Inter-Agency Heroin and Opioid Coordination Plan

Developed by the Opioid Operational Command Center

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Table of Contents

Table of Tables

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Acronyms/Abbreviations

ADOC	Alternate Departmental Operations Center
CDC	U.S. Centers for Disease Control and Prevention
Council	Inter-Agency Heroin and Opioid Coordinating Council
Coordination Plan	Inter-Agency Heroin and Opioid Coordination Plan
eMEDS	Electronic Maryland Emergency Medical Services Data System
EMS	Emergency Medical Services
SCF	State Coordinating Function
ESSENCE	Electronic Surveillance System for the Early Notification of Community-based Epidemics
EO	Executive Order
GOCCP	Governor's Office of Crime Control and Prevention
HHS	U.S. Department of Health and Human Services
HIDTA	High Intensity Drug Trafficking Area
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
LHD	Local Health Department
MDBM	Maryland Department of Budget and Management
MDE	Maryland Department of the Environment
MDH	Maryland Department of Health
MDHS	Maryland Department of Human Services
MDGS	Maryland Department of General Services
MDOC	Maryland Departmental Operations Center
MDJS	Maryland Department of Juvenile Services
MDPSCS	Maryland Department of Public Safety and Correctional Services
MEMA	Maryland Emergency Management Agency
MEMS	Maryland Emergency Management System
MHEC	Maryland Higher Education Commission
MIA	Maryland Insurance Administration
MIEMSS	Maryland Institute for Emergency Medical Services Systems
MSDE	Maryland State Department of Education
MDSP	Maryland Department of State Police
NIMS	National Incident Management System
OAG	Office of the Attorney General
OIT	Opioid Intervention Team
OP&R	MDH Office of Preparedness and Response
OOCC	Opioid Operational Command Center
PPE	Personal Protective Equipment
SEOC	State Emergency Operations Center
SOP	Standard Operating Procedures
VOAD	Voluntary Organizations Active in Disaster

I. Executive Summary

Since 2015, the state has taken steps to combat the growing number of overdoses and death stemming from the heroin and opioid crisis in Maryland, including the establishment of the Heroin and Opioid Emergency Task Force (EO 01.01.2015.12), the Council (EO 01.01.2015.13), and the Opioid Operational Command Center (OOCC) (EO 01.01.2017.01). On March 1, 2017, in direct response to preliminary information collected by and provided to the OOCC, Governor Larry Hogan declared a State of Emergency (EO 01.01.2017.02). The Governor concurrently announced a supplemental budget of $50 million in new funding over a five-year period to support Maryland's prevention, treatment, and enforcement efforts. Collectively, the executive orders and supplemental budget establish a statewide effort to prevent, treat, and significantly reduce heroin and opioid abuse.

The OOCC brings opioid-related response partners together to identify challenges, establish system-wide priorities, and capitalize on opportunities for collaboration. Building on the Task Force recommendations and the Governor's primary initiative areas of prevention, enforcement, and treatment, the OOCC coordinates with its partner agencies to prepare plans, programs, and infrastructure for emergency operations, including, but not limited to, the development and implementation of this Inter-Agency Heroin and Opioid Coordination Plan (Coordination Plan).

The Coordination Plan guides the statewide opioid response by aligning efforts around agreed-upon goals and objectives. As a fundamental component of the Coordination Plan, OOCC partners identify agency-specific operational objectives, deliverables, timelines, and performance measures in order to report progress and promote accountability. The Coordination Plan includes agency specific objectives and performance measures that support accountability and coordination to:

A. Create a comprehensive and measurable report of all statewide opioid-related initiatives;
B. Monitor the progress of partner departments/agencies toward accomplishing self-identified objectives; and
C. Identify gaps, and target priorities and resources where they are needed most.

The Coordination Plan has been developed by the OOCC with the full collaboration of all OOCC strategic partners.

II. Introduction

A. Background Summary

Since 2015, the state has taken steps to combat the growing number of overdoses and death stemming from the heroin and opioid crisis in Maryland, including the establishment of the Heroin and Opioid Emergency Task Force (EO 01.01.2015.12) to study and make recommendations, the Council (EO 01.01.2015.13) to facilitate coordination among State agencies, and the OOCC (EO 01.01.2017.01) to fully and effectively coordinate federal, state, and local resources. In addition to establishing the OOCC, EO 01.01.2017.01 established local OITs as part of the heroin and opioid prevention, treatment, and enforcement initiative to implement heroin and opioid programs in local jurisdictions.

On March 1, 2017, Governor Hogan declared a State of Emergency and announced a supplemental budget of $50 million in new funding over a five-year period to support Maryland's prevention, treatment, and enforcement efforts. This State of Emergency declaration activated the Governor's emergency management authority, enabling increased and more rapid coordination between the State and local jurisdictions.

The OOCC serves as the coordination entity within the Council, responsible for facilitating the establishment of agreed upon statewide goals and objectives, as well as measuring progress toward those objectives (EO 01.01.2017.01). The Coordination Plan is an EO-required report to the Governor and the public on opioid-related initiatives undertaken by Council member agencies and their strategic partners.

B. Purpose

The Coordination Plan includes agency specific objectives and performance measures that support accountability and coordination to:

- Create a comprehensive and measurable report of all statewide opioid-related initiatives;
- Monitor the progress of partner departments/agencies toward accomplishing self-identified objectives; and
- Identify gaps, and target priorities and resources where they are needed most.

The Coordination Plan has been developed by the OOCC with the full collaboration of all OOCC strategic partners.

C. Problem Statement

A formal, multi-jurisdictional, coordination body must exist among state and local health and human services, education, and public safety entities to address and respond to the harmful impacts of the opioid addiction crisis on Maryland communities.

D. Solution Concept

The state has stood up a formal, coordinated approach to develop both state and local strategic, operational, and tactical-level strategies for addressing the heroin and opioid crisis to protect the residents of Maryland.

E. Mission Statement

The OOCC is a coordination body that brings opioid response partners from all sectors together to identify challenges, establish system-wide priorities, and capitalize on opportunities for collaboration. Its mission is to facilitate the effective and efficient coordination and collaboration of state and local health and human services, education, and public safety partners in support of prevention, treatment, and enforcement efforts combating the heroin and opioid crisis in Maryland.

F. Situation: Maryland Heroin and Opioid Crisis

In 2016, deaths from heroin and other opioids reached alarming highs in Maryland. The Maryland Department of Health (MDH) reported 2,089 drug and alcohol-related deaths in 2016, a 66 percent increase from 2015. Eighty-nine percent of all intoxication deaths were opioid-related, including deaths related to heroin, prescription opioids, and non-pharmaceutical fentanyl. Opioid intoxication deaths increased by 70 percent between 2015 and 2016, and have nearly quadrupled since 2010. Deaths involving fentanyl were largely responsible for the increase, rising from 340 in 2015 to 1,119 in 2016. The increase in fatal overdoses has been most rapid among individuals 55 and older. The number of deaths among this age group increased five-fold between 2010 and 2016, from 86 to 424.

G. Facts and Assumptions

- Maryland currently faces a heroin and opioid epidemic resulting in an urgent and growing public health threat, cutting across all demographics and geographical settings, and also represents a serious threat to the security and economic well-being of the state.
- Maryland state departments, agencies, and offices have different expertise, capabilities, and data that, when shared, can better inform a coordinated, statewide response to the opioid overdose epidemic.
- Heroin and opioid overdose (fatal and non-fatal) prevention and response relies and builds on existing state and local partner capacity and activities within the scope and mission of each agency.
- The OOCC applies principles from the National Preparedness Goal to coordinate appropriate Heroin and opioid overdose (fatal and non-fatal) prevention and response.
- This plan is activated and deactivated under the advice of the state (Governor) and/or authority from the OOCC executive director or designee.
- The Governor of the State of Maryland has the authority to declare a State of Emergency and/or a Catastrophic Health Emergency, should circumstances warrant these actions.
- The OOCC facilitates a high-level of coordination between state departments, agencies, and offices, including local jurisdictions, and the private and non-governmental sectors with the support of the Maryland Emergency Management Agency (MEMA).
- This plan does not supersede any existing Emergency Operations Plans in the event of a large-scale emergency or infectious disease outbreak response.
- The OOCC works in coordination with other state departments, agencies, and offices, including local jurisdictions, and the private and non-governmental sectors to achieve response objectives, this could include reverting authority to the state's existing emergency planning and response infrastructure.

- Additional support at the state or local level may come from private or non-governmental organizations; local government agencies support local health departments (LHDs).
- Established procedures are used for the acquisition of medical materiel, such as opioid antagonistic supply, personal protective equipment (PPE), and Maryland Voluntary Organizations Active in Disaster (VOAD)/or Maryland Responds Medical Reserve Corps responders needed to support Heroin and opioid overdose response.
- On an ongoing basis, data from this response will be evaluated to ensure mission fidelity and institute improvement actions as needed.

III. Inter-Agency Coordination Structures

A. Heroin and Opioid Emergency Task Force

In February 2015, in addressing the heroin and opioid epidemic, Governor Hogan issued an executive order to establish the Governor's the Heroin and Opioid Emergency Task Force (EO 01.01.2015.12) led by Lt. Governor Boyd K. Rutherford. The Task Force was composed of 11 members with expertise in addiction treatment, law enforcement, education, and prevention. Lt. Governor Rutherford served as the chair. The Task Force was charged with advising and assisting Governor Hogan in establishing a coordinated statewide and multi-jurisdictional effort to prevent, treat, and significantly reduce heroin and opioid abuse. The Task Force Final Report and recommendations section details 33 recommendations: eight recommendations relate to expanding access to treatment; five relate to enhancing quality of care; two relate to boosting overdose prevention efforts; six relate to escalating law enforcement options; six relate to reentry and alternatives to incarceration; four relate to promoting education tools for youth, parents, and school officials; and two relate to improving state support services. As of February 2017, 28 out of the 33 recommendations were implemented in 2016, with the rest scheduled for implementation in 2017.

B. Inter-Agency Heroin and Opioid Coordinating Council

Building on the Task Force recommendations and the Governor's primary initiative areas of prevention, enforcement, and treatment, the state established the Council (EO 01.01.2015.13) to facilitate coordination among State agencies. The Secretary of MDH serves as the Council chair. The Council is a subcabinet of the Governor and consists of the heads of the state agencies or their designee and such other executive branch agencies as the Governor may designate, including but not limited to the following:

- Maryland Department of Health (MDH)
- Maryland Department of State Police (MDSP)
- Maryland Department of Public Safety and Correctional Services (MDPSCS)
- Maryland Department of Juvenile Services (MDJS)
- Maryland Institute for Emergency Medical Services Systems (MIEMSS); and
- Maryland State Department of Education (MSDE).

Other state agencies may be asked to participate at the invitation of the chair. Collectively, these executive orders established a statewide effort to prevent, treat, and significantly reduce heroin and opioid abuse.

C. Opioid Operational Command Center

In January 2017, the Governor issued an additional executive order establishing the OOCC (EO 01.01.2017.01) within the Council to better facilitate coordination and sharing of information among state and local agencies. The Council serves as the Senior Policy Group to provide guidance and direction to the OOCC and its member agencies. On March 1, 2017, in direct response to the OOCC's initial findings, the Governor declared a State of Emergency (EO 03.01.201702). This State of Emergency activated the Governor's emergency management authority, enabling increased and rapid coordination between the state and local jurisdictions. The Governor concurrently announced a supplemental budget

of $50 million in new funding over a five-year period to support Maryland's prevention, treatment, and enforcement efforts.

D. Local Coordinating Body - Opioid Intervention Teams

OITs, as named by EO, are the local jurisdiction multi-agency coordination bodies established by the OOCC to complement and integrate with the statewide opioid response. OITs are coordinated jointly by the jurisdiction's health officer and emergency manager(s) with the mission of developing a unified local strategy, conducting operational coordination with all stakeholders, and working cooperatively to conduct holistic intervention and response operations to reduce the impact of overdose deaths among Maryland residents. The OOCC's success depends on effective and efficient coordination across this broad spectrum of organizations as necessitated by the involvement of multiple jurisdictions, all levels of government, private and non-governmental partners, and/or emergency-responder disciplines co-occurring across Maryland.

E. Executive Order Mandates

Inter-Agency Heroin and Opioid Coordinating Council

Pursuant to EO 01.01.2015.13, the Council shall update the Governor on each agency's efforts to address the heroin and opioid crisis. The Secretary of MDH chairs the Council overseeing the implementation of the EO and the work of the Council. The specific duties tasked to the Council by mandate are as follows:

- The member state agencies previously listed shall seek opportunities to share data with one another and with the Office of the Governor for the purpose of supporting public health and public safety responses to the heroin and opioid epidemic. The agencies shall share the data in their possession relevant to the epidemic;
- The Council shall develop recommendations for policy, regulations, or legislation to facilitate improved sharing of public health and public safety information among state agencies; and
- On behalf of the Council, MDH shall submit an annual report to the Governor and the public in the form of the Inter-Agency Heroin and Opioid Coordination Plan.

Opioid Operational Command Center

The OOCC facilitates collaboration among state and local departments, agencies, and offices across health, human services, education, and public safety entities to reduce the harmful impacts of opioid addiction on Maryland communities. Pursuant to EO 01.01.2017.01, the OOCC serves as the operational coordination entity across the state tasked to:

- Develop operational strategies to continue implementing the 33 recommendations of the Heroin and Opioid Emergency Task Force authorized by EO 01.01.2015.12.
- Collect, analyze, and facilitate the sharing of data relevant to the epidemic from state and local sources, while maintaining the privacy and security of sensitive personal information.
- Develop a memorandum of understanding among state and local agencies that provides for the sharing and collection of health and public safety information and data related to the heroin and opioid epidemic.

- Assist and support local agencies in the creation of OITs that will share such data.
- Coordinate the training of and provide resources for state and local agencies addressing the threat to the public health, security, and economic well-being of the State of Maryland.

The following are additional responsibilities the Governor assigned to an individual in the Executive Branch to the MEMA, currently serving as the OOCC executive director. This individual is designated to administer the Governor's authority under the Maryland Emergency Management Agency Act and operationally address the heroin and opioid crisis pursuant to the Declaration of Emergency (EO 01.01.2017.02), including:

- Directing MEMA, MDSP, MDH, the Governor's Office of Crime Control and Prevention (GOCCP), and/or any other appropriate state department, agency, and office, including the Heroin and Opioid Emergency Task Force, the Council, and the OOCC, to assist, engage, deploy, and coordinate available resources to address the crisis;
- Coordinating the preparation of plans, programs, and infrastructure for emergency management operations of the local political subdivisions of the state, employing their social service, law enforcement, and public health functions;
- Instituting public information and awareness programs;
- Authorizing the procurement of supplies and equipment necessary to control and eliminate the crisis; and
- Taking other necessary steps to address the opioid crisis.

IV. Opioid Operational Command Center

A. Opioid Operational Command Center (OOCC) Core Functions

The OOCC's core functions reflect those activities mandated by executive order, as well additional identified needs to address broad statewide coordination gaps, including, but not limited to, the functions detailed in the following table.

Table 1: OOCC Core Functions

OOCC Core Functions and Tasks	
Coordination & Enhancement of State Partners	• Develop operational strategies to continue implementing the recommendations of the Heroin & Opioid Emergency Task Force, including, but not limited to, the coordination of programs and plans • Facilitate the establishment of statewide OOCC objectives, and report progress toward accomplishing those objectives, such as promoting accountability, driving priorities, and identifying gaps) • Create opportunities for inter-agency collaboration • Support efforts to overcome challenges and close gaps • Facilitate the provision of technical assistance to partners
Coordination & Enhancement of Local OITs	• Create opportunities for inter-agency collaboration • Support efforts to overcome challenges and close gaps • Facilitate the provision of technical assistance to partners
Data Collection & Analysis	• Facilitate the identification, collection, analysis, and sharing of data relevant to the epidemic from state and local sources
Funding Oversight	• Oversee the implementation of the OOCC funds in alignment with budget and procurement needs • Coordinate the strategic allocation of all other federal and state opioid funding
Communications	• Institute and coordinate public information and awareness related to the heroin and opioid crisis • Share information with internal state and local partners that supports response efforts, such as alerts, webinars, guidance documents, and more)
Reporting	• Oversee the creation and distribution of reports

B. OOCC Concept of Coordination

The OOCC is a collaborative effort working across all levels of state and local government. The OOCC is made up of partners representing a broad spectrum of state departments, agencies, offices and coordinating bodies:

- Maryland Department of Health (MDH)
- Maryland Department of Human Services (MDHS)
- Maryland Department of Juvenile Services (MDJS)
- Maryland Department of Public Safety and Correctional Services (MDPSCS)
- Governor's Office of Crime Control and Prevention (GOCCP)
- Maryland Emergency Management Agency (MEMA)
- Maryland Higher Education Commission (MHEC)
- Maryland Institute for Emergency Medical Services Systems (MIEMSS)
- Maryland Insurance Administration (MIA)
- Maryland Department of State Police (MDSP)
- Maryland State Department of Education (MSDE)
- Office of the Attorney General (OAG)
- High Intensity Drug Trafficking Area (HIDTA)
- Maryland Department of Disabilities

Each of the state's partner departments, agencies, and offices has assigned representatives to lead or support sections of the OOCC's organizational structure. These representatives are responsible for the management and oversight of defined goals and objectives within established time periods. In the OOCC's organizational structure, the local OITs are supported by the Local Liaison Branch. The OOCC's organizational structure is built to expand and / or contract based on need and resources. See Appendix A for current OOCC organizational structure and assigned lead agency roles.

C. OOCC Concept of Operations - Partner Roles and Responsibilities

The OOCC has the primary responsibility for managing and coordinating statewide efforts to address the heroin and opioid crisis in Maryland with support across 14 state and 24 local health, human services, education, and public safety entities, as well as technical assistance from key federal agencies. The participating state departments, agencies, and offices have the following support responsibilities for this mission:

Table 2: State Department/Agency Roles and Responsibilities

Department/Agency	Prevention & Response Roles and Responsibilities
Maryland Emergency Management Agency (MEMA)	Provide operational statewide coordination and support for the overall heroin and opioid response and planning process ● Coordinate the overall emergency planning, preparedness, and response of all state departments, agencies, and offices in an emergency, with support from MDH. ● Support local government and state department, agency, and office emergency operations planning. ● Facilitate any Emergency Management Assistance Compact (EMAC) requests. ● Support communications via an in-person or virtual Joint Information Center (JIC) as appropriate.
Maryland Department of Health (MDH)	Provide overarching leadership and coordination for overall heroin and opioid crisis response as lead of the Public Health and Medical State Coordinating Function (SCF). ● Coordinate public health surveillance and investigation, including prescription drug monitoring, syndromic and disease outbreak surveillance with appropriate laboratory testing, analysis, and result sharing with federal, state, and local partner agencies. ● Provide technical guidance and resources to the state heroin and opioid coordinating body and LHDs to prevent, respond to, and recover from an opioid-related public health emergency. ● Provide technical guidance and resources to healthcare facilities including hospitals, federally qualified healthcare centers, long term care facilities, and primary care facilities. ● Assess heroin and opioid-related threats/hazards impacting public health and medical partners, as well as the public. ● Communicate with the public to educate Marylanders on public health preparedness steps they can take to prevent, respond to, or recover from an opioid-related emergency. ● Maintain vital records, such as a records of all overdose deaths that occur in Maryland, including toxicology results. ● Maintain health coverage programs, such as Medicaid and substance use disorder treatment services. ● Create and maintain mental and behavioral health programs for the treatment of behavioral health conditions, and the prevention, treatment, and recovery from substance use disorders. ● Ensure healthcare professionals are licensed and credentialed, such as enrolled in the controlled dangerous substances registration.

	● Regulate healthcare facilities, including hospitals, clinics, nursing homes, primary care, etc. ● Investigate unusual or unattended deaths, properly store deceased remains, and maintain the capacity to surge in the event of mass fatality. ● Coordinate public health and medical volunteer management to support the response as directed. ● Prepare to enhance operations, including activation of the State Emergency Operations Center.
Governor's Office of Crime Control and Prevention (GOCCP)	● Support Heroin Coordinators program to facilitate information sharing between law enforcement, LHDs, fire/emergency medical services (EMS), and parole and probation. ● Support medication-assisted treatment re-entry programs in correctional facilities. ● Support law enforcement assisted diversion tools for planning, implementation, and evaluation.
Maryland Department of State Police (MDSP)	● Coordinate federal, state, and local law enforcement activities as they relate to the opioid crisis through the HIDTA. ● Facilitate training for personnel available to assist with activities such as overdose education and naloxone distribution. ● Facilitate education of law enforcement partners, probation officers, prosecutors, and the public about the Good Samaritan Law.
Maryland Department of Juvenile Services (MDJS)	● Develop and implement comprehensive heroin and opioid abuse screening and control measures to prevent the introduction and spread of heroin and opioid-related abuse within juvenile detention facilities. ● Develop strategies to reduce recidivism of substance abusers upon release.
Maryland Department of Public Safety and Correctional Services (MDPSCS)	● Develop strategies to reduce recidivism of substance abusers upon release. ● Develop and implement control measures to prevent the introduction and spread of opioid-related abuse within correctional facilities, to include policies and procedures for strengthening counter-smuggling efforts, expanding segregation addiction programs, and establishing a recovery unit in facilities.
Maryland State Department of Education (MSDE)	● Provide guidance to school systems promoting evidence-based prevention strategies that develop refusal skills among students. ● Coordinate with MDH to develop communication protocols between school systems and public health entities at the State and local levels.

	• Coordinate with MDH to develop protocols for the training of school faculty and staff to identify signs of addiction and to access support services.
Maryland Institute for Emergency Medical Services Systems (MIEMSS)	• Provide guidance to EMS operational programs, medical directors and individual EMS providers on the proper care and treatment of patients, including personal protective practices, transportation, and resources available for this response. • Ensure there are personnel trained and available to deploy to public health emergency incident sites, or impacted counties, to assist with situational awareness and coordination of resources, as necessary. • Ensure there are adequate EMS resources, including for mass casualty events and evacuation of health/medical facilities, when requested. • Utilize the statewide EMS electronic patient care reporting system (eMEDS) to collect, compile and analyze statistics to identify injury and illness patterns and trends.
Maryland Higher Education Commission (MHEC)	• Develop strategies to incentivize colleges and universities to create collegiate recovery programs. • Coordinate with MDH to support curriculum development for substance use disorder prevention/treatment to be built into advanced professional education.
Office of the Attorney General (OAG)	• Provide legal advice and opinions in support of MDH heroin and opioid-related operations, to include preparing and reviewing proclamations and special regulations issued by the Governor. • Prepare memos and/or legal orders for and represent the state on legal issues for heroin and opioid-related public health measures.
Maryland Department of Human Services (MDHS)	• Coordinate the provision of human services and collaborate with MDH to ensure eligible clients are able to register for health coverage and services, such as Medicaid and Medicare. • Create and maintain a communications network with local departments of social services, which can push prevention messaging to partners. • Coordinate human services training for Volunteer Organizations Active in Disasters.
Maryland Insurance Administration (MIA)	• Provide technical assistance regarding commercial insurance . • Review actions of commercial insurers to make certain that they are in compliance with Maryland law. • Provide information to consumers and providers regarding how the Maryland Insurance Administration can assist with the claims process.

High Intensity Drug Trafficking Washington/Baltimore Area (HIDTA)	● Support partnerships between public health and public safety agencies in order to increase collaborative solutions and data sharing. ● Support efforts to act as the Central Repository for Maryland Drug Intelligence as designated by the Lt. Governor's Task Force Recommendations.
Maryland Department of Disabilities	● Assist public information / media officers, as requested, to remediate documents and social media for accessibility. ● Technical assistance and support for assistive technology. ● Coordinate with MDHS to provide advisory documents pertaining to accessibility of intake and treatment facilities.

V. Operational Coordination

Building on the Task Force recommendations and the Governor's primary initiative areas of prevention, enforcement, and treatment, the OOCC coordinates with its partner agencies to prepare plans, programs, and infrastructure for emergency operations, including, but not limited to, the development and implementation of the Inter-Agency Heroin and Opioid Coordination Plan. The Coordination Plan guides the statewide opioid response by aligning efforts around agreed-upon goals and objectives. As a fundamental component of the Coordination Plan, OOCC partners have also identified agency-specific operational objectives, deliverables, timelines, and performance measures in order to report progress and promote accountability.

D. Overarching Goals and Objectives

The OOCC has worked very closely with its partner agencies to establish overarching statewide goals and objectives as well as operational objectives and tasks specific to each department, agency, and office. The overarching statewide goals use the three stages of prevention as a framework for organizing heroin and opioid response efforts:

Goal 1: Prevent new cases of opioid addiction and misuse (primary prevention).
Goal 2: Improve early identification of and intervention with opioid addiction (secondary prevention).
Goal 3: Expand access to services that support recovery, and prevent death and disease progression (tertiary prevention).
Goal 4: Enhance data collection, sharing, and analysis to improve the understanding of and response to the opioid epidemic (inherently integrated throughout all goal areas).

Collectively, the strategies and specific actions to achieve these goals target:

- **Individuals**: Includes those who use prescription opioids and/or heroin at any level of use or dependence. Special populations include pregnant women, adolescents, and clients of syringe exchange programs.
- **Professionals**: Includes healthcare providers, pharmacists, first responders, law enforcement, education and social service providers, and chemical dependency professionals.
- **Communities**: Includes family members, local municipalities, schools, community prevention coalitions, and citizen groups.
- **Systems**: Includes policies, financing structures, and information systems in health and human services, public safety, education, and other fields as appropriate.

Table 3 outlines the goals and objectives that currently guide all coordination efforts. Goals and objectives may be updated as the epidemic and response evolve over time.

The Administration's focus on prevention, enforcement, and treatment are integrated throughout the following goals as the aim of the OOCC is to increase collaboration across state departments/agencies. and partners. The State of Emergency is designed to stimulate action surrounding these goals thereby better coordinating and enhancing response efforts.

Table 3: Inter-Agency Heroin and Opioid Coordination Plan Overarching Goals and Objectives

Goal	Objective
Goal 1: Prevent new cases of opioid addiction and misuse	**1.1***:* Reduce inappropriate or unnecessary opioid prescribing and dispensing
	1.2*:* Reduce supply of illicit opioids
	1.3*:* Increase patient knowledge of opioid risk and benefits
	1.4*:* Increase family and youth knowledge of opioid risk and benefits
	1.5*:* Increase public safety knowledge of opioid risk and benefits
Goal 2: Improve early identification and intervention of opioid addiction	**2.1**: Reduce stigma and improve knowledge and understanding about opioid addiction
	2.2: Build capacity of healthcare system to identify behavioral health disorders and link patients to appropriate specialty care
	2.3*:* Improve identification of and provision of services to youth at high-risk for opioid addiction and their families
	2.4*:* Identify and target individuals at high risk for fatal overdose for treatment and recovery support services at all contact points with health, safety, and social service systems, with a specific focus upon entry to an emergency department
Goal 3: Expand access to services that support recovery and prevent death and disease progression	**3.1:** Improve access to and quality of evidence-based opioid addiction treatment in the community
	3.2: Make overdose education and naloxone distribution available to individuals at high risk for opioid overdose and their families/friends at all contact points with health, safety, and social service systems
	3.3: Increase access to harm reduction services to active opioid users
	3.4: Expand access to recovery support services
	3.5: Enhance criminal justice services for offenders who are opioid-addicted to prevent re-entry and repeat recidivism into the criminal justice system
Goal 4: Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic	**4.1:** Improve understanding of population- and individual-level risk and protective factors to inform prevention initiatives
	4.2: Establish a public health surveillance system to monitor indicators of opioid-related morbidity and mortality for informed rapid and actionable response
	4.3: Improve prevention program operations and initiatives through data sharing and analysis projects
	4.4: Conduct ongoing monitoring and evaluation of response initiatives to ensure successful implementation and outcomes

VI. Supporting Documents

a. **Maryland's State of Emergency for Opioids and Heroin: Accomplishments and Next Steps**
b. **Timeline: Governor Hogan's Efforts to Combat Heroin and Opioid Epidemic [2015 – 2017]**
c. **Executive Order 01.01.2015.12**
d. **Executive Order 01.01.2015.13**
e. **Executive Order 01.01.2017.01**
f. **Executive Order 01.01.2017.02**
g. **OOCC Incident Action Plan example**
h. **Press release: Maryland State Agencies Working to Combat Heroin and Opioid Epidemic**

VII. Appendices

A. OOCC Organizational Chart and Staffing Plan

B. Maryland's State of Emergency for Opioids and Heroin: Accomplishments and Next Steps

Inter-Agency Heroin and Opioid Coordination Plan

Appendix A: Opioid Operational Command Center Organizational Chart and Staffing Plan

OOCC Organizational Chart and Staffing Plan

Figure 1: Opioid Operational Command Center Organizational Chart

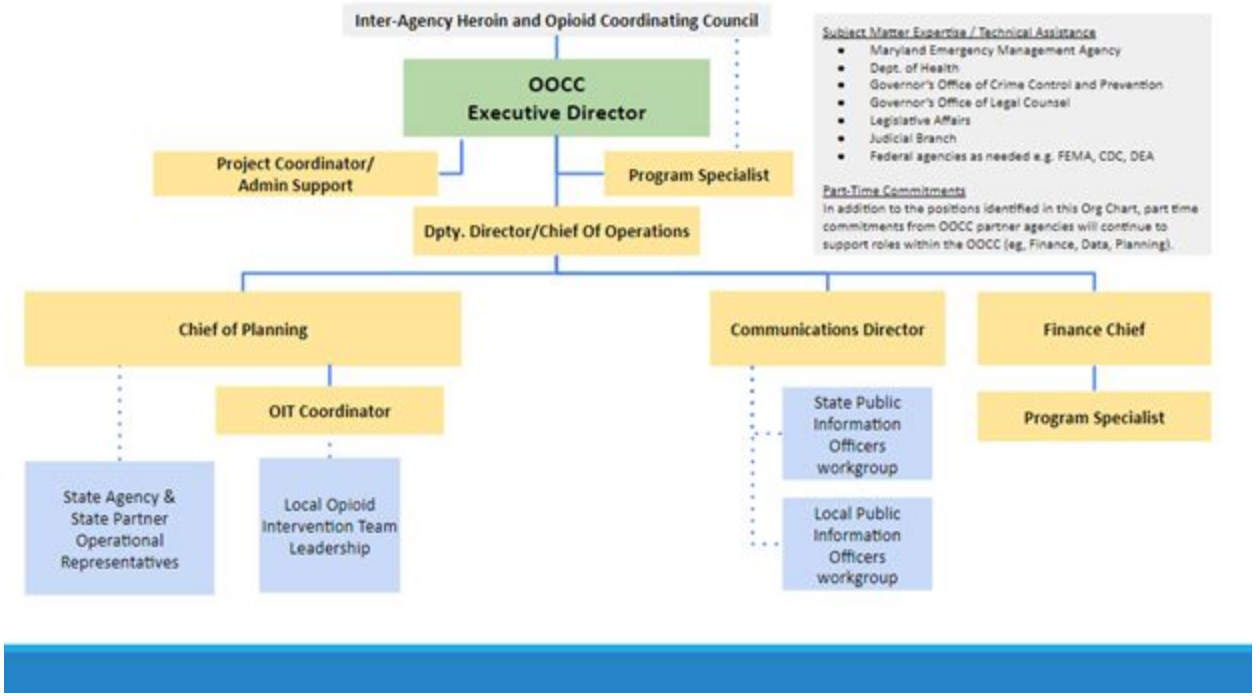


Table 1: Opioid Operational Command Center Staffing Plan

Position	Lead Agency
Executive Director	Opioid Operational Command Center
Deputy Director	Opioid Operational Command Center
Program Coordinator / Admin Support	Opioid Operational Command Center
Program Specialist	Maryland Department of Health
Communications Director	Opioid Operational Command Center
Chief of Planning	Opioid Operational Command Center
OIT Coordinator	Opioid Operational Command Center
Finance Chief	Maryland Emergency Management Agency / Department of Budget and Management
Finance Program Specialist	Maryland Emergency Management Agency / Department of Budget and Management

Inter-Agency Heroin and Opioid Coordination Plan

Appendix B: Maryland's State of Emergency for Opioids and Heroin: Accomplishments and Next Steps

Maryland's State of Emergency for Opioids and Heroin: Accomplishments and Next Steps

A Report for the Maryland Opioid Operational Command Center

March 2018

EXECUTIVE SUMMARY

The nationwide opioid epidemic takes 115 American lives every day, strains our healthcare and justice systems, and deprives families and society of the contributions those who lost their lives could have made. In 2016 in Maryland alone, opioids were involved in 89% of intoxication deaths. Heroin-related deaths climbed from 247 in 2011 to 1,212 in 2016, while fentanyl-related deaths skyrocketed from 26 to 1,119 in the same time period.

In February 2015, recognizing the increasing severity of the opioid crisis in Maryland and the need for greater state action, Governor Larry Hogan created the Inter-Agency Heroin and Opioid Coordinating Council (IAC) and the Heroin and Opioid Emergency Task Force (Task Force), whose 33 recommendations became the foundation for statewide efforts to enhance treatment, prevention, enforcement, and education. In January 2017, Governor Hogan created the Opioid Operational Command Center (OOCC) to oversee state efforts.

Oxycodone, an opioid pain medication.

Based on recommendations from the OOCC, in March 2017, Governor Hogan became one of the first Governors to declare a state of emergency for the opioid crisis. Calling for greater prevention, enforcement, and treatment efforts galvanized a statewide response. The OOCC was designated to act as the coordinating body for the crisis, using an emergency management approach to coordinate and support state and local partners. Maryland embraced the Governor's vision of prevention, enforcement, and treatment, and stakeholders from public health, law enforcement, healthcare, corrections, education, and other areas came together to share information and coordinate response efforts.

Using a multi-disciplinary, multi-agency incident management structure, state and local stakeholders united to mobilize a collaborative strategy to save lives, prevent further addiction, and disrupt drug trafficking networks. Through the OOCC, Maryland established the framework for organization and communication necessary to move beyond the initial response phase into the next phase of response. This does not mean that the crisis is over, but that Maryland now has the tools to plan, coordinate, fund, and measure the progress of state and local response efforts across the state.

Under the emergency declaration, the OOCC, with state and local partners across Maryland, have made great strides in treatment, prevention, and enforcement, including:

- Building a sustainable framework capable of coordinating state and local response efforts during the emergency phase and into long-term recovery.
- Developing and implementing statewide goals, objectives, and performance measures to drive and track the progress of state and local responses to the crisis.
- Standing up Opioid Intervention Teams (OITs) in all 24 of Maryland's jurisdictions to coordinate and implement community-specific response measures.
- Fostering a robust system for information sharing at state and local levels.

- Building out programs that expand access to treatment and recovery services, including increasing access to naloxone, identifying and treating substance use disorders, and expanding treatment for incarcerated populations.
- Launching enforcement initiatives to disrupt and dismantle drug trafficking networks as part of the comprehensive, multi-pronged approach to Maryland's opioid crisis.

Building on this record of achievement, Maryland established a flexible, scalable framework that can continue to support and coordinate state and local opioid response efforts long after the emergency declaration. Transitioning from a declared state of emergency will require thoughtful planning and clear communication to assure stakeholders of Maryland's unwavering commitment to addressing the opioid crisis. The emergency declaration has been a critical tool in mobilizing and coordinating the statewide opioid response, but Maryland is now able to address the opioid crisis comprehensively, with or without a declared state of emergency. The opioid crisis will not be resolved overnight, and the next phase of response will bring with it new challenges. However, as this report makes clear, through the OOCC and its partners, Maryland is making a difference in the lives of its residents every day.

> "[In] supporting families of loved ones with substance use issues we constantly hear stories of heartbreak, fear, concern, love, frustration, weariness. If you have experienced any of the same situations with your own child or loved one, you can feel it in your chest the minute they begin telling you their story. Many times, they feel alone and ashamed."
>
> —Trish Todd, parent and advocate

TABLE OF CONTENTS

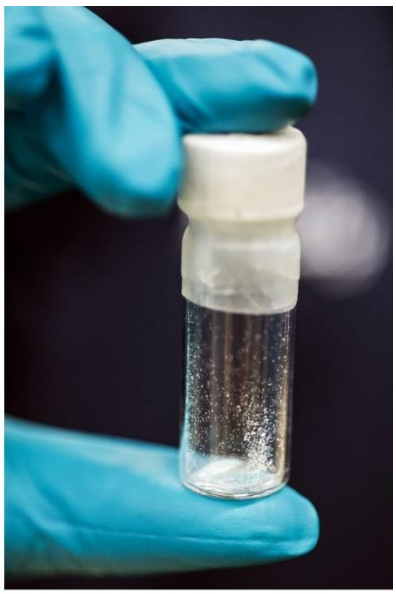
Introduction

INTRODUCTION

In March 2017, Governor Larry Hogan declared the opioid crisis to be a state of emergency in Maryland. This call to action rallied the attention and efforts of state and local governments and the public, initiating a short-term mobilization and crisis management period. Building on the work of the Heroin and Opioid Emergency Task Force (Task Force) and the Inter-Agency Heroin and Opioid Coordinating Council (IAC), both of which were created by executive order in 2015, Governor Hogan created the Opioid Operational Command Center (OOCC) to support and coordinate state and local response efforts, including local Opioid Intervention Teams (OITs). By working together, state and local partners established the structures necessary to coordinate their work during the emergency and through long-term recovery. Maryland now has a sustainable, unified response framework to deal with the opioid crisis, and is better able to consider the next phase.

> "We need to treat this crisis the exact same way we would treat any other state emergency. With this continuing threat increasing at such an alarming rate, we must allow for rapid coordination with our state and local emergency teams. We must cut through the red tape so that we are empowering the important work being done in our many state agencies and at the local level all across our state. This is about taking an all-hands-on-deck approach so that together we can save the lives of thousands of Marylanders."
>
> —Governor Hogan's March 1, 2017 Press Release announcing the declared state of emergency

This report reviews Maryland's progress to date on the opioid crisis and provides guidance for what state and local governments as well as the public can expect going forward. First, this report sets forth the nature and impact of the opioid crisis nationally and in Maryland, and describes Maryland's response prior to the emergency declaration. Second, it explains the role of executive orders in setting up the collaborative state and local framework coordinated by the OOCC. Third, this report reviews the accomplishments achieved during the emergency period. Finally, it discusses considerations and challenges as Maryland transitions to the next phase of response and recovery.



A vial of fentanyl, an opioid painkiller.

Background

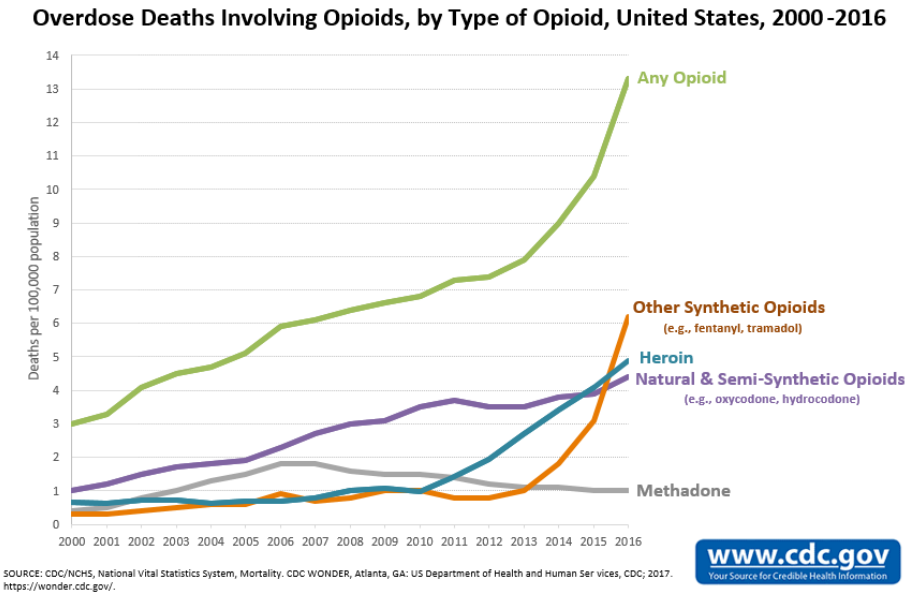
FACTS AND STATS

NATIONWIDE TRENDS

The nationwide opioid epidemic takes the lives of 115 Americans every day.[1] This number increased every year from 2000 to 2016 and, largely fueled by a recent spike in heroin- and fentanyl-related deaths, it has risen dramatically in recent years.[2] After remaining relatively stable from 2006 to 2013, deaths involving synthetic opioids like fentanyl averaged an 88% annual increase from 2013 to 2016, doubling from 2015 to 2016 alone. Since 2010, heroin-related deaths have risen at a faster rate than before.[3] According to the National Survey on Drug Use and Health, 11.8 million Americans aged 12 and older misused opioids in 2016, 97.4% of whom misused prescription pain relievers and 92% misused prescription opioids but not heroin. More than half of those who misused pain relievers obtained them from a friend or relative, but over a third came from a doctor's prescription.[4]

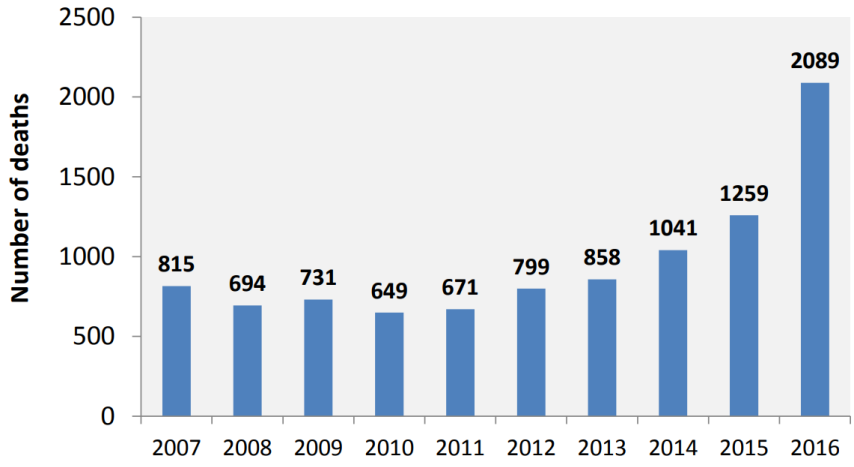
"As a mother I feel helpless to save my son. The barriers we face are enormous. These include lack of quality treatment facilities, denied insurance claims, stigma, discrimination, judgment, and beyond…"

—Carin Miller, parent and advocate



[1] CTRS. FOR DISEASE CONTROL AND PREVENTION, *Drug overdose deaths in the United States continue to increase in 2016*, https://www.cdc.gov/drugoverdose/epidemic/index.html (last visited Jan. 23, 2018).
[2] CTRS. FOR DISEASE CONTROL AND PREVENTION, *Opioid Data Analysis*, https://www.cdc.gov/drugoverdose/data/analysis.html (last visited Jan. 23, 2018).
[3] NAT'L CTR. FOR HEALTH STATISTICS, DRUG OVERDOSE DEATHS IN THE UNITED STATES, 1999-2016 4 (Dec. 2017), https://www.cdc.gov/nchs/data/databriefs/db294.pdf.
[4] SUBSTANCE ABUSE AND MENTAL HEALTH SERVS. ADMIN., KEY SUBSTANCE USE AND MENTAL HEALTH INDICATORS IN THE UNITED STATES: RESULTS FROM THE 2016 NATIONAL SURVEY ON DRUG USE AND HEALTH 20-24 (Sept. 2017), https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf.

Total Number of Drug- and Alcohol-Related Intoxication Deaths Occurring in Maryland, 2007-2016.



Maryland has statistically higher rates of drug overdose deaths than the national average.[5] 2016 marked the sixth consecutive year that overall drug- and alcohol-related intoxication deaths increased in Maryland, and since 2010, they have risen over three-fold. In the single year from 2015 to 2016, total intoxication deaths increased from 1,259 to 2,098, signaling a precipitous upward trend.[6] By contrast, motor vehicle accidents accounted for only 569 deaths in 2016.[7] Only two Maryland counties saw a decline in intoxication deaths during this period.[8]

Opioid-related deaths account for the vast majority of drug and alcohol-related deaths in Maryland—89% in 2016—and are increasing at a faster rate than other drug- and alcohol-related deaths. Since 2010, opioid-related deaths have increased by almost a factor of four, and by 70% from 2015 to 2016. Heroin was involved in 247 deaths in 2011, and 1,212 deaths in 2016.[9] Fentanyl, a synthetic opioid 50 to 100 times stronger than morphine, was involved in 26 deaths in 2011, versus 1,119 in 2016, with over a three-fold increase from 2015 to 2016 alone.[10] Prescription opioid-related deaths increased from 2012 to 2016, but in smaller numbers and at lower rates than heroin and fentanyl.[11]

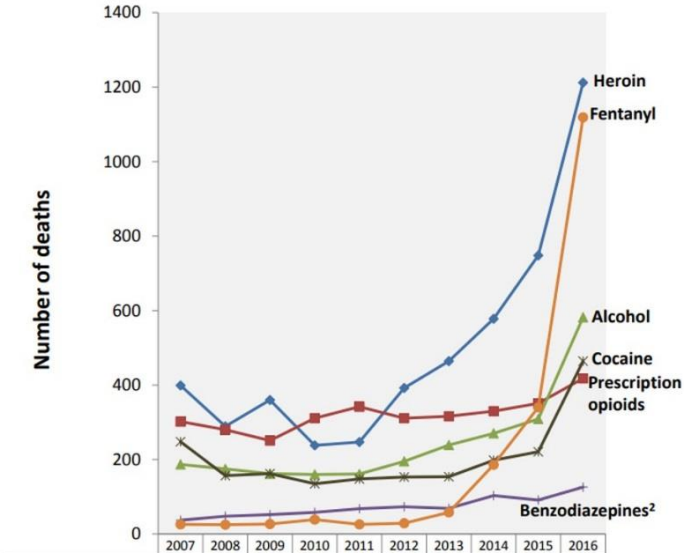
> "As a dad you're supposed to protect your kids. I couldn't protect him from this. I'll never get over this, never. I lost my boy and now I am left to hear my wife cry herself to sleep and yell out his name in the middle of the night."
>
> —Carl Torsch, parent and advocate

[5] NAT'L CTR. FOR HEALTH STATISTICS, *supra* note 3, at 3.
[6] MD. DEP'T OF HEALTH, BEHAVIORAL HEALTH ADMIN., DRUG- AND ALCOHOL-RELATED INTOXICATION DEATHS IN MARYLAND 5 (June 2017), https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Maryland%202016%20Overdose%20Annual%20report.pdf. The chart on this page is adapted from page 8 of the BHA report, and the chart on the next page is adapted from page 12 of the BHA report.
[7] MD. DEP'T OF HEALTH, VITAL STATISTICS ADMIN., MARYLAND VITAL STATISTICS ANNUAL REPORT 164 (2016), https://health.maryland.gov/vsa/Documents/2016_Annual_Report.pdf.
[8] BEHAVIORAL HEALTH ADMIN., *supra* note 6, at 5.
[9] *Id.* at 5, 12.
[10] *Id.* at 12.
[11] *Id.* at 14.

In 2016, most heroin-related deaths involved fentanyl, and vice versa. Similarly, many deaths related to cocaine, benzodiazepines, and alcohol involved heroin or fentanyl, as did many deaths involving prescription opioids.[12]

Preliminary 2017 data show that for the first half of the year, total unintentional intoxication deaths and opioid-related deaths outpaced the numbers for the first half of 2016. From January to June of 2017, there were 1,172 total deaths, compared to 979 in 2016, and 1029 opioid-related deaths, up from 873 in 2016. Although heroin deaths rose only modestly from 579 to 586, fentanyl jumped from 469 to 799. In 2016, Maryland began screening for deaths related to carfentanil—an analogue of fentanyl but 100 times more powerful. In the first half of 2016, it was involved in zero deaths, but 46 were already detected from January to June of 2017. Fortunately, prescription opioid-related deaths declined slightly from 218 in the first half of 2016 to 211 in the first half of 2017.[13]

Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances, Maryland, 2007-2016.



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Heroin	399	289	360	238	247	392	464	578	748	1212
Prescription opioids	302	280	251	311	342	311	316	330	351	418
Alcohol	187	175	162	160	161	195	239	270	309	582
Benzodiazepines	37	48	52	58	68	73	69	103	91	126
Cocaine	248	157	162	135	148	153	154	198	221	464
Fentanyl	26	25	27	39	26	29	58	186	340	1119

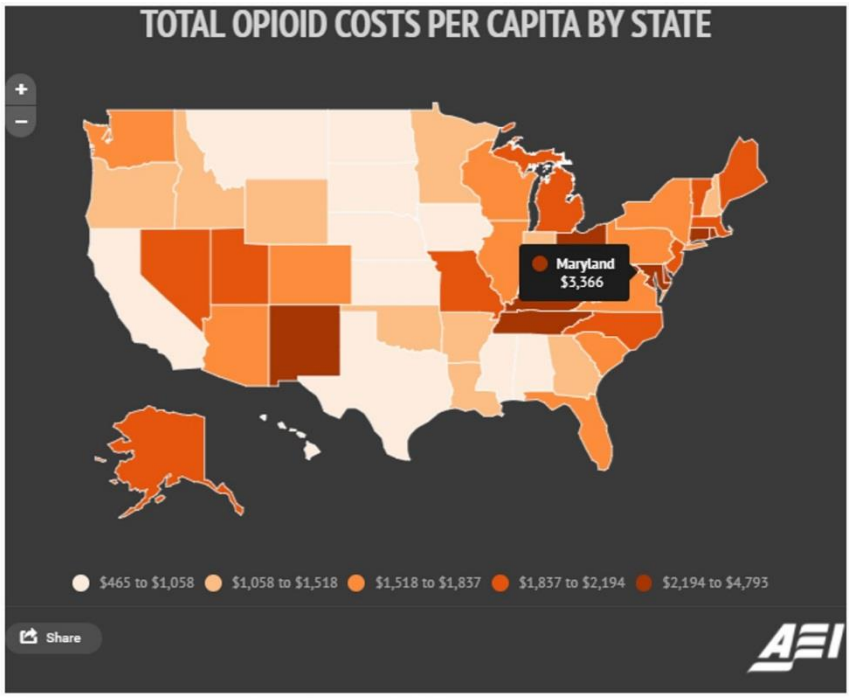
In addition to the extraordinary cost of the opioid crisis in terms of lives lost, the crisis also burdens the healthcare and criminal justice systems, deprives families of family members and future potential earnings, robs society and the workforce of important contributions, and leaves children without their parents. In economic terms, experts estimate the national cost of the opioid problem at tens or hundreds of billions of dollars annually.[14] The economic toll of the opioid crisis in Maryland places it at

[12] *Id.* at 39-41.

[13] MD. DEP'T OF HEALTH, BEHAVIORAL HEALTH ADMIN., UNINTENTIONAL DRUG- AND ALCOHOL-RELATED INTOXICATION DEATHS IN MARYLAND: DATA UPDATE THROUGH 2ND QUARTER 2017, https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Quarterly%20Drug_Alcohol_Intoxication_Report_2017_Q2.pdf.

[14] C.S. Florence et al., *The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013*, 54 MEDICAL CARE 901 (2016) (estimating the 2013 cost to be $78.5 billion); Corwin N. Rhyan, *The Potential Societal Benefit of Eliminating Opioid Overdoses, Deaths, and Substance Use Disorders Exceeds $95 Billion Per Year*, ALTARUM RESEARCH BRIEF (Nov. 16, 2017) (estimating the 2016 cost to exceed $95 billion); THE PRESIDENT'S COUNCIL OF ECONOMIC ADVISERS, THE UNDERESTIMATED COST OF THE OPIOID CRISIS (Nov. 2017) (estimating the 2015 cost to be $504 billion).

#3, compared to all other states, in per capita expenses, and #2 when measuring the epidemic's cost as a percentage of the state GDP.[15]



(Image: American Enterprise Institute)

LAW AND POLICY CONTEXT

Overdose and overdose fatality statistics show the breadth of the problem, and Maryland has worked for years implementing laws and programs designed to reduce addiction and overdoses. These efforts include drug courts and a variety of public health and education initiatives, such as prescription monitoring and overdose response programs. This section describes some of those efforts.

Implementing a team-based, collaborative approach, Maryland's drug court system focuses on rehabilitation instead of criminal punishment for low-level offenders with substance use issues. Multidisciplinary drug court teams work collaboratively with offenders to develop individualized service plans, referring them into treatment programs and monitoring their progress.[16]

[15] FED. FUNDS INFO. FOR STATES, *The Cost of the Opioid Crisis*, 36 STATE POL'Y REPS. 5, 6 (Jan. 2018).
[16] MD. COURTS, *Drug Treatment Courts*, http://www.courts.state.md.us/opsc/dtc/ (last visited Jan. 23, 2018).

On the legislative side, the General Assembly has passed many laws to enhance treatment, prevention, and enforcement. In 2011, state law authorized the creation of the Maryland Prescription Drug Monitoring Program (PDMP).[17] The PDMP tracks data about patients, prescribers, and dispensers for each prescription of a controlled dangerous substance. The information assists law enforcement agencies, enables healthcare providers to screen patients for substance use disorders, and is available for public health research purposes.[18]

Governor Hogan and Lt. Governor Rutherford at a press conference May 25, 2017, when Governor Hogan signed a number of opioid-related bills into law, including the HOPE Act and the prescriber limits law (Photo courtesy of the Office of the Governor).

MDH has been an integral component of Maryland's response to the opioid crisis for many years. In January 2013, the department released its Maryland Opioid Overdose Prevention Plan,[19] detailing six initiatives to address the opioid crisis. These efforts included epidemiological analyses of overdose data, expanded access to treatment for substance use disorder, multidisciplinary public health reviews of fatal overdoses, information sharing and education, planning for abrupt changes in opioid prescribing or dispensing, and supporting local naloxone initiatives. MDH commenced its Overdose Response Program in March 2014 to train and certify individuals to respond to overdoses, including the administration of naloxone. As of February 2018, the program has trained 81,865 individuals.[20] Licensed pharmacists are now allowed to dispense naloxone to anyone at risk of an opioid overdose or anyone in a position to assist with an opioid overdose.[21]

In 2015, the General Assembly continued to reinforce the fight against the opioid crisis. It created the Joint Committee on Behavioral Health and Opioid Use Disorders to oversee state and local programs related to opioid use, including the PDMP and the reports and activities of two executive bodies created by the Governor, the Opioid Emergency Task Force and the Inter-Agency Heroin and Opioid

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[17] MD. CODE, HEALTH-GEN. Art. § 21-2A; MD. CODE REGS. 10.47.07.01 et seq.
[18] MD. CODE REGS. 10.47.07.05.
[19] MD. DEP'T OF HEALTH, BEHAVIORAL HEALTH ADMIN., MARYLAND OPIOID OVERDOSE PREVENTION PLAN (JAN. 2013), https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/MarylandOpioidOverdosePreventionPlan2013.pdf.
[20] MD. DEP'T OF HEALTH, BEHAVIORAL HEALTH ADMIN., *The Overdose Response Program*, https://bha.health.maryland.gov/NALOXONE/Pages/Home.aspx (last visited Feb. 9, 2018).
[21] Howard Haft, Deputy Sec'y for Public Health Servs., Md. Dept. of Health, *Maryland Overdose Response Program: Statewide Naloxone Standing Order* (June 1, 2017), https://bha.health.maryland.gov/NALOXONE/Documents/Statewide%20Naloxone%20Standing%20Order%205.31.17.pdf.

Coordinating Council, discussed below.[22] The legislature also expanded Maryland's Good Samaritan Law, clarifying its protection of individuals who provide assistance during an overdose from arrest and prosecution for drug-related crimes.[23] In the same year, a new law required insurance for prescription drugs to cover "abuse-deterrent opioid analgesic drug products."[24]

> [The opioid] challenge will not be solved overnight . . . . The difficult work is just beginning.
>
> Final Report, Governor's Heroin & Opioid Emergency Task Force, December 2015

In 2016 and 2017, Maryland passed a number of laws to support Maryland's response to the opioid crisis. The General Assembly strengthened the PDMP;[25] authorized the establishment of needle exchanges, under MDH Oversight, in all Maryland counties;[26] and implemented criminal justice reforms, including increased responsibilities for MDH to facilitate the treatment of inmates with substance use disorders.[27] Last year, a new law imposed felony penalties for knowingly distributing or possessing with an intent to distribute fentanyl, any analogue of fentanyl, or a drug mixture containing heroin and fentanyl or an analogue.[28] The Prescriber Limits Act of 2017 requires healthcare providers to prescribe the minimum quantity and effective dose of opioids for pain treatment.[29] The Heroin and Opioid Prevention Effort and Treatment (HOPE) Act bundled several provisions to strengthen substance use disorder treatment, local overdose tracking, controlled dangerous substance registration, drug courts, crisis treatment centers, the health crisis hotline, and community behavioral health providers.[30] Finally, the Start Talking Maryland Act reinforces drug education in public schools.[31]

> "Today I'm thankful for many things and one is the fact that our lives crossed paths. You have helped me through a rough patch in my life. I've learned to speak up more to defend those who suffer from addiction and have more of an understanding of what life must be like for them."
>
> —Impacted family member, speaking about the work of parent and advocate Beth Schmidt

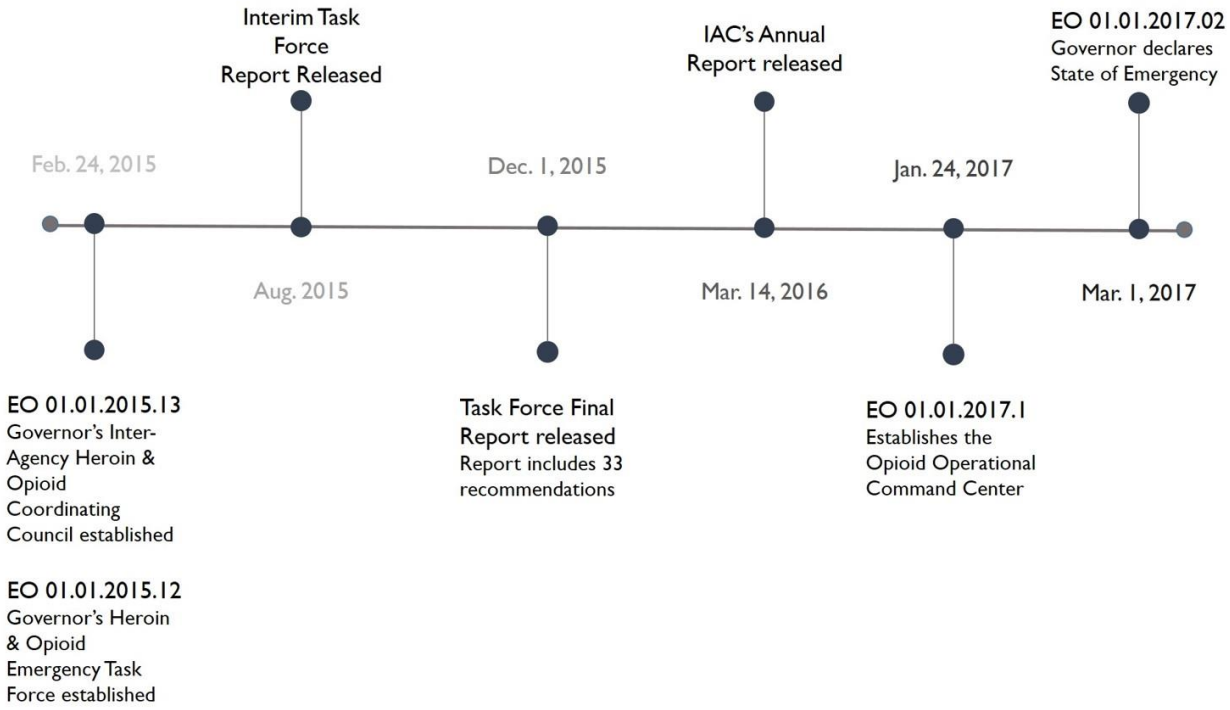
[22] MD. MANUAL ON-LINE, GEN. ASSEMBLY, *Joint Committee on Behavioral Health & Opioid Use Disorders*, http://msa.maryland.gov/msa/mdmanual/07leg/html/com/04behav.html (last visited Jan. 23, 2018).
[23] MD CODE, CRIM. PROCEDURE ART. § 1-210.
[24] MD. CODE, INSURANCE ART. § 15-849.
[25] MD. CODE, HEALTH-GEN. Art. § 21-2A.
[26] MD. CODE, HEALTH-GEN. Art. §§ 24-901—24-909.
[27] S.B. 1005 (Md. 2016).
[28] MD. CODE, CRIM. LAW ART. § 5-608.1.
[29] H.B. 1432 (Md. 2017).
[30] S.B. 967 (Md. 2017).
[31] S.B. 1060 (Md. 2017).

Role of the Governor & Executive Orders

ROLE OF THE GOVERNOR AND EXECUTIVE ORDERS

This report focuses on the work of the Opioid Operational Command Center (OOCC) under the declaration of emergency, which builds on the foundation created by the Hogan-Rutherford Administration. Prior to the OOCC's creation in 2017, Governor Hogan created two other bodies to help identify and implement solutions to Maryland's opioid crisis: the Heroin and Opioid Emergency Task Force (Task Force) and the Inter-Agency Heroin and Opioid Coordinating Council (IAC). The Task Force researched and reported recommendations to enhance Maryland's treatment, prevention, law enforcement, and education efforts, culminating a Final Report with 33 specific recommendations. The IAC oversees the implementation of these specific recommendations as well as Maryland's general strategy for the opioid issue.

Major Milestones in Maryland's Opioid Response



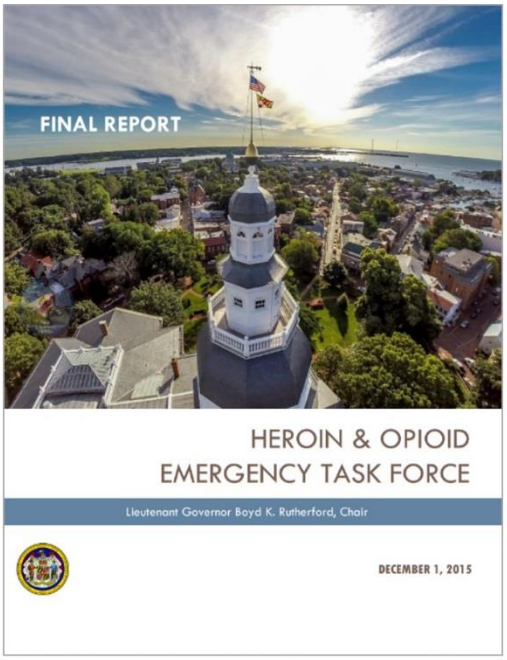
HEROIN AND OPIOID EMERGENCY TASK FORCE

On February 24, 2015, Governor Hogan launched a new offensive against the opioid crisis, focusing on prevention, treatment, recovery, and maximizing the value of extant resources and expertise.[32] Governor Hogan signed two executive orders, creating the Task Force[33] and the IAC.[34]

The first order established the Task Force, led by Lt. Governor Rutherford and comprising a group of government and community stakeholders with diverse expertise in prevention, treatment, law enforcement, and education. Governor Hogan charged the Task Force with advising and assisting his coordination of multi-jurisdictional treatment and prevention efforts across the state; coordinating federal, state, and local law enforcement activities regarding heroin and opioid trafficking; and reporting findings about the impact of the opioid crisis and recommendations for improving treatment, prevention, law enforcement, information sharing, and education.

On August 24, 2015, the Task Force published an interim report[35] enumerating ten recommendations intended for immediate implementation:

- Earlier and Broader Incorporation of Heroin and Opioid Prevention into the Health Curriculum
- Infusion of Heroin and Opioid Prevention into Additional Disciplines
- Heroin and Opioid Addiction Integrated into Service Learning Projects
- Student-based Heroin and Opioid Prevention Campaign
- Video PSA Campaign
- Maryland Emergency Department Opioid Prescribing Guidelines
- Maryland State Police Training on the Good Samaritan Law
- Maryland State Police Help Cards and Health Care Follow-Up Unit
- Faith-based Addiction Treatment Database
- Overdose Awareness Week



The Heroin & Opioid Emergency Task Force's Final Report contained 33 foundational recommendations for combating the opioid crisis.

After almost a year of regional summits across Maryland with local public officials, law enforcement, treatment professionals, researchers, and the families of those affected by the opioid crisis, the Task

[32] OFFICE OF GOV. LARRY HOGAN, *Governor Hogan, Lt. Governor Rutherford Establish Maryland Heroin And Opioid Task Force And Coordinating Council* (Feb. 24, 2015), http://governor.maryland.gov/2015/02/24/governor-hogan-lt-governor-rutherford-establish-maryland-heroin-and-opioid-task-force-and-coordinating-council/.
[33] Md. Exec. Order No. 01.01.2015.12 (Feb. 24, 2015).
[34] Md. Exec. Order No. 01.01.2015.13 (Feb. 24, 2015).
[35] HEROIN & OPIOID EMERGENCY TASK FORCE, INTERIM REPORT (Aug. 24, 2015), https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2015/08/Draft-Heroin-Interim-Report-FINAL.pdf.

Force released its final report on December 1, 2015,[36] identifying the progress made on all ten preliminary recommendations and offering 33 final recommendations across the following seven categories:

- Expanding Access to Treatment
- Enhancing Quality of Care
- Boosting Overdose Prevention Efforts
- Escalating Law Enforcement Options
- Reentry and Alternatives to Incarceration
- Promoting Educational Tools for Youth, Parents, and School Officials
- Improving State Support Services

The report also described nine recent grants totaling over $600,000 from the Governor's Office of Crime Control and Prevention to assist local treatment, prevention, and enforcement initiatives.

INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

Along with the Task Force, Governor Hogan created the IAC on February 24, 2015 as a subcabinet of the Governor.[37] The IAC is tasked with developing processes for state Agencies to share data relevant to the opioid crisis with each other and the Governor.

Inter-Agency Council members attend a quarterly meeting to enhance collaboration on the opioid crisis.

Chaired by the Maryland Department Health (MDH) Secretary, the IAC comprises the heads of the Departments of State Police, Public Safety and Correctional Services, Juvenile Services, Education, and Human Services, as well as the Maryland Institute for Emergency Medical Services Systems, the Governor's Office of Crime Control and Prevention, and the Maryland Insurance Administration.

In August and December 2016, the IAC followed up on the Task Force's recommendations.[38] Its reports documented the progress to date on implementing the Task Force's 33 final recommendations and 10 interim recommendations, including actions taken by the General Assembly, state boards and agencies, and county governments. The IAC continues to convene public quarterly meetings to enhance interagency collaboration and oversee the work of the OOCC, where members of the public

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[36] HEROIN & OPIOID EMERGENCY TASK FORCE, FINAL REPORT (Dec. 1, 2015), https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2015/12/Heroin-Opioid-Emergency-Task-Force-Final-Report.pdf.

[37] Md. Exec. Order No. 01.01.2015.13 (Feb. 24, 2015).

[38] INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL, MID-YEAR REPORT TO THE GOVERNOR (Aug. 2016), https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2016/09/Interagency-Heroin-and-Opioid-Coordinating-Council-Mid-Year-Report-to-the-Governor-August-2016.pdf; INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL, ANNUAL REPORT TO THE GOVERNOR (Dec. 2016).

share their personal stories of how they have been affected by the opioid crisis and the OOCC briefs the IAC on its efforts and accomplishments. Additionally, representatives of state agencies update the IAC on the status of their opioid-related programs, and the IAC checks in with local responders about their promising practices.

OPIOID OPERATIONAL COMMAND CENTER

On January 24, 2017, Governor Hogan and Lt. Governor Rutherford announced the administration's 2017 Heroin and Opioid Prevention, Treatment, and Enforcement Initiative, including $4 million in new funding, several proposed pieces of legislation, and the Opioid Operational Command Center (OOCC). Created by executive order, the OOCC is housed within the IAC.[39] The order listed five duties of the OOCC:

"The administration's 2017 Heroin and Opioid Prevention, Treatment, and Enforcement Initiative includes the creation of a statewide Opioid Operational Command Center to assist in breaking down governmental silos and to aid in the coordination of federal, state, and local resources."

—From Governor's Jan. 24, 2017 Press Release announcing the creation of the OOCC

- Develop operational strategies to continue implementing the recommendations of the Heroin and Opioid Emergency Task Force;
- Collect, analyze, and facilitate the sharing of data relevant to the epidemic from state and local sources while maintaining the privacy and security of sensitive personal information;
- Develop a Memorandum of Understanding among state and local agencies that provides for the sharing and collection of health and public safety information and data relating to the heroin and opioid epidemic;
- Assist and support local agencies in the creation of Opioid Intervention Teams that will share such data; and
- Coordinate the training of and provide resources for state and local agencies addressing the threat to the public health, security, and economic well-being of the State.

Inter-Agency Council and OOCC state partners.

[39] Md. Exec. Order No. 01.01.2017.01 (Jan. 24, 2017).

Because a thorough and robust response to the opioid crisis spans the domains of treatment, prevention, and enforcement, the emergency declaration leverages Maryland's emergency management expertise to connect interdisciplinary partners that usually work independently. Using the Incident Command System (ICS) structure and National Incident Management System (NIMS) principles, the OOCC coordinates partners across state agencies to manage the finance, planning, and operations of the State's opioid response efforts. This allows the OOCC to serve as a clearinghouse for new ideas and data-driven best practices, providing a backbone to support, coordinate, and connect the local Opioid Intervention Teams responding to the crisis on the ground, both during and after the emergency.

Governor Larry Hogan, Lt. Governor Boyd Rutherford joined with Dennis Schrader from MDH, Governor's Office of Crime Control and Prevention Executive Director Glenn Fueston, MEMA Executive Director Russ Strickland, OOCC Executive Director Clay Stamp, and local Anne Arundel stakeholders to announce the creation of the OOCC.

The OOCC's preliminary work revealed the necessity of a call to action to bring together partners from across state agencies and local jurisdictions. Citing the continued escalation of the opioid crisis, Governor Hogan issued an executive order declaring a state of emergency "pertaining to the need to control and eliminate the heroin, opioid, and fentanyl overdose crisis,"[40] making Maryland one of the first states to declare an emergency and implement an ICS system in response to the opioid crisis. By declaring a state of emergency, Governor Hogan elevated the conversation about opioids, making space for the public and the government to focus on the problem and collaborate on finding solutions. The order created a position in the Maryland Emergency Management Agency to carry out several duties, including directing state agencies to "assist, engage, deploy, and coordinate available resources," coordinating local operations, raising public awareness, and authorizing the procurement of necessary supplies and equipment.

"The OOCC's work made it clear that the state needed greater flexibility to activate emergency teams in jurisdictions across the state and engage local communities."

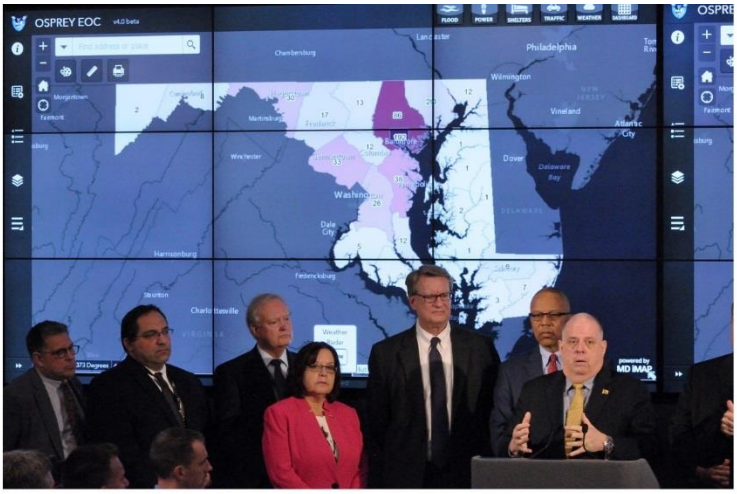
—Governor's March 1, 2017 Press Release announcing the declared state of emergency

The creation of the OOCC and the emergency declaration initiated a short-term mobilization and crisis management phase. This means establishing state and local organizational structures capable of connecting and guiding state and local partners for the duration of the declared emergency and beyond. A major accomplishment, discussed later in this report, was the creation of Opioid Intervention Teams in all 24 Maryland jurisdictions. OITs are collaborations between local emergency management

[40] Md. Exec. Order No. 01.01.2017.02 (March 1, 2017).

and health departments that develop and implement innovative approaches to the opioid problem tailored to the needs of their communities.

Along with the declaration of emergency, Governor Hogan announced $50 million over five years in additional funding.[41] Combined with the $10 million obtained through the federal 21st Century Cures Act and $2.1 million from the Governor's Office of Crime Control and Prevention, Maryland has over $22 million of additional funds in fiscal year 2018 to supplement its already-robust investment in the fight against the opioid crisis. These funds support a variety of prevention, enforcement, and treatment initiatives in all 24 of Maryland's local jurisdictions.[42] These local initiatives include, for example, educating patients and prescribers about opioids, expanding medication-assisted treatment, and distributing naloxone to communities, hospitals, police officers, and first responders.



Governor Hogan announces declaration of state of emergency for opioid, heroin, and fentanyl crisis in Maryland (Photo courtesy of the Governor's Office).

State-level projects include expanding the use of tools to screen for risk factors associated with substance use disorder in hospitals and reviewing overdose deaths to enhance prevention efforts, as well as certifying residential facilities that help people recover from addiction and substance use disorders. One program supports public school-based services related to behavioral and substance use disorder, and another promotes information sharing and cooperation to enhance drug law enforcement.[43]

To assess and guide these state and local efforts, the OOCC collects data for 18 uniform performance metrics, grouped under four goals:[44]

- Prevent new cases of opioid addiction and misuse
- Improve early identification and intervention of opioid addiction
- Expand access to services that support recovery and prevent death and disease progression

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[41] OFFICE OF GOV. LARRY HOGAN, *Hogan-Rutherford Administration Declares State of Emergency, Announces Major Funding to Combat Heroin and Opioid Crisis in Maryland* (March 1, 2017), http://governor.maryland.gov/2017/03/01/hogan-rutherford-administration-declares-state-of-emergency-announces-major-funding-to-combat-heroin-and-opioid-crisis-in-maryland/.

[42] *Before it's too late*, http://beforeitstoolate.maryland.gov/state-approves-opioid-intervention-team-plans-for-all-24-local-jurisdictions/ (last visited Jan. 23, 2018).

[43] Before it's too late, *State Approves Opioid Intervention Team Plans for all 24 Local Jurisdictions* (Oct. 24, 2017) http://beforeitstoolate.maryland.gov/state-approves-opioid-intervention-team-plans-for-all-24-local-jurisdictions/.

[44] For additional information on statewide goals and objectives, see Accomplishments, below.

- Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic.

As a neutral coordinating body, the OOCC has regular meetings and calls with state and local partners. The OOCC also launched social media presence and a website, BeforeItsTooLateMd.org, with resources for the public on overdose awareness, prevention, and response, as well as news and information about upcoming events.

OOCC CORE FUNCTIONS

Established by executive order, the OOCC's core functions include:

- Coordination & Enhancement of State Partners
- Coordination & Enhance of Local Opioid Intervention Teams
- Data Collection & Analysis
- Funding Oversight
- Communications & Reporting

Maryland Accomplishments

MARYLAND ACCOMPLISHMENTS DURING THE DECLARED STATE OF EMERGENCY

Maryland's unique response, and a key to its success, is that the Administration, the Inter-Agency Council, the Governor's Heroin and Opioid Emergency Task Force, the OOCC, and partnering agencies and jurisdictions have recognized that opioid abuse is a complex human problem that requires a resource-intensive response. In advocating for, and enacting, a balanced approach to the opioid crisis response, Maryland's Task Force and the OOCC recognized the role of numerous social, economic, criminal, and psychological factors. To that end, Maryland has been the lead, not only in declaring a state of emergency for the opioid crisis, but also in emphasizing a balanced response that addresses the Governor's vision of prevention, enforcement, and treatment and recovery through innovative solutions. This approach has helped Maryland create a response structure that has the buy-in and full participation of all 24 jurisdictions through the Opioid Intervention Teams (OITs), and attain remarkable state-level agency participation.

"Due to the Hogan-Rutherford administration's leadership and the support of our local partners, we are driving state and local coordination at a high level, and elevating the response to the opioid crisis in our communities."

—Clay Stamp, Executive Director, Opioid Operational Command Center

During this emergency declaration period, Maryland, through the OOCC and its partners, has made tremendous progress. The emergency declaration prioritized and organized a statewide opioid response, and in doing so, allowed jurisdictions, agencies, and the state to set up a comprehensive response framework. Though the emergency declaration represents the initial phase of a much longer response effort, Maryland has made demonstrable progress during this period. Major accomplishments are discussed below.

Clay Stamp, OOCC Executive Director, addresses Maryland stakeholders and response partners.

CREATION AND MATURATION OF THE OOCC

Under the Executive Order that created it, the OOCC serves as the operational coordination entity within the Inter-Agency Heroin and Opioid Coordinating Council. Made of 14 state agencies, 7 statewide partner organizations, and 24 local jurisdiction Opioid Intervention Teams (OITs), the OOCC has worked to create a coordinated, comprehensive response, and to build that response into a sustainable framework for addressing the opioid and heroin crisis on a continuing, long-term basis. The creation and maturation of the OOCC is one of the emergency's biggest accomplishments.

The OOCC, established prior to the declaration, evolved to meet the needs of Maryland stakeholders and jurisdictions. The Opioid Intervention Teams (OITs), which address issues and implement programs at the jurisdictional level, are a large part of this success. As it looks to transition from a state of emergency, Maryland can do so with the full engagement of the state and local levels in the opioid response. The OOCC leveraged the expertise of state and local stakeholders and the strengths of the emergency management system, such as a modified ICS structure, integrating different disciplines like law enforcement and public health to create a response framework that can continue the work of opioid response without a declared state of emergency.

Maryland stakeholders gather to share approaches and best practices for addressing the opioid crisis.

ELEVATE, BALANCE, ANALYZE, & COMMUNICATE

From its inception, the Opioid Operational Command Center was tasked by Executive Order with serving as the operational coordination entity for Maryland's opioid response. The following are recurring themes in Maryland OOCC's work:

Elevate the conversation about opioid and heroin abuse, and in doing so, reduce the stigma of addiction.

Balance the statewide response, to address prevention, enforcement, and treatment.

Analyze quality, collected data and use that data to drive decisions.

Communicate and help set expectations about statewide efforts. Much of the work being done, such as prevention through education, is a long-term strategy.

CREATION OF STATEWIDE GOALS AND OBJECTIVES

From the OOCC's creation, Maryland stakeholders' embraced the Governor's vision of opioid prevention, enforcement, and treatment. During the response to the declared emergency, stakeholders developed clearly defined goals and objectives that now drive the comprehensive response framework focused on prevention, enforcement, and treatment. This is one of the most noteworthy accomplishments of the OOCC because these goals and objectives reflect the immediate needs of the state and provide a roadmap for moving forward, with or without a state of emergency. Furthermore, the goals and objectives include performance metrics that track on-the-ground progress. Additionally, funding for current and new initiatives is tied to the goals and objectives, ensuring that work moving forward will remain focused on the priorities Maryland has established as its response foundation.[45] In this way, the OOCC has created a structure that allows for accurate, consistent reporting while ensuring jurisdiction-specific programs fulfill statewide goals and objectives. The Administration's primary initiative areas of Prevention, Enforcement, and Treatment are integrated throughout the following goals; objectives provide program-level steps that can be taken.[46]

Statewide goals and objectives, created and supported by Maryland stakeholders, provide a foundation for current efforts as well as a roadmap for future efforts.

Goal 1 Prevent new cases of opioid addiction and misuse.

Goal 2 Improve early identification and intervention of opioid addiction.

Goal 3 Expand access to services that support recovery and prevent death and disease progression.

Goal 4 Enhance data collection. Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic.

[45] For additional information on metrics and performance measures, see the Inter-Agency Heroin & Opioid Council Coordination Plan.
[46] For a list of corresponding objectives to these goals, see Appendix A.

INFORMATION SHARING

One of the biggest challenges states face when responding to the opioid crisis is the need for accurate, shared information. This information may include data about overdoses and overdose deaths, programmatic efforts to reduce addiction or increase access to treatment, available funding, or best practices. Through the coordination efforts of the OOCC, Maryland has created a more complete common operational picture for state and local response partners, enhancing its ability to efficiently respond to the opioid crisis. This information sharing takes place in several forms, highlighted below.

REPORTING ON STATEWIDE EFFORTS

IAC

Created by Executive Order in 2015,[47] the Inter-Agency Heroin and Opioid Coordinating Council (IAC) holds quarterly meetings that are open to the public. These meetings provide the opportunity for Secretary-level agency executives to share with their counterparts and the public about their agencies' ongoing efforts to address the opioid crisis. Over time, these meetings have provided opportunity for in-depth discussion, and often include subject matter experts presenting on relevant topics or issues. Additionally, the IAC has invited other agencies to join meetings as needed, and coordinates communication among participating agencies to foster collaboration.

OOCC

With the emergency declaration, the OOCC, in keeping with the Incident Command System (ICS), has created Incident Action Plans for each 2-week operational period. These IAPs set short-term goals and drive progress by identifying concrete actions to be taken during each period. Additionally, beginning in April 2017, the OOCC began regularly briefing the IAC on the OOCC's actions, progress, and future plans. These briefings help ensure that participating agencies have a common understanding of the efforts and progress throughout the state—reducing redundancy efforts and increasing efficiency.

IAC members, state partners, and others attend an Inter-Agency Council meeting (Photo courtesy of the Executive Office of the Governor).

[47] *See* Md. Exec. Order No. 01.01.2015.13 (Feb. 24, 2015).

Furthermore, the OOCC developed a statewide alert notification protocol to rapidly disseminate alert notifications to over 500 partners and their broad networks, including physicians, nurse practitioners, and pharmacists. Alerts cover a spectrum of topics, such as carfentanil-related fatalities, healthcare facility shutdown, counterfeit pills, and first responder safety guidelines.

OITS

Beginning in June of 2017, existing Opioid Intervention Teams (OITs) began regular reporting to the OOCC about local efforts, including programmatic progress toward the statewide goals and objectives. By August 2017, all 24 jurisdictions were participating. OIT reporting allows jurisdictions to identify barriers to implementation and additional areas that need to be addressed. Monthly briefings allow the OOCC to identify trends, challenges, and resources for responding to the opioid crisis.

BEST PRACTICES

In addition to enhanced data sharing, the OOCC has brought together stakeholders, allowing them to share best practices for programs and response efforts. One such example includes an all-day Best Practices Swap and Share, which occurred in December 2017 and highlighted 14 promising OIT programs. The OOCC also encourages ongoing education and discussion amongst its members through a biweekly webinar series, addressing topics such as Responder Safety, Insurance Updates, and the Crisis Hotline. Webinars frequently have more than 100 attendees during the live session, and are recorded and then made available to state and local agencies through the OOCC website. Similarly, the OOCC partnered with the Maryland Hospital Association for a five-part webinar series addressing *Hospitals' Role in Addressing the Opioid Crisis*.[48]

ONGOING STAKEHOLDER EDUCATION

Since the declared state of emergency, the OOCC has hosted a biweekly webinar series for internal stakeholders, focusing on topics relating to the opioid response. Past topics include:

- Information on Washington-Baltimore HIDTA
- Public Safety
- Maryland Insurance Administration Updates
- Education
- Treating Youth with SUD within the Department of Juvenile Services
- Crisis Hotline
- Opioids and Work: Impacts and Opportunities
- First Responder Safety
- Task Force Initiatives from the GOCCP
- Legislative Updates
- PDMP and the Office of Controlled Substances Administration

[48]For more information or to view the webinars, see MD. HOSP. ASS'N, *Opioid Resources for Hospitals*, http://www.mhaonline.org/resources/opioid-resources-for-hospitals (last visited Jan. 25, 2018).

COORDINATED DATA COLLECTION ON ABUSE AND OVERDOSE STATISTICS

A recurring challenge to the opioid response is having accurate overdose and fatality data. As fatality reports (collected, analyzed, and released through the Maryland Department of Health's Behavioral Health Administration (MDH BHA)) are released quarterly, it allows stakeholders to more rapidly identify and respond to opioid abuse trends. This data is also now available to select partners in the OOCC, allowing state agencies to provide a more complete picture through joint analysis. For example, the Governor's Office of Crime Control and Prevention, which houses its own statistical data analysis capability, now collaborates with MDH BHA on fatality analysis. Additionally, many local jurisdictions are now reporting fatal and nonfatal overdose data to the Baltimore/Washington High Intensity Drug Trafficking Areas (HIDTA), a mapping system that provides a more complete, near real-time picture of statewide overdoses. HIDTA data helps Maryland identify when areas are experiencing a spike in overdoses, which may indicate that an area is experiencing atypically lethal opioids. Through the OOCC's statewide alert protocol, the OOCC can then alert partners to that. Similarly, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) has added opioid-related data questions for EMS to answer when responding to overdose calls. The data collected through these questions will aid in tracking overdose trends. Finally, in partnership with HIDTA, the Heroin Coordinator Grant Program[49] promotes coordinated data sharing between jurisdictions and law enforcement. Coordinators also act as points of contact for OITs, sharing overdose trends and other relevant data. This information sharing has real results: in 2017, the program identified at least 1,042 nonfatal overdose victims for outreach and referral to treatment, identified 33 opioid trafficking organizations, and assisted with investigations that seized nearly $1 million in assets.

"We need current and relevant data to be able to appropriately respond to the needs of the community."

—Local Maryland Jurisdiction

In addition to mobilizing agencies and jurisdictions, the emergency declaration heightened accountability and led to increased communication among stakeholders, both formally and informally. This communication did more than share information; it built and fostered relationships across the state, which has, in turn, encouraged even more collaboration and discussion. These inter-agency relationships ensure that information sharing will continue as Maryland moves into the next phase of the opioid response.

[49] The Heroin Coordinator Grant Program was a recommendation from the Governor's Heroin & Opioid Emergency Task Force Final Report.

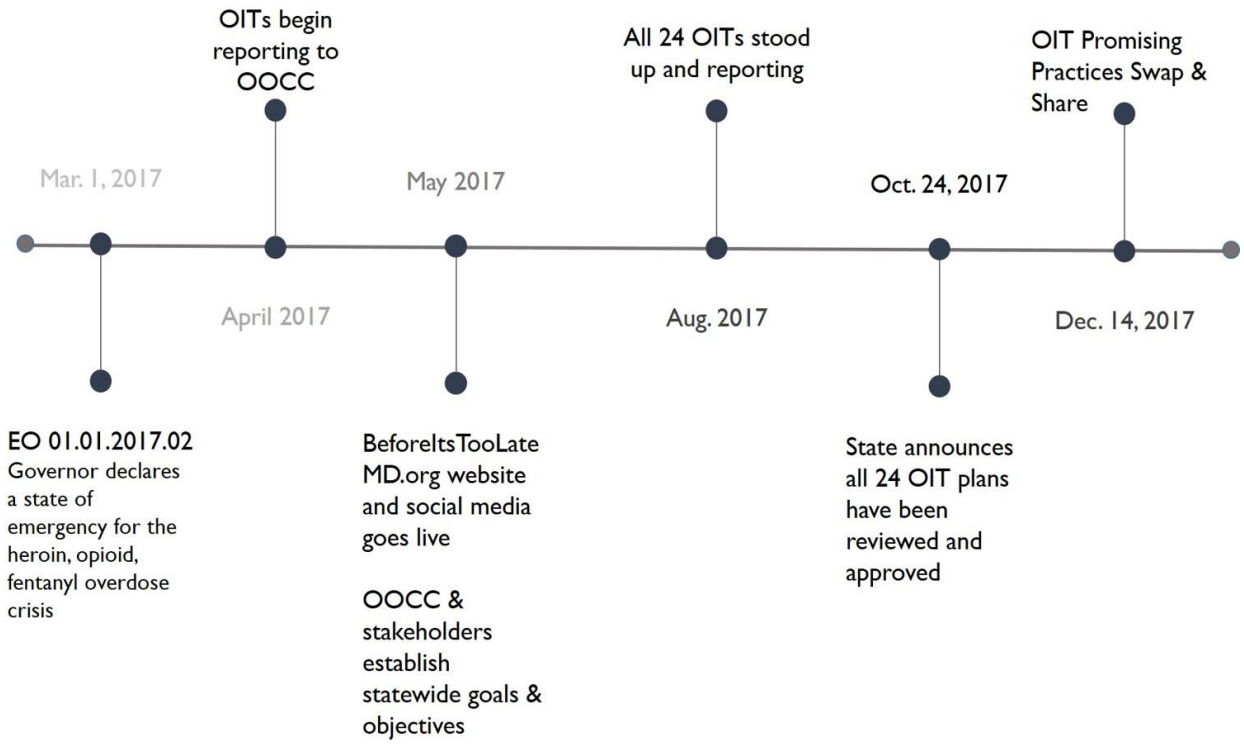
OPIOID INTERVENTION TEAMS

Created by executive order, and developed and activated with funding and support from the OOCC, the Opioid Intervention Teams (OITs) are local jurisdiction multi-agency coordination bodies that complement and integrate with the statewide opioid response. In short, OITs are responsible for addressing the opioid epidemic at the local level, through programs and initiatives tailored to meet the unique characteristics of their jurisdiction. Their active participation has been instrumental to the success of the opioid response effort. Indeed, many programs highlighted throughout this report are the result of the work of OITs. OITs meet monthly, sometimes many times a month, to discuss program implementation, challenges, and new opportunities for additional engagement with the state, local agencies and business, and the public. These teams began meeting and reporting data in June 2017, and by August 2017, all 24 jurisdictions were reporting data and progress in a uniform manner that linked to the statewide goals and objectives.

"The OITs' efforts demonstrate a comprehensive and balanced approach across the state to combat this crisis, which is vital to turning the tide."

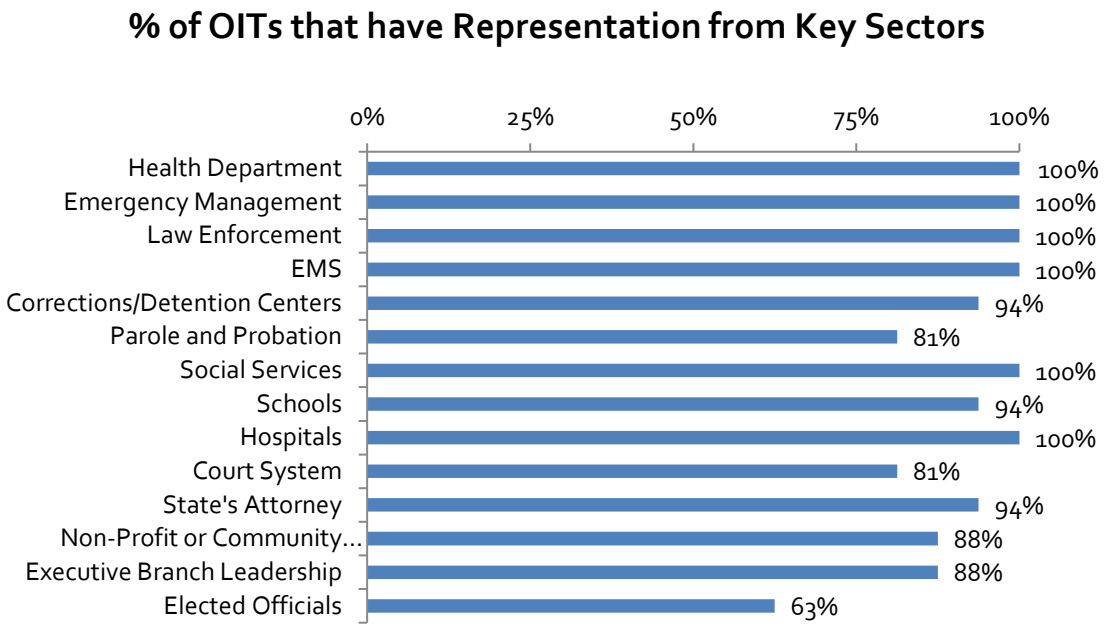
—Clay Stamp, OOCC Executive Director

Milestones for Maryland's Opioid Intervention Teams



OITs have been foundational in bringing together agency partners, such as emergency management and health departments, together to comprehensively address the opioid crisis at the local level. The

result of this relationship building cannot be underestimated. As of December 2017, 100% of Maryland jurisdictions had representation from health departments, emergency management, law enforcement, EMS, social services, and hospitals in their OITs meetings. Additionally, almost all jurisdictions reported representation from correction/detention centers, parole and probation programs, schools, the court system, and the State's Attorney's Office.



Reporting from jurisdictions in December 2017 showed significant representation from sectors key to the opioid response.

OITs brought together agencies that have historically responded to the opioid crisis within their own sectors, enabling their coordination, fostering relationships, removing barriers to implementation, encouraging innovation and multi-agency efforts, and reducing redundancies of effort. Furthermore, sectors that have historically not been aligned in policy, such as law enforcement and treatment sectors, have been working together in an increasingly interconnected way that leverages expertise.

The funding that OITs receive is critical to this success. In 2017, OITs directly received $4 million statewide to assist in program implementation. As part of their grant requirements, OITs submitted program spending plans to the OOCC; in October 2017, all 24 jurisdictions' plans had been reviewed and approved.[50] These plans document programs jurisdictions will implement or supplement, as well as how the programs link to statewide goals, objectives, and performance measures.

[50] For additional information, see BEFORE IT'S TOO LATE, *State Approves Opioid Intervention Team Plans for all 24 Local Jurisdictions* (Oct. 24, 2017), http://beforeitstoolate.maryland.gov/state-approves-opioid-intervention-team-plans-for-all-24-local-jurisdictions/.

Stakeholder collaboration and coordination affords the opportunity to discuss programs and address new challenges, a critical component of Maryland's successful response so far. This becomes apparent in looking at progress across the state achieving goals, identifying and addressing challenges, sharing experiences and expertise.

Under the OITs, Maryland has achieved significant programmatic progress toward its statewide goals and objectives in less than six months. The OITs have made clear that often the barrier for many jurisdictions is not a lack of legal precedent, but of programmatic precedent. Once that barrier is removed, other jurisdictions feel free to innovate programmatically, leading to new solutions and successes. Programs typically fall into statewide goals: preventing opioid abuse through information, education, and awareness campaigns (outreach campaigns for schools, parents, and communities; patient and prescriber education); and expanding access to care and treatment (screening and referrals; naloxone education and distribution; treatment expansion, mobile crises services; peer recovery support).

Throughout the efforts, the OOCC has worked to identify and track progress toward achieving goals and objectives as expressed by the OITs, those with the most direct vantage point. OITs were asked to identify whether their jurisdiction had:

- Comprehensive programs in place to address the objective;
- Some programs in place to meet the objective, but needed more; or
- Significant program gaps and/or challenges to meeting the objective.

EDUCATION & OUTREACH EFFORTS

Maryland has worked through the OOCC and its local partners to raise awareness about opioid abuse and addiction. Outreach programs often take the form of public service announcements, events held in schools, or even working with local newspapers to raise awareness.

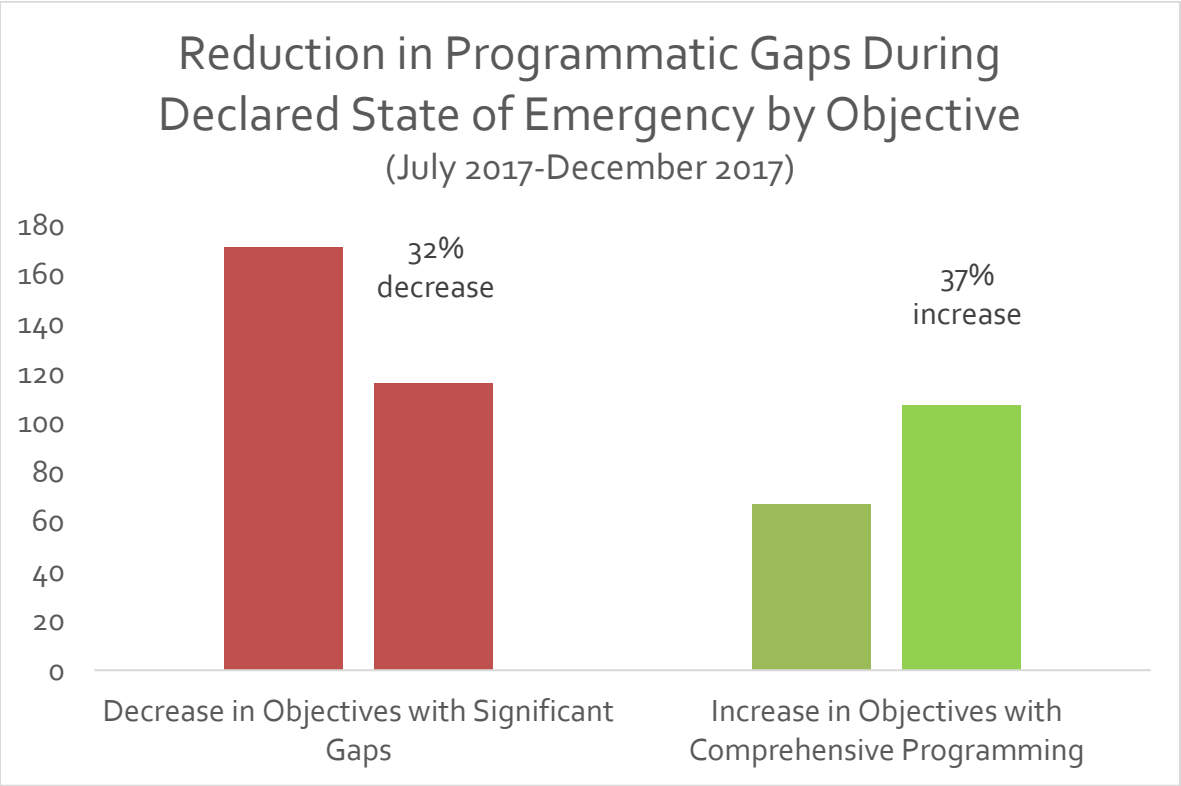
Caroline County's Community Awareness Presentations educate the community about the opioid and heroin crisis in Maryland, and fosters conversation about its impact on the entire community.

Cecil County partnered with its one of its local papers to publish "Voices of Recovery," a year-long, weekly series featuring residents that had struggled with substance use disorder and were in recovery.

Talbot County launched Talbot Goes Purple, a public awareness campaign that delivered drug education, focusing on schools, sporting events, and civic organizations. Citizens were asked to display purple lights to raise awareness about the education campaign; community response was overwhelming.

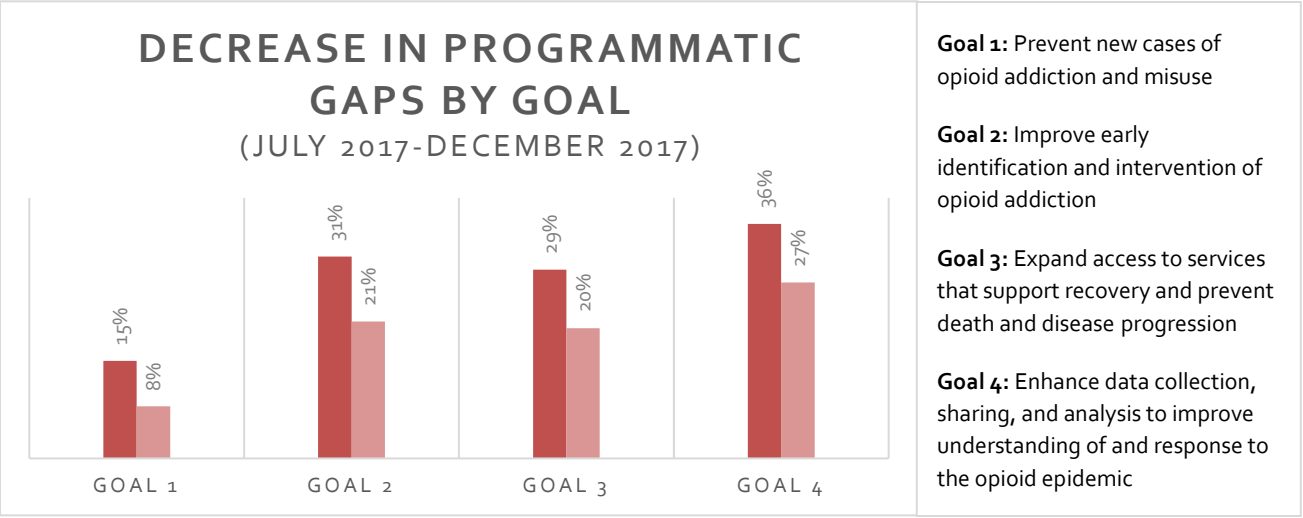
Cecil County's website on opioid misuse, which includes stories of recovery.

The initial statewide progress across all jurisdictions showed that while there were significant gaps and challenges, already many jurisdictions were well-positioned to set the foundation for success and leverage that foundation to achieve even more. In fact, in July and August of 2017, many jurisdictions, while identifying significant program gaps, were able to report some programs in place for a number of objectives. Nonetheless, OIT reporting in December 2017 charted significant programmatic progress in each goal and objective.

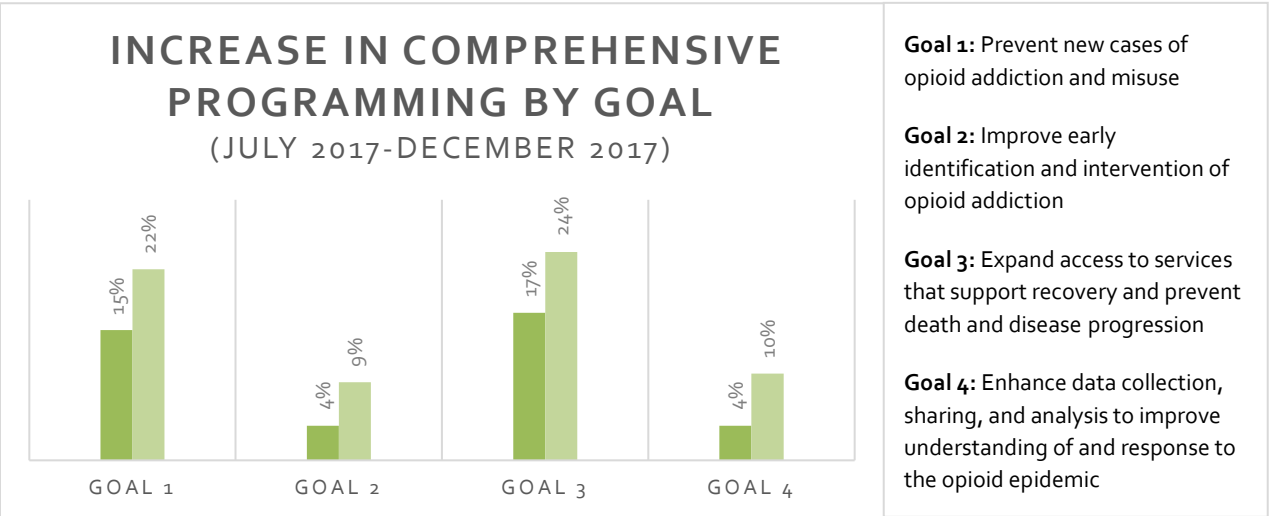


This data shows a state progressively moving toward comprehensive programs in place to address all statewide objectives. In fact, by December 2017, a majority of jurisdictions reported at least a 20% reduction in gap areas across all goals and objectives; 9 jurisdictions reported at least a 50% reduction in gaps. Additionally, in December 2017, 4 Maryland jurisdictions reported some or comprehensive programs in place for all goals and objectives.

Looking only at the reporting for objectives with comprehensive programs in place, the progress becomes clearer. During the past six months, objective programmatic gaps declined across Objectives for all four Goals during the past 6 months. In December 2017, jurisdictions reported no programming to address 8% of Goal One Objectives, a decline of nearly 50% from levels observed in July/August of 2017. Similarly, the proportion of respondents reporting Goal Two and Three objective gaps declined by approximately a third. Goal Four objective gaps decreased by 25%.



Conversely, the proportion of jurisdictions reporting comprehensive programs to address objectives increased significantly across all four goal areas. The percentage of jurisdictions reporting comprehensive programs to address Goal One Objectives rose from 15% to 22%. The share of jurisdictions reporting comprehensive programs to address Goal Three Objectives increased from 17% to 24%. Most strikingly, the proportion of jurisdictions reporting programs to address objectives for Goals Two and Four doubled.



As of December 2017, most objectives have at least some programs in place. That the percentages of objectives with some programmatic measures in place remained fairly constant reflects not a lack of progress, but the nature of this crisis and the need for long-term programs.

Along with clear and continuing progress across the state toward achieving the goals to address the opioid crisis, there are excellent examples that exemplify the work being done in communities across Maryland. For example, Anne Arundel's Safe Station initiative offers Annapolis or Anne Arundel County residents help for substance abuse at any time by making police departments and fire stations "safe stations" with personnel that will help the resident get access to care and treatment. Safe Stations is a successful collaboration between Anne Arundel County and Annapolis City Fire Departments, and the County State's Attorney's Office. As of December 2017, there are currently 38 locations participating. Since August of 2017, Safe Stations has helped 159 people, 58% of whom have moved forward with treatment.

Another successful OIT initiative is the Wicomico County Community Outreach Addiction Team (COAT) program, launched in 2016, but receiving funding through the OOCC. The COAT program partners with the State's Attorney's Office, Peninsula Regional Medical Center, and the Sheriff's Department to link those suffering from a substance use disorder in Wicomico County to the resources they need, such as peer support specialists for overdose calls. Peer support specialists are individuals that at one time had a substance use disorder but now offer support and guidance to others fighting a substance use disorder.

Other jurisdictions are increasing awareness and education efforts. Programs such as these, and myriad others, are mentioned throughout this report. These programs are making a life and death difference across the state to Marylanders, their families, and their communities.

OIT PROMISING PRACTICES SWAP & SHARE

In December 2017, the Maryland Opioid Operational Command Center hosted a "Swap & Share" of promising practices for OITs across the state. OIT leads and other stakeholders from Maryland's 24 jurisdictions attended.

Lt. Governor Boyd K. Rutherford commended the work of the OITs, saying:

"It's at the local level—in neighborhoods, in schools, in places of worship—where we are all making the biggest impact in fighting the heroin and opioid epidemic. Individually, you are changing your communities, but by working together even more and by replicating what you learn today in your own neighborhoods, just think about how we can change our state and its future."

Lt. Gov. Rutherford addresses state and local stakeholders at the OIT Swap & Share.

PROMISING PRACTICES SUMMARY CHART

Washington County	**Day Reporting Center (DRC)** – Run by the Sherriff's Office, the DRC is a non-residential alternative to incarceration that provides a minimum of 6 months of supervision, medication-assisted treatment, and cognitive restructuring to offenders with substance use disorders.
Calvert County	**Project Phoenix** – Identifies and assigns case managers to individuals with mental health and/or substance use disorders who frequently use emergency department and inpatient services, improving their access to social and medical services, including medication-assisted therapy for opioid use disorders.
Cecil County	**Local Paper Testimonials** – In collaboration with the County Health Department, a local newspaper, Cecil Whig, published inspirational weekly profiles of residents who overcame substance use disorders.
Montgomery County	**Stop, Triage, Engage, Educate, and Rehabilitate (STEER)** – STEER diverts low-level drug offenders with substance use disorders into treatment services instead of the criminal justice system. Case managers and peer recovery coaches support the individual's recovery.
Frederick County	**"Dream Big" Art Exhibit** – As a part of the annual "Kids Like Us" exhibit supported by the county school system and health department, Dream Big gives children an outlet to express themselves and raise awareness about the substance use issues they see in their homes.
Kent County	**A.F. Whitsitt Center** – Through partnerships with local stakeholders like the Sherriff's Department, the State's Attorney's Office, and public schools, Center enhanced its prevention, treatment, and recovery programs, such as Recovery in Motion, in response to the opioid crisis.
Talbot County	**Talbot Goes Purple** – Working with public schools and Tidewater Rotary, the Sherriff's Office delivered about 100 drug awareness talks throughout the community, at sporting events, churches, and other locations.
Anne Arundel County	**Safe Stations** – Individuals seeking help with their substance use disorders can visit any fire or police station in Anne Arundel County or Annapolis City for a referral to treatment.
Harford County	**H.O.P.E. House** – Standing for Heroin Overdose Prevention Effort, the H.O.P.E. House is a mobile trailer that models a bedroom and bathroom with signs of drug use. Adults tour the display to learn how to identify these signs.
Baltimore City	**Law Enforcement Assisted Diversion Program (LEAD)** – LEAD authorizes police officers to divert offenders into treatment instead of arresting them, enhancing outcomes for those individuals and rebuilding trust between police and the community.
Howard County	**HC DrugFree** – Provides resources and education about preventing substance use disorders; programs include "In The Know about Opioids" and "Be A Parent Not a Friend: Don't Make Alcohol Available to Teens."
Caroline County	**Public Outreach Sessions and Naloxone** – The county's Community Awareness Presentation involves a video depicting the impact of the opioid crisis, naloxone training sessions, and storytelling time for people to share their personal experiences.
Somerset County	**Student-Led Initiative to Educate and Raise Awareness** – the Substance and Opioid Abuse Awareness Response (SOAAR), led by pharmacy students, increases awareness about overdose and substance use disorder, trains people to recognize overdose and administer naloxone, and promotes treatment and community resources.
Baltimore County	**24/7 Drug Drop Boxes** – The county provides boxes in front of Baltimore County Police Departments to safely dispose of medications so they are not available for misuse. The program also raises public awareness about the need to clear out old unused medications.
Carroll County	**Integrated Behavioral Health, Substance Use Treatment, Resource Support, and Case Management** – Access Carroll, a private nonprofit organization, integrates different kinds of treatment, such as medical, dental, and behavioral care, for at-risk residents. It also provides case management, naloxone training, and other forms of healthcare assistance.
Wicomico County	**Peer Specialist Integration with Law Enforcement and Hospitals** – In collaboration with the State's Attorney's Office, the Sheriff's Department, and Peninsula Regional Medical Center, the Community Outreach Addiction Team (COAT) connects individuals with substance use disorders to treatment and resources, including peer support specialists.

EXPANDING ACCESS TO TREATMENT & RECOVERY SERVICES

The OOCC and its local partners steadily expanded access to treatment and recovery throughout the declared emergency. Many of these programs result from legislative initiatives that are now carried out through the OOCC and its partners. The OOCC has funded a number of programs to increase access to naloxone, in an effort to reduce the number of fatal overdoses. New programs work to identify substance use disorders (SUD) and provide referrals, expand beds for treatment and recovery, and expand access to medication-assisted treatment (MAT), including for incarcerated populations.

"Adequate and immediate treatment for survivors of opioid overdose events, or those at high risk of overdose, is a need, along with recovery beds. The second greatest challenge is having adequate providers for both mental health and substance use disorders to provide timely treatment."

—Local Maryland Stakeholder

EXPANDING ACCESS TO NALOXONE

A number of programs initiated in 2017 seek to provide education on administering naloxone and increase its distribution naloxone to key stakeholders, including police, EMS, fire, government employees, and government buildings. For example, MDH's Naloxone Saturation Project works to bring naloxone to all jurisdictions, either through MDH coordinated efforts, or through direct distribution by local health departments. Allegany County and Charles County, through the OOCC, have ensured its emergency services have naloxone. Similarly, Garrett County has implemented an emergency room-based naloxone distribution and education program, to educate patients and family members on the use of naloxone; individuals also receive naloxone.

In FY 2017, the OOCC has increased naloxone education and distribution:

- **27,663 individuals have been trained in overdose prevention**
- **35,538 of naloxone doses were dispensed to partners.**

INCREASED INTERVENTION

Maryland, through the OOCC and its partners, has made tremendous progress in identifying individuals with SUD. Maryland has established a Health Crisis Hotline to provide crisis support, evidence-based screening, and treatment referrals. Additionally, the OOCC supported expansion of the Screening, Brief Intervention and Referral to Treatment (SBIRT) Program into hospital emergency departments. Already implemented in 10 Maryland hospitals, the OOCC provided funding for implementation in 5 additional hospitals, and works with MDH to implement peer recovery support in all 15 of the hospitals using SBIRT. Furthermore, the Maryland State Department of Education (MSDE) implemented widespread faculty and staff education on substance abuse and prevention, including an initiative to train school staff on SBIRT procedures.

Using SBIRT in hospitals, 33 peer recovery specialists made contact with over 9,600 individuals about substance use disorder and treatment services.

Prince George's County provides county-wide training for staff to improve intervention using SBIRT best practices. Finally, Howard County has initiated SBIRT programs in select correctional facilities.

TREATMENT & RECOVERY SERVICES

The state of Maryland, through the Department of Health, requested and received a Medicaid waiver on a requirement that capped the number of beds in residential treatment centers. This allowed existing facilities to increase inpatient capabilities, including treatment beds with withdrawal management and referral to additional treatment. At the same time, Maryland expanded service reimbursement to include adult residential SUD treatment in the Medicaid program through a Medicaid 1115 waiver. The waiver increases Maryland's ability to offer a continuum of services to Medicaid participants living with SUDs by allowing Medicaid to pay for up to two non-consecutive, 30-day treatment periods in certain facilities.[51] Local jurisdictions, such as Queen Anne's County and St. Mary's County, have also worked to increase access by helping fund treatment for those unable to afford it. Carroll County, working with the nonprofit Access Carroll, which offers integrated health care for its at-risk residents, provides a variety of programs to combat opioid misuse, overdose, and fatalities. For Marylanders seeking authorization or payment for SUD treatment, the Maryland Insurance Administration is actively engaged in outreach and education of providers and consumers. Maryland has worked to ensure that quality care is offered by requiring certification for residential facilities considered "recovery residences."[52] As of November 2017, over 150 recovery residences have been certified.

In 2017, Maryland, through the OOCC, has increased access to treatment and recovery services. Currently,

- **40% of the 82 Opioid Treatment Programs in the public network provide Buprenorphine treatment**
- **2,569 individuals have received 3.7-level treatment (medically monitored, intensive inpatient services)**
- **975 individuals have received have received 3.1-level treatment (clinically managed, low intensity residential services)**

Dennis Schrader, from Maryland Department of Health, addresses Maryland health partners: "We continue to work with local jurisdictions to expand resources for prevention, treatment, and recovery to combat this crisis at every level."

[51] Residential SUD treatment services are delivered in larger facilities known as Institutes for Mental Disease. For additional information, see MD. DEP'T OF HEALTH NEWSROOM, *Maryland Medicaid Initiatives to Combat Opioid Epidemic Rolling out July 1* (June 30, 2017), https://health.maryland.gov/newsroom/Pages/July-1-brings-Medicaid-innovations-to-combat-opioid-epidemic.aspx.

[52] Recovery residences provide alcohol- and illicit drug-free housing for individuals with substance use disorder or addictive disorder. A legislative mandate of House Bill 1211 of 2016, residences must adhere to standards developed by the National Alliance of Recovery Residences.

Additionally, Maryland, through the OOCC and its partners, has removed barriers to obtaining medication-assisted treatment (MAT) by prohibiting insurers and benefit managers that cover SUD benefits from requiring prior authorization for prescription drugs used for opioid use disorders, such as methadone, buprenorphine, or naltrexone.[53] In November 2017, the Maryland House Detox facility, the first stand-alone, inpatient detox center in the state, opened its doors. Local jurisdictions are also working to increase access to medication-assisted treatment, such as Calvert County, which is using OOCC funding to expand MAT access at its Behavioral Health Center.

Maryland has also made significant inroads in providing intervention and treatment for typically overlooked populations, including youth and incarcerated individuals. Through the Department of Public Safety and Correctional Services, Maryland has implemented screening procedures for SUD at correctional facilities[54] and expanded access to, and use of, opioid disorder medications in the criminal system. Additionally, the OOCC has provided funds to the Maryland State Department of Education to explore options for a regional recovery school/program in Montgomery County.

Maryland has also increasingly used peer recovery specialists or recovery support specialists in emergency rooms and stabilization centers. These individuals often serve as treatment resources, such as in Worcester County, where they may

As of January 2018, Maryland has 226 peer recovery specialists statewide.

SUPPORT FOR CHILDREN & YOUTH

Maryland's opioid treatment and recovery focus is not limited to those with substance use disorder; it also offers support to those impacted by substance use disorder, particularly families and children.

Frederick County sponsors the Kids Like Us program, a county program offering counseling support to students who experience substance use issues at home. The program's mission is to help break the cycle of addiction; it hosts a Summer Art Adventure Camp, which culminates in an exhibit showcasing art created by children in program. The art helps children express themselves and gain confidence, and the exhibit raises community awareness about the impact of substance abuse on youth.

Art displayed in the Kids Like Us program's 2017 "Dream Big" art exhibit.

[53] H.B. 887 (Md. 2017).

[54] Howard County, for example, has implemented an SBIRT program in correctional facilities. *See* HOWARD CTY. MD., *Executive Kittleman announces grant for Corrections to expand fight against opioid epidemic* (July 25, 2017), https://www.howardcountymd.gov/News/ArticleID/946/News072517.

also assist in naloxone distribution. Kent County has added two peer recovery specialists to its crisis stabilization center staff; other jurisdictions have hired peer recovery specialists to help with mobile crisis teams, which respond to overdose calls and provide individuals with support and treatment information.

Screening, Brief Intervention and Referral Program

In addition to hospitals, SBIRT has been implemented in approximately 22 primary care locations, across 36 sites, and throughout 10 jurisdictions, including:

- Anne Arundel County
- Baltimore City
- Baltimore County
- Carroll County
- Harford County
- Howard County
- Montgomery County
- Prince George's County
- St. Mary's County
- Worcester County

During this time, over 3,000 individuals have been referred to treatment.

RECOVERY SUPPORT

Recognizing that recovery is a long and difficult process, Maryland has sought to expand extended recovery support as well. For example, the use of peer recovery specialists in crisis residential treatment programs provide care coordination to increase the number of individuals who receive recovery services after leaving residential treatment. The State is also working with the Maryland Hospital Association to develop standard hospital discharge protocols for those treated for drug overdose.[55] DPSCS provides individuals leaving correctional facilities reentry services, including health insurance enrollment, supported referrals to community treatment, supportive housing, and other services.

Finally, Maryland has expanded recovery support services for pregnant women and women with children. Five jurisdictions, including Baltimore City, Baltimore County, Prince George's County, Washington County, and Worcester County, have provided outreach to 299 women; assisted 153 women with families by helping them navigate treatment, social services, housing, and other needs. Baltimore City and Anne Arundel County also provide Supportive Recovery Housing for women and children. In 2017, 29 families were enrolled in the program; most were pursuing employment, working, or attending school.

In 2017, Maryland referred over 2300 substance-exposed newborns for services.

Through the OOCC and its partners, Maryland has been successful in making sure those willing to make the first step are able to make the first step.

SBIRT SCREENING IN HOSPITALS

Ten Maryland hospitals currently use SBIRT screening procedures; MDH and OOCC funding will expand this to 15 hospitals, including:

- Bon Secours Hospital
- Greater Baltimore Medical Center
- Johns Hopkins Bayview Medical Center
- MedStar Franklin Square Medical Center
- MedStar Good Samaritan Hospital
- MedStar Harbor Hospital
- MedStar Montgomery Medical Center
- MedStar Union Memorial Hospital
- Mercy Medical Center
- Meritus Medical Center
- Northwest Hospital Center
- St. Agnes Hospital
- University of Maryland Medical Center
- University of Maryland Medical Center Midtown Campus
- University of Maryland Upper Chesapeake Medical Center

[55] HOPE Act Mandate. *See* H.B. 1329, S.B. 967 (Md. 2017).

ENFORCEMENT

The Governor's vision of prevention, enforcement, and treatment drives the OOCC and its partners; Maryland leads the nation with its balanced approach to combatting the opioid crisis. Maryland's opioid enforcement efforts, for example, dismantle high-level drug trafficking networks while diverting many low-level drug offenders into treatment and recovery. This comprehensive approach to enforcement recognizes the need to decrease the supply of opioids in Maryland, and fosters deterrence and disruption while simultaneously providing treatment and support to those who need it most.

"We are fully committed to supporting Governor Hogan's initiatives to reduce the threat of opioids in the state. Through innovative strategies and funding programs targeted at identifying, disrupting, and dismantling drug trafficking networks we are taking bold steps towards making Maryland a safer place."

—Glenn Fueston, Executive Director, Governor's Office of Crime Control & Prevention

Additionally, measures such as the Prescription Drug Monitoring Program (PDMP) and Prescription Drug Take Back efforts help reduce the supply of prescription opioids, reduce the likelihood that those prescribed opioids will become dependent, and reduce the availability of opioids to those that were not legitimately prescribed them.

WASHINGTON/BALTIMORE HIGH INTENSITY DRUG TRAFFICKING AREAS (HIDTA) AND MARYLAND STATE POLICE RELATED EFFORTS

The Washington/Baltimore High Intensity Drug Trafficking Areas (HIDTA) partnered with the OOCC in a number of programs to improve information sharing, which can then be used to help identify and dismantle drug trafficking networks.

The Heroin Coordinator Grant Program, recommended by the Heroin & Opioid Emergency Task Force Final Report and accelerated in effort after the emergency declaration, has been key to supporting enforcement efforts. This program promotes a coordinated law enforcement and investigative strategy to battle the opioid epidemic through cooperation and data sharing.

Heroin coordinators are located within local jurisdictions. There, they work with each jurisdiction's Drug Task Force and partner HIDTA to disseminate drug-related intelligence. Coordinators serve as the local Opioid Intervention Team (OIT) point of contact on overdose trends, and manage the jurisdictions' drug

Jurisdictions that enter overdose data through ODMap contribute to Maryland's ability to track trends and trafficking networks.

intelligence. As of October of 2017, the program had identified at least 1,042 nonfatal overdose victims for outreach and referral to treatment, identified 33 opioid trafficking organizations, and assisted with investigations that seized nearly $1 million in assets.[56] Similarly, HIDTA works with local fire, EMS, and EMT departments to report and share nonfatal and fatal overdose data through Overdose Detection Map (ODMap). ODMap helps track overdose trends and identify drug trafficking networks.

Maryland drug enforcement initiatives seized over 154,000 grams of heroin, fentanyl, and other opioids in 2017.

Through the efforts of HIDTA initiatives, many that are supported by the State Police, Maryland has had an 80% increase in the amount of heroin seized and a 530% increase in the amount of fentanyl seized between 2016 and 2017.[57]

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) & PRESCRIPTION DRUG TAKE BACK PROGRAMS

Maryland's Prescription Drug Monitoring Program (PDMP),[58] established by the Maryland Department of Health, Behavioral Health Administration in 2011, assists in the identification and prevention of prescription drug abuse. The PDMP monitors the prescribing and dispensing of drugs that contain controlled dangerous substances (CDS), while promoting a balanced use of prescription data. Maryland's PDMP allows providers and

EDUCATION AND OUTREACH EFFORTS

Somerset County is home to the Substance and Opioid Abuse Awareness Response (SOAAR), a University of Maryland Eastern Shore pharmacy student-led initiative. SOAAR educates healthcare professional students and the public through trainings on opioid-related issues, such as recognizing substance use disorder and preventing overdose. The first training, held in April 2017, had more than 150 participants.

Harford County developed the Heroin Overdose Prevention Effort (H.O.P.E) House, an educational tool for adults that allows them to tour a display of a youth's bedroom and bathroom, and learn to identify signs of drug use. On a mobile trailer platform, the H.O.P.E. House is able to travel to events, increasing its ability to reach audiences.

The Harford County H.O.P.E. House Trailer.

[56] For more information, see BEFORE IT'S TOO LATE, *State Approves Opioid Intervention Team Plans for all 24 Local Jurisdictions* (Oct. 24, 2017), http://beforeitstoolate.maryland.gov/state-approves-opioid-intervention-team-plans-for-all-24-local-jurisdictions/.

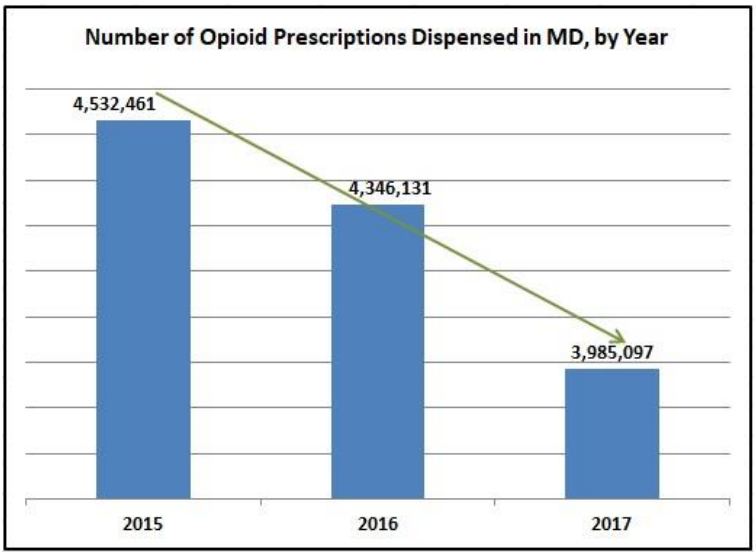
[57] All seizure numbers are reported from Maryland drug initiatives that are funded by the W/B HIDTA. The totals are not all inclusive for the State of MD and are not intended to represent other conclusions.

[58] For more information, see MD. DEP'T. OF HEALTH, BEHAVIORAL HEALTH ADMIN., *Maryland Prescription Drug Monitoring Program*, https://bha.health.maryland.gov/pdmp/Pages/Home.aspx (last visited Jan. 25, 2018).

pharmacists access to their patients' history of prescribed CDS to make an informed prescribing decision.

As part of the Hogan-Rutherford Administration's legislative activities, Governor Hogan signed SB 437, mandating that prescribers of CDS register with the PDMP by July 1, 2017. Beginning in July 2018, prescribers must review their patients prior to prescribing an opioid and every 90 days after, and pharmacists must review PDMP data if they have a reasonable belief a patient is seeking the drug for any purpose other than a medical condition. Since the declared emergency, the OOCC and its partners have been working to increase awareness of, and compliance with, the PDMP. For example, Dorchester County has conducted outreach to inform prescribers of the need for PDMP registration and use. Currently, the PDMP has a 90% compliance rate, and data shows a 13.7% drop in opioid prescribing since 2015.

Through OOCC-related efforts, the PDMP number of opioid prescriptions filled has decreased 8.3% in the last year alone.



Prescription drug take-back programs, such as the one led by the Maryland State Police (MSP), also help reduce the available supply of opioids by giving individuals the opportunity to safely dispose of expired or unused prescription drugs. All 23 MSP barracks offer around-the-clock drop-off locations. Maryland State Police barracks also participate in the Drug Enforcement Administration's Drug Take-Back Days, which encourage citizens to turn in unused prescriptions. Similarly, Baltimore County's Drug Drop Box program offers 24-hour, 365 days a year prescription drug drop off through secured boxes, which are located in front of 10 Baltimore County Police Department precincts. Promotional activities around these events serve a dual purpose of raising awareness about opioid availability, potential misuse, and treatment information.

LAW ENFORCEMENT DIVERSION/DEFLECTION PROGRAMS

Law enforcement diversion or deflection programs are an increasingly popular approach to the opioid crisis. Several Maryland jurisdictions have implemented such programs, which divert low-level drug offenders to treatment and support services, rather than arresting and prosecuting them. These programs require the coordination and collaboration of criminal justice partners, law enforcement, corrections, parole, and others. For example, Baltimore City's Law Enforcement Assisted Diversion (LEAD) pilot program diverts individuals with behavioral health conditions, such as substance use disorder, from arrest to treatment and recovery services. LEAD brings together the Baltimore City State's Attorney's Office, Office of the Public Defender, the University of Maryland Baltimore Police Department, and the Baltimore City Police Department. Montgomery County's Stop, Triage, Engage, Educate and Rehabilitate (STEER) is a pre-arrest law enforcement deflection program that empowers police officers to screen and divert potential candidates to addiction support services prior to arrest.[59] In these kinds of programs, criminal charges are withheld so long as the individual remains in treatment services. Similarly, through the Wicomico County Community Outreach Addiction Team (COAT), the Wicomico Sheriff's Department works with the county health department, State's Attorney's Office, and others, to provide on-the-ground assistance, such as bringing peer support specialists on ride-alongs when responding to overdoses.[60] Washington County Sheriff's Office's Day Reporting Center offers an on-site, non-residential program for non-violent offenders with substance use disorders who are placed into the program by court sentencing.

Through LEAD, Maryland has helped individuals receive social referrals and diverted individuals to treatment, rather than arrest.

Deflection and diversion programs, such as Washington County Sheriff's Office Day Reporting Center, provide nonviolent offenders with substance use disorders an alternative to incarceration.

[59] STEER works with numerous local partners, including the State's Attorney, Public Defender, Corrections, Human Services, and police departments, as well as local treatment providers.

[60] COAT has been recognized by the National Association of County and City Health Officials (NACCHO) as a promising practice. Additionally, a formal evaluation of the program found that COAT performed at a "62.68% higher rate than the nation in assisting drug users into rehabilitation at specialty facilities." For additional information on the program and statistics, such as substance use trends and economic analysis, see BUS. ECON. AND COMTY. OUTREACH NETWORK, EVALUATION OF THE COMMUNITY OUTREACH ADDICTIONS TEAM OF THE WICOMICO COUNTY HEALTH DEPARTMENT (Sept. 2017), https://www.wicomicohealth.org/file/0/0/COAT%20Report.pdf.

Law enforcement diversion programs provide treatment to those in need, and initial research shows the programs have significantly lower recidivism rates.[61]

[61] For more, see BALTIMORE BEHAVIORAL HEALTH SYS., *LEAD Program*, http://www.bhsbaltimore.org/wp-content/uploads/2017/02/LEAD-One-Pager_Feb-2017.pdf (last visited Jan. 25, 2018).

Transitioning out of a Declared State of Emergency

TRANSITIONING OUT OF A DECLARED STATE OF EMERGENCY

In a July 2017 legislative update, the OOCC described itself as being in "the short-term operational phase," or the "the mobilization and crisis management phase." During this phase, Maryland, through the OOCC, was "maturing its organizational structure" and meeting established thresholds, including establishing a flexible and scalable organizational structure, and completing a strategic plan with immediate, intermediate, and long-term goals and objectives. The emergency declaration served as a "call to arms," allowing stakeholders, through the neutral, coordinating efforts of the OOCC, to act in a united way with statewide support. The momentum that the emergency declaration provided has been invaluable, and its monthly renewal has aided in demonstrable progress.

With or without a state of emergency, Maryland's commitment to reducing opioid misuse, overdose, and death is unwavering.

The success of the OOCC—creating a comprehensive but flexible response framework that coordinates statewide efforts to achieve established statewide goals and objectives—makes it possible to continue the work being done with or without a state of declared emergency. As it looks to transition from a state of emergency, Maryland can do so with the full engagement of the state and local bodies in the opioid response. Furthermore, the Administration remains committed to this effort: in January 2018, the Hogan-Rutherford Administration announced new executive actions and proposed legislation to continue fighting the opioid crisis, including authorizing the Attorney General to file suit against select opioid manufacturers and distributors.[62]

With a strong response structure now in place through the OOCC, with goals and objectives to guide progress, and future funding to implement programs, the emergency declaration could be allowed to expire in the coming months without jeopardizing ongoing or future efforts. Maryland, through the Administration, and the OOCC and its partners, should ensure that policy considerations and questions of future leadership and organizational

With a strong response structure now in place through the OOCC, Maryland's opioid response can continue with or without a declared state of emergency. Key considerations for transitioning to the next phase of response include:

- **Establishing a clear timeline for the transition;**
- **Ensuring the OOCC is adequately staffed, including the Executive Director position, which should be established by a new Executive Order;**
- **Maintaining the OOCC's alignment with MEMA, to ensure the OOCC's efficacy as a neutral coordinating body;**
- **Communicating the next phase of response to key stakeholders, including state partners, local partners, and the public;**
- **Funding progress through programs that are linked to statewide goals, objectives, and performance measures.**

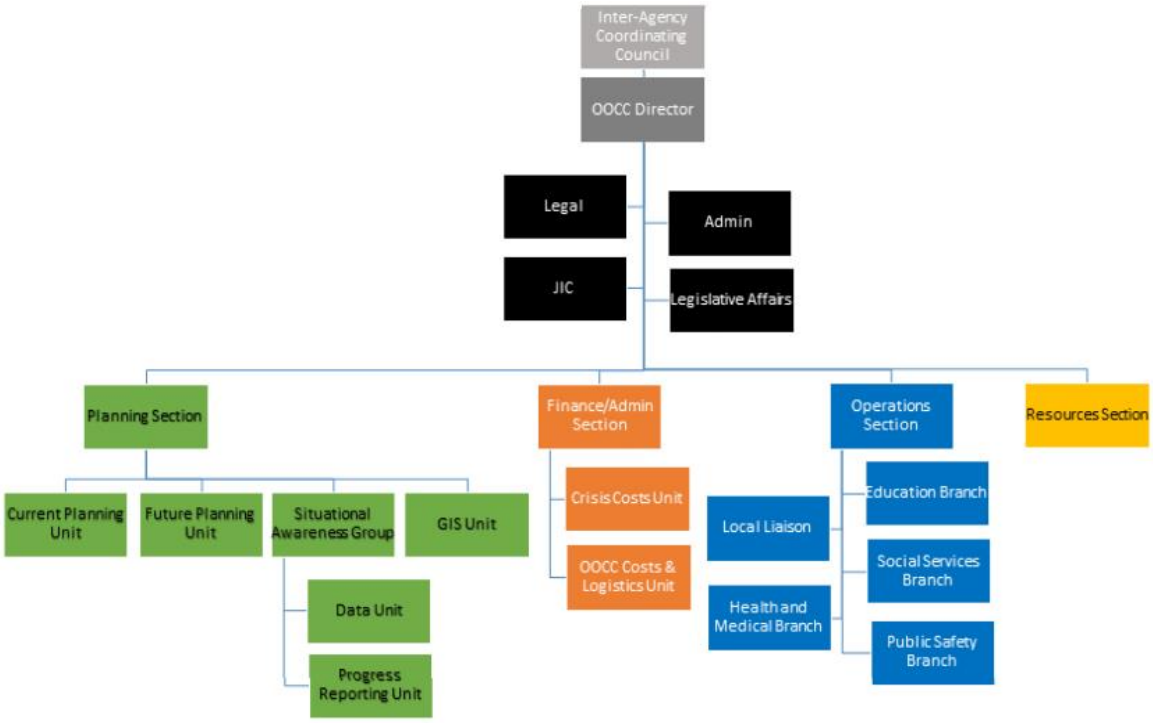
[62] OFFICE OF GOV. LARRY HOGAN, *Hogan-Rutherford Administration Announces 2018 Anti-Opioid Initiatives* (Jan. 23, 2018) http://governor.maryland.gov/2018/01/23/hogan-rutherford-administration-announces-2018-anti-opioid-initiatives/.

structures are clearly articulated and answered prior to transitioning from a declared state of emergency to the next response phase. A transparent process and a strong communication plan are critical to ensure that Maryland stakeholders—state and local agencies, jurisdictions, and the public—understand that Maryland's commitment to reducing opioid misuse, overdose, and death is unwavering.

ORGANIZATIONAL STRUCTURE

The OOCC's initial structure followed the Incident Command System (ICS).[63] ICS strengths include a uniform command structure familiar to most state agencies, an emphasis on Incident Action Plans that structure priorities for designated response periods and clearly assign tasks to each section, branch, or unit. Operating under this structure during the declared emergency has allowed Maryland, through the OOCC, to coordinate resources and encourage state and local collaboration for the opioid response in a way previously not possible.

Currently, the OOCC is structured in this way:

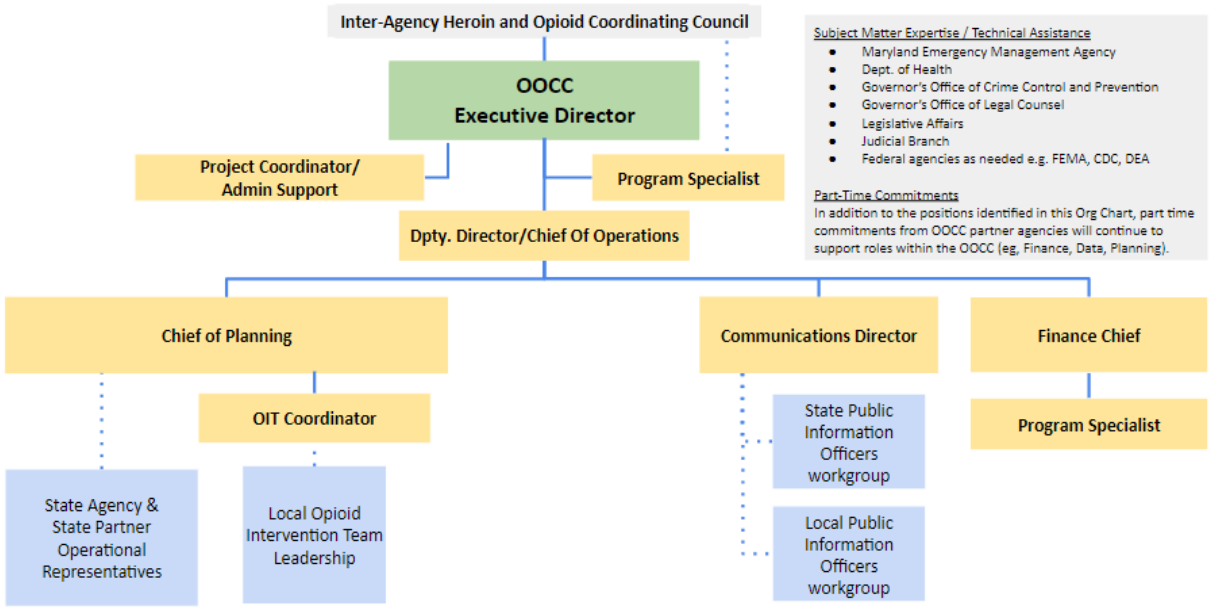


This command structure has provided OOCC the ability to function as a neutral, coordinating entity with maximum efficiency, and has contributed to creating a common operational picture. As with any emergency, however, the needs of a response evolve. As Maryland considers transitioning out of a declared state of emergency to a new phase of response, its organizational structure should likewise evolve. The OOCC, as an entity created by EO 01.01.2015.12 independent from the state of emergency

[63] For additional information, see above.

and housed within the IAC, should continue to be the neutral coordinating body, remaining aligned with MEMA for its unique ability to bring government partners together. Opioids, with or without a declared state of emergency, are a problem that transcends jurisdictional lines; the unified structures and reporting processes that have been established will remain essential.

A modified structure, which maintains a reporting structure similar to the one currently used, would be the following:



Under this structure, the OOCC would have approximately 7-10 dedicated, full-time staff to continue response coordination efforts, including information sharing and grants management. In addition, the OOCC would continue to receive support from partner agencies for roles within the OOCC (such as Finance, Data, and Planning).

OOCC ALIGNMENT WITH MEMA

The OOCC should remain aligned with MEMA during and after the transition out of the state of emergency. MEMA's function as a neutral coordinating body has proven essential to the OOCC's work. In addition to its neutrality, MEMA transcends the distinct silos that often separate jurisdictions and agencies. Uniting stakeholders in a holistic response enhances communication and efficiency. Finally, by maintaining OOCC's alignment with MEMA, Maryland will continue to emphasize the need to bring all partners together to fight this crisis.

OOCC EXECUTIVE DIRECTOR POSITION

Central to the OOCC's efforts and success has been the OOCC Executive Director, a position created concurrently by the executive order declaring a state of emergency.[64] Under the EO, the OOCC Executive Director reports directly to the Governor's office, and has the authority to direct appropriate state agencies and units to assist, engage, deploy, and coordinate resources to address the crisis. In its FY 2018 Budget Bill, the General Assembly stated its intent that this position continue on "a permanent basis . . . until such a time that the crisis can be satisfactorily controlled and eliminated."[65] Transitioning out of the state of emergency does not mean that the crisis is eliminated, so this position will need to be re-established by executive order if the state of emergency is not renewed. The OOCC Executive Director has been instrumental in ensuring progress and accountability; re-establishing the OOCC Executive Director position with the same reporting structure and authority will ensure continued success and reinforce to the public, as well as state and local stakeholders, that the OOCC's efforts remain an Administration priority.

ADDITIONAL CONSIDERATIONS

Although several states have now declared states of emergency or states of public health emergency for opioid misuse and addiction, few have transitioned out of those emergency states. Thus, Maryland's transition from a declared state of emergency to a new phase of response will be closely watched; the state's success could become the standard for other states to follow. More importantly, the success of the IAC, the OOCC, the OITs and other partners means that Marylanders have come to rely on and expect prevention, enforcement, and treatment programs and services. Maryland must consider whether new executive orders, a new state of emergency (such as a public health emergency), or new response bodies should be created prior to transitioning. Any additional or new actions should be taken in tandem with announcements of the transition, to assure stakeholders and the public of the transparency of process, as well as the priority it holds for the Administration.

COMMUNICATION

At the state level, communication runs through the Joint Information Center, which has been activated by the ICS system. The JIC includes 15 state agency PIOs, which for much of the emergency declaration have had monthly meetings. These meetings, which are used to keep the PIOs aware of opioid-related data or information and OOCC-related events, are transitioning to a monthly call. Under the suggested structure, these meetings would continue under the State PIOs Workgroup, ensuring that the invaluable information sharing continues.

[64] Md. Exec. Order No. 01.01.2017.02 (March 1, 2017).

[65] H.B. 150, at 75 (Md. 2017) ("Given the long standing and persistent nature of the heroin, opioid, and fentanyl overdose crisis, it is the intent of the General Assembly that the Governor assign an individual in the Executive Branch on a permanent basis who will be designated to administer the Governor's authority to operationally address the heroin, opioid, and fentanyl overdose crisis, until such a time that the crisis can be satisfactorily controlled and eliminated.").

FUNDING

In conjunction with the declared state of emergency, the Hogan-Rutherford Administration has pledged a 5 year, $50 million funding enhancement to address the opioid and heroin crisis. A known, dedicated stream of funding is essential to help develop and implement programs, and to address gaps that jurisdictions may face. In state-wide reporting, jurisdictions asked to identify the greatest obstacle to resolving gaps or challenges in meeting state-wide goals consistently rank funding as the greatest obstacle (typically, between 40-60% of jurisdictions). With or without a declared state of emergency, funding must continue to be a priority, as the public comes to rely on and expect the programs that have been implemented, and as new needs and gaps are identified. Furthermore, funding should continue to be linked to statewide goals, objectives, and performance measures, while allowing for flexibility to address unique jurisdictional or agency challenges.

As part of the OOCC's coordinated statewide effort, state agencies, local partners, private sector and non-profit partners, and the Maryland Legislature should continue to collaborate to ensure that current funds are spent effectively and future funding priorities are able to drive evidence-based programming where it is needed most.

COMMUNICATING TO KEY STAKEHOLDERS

The OOCC has succeeded in establishing robust interpersonal relationships, and the energy behind those involved in state and local efforts. In other words, the stakeholders—in all agencies and jurisdictions—genuinely believe in the mission, and that what they are doing matters. Maintaining this momentum is critical to the continued success of Maryland's ongoing response to the opioid crisis, and communication is the key tool for this, whether it is between state agency partners, local partners, or the public. A transition from a state of declared emergency means that Maryland has established a new response to address to the opioid crisis, and that work can, and will, go forward after the emergency declaration has expired.

A transition from a declared state of emergency means that Maryland has established a new response to comprehensively address the opioid crisis.

Assuring stakeholders that the priorities established under the Task Force and the work done in partnership with the OOCC remain top priorities. Communication will be critical during this time, especially with state government and OOCC agencies and partners; local government agencies and partners/Opioid Intervention Teams; and the general public. Each is discussed below.

STATE GOVERNMENT AND OOCC AGENCIES AND PARTNERS

Currently, at the state level, OOCC communication runs through the Joint Information Center.[66] The OOCC JIC includes 15 state agency public information officers (PIOs). The JIC has held regular calls with PIOs to keep them aware of opioid-related data or information, and OOCC-related events. The JIC works to create consistent messaging about the efforts underway. Through the JIC, the OOCC has been able to amplify the efforts and messaging of state agencies, sharing information through its outward facing media (website, social media) and working with state agencies to release coordinated press releases about efforts, accomplishments, and milestones.

This strategy has worked, adding to the momentum and change partners—and the public—are seeing. The OOCC should continue regular meetings that allow partners to discuss efforts, successes, and challenges. Monthly reporting enables this, and will allow the OOCC to consistently and clearly communicate any shift in policy or expectations.

A Screenshot of a Public Service Announcement for Maryland's Talk To Your Doctor Campaign, to raise awareness about opioid use and potential addiction.

As with all stakeholders, communication with all state-level partners is key. This includes the legislature, which has its own unique experience with, and insight into, Maryland's opioid crisis, and can offer the OOCC and state partners critical insights and ideas for collaboration to continue to address this issue. These insights will help move Maryland forward.

LOCAL GOVERNMENT AGENCIES AND PARTNERS/OPIOID INTERVENTION TEAMS

The communication structure for local jurisdictions is flexible and fluid. Each jurisdiction has a different way to lead communications, and PIOs representing a jurisdiction may be from a health department, emergency management office, or other agency. The OOCC has worked tirelessly to create lines of communications between jurisdictions, encouraging collaboration at every opportunity. To facilitate information sharing and to build relationships, the OOCC brought all 24 PIOs together in August for a

[66]Under Incident Command System (ICS), a Joint Information Center, or JIC, is used to coordinate and facilitate communication and response to an emergency. A JIC brings together Public Information Officers from relevant state and local agencies or jurisdictions and is often the best means to clearly and consistently communicate information to affected stakeholders. The JIC enhances information coordination, reduces misinformation, and maximizes resources.

statewide workshop and meet and greet. PIOs were also able to meet state-agency-level PIOs, and discuss communication strategies. Additionally, the JIC acts an amplifier of local efforts, highlighting media stories, resources, and events, and retweeting relevant agency and jurisdictional news.

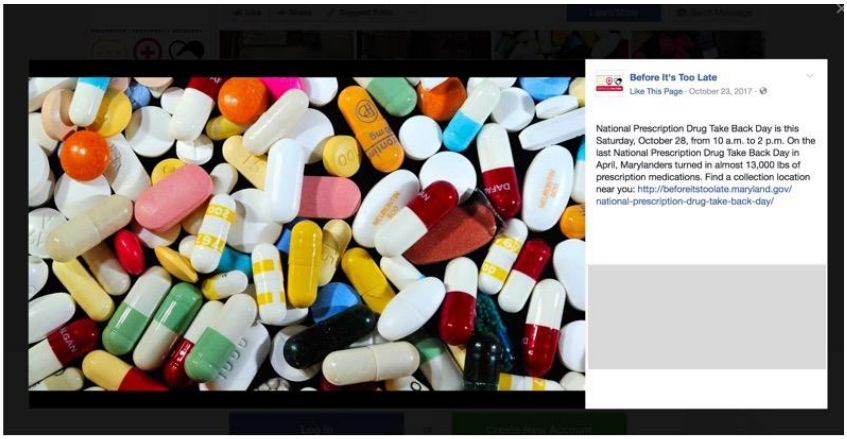
Regular meetings with the OOCC and local jurisdictions will be essential, and any changes in OIT expectations should be communicated consistently and clearly. Funding is a primary concern for many of these stakeholders, so to the extent possible, maintaining transparent funding communication should be a priority.

THE GENERAL PUBLIC

The OOCC's communication with the public has focused on its website, a hub of information about opioid addiction and resources, as well as news releases about the OOCC and opioid-related efforts, and social media, such as Twitter and Facebook. BeforeItsTooLateMd.org focuses on awareness and education to help remove the stigma of drug abuse while promoting conversations about opioid use. The website contains links to treatment resources and other information links, and condenses information into digestible fact sheets to aid in public education and communication. Most OOCC communications with the public include links to additional information about substance use disorder or resources; the OOCC also participates in "Twitter Storms" to raise awareness about opioid-related issues. For example, on September 12, 2017, the OOCC sponsored a Twitter Storm for Recovery Month awareness, tweeting hundreds of recovery-related facts and information. Many OOCC and its partners' successes are communicated through joint press releases which are often coordinated with relevant agencies and local jurisdictions.

Since going live in May 2017, Before It's Too Late's Facebook account has reached on average 54,780 Facebook users, and its Twitter account has made an average of 1,290 impressions per day.

The OOCC's efforts have been met with an overwhelmingly positive response from the public, many of whom have been directly impacted by the opioid crisis. The OOCC will need to strongly communicate to the public that the State's commitment to the opioid crisis remains strong, and that the work will continue front and center. This may take the form of education and awareness campaigns and messaging to the public; and encouraging state agencies and OITs to hold public meetings where the transition is clearly discussed, and where OOCC representatives outline what will and will not change. This information should also be easily accessible on BeforeItsTooLateMd.org and social media. IAC agencies



Before It's Too Late uses social media, such as Facebook, to promote opioid awareness and relevant events, such as the National Prescription Drug Take Back Day.

and other OOCC partners should similarly reinforce their commitment to the next phase of opioid response, and clearly post information about any changes to programs, as the public has now come to expect and rely on these invaluable services.

Future Challenges & Opportunities

FUTURE CHALLENGES & OPPORTUNITIES

Maryland, through the OOCC and the foundational efforts of the IAC and the Task Force, has created a sustainable, comprehensive foundation for opioid response that can continue with or without a declared state of emergency. However, even as Maryland's response to the opioid crisis is addressing existing challenges, new challenges and opportunities are presenting themselves.

Some of these challenges are programmatic. For example, the declaration of emergency served to mobilize state and local agencies and partners, and during this time, Maryland has achieved remarkable momentum. Maintaining this momentum—particularly when the full impact of many programs may not be fully realized for months, or even years—will be a challenge. Likewise, the relationships built through the OOCC and its partners must be maintained to ensure strong communication and sustained institutional commitment and knowledge necessary to a lasting and meaningful response. Other challenges are policy-oriented: the OOCC and the IAC should continue to evaluate their roles in the opioid response, and consider the role each might play in guiding legislative policy and thought leadership. As Maryland's response evolves, the IAC, OOCC, and state and local partners may need to make strategic decisions about statewide goals and objectives, revising them to ensure they remain relevant to Maryland. Finally, continuing communication with the public about the work being done, Maryland's successes, and its unwavering commitment, should underscore all of Maryland's efforts.

Screenshot of BeforeItsTooLateMd.Org, which has been an invaluable tool for educating and communicating with the public.

Considerations that exemplify the challenges and opportunities particular to each statewide goal are discussed below.

GOAL ONE: PREVENTING NEW CASES OF OPIOID ADDICTION & MISUSE

Maintaining focus on the multiple ways substance use disorder (SUD) impacts individuals, families, and communities. Any initial phase of emergency response focuses on the immediate goal of saving lives. Thus, efforts to increase naloxone access and use, a component of Maryland's response, is necessary and essential. However, preventing new cases of opioid addiction and misuse requires identifying and addressing the complex causes behind substance use disorder, as well as the ways substance use disorder affects those around the individual. Families, schools, businesses, and communities have been deeply impacted by the opioid crisis, and Maryland's future efforts should continue to identify those affected and connect them to sources to help with the crisis.

Reducing the supply of opioids. Maryland, through the OOCC and its partners, should continue to work to reduce the supply of opioids entering the state through illegal channels. This will require leveraging existing local, state, and federal coordination to expand efforts to dismantle drug trafficking

networks. Fentanyl and carfentanil continue to enter the country by mail; working with federal partners to identify novel ways to disrupt this supply chain will be essential to ultimately reducing the opioid supply. Similarly, reducing inappropriate or unnecessary opioid prescribing decreases the likelihood that patients may become opioid-dependent, or that unused or unneeded pills may end up on the street.

GOAL TWO: IMPROVING EARLY IDENTIFICATION AND INTERVENTION OF OPIOID ADDICTION

Identifying new partners, whether local or state, public or private, that can aid in identifying and reaching out to those suffering from opioid SUD. Maryland's opioid crisis has taught Marylanders that the opioid crisis affects all aspects of life. Now the IAC, the OOCC, and partners should use the relationships they have built between agencies and jurisdictions, to identify new partners to combat the opioid crisis. Already, the IAC and OOCC are working on new outreach programs, such as to the business community, to increase awareness, education, and outreach. Similarly, the IAC has identified and invited more Maryland state partners to participate in its quarterly meeting to identify trends and develop policy, such as the Department of Commerce, Department of Housing & Community Development, and Department of Labor, Licensing, and Regulation. Each of these stakeholders—and many more—has insight into the opioid crisis, and may provide an opportunity to assist in substance use disorder identification and intervention.

GOAL THREE: EXPANDING ACCESS TO SERVICES THAT SUPPORT RECOVERY AND PREVENT DEATH AND DISEASE PROGRESSION

Continuing to expand access to care and treatment, particularly focusing on longer-term treatment and prevention. In less than a year, Maryland has dramatically increased its capacity to treat individuals in need of care. More work is needed. Maryland will need to regularly evaluate its ability to provide care and treatment, identifying treatment programs that are successful, as well as new programs that may be needed. For example, as the OOCC moves forward with the next phase of response, it should consider how to expand access to longer-term treatment programs. Additionally, it should continue to expand care to typically overlooked populations, such as youth and individuals in detention centers. The Maryland Department of Health is already working to expand the services available through residential substance use disorder treatment, including services for pregnant women, drug-exposed newborns, and individuals involved with the child welfare system.[67] Finally, jurisdictional stakeholders should consider offering or expanding harm reduction services, such as those implemented by Baltimore City.[68]

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[67] For more information, see MD. DEP'T OF HEALTH NEWSROOM, *Md. Medicaid initiatives to combat opioid epidemic rolling out July 1* (June 30, 2017), https://health.maryland.gov/newsroom/Pages/July-1-brings-Medicaid-innovations-to-combat-opioid-epidemic.aspx.

[68] The Baltimore City Needle Exchange Program seeks to reduce the transmission of infection through intravenous drug use by reducing the use of unclean syringes. The NEP also helps link individuals to treatment and provides counseling and testing for some diseases. For more information, see BALTIMORE CITY HEALTH DEP'T.,

To ensure the long-term availability of this expansion of services, sustained funding, as with all opioid response efforts, will be critical to success.

GOAL FOUR: ENHANCING DATA COLLECTION, SHARING, AND ANALYSIS TO IMPROVE UNDERSTANDING OF, AND RESPONSE TO, THE OPIOID EPIDEMIC

Using existing data sets to evaluate programs and expand those that are successful; identifying additional information or data needed to better respond to the opioid crisis. Information sharing is one of Maryland's great successes and one of its biggest challenges, and it will remain so moving forward. Building on the information sharing established during the state of emergency, Maryland should use existing data to help drive decisions, such as widespread adoption of programmatic successes. As the response to the opioid crisis evolves, the information and data needed may also evolve. Similarly, stakeholders will likely identify more areas of prevention, enforcement, and treatment to expand, and will need additional data and information. Having information and data systems in place that allow for meaningful information and data collection will help ensure Maryland tracks trends and responds appropriately to the opioid crisis.

> "There have been some very dark times in my life since my son died from an overdose, and I feel as though I have been sentenced to a lifetime of pain. At times my heart actually aches."
>
> "I will not allow Dan's death to have been in vain. It is now my direction to help other families in their journey, and to somehow make a difference in my little corner of the world."
>
> —Toni Torsch, parent and advocate

COMTY. RISK REDUCTION, *Baltimore City Needle Exchange Program*, https://health.baltimorecity.gov/hiv-std-services/community-risk-reduction (last visited Jan. 25, 2018).

CONCLUSION

The opioid crisis did not arise overnight. Instead, years of complex factors created the crisis; addressing those factors and unwinding the crisis will take many years. What is clear is that Maryland's balanced approach recognizes that opioid substance use disorder responds best to a resource-intensive process, and requires, at its best, support at every turn. The vision and leadership of the Hogan-Rutherford Administration, as well as the dedication and innovation of the OOCC and its state and local partners, have helped Maryland comprehensively address the opioid crisis during the declared state of emergency.

The success of the OITs demonstrate that often the barrier for many jurisdictions is not a lack of legal precedent, but programmatic precedent. Once that barrier is removed, other jurisdictions feel free to innovate. The OITs have encouraged programmatic innovation at the local level, leading to new solutions and successes.

Maryland stakeholders are now able to build on the foundation of success that Maryland has created, and will be able to tackle the challenges that remain—as well as new challenges that arise—to build a stronger Maryland through its residents and communities. The success of the OOCC—creating a comprehensive but flexible response framework that coordinates statewide efforts to achieve established statewide goals and objectives—makes it possible to continue the work being done with or without a state of declared emergency. Through its continued commitment to opioid prevention, enforcement, and treatment, Maryland will continue to make a difference in the lives of its residents.

APPENDIX A: OOCC STATEWIDE GOALS AND OBJECTIVES

Goal 1: Prevent new cases of opioid addiction and misuse	***Objective 1.1***: Reduce inappropriate or unnecessary opioid prescribing and dispensing ***Objective 1.2***: Reduce supply of illicit opioids ***Objective 1.3, 1.4, 1.5***: Increase patient, family, and public safety knowledge of opioid risk and benefits
Goal 2: Improve early identification and intervention of opioid addiction	***Objective 2.1***: Reduce stigma and improve knowledge and understanding about opioid addiction ***Objective 2.2***: Build capacity of health care system to identify behavioral health disorders and link patients to appropriate specialty care ***Objective 2.3***: Improve identification of and provision of services to youth at high-risk for opioid addiction and their families ***Objective 2.4:*** Identify and target individuals at high risk for fatal overdose for treatment and recovery support services at all contact points with health, safety, and social service systems, with a specific focus upon entry of an Emergency Department
Goal 3: Expand access to services that support recovery and prevent death and disease progression	***Objective 3.1***: Improve access to and quality of evidence-based opioid addiction treatment in the community ***Objective 3.2***: Make overdose education and naloxone distribution available to individuals at high risk for opioid overdose and their families/friends at all contact points with health, safety, and social service systems. ***Objective 3.3***: Increase access to harm reduction services to active opioid users ***Objective 3.4***: Expand access to recovery support services ***Objective 3.5*:** Enhance criminal justice services for offenders who are opioid-addiction to prevent re-entry and repeat recidivism into the criminal justice system
Goal 4: Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic	***Objective 4.1*:** Improve understanding of population-and individual-level risk and protective factors to inform prevention initiatives ***Objective 4.2***: Establish a public health surveillance system to monitor indicators of opioid-related morbidity and mortality for informed rapid and actionable response ***Objective 4.3***: Improve prevention program operations and initiatives through data sharing and analysis projects ***Objective 4.4***: Conduct ongoing monitoring and evaluation of response initiatives to ensure successful implementation and outcomes