
**Maryland's Opioid Restitution Fund (ORF)
Targeted Abatement Grant
Local Abatement Plan**

IMPORTANT NOTE: Please review the instructions provided in the Call for Proposals document prior to completing this form.

The application package should be submitted via Smartsheet Form to the link below.

<https://app.smartsheet.com/b/form/7abd36feaa304e9dad2e776c198e857f>

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Total Allocated Funds \$336,945.30

ORF Provision

Please select the ORF provision which most accurately represents the primary focus of the local abatement plan (you may identify more than one).

(1) programs, services, supports, and resources for evidence-based substance use disorder prevention, treatment, recovery, or harm reduction that have the purpose of:

- (i) Improving access to medications proven to prevent or reverse an overdose;
- (ii) Supporting peer support specialists and screening, brief intervention, and referral to treatment services for hospitals, correctional facilities, and other high-risk populations;
- (iii) Increasing access to medications that support recovery from substance use disorders;
- (iv) Expanding the Heroin Coordinator Program, including for administrative expenses;
- (v) Expanding access to crisis beds and residential treatment services for adults and minors;
- (vi) Expanding and establishing safe stations, mobile crisis response systems, and crisis stabilization centers;
- (vii) Supporting the behavioral health crisis hotline;
- (viii) Organizing primary and secondary school education campaigns to prevent opioid use, including for administrative expenses;
- (ix) Enforcing the laws regarding opioid prescriptions and sales, including for administrative expenses;
- (x) Research regarding and training for substance use treatment and overdose prevention, including for administrative expenses; and
- (xi) Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

- (2) Supporting community-based nonprofit recovery organizations that provide nonclinical substance use recovery support services in the State

I. PLAN SUMMARY *The plan summary must provide a clear summary of the projects to be funded and the activities that will be conducted in service of the Local Abatement Plan, and clearly tie to the provisions of the legislation identified above.*

Dorchester County Government, Dorchester County Health Department and University of Maryland Telemedicine Program will collaboratively work to meet the requirements of Maryland HB0016 and Maryland Code §9-603 by providing the required comprehensive medication assisted treatment within the local detention center. Through this collaboration we will increase access to medications that support recovery from substance use disorders by forming a comprehensive MOUD program. The program will provide the 3 types of medications used to treat opioid use disorders. Clinical services such as the intake assessments, individual and group therapy sessions will be provided through telemedicine as well as peer support recovery services to include transportation for treatment services post release. The peer support services will be provided in-person on site. All clinical services will be evidence-based with a focus on overdose prevention once released from detention. The Dorchester County Behavioral Health Services plans to provide a registered nurse to support medication administration at the detention center. The nurse will also conduct Screening, Brief, Intervention and Referral to Treatment (SBIRT) and help manage the telehealth sessions assisted by the peer recovery specialist. These services will make the medications required by Maryland HB0116 readily available in the detention center and provide a more consistent system of care for individuals during and upon release from the detention center.

II. PLAN PROBLEM STATEMENT *The problem statement section describes why the plan is needed and identifies the most significant issues, problems, trends, or opportunities that will be addressed by the Local Abatement Plan.*

Dorchester County Government, Dorchester County Detention Center in conjunction with Dorchester County Behavioral Health (DCBH), implemented Medication-Assisted Treatment (MAT) in the Detention Center in 2020 in response to the requirements of Maryland HB0116. Over the past 4 years, the MAT program, Dorchester Addiction Reentry Treatment Program (DART), has provided medications for opioid use disorders (MOUD), counseling services and Peer Support Services for incarcerated individuals in the Detention Center. Since the initiation of the DART program, Dorchester County has provided medication for approximately 75 individuals per year. Over the last 2 years, it has been increasingly difficult to hire and maintain staff to provide the clinical services needed for the Detention Center. The DART program has been funded over the years using the Substance Abuse Treatment Outcomes Partnership (STOP), RSAT and GOCCP funds. The program is currently funded by STOP which ends June 30, 2025. Dorchester County proposes to continue providing MAT in the Detention Center by utilizing the Opioid Restitution Abatement funding. This funding would allow the Detention Center to remain in compliance with HB0116 for 2 fiscal years, through FY2027.

DCBH has explored best practice options to address treatment in the local detention center to hold down cost and provide consistent care. As a result, Dorchester County plans to collaborate through an MOU with University of Maryland's (UM) Telemedicine Buprenorphine Program, who has demonstrated a history of providing state of the art care for rural detention centers. Through this collaboration, the University of Maryland will provide telemedicine to include medications such as Buprenorphine, Methadone and Sublocade. The medications used for this program will be provided through the University of Maryland Hospital Center's pharmacy. The MOU will cover clinical services such as individual and group

counseling. Physician services such as medication assessments and prescriptions will be handled through the University of Maryland. Clinical services will be conducted via telemedicine from the University of Maryland's Opioid Treatment Program.

Telemedicine (and more broadly, telehealth) provides a viable solution for addiction treatment gaps. Reports of telemedicine in carceral settings is limited, but as a cost-effective, acceptable, and low-burden approach to mental health care provision, telemedicine has been promoted by coalitions of experts (including the National Criminal Justice Association and the U.S. Department of Justice) as a uniquely appropriate intervention that should be more widely adopted for confined populations. The UM team has deep expertise in providing remote telemedicine MOUD (tele-MOUD) treatment to a variety of rural clinical settings, including health departments and mobile treatment units. In 2020, private foundation funding enabled the team to extend this clinical service to incarcerated populations, and currently, UM is the main buprenorphine treatment provider for rural county jail and detention centers in six jurisdictions across Maryland.

III. PLAN GOALS AND OBJECTIVES *Program Goals and Objectives should define the central aim and principal goals of the Local Abatement Plan that will be addressed by the project activities, and clearly tie to the provisions of the legislation identified.*

The aim of this proposal is to establish a more effective program of tele-MOUD services, to include counseling, for Dorchester County Detention Center (DCDC). The DCDC-UM tele-MOUD treatment initiative and partnership aims to decrease the negative outcomes associated with OUD and decrease the number of opioid overdose deaths that occur upon release from jail by providing incarcerated individuals in need with evidence-based treatment for OUD prior to the high-risk period of community discharge. Further, this proposal aims to ensure compliance with Maryland code §9-603. This larger purpose is accomplished via the following goals: (1) provide tele-MOUD, (2) provide tele-counseling, and (3) ensure post-release access to community treatment for OUD-diagnosed patients who are incarcerated at DCDC.

Per the ORF Provision, the proposed project is aligned with the following purpose areas under #1:

(ii) Supporting screening, brief intervention, and referral to treatment services for hospitals, correctional facilities, and other high-risk populations; and

(iii) Increasing access to medications that support recovery from substance use disorders; and

(xi) Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment.

The following goals will be accomplished in the 24 months of funding.

Goal 1: To provide a program offering access to evidence-based medications for opioid use disorder through telemedicine for all DCDC incarcerated individuals with an Opioid Use Disorder.

- I. Objective 1.1: Establish program medication administration procedures
 - o Action step 1.1.1: Establish a Standard Operations Procedure Manual for medication administration
 - o Action step 1.1.2: Purchase a mobile medicine cabinet
- II. Objective 1.2: Establish the new technological and infrastructural basis to support telemedicine in DCDC

- Action step 1.2.1: Purchase necessary IT equipment for program administration
- III. Objective 1.3: Establish OUD screening, diagnosis, and treatment procedures at DCDC
 - Action step 1.3.1: Establish an MOU with the UM addiction treatment team prior to the end of FY25
 - Action step 1.3.2: Finalize workflow and standard operating procedures (SOPs) by the end of the FY26 1st quarter
 - Action step 1.3.3: Formalize a two-way HIPAA-compliant communication platform for UM and DCDC by the end of the FY26 1st quarter
- IV. Objective 1.4: Establish regulatory compliance and evaluation procedures for tracking tele-MOUD patient screening, referral, enrollment, and completion
 - Action step 1.4.1: Establish a UM Institutional Regulatory Board-approved platform and procedures for patient tracking by the end of the FY26 1st quarter
 - Action step 1.4.2: Establish a HIPAA-compliant database for patient tracking by the end of the FY26 1st quarter
- V. Objective 1.5: Ensure access to at least one formulation of all three FDA-approved medications for OUD
 - Action step 1.5.1: Procure access to buprenorphine (including extended-release buprenorphine) and naltrexone, and purchase medications by the end of the FY26 1st quarter
 - Action step 1.5.2: Establish a mechanism to provide access to methadone treatment at DCDC by the end of FY26
- VI. Objective 1.6: Pilot the tele-MOUD program
 - Action step 1.6.1: Pilot the tele-MOUD program with an initial cohort of 10 - 15 patients by FY26 3rd quarter
- VII. Objective 1.7: Treat DCDC incarcerated patients with tele-MOUD
 - Action step 1.7.1: Utilize the platform established in Objectives 1-5 to provide treatment for all patients in need by the first 6 months of the abatement plan funds.

Goal 2: Ensure that counseling and recovery services for opioid use disorder treatment is accessible for all DCDC incarcerated individuals with an Opioid Use Disorder.

- I. Objective 2.1: To establish a program with UM to provide tele-counseling treatment for incarcerated patients enrolled in the tele-MOUD program
 - Action step 2.1.1: Establish an MOU with UM prior to the end of FY25
 - Action step 2.1.2: Establish workflow and SOP for tele-counseling service provision
 - Action step 2.1.3: Hire a Peer Recovery Specialist to provide recovery support services and transportation for post release treatment.

Goal 3: Ensure continuation of treatment post-release

- I. Objective 3.1: Ensure access to continuing medication treatment in the first few weeks of release from jail for tele-MOUD enrolled patients
 - Action step 3.1.1: Establish procedures and an SOP for tele-MOUD providers to ensure access to continuing bridge medication prescriptions during FY26 1st quarter
- II. Objective 3.2: Ensure access to continuing treatment with evidence based MOUD in the community
 - Action step 3.2.1: Establish an MOU with Dorchester County Behavioral Health to provide continued MOUD services to individuals released from the Detention Center by August 1st 2026

- Action step 3.2.2: Establish an updated list of community providers in Dorchester's and surrounding jurisdictions by the end of the FY26 1st quarter
- Action step 3.2.3: Establish procedures and an SOP to ensure, prelease, access to continuing MOUD treatment in the community by the end of the FY26 1st quarter

IV. PLAN PROGRAM MEASUREMENT/PERFORMANCE INDICATORS

What you will use to measure (a) the effectiveness of the plan's support of the selected Goal/Strategy, (b) how it fills a gap in the region, and (c) how it serves its intended demographic. These measures may be quantitative (numeric) and/or qualitative (descriptive). These performance measures must be reported on annually, by project and ORF provision.

The DCDC and UM teams are committed to working collaboratively to continually assess and document these services to ensure that program objectives are met. Based on previous new implementation efforts in neighboring Eastern Shore detention centers, we broadly anticipate a 6-month period of program establishment, with full program implementation (tele-MOUD and tele-counseling) beginning by FY26 2nd quarter. Main outputs and outcomes are provided below for each of the program's three overarching goals – to wit: (1) provide tele-MOUD, (2) provide tele-counseling, and (3) ensure post-release access to community treatment for OUD-diagnosed patients who are incarcerated at DCDC.

Goal 1: To provide a program of access to evidence-based medications for opioid use disorder through telemedicine for all DCDC incarcerated individuals with an Opioid Use Disorder.

- Measure: 100% of new intakes to DCDC between January 1 and June 30, 2026, will be screened for OUD
 - Tool: Jail intake records
- Measure: A minimum of five new intake-patients per month will be admitted into the tele-MOUD program between January 1 and June 30, 2026
 - Tool: Physician encounter notes
- Measure: At least 85% of program participants will have remained in the tele-MOUD program until discharge from the jail
 - Tool: Physician encounter notes

Goal 2: Ensure that counseling for opioid use disorder treatment is accessible for all DCDC incarcerated individuals with an Opioid Use Disorder.

- Measure: A minimum of five new intake-patients per month will be admitted into the tele-counseling program between January 1 and June 30, 2026
 - Tool: UM tele-counseling records as provided to DCDC
- Measure: At least 85% of program participants will have remained in the tele-counseling program until discharge from the jail
 - Tool: UM tele-counseling records as provided to DCDC

Goal 3: Ensure continuation of treatment post-release

- Measure: 100% of patients released into the community following discharge from the DCDC will be connected to MOUD treatment at Dorchester County Behavioral Health or other community-based providers.
 - Tool: Provider and PDMP records

V. PLAN TIMELINE

Enter project information as necessary

This is a 2-year plan, and all services will be fully functional at the beginning of the second fiscal year, July 1, 2026, FY27.

Goal(s)	Key tasks/ activities	Person(s) responsible	Progress Measurement	Begin date	End date
<i>Specific and measurable goals that are relevant signs of effectiveness of project's support of selected Goal/Strategy, filling a gap in the region, and serving intended demographic</i>	<i>What are the steps you will take and tasks you will accomplish to achieve the goal</i>	<i>Who is responsible for the key tasks/activities</i>	<i>How will you measure success or completion of task/activity? Please provide list of measures that you will document to assess your own progress towards task/activity</i>	<i>When will the task/activity start?</i>	<i>When will the task/activity end and/or when will the goal be achieved?</i>
GOAL 1: To provide a program offering access to evidence-based medications for opioid use disorder through telemedicine for all DCDC incarcerated individuals with an Opioid Use	Establish MOU with the UM addiction treatment team	Jennifer Johnson (UM)	MOU established to provide services for FY26 and FY27	May 15, 2025	June 30, 2025
	Finalize workflow and SOPs, and methods of cross-communication	Kelly Coble (UM)	MOP written	July 1, 2025	September 30, 2025
	Establish HIPAA-compliant telehealth platform	Dave Flax (UM)	Receipts for IT equipment purchased	July 1, 2025	September 30, 2025

Disorder.	Establish a UM IRB-approved platform and procedures for patient tracking	Annabelle Belcher (UM)	IRB-approved protocol and database established	July 1, 2025	September 30, 2025
	Purchase medications	TBD	Medication procurement receipts	July 1, 2025	June 30, 2027
GOAL 2: Ensure that counseling and recovery services for opioid use disorder treatment is accessible for all DCDC incarcerated individuals with an Opioid Use Disorder.	Establish an MOU with the UM tele-counseling team	Jennifer Johnson/ Tara Driscoll (UM)	MOU established to provide services for FY26 and FY27	May 15, 2025	June 30, 2025
	Hire a Peer Recovery Specialist	Dorchester County HR	Complete hiring process	July 1, 2025	August 30, 2025
Goal 3: Ensure continuation of treatment post-release	Establish procedures and an SOP for tele-MOUD providers to ensure access to continuing bridge medication prescriptions	Eric Weintraub/ Kelly Coble (UM)	MOP written	July 1, 2025	September 30, 2025

	Establish an MOU with Dorchester County Behavioral Health for community based MOUD Services	Donald Hall (Dorchester County Health Department)	MOU established to provide services for FY26 and FY27	July 1, 2025	August 1, 2025
	Establish an updated list of community providers in Dorchester County and surrounding jurisdictions	Annabelle Belcher (UM)	List of community providers completed	July 1, 2025	June 30, 2025
	Establish procedures and an SOP to ensure, prelease, access to continuing MOUD treatment in the community	Eric Weintraub/ Kelly Coble (UM)	MOP written	July 1, 2025	June 30, 2025

VI. SPEND PLAN DESCRIPTION *Detailed explanation of planned expenses, including dollar amounts for all proposed expenditures.*

This proposal plans to support a salary for a physician at 12.5% FTE which would amount to \$36,113. The physician will assess clients for medication and handle all prescriptions. The clinical service coordinator is a 10% FTE funded at \$7,309. This position is responsible for coordinating all services within this proposal. The proposal requires 1% FTE to handle IT support ensuring that telemedicine equipment is installed and functions properly. The counseling staff is a 25% FTE funded at \$20,313. This staff member will provide clinical assessments, individual and group counseling services. The Peer Recovery Specialist is at 100FTE funded at \$40,997. The peer will provide recovery support services to individuals at the detention center and will provide transportation for treatment placements upon release from the detention center. During this plan, it will be necessary for staff to travel from UM Medical Center to DCDC, \$3,000 has been allocated to cover those expenses. The travel will cover some clinical services and IT work. Administrative costs such as invoicing, scheduling, etc. will cost \$7,305.

Other expenses such as medication (i.e., Buprenorphine \$4,000, Methadone \$8,400, Sublocade \$19,200). Medication testing is estimated to cost \$2,500. Indirect costs have been included at 10%. This is year 1 budget, Dorchester County requests the opportunity to make adjusts in year 2 budget based on number of individuals to be treated and medication requirements.

By signing below, you agree to spend the opioid settlement funds received through the Targeted Abatement Fund in accordance with the plan established above.

Additionally, your signature below certifies that your county/municipality has established a Local Abatement Fund, as required by the State Subdivision Agreement, and that all opioid settlement funds will be held in this fund.

VII. AUTHORIZED OFFICIAL SIGNATURE:



Date: 1-21-2021

Printed Name: George L. Hester Jr.

Title: President, County Council