
**Anne Arundel County
Heroin Action Taskforce
Report and Recommendations**



Office of the County Executive
March 2, 2015

Anne Arundel County Heroin Action Taskforce Membership Roster

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The Hon. Michael J. Pantelides, City of Annapolis Mayor
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Manager Thomas Andrews, City of Annapolis
Superintendent George Arlotto, Anne Arundel County Public Schools
The Hon. Ron Bateman, Anne Arundel Sheriff's Office
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Dr. Jinlene Chan, Anne Arundel County Health Department
Chief Allan Graves, Anne Arundel County Fire Department
Judge Paul Hackner, Circuit Court for Anne Arundel County
Superintendent Terry Kokolis, Department of Detention Facilities
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Background*

The Anne Arundel County Heroin Action Taskforce was convened to tackle the heroin problem in Anne Arundel County.

Nationally, the number of known heroin users has grown exponentially from 100,000 in 2007 to 700,000 in 2012 and, sadly, over 50 percent of users will be dead before age 50.

In Maryland, there were 378 heroin-related deaths in 2012 compared to 245 in 2011.

In Anne Arundel County, the Police Department reports more than one heroin overdose per day. In 2014, there were 308 heroin and opioid overdoses in Anne Arundel County, 48 of which were fatal. The number of heroin-related deaths in 2013 in Anne Arundel surpassed several similar-sized counties, including Montgomery County (28), and Prince George's County (25).

The alarming increase in heroin use can be traced to a variety of different factors, including: (i) a decrease in the availability of prescription opiate medications because of increased prescriber oversight and law enforcement efforts in recent years; (ii) low cost; (iii) availability and (iv) ease of use. In addition, lethality of the heroin available has increased with the relatively recent appearance of fentanyl, a highly potent opioid, in some of the heroin being sold in the region.

In order to attack this problem, County Executive Steve Schuh convened the Heroin Action Taskforce on December 22, 2014. Each agency represented was asked to provide a summary of how they are currently addressing the heroin situation. At its second meeting on January 9, 2015, each agency reported back on how they plan to build upon current programs and begin new initiatives.

**The information contained herein is taken from the "Heroin Use 2014: Anne Arundel County" slideshow presentation drafted by Dr. Pamela M. Brown of the Anne Arundel County Partnership for Children, Youth and Families.*

Executive Summary

Safe schools, safe streets, and safe communities are the foundation of any thriving society. Keeping the public safe is crucial to making our county the best place to live, work, and start a business in Maryland. Today, we face a serious problem that is threatening our prosperity and progress: a growing heroin epidemic.

Anne Arundel County is committed to addressing this threat swiftly, efficiently, and aggressively. This report includes a comprehensive action plan that attacks this issue from every conceivable angle.

Broadly, the Heroin Action Taskforce three-pronged action plan contains the following elements:

- (i) Education: Education of our citizens, especially our children, through targeted public awareness campaigns and community engagement.
- (ii) Treatment Opportunities: Expanded treatment opportunities by investing in programs that break the cycle of addiction once it begins.
- (iii) Increased Enforcement: Targeted public safety investments in specialty tactical units to neutralize the gangs and dealers that traffic in heroin.

As a County, we are committed to fighting this growing epidemic to prevent more lives from being destroyed. Below is a summary of existing programs, expansion of existing programs, and new programs from the departments represented on the Heroin Action Taskforce in Anne Arundel County.

Anne Arundel Department of Health

A. Current Programs

- The Health Department conducts the Strengthening Families Program which is an evidence-based 14-week program designed to engage and strengthen the relationships within families of people with or, at risk of, substance use disorders (with the intent of prevention of substance abuse in the children and parents involved).
- The Anne Arundel County Overdose Fatality Review Team was established in November 2014 for the purpose of reviewing a selection of overdose cases in order to make recommendations for changes to prevent future deaths. The Department of Health leads the activities and work of this team.
- The Health Department operates full service methadone and buprenorphine clinics.

- The Health Department operates an Adolescent and Family Services clinic which provides mental health and substance use treatment services for children ages four to eighteen.
- The Health Department provides free training and certification to community members on the use of intranasal naloxone, a prescription medicine to reverse an opioid overdose.
- The Substance Abuse Assessor Program is staffed by licensed and/or certified substance abuse counselors who conduct a clinical assessment to determine the appropriate level of treatment and refer individuals to treatment programs. Assessors are primarily associated with the court system and DSS.
- A Substance Abuse Treatment Line is staffed by Health Department employees and allows callers to receive guidance about the best way to access substance use treatment services in Anne Arundel County.
- The Health Department provides recovery housing funding for women in recovery and their children through the Chrysalis House, which also is a substance use treatment center.

B. Expansion of Existing Programs and New Programs

- The Health Department will work with the County and City Police Departments to expand available prescription drug drop boxes and increase public awareness to prevent diversion.
- The Health Department will contract with a marketing firm to develop and implement a public awareness and education campaign.
- Naloxone training will be expanded to include hospitals, substance abuse treatment providers and community organizations.
- The Health Department will be pulling together a group to develop a strategic plan to prevent opioid misuse with involvement of community partners. The intent will be to update the Overdose Prevention Plan, further support planning and activities from the County Executive's office and incorporate strategies that community organizations implement.
- The Department of Health will work with provider groups to address improved pain management among practitioners.
- The Department of Health will place a part-time substance abuse clinical assessor with the Crisis Response System's operations team. This would allow individuals with co-occurring disorders to be assessed for level of care and referral to treatment programs.
- The Department of Health will develop specific options to bring more providers, specifically medication-assisted treatment, to Annapolis and South County.
- The Department of Health will expand recovery housing for women and children by providing grants to two community-based organizations.

Anne Arundel County Department of Social Services

A. Current Programs

- All individuals applying for Temporary Cash Assistance and/or Food Stamps who have been convicted of a felony involving drugs are referred to an on-site substance abuse counselor for screening and assessment.
- Parents receiving services in child welfare with a history of drug use/abuse (or suspected of such) are required to provide a sample for testing.
- Parents who test positive for substance abuse are referred to local providers for assessment and treatment.
- Parents receiving services from certain DSS programs (e.g., the Family Support Center) are referred for screening and treatment to local providers.
- A module on drug use and prevention is a component of the required training for foster and kinship parents.
- Foster youth are required to attend a life skills class which addresses drug use and prevention.

B. Expansion of Existing Programs and New Programs

- DSS will add an additional substance abuse counselor to determine the level of needed treatment and connect caregivers with County programs.
- DSS will create one referral source for child welfare clients to improve tracking and communication of client's compliance with treatment.
- DSS will create a standard training module/vendor for foster and kinship parents and youth.
- DSS will provide brochures on the signs of drug use and treatment options to clients who apply for benefits.
- DSS will create a public service announcement video to be shown in client waiting rooms.
- DSS will develop new or research existing training for staff on identifying and working with individuals who use and abuse drugs.

Anne Arundel County Police Department, Annapolis City Police Department and Sheriff's Office

A. Current Programs

- A Centralized Narcotics Unit composed of eight detectives responsible for working in-county drug investigations.
- The Police Department has one assigned prescription drug diversion/fraud detective.
- The Police Department has two assigned narcotics detectives for each of the four districts to handle nuisance complaints.

- The Police Department encourages arrest whenever heroin is encountered as a part of standard patrol strategies.
- Mobile Crisis Clinicians contact overdose victims within 72 hours of crisis to introduce them to treatment programs.
- School Resource Officers coach and mentor youth in high schools and middle schools.

B. Expansion of Existing Programs and New Programs

- The Anne Arundel County Police Department, the Annapolis City Police Department and the Anne Arundel County Sheriff's Office have teamed up to establish the first ever intra-County Heroin Task Force.
 - The Sheriff's Office has dedicated one deputy and a drug dog for this taskforce.
- The Police Department has added an additional prescription drug diversion/fraud detective to step up investigative efforts on the gateway drug to heroin addiction.
- The Police Department is incentivizing proactive heroin arrests by patrol officers.
- Mobile Crisis Clinicians will contact all arrestees with heroin related offenses within 72 hours of the offense to introduce them to treatment programs.
- Mobile Crisis Clinicians will collaborate with the Health Department and the Mental Health Agency to more effectively bridge the funding gap for quick placement in programs post arrest.
- The Police Department is working with the Health Department, Mental Health Agency and the Board of Education to participate in a new education program designed to reach children at strategic ages and communicate the importance of avoiding drugs.

Anne Arundel County Fire Department

A. Current Programs

- Narcan is available to all advanced life support providers in order to reverse the effects of heroin.
- The Fire Department actively participates in the Overdose Fatality Review Team.

B. Expansion of Existing Programs and New Programs

- The Fire Department will expand availability of Narcan to all basic life support providers.
- The Fire Department will make more crisis information materials available at the time of crisis.
- The Fire Department will include heroin information in public education campaigns.

Anne Arundel County Detention Facilities

A. Current Programs

- Detention facilities perform entry medical assessment within the first four hours of entry to determine drug/alcohol use history.
- A number of addiction services are provided to inmates, including methadone continuation for inmates presently enrolled in a certified program, the Chronic Care Program (ensures inmate safety and welfare during detox period), substance abuse awareness programs held twice weekly for a three week cycle (in cooperation with the Health Department), etc.
- More advanced addiction-related programs are available to sentenced inmates, including:
 - continuation of addiction services in a more comprehensive and closed-group setting,
 - methadone continuation as a “weaning off” process,
 - and the Road to Recovery Program (methadone treatment initiated inside facility and continuation post discharge through community clinic).

B. Expansion of Existing Programs and New Programs

- Detention Facilities will perform a more in-depth initial medical assessment focusing on history of abusing opiates including heroin.
- Detention Facilities will examine new innovative treatment alternatives for sentenced inmates along with comprehensive addiction counseling.

Anne Arundel County State’s Attorney

A. Current Programs

- The State’s Attorney’s Office is involved in the Drug Court Program (76 of 100 slots are currently filled).

B. Expansion of Existing Programs and New Programs

C.

- The State’s Attorney’s Office will begin community outreach into the school system and include discussion on drugs.
- The State’s Attorney’s Office will evaluate resources to maximize the effectiveness of Drug Court Program.
- The State’s Attorney’s Office will reorganize its drug unit.
- The State’s Attorney’s Office will pursue more prosecutions against major dealers and repeat offenders.

Anne Arundel County Public School System

A. Current Programs

- AACPS provides learning material updates on the subject of substance abuse to all sixth, seventh, eighth and tenth grade curriculum.

B. Expansion of Existing Programs and New Programs

- AACPS will train staffers in early identification and intervention of substance abuse.
- AACPS will provide television segments on the topic of heroin.
- AACPS will work with the County to coordinate urgent care for transitional age youth for psychiatric and substance abuse evaluation as well as continuing outpatient care
- AACPS will integrate up to date information concerning substance abuse and heroin into appropriate curriculum
- AACPS will engage our students to help develop solutions and at the same time foster an environment where children can be heard.
- AACPS will work with the county to ensure students have access to information about prevention, crisis intervention, and other crucial information.

Anne Arundel Community College

A. Current Programs

- AACC provides substance abuse assessment screenings.
- AACC provides alcohol and other drug crisis intervention services as needed.
- AACC provides referrals, as needed, to inpatient and outpatient treatment programs.
- AACC provides substance abuse interactive programming on campus at least twice per semester.
- AACC utilizes education and outreach displays to provide information on current topics related to substance abuse.
- AACC provides oversight of the Collegiate Recovery Center which provides students in recovery with support by other students in recovery. The CRC is staffed by a Peer Support Specialists and is open 20 hours per week.
- AACC's Public Safety and Police Department posted a 30-second public safety message regarding heroin use on the Department's website and Facebook page. This message was provided by the Maryland Chiefs' of Police Association.

B. Expansion of Existing Programs and New Programs

- AACC will help participate and facilitate dialogue and education initiatives with the Office of the County Executive and the Board of Education specifically targeted at heroin abuse.

- AACC will examine expanding the hours of the Collegiate Recovery Center and greater outreach on heroin abuse through Peer Support Specialists.

Anne Arundel County Mental Health Agency

A. Current Programs

- AACMHA is reprioritizing its mental health services to address the increasing problem of persons with co-occurring substance use disorder conditions and mental illness.

B. Expansion of Existing Programs and New Programs

- AACMHA will coordinate with other county agencies to help facilitate and support their heroin abuse solutions, including participation in the Overdoses Fatality Review Team and the Substance Abuse Assessor program for persons with co-occurring disorders, both through the Department of Health.
- AACMHA will work with the Police Department to follow up with all heroin overdose victims.
- AACMHA will work with the local emergency departments at AAMC and BWMC hospitals to offer crisis intervention services to persons presenting with heroin addiction.
- AACMHA will work with the school system to provide training regarding mental health problems that can result from heroin use.

Circuit Court/District Court

A. Current Programs

- The Circuit Court Drug Court accepted its first participants in November of 2005 as a partnership between the State's Attorney's Office, the Office of the Public Defender, the Health Department, the Department of Parole and Probation, the Court, and a number of community agencies.
 - The program has sustained between 80-100 participants with the exception of times when we were short staffed due to turnover.
 - Recidivism study shows that 82% of graduates did not reoffend within the first three years after completing drug court.

B. Expansion of Existing Programs and New Programs

- The Court System will work to expand the Drug Court program through a partnership with county government to secure more reliable funding streams.
- The Court System will work with the Department of Juvenile Justice, Health, and other partners to examine the feasibility of restarting the Anne Arundel County juvenile drug court program with more focus on combatting heroin abuse.

Anne Arundel County Partnership for Children, Youth and Families

A. Current Programs

- The Coalition for Safe Communities is a group of over 25 members from government and community who plan and execute programs in schools related to drug use, etc.
- The Partnership supports the “Keep a Clear Mind” drug educational program for students and parents at middle and high schools.
- The Partnership supports the “Five Strengthening Families” programs which help parents interact with their children on substance abuse. These programs are held in Annapolis, Meade Village, Brooklyn Park and Glen Burnie and are majority faith-based.
- The Partnership supports Student Athletes Against Drug Abuse, a drug-free education program for students prior to middle school basketball games.

B. Expansion of Existing Programs and New Programs

- The Partnership will utilize Teens in Partnership to help develop social media strategies to combat heroin/opioids.
- The Partnership will explore the possibility of bringing in a national presenter on heroin for school assemblies.
- The Partnership will be funding the Fifth Quarter, a drug-free celebration for high school students after home football games.
- The Partnership will organize a heroin/opioid information workshop at the County’s Suicide Prevention and Behavioral Health Conference in May 2015.

Anne Arundel County Office of the County Executive

A. Current Programs

- For FY2010-2015, numerous grant awards have been made to organizations that address the problem of heroin and substance abuse generally through the County Executive Community Support Grant program, including the Arundel House of Hope, Arundel Lodge, Chesapeake Center for Youth Development, Chrysalis House, etc.

B. Expansion of Existing Programs and New Programs

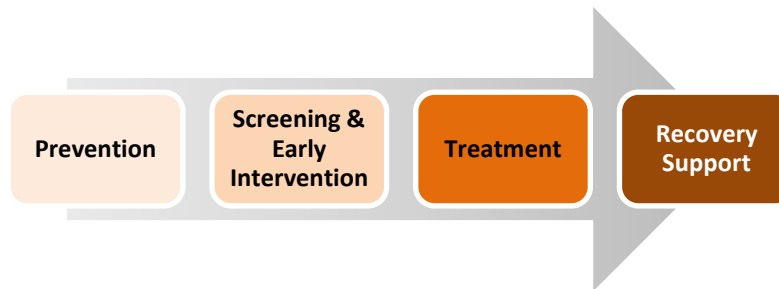
- Office of County Executive will reprioritize grants awards to help better fund organizations addressing substance abuse problems in Anne Arundel County.
- Anne Arundel County’s television programming will include special awareness programs, commercials and features on “County in Review” on heroin-related issues.
- Constituent Services will form a focus group with the objective of creating awareness and educating parents/students on the topic of heroin.
- The Office will conduct a televised program at Anne Arundel Community College and evening forums at middle and high schools in Anne Arundel County.

APPENDIX 1

Anne Arundel County Health Department

Anne Arundel County Department of Health Opiate Overdose-Related Programs

Goal: To address substance use disorders with services along the entire continuum of care.



PROGRAM NAME	DESCRIPTION
Prevention	
Strengthening Families Program	Evidence-based 14-week program designed to engage and strengthen the relationships within families of people with substance use disorders, with the intent of prevention of substance use in the children and parents involved. Staff facilitates cycles at ORCC and several schools in the County.
Community Coalitions built using Strategic Planning Framework	Three coalitions in North, West and South County have been formed with focus on prevention of youth alcohol use. Strategies have included education and police enforcement of sales to minors.
Prevention and Education Initiative	Initiatives will include: <ul style="list-style-type: none"> Increasing prescription drug take back boxes and awareness of the program Developing and promoting educational materials/messages about risks of heroin/opiate use
Overdose Fatality Review Team	Pursuant to Health-General §5-901, the AACounty OFRT was established in November 2014 to review a selection of overdose cases to make recommendations for changes to prevent future deaths from occurring.
Screening & Early Intervention	
Pediatric Substance Abuse Toolkits	Developed by the Co-Occurring Disorders Steering Committee of the Healthy Anne Arundel Coalition for distribution to pediatric providers
Treatment Services	
Adult Addictions Program <ul style="list-style-type: none"> Langley Road Clinic 	Full service methadone and buprenorphine clinic services. Langley Road has a capacity of ~400 patients; ORCC has a capacity of 50

<ul style="list-style-type: none"> ORCC clinic 	patients—to be expanded to 100 in 1/2015. The ORCC program is the only accredited methadone treatment clinic in MD.
Adolescent and Family Services <ul style="list-style-type: none"> Adolescent substance abuse clinic 	Provides mental health and substance use treatment services for children ages 5-18 years, including for foster children.
Opioid Overdose Response Training	Pursuant to Health-General §§13-3101 – 3109 Free training and certification to community members on the use of intranasal naloxone, a prescription medicine to reverse an opioid overdose and prevent death.
Opportunity for Treatment Fund	State, County and federal funding which help to fund substance use treatment for people who have MA or are uninsured—primarily for residential levels of care.
Substance Abuse Assessor Program	Licensed and/or certified substance use counselors conduct a clinical assessment to determine the appropriate level of treatment and refer to programs. Assessors are primarily associated with the court system and DSS.
Community Care Management	Provide case management for offenders enrolled in the District Court Drug Court, working closely with the judges, public defenders and drug court coordinator.
Substance Abuse Treatment Line 410-222-0117	Callers can get guidance about the best way to access substance use treatment services in the County.
Provider Trainings	In partnership with the Mental Health Agency, trainings for providers have included: <ul style="list-style-type: none"> ASAM criteria for SA diagnosis and level of care Stages of Change and motivational interviewing
Provider Accreditation	The DOH has provided small grants to County behavioral health providers to assist with the costs associated with national accreditation, which will be a requirement to bill Medicaid providers beginning 1/2017.
Recovery Support Services	
Wellness Centers <ul style="list-style-type: none"> On Our Own Arundel House of Hope 	Two locations that provide support services for adults in recovery from substance use disorder: <ul style="list-style-type: none"> Support groups Links to services like housing, transportation, training, education Alternative activities
Adolescent Clubhouses <ul style="list-style-type: none"> H2O for Life (RCDC) Rediscovering Me (CCYD) 	Two locations that provide support services for adolescents in recovery.
Recovery Housing for Women and Children	Program through Chrysalis House to provide housing for women in recovery and their children.
Peer Support Specialists (PSS)	PSS provide support, information and referrals for housing, transportation and other resources to people in recovery. They are currently located at ORCC, Langley Road, Arundel House of Hope and Crownsville Rd. residential facilities.

Anne Arundel County Department of Health; 2015 Overdose Response Proposed Action Items

Prevention	Status	
Prescription Drug Drop Box Campaign	New	Expansion of available drop boxes and increased public awareness to prevent diversion.
Overdose Prevention Campaign	New	Contract with a marketing firm to develop and implement a public awareness and education campaign.
Naloxone Certification Trainings	Expand	Expansion of trainings to include: <ul style="list-style-type: none"> ● Hospital locations ● Substance Use Treatment Providers ● Community Organizations
Community Coalition work—South County Bridges to a Drug Free Community	Expand	Coalition to address substance abuse gaps in service in South County. DOH provides TA to assure the use of evidence-based practices and strategic planning.
Opioid Misuse Prevention Plan	Expand	We will be pulling together a group to develop a strategic plan to prevent opioid misuse, with community as well as agency representation. Intent is to 1) update the Overdose Prevention Plan first developed in 2013, 2) further support any planning from the County Executive and 3) incorporate strategies that community organizations implement. This process will include an Overdose Prevention Symposium, date TBD.
Pain management	New	The DOH will work with provider groups and physician organizations to address improved pain management among practitioners.
Screening/Early Intervention		
Place a part-time substance use clinical assessor with Crisis Response System’s operations team	New	Would allow individuals with co-occurring disorder (mental illness and substance abuse) to be assessed for level of care and referral to available treatment programs.
Treatment		
Strengthen SA provider capacity	Expand	Includes support to achieve national accreditation (new state requirement), improved knowledge implementation of evidence-based practices, and ways to expand capacity

Develop specific options to bring more providers, particularly medication-assisted treatment to Annapolis/South County	New	This would include identifying ways to expand the DOH clinics into Annapolis and a discussion of options with other existing private providers
Recovery Support		
Expand access to Peer Support Services (PSS) to general community	Expand	Create a central location for PSS and phone lines enabling office visits for residents to interact with Peers to assist residents to achieve & maintain long term recovery.
Expand the number of Recovery Housing Women and Children providers	Expand	Provide grants to 2 Community Based Organizations to provide additional RH for women with children
Support recovery support services in the community	Expand	Release Request for Proposal for Mini grants to Community Based Organizations to fund these services

APPENDIX 2

Anne Arundel County Department of Social Services

Existing Programs

1. Screening and Referral

- All persons applying for Temporary Cash Assistance and/or Food Stamps who have been convicted of a felony involving drugs are referred to an onsite addiction specialist for screening and assessment. If needed, the applicant is enrolled in a treatment program at the time of screening. On average 250 clients are referred for screening monthly.
 - The addiction specialist tracks the progress and compliance of customers enrolled in treatment and provides case management check-ins at 30, 60, and 90 day intervals.
- Parents receiving services in child welfare with a history of drug use/abuse or who are suspected to be using/abusing drugs are required to provide a sample for testing. Both planned and unplanned testing is conducted for court-ordered and non-court-ordered clients.
- Parents who test positive for substance abuse are referred to local providers for assessments and treatment. The families are referred to many providers in the county.
- Parents receiving services from the Family Support Center and Responsible Father Program are referred for screening and treatment to local providers.

2. Education and Prevention

- A component of the training for foster and kinship parents includes a module on drug use and prevention.
- Foster youth attend a required life skills class that addresses drug use and prevention.

Expansion of Existing Programs

1. Screening and Referral

- Add an additional addiction specialist for service programs (child welfare, family support center and young fathers) to assess caregivers immediately and determine level of treatment and connect them to programs that will best meet their treatment needs. Expediting screening and connection to quality treatment may

reduce the risk of children entering foster care or shorten the length of stay of children in care.

- Create one referral source for child welfare clients to improve on the tracking and communication of client's compliance with treatment.

APPENDIX 3

*Anne Arundel County Police Department (In Coordination with Annapolis City Police
Department and Sheriff's Office)*

ANNE ARUNDEL COUNTY POLICE DEPARTMENT MILLERSVILLE, MARYLAND

Inter-Office Correspondence

To: Steven R. Schuh
County Executive

From: Timothy J. Altomare
Chief of Police

Subject: Executive Summary of Heroin Programs and Recent Enhancements

Message:

Sir, as directed, I have prepared this executive summary of programs undertaken by the Anne Arundel and Annapolis Police Departments to combat the heroin problem within the county. I have broken this summary down into three sections: existing programs, recent or upcoming expansions to those programs and new programs.

Existing Programs

- Enforcement/Investigation
 1. Centralized Narcotics Unit with 8 total detectives, 5 of whom were working in-county drug investigations (2 federal task force officers and 1 canine handler)
 2. One prescription drug diversion/fraud detective
 3. 2 narcotics detectives (8 total) in each district to handle nuisance complaints
 4. Mandatory charging of overdose sufferers if evidence existed (discontinued with new legislation in October of 2014)
 5. Standard patrol strategies, encouraging an arrest whenever heroin is encountered.

- Outreach
 1. Department contracted Mobile Crisis Clinicians have been calling overdose victims within 72 hours of crisis to attempt to induce them into treatment programs. This has

included providing “bridge” funding, procured from program grant monies until Department of Health or other sources of traditional funding can “kick in.” This effort has allowed us to get addicts into treatment very close to the critical time of their crisis, when they are most likely amenable to seeking help.

2. School Resource Officers offer constant coaching and mentoring to our youth in all of our high schools and many of our middle schools.

Improvements to Existing Programs

- Enforcement/Investigation
 1. Added a 2nd prescription drug diversion/fraud detective to step up investigative efforts on the gateway drugs to heroin addiction.
 2. Incentivizing proactive heroin arrests by patrol officers.
 3. All heroin arrests and arrests for offenses clearly attributable to heroin addiction will be reported to mobile crisis for follow up/referral.
- Outreach
 1. Mobile Crisis will now contact all arrestees charged with heroin offenses or offenses identified as resulting from heroin addiction in addition to overdose victims. It is hoped this will increase the number of offenders we can positively impact soon after the crisis point of arrest.
 2. Mobile Crisis is also working closely with the Health Department and the Anne Arundel County Mental Health Agency to more effectively bridge the funding gap for quick placement in programs post arrest.

New Programs

- Enforcement/Investigation
 1. First-ever intra-county Heroin Task Force with a sergeant and 2 county detectives, and a detective each from the Annapolis City Police and the Sheriff’s Office.
 2. Will invest \$20,000 in added investigative funds for Task Force use with confidential informants and other investigative strategies.
- Outreach
 1. The Department is working well with the Department of Health, the Anne Arundel County Mental Health Agency, and the Board of Education to participate in a new educational program (early stages) designed to reach our children at strategic age groups and communicate the importance of avoidance.

APPENDIX 4

Anne Arundel County Detention Facilities

Anne Arundel County Department of Detention Facilities

Heroin Programs

Existing Programs:

Pretrial:

- Entry medical assessment taken within the first four (4) hours of entry to determine drug/alcohol use history. Profile can then assist in identifying risk factor for possible withdrawal within first five (5) days of incarceration. It is also used to confirm medication protocols and identification of prescribed medication from treating personal Physician to ensure continuity of prescribed medications.
- Addictions Services are provided to include groups for weekly AA/NA/CDA counseling; Methadone continuation for inmates presently enrolled in a certified program; substance abuse awareness program held twice weekly for three week cycle with support from the Health Department; Chronic Care Program to ensure inmate safety and welfare during detox period.

Sentenced:

- Continuation of Addiction Service is provided by certified staff in a more comprehensive and closed group setting; Methadone continuation as a “weaning off” process is provided with education on Drug Addiction; Road to Recovery Program (RTR) with the Health Department where methadone treatment initiated inside facility and continuation of treatment post discharge through Community clinic. Program contributes by supporting an individual’s ability to cooperate with court ordered conditions to decrease number returning to jail.
- Addiction Programs, coupled with education, work or other programs, to better prepare inmates for community reentry.

Expansion of Programs:

- Initial medical assessment focusing on history of abusing opiates including heroin, methadone and suboxone to establish a base line then confirm by urinalysis testing. Also want to provide a more effective determination of program requirements for opiate abuse using counseling and positive peer influence to reverse prior drug dependency.

New Program:

- Create new alternatives for sentenced inmates to include possible use of yoga or hypnotherapy along with comprehensive addiction counseling.

APPENDIX 5

Anne Arundel Community College

Anne Arundel Community College

Health Services Section

The college has not experienced any reported overdoses and only two heroin related possession arrests in the past year. The college's Health Services Section is staffed with full and part-time nurses. Ms. Loretta Lawson-Munsey, RN, CCM, CPP is the Section's Coordinator for Substance Abuse Education. Ms. Lawson-Munsey coordinates numerous substance abuse education and referral services for the students, to include:

- Substance Abuse Assessment Screenings (The DAST and AUDIT assessment is used)
- Alcohol and other Drug Crisis Intervention (As needed and when requested)
- Inpatient and Outpatient Treatment Referrals (Provide referrals as needed and provide case management from beginning of treatment through students recovery while enrolled as a student)
- Alcoholic and Narcotics Anonymous Meetings (AA meetings are "open" meetings & held every Monday that the college is opened at 5 PM in the Student Union. NA meetings are "open" meetings & held every Monday that the college is opened at 8 PM in the Student Union). Both meetings are listed in the Where & When of each respective group.
- Sponsor Prevention Programs and Educational Events
- Education and Outreach Displays throughout the campus (Provide un-manned tables with display boards and take-away information on current topics related to substance abuse in the Student Union, Center for Applied Learning Technology, and the Careers building).
- Guest Lecture on Substance Abuse and Addiction Topics (As regularly requested by various professors, provide lectures on most current topics as they relate to substance abuse and current local, state and national trends)
- Advise SPEAR Club (Recruit students to assist in providing outreach to their peers and to assist in researching what their peers are actually doing regarding substance use/abuse).
- Oversight of the Collegiate Recovery Center (CRC). (The CRC provides students in recovery with support from other students in recovery, who can assist them with homework, general conversation, or even impromptu 12 step meetings. The CRC is open approximately 20 hours per week, staffed by a Peer Support Specialist. Anne Arundel Community College is the first and only community college in Maryland with a Collegiate Recovery Program, which began in 2012. The only other known Collegiate Recovery Program in Maryland is at Loyola University and began after AACC began theirs.

- The Health Services nurses can also respond and administer Narcan in the event of a suspected heroin overdose on campus. (Trained by the County Health Department, Loretta Lawson-Munsey holds a certification to carry and administer Narcan to anyone suspected of an opiate overdose. The Health Department has authorized Ms. Lawson-Munsey as a trainer, so that she can train others to administer the life saving drug in the near future.

Public Safety and Police

In December 2014, the Department of Public Safety & Police posted a thirty second public safety message regarding heroin use on the department's website and Facebook page. The public safety message was provided by the Maryland Chiefs' of Police Association. Additionally, while the Public Safety & Police department is exploring training its Police Officers to administer Narcan for suspected opiate related overdoses.

APPENDIX 6

Anne Arundel County Mental Health Agency

ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.

Anne Arundel County Mental Health Agency provides or contracts for the provision of the following mental health services:	
PROGRAM	PROGRAM DESCRIPTION
Aftercare Specialists	Provide aftercare and linkages to services for 350 consumers
Administration of multi-county care coordination	Administration of care coordination for Anne Arundel, Charles, Calvert, St. Mary's & Prince George's Counties
Assertive Community Treatment	Provide a Housing Specialist & 2 Assertive Community Treatment Teams; to Prince George's and Anne Arundel Counties
Client Support Services	Service 25 individuals
Crisis Intervention Team	Certify police officer as CIT trainer; establish partnership with community providers and police dept.
Crisis Outreach Services: Mobile Crisis, Community Treatment, Outreach and temporary housing	5 mobile crisis teams/2 crisis intervention teams/community outreach and other support for persons and/or families in crisis
Crisis Response Service	Provide one FTE clinician for hospital diversion program
Crisis Stabilization Services	Provide support services for consumers identified through the crisis system
Education and Training: Community	Provide two four-hour mental health training sessions with a minimum of 15 attendees
First Episode Psychosis	Provide for two multi-component, multi-disciplinary treatment team-based programs, one in Baltimore City and one in Montgomery County, that provide community based, person centered, recovery oriented services and supports to youth and young adults who are within 2 years of initial onset of psychosis
Homeless ID Program	Purchase identification cards and birth certificates for homeless individuals
Housing Developer Manager	Manage supporting 52 housing units and develop additional housing

Housing Initiative	Provide new intensive services for developmentally disabled individuals with mental illness who were formerly in State Assisted Living Units or hospitals
Individualized & specialized service plans for services in the community, including rent and living supports	Individualized services for 37 consumers
In-home intervention for Adults	In-Home intervention team for adults in Charles, St. Mary's & Calvert counties to service up to 20 consumers
In-home intervention for Children	In-home intervention services for up to 52 children and adolescents in Charles, St. Marys, Calvert, PG, and AA counties
In-Home Support: Foster Care	Provide 24/7 intensive in-home support services for crisis issues in foster homes
Intake Specialist	Provide Intake Specialist to assist with urgent care for people in emergency rooms
Jail Diversion	Community case management to prevent recidivism of identified at-risk consumers
Jail Mental Health Services	Provide services to up to 300 individuals who are incarcerated in the detention centers in Anne Arundel County
Jail Projects of St. Mary's & Charles County	Provide services to up to 200 initial psychiatric assessments and 700 treatment sessions per year in local detention centers
Laboratory	Provide up to 50 lab tests for 40 consumers
Network of Care	Maintain website that provides mental health information for each county in the state
Nursing Support	Nursing support for 24 individuals, 7 with severe mental illness
Peer Support	Provide wellness and recovery services for 75 consumers
Pharmacy	300 prescriptions for 140 people
Physical Review of Appeals: Dept of Health	Psychiatrist services to review appeals
Psychiatric Support	Provide up to 148 hrs of psychiatric medication management by a licensed psychiatrist
Rent	Rental subsidy for 3 people with mental illness
Signing Therapists and Rehabilitation Specialists for Deaf and Hard of Hearing	Provide signing services for 16 deaf or hard of hearing consumers

Spanish Speaking Psychiatrist	Provide up to 180 hrs of psychiatric support for Spanish-speaking mental health consumers
Spanish Speaking Therapist	Provide up to 10 hours of clinical services by Spanish-speaking licensed therapist
Specialized Community Services	365 days of residential services for 2 people with traumatic brain injuries
Transition Age Youth Services	Provide services for 20 youth transitioning from adolescents to adults
Transportation Services	Provide 1,135 transports per year
Trauma Addictions Mental Health and Recovery (TAMAR)	Mental health services to 80 individuals with trauma histories
Urgent Care Center and Operations for Crisis Response System	Coordinate and contract for up to 192 urgent care visits; 164 psychiatric medical assessments; and triage up to 11,365 calls

APPENDIX 7

Anne Arundel County Circuit Court and District Court

Existing Program

Circuit Court Drug Court accepted its first participants in November of 2005. It was designed for 35 participants at that time. By mid 2007 a second case manager was added and the capacity was set at 100 participants. By early 2008 we were sustaining numbers between 80-100 participants with the exception of times when we were short staffed due to turnover. Our recidivism study shows that 82% of graduates did not reoffend within the first three years after completing drug court. Drug court is a partnership between the State's Attorney's Office, the Office of the Public Defender, the Health Department, the Department of Parole and Probation, the Court, and a number of community agencies that provide treatment, supervision, support and services to our clients. Participants are held accountable for their behavior through supervision and through frequent judicial reviews, and they are rewarded and sanctioned for their behavior in a timely manner.

- 10 year history of success
- 407 clients admitted
- Program includes substance abuse treatment (out-patient and inpatient), significant involvement in 12 step meetings, job training, educational training, addressing mental health concerns, and intense supervision by a case manager, the Department of Parole and Probation and the Court.
- Reduces inmate population, saves incarceration costs
- 153 graduates- 95% of graduates employed full time at time of graduation, 50% of graduates have at least a GED or high school diploma
- 82% of people who graduated did not reoffend within the first three from the time of graduation
- 75 people currently enrolled
- Dedicated and hard-working staff

Expansion of Existing Program

Circuit Court Drug Court is entirely grant funded through the state Office of Problem Solving Courts and the county's BJAG grant. Office space and basic office supplies are supplied by the Circuit Court. The Office of Problem Solving Courts grant funds the costs associated with employing two case managers and provides half of the costs associated with employing the program manager and paralegal positions. The other half of those positions are funded by the BJAG grant. The Circuit Court's share of the BJAG grant has not kept up with the increased costs of these positions and the amount available for programs and supplies have diminished over the years. In an effort to achieve stability within our program, the Criminal Justice Coordinating Council has asked that we try to move these positions away from grant funding through BJAG. In order to make drug court a permanent and stable program in the Circuit Court, the positions need to be permanent, rather than relying on grant funding, which is variable and often time limited. The court administrator has tried to fund the program manager position through a supplemental funding request in the last two budget cycles but has been unsuccessful. The previous court administrator had also requested that the county fund the drug court positions. If the county

could begin to fund some, or all of these positions, grant funding could then be utilized to restore other vital parts of our program, including but not limited to, the cost associated with a client's first few weeks in a sober living environment, GED and educational programs, and workforce development programs. All of these are designed to provide drug court participants with the tools and skills they need to continue to remain out of the criminal justice system. By helping our participants into recovery from substance abuse, we have reduced the cost of incarceration and associated cost of law enforcement, prosecution, and reentry. Total cost is \$117,212 for Program Manager and \$66,640 for each case manager. It is anticipated that we will have sufficient office space for another case manager, as well as a computer and other essential office supplies.

- Increase participant numbers by 40 clients per additional case manager at a cost of approximately \$65,000 per position
- Increased cost of program supplies approximately \$2500 (above \$5000 current need)
- Incentives to reward positive behavior and accomplishments \$7500
- Existing office space and supplies
- Expanded treatment currently available through grants, additional funding for inpatient treatment may be needed as grants expire*
- Additional cost for drug testing may be available as positions are move out of grant funds
- Drug Court programs both change and save lives when properly funded

*The greatest treatment needs are for access to opiate maintenance therapy providers and inpatient treatment. There is also a shortage of supervised suboxone treatment, access to Vivitrol treatment, and methadone maintenance programs. The most significant population not currently being served is in Southern Anne Arundel County where there are no methadone providers and no public transportation infrastructure. In addition, the only outpatient substance abuse treatment provider in Southern Anne Arundel County has recently moved to Prince Frederick and is providing very limited service to Anne Arundel County residents.

New Programs

Anne Arundel County closed their Juvenile Drug Treatment Court program in April of 2014. At that time it was determined that sufficient services were not available to juvenile participants. Historically, the program had purchased and provided multisystemic therapy with the original 3 year start up grant and treatment was provided by counselors employed by the county circuit court. When the grant expired, the health department funded the counselors through a STOP grant. In 2009 the health department discontinued funding the counselors and in 2011 the health department discontinued providing free assessment services through the Department of Juvenile Services. The Department of Juvenile Services is only interested in reviving the program if there is treatment and support available to participants through health department staff or funded treatment programs. Dr. Chan was researching other county health department support for drug courts and was going to report back on what Anne Arundel may be able to provide. To date we have not been able to meet to continue the discussion. In order to restart our juvenile program, the partners would need to agree on a program model and adequate funding would be needed to implement the model. Prior to closing, there were only a few opiate users in the program. The majority of youth being served in our court were regularly abusing marijuana, spice/K2, and prescription medications. If the Department of Juvenile Services can provide data on opiate abuse and heroin use by the juvenile population, a program targeting youthful opiate abuse could further help us address the heroin problem through earlier intervention

APPENDIX 8

Anne Arundel County Partnership for Children Youth and Families

Heroin Taskforce Information Request

Existing Programs

- Teens in Partnership (TIP) Youth group meets monthly. A group of high school students who help us to design and execute messages for youth related to drug use.
- The Coalition for Safe Communities: A group of over 25 members from county, city, law enforcement, business and the faith community who: Plan and execute programs in schools; organize drug take backs; pay for compliance checks at liquor stores; create public service announcements and organize town hall meetings
- Programs in schools: Keep a Clear Mind drug education program for students and parents; speakers at assemblies on staying drug free
- Student Athletes against Drug Abuse. Drug free education and events prior to middle school basketball games.
- Broadneck Bridge: a drug free coalition of parents and community members focused on the Broadneck peninsula
- Five Strengthening Families programs (one in Spanish) that occur in the evening at community locations. The program helps parents interact with their children around substance abuse and build parenting skills (The programs are in Annapolis, Meade Village, Brooklyn Park and Glen Burnie; majority faith based.)

Expansion of Existing Programs

- Use Teens in Partnership (TIP) group to help develop social media around Heroin/Opioids. Would like to coordinate message with county PIO
- National presenter on heroin for school assemblies
- Train the trainer community outreach on Heroin/Opioid awareness for the Coalition for Safe Communities

New Programs

- Funding the Fifth Quarter in partnership with Broadneck Church and adding a section on Heroin/Opioids. Fifth Quarter offers drug free celebrations for high school students after home football games (attendee numbers usually 500+)
- Heroin/Opioid information workshop at county suicide prevention and behavioral health conference in May
- Development of cinema PSA for Heroin/Opioid abuse (would like to work with county PIO and make sure we are aligning with one message)
- Link to prevention programming for Red Ribbon week in schools

APPENDIX 9

Office of the County Executive, Grants

FY2010-2015 County Executive Community Support Grants Addressing Mental Health-Substance Abuse

Legend: NC = Non-Capital
C = Capital

1. Anne Arundel County Mental Health Agency (NC)

Mission: To provide leadership and collaboration for planning, monitoring, and managing of a comprehensive continuum of mental health care to eligible residents of all ages.

- FY15 County Award: \$150,000
- FY14 County Award: \$150,000
- FY13 County Award: \$160,000
- FY12 County Award: \$150,000
- FY11 County Award: \$150,000
- FY10 County Award: \$200,000

Purpose of the Grant: To fund positions, operating expenses and to support one ***Mobile Crisis Team*** (MCT) to respond to calls from the police departments, schools, etc. to assist AACo. citizens who are seeking, or have need for, immediate mental health services.

2. Arundel House of Hope (NC)

Mission: It is an ecumenical nonprofit organization that provides emergency, transitional, and permanent affordable housing for the poor and homeless in Anne Arundel County. They are committed to provide all supportive services including healthcare and employment in a professional, dignified, supportive and respectful manner.

- FY15 County Award: \$10,000
- FY13 County Award: \$10,000
- FY12 County Award: \$10,000
- FY11 County Award: \$10,000
- FY10 County Award: \$15,000

Purpose of the Grant: To outreach to the homeless living on the streets, assisting them in obtaining needed services such as health care, employment services, substance abuse and mental health treatment.

3. Arundel Lodge (C)

Mission: To work in partnership with people who have serious mental illness to inspire and respectfully support each person's recovery by integrating supports, skills, and encouragement, so that each individual achieves a satisfying and meaningful life in the community.

● FY15 County Award: \$28,400

Purpose of the Grant: Create space for a high quality Wellness Center for Children and Youth to support the behavioral health of children, adolescents, and families in Anne Arundel County.

● FY12 County Award: \$25,000

Purpose of the Grant: To convert the unfinished basement at Arundel Lodge's headquarters into program space and redesign space on the second floor for an expanded Outpatient Mental Health Clinic.

4. Chesapeake Center for Youth Development-JIFI Program (NC)

Mission: *To address the educational and developmental needs and make a positive difference in the lives of youth who are vulnerable to becoming involved with the juvenile system. CCYD is a social service organization, which provides caring and comprehensive services, offers essential youth development opportunities, and an innovative learning facility that sets high standards of success and achievement for disadvantaged youth.*

● FY15 County Award: \$30,000

● FY14 County Award: \$30,000

● FY13 County Award: \$30,000

● FY12 County Award: \$40,000

Purpose of the Grant: To fund positions to sustain the *Juvenile Intervention Family Independence (JIFI) Project*, to provide case management, mental health and other supportive services. The program's primary purpose is to prevent and reduce court involvement of youth and help eliminate county-wide gaps in services to at-risk youth and families.

5. Chesapeake Center for Youth Development-YSB Program (NC)

Mission: *To address the educational and developmental needs and make a positive difference in the lives of youth who are vulnerable to becoming involved with the juvenile system. CCYD is a social service organization, which provides caring and comprehensive services, offers essential youth development opportunities, and an innovative learning facility that sets high standards of success and achievement for disadvantaged youth.*

This YSB is a community-based, nonresidential entity that provides delinquency prevention, youth suicide prevention, drug and alcohol abuse prevention, and youth development services to children, youth and their families.

● FY15 County Award: \$21,200 (25% match for operation of a Youth Services Bureau-YSB)

● FY14 County Award: \$21,149 (25% match for operation of a Youth Services Bureau-YSB)
Purpose of the Grant: To provide quick and affordable (free) behavioral health interventions to families who are in need and youth at risk of entry into Juvenile Services and/or removal from the community. These matching funds supplement funding from the Partnership for Children, Youth and Families in order to maintain an office space and staff to divert 100 families and youth from more intensive and more expensive intervention, such as Department of Juvenile Services, Residential Care and/or Inpatient Care.

6. Chrysalis House (C)

Mission: To enhance treatment opportunities and outcomes for women with the disease of alcoholism and other drug dependence. It is the intention of the Board of Directors that Chrysalis House shall continue to serve a majority of poverty designated clients as they have done since their founding.

● FY15 County Award: \$10,000

Purpose of the Grant: To support renovations and repairs to Chrysalis House in Crownsville, MD, to enhance and ensure the safety and security of the building, for the 45 women, their children, and staff. Chrysalis House's primary target population is women in early recovery in need of further substance abuse and mental health treatment, supportive housing, and recovery support services. The secondary target population is the children these women bring into the facility with them.

7. Samaritan Houses (C)

Mission: Dedicated to providing transitional residential care and professional addiction treatment to adult men who are struggling with substance abuse. It is a client centered program and its primary goal is to assist clients in returning to society fully functioning without the use of alcohol and/or illicit drugs.

● FY15 County Award: \$50,000

Purpose of the Grant: To fund the preconstruction costs (civil engineering, architect fees, permitting, deforestation and grading) of Samaritan House's new "Campus of Recovery". The expansion of the facilities will meet a need in the county for more beds and provide a full continuum of care for the first year of recovery for men who have struggled with alcohol and/or drug addiction.

8. National Alliance on Mental Health Illness (NC)

Mission: To positively impact the lives of individuals, families and friends affected by mental illness in Anne Arundel County by reducing stigma and providing support, education, and advocacy.

● FY13 County Award: \$5,000

Purpose of the Grant: To support an Activities Administrator position to increase the positive impact on the lives of AACo. citizens affected by mental illness.

9. Robert A. Pascal Youth & Family Services (NC) (Organization defunct)

Mission: To promote optimal, social, emotional, and mental health, by providing accessible, innovative and comprehensive individual, family and group counseling, as well as educational services to their diverse communities.

● FY13 County Award: \$25,000

● FY12 County Award: \$22,500

● FY11 County Award: \$20,000

● FY10 County Award: \$ 25,000

Purpose of the Grant: To provide a salary for a therapist to improve and enrich the emotional, social, and behavioral health of troubled youth and their families through the provision of comprehensive prevention and mental health treatment services. AACo. residents ages 3 and older are eligible for their programs. The majority of the participants are at or below the poverty level.

