The Council meeting was called to order and began with the introductions. Everyone in the room introduced themselves, and the agency or organization to which they belong.

Executive Director Clay Stamp began by addressing the presentation of citations. The recipients were six minor league baseball teams who spread the message about the opioid crisis. These teams provided public service announcements at their games and provided contact information related to the opioid crisis. Secretary Robert Neall called each recipient to the front of the room to receive their acknowledgement.

James C. Wentworth, a peer recovery specialist, addressed the room and told his personal story related to addiction and his recovery. Mr. Wentworth graduated from his program in 2016, and has been a couch since then. He discussed the SBIRT model, screening, brief intervention, and referral to treatment, and how it is used in practice. James C. Wentworth then discussed two success stories, one in particular, which was used without the use of Medically Assisted Treatment (MAT).

Executive Director Stamp then spoke about how the opioid crisis is evolving. He acknowledged that the crisis, which was initially born of pharma and the use of OxyContin, has now shifted to fentanyl. Fentanyl is now the cause of the majority of overdose deaths. Additionally, cocaine overdoses mixed with opioids have increased. Executive Director Stamp stressed the need for the stakeholders involved to work on the fentanyl issue. He further mentioned that there are now 15 hospitals in Maryland who follow the SBIRT model, the Task Force provided 33 recommendations, and since last year, there has been a shift in making progress on the prescriber side. Specifically, there was a 13% reduction in prescriptions from last year.
Dr. Lee Hurt provided unintentional deaths data, specifying that these deaths would not include suicides. She further mentioned that the overall 2017 data is preliminary and the annual report will be ready next month. The data provided indicated an increase in total deaths, however, the rate that it is continuing has slowed down. From 2015-2016, there was a 66% increase in deaths, however, between 2016 and 2017, there was only a 10% increase. Opioid related deaths showed a 70% increase from 2015 to 2016, however there was only an 8% increase from 2016 to 2017. Heroin related deaths showed a significant drop in the rate of increase. There was a 65% increase in heroin related deaths from 2015 to 2016, however there was an 11% increase in 2016 to 2017. Fentanyl related deaths also followed this trend with a 42% increase from 2016 to 2017, a drastic change from the 229% from 2015 to 2016. The data further showed that prescription opioids are dropping.

Cocaine related deaths increased 50%, however, they are almost always mixed with fentanyl. Similarly, alcohol related deaths were almost always mixed with fentanyl, and showed a 10% decrease over last year.

Deputy Director Barron began by stressing the importance of expanding efforts. He discussed the four overarching goals of the Opioid Operational Command Center and how they are accomplishing those goals. For state agencies, there are two dozen state agencies who participate regularly. Local jurisdiction intervention teams are tasked with bringing in law enforcement, EMS, Faith based community partners, and many others. The Community partners involve non-government members including people with lived experience, faith based initiatives, private sectors, friends, family and advocates. Deputy Director Barron mentioned the importance of having these voices be heard. He then discussed legislative partners and the judiciary. He stressed a need to identify gaps when working to resolve the opioid crisis. Drug court partners, judges, all play an important role in recognizing the underlying conditions with those who suffer from addiction.

Deputy Director Barron then explained an approach to looking at data. He indicated three types of ways to look at data: (1) response data (2) outcome and impact indicators; and (3) predictive analysis. For response data, Director Barron mentioned the need to make sure data systems can identify spikes and target health resources to respond to those spikes. There also needs to be people responsible for responding to this data who know which populations to target. For outcome and impact indicators, there is a need to measure the successes beyond just fatality data. There needs to also be a focus on measuring evidence based programs, non-fatal overdoses, number of school systems with substance abuse systems in place, number of pounds of fentanyl taken off of the streets, and other outcome indicators. Finally, for predictive analysis, Deputy Director Barron discussed using all data from all resources in an attempt to learn more about the crisis. In closing remarks, he also discussed House Bill 922.
Manager Sarah Hoyt discussed HB922 and how it is inspired by a bill that is currently in place in Massachusetts. The bill aims to break through the silos that are confining the transfer of information. In July of 2019 until 2022, the Maryland Department of Health will produce a statewide report, specifically looking at how Maryland is addressing opioid use disorder and substance abuse disorder. This report should help with long term planning, better public health programs, and better programs in general.

The bill calls by name several agencies, and those agencies are to enter into a data use agreement by September 1st, 2018. These agencies should complete a review of potential funding sources in early July, designate a subject matter expert, design specific study priorities, develop a baseline of existing datasets, and establish data use agreements. The goals of the bill are to establish a system of data which allows linkage of datasets, evaluate effectiveness of current policies in place, and reduce magnitude and harm of substance abuse.

2:00 – 2:45

**Benchmarks**

- **Workforce Development Initiatives**
  
  Kelly M. Schulz, Secretary, DLLR

Secretary Kelly M. Schulz discussed workforce development initiatives, specifically around three parts. First, to tear down the sigma with employees who suffer from addictions. She discussed having employees understand that there are different programs available so that they may reach out before they are in crisis. Second, to be able to continue to train and bring people as peer recovery specialists. Finally, third, the reentry portion into the workforce for those who may have been out of work during their recovery from their addiction.

Secretary Schulz mentioned that hopefully by the end of the week, the United States Department of Labor for grant applications will provide an answer regarding grants. The grant was to be used to continue training for peer recovery specialists.

The conversation then turned to the correctional education system. Secretary Schulz discussed how the Department of Labor works with correctional facilities. Someone coming out of prison has a 70% reduced chance in having a job. She further stressed the importance of working to increase reentry into the job force. Secretary Schulz mentioned that the relationship with the Mayor’s Office of Employment Development and handling inmates reentering the workforce. There was a goal of connecting 170 inmates to jobs. This goal was far exceeded, and 950 inmates were able to return into the workforce. Of those inmates, there was an average income of $13 an hour.

Secretary Schulz concluded by acknowledging the difficulties in this mission. She used an example that every 100 applications that were received by an employer, roughly 20 could pass a drug test, and of those 20, only 2 were actually qualified for the position.

- **Community Wraparound Services in Washington County**
  
  Charlie Summers, Emergency Manager, Washington County
  Earl Stoner, Health Officer, Washington County
  Sheriff Douglas W. Mullendore, Day Reporting Center
The data related to overdoses in Washington County indicated that in 2016, there were 290 overdoses, in 2017, there were 309, and already in 2018, there are 179. The data also reflected that while overdoses are going up, fatalities from overdoses are decreasing compared to other counties within the state. Washington County has community collaboration, specifically an opioid senior policy, an overdose intervention team, an overdose fatality review team, a drug alcohol council, and a peer support advocacy group. The goals in Washington County are to (1) prevent misuse, (2) treat opioid dependence, (3) prevent deaths, (4) use data to monitor & evaluate programs, and (5) decrease supply of illegal opioids. The key activities are crisis centers, a harm reduction program “Hub City Strong”, and Washington Goes Purple. The crisis services include: peer support, where 1214 individuals have been served; care coordination where there is contact with every reported overdose (10 referrals to rehabilitation since March of 2018 into inpatient residential programs); crisis bed expansion; and the SBIRT ED program. The Hub City Strong program provides syringe services, outreach services, HIV / HVC testing, a community advisory council and law enforcement engagement. Finally, Washington Goes Purple will kick-off on August 31st, and is partnering with the Board of Education, Washington County Government, City of Hagerstown, Boonsboro, Smithsburg, Williamsport, Clear Spring, Hancock, and Funkstown.

Sheriff Doug Mullendore then discussed the Washington County Day Reporting Center and their program. Specifically, they offer a 6 month program with continuing care after. This is a non-residential program limited to non-violent offenders. Sheriff Mullendore discussed ways for individuals to enter the program. One way is if an offender is incarcerated, they can be advocated to enter the program and the judge could make an order. They are then evaluated to see if they may enter the program. The program itself may also find someone they believe would benefit from the center. They may contact a judge to bring that person into the Washington County Day Reporting Center.

The largest issue that the program faces is stable housing. Participants are not allowed to couch surf and they are not allowed to stay with people who are currently using. They are instead provided stable housing, such as the Oxford House.

The participants wear a GPS during their first few phases. Additionally, they are not allowed to be employed during the first phase so that they may focus on their recovery. The program works with the participants to get employment in the second phase. Many of the participants receive Medically Assisted Treatment (MAT) and all participants receive random drug testing and home visits.

Sheriff Mullendore mentioned the successes of the program, specifically that since the program began in 2016, 20 participants have graduated. Today, there are 65 participants in the program. There have been 0% of overdoses, 71% completion rate, 97% are employed, there is a 68% rate of total absences from substance abuse, 2 participants received their GED, and two are in college.

- **Helping Up Mission**
  Jim Longenecker, Senior Philanthropy Officer, Helping Up Mission

Jim Longenecker provided an overview of the Helping Up Mission (HUM), the largest long-term recovery program in Maryland. The program was established in 1885, located in the oldest neighborhood in Baltimore, Jonestown. Their mission statement is to provide hope to those with homelessness, poverty, and addiction. HUM serves 500 men in various programs, serving 300 men
per day. In 2017, HUM began services for women and are now serving 60 women. They are currently building a 70,000 square foot, Women's and Children Center with a target completion date of 2020. Additionally, every year, HUM provides 150 children (many who are children of men in the program) a week of camp.

- Tom Bond, Director of Programs, Helping Up Mission

Tom Bond spoke in detail about the programs that are made available to those who participate in the Helping Up Mission. They provide residential care for up to 40 women, and daycare for up to 60 women. Additionally, they provide various treatments including: the 12 step principles; accredited substance abuse counseling; spiritual development; licensed mental health counseling; yoga, book club, poetry, sports; education and workforce development. The largest program provided with HUM is the Spiritual Recovery Program which uses a therapeutic community model.

- Matt Brown, Workforce Development Manager, Helping Up Mission

Matt Brown then spoke about reentry into the workforce. There is education in pre placement, and post placement, with full services available post placement. Manager Brown reported that in 2017 that there were 125 individuals who returned to employment. $18.64 was the average pay of those 125 individuals.

2:45 – 2:50  
**Public Service Announcements**
Steven J. Schupak, Chief Operating Officer, Maryland Public Television

Steven J. Schupak discussed how state agency, Maryland Public Television (MPT) took notice of the opioid crisis and broadcasted many campaigns to combat the crisis. In response, Maryland Public Television worked together with the Maryland Department of Health Behavioral Health Administration and the Opioid Operational Command Center.

He showed several commercials that were previously broadcasted. One broadcast that reached 54 million impressions was the “Breaking Heroin’s Grip, Road to Recovery”. Another ad that was shown was with the Maryland Department of Health, the “Talk to Your Doctor Campaign” which ran from January to April. Another video portrayed a Baltimore Ravens player and targeted the issue of the sigma surrounding addiction. There was also a training video which demonstrated the step by step process for administering Naloxone.

Mr. Schupak also discussed future projects including the statewide commercial “Before It’s Too Late” featuring Clay Stamp, which will air this July. Another future project is new film “Fighting Opioids Today” which features James C. Wentworth. Mr. Schupak concluded by mentioning that these media assets are free and available for usage.

2:50 – 3:00  
**Open Discussion, Questions, and Closing Remarks**
Robert Neall, Secretary, Maryland Department of Health

Executive Director Stamp discussed the difficulties of the issues surrounding combating the opioid crisis and thanked everyone. Secretary Robert Neall mentioned that there were first class model
efforts being made and asked everyone in the room to please respond and help people get these efforts statewide.