations that will require all behavioral health programs to be accredited by an approved accrediting body by January 2018.

## **What's Next?**

We will continue to work with providers to ensure that they obtain the accreditation the state will require and deliver treatment that meets the highest standards.

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**RECOMMENDATION 7:**  
**Facilitate an ongoing partnership and collaboration among key stakeholders** to pilot programs, test economic incentives, and discuss integration with state/federal systems of care.

**Issue Summary**

Heroin and opioid use are problems that cross all sectors of our city, effecting all communities and requiring a coordinated response from multiple agencies and stakeholders. We can have a greater impact to improve health and save lives when we all work together.

**Baltimore’s Response**

**Law Enforcement Assisted Diversion (LEAD) Program**

With support from OSI-Baltimore, we are establishing a LEAD program (Law Enforcement Assisted Diversion). This evidenced-based pre-booking diversion program allows officers to redirect people engaged in low-level drug or prostitution activity into community-based services instead of jail and prosecution. LEAD’s goals are to reduce the harm a drug user causes him or herself and the surrounding community.

The LEAD program was first designed and implemented in Seattle, WA. In Baltimore, numerous stakeholders have agreed to collaborate in planning and piloting this citywide effort. Our partners include the Mayor’s Office on Criminal Justice, Baltimore Police Department, State’s Attorney’s Office, Mayor’s Office of Human Services, Office of the Public Defender, United Way of Central Maryland, Johns Hopkins Bloomberg School of Public Health, and many others.

**Center for Medicare and Medicaid Innovation Grant Application**

The Centers for Medicaid and Medicare Innovation released a demonstration RFP for Accountable Health Communities, focused on connections between the clinic and community services. We convened all city hospitals and several FQHCs to submit a common application for the grant. The proposal focused on staffing, technology infrastructure, data, evaluation, and more. This collaborative effort among multiple healthcare stakeholders is one of



only a few going forward to CMMI that is not limited to a specific health system or set of health systems.

### **Medicaid Waiver Application and Support**

We submitted comments to the state Department of Health and Mental Hygiene on its proposed Medicaid 1115 Waiver. These Waivers allow states to implement programs and projects that promote health in innovative ways. Our comments called on the state to submit a waiver application that would expand access to residential substance use disorder treatment and allow Medicaid reimbursement for Peer Recovery Specialists. We also supported the state's request to provide temporary Medicaid coverage to people exiting incarceration. This is a critical time for engaging in healthcare and one where gaps in coverage can occur while people wait for their Medicaid enrollment to become finalized. Finally, we requested that the state include 24/7 sobering services and Medicaid reimbursement for comprehensive wrap-around case management services in the application.

### **What's Next?**

We have convened a Citywide Fentanyl Taskforce to bring together city agencies, substance use treatment providers, hospitals, and other stakeholders to respond to the increase in overdoses involving fentanyl, a deadly synthetic opioid. Fentanyl is being laced into heroin and other drugs and causing overdose deaths in our city at an unprecedented rate. As part of this Taskforce, participants have identified all appropriate staff on the frontline across our city to receive naloxone training and prepare to respond to an overdose. We are collaborating to enhance real-time awareness of overdose spikes and have implemented a rapid response capability that will harness the capacities of multiple agencies and providers to respond to overdose spikes in our city.

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## RECOMMENDATION 8:

**Develop standardized good neighbor agreement and establish best practices for substance use disorder providers and community members** (including issues such as loitering, cleanliness, security, community advisory committee, and voluntary agreements)

## Issue Summary

Access to appropriate substance use disorder treatment services is critical in all parts of our city, and residents in every neighborhood have a right to live in safe and healthy environments. It is critical to establish positive relations between substance use treatment

service providers and the communities in which they operate to meet the needs of people with substance use disorders and their neighbors.

## Baltimore's Response

In an effort to improve the quality of life for the residents in the community and the dignity of clients in treatment, a Good Neighbor Agreement template was created to clearly define each party's role in being a good neighbor. The key components of the Good Neighbor Agreement are:

1. **Community Liaising:** Treatment providers should attend their Community Association Meetings and have the treatment provider to welcome community members on the Board of their program.
2. **Loitering:** Programs should maintain and enforce pre- and post-treatment loitering policies.
3. **Sanitation:** Treatment Programs should keep a clean facility. Program staff should regularly patrol the premises to ensure it is reasonably free of litter.
4. **Safety/Security:** Programs should maintain and enforce safety and security policies that include informing patients of expected conduct, having trained staff available to intervene in cases of misconduct, and establish a working relationship with their local police district.

5. **Long Range Planning/Ongoing Problem Solving:** Programs and communities should commit to engage in ongoing discussions and to collaboratively address problems as they arise.

This agreement facilitates productive conversation between treatment programs and community members, and should be tailored to the needs of each unique partnership.

Several providers have proactively chosen to establish a Good Neighbor Agreement or are in the process of establishing a good neighbor agreement to improve relationships with their community partners:

- Man Alive and IBR Reach in the Old Goucher community;
- Daybreak and MedMark in the Cherry Hill community; and
- Eastern Ave Treatment Program in the Bayview community.

## What's Next?

Baltimore City recently convened a Work Group for Drug Treatment Access and Neighborhood Relations to improve distribution of substance use treatment services in the city and encourage providers to adopt practices that make them good neighbors. The Work Group will make recommendations and work with communities to address their concerns about the presence or absence of treatment services in their neighborhood.

### RECOMMENDATION 9:

**Coordinate efforts with treatment providers and law enforcement.** This includes preventing targeted drug sales to vulnerable individuals undergoing addiction treatment; working collaboratively to obtain help for people with behavioral health disorders; and increasing support for Drug Treatment Courts and other diversion programs.

### Issue Summary

Public health practitioners, healthcare providers, and law enforcement all have roles to play in reducing the presence of heroin and other opioids in our communities. The most effective responses to drugs address the health of people with substance use



disorders, reduce the availability of drugs , and reduce the harms associated with substance misuse.

## **Baltimore's Response**

### **Law Enforcement Assisted Diversion**

Law Enforcement Assisted Diversion (LEAD) employs intensive interventions such as assertive community treatment, residential substance use disorder services, comprehensive case management, medication assisted treatment, and other support services. LEAD can show that treatment and recovery supports improve health and reduce recidivism. LEAD participants are linked to trauma-informed intensive case management. LEAD case managers work with participants to connect them to a wide range of support services, including substance use disorder treatment.

### **Prescription Drug Take Back**

In November 2015, Opioid Misuse Prevention Program installed permanent prescription return boxes at each of the nine Baltimore Police Department precincts. These boxes allow residents to anonymously dispose of any prescription medication, including prescription opioids. BCHD, BHSB, and BPD continue to work to increase public awareness on the importance of prescription medication disposal and the availability of the prescription return boxes.

### **Drug Treatment Court Naloxone Training**

Beginning in August 2015, Baltimore City started providing naloxone training to Adult Drug Treatment Court (DTC) participants. Participants with a primary drug-related criminal offense are selected to participate in DTC as an alternative to more traditional legal settings. The participants receive close supervision while participating in drug treatment programs, in addition to academic and vocational skill development. Every year, 300 people participate in Baltimore's DTC.

## **What's Next?**

We will work with law enforcement to employ surveillance techniques as part of a public health strategy. Law enforcement partnerships enable us to identify where the need is for public health interventions that can be deployed to improve health and reduce the harms of substance use, including the frequency of overdose deaths.

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### **RECOMMENDATION 10:**

**Implement a comprehensive strategy to educate and inform residents, businesses, and other key stakeholders** about substance addiction to help reduce fear and combat stigma. This includes launching a campaign to educate citizens that addiction is a chronic disease and to encourage individuals to seek treatment.

## **Issue Summary**

One of Baltimore's biggest priorities has been to improve the ability of members of the public to recognize opioid overdose, prepare them to use naloxone to save lives, and increase access to substance use disorder treatment, recovery, and supportive services. Negative attitudes toward people with substance

use disorders still exist, despite the fact that all major medical associations define substance use disorders as a disease of the brain – not a statement on a person's character or willpower. This stigma has the effect of deterring people from seeking treatment, impeding their ability to recover from their illness, and perpetuating myths and misunderstanding.

## **Baltimore's Response**

Baltimore continues to disseminate information to targeted groups most in need of this information, including high-risk populations and the provider community, as well to the broader public. Dr. Wen sent best practice letters to physicians in the city and Opioid Treatment Programs to strongly encourage co-prescribing naloxone for every patient who is taking opioids or could be at risk for overdose. These letters also caution them about overprescribing opioids and the heightened risk of overdose when patients take opioids with benzodiazepines.

### **Don't Die Campaign**

In July 2015, Baltimore launched Don't Die, a public education campaign to reduce stigma associated with opioid overdose and increase awareness about naloxone. Don't Die is a harm reduction campaign targeted toward illicit drug users and their family and friends. The campaign informs the public that naloxone can save lives and that everyone should be trained to administer it.

<http://dontdie.org/>

## **B'moreinControl**

In December 2015, we launched a substance use prevention campaign designed to provide youth with alternative activities and opportunities for civic engagement throughout the city. The campaign was unveiled in a new website: [BmoreinControl.org](http://www.bmoreincontrol.org). The target population is African American males, ages 18-25.

<http://www.bmoreincontrol.org/>

## **What's Next?**

With additional resources, we will work to increase exposure to our proven public health messaging, including the Don't Die Campaign and B'More in Control. We will launch anti-stigma and fentanyl-awareness campaigns to ensure that every Baltimore resident understands that substance use disorder is a disease affecting everyone, but they have an opportunity to be a part of the solution to the overdoses that have plagued our city.

## **Conclusion**

Opioid addiction is a public health emergency in Maryland, disproportionately impacting Baltimore City. The Heroin Treatment and Prevention Task Force has made tremendous progress, but opioid-related deaths continue to rise in our city and statewide. We will continue to strive to save lives and ensure that access to appropriate levels of substance use disorder treatment is available on demand.

BCHD, BHSB, and our many partners are building the foundation for a city where people live and thrive in communities that promote and support health and wellness. We envision a city where all Baltimore residents should have the opportunity to achieve their full potential. In order to realize this vision, Baltimore must build on our recent efforts by:

- Operationalizing the 24/7 Stabilization Center;
- Increasing access to naloxone with more funding for naloxone distribution and elimination of the training requirement that adds administrative barriers to receiving naloxone;
- Launching a public health messaging campaign to educate the public about the dangers of fentanyl;
- Testing for fentanyl in settings like EDs and BPD to improve real-time awareness of fentanyl on the streets;

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- Employing Rapid Response Teams to address overdose spikes with outreach, education, and naloxone distribution; and
  - Expanding peer services to get more people into substance use treatment.

These and other interventions are critical to save lives today and build a better and healthier tomorrow for Baltimore City.