The Maryland Inter-Agency Opioid Coordination Plan

2022 – 2024

Maryland's Strategic Framework
for the Overdose Crisis

Prepared by the Opioid Operational Command Center
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Acknowledgements

The Opioid Operational Command Center would like to thank everyone who contributed their time and expertise to Maryland's Inter-Agency Opioid Coordination Plan. Between feedback received from the Maryland SOS Regional Town Hall series and guidance provided by governmental and non-governmental partners, the Opioid Operational Command Center (OOCC) received input from hundreds of Marylanders about strengths of Maryland's overdose crisis response infrastructure and the opportunities to bolster our collective efforts to help individuals with substance use disorders. Addressing the overdose crisis in a comprehensive manner requires an all-hands-on-deck approach, and we are grateful for the insight provided by our partners.

State and Jurisdictional Partners:

Administrative Office of the Courts
Governor's Office on Crime Prevention Youth and Victim Services (GOCPYVS)
High Intensity Drug Trafficking Area (HIDTA)
Local Health Departments
Maryland Department of Health (MDH)
Maryland Department of Human Services (DHS)
Maryland Department of Labor (MDOL)
Maryland Department of Public Safety and Correctional Services (DPSCS)
Maryland State Department of Education (MSDE)
Maryland State Police (MSP)

Academic & Community Partners:

Maryland Association for the Treatment for Opioid Dependence (MATOD)
Maryland Coalition of Families
Maryland Peer Advisory Council
MedChi
Midshore Behavioral Health
Serenity Sistas
University of Maryland School of Medicine
Voices of Hope

Overdose Crisis Overview

The State of Maryland, like much of the United States, has been greatly impacted by the overdose crisis. In the last 10 years, Maryland has experienced a 300-percent increase in overdose-related fatalities, an overwhelming majority of which involved opioids. Since 2016, there have been over 2,000 overdose-related deaths each year. The rate of overdose-related fatalities in Maryland began showing signs of stabilization in 2019, when Maryland experienced a 1.7-percent decline in deaths as compared to 2018, the first annual decrease since the beginning of the crisis over a decade ago. While this decline was welcome and encouraging, the progress made was reversed in the beginning of 2020 largely due to the complications associated with the coronavirus pandemic.

While overdose-related deaths remain near historic highs, in 2021, Maryland began experiencing a stabilization in the rate of increase in overdose deaths, and the state remains committed to reducing opioid-related morbidity and mortality in a comprehensive manner.

Background

In 2015, Governor Larry Hogan established the Heroin and Opioid Emergency Task Force and the Inter-Agency Heroin and Opioid Coordinating Council (IACC) in recognition of the increasing severity of the opioid overdose crisis. Governor Hogan charged the task force with developing initial recommendations for addressing the crisis. Following these recommendations, in January 2017, Governor Hogan established the OOCC within the IACC, and on March 1, 2017 he issued Executive Order 01.01.2017.01, which declared a state of emergency related to the opioid crisis. The state of emergency authorized the OOCC's executive director to oversee the response efforts of all state agencies and promoted coordination between state agencies and local jurisdictions. Additionally, Governor Hogan made a 5-year, $50 million general fund commitment to responding to the crisis, which was extended for a sixth year in 2022. This funding is used to support programs aligning with the Hogan-Rutherford Administration's policy priorities for combatting the crisis, which are: *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*.

Opioid Operational Command Center

The OOCC serves as the primary coordinating office for the state's response to the opioid and overdose crisis. As outlined in the March 2017 declaration of emergency and reiterated in then 2018 though Executive Order 01.01.2018.30, the OOCC is responsible for coordinating with all state agencies engaged in opioid crisis response efforts and all 24 local jurisdictions and Opioid Intervention Teams (OIT) to ensure that their efforts are aligned with the Hogan-Rutherford Administration's established policy priorities.

The OOCC is an extension of the Office of the Governor, and the OOCC Executive Director is a cabinet-level officer. Administratively and budgetarily, the OOCC is part of the Maryland Department of Health (MDH).

OOCC Vision and Mission

Vision: The OOCC aspires and works towards a healthier Maryland where individuals have equitable access to care and where opioid and overdose-related harms are reduced through comprehensive and coordinated efforts between state and local partners.

Mission: Under the guidance of the Inter-Agency Heroin and Opioid Coordinating Council, the OOCC will pursue the following mission elements to make our vision a reality:

I. Develop the Inter-Agency Opioid Coordination Plan;

II. Coordinate the opioid-related efforts of approximately 20 state agencies, our community partners, and all 24 local jurisdictions throughout the state;

III. Identify "promising practices" that can be implemented throughout Maryland;

IV. Assess gaps in statewide and local efforts to combat the opioid epidemic and work to fill those gaps;

V. Facilitate communications and collect relevant data;

VI. Provide financial support to assist local jurisdictions, state agencies, and community organizations to advance their efforts to combat the opioid crisis; and

VII. Evaluate all opioid-related legislation and opioid crisis-related budget proposals.

State-Level Partner Roles and Responsibilities

The OOCC coordinates the statewide opioid and overdose crisis response through state partner agencies in the areas of health, human services, education, law enforcement/public safety, and emergency services. State partners serve as subject-matter experts on collaborative initiatives and are responsible for program development and implementation within their agencies. Non-governmental partners, including health care systems and associations, community and faith-based organizations, professional associations, and nonprofits and businesses, play a vital role in Maryland's whole-community approach.

Local Opioid Intervention Teams

A key element of the statewide strategy is encouraging multidisciplinary collaboration and coordination among all levels of government. To provide direction and coordination among stakeholders at the local level, all 24 jurisdictions have established OITs, which function as multi-agency coordinating bodies. The purpose of an OIT is to bring together representatives from different local agencies to advance programming, to identify gaps and opportunities, and to coordinate resources.

OITs are led jointly by each jurisdiction's health officer and emergency manager and include governmental and community partners from local agencies, providers, and community groups. OITs are responsible for developing a community strategy to address opioid addiction and substance use disorder (SUD) in their community. OITs also identify priority areas for programming and allocate OIT grant

funding to those areas. Most OITs meet on a monthly or quarterly basis to discuss progress in priority areas and gaps that need to be addressed.

THE OPIOID OPERATIONAL COMMAND CENTER (OOCC)

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What Does the OOCC Do?

The OOCC works with all state agencies and local partners in every Maryland jurisdiction to promote collaboration to reduce opioid-related morbidity and mortality.

Inter-Agency Heroin & Opioid Coordinating Council

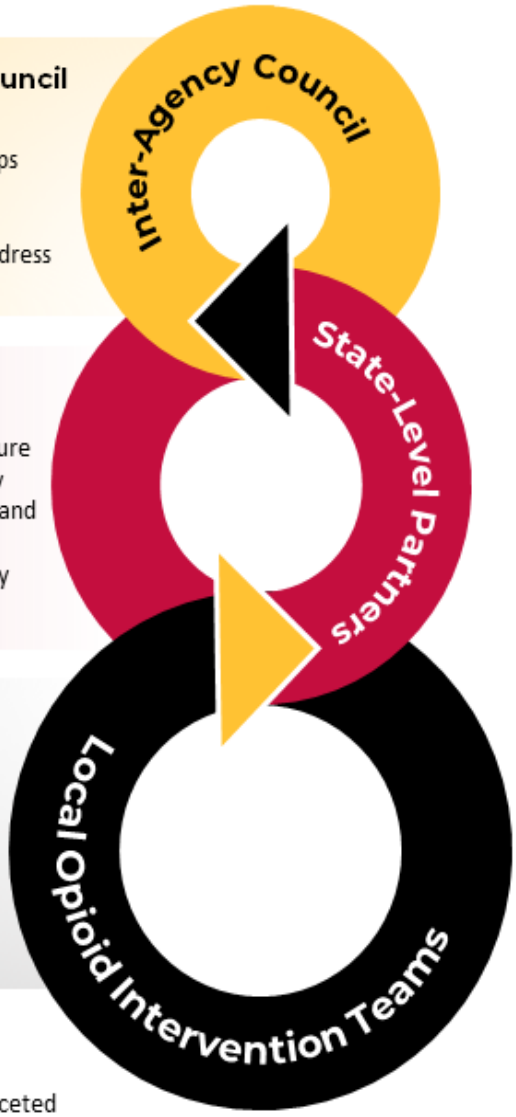
The Inter-Agency Heroin and Opioid Coordinating Council is an executive-level subcabinet of the Governor's Office that develops strategic policy for the state's opioid crisis response efforts. It is chaired by Lt. Governor Boyd K. Rutherford and includes representatives from all Maryland state agencies working to address overdose-related morbidity and mortality in Maryland.

State-Level Partners

The OOCC coordinates with more than 20 state agencies to ensure that efforts align with the Hogan Administration's policy priority areas of Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery. The OOCC also coordinates with non-governmental partners to execute Maryland's whole-community approach to addressing the opioid crisis.

Local Opioid Intervention Teams

Opioid Intervention Teams (OITs) are multi-agency coordinating bodies that seek to enhance collaboration at the local level. They are led by the Health Officer and Emergency Manager in each of Maryland's 24 local jurisdictions. The OOCC consults regularly with all OITs to share best practices and to advise on program and policy implementation.



Why?

The opioid and overdose crisis affects all Maryland communities regardless of age, race, or geography. It is a dynamic and multifaceted public health emergency that no single state or local agency or community-based organization can solve on its own. The OOCC works to bring all stakeholders together to promote better outcomes for individuals with substance use disorder.

Data-Informed Overdose Risk Mitigation (DORM) Initiative

In 2018, Governor Hogan signed House Bill 922 into law, which requires MDH to produce an annual report examining the system interactions of individuals in the State of Maryland who experienced a fatal overdose. The report includes an assessment of multiple enumerated factors associated with fatal and nonfatal overdose risk and programs targeted at reducing overdose mortality, among other issues. The report is also required to include access and, where feasible, establishing links to at least 18 distinct data sources or datasets possessed by multiple state and local agencies. Collectively, the examination, collaboration, assessment, and report are subsequently referred to as the Data-Informed Overdose Risk Mitigation (DORM) initiative. The report is due to the Governor and General Assembly on July 1 of each year, with the statute sunsetting on July 1, 2024.

In early 2021, the OOCC was tasked with overseeing the DORM initiative. In close partnership with the MDH Behavioral Health Administration (BHA), the OOCC is working to develop a comprehensive foundation for supporting this work moving forward and to ensure that Maryland is implementing data-driven policies and programs as we continue to address the overdose crisis. The inaugural DORM report was released in June 2021.

Commitment to Equity

The OOCC recognizes and is working to address the growing racial disparities in overdose-related deaths, and is committed to eliminating these disparities. In response to the increasing racial disparities in overdose-related deaths, Lt. Governor Rutherford created the Racial Disparities in Overdose Task Force as a sub-group of the IACC. The task force is currently working to promote more equitable health outcomes by investigating contributing factors leading to the growing disparities in overdose deaths and identifying policies and programs that can be implemented to eliminate these disparities.

A final report outlining recommendations from the task force will be submitted to the Lt. Governor and IACC in August 2022. The OOCC will work to ensure that recommendations from the Task Force are considered in our response efforts.

Hogan-Rutherford Administration Policy Priorities

To address the opioid crisis in a comprehensive and systematic manner, the Hogan-Rutherford Administration identified the following policy priorities: *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*.

Prevention & Education

In order to protect the current and future health and wellness of Marylanders, the OOCC supports programs and strategies that prevent current and future substance use and mitigates the consequences associated with SUD.

The OOCC categorizes prevention strategies as either primary prevention or secondary prevention. Primary prevention strategies aim to reduce individual and environmental risk factors

while increasing protective factors to prevent or delay the onset of drug use. Examples of primary prevention strategies include public health messaging campaigns, school curricula that address the risks associated with substance use, and initiatives that support the safe storage and disposal of prescription drugs.

Secondary prevention strategies, including harm reduction efforts, aim to meet people who use drugs where they are by offering a spectrum of services, including targeted naloxone and fentanyl test strip distribution. Strategies that reduce harm related to drug use provide an opportunity for individuals who use drugs to engage with systems of care in a dignified manner.

Enforcement & Public Safety

Law enforcement and public safety officials play a critical role in addressing the opioid crisis. Reducing the supply of illicit drugs remains a priority, and law enforcement agencies are using innovative technologies to identify, arrest, and prosecute large-scale drug traffickers.

While reducing the drug supply is a high priority, public safety officials play a broader role in addressing the crisis. Public safety officials are in a unique position to help individuals by diverting or deflecting arrests and by connecting those in need with treatment and other resources. Several jurisdictions in Maryland have established pre-arrest diversion programs, and several others have expressed interest in creating such programs.

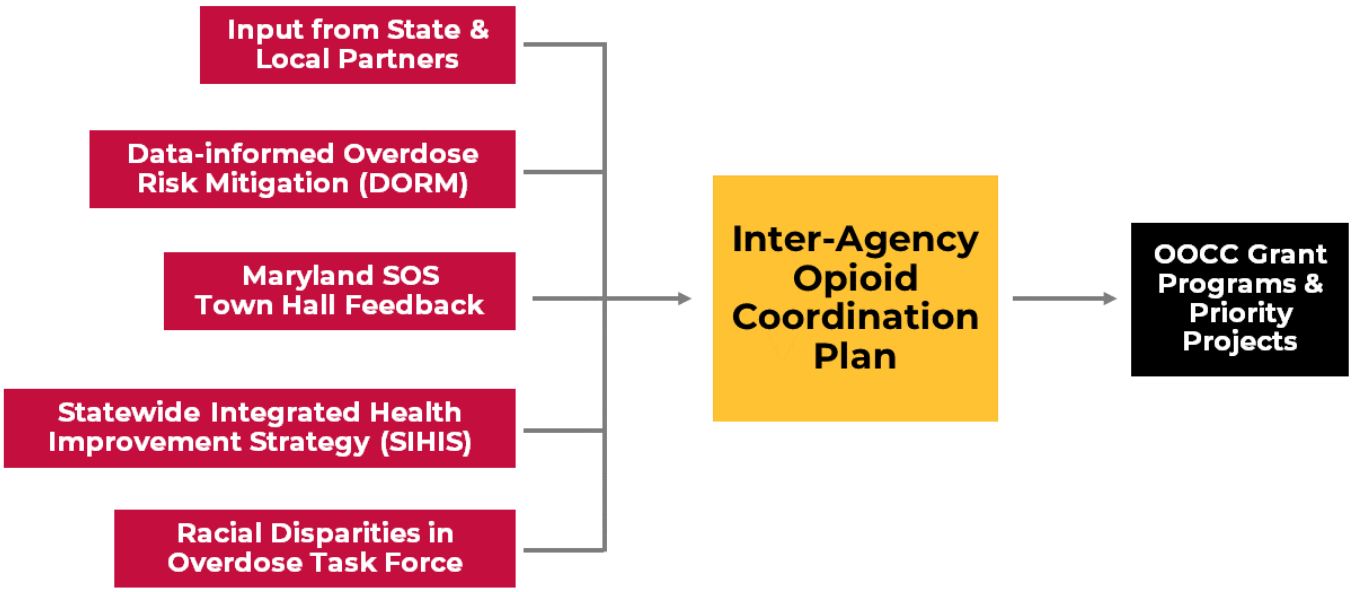
Treatment & Recovery

SUD is a complex disease, and there is not a one-size fits all approach to treatment. SUD treatment services, interventions, and care settings should be tailored to provide individuals with the greatest opportunity for successful outcomes.

Individuals should be able to access all levels of substance use treatment, ranging from outpatient services to medically managed, intensive residential care. Gaps in treatment services exist throughout Maryland, and the state is working tirelessly to identify opportunities to expand services to all geographic regions.

Coordination Planning Process

To develop Maryland's Inter-Agency Opioid Coordination Plan, the OOCC used the Hogan-Rutherford Administration's policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery* as a foundation. Central to the development of the plan was the inclusion of several key elements, including input from state and local partners, findings from the Data-Informed Overdose RIsk Mitigation initiative, feedback from the Maryland Stop Overdose Strategy (SOS) town hall series, and consideration for the work of the Racial Disparities in Overdose Task Force. These considerations taken together support Maryland's overarching goal of improving overdose mortality, which is in alignment with the Statewide Integrated Health Improvement Strategy.



Coordination Plan Overview

Shown below is an overview of the coordination plan. This overview outlines the state's overarching goal of improving overdose-related morbidity and mortality and the eight supporting goals. Following the overview is the comprehensive coordination plan that lists goals, strategies, activities, key metrics, and implementation partners. For clarity, this coordination plan defined a goal as a broad, desired outcome, a strategy as an approach that will be taken to achieve a goal; and an activity as the specific actions that will be taken to implement a strategy.

IMPROVE OPIOID-RELATED MORBIDITY AND MORTALITY

Goal 1 | Improve Infrastructure for Opioid Initiatives

The State of Maryland aims to further support opioid initiatives through improvements to statewide infrastructure. Priorities include streamlining interagency and interdepartmental data sharing; improving strategic partnerships at the state, local, and community levels; and supporting interdisciplinary partnerships to surveil emerging drug trends. Central to this goal is the Data-Informed Overdose Risk Mitigation (DORM) initiative, which examines the history of individuals in Maryland who suffered fatal overdoses in the preceding four years to identify common risk factors to drive policy solutions.

Strategy 1: Enhance Interagency and Interdepartmental Data Sharing

DORM

- Finalize data governance structure to identify processes and procedures to manage, store, and secure overdose-related data.
- Coordinate and organize all overdose-related datasets within the Maryland Department of Health and across other state departments to identify relationships to DORM.
- Establish data use agreements with state departments with overdose-related datasets critical to full implementation of the Data-Informed Overdose Risk Mitigation Initiative (DORM).
- Expand data analytics and visualization capabilities to utilize overdose data to drive program and policy.

Innovation

- Monitor progress related to policy interventions (e.g. CRISP non-fatal overdose notification pilot), to identify opportunities for scalability.

Key Metrics	Implementation Partners
• Number of new data use agreements established in accordance with Chapter 211 Act of 2018. • Delivery of annual DORM report. • Number of program or policy actions/decisions taken to address high-risk populations identified through DORM.	• OOCC, MDH, MDTHINK, CRISP, LHDs

Strategy 2: Improve Strategic Partnerships between State, Local, and Community Organizations

Interagency Sharing

- Facilitate opportunities for interagency collaboration through bi-monthly state partner briefings.
- Host learning collaboratives and topic-specific forums to raise awareness of emerging issues and topic-specific information.
- Host annual best practices conference to share and disseminate best practices among governmental and nongovernmental partners.
- Provide technical assistance and feedback for OITs to support their local response.

Communication

- Disseminate OIT alerts.

Key Metrics	Implementation Partners
• Number of state partner briefings. • Number of learning collaboratives hosted. • Number of participants attending learning collaborative events. • Number of OIT alerts issued.	• OOCC, MDH, OITs, LHDs

Strategy 3: Analyze Emerging Drug Trends

Public Safety

- Provide resources to the High Intensity Drug Trafficking Areas (HIDTA) heroin coordinator program.
- Encourage collaboration between HIDTA overdose coordinators, public health and behavioral health professionals to facilitate increased treatment referrals.
- Disseminate bulletin alerts on emerging drug trends from HIDTA.
- Continue intelligence sharing through Maryland Criminal Intelligence Network (MCIN) to support dismantling of drug trafficking organizations.

Public Health

- Monitor progress related to the Rapid Analysis of Drugs (RAD) Program.
- Identify opportunities and provide resources to scale RAD statewide.
- Continue to enhance overdose surveillance capabilities using fatal, nonfatal, qualitative and nontraditional data sources; and connect these data to prevention interventions.
- Continue to support state Overdose Fatality Review program.

Technology

- Support the utilization of technology to provide real time analysis of illicit drug supply.
- Share data systems to inform rapid and effective community overdose prevention efforts.

Key Metrics	Implementation Partners
● Number of jurisdictions participating in the heroin coordinator program. ● Number of treatment referrals from heroin coordinators to local health departments ● Number of samples collected through RAD.	● OOCC, HIDTA, MDH PHS, GOCPYVS

IMPROVE OPIOID-RELATED MORBIDITY AND MORTALITY

Goal 2 | Promote Youth Resiliency

Improving opioid morbidity and mortality begins with promoting youth resiliency, addressing Adverse Childhood Effects (ACEs) and community trauma, and supporting families. The State of Maryland aims to raise awareness of ACEs in schools and communities and to support the expansion of evidence-based prevention programming.

Strategy 1: Raise Awareness of Adverse Childhood Experiences (ACEs) in Schools and Communities

- Continue training ACE Interface Trainers and explore opportunities to train individuals in community organizations.
- Surveil the prevalence of ACEs and Positive Childhood Experiences (PCEs) on a bi-annual basis through the Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS).
- Analyze YRBS/YTS data to identify interventions that buffer the effects of ACEs in children, such as non-parent adult support, food security, and safety going to and from school. Explore opportunities to scale effective interventions.
- Identify opportunities to bolster Handle with Care Programs.
- Support work and recommendations presented by the Trauma Informed Care (TIC) Commission.

Key Metrics	Implementation Partners
• Number of ACE Interface trainers. • Number of programs that bolster PCEs. • Average ACE exposure among school age children. • Average PCE exposure among school age children. • Number of ACEs data briefs, reports and infographics developed and disseminated. • Number of Handle with Care Program alerts. • Number of state agency and partner staff who receive TIC Training. • Number of TIC training events.	• MDH BHA & PHS, MSDE, GOCPYVS, SCCAN

Strategy 2: Support and Expand Prevention Programming

- Partner with schools to provide evidence-based substance use awareness training and support for parents, e.g. Night of Conversation, Threat in Plain Sight.
- Work with family support and youth prevention coalitions to promote healthy coping mechanisms and address roots of community trauma, such as expansion of prevention clubhouses.
- Promote engagement of individuals in recovery with prevention programming.

Key Metrics	Implementation Partners
• Number of youth engaged in evidence-based substance use disorder prevention programs. • Number of schools providing substance use awareness training. • Number of students/parents who participated in substance use training opportunities. • Number of youth/family support organizations who initiated new prevention programs.	• MDH, MSDE, MCF, Community Organizations

IMPROVE OPIOID-RELATED MORBIDITY AND MORTALITY

Goal 3 | Increase Awareness of the Opioid Crisis

Raising awareness of the overdose crisis is an important component of the State of Maryland's response. Strategies for raising awareness include promoting and disseminating Regrounding our Response, an initiative that seeks to address stigma around substance use and raise awareness about public health approaches to address the opioid crisis; as well as efforts to create accurate and data-driven messaging for the general public.

Strategy 1: Promote and Disseminate Regrounding our Response (RoR) Curriculum

- Train new RoR Master Presenters across the state that can commit to providing community presentations to reduce stigma and increase support for evidence-based approaches to the overdose crisis.
- Identify and engage new partners to employ curriculum, such as public safety, the judiciary, and local community organizations.
- Promote greater outreach through virtual workshops and by recording RoR trainings for independent e-learning.

Key Metrics	Implementation Partners
● Number of RoR Master Presenters. ● Number of annual presentation attendees. ● Number of new RoR partners engaged. ● Number of views of e-learning modules.	● CHRS, DHS, DPSCS, MD Judiciary, Office of the Public Defender, LHDs

Strategy 2: Create Accurate and Data-Driven Messaging for the General Public

Awareness Campaigns

- Promote relevant substance use initiatives, including polysubstance and stimulant use.
    - Engage and utilize multiple media channels, such as social media, television, video and audio streaming, radio, print ads in transit and medical waiting rooms, etc.

- Provide culturally sensitive resources in multiple languages, including but not limited to English and Spanish.

Awareness Events

- Support grassroot activities such as Good Samaritan Ambassadors and campaigns to reach active users with harm reduction messaging.
- Support awareness events, e.g., Going Purple, International Overdose Awareness Day.

Key Metrics	Implementation Partners
● Number of jurisdictions engaged through public service communications. ● Number of annual gained impressions. ● Number of targeted awareness campaigns based on emerging overdose data. ● Number of individuals outreached through grassroot activities. ● Number of awareness events hosted statewide.	● MDH BHA, LHDs, MCF

IMPROVE OPIOID-RELATED MORBIDITY AND MORTALITY

Goal 4 | Expand Harm Reduction Services

Harm reduction is a set of principles that focuses on positive change and working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.[1] DORM findings show that more than half of overdose decedents were eligible for Medicaid services at the time of death and of growing racial disparities in overdose death rates, inform the state's need for innovative and equitable outreach to individuals who use drugs. State priorities for harm reduction expansion include targeted naloxone distribution and targeted community outreach. The naloxone saturation model estimates naloxone distribution targets based on opioid overdose deaths in a jurisdiction, while targeted community outreach includes supporting improved access to harm reduction services and expanded syringe service programs.

Strategy 1: Expand Targeted Naloxone Distribution

- Provide resources, including FDA-approved medications and medical devices to reverse opioid overdose, and technical assistance to local jurisdictions and community-based organizations named in the Statewide Targeted Overdose Prevention (STOP) Act of 2022. Named entities include:
    - EMS Leave-Behind
    - Emergency Department Discharge
    - Correctional Facilities
    - Substance Use Treatment Programs
    - Homeless Services Organization
- Encourage local Overdose Response Programs (ORPs) to utilize naloxone saturation formula to identify distribution targets.

Key Metrics	Implementation Partners
• Percent of jurisdictions meeting naloxone saturation criteria. • Overdose mortality rate in jurisdictions that achieve naloxone saturation.	• CHRS, OTPs, MHA, Homeless Services Programs, Intensive Outpatient Programs, Reentry Programs, Local Businesses

[1] https://www.hri.global/what-is-harm-reduction

Strategy 2: Expand Targeted Harm Reduction Outreach

Innovative Community Outreach

- Reduce barriers to accessing harm reduction supplies, e.g., implement harm reduction vending machines.
- Utilize data to identify areas of greatest need for low-barrier harm reduction supplies. Promote data- and community-driven location selection and provide ongoing technical assistance and training throughout local implementation.

Syringe Service Programs (SSPs)

- Support the expansion of SSPs in offering comprehensive wrap-around services.
- Explore opportunities to integrate telehealth services into syringe service program practices.

Key Metrics	Implementation Partners
● Number of naloxone doses distributed through SSPs. ● Percentage of SSP participants connected to substance use disorder treatment. ● Number of SSP participants connected to hepatitis C and HIV treatment. ● Number of individuals served by SSPs.	● CHRS, LHDs, RCOs

IMPROVE OPIOID-RELATED MORBIDITY AND MORTALITY

Goal 5 | Promote Comprehensive Care Coordination

Care coordination involves organizing patient activities and sharing information among all participants concerned with a patient's wellbeing to achieve safer and more effective care. This comprehensive care coordination is essential as the majority of overdose decedents were eligible for Medicaid services at the time of death and thus characterized by various negative social determinants of health. The State of Maryland aims to improve comprehensive care coordination for individuals with substance use disorder through the expansion of mobile health clinics and improved long-term case management.

Strategy 1: Explore Opportunities to Expand Mobile Health Clinics

- Promote coordination between mobile health clinics and local health departments to identify areas where there are high overdoses and few primary care providers.
- Expand services provided by mobile health clinics to address issues that intersect with opioid use disorder, such as COVID-19 and mental health.
- Incorporate peer recovery specialists to ensure care coordination for individuals engaged with mobile health clinics.

Key Metrics	Implementation Partners
• Number of individuals serviced by mobile health clinics. • Percentage of patients treated in a mobile health clinic that remain in treatment for 90 days.	• MDH, LHDs, MACS, Academic Partners

Strategy 2: Improve Long-Term Intensive Case Management

Public Safety

- Promote Law Enforcement Assisted Diversion (LEAD) programs as a strategy to reduce recidivism and connect individuals with substance use disorder to services.
- Provide LEAD technical assistance to interested and participating jurisdictions.
- Increase efforts to reach National Association of Drug Court Professionals (NADCP) Adult Drug Court Best Practice "target population" of high-risk/high-need criminal offenders with substance use disorder.

- Support new adult drugs courts.

Harm Reduction

- Explore noncoercive harm reduction case management training pilots and scale as effective interventions are identified (e.g., Camden Coalition's COACH model).
- Identify opportunities to promote low-barrier housing options for people who use drugs.

Medicaid

- Identify outcomes from Maternal Opioid Misuse Model (MOM).
- Scale Maternal Opioid Misuse Model (MOM) program statewide to provide enhanced case management services to pregnant and postpartum Medicaid participants who have opioid use disorder.

Key Metrics	Implementation Partners
• Number of law enforcement referrals to substance use disorder services. • Number of entrances of high-risk/high-need offenders with substance use disorder to all Maryland adult drug courts. • Number of harm reduction case management participants who report improved quality of life. • Number of jurisdictions offering MOM program. • Percent of MOM program participants who attended required prenatal and postpartum medical visits. • Number of days spent in newborn intensive care unit for infants with neonatal abstinence syndrome (NAS).	• MDH Medicaid & CHRS, DPSCS, Office of the Public Defender,CMS, MCOs, LHDs

IMPROVE OPIOID-RELATED MORBIDITY AND MORTALITY

Goal 6 | Expand Maryland's Crisis Response System

A comprehensive crisis system can help improve the opioid crisis by providing increased opportunities for treatment on demand. In February 2021, the state of Maryland launched the Maryland Crisis System Workgroup in order to implement a statewide comprehensive, integrated, public/private behavioral health crisis care system. Maryland's crisis system will provide 24/7 hotline access, urgent care, stabilization and crisis beds, and community mobile response. Strategies include identifying and filling gaps in crisis services, improving the operational efficacy of the crisis response system, and ensuring its financial stability and sustainability.

Strategy 1: Continue to Identify and Fill Gaps in Crisis Services

- Ensure equitable crisis coverage for all of Maryland through the creation of 6 crisis regions.
- Develop and implement Mobile Response Services Stabilization (MRSS) for children and adolescents.
- Implement standardized crisis assessment tools with children and adolescents to ensure universal screening, using the Crisis Assessment Tool (CAT).
- Implement future recommendations from the Maryland Crisis System Workgroup.

Key Metrics	Implementation Partners
● Establishment of 6 crisis regions. ● Number of jurisdictions implementing MRSS. ● Number of individuals participating in MRSS Quality Improvement Collaborative. ● Number of individuals trained and certified in using CAT. ● Utilization of crisis services: hotlines, mobile response teams, stabilization and crisis beds, urgent care visits. ● Number of emergency department visits for behavioral health crises.	● MDH BHA, LBHAs, LHDs, MHA

Strategy 2: Improve Operational Efficacy of Crisis Response System

- Establish best practices and regulations for crisis services.
- Identify standardized data elements for crisis hotlines, mobile response teams and urgent cares.
- Build capacity around 988 national hotline integration and increased crisis hotline support.

Key Metrics	Implementation Partners
● Establishment of crisis best practices. ● Core crisis data elements developed and implemented.	● MDH BHA, LBHAs, LHDs, MHA, Community Organizations

Strategy 3: Ensure financial stability and sustainability

- Revise Maryland Medicaid state plan amendment to create mechanism for crisis services to be payable through Maryland Medicaid for-service system.
- Leverage different funding sources to sustain crisis services.

Key Metrics	Implementation Partners
● Completion of updated state plan amendment ● Project a fully funded crisis system.	● MDH BHA, LBHAs, LHDs, MHA, MDH Medicaid, Community Organizations

IMPROVE OPIOID-RELATED MORBIDITY AND MORTALITY

Goal 7 | Expand Access to Treatment for Opioid Use Disorder

Data from the DORM report released in June 2021 showed that nearly 70% of overdose decedents had an interaction with a Maryland hospital preceding their death, while 64.1 percent of decedents were previously prescribed and dispensed a controlled substance. In addition, 85% of the country's prison population has a substance use disorder and is at high risk of overdose following release from incarceration. These data demonstrate the importance of providing medications to treat opioid use disorder in a variety of settings. The State aims to promote buprenorphine induction in emergency departments, improve primary care provider engagement, and expand medications for opioid use disorder to all Maryland correctional facilities.

Strategy 1: Promote Buprenorphine Induction in Emergency Departments

- Expand screening for opioid use disorder in emergency departments (ED).
- Continue to partner with EDs to ensure they have resources necessary to initiate buprenorphine.
- Ensure peer recovery specialists are utilized 24/7 to provide care coordination for individuals leaving the emergency department.

Key Metrics	Implementation Partners
• Number of hospital EDs engaged in buprenorphine induction. • Number of emergency department readmissions due to overdose. • Number of EDs with peer recovery specialists. • Number of linkages with treatment programs for individuals that start MOUD.	• OOCC, MHA, MDH BHA, LHDs, Mosaic Group, MACS

Strategy 2: Improve Primary Care Provider Engagement

- Continue expansion of SBIRT (Screening, Brief Intervention, and Referral to Treatment tool) in primary care practices and encourage reporting of SBIRT data.
- Provide technical assistance to providers working with individuals that use opioids, including supporting providers to become buprenorphine waivered practitioners and providing academic detailing to promote safe controlled substance prescribing.
- Explore behavioral health integration into primary care, such as incorporating depression and family safety planning.

Key Metrics	Implementation Partners
• Number of primary care practices reporting SBIRT data. • Number of buprenorphine waivered practitioners. • Number of primary care practices who received MACS targeted technical assistance. • Number of primary care practices who received BHIPP targeted technical assistance. • Number of primary care practices with co-located behavioral health practitioners.	• MDH, MDH Medicaid, MDPCP, OPER, MACS, BHIPP, Mosaic Group

Strategy 3: Expand MOUD to All Correctional Facilities

- Expand MOUD to all correctional facilities per House Bill 116, the Opioid Screening and Treatment in Correctional Settings Act of 2019.
- Create central liaison for implementation of House Bill 116, including technical assistance provision and MOUD procurement.
- Provide detention centers resources and technical assistance to provide MOUD to individuals leaving incarceration.
- Expand programming to facilitate coordinated reentry case management, including continuity of care for people using MOUD.

Key Metrics	Implementation Partners
• Percent of local detention facilities meeting requirements of HB 116. • Number of detention centers providing access to evidence informed case management. • Number of detainees who are in need and connected to MOUD at release from facility.	• MDH, DPSCS, GOCPYVS, Local Detention Centers

IMPROVE OPIOID-RELATED MORBIDITY AND MORTALITY

Goal 8 | Support Recovery Communities

Ending the opioid crisis requires supporting recovery-ready communities in order to prevent relapse and further opioid overdose deaths. State priorities include incorporating peer recovery specialists, individuals who have lived experience with substance use disorder, in community settings; bolstering recovery community infrastructure; and promoting greater access to recovery housing.

Strategy 1: Promote Opportunities to Embed Peers in Community Settings

- Engage Local Health Departments to create Memoranda of Understanding for peers to spend time in local community settings, with an emphasis on non-crisis environments such as registered community organizations and faith-based organizations.
- Engage Recovery Community Organizations (RCOs) to train peer recovery specialist workforce and coordinate completion of required internships for peers.
- Promote certification of peer recovery specialists.
- Identify opportunities to create a fee for service reimbursement process and rates for peer recovery specialists.

Key Metrics	Implementation Partners
• Number of community-based settings providing peer services. • Number of certified peer recovery specialists.	• MDH BHA, MDH Medicaid, Labor, MATOD, LHDs, RCOs

Strategy 2: Bolster Recovery Community Infrastructure

- Explore opportunities to provide technical assistance to Recovery Community Organizations (RCOs)
- Support capacity building efforts for RCOs to provide harm reduction and other substance use disorder services outside of normal business hours.
- Explore opportunities to create a statewide recovery community network.
- Explore opportunities to create a statewide recovery-friendly workplace network.

Key Metrics	Implementation Partners
• Number of RCOs that receive technical assistance. • Number of new substance use disorder outreach programs provided by RCOs.	• OOCC, MDH BHA, MDL, LHDs, RCOs, Academic Partners

Strategy 3: Increase Access to Recovery and Permanent Supportive Housing

- Explore opportunities to fund recovery residences beyond treatment programming, such as opportunities for vocational support.
- Develop Recovery Housing Programs to support families (women and/or men with children, and couples in recovery who have children).
- Promote transparency and coordination for the recovery housing certification and funding process.
- Work with local health departments to implement Housing First pilots aimed at individuals who are transient.

Key Metrics	Implementation Partners
• Number of state-certified recovery housing. • Number of individuals in recovery housing. • Number of housing first pilot programs initiated. • Delivery of a Recovery Housing Program pilot for families. • Delivery of a permanent supportive housing program for individuals in recovery.	• MDH BHA, DHCD, DHS, LHDs

Appendix A:
Acronyms for State Agencies and Partners

BHIPP: Maryland Behavioral Health Integration into Pediatric Primary Care
CDC: Center for Disease Control
CHRS: Maryland Department of Health Center for Harm Reduction Services
CMS: Centers for Medicare and Medicaid Services
CRISP: Chesapeake Regional Information System
CTPC: Maryland Department of Health Center for Tobacco Control and Prevention
DHCD: Maryland Department of Housing and Community Development
DHS: Department of Human Services
DPSCS: Department of Public Safety and Correctional Services
GOCPYVS: Governor's Office of Crime Prevention, Youth, and Victim Services
HIDTA: High Intensity Drug Trafficking Area
LBHA: Local Behavioral Health Administration
LHD: Local Health Department
MACS: Maryland Addiction Consultation Services
MCF: Maryland Coalition of Families
MCO: Managed Care Organization
MDH: Maryland Department of Health
MDH BHA: Maryland Department of Health Behavioral Health Administration
MDH PHS: Maryland Department of Health Public Health Services
MDL: Maryland Department of Labor
MDPCP: Maryland Primary Care Program
MDThink: Maryland's Total Human-services Integrated Network
MHA: Maryland Hospital Association
MOM: Maternal Opioid Misuse Program
MPT/MSAA: Maryland Public Television/Maryland State Ad Agency
MRSS: Mobile Response Services Stabilization
MSDE: Maryland State Department of Education
OOCC: Opioid Operational Command Center
OPER: Office of Provider Engagement and Regulation
PDMP: Prescription Drug Monitoring Program
RCOs: Recovery Community Organizations
SAMHSA: Substance Abuse and Mental Health Services Administration
SCCAN: Maryland State Council on Child Abuse and Neglect

Appendix B: Glossary of Terms

Addiction: The most severe form of substance use disorder, associated with compulsive or uncontrolled use of one or more substances.[2]

Adverse Childhood Experiences (ACEs): Potentially traumatic events that occur in childhood such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death.[3]

Buprenorphine: An FDA-approved medication used to treat opioid use disorder, specifically for opioid detoxification, induction or maintenance.

Care coordination: Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.[4]

COACH Model: Framework by the Camden Coalition for how to build authentic healing relationships with individuals that empowers them to take control of their health. COACH is an acronym that describes the tools and techniques that care team members use to work with program participants toward sustained behavior change, and to track progress in supporting them to reach their goals.[5]

Data-informed Risk Mitigation (DORM) Initiative: In 2018, Governor Larry Hogan signed House Bill 922, known as Chapter 211, into law, which requires the Maryland Department of Health (MDH) to produce an annual report examining the prescription and treatment history of individuals in the State of Maryland who suffered fatal overdoses in the preceding four years. The report shall include an assessment of multiple enumerated factors associated with fatal and nonfatal overdose risk and programs targeted at opioid use and misuse, among other issues. This assessment shall further include accessing and, where feasible, establishing links to at least 18 distinct data sources or datasets possessed by multiple state and local agencies.

Evidence-Based Practice: Process of integrating evidence from scientific research and practice to improve the health of the target population.[6]

Fentanyl: A synthetic opioid approximately 50 times more potent than heroin and 100 times more potent than morphine. Fentanyl has been produced pharmaceutically and prescribed for the treatment of severe pain, but in recent years fentanyl has increasingly been produced and sold illegally.

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[2] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.
[3] The Centers for Disease Control and Prevention, https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html
[4] Agency for Health Care Research and Quality, https://www.ahrq.gov/ncepcr/care/coordination.html
[5] Camden Coalition, https://camdenhealth.org/the-coach-model/
[6] Vanagas, G., Bala, M., & Lhachimi, S. K. (2017). Evidence-Based Public Health 2017. BioMed research international, 2017, 2607397. doi:10.1155/2017/2607397

Handle With Care Programs: Provides schools with a "heads up" when a child has been identified at the scene of a traumatic event. Police are trained to identify children at the scene, find out where they attend school, and send the school a confidential email that simply states that the child needs care.
Harm Reduction: A set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.

Law Enforcement Assisted Diversion Program (LEAD): A community-based diversion approach with the goals of improving public safety and public order and reducing unnecessary justice system involvement of people who participate in the program.

Medication Assisted Treatment (MAT): The combination of behavioral interventions and medications to treat substance use disorders.

Medications for Opioid Use Disorder (MOUD): An approach to opioid use treatment that combines the use of FDA approved drugs with counseling and behavioral therapies for people diagnosed with opioid use disorder

Methadone: An FDA-approved OAT medication used to treat opioid use disorder, specifically for opioid detoxification or maintenance.

Mobile Response Services Stabilization (MRSS): MRSS is a child, youth, and family-specific intervention model designed to meet the youth and caregiver's sense of urgency when children and youth begin to demonstrate behavioral changes associated with the early phase of a crisis.
Naloxone: An FDA-approved medication that displaces opioids and reverses the effects of an opioid overdose (e.g., difficulties breathing).

Naltrexone: an FDA-approved medication used to treat alcohol use disorder and opioid use disorder.

Neonatal Abstinence Syndrome (NAS): Neonatal abstinence syndrome (NAS) is what happens after babies are exposed to drugs in the uterus before birth. Babies can then go through drug withdrawal after birth. The syndrome most often applies to opioid medicines.[7]

Opioid: A class of substances that bind to opioid receptors in the brain. Opioids block pain and produce effects such as elevated mood and drowsiness. Common opioids include prescription opioids, heroin, and fentanyl.

Opioid Agonist Therapy (OAT): Long-acting medications that bind to opioid receptors and help manage opioid withdrawal symptoms and cravings (e.g., methadone and buprenorphine).

Opioid Intervention Teams (OIT): Local multi-agency coordinating bodies within each of Maryland's 24 jurisdictions. OITs are tasked with developing unified local strategy, conducting operational coordination with all stakeholders, and working cooperatively on program and project implementation and operations.

Opioid Use Disorder (OUD): A substance use disorder involving the problematic use of opioids.

[7] University of Rochester Medical Center, https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=90&ContentID=P02387

Opioid Treatment Program (OTP): Hospital and community-based substance use treatment programs that provide medication assisted treatment, counseling, and behavioral therapy to people experiencing opioid use disorders. OTP's are certified by SAMHSA, accredited by an independent entity and licensed by the Maryland Behavioral Health Administration.

Peer Recovery Specialist: An individual who uses lived experience in recovery to help others in their recovery journey. Peers can also receive formal training and education in order to work in the credentialed status of this role.

People Who Use Drugs (PWUD): A person who actively uses drugs or has recently used drugs. Preferred over stigmatizing terms such as "abuser," "addict," "junkie," or "user."

Promising Practices: Policy or programmatic interventions that have been evaluated by the OOCC and are believed to be effective. Some, but not all of these practices are evidence-based.

Recovery: A process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.[8]

Regrounding our Response (RoR): This initiative offers a series of presentations that seek to address stigma around substance use and raise awareness about public health approaches to the opioid overdose crisis in Maryland. There are five core concepts: Stages of Change, Adverse Childhood Experiences, Social Determinants of Health, Medications for Addiction Treatment (MAT) as Overdose Prevention, and Drug User Health Framework. [9]

Screening, Brief Intervention and Referral to Treatment (SBIRT): An evidence-based practice used to identify, reduce, and prevent problematic use, misuse, and dependence on alcohol and illicit drugs.[10]

Statewide Integrated Health Improvement Strategy (SIHIS): A Memorandum of Understanding signed by Maryland and the Centers for Medicare and Medicaid Services to engage State agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs for Marylanders.

Substance Use Disorder (SUD): A medical illness caused by repeated misuse of a substance or substances. Substance use disorders are characterized by clinically significant impairments in health, social function, and ability to control substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms. Substance use disorders range from mild to severe and from temporary to chronic.

Synthetic Opioid: A class of opioids that are designed to provide pain relief, and that mimic naturally occurring opioids, such as codeine and morphine. Synthetic opioids tend to be highly potent, which

[8] Substance Abuse and Mental Health Services Administration (SAMHSA), https://www.samhsa.gov/find-help/recovery

[9] Maryland Rural Opioid Technical Assistance, https://marylandrota.org/services/regrounding-our-response/#:~:text=Program%20Overview,opioid%20overdose%20crisis%20in%20Maryland.

[10] Substance Abuse and Mental Health Services Administration (SAMHSA), https://www.integration.samhsa.gov/clinical-practice/sbirt

means only a small amount of the drug is required to produce a given effect and include drugs like tramadol and fentanyl.[11]

Syringe Service Programs (SSPs): Syringe services programs (SSPs) are community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.[12]

Trauma: Exposure to actual or threatened death, serious injury, or sexual violence, including experiencing, witnessing and learning about violence.

Youth Behavior Survey/Youth Tobacco Survey (YRBS/YTS): An on-site survey of students in Maryland public middle and high schools, focusing on behaviors that contribute to the leading causes of death and disability.

[11] The Centers for Disease Control and Prevention, https://www.cdc.gov/drugoverdose/data/fentanyl.html
[12] The Centers for Disease Control and Prevention, https://www.cdc.gov/ssp/index.html