



Committee: Directly to Council
Committee Review: N/A
Staff: Vivian Yao, Legislative Analyst
Purpose To receive testimony/final action - vote expected
Keywords: SUD, SBIRT

AGENDA ITEM #17
July 26, 2022
Public Hearing/Action

SUBJECT

Supplemental Appropriation #23-1 to the FY23 Operating Budget Montgomery County Government Department of Health and Human Services Screening, Brief Intervention, and Referral to Treatment for Montgomery County Emergency Departments, \$785,400 (Source of Funds: Grant Funds)

EXPECTED ATTENDEES

None

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- No Committee recommendation. A motion is required.
- Special Appropriation was introduced on July 12, 2022.

DESCRIPTION/ISSUE

The Supplemental Appropriation to the Department of Health and Human Services (DHHS) of \$785,400 will support substance use disorder (SUD) screening, brief intervention and referral to treatment (SBIRT) services at two Adventist Healthcare, Inc. hospitals. The services will include universal screening for SUD for all patients who enter the Emergency Department, Opioid Survivors Outreach for patients who have recently experienced an overdose, and Hospital Based Buprenorphine Induction for emergency room patients, and linkage to continued Medication Assisted Treatment services upon discharge.

SUMMARY OF KEY DISCUSSION POINTS

- The funding increase is needed to provide SBIRT services at the only two hospitals in Montgomery County that have not received this start-up funding.
- This project operates at both a prevention and SUD intervention level and is an evidence-based treatment approach for SUD.
- The State of Maryland funds this grant through the Behavioral Health Administration.

- The Office of Racial Equity and Social Justice (ORESJ) found that the appropriation is likely to advance racial equity and social justice in the County by responding to racial and ethnic disparities affecting access care for SUDs. However, ORESJ stated that is “unclear from available information the extent to which this supplemental appropriation will affect the underlying institutional and structural inequities creating barriers to treatment, including the disproportionate criminalization of drug use among Black, Indigenous, and People of Color (BIPOC) people.”

This report contains:

Memo from the County Executive	© 1-2
Appropriation Resolution	© 3-4
Racial Equity and Social Justice Impact Statement	© 5-10

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OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

M E M O R A N D U M

July 5, 2022

TO: Gabe Albornoz, President
Montgomery County Council

FROM: Marc Elrich, County Executive 

SUBJECT: Supplemental Appropriation #23-1 to the FY23 Operating Budget
Montgomery County Government
Department of Health and Human Services
Screening, Brief Intervention, and Referral to Treatment for Montgomery County
Emergency Departments, \$785,400 (Source of Funds: Grant Funds)

I am recommending a Supplemental Appropriation to the FY23 Operating Budget of the Department of Health and Human Services in the amount of \$785,400 for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services at two Adventist Healthcare, Inc. hospitals. These are the only two hospitals in Montgomery County that have not received this start-up funding for SBIRT services at their Emergency Departments.

This increase is needed to implement universal screening for substance use disorder (SUD) for all patients who enter the Emergency Department. Additionally, the project includes the Opioid Survivors Outreach program, which seeks to engage patients who have recently experienced an overdose, and Hospital Based Buprenorphine Induction, which looks to provide buprenorphine services while patients are in the Emergency Department. It also links them to continued Medication Assisted Treatment services once discharged. The program targets all persons admitted into the Emergency Department in Montgomery County, Maryland. This project operates at a prevention and SUD intervention level and is an evidence-based treatment approach for SUD. The State of Maryland funds this grant through the Behavioral Health Administration.

The non-competitive contract for Adventist Healthcare, Inc. is already included in Section G of Resolution 19-1285 that the Council approved for FY23.

Supplemental Appropriation #23-1 to the FY23 Operating Budget, DHHS, Screening, Brief Intervention, and Referral to Treatment for Montgomery County Emergency Departments

July 5, 2022

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I recommend that the County Council approve this Supplemental Appropriation in the amount of \$785,400 and specify the source of funds as Grant Funds.

I appreciate your prompt consideration of this action.

ME:dl

Enclosure: Supplemental Appropriation #23-1

cc: Raymond L. Crowel, Psy.D., Director, Department of Health and Human Services

Jennifer R. Bryant, Director, Office of Management and Budget

Resolution No.: _____
Introduced: _____
Adopted: _____

**COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND**

Lead Sponsor: Council President at the Request of the County Executive

SUBJECT: Supplemental Appropriation #23-1 to the FY23 Operating Budget
Montgomery County Government
Department of Health and Human Services
Screening, Brief Intervention, and Referral to Treatment for Montgomery County
Emergency Departments, \$785,400 (Source of Funds: Grant Funds)

Background

1. Section 307 of the Montgomery County Charter provides that any supplemental appropriation shall be recommended by the County Executive who shall specify the source of funds to finance it. The Council shall hold a public hearing on each proposed supplemental appropriation after at least one week's notice. A supplemental appropriation that would comply with, avail the County of, or put into effect a grant or a Federal, State or County law or regulation, or one that is approved after January 1 of any fiscal year, requires an affirmative vote of five Councilmembers. A supplemental appropriation for any other purpose that is approved before January 1 of any fiscal year requires an affirmative vote of six Councilmembers. The Council may, in a single action, approve more than one supplemental appropriation. The Executive may disapprove or reduce a supplemental appropriation, and the Council may reapprove the appropriation, as if it were an item in the annual budget.
2. The County Executive has requested the following FY23 Operating Budget appropriation increases for the Department of Health and Human Services:

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$0	\$785,400	\$0	\$785,400	Grant Funds

3. This increase is needed for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services at two Adventist Healthcare, Inc. hospitals. These are the only two hospitals in Montgomery County that have not received this start-up funding for SBIRT services at their Emergency Departments. This increase is needed to implement universal screening for Substance Use Disorder (SUD) for all patients who enter the Emergency Department. Additionally, the project includes Opioid Survivors Outreach program, which seeks to engage patients who have recently experienced an overdose, and Hospital Based Buprenorphine Induction, which looks to provide buprenorphine services while patients are in the Emergency Department, and link them to continued Medication Assisted Treatment services once discharged. The program targets all persons admitted into the Emergency Department in Montgomery County, Maryland. This project operates at both a prevention and SUD intervention level and is an evidence-based treatment approach for SUD. The State of Maryland funds this grant through the Behavioral Health Administration.
4. Notice of public hearing was given, and a public hearing was held.

Action

The County Council for Montgomery County, Maryland, approves the following action:

A supplemental appropriation to the FY23 Operating Budget of the Department of Health and Human Services is approved as follows:

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$0	\$785,400	\$0	\$785,400	Grant Funds

This is a correct copy of Council action.

Judy Rupp
Clerk of the Council



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE

Marc Elrich
County Executive

Tiffany Ward
Director

MEMORANDUM

July 11, 2022

To: Jennifer Bryant, Director
Office of Management and Budget

cc: Gabe Albornoz, President
County Council

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriation (SA) #23-01
Screening, Brief Intervention, and Referral to Treatment for Montgomery County
Emergency Departments

A handwritten signature in black ink that reads "Tiffany Ward".

I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #23-01 Screening, Brief Intervention, and Referral to Treatment for Montgomery County Emergency Departments is likely to advance racial equity and social justice in the County by responding to racial and ethnic disparities affecting access care for Substance Use Disorder (SUD). It is unclear from available information the extent to which this supplemental appropriation will affect the underlying institutional and structural inequities creating barriers to treatment, including the disproportionate criminalization of drug use among Black, Indigenous, and People of Color (BIPOC) people.

II. **BACKGROUND:** The purpose of Supplemental Appropriation #23-01 Screening, Brief Intervention, and Referral to Treatment for Montgomery County Emergency Departments is to fund Screening, Brief Intervention, and Referral to Treatment (SBIRT) services at two Adventist hospitals in Montgomery County. The services will include universal screening for Substance Use Disorder (SUD) for all patients who enter the Emergency Department. It also includes an Opioid Survivors Outreach program that seeks to engage patients who have recently experienced an overdose and Hospital Based Buprenorphine Induction. SBIRT is

an evidence-based, early intervention approach for people with non-dependent substance use before they need more extensive or specialized treatment¹. According to the Center for Medicare & Medicaid Services (CMS) the benefits of SBIRT include reducing health care costs, decreasing drug and alcohol use severity, reducing physical trauma risk, and reducing the patient percent who go without specialized treatment².

To assess the extent to which this supplemental appropriation advances racial equity and social justice in the County, we considered which residents were most impacted by SUD, emergency department utilization, and lack of health insurance in the County as well as the structural inequities producing unfavorable outcomes. We then considered (based on information provided in the request) whether the SBIRT funding helps respond to and or shift the underlying structures producing these outcomes.

Substance Use Disorder (SUD) is the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home³. In 2019, 7.2% people aged 12 or older in the United States had SUD. The rates varied by race and ethnicity: 7.8% Non-Hispanic (NH) White, 7.2% NH Black, 10.1% NH American Indian/Alaska Native, 7.9% NH Native Hawaiian or Other Pacific Islander, 4.3% NH Asian, and 6.7% Hispanic⁴.

There are several measures consistently tracked in Montgomery County related to SUD. The first is drug-induced age-adjusted mortality rate, the second is substance abuse related ER visit rate. The drug-induced age-adjusted mortality rate has trended upward in the County between 2010-2019, with the exception of 2018 when the rate was lower than in the previous two years. The overall rate between 2017 and 2019 was 11.8 per 100,000 residents; the rate was disproportionately higher for NH White residents at 18.4 per 100,000 residents⁵ (see data analysis section). This follows national trends where the highest overdose death

¹ Medicare Learning Network. Center for Medicare & Medicaid Services. SBIRT Services. January 2022. Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf

² Medicare Learning Network.

³ Substance Abuse and Mental Health Services Administration. Mental Health and Substance Use Disorders. Accessed June 27, 2022. Available at: <https://www.samhsa.gov/find-help/disorders#:~:text=Substance%20use%20disorders%20occur%20when,work%2C%20school%2C%20or%20home>.

⁴ Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer United States, Volume 6. HHS Publication No. PEP20-07-02-001. 2020. Available at: https://www.samhsa.gov/sites/default/files/reports/rpt32815/National-BH-Barometer_Volume6.pdf

⁵ Montgomery County, Maryland Department of Health and Human Services Public Health Services. Office of Health Planning and Epidemiology. Health in Montgomery County 2010-2019. A Surveillance Report on Population Health. Figure 130 and 131. Available at: <https://www.montgomerycountymd.gov/HHS/Resources/Files/Health%20in%20Montgomery%20County%202010-19.pdf>

rate is among White populations. However, research suggests caution in concluding that this problem uniquely affects White people in the US; overdose death rates for Black, Indigenous, and People of Color Communities (BIPOC) are on the rise⁶. An August 2021 literature review conducted by the National Association of County and City Health Officials revealed a stark outcome inequity between White and BIPOC communities affected by drug-induced mortality: “opioid overdose and general substance use responses are not reaching communities of color”⁷, even while BIPOC communities contend with racist criminalization of drug use⁸. SUD treatment gaps for Black and Hispanic people confirm these findings. In 2019 in the US, 90% of Black people and 91% of Hispanic/Latino people age 12+ with SUD did not receive treatment in 2018⁹.

Substance-use related ER visits in the County have remained stable between 2010 and 2019, with an overall rate of 528.3 per 100,000 residents¹⁰. The rate was disproportionately higher for NH Black residents, with a rate of 990.5 per 100,000 residents, almost double the rate of any other racial or ethnic group¹¹ (see data analysis section). The next highest rate was among Hispanic residents followed by NH White residents and Asian/Pacific Islander residents. A full exploration of the root causes of these health inequities—drug-induced mortality and substance abuse related ER visits—is beyond the scope of this REIA, however research points to slavery, native genocide, inequitable and unjust policies leading to redlining, structural poverty, and structural racism along with the intersectional oppressions related to age, gender, immigrant status, and LGBTQIA+ identities as major factors contributing to drug overdose health inequities¹².

In terms of emergency department (ED) utilization more generally, statistics reveal a similar pattern to those specifically involving substance use. Hispanic and Black ED patients

⁶ <https://www.naccho.org/uploads/downloadable-resources/IdentifyingtheRootCauses-ofDrugOverdoseHealthInequities.pdf>

⁷ National Association of County and City Health Officials. Identifying the Root Causes of Drug Overdose Health Inequities and Related Social Determinants of Health: A Literature Review. August 2021. Available at: <https://www.naccho.org/uploads/downloadable-resources/IdentifyingtheRootCauses-ofDrugOverdoseHealthInequities.pdf>

⁸ National Association of County and City Health Officials.

⁹ Substance Abuse and Mental Health Services Administration. 2019 National Survey on Drug Use and Health: Hispanic, Latino, or Spanish Origin or Descent. November 18, 2020. Available at: <https://www.samhsa.gov/data/report/2019-nsduh-hispanics-latino-or-spanish-origin-or-desce> and Substance Abuse and Mental Health Services Administration. 2019 National Survey on Drug Use and Health: African Americans. November 18, 2020. Available at: <https://www.samhsa.gov/data/report/2019-nsduh-african-americans>

¹⁰ Montgomery County, Maryland Department of Health and Human Services Public Health Services. Office of Health Planning and Epidemiology. Health in Montgomery County 2010-2019. A Surveillance Report on Population Health. Figure 133 and 134. Available at: <https://www.montgomerycountymd.gov/HHS/Resources/Files/Health%20in%20Montgomery%20County%202010-19.pdf>

¹¹ Montgomery County, Maryland Department of Health and Human Services Public Health Services.

¹² National Association of County and City Health Officials.

reported higher ED utilization and more often lacked a usual source of care¹³. This is due in large part to structural inequities (extending to experiences in the labor market) that create barriers to care—and often increased occupational risk—including access to health insurance and network coverage¹⁴ (and affordability more generally). The 2020 Census estimated that the number of adults (age 19 and older) with no health insurance in Montgomery County was 70,916 or 7.1% of the population. The percent of uninsured varies by race and ethnicity, with 3.9% of White, 6.8% of Black, 6.3% American Indian/Alaska Native, 4.6% Asian, 7.7% Native Hawaiian and Other Pacific Islander, 19.4% Hispanic, and 26% Other residents being uninsured¹⁵ (see data analysis section). Therefore, populations facing significant barriers to healthcare—creating higher rates of ED utilization—are more likely to be Hispanic, Black, Native Hawaiian and Other Pacific Islander in Montgomery County.

Available information indicates that SBIRT will be universally administered to emergency department patients. Given disparities in health insurance coverage and inequities affecting access to treatment for SUD, it is possible (depending on geography and a range of other factors) that BIPOC residents will make up a larger share of the program's beneficiaries. Therefore, it is possible that this program could help reduce barriers to care disproportionately impacting BIPOC residents. That said, it is unclear (based on available information) how SBIRT implementation will affect the range of structural and institutional factors that both underly drug-use criminalization and create barriers to SUD treatment.

III. **DATA ANALYSIS:** The below charts show that drug-induced age-adjusted mortality rates are highest among White residents and men in Montgomery County, MD. Qualitative data suggests that these rates have risen across racial and ethnic groups in recent years.

¹³ Parast L, Mathews M, Martino S, Lehrman WG, Stark D, Elliott MN. Racial/Ethnic Differences in Emergency Department Utilization and Experience. *J Gen Intern Med.* 2022 Jan;37(1):49-56. doi: 10.1007/s11606-021-06738-0. Epub 2021 Apr 5. PMID: 33821410; PMCID: PMC8021298. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8021298/>

¹⁴ Parast L, Mathews, et al.

¹⁵ American Community Survey. S2701. Selected Characteristics of Health Insurance Coverage in the United States. 2020: ACS 5-Year Estimates Subject Table. Available at: <https://data.census.gov/cedsci/table?t=Health%20Insurance&g=0500000US24031&y=2020&tid=ACSS5Y2020.S2701>

Fig. 130. Drug-induced Age-Adjusted Mortality Rates, Montgomery County 2010-19

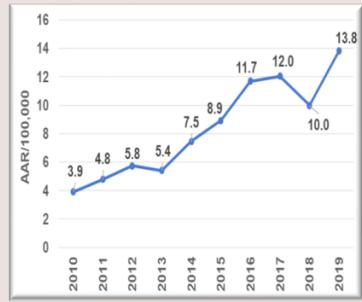
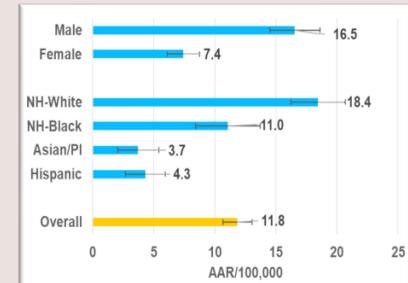


Fig. 131. Drug-induced Age-Adjusted Mortality Rates by Sex and Race/Ethnicity, Montgomery County, 2017-19



Source: Montgomery County, Maryland Department of Health and Human Services Public Health Services. Office of Health Planning and Epidemiology. Health in Montgomery County 2010-2019. A Surveillance Report on Population Health. Figure 130 and 131. Available at: <https://www.montgomerycountymd.gov/HHS/Resources/Files/Health%20in%20Montgomery%20County%202010-19.pdf>

The below charts show that substance abuse related ER visits are highest among Black residents, followed by White and Hispanic residents in Montgomery County.

Fig. 133. Substance Abuse Related ER Visit Age-Adjusted Rates, Montgomery County and Maryland, 2010-19

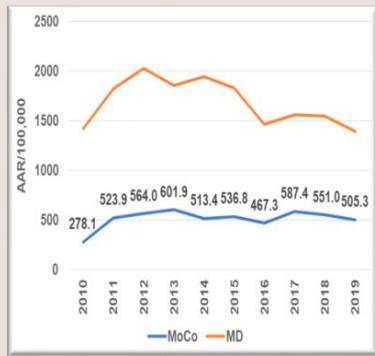
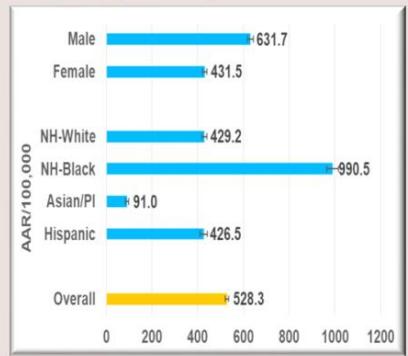


Fig. 134. Substance Abuse Related ER Visit Age-Adjusted Rates by Sex and Race/Ethnicity Montgomery County, 2017-19



Source: Montgomery County, Maryland Department of Health and Human Services Public Health Services. Office of Health Planning and Epidemiology. Health in Montgomery County 2010-2019. A Surveillance Report on Population Health. Figure 133 and 134. Available at: <https://www.montgomerycountymd.gov/HHS/Resources/Files/Health%20in%20Montgomery%20County%202010-19.pdf>

The below table shows estimates for the percent of residents without health insurance by race and ethnicity in Montgomery County in 2020.

Percent of Residents without Health Insurance, Montgomery County, MD, 2020

Race/ethnicity	% Without health insurance
American Indian/ Alaska Native	6.3%
Asian	4.6%
Black	6.8%
Hispanic/Latino	19.4%
Native Hawaiian and Other Pacific Islander	7.7%
White	3.9%
Other	26%

Source: U.S. Census Bureau, American Community Survey. S2701. Selected Characteristics of Health Insurance Coverage in the United States. 2020: ACS 5-Year Estimates Subject Table.

Available at:

<https://data.census.gov/cedsci/table?t=Health%20Insurance&g=0500000US24031&y=2020&tid=ACSST5Y2020.S2701>

cc: Raymond Crowel, Director, Department of Health and Human Services
Ken Hartman, Director, Office of Strategic Partnership, Office of the County Executive