



OPIOID RESTITUTION FUND ADVISORY COUNCIL

Meeting Minutes

August 14, 2023

3:30 p.m. – 5:00 p.m.

I. Welcome and Introductions

ORF Council Chair, Tiffinee Scott, welcomed advisory council members and those viewing the meeting as members of the public.

Members present: Emily Keller, Brian Edmunds, David Myles, Erin McMullen, Tiffinee Scott, Howard Ashkin, Marcus Webster, Meghan Westwood, Kristin Thomas, Carlos Hardy, Ryan Moran

Members not in attendance: Delegate Samuel Rosenberg, Maryland House of Delegates, Senator Dawn Gile, Maryland Senate, Lauren Levy, Maryland Association of Counties

II. Motion to Approve July Minutes

ORF approves minutes

III. Update from the Attorney General's Office

More information about the J&J distribution will be available in the coming weeks.

The Malinckrodt bankruptcy settlement requires a committee to advise the Governor on how to utilize the funds. This committee will be a subcommittee of the ORFAC and shall have an equal number of state and local representatives and nobody else. In order for the state to receive funds from the Malinckrodt settlement then we need to create the subcommittee per their terms. The subcommittee will include the MACo and MML designees, Special Secretary Keller and one state representative appointed by her, as well as Tiffinee Scott who will chair the subcommittee, but will not be a voting member.

IV. Maryland Department of Health Presentation - Public Behavioral Health System Needs and Investments

- Behavioral Health Continuum of Care
 - Prevention/Promotion



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- General Outreach
- Pop Specific Outreach
- Comms Campaigns
- ACEs
- Preschool Services
- School-based Services
- Harm Reduction
- Home Visiting
- Mental Health, First Aid
- Transition Age Youth (TAY)
- Primary Behavioral Health
 - Community-based Services
 - Case Management
 - Drug Court
 - Outpatient Detox
 - Partial Hospitalization
- Urgent/Acute Care
 - 988 Hotline
 - Urgent Care Services
 - Mobile Crisis
 - STOP
 - ED / Hosp Diversion
 - Inpatient Detox
- Treatment/Recovery
 - Assisted Living
 - RRP's
 - PRP's
 - MAT
 - State Care Coordination
 - Peers
 - Adolescent Clubhouse
 - Wellness/Recovery Centers
 - SOAR
 - Respite
- Data/Quality/Health Equity/Workforce Initiatives
 - Data analysis of Medicaid Claims and PBHS data sets is underway to understand what services are being utilized at which locations to better understand needs in the community.
 - Goal of utilizing this and other datasets (to include local data) is to drive achievable, measurable outcomes for Marylanders.
 - SUD Treatment Service Highlights (All Ages): FY21
 - Highest Number of Treatment Centers are in



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- Baltimore City = 30% of the state, 2nd location is Baltimore County
 - #Billing Providers for SUD Services is 973
 - FY2021: SUD Service Categories (first three)
 - SUD Outpatient - 1223
 - SUD Intensive Outpatient - 250
 - SUD Inpatient - 180
 - OD2A: Overdose Data to Action
 - Grant for entire state for 4 years (2019-2023) for total of \$26.7M
 - Data, Local Health Department, Emerging Drugs Workgroup
 - OD2A-S is the next iteration of this grant to the state seeking funding for \$4.5M per year for 5 years with local jurisdictions eligible for separate OD2A funding.
 - Behavioral Health Budget Initiatives
 - \$107.5M Behavioral Health Investment - FY24 Budget Highlights
 - \$6.1 million to take the Collaborative Care Model statewide
 - \$22.6 million to support 45 mobile crisis teams
 - \$24 million to create crisis stabilization units to screen, assess, stabilize, treat and refer to community treatment
 - \$10 million to support up to 25 high-intensity, complex adults and youth from the hospital overstay list that unable to be supported by current providers
 - \$4 million for the A.F. Whitsitt Center
 - \$1.8 million to expand Brook Lane Hospital capacity
 - Medicaid Priorities
 - Maryland Consortium on Coordinated Community Supports - FY24 Budget Highlights
 - The Consortium is a 24 member entity responsible for developing a statewide framework to expand access to comprehensive behavioral health services for Maryland students, created by the General Assembly as part of the Blueprint for Maryland's Future
 - Invests \$85 million in school-based behavioral health in FY24
 - MDH and Consortium partnership to maximize Medicaid funding to support school based behavioral health services
 - Maryland Medicaid will..
 - Lead innovation and access
 - Focus to equity and changing structural systems
 - Meet Maryland's unique payer Total Cost of Care goals



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- through alignment
- Create a high-quality equitable system of behavioral health care delivery
- Medicaid - Behavioral Health Priorities
 - Design and build a coordinated, high-quality and equitable system of care
 - Enhance and expand services and care through 1115 waivers, targeting the submission and approval of:
 - Reentry and justice-involved individuals
 - Implementation and scale of pilot Collaborative Care model
 - School Based Health
 - Consortium for Community Supports
 - Certified Community Behavioral Health Clinics with SAMHSA in 2026

V. Naloxone Funding and Naloxone Need Presentation

- State Fiscal Year 2021:
 - SOR Award \$5,999,979.57
 - SOR Award Spent \$5,999,118.05
- State Fiscal Year 2022:
 - SOR Award \$11,443,007.94
 - SOR Award Spent \$11,072,031.04
- Growth in award and spending from FY21 to FY22
 - An award growth of \$5,443,028.37
 - A spending growth of \$5,072,913.00
- State Fiscal Year 2023:
 - SOR Award \$6,233,469.66
 - \$4,382,588.58 was awarded for the first 3 month period, impacted by Cardinal PO delay (mid August)
 - SOR Award Spent \$4,409,379.60
 - \$2,558,498.52 was spent during the first 3 month period, impacted by Cardinal PO delay (mid August)



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- Growth in SOR award and spending from FY22 to FY23
 - An award decline of -\$5,209,538.28
 - A spending decline of -\$8,513,532.52
- State Fiscal Year 2023:
 - Due to decrease in SOR Award we had to pull from other sources
 - \$3,750,000 in STOP ACT funding for Naloxone
 - \$2,000,000 in OD@A BLOC funding for Naloxone (one time use)
 - Asked for additional Naloxone funding from BHA
 - Did not get an additional award until the first 3 month period of SFY 24 (given to us on 7/26, hoping to get PO approved in time to spend before 9/30)
- State Fiscal Year 2024:
 - \$3,750,000 in STOP ACT funding for Naloxone
 - \$2,790,934 in SOR funding (only available till 9/30, was not awarded until 7/26) unsure what additional funding will be from SOR until September, which makes planning difficult since the submission deadline has passed for SFY24
 - Currently have \$15,097,972.75 awarded to ACCESS grantees under SOR for SFY24
- Naloxone Units Purchased by Jurisdiction by Year
 - Projected Need for FY24 — \$17,385,165
 - Total Current known award for FY24 \$6,540,934
 - Current projected deficit \$10,844,231
 - This deficit is based on not knowing what the FFY24 SOR award will be, and pricing of Naloxone



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VI. Council Discussion

- Q: Carlos Hardy - How is the state approaching 8 mg naloxone?
 - A: Kyle. This is on the radar. The bill has passed to allow ORPs to request 8mg.
- Q: Brian Edmunds - How much does the State pay for a unit of Naloxone?
 - A: Kyle - Would have to look up the exact pricing now, but the last time we placed an order a unit was around \$45.
- Q: Emily Keller - Do we have enough Naloxone to get through the year? We have all received the emails to get through January and that is scary and it is hard to tell, but what do you think?
 - A: Kyle - That is hard to tell, I would like to say yes if everyone is following the ordering procedure, my best guess is yes.
 - A: Emily - We need to make sure we are in a better position moving forward.
 - A: Tiffinee Scott there is a gap with \$10 million dollars currently.
 - A: Kyle - We don't have an answer on the next round of funding from SOR yet.
- Q: Kristin Thomas: Is there a chance that the Center for Harm Reduction Services will add in technology for pulse ox monitors for overdose prevention? Other states are doing this.
 - A: Kyle We are always open to new ways to serve and learning more to expand our services.

VII. Recommendations & Coordination Plan Goals & Strategies

- Goal 1: Improve Infrastructure for Opioid Initiatives
 - Enhance Interagency and Interdepartmental Data Sharing
 - Improve Strategic Partnerships between State, Local, and Community Organizations
 - Analyze Emerging Drug Trends
 - Consider Multi-Year Grants
- Goal 2: Promote Youth Resiliency
 - Raise Awareness of Adverse Childhood Experiences (ACEs) in Schools and Communities
 - Support and Expand Prevention Programming
 - Support for families
- Goal 3: Increase Awareness of the Opioid Crisis
 - Promote and Disseminate Regrouping our Response (RoR) Curriculum
 - Create Accurate and Data-Driven Messaging for the General Public
- Goal 4: Expand Harm Reduction Services



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- Overdose Prevention Sites
- Expand Targeted Naloxone Distribution
- Expand Targeted Harm Reduction Outreach
- Goal 5: Promote Comprehensive Care Coordination
 - Explore Opportunities to Expand Mobile Health Clinics
 - Improve Long-Term Intensive Case Management & Behavioral Health Continuum of Care
 - Re-entry services
- Goal 6: Expand Maryland's Crisis Response System
 - Continue to Identify and Fill Gaps in Crisis Services
 - Improve Operational Efficacy of Crisis Response System
 - Ensure financial stability and sustainability
 - Youth and family services, including crisis services
- Goal 7: Expand Access to Treatment for Opioid Use Disorder
 - Promote Buprenorphine Induction in Emergency Departments
 - Improve Primary Care Engagement
 - Expand MOUD to All Correctional Facilities
 - Youth substance use treatment
 - Transportation
 - *Howard Ashkin wanted to clarify transportation to and from opioid use disorder treatment would be limited up to 90 days, possibly less if they can obtain other transportation.*
- Goal 8: Support Recovery Communities
 - Promote Opportunities to Embed Peers in Community Settings
 - Bolster Recovery Community Infrastructure
 - *Carlos made a Motion to change the language to "develop and support recovery community infrastructure." Kristin seconded the motion. Approved.*
 - Increase Access to Recovery and Permanent Supportive Housing
 - Access to inclusive, rather than gender specific, recovery resources

VIII. Public Questions

Q: Don Mathis - Questions on the rollout of the ORF funding and abatement funding. Concerns of the mixed messages of the subdivisions and that they can spend the money anyway that they want. Is there a standard form / process that we need to follow for the abatement grant, if so where can we find this and who has submitted this? Have any of the subdivisions in Harford or Cecil County received their funds?



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A: Brian Edmunds - This is the first year of implementing this and this is not in place yet. Once these grants are made although they do need to have a way to use the funds they have to be consistent with the state law and the settlement agreement. They are not able to use it on roads, opioids. The subdivisions have to draw up the plan ultimately.

Q: Kristin Thomas: What specific operations does Naloxone funding enable? Is there additional funding coming for contingency management? Will you have Nalmefene available for ORP's?

A: Kyle: Not aware of contingency management funding. Funding for naloxone allows CHRS to distribute naloxone to all overdose response programs (ORPs) within the state.

A: Kyle - Assumes nalmefene will become available at some point.

Kyle's contact information: kyle.kenny@maryland.gov

Q: Kristin Thomas - Any specific initiatives or budget line items that currently aim to address overdose detection? Given the majority of overdoses occur while alone, are there any plans to fund or develop the capacity to detect and respond?

A: Kyle - We are always looking to improve products and services. I don't have a specific answer on a product today.

IX. Motion to Adjourn

- Next meeting Aug 28, 2023 at 3pm