Insights for Policymakers

Making Opioid Settlement Dollars Count: Evidence-Informed Priorities for Maryland

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Executive Summary

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Overdose remains one of the leading preventable causes of death in Maryland. Although as of 2025, Maryland has reduced overdose deaths by 37%,[1] sustaining Maryland's momentum will require a system that connects people not only to care, but also to the practical supports that can turn acute treatment into sustained recovery—such as housing, employment, and stable transportation.

The Measurements for Accountability to All People in Policy Solutions (MAAPPS) initiative launched in 2023 to help Maryland do exactly that. Led by the American Institutes for Research® (AIR®) in collaboration with the National Academy for State Health Policy (NASHP) and the O'Neill Institute's Center on Addiction and Public Policy at Georgetown University Law Center, MAAPPS collaborated with Maryland's Office of Overdose Response (MOOR), other state agencies, and community members across the state. MAAPPS is a community-driven process that combines empirical evidence (including fiscal reviews, policy analyses, and public data) with direct input from community members with relevant lived/living experience or subject matter expertise through interviews and listening sessions led by peers. This approach helps identify what is getting in the way, what is working, and where Maryland can focus next. This report translates those insights into practical, evidence-informed recommendations for opioid settlement investments—so dollars are targeted where they can do the most good for the people and places most affected.

The goal is to further reduce overdoses, strengthen MOOR's strategic plan, and improve how Maryland measures results so the response can improve over time in communities most affected by the substance use disorder and overdose crisis.

Through the MAAPPS process, participants identified three shared priorities:

1. **Expand economic opportunity:** Strengthen pathways to employment and financial stability that support SUD and relapse prevention, recovery, and long-term wellbeing.
2. **Enhance care coordination:** Reduce fragmentation and better leverage Maryland's existing strengths, services, and access points through streamlining coordination and improving continuity of care within the treatment and recovery system.
3. **Strengthen respectful, trauma-informed care tailored to local needs:** Strengthen approaches that reduce stigma, foster trust, while promoting peer recovery to make it easier for people to access and stay engaged in high quality care.

The recommendations in this report are intended to help Maryland invest in proven approaches and respond to real-world needs identified through the MAAPPS process. Where possible, we include examples of existing programs, partnerships, and policy or funding approaches that can be built upon, maximizing return on investment.

Recommendations fell into seven areas:

1. Maintain and expand initiatives that increase social and economic opportunity.
2. Promote a healing-centered, compassionate, accessible substance use continuum of care.
3. Grow the prevention, treatment, and recovery workforce and build capacity in best practices and promising strategies related to SUD and workforce development.
4. Strengthen the continuum of SUD responses (prevention-treatment-recovery) to provide consistently high-quality, low-barrier services.
5. Enhance and invest in wraparound supports, such as housing and transportation, that help people begin and sustain recovery.
6. Support wider use of integrated physical and behavioral health services, located within communities, that emphasize whole-person care.
7. Coordinate responses and track progress in system transformation.

To sustain progress, Maryland decision-makers can continue to prioritize community-informed solutions that address key social and economic factors, reach those most affected, and sustain progress in addressing overdose risk. The MAAPPS process offers a Maryland-designed framework to guide these investments and a practical way to track what's working and improve over time.

Introduction: Maryland's Substance Use Crisis and Responses

Substance use disorder (SUD) and overdose are complex challenges that have hit Maryland especially hard. Maryland recorded a historic peak of 2,799 overdose deaths in 2020.[2] Despite achieving some of the sharpest declines in the nation in fatal overdoses since then, Maryland's rates of overdose deaths remain considerable. Overdose deaths in the state surpass other preventable causes of death; for example, in 2024, there were 671 firearm-related deaths and 424 traffic fatalities while overdose deaths exceeded the total of both of those causes combined.[3,4]

Within the substance use crisis, there are persistent and widening disparities across geographic location, socioeconomic status, race and ethnicity, gender, and age. Access also differs when it comes to medications for opioid use disorder (MOUD) and treatment resources, with rural communities and Black Marylanders particularly underserved. Exhibit 1 summarizes key information; greater detail on each topic is in Appendix A.

Exhibit 1. Disparities in SUD Impacts and Fatal Overdose in Maryland

 **Geography**	**Baltimore City** makes up only 9% of Maryland's population, but has accounted for about 45% of overdose deaths in recent years.[5] **Rural communities** have a disproportionately high need for opioid use disorder (OUD) treatment but lack treatment capacity and available recovery services, including access to MOUD, and transportation barriers that compound difficulties accessing care.[6]
 **Socioeconomic status**	Fatal overdoses disproportionately affect Marylanders with the **lowest incomes**, the **least amount of formal education**, and those **working in physically demanding jobs**.[7,8]
 **Race & ethnicity**	**Non-Hispanic Black Marylanders** accounted for 44% of overdose deaths since 2022, despite making up 30% of the population. Their overdose death rate was 1.5 times higher than White residents.[9] **Hispanic youth under age 25** have had higher overdose rates than both their Black and White peers since 2023.[10]
 **Gender**	**Men have accounted for most overdose deaths in Maryland each year in the past decade (73% in 2021).** Between 2017 and 2021, fatal overdoses among males grew by 25% compared with growth of 17% among females. Men were over six times more likely to be incarcerated for drug charges than women in FY2023.[11] **Women** with SUD, especially those with children, face distinct barriers, including elevated rates of trauma, stigma in healthcare, and unmet reproductive health needs, including lower contraceptive use and higher unintended pregnancy rates.[12, 13]

Exhibit 1. Disparities in SUD Impacts and Fatal Overdose in Maryland	
Age	**People 35–44 years of age** experienced the highest rate of fatal overdoses, at 48 per 100,000 cases. **Adults 55 years of age and older** experienced the largest total number of overdose deaths (674) and the largest increase in fatal overdose rate among all age groups. Between 2015 and 2020, deaths among those 55 years of age and older increased 81% while deaths among those under 25 years of age decreased by 11%. **Non-Hispanic Black adults age 55 and older** experienced a nearly four-fold (352%) increase in fatal overdose since 2015.[14]
Criminal legal system involvement	**Nearly 69% of people with criminal legal system involvement have SUD.**[15] Yet, many incarcerated people face significant barriers to accessing care for SUD. **Approximately 31.5% of individuals released from prison recidivate.**[16]

Policy and Fiscal Landscape Affecting Maryland's SUD Response

In fiscal year (FY) 2024, Maryland budget allocated nearly $400 million for SUD across prevention, treatment (the largest funding focus), recovery, harm reduction, and infrastructure, demonstrating a robust commitment to a comprehensive continuum of care. Maryland's approach to substance use disorder (SUD) funding is shaped by a dynamic interplay of state, local, and federal resources, with Federal funding as the backbone. Over half of Maryland's SUD funding that year came from Medicaid (federal and state match), discretionary federal grants, and state general funds, with Medicaid being the largest single source.[17]

An example of the ways Maryland embeds Medicaid for SUD response is the approval the state received in January 2025 from the Centers for Medicare and Medicaid Services for a Section 1115 waiver to provide targeted Medicaid services for incarcerated individuals who have substance use disorders or serious mental illnesses within 90 days before their release.[18] This approach strengthens continuity of care, uses Medicaid funds to reduce recidivism and overdose, and promotes long-term health for people returning from incarceration who, as research from Maryland's Department of Health shows, are at high risk for overdose.[19] The Section 1115 Waiver supports successful reentry by mitigating the elevated risk of overdose and other adverse outcomes after release, bridging connections to substance use disorder treatment and essential recovery supports.

Recent changes to the federal funding landscape require re-imagining Maryland's current approach. HR 1, the "One Big Beautiful Bill Act," enacted in July 2025 includes major changes to federal Medicaid, Medicare, Supplemental Nutrition Assistance Program, and Affordable Care Act health care provisions.[20] As a result of these changes, Maryland faces[21] significant fiscal changes and policy shifts that have the potential to reshape its trajectory in reducing fatal overdoses, facilitating recovery among those with SUD, and helping people with SUD to thrive. Most significantly, the One Big Beautiful Bill Act and

implementation of new community engagement/work requirements for Medicaid is expected to reduce federal funding to Maryland by up to $2.7 billion annually, affecting more than 175,000 Marylanders and substance use treatment services for residents with low incomes.[22] Marylanders with low incomes are already disproportionately affected by barriers to service access, underscoring the need for the state to prioritize interventions that reduce overdose fatalities among this population.[23]

Other federal grant programs that contribute to Maryland's SUD response also face uncertainty. Maryland has received roughly $188 million in Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grant program funding since 2018, with about $53.2 million in SOR continuation funding in FY2025. Maryland has used SOR to support statewide public awareness campaigns, assist in developing multilingual media campaigns, and establish the 988 Suicide & Crisis Lifeline campaign.[24] The Rural Communities Opioid Response Program (RCORP) is a multi-year federal initiative administered by Health Resources and Services Administration (HRSA) to expand prevention, treatment, and recovery services for substance use disorders in rural areas. RCORP has provided approximately $5 million in funding to rural communities in Maryland since 2018 and continues to operate through multiple grant tracks, including Implementation, Overdose Response, Pathways, and workforce programs.[25] In January 2026, the administration canceled then reinstated nearly $2 billion in SAMHSA grants, after significant pushback from lawmakers, providers, and stakeholders. In Maryland, the impact could have been approximately $27.6 million (the value of its grants in FY2024).[26] Congress also recently passed the bipartisan SUPPORT Act, which was signed into law, reauthorizing federal funding for SUD programs, signaling continued commitment despite proposed reductions from the administration. Still, uncertainty persists as HHS has proposed to move SAMHSA into the new Administration for a Healthy America.

Maryland's Opioid Restitution Fund (ORF)

As Maryland navigates federal uncertainty and leverages new fiscal tools, the Opioid Restitution Fund (ORF) is an important tool to maintain Maryland's momentum in addressing the opioid crisis and aligning every available dollar with a long-term vision anchored in community priorities.[27] ORF can supplement Maryland's traditional SUD funding sources and enables targeted investments in evidence-informed programs and recovery services. Established under state law in 2019, the ORF manages funds obtained through prescription opioid-related legal settlements. In 2022, Maryland's Office of Overdose Response (MOOR) convened the Opioid Restitution Fund Advisory Council (ORFAC) to guide spending priorities, as required by state statute.[28]

The fund's operation is guided by strict legal parameters. The National Opioid Settlement Agreements establish core guardrails to ensure that funds will only be used for opioid remediation while state laws, such as Maryland's State Finance and Procurement Code §7–331, impose additional spending parameters. The ORF may support pilot or demonstration programs with emerging evidence of effectiveness if approved by the ORF Advisory Council and must support evaluation of funded activities to measure outcomes such as access, promotion of safety and dignity for people who use drugs, and reductions in overdose deaths. As of FY2024, the state had received more than $245 million from

various settlements, with over $192 million deposited into the ORF and over $53.5 million distributed directly to local jurisdictions.[29] The Maryland State Subdivision Agreement governs the allocation of funds between the state and its counties, municipalities, and other subdivisions.[30] Recent policy changes—including the temporary suspension by the Maryland legislature of the "supplement not supplant" provision—have provided short-term flexibility but raise important questions about sustainability and the original intent of opioid settlement funds.

Local Subdivisions receive 70% of total funds through either direct or pass-through funding, having received approximately $442 million for county-led responses. In addition to the state's allocation, Baltimore City received its own pool of $580 million opioid settlement funds managed through the Baltimore City Opioid Restitution Fund.

The MAAPPS Method: Connecting Lived Experience and Data

From mid-2023 through March 2025, AIR undertook a rigorous environmental scan of peer-reviewed literature, gray literature, and pertinent databases related to SUD and opioid overdose in Maryland.[31, 32] The environmental scan included reviewing state laws, demographic and economic data, and regional statistics on health, safety, and service access. To ensure findings accurately reflected community conditions, AIR collaborated closely with organizations and individuals familiar with Maryland's context, particularly related to SUD, throughout the MAAPPS process, leveraging both data and local expertise.

MAAPPS integrates multiple data and research methods, community input, subject matter expertise, and co-interpretation across sectors to create more holistic, practical, fair, and comprehensive recommendations to respond to SUD and overdose deaths in Maryland.

The environmental scan provided essential foundational context for the MAAPPS team's qualitative data collection, including listening sessions with community members with firsthand experience and interviews with subject-matter experts. By gathering input rooted in Marylanders' firsthand experience and working closely with MOOR and other SUD leaders the MAAPPS team grounded its analysis in real-world perspectives on SUD prevalence, the treatment and recovery systems, challenges to accessing services, and opportunities for locally viable solutions. Additional details on our methods are in Appendix B.

Findings: Community Priorities to Reduce Overdose and Support Recovery

Qualitative research conducted through the MAAPPS initiative revealed significant opportunities for Maryland to advance policies that support an integrated care system focused on holistically addressing

SUD, including reducing overdose fatalities. The qualitative findings revolve around three overarching community priorities:

1. **Expand economic opportunity:** Strengthen pathways to employment and financial stability that support SUD and relapse prevention, recovery, and long-term wellbeing.
2. **Enhance care coordination:** Reduce fragmentation and better leverage Maryland's existing strengths, services, and access points through streamlining coordination and improving continuity of care within the treatment and recovery system.
3. **Strengthen respectful, trauma-informed care tailored to local needs:** Strengthen approaches that reduce stigma, foster trust, while promoting peer recovery to make it easier for people to access and stay engaged in high quality care.

Across priorities, community members and SMEs were clear that recovery is a complicated, challenging journey that requires compassion and a supportive community. One listening session participant shared that his experience with a service provider had been transformative for him because:

> "They give you a second chance…they have empathy, they have compassion, they know that relapse is sometimes part of our recovery. … I have somewhere I know I can come back. … It's very helpful. It gives us dignity."

Throughout this section, we explore challenges and responsive solutions associated with each community priority. Practical, actionable recommendations are aligned with these priorities; however, because each is highly interconnected, we encourage MOOR to focus across all areas to maximize impact.

Community Priority 1: Expand Economic Opportunities to Support Prevention and Recovery.

The ability to meet one's basic needs impacts substance use. Meeting people's basic needs emerged as a consistent throughline across MAAPPS community listening sessions and our collaboration with researchers with lived experience. Community members and SMEs repeatedly emphasized that affordable housing, reliable transportation, and access to meaningful, well-paid work shape risk and protection across the substance use continuum—from prevention through

> *You know, streamline Social Security, disability . . . you know, general identification and access points for state-related IDs, birth certificates all the like. That all could be done in one place at least leveraging technology to be able to make that process easier, right? So that you're giving people the basic building blocks necessary in order to just be able to participate in society fully.*
>
> – Community Member

Maryland Counties With Highest High ACE Prevalence (3-8 ACEs)

Statewide: 23.3%

Calvert: 35.2%

Charles: 32.5%

recovery. When these stabilizing conditions are out of reach, stress increases, options narrow, and people face greater barriers to well-being, which can elevate vulnerability to substance use.

SMEs also underscored that health is shaped by the conditions in the environments where people are born, live, learn, work, play, worship, and age. Maryland stakeholders urged the state to elevate upstream prevention strategies, especially housing and economic opportunity—alongside downstream responses. Investing in these social and economic supports can reduce reliance on reactive approaches to substance use and overdose while strengthening recovery, workforce re-entry, and community reintegration.

Adverse Childhood Experiences Amplify Risk. Investment in social drivers of health can have generational impacts. Adverse Childhood Experiences (ACEs) such as poverty, violence, parental SUD or incarceration, and other adversities create toxic stress, which can disrupt brain development; and increase the risk of behavioral health challenges. Because children in poverty face greater exposure to ACE's, strengthening safe, stable, and nurturing environments is critical to preventing adversity and supporting healthy development for families and communities.[33]

Still, as community members, SMEs, and published data reiterated, protective economic factors such as earning a living wage and having stable housing remain out of reach for many Marylanders, especially those in minority communities. Black Marylanders make up 59% of the homeless population but only 29% of the total population.[34] Food insecurity affects 28% of Marylanders, with nearly half of Hispanic households reporting food insecurity, and many eligible people, especially on the Eastern Shore, lacking access to government food benefits.

Social and Racial Disparities Increase Challenges to Accessing Social Drivers of Health. SMEs and community members characterized Maryland's

Challenge: Inaccessibility to stable housing and economic stability are risk factors for SUD.

- A labor market mismatch persists in Maryland, with 3.1 job openings per job seeker but only a 65.1% labor force participation rate.
- Criminal records and felony convictions can make it difficult for individuals to access stable housing and employment. Montgomery County's The Housing Justice Act (enacted in 2021) and the Maryland Fair Chance Housing Act would limit when and how landlords can use criminal history in screening.
- Women, particularly those with children, face compounded challenges related to childcare availability, housing affordability, and job access, which can limit workforce participation and economic stability.
- Baltimore City has seen recent increases in disconnected youth; in 2022, nearly one in six young adults 18–24 years of age were not employed and not in school.
- Although homelessness is declining (from 8,392 in 2015 to 6,337 in 2020), 101,000 Maryland households are behind on rent.

previous drug responses as reactive, rather than preventive, with approaches differing based on the racial and social demographics of affected communities. They reported that historically urban communities of color faced enforcement-focused strategies, while predominantly White suburban areas received more compassionate support.

> *If you want safety, put money in our neighborhoods, not in locking us up.*
>
> – Community member

Disparities in both social drivers of health and responses to SUD have fostered deep mistrust of government systems among communities of color. To address these inequities, SMEs and community members urged Maryland agencies to build a comprehensive, community-led prevention system that avoids stigma, and demonstrates credibility by addressing social challenges such as stable housing, reliable transportation, access to nutritious food, and pathways to employment. As one MAAPPS participant emphasized, *"Invest in community hubs in West and East Baltimore that integrate transportation, health care, and employment. People can't recover without access to resources."* Such an approach not only improves substance use and overdose outcomes but also begins to restore trust between the state and its communities.

Removing Barriers to Economic Participation Empowers Marylanders. Maryland has launched a broad set of policies and programs in the last several years to reduce structural barriers to work, wealth, and mobility for marginalized communities, including women, people of color, and people in recovery. These efforts span labor standards, recovery-friendly employment, record relief, childcare, housing and infrastructure, youth pipelines, and targeted wealth-building tools. In particular, Governor Wes Moore's pardons for more than 175,000 cannabis-related convictions in 2024 provides a strong example of how strategies like expungement can mitigate the collateral consequences of SUD by increasing opportunities for economic participation, a known protective factor against SUD.[35] Research indicates that within 1 year of record clearance, wages for expungement recipients increased by more than 22%, largely because unemployed people were able to find jobs, and those who were previously minimally employed secured steadier or higher-paying work.[36]

> *We human beings, we make mistakes … Once we make mistakes and come home, we can't get a job. It's hard for us to get a place … to survive. We don't get no job. If we do get a job … Most we can make coming out of jail, man, is what, $15, $14 minimum wages.*
>
> – Community Member

SMEs elevated several exemplary programs and practices that are responsive, compassionate, and work to addresses both immediate needs and the root causes of substance use; these are outlined in Exhibit 2.

Holistic Approaches Target Risk Factors for SUD. Workforce development initiatives for people in recovery are helping to reduce recidivism, stigma, and support recovery. Formerly incarcerated people who are in recovery are 2.5 times more likely to gain employment through employment readiness programs.[37] In 2023, the Maryland Department of Health's Behavioral Health Administration awarded $440,000 to pilot Recovery Friendly Workplace initiatives in high-need regions in Maryland, including Harford, Cecil, St. Mary's, Washington, Allegany, and Garret Counties, as well as Baltimore City.[38]

This effort supports individuals with SUD by fostering inclusive and stigma-free employment environments. Through employer training and resources, the initiative encourages the hiring and retention of workers in recovery while integrating Certified Peer Recovery Specialists to provide guidance and support for them. Additionally, in 2025 with ORF funding Maryland launched Rural Advancement for Maryland Peers (RAMP) to expand the peer recovery workforce in rural communities. By promoting workplace policies that prioritize recovery, the program helps individuals maintain employment stability, access treatment, and build long-term resilience. Initiatives like this one illustrate the impact that strategically located programs focused on basic needs and economic access can have on recovery success, especially through destigmatization and enhancing understanding.

Recovery Needs Holistic Support:

> *The predicate for recovery is somebody safely being able to reintegrate into society and live their lives to the fullest.*
>
> – Subject matter expert

> *They tell you to get a job, but how? You don't even have stable housing yet.*
>
> – Community Member

Exhibit 2. Example Maryland SUD Programs Addressing Basic Needs and Economic Inclusion

Maryland Coordinated Community Support Partnerships Hubs

Coordinated Community Support Partnerships (CCSP) Hubs braid education, behavioral health, payers, and hospitals to deliver school-based prevention and behavioral health services, to deliver tiered school behavioral health, including substance use prevention curricula like Botvin LifeSkills for grades 3–12.

ENOUGH initiative:

The Governor's Office for Children and Children's Cabinet have launched the ENOUGH initiative, a "first-of-its-kind, community-based strategy to address concentrated child poverty," funding local, resident-led interventions to build economic mobility by improving access to health care, good schools, good jobs, and safe neighborhoods in high-poverty communities statewide.

Baltimore, Behavioral Health System Baltimore, Inc.

As the Managing entity for Baltimore's Behavioral Health System Behavioral Health System Baltimore, Inc. (BHSB), partners with schools and community organizations to provide prevention education and emotional health support. The also, partners with the Baltimore City Circuit Court's Adult Drug Treatment Court, integrating peer recovery specialists into a court team that includes judges, state attorneys, and clinical coordinators to support individuals with substance-use–related offenses

Maryland Legal Aid's Expungement Expo[39] offers free, walk-in legal assistance to help people clear their criminal records and access vital resources like housing and employment support. Held in partnership with local organizations, the event creates a welcoming space for personal and professional growth for people who meet legal aid's standard financial eligibility requirements, without requiring preregistration or documentation.

Maryland's Recovery Friendly Workplace program funded by the MDH SOR grant and managed by Maryland's Department of Labor operated in high-need areas across the state offering free guidance to employers on reducing stigma and promoting recovery as a strength. The initiative encourages hiring and retention of workers in recovery while integrating Certified Peer Recovery Specialists to provide guidance and support. By promoting workplace policies that prioritize recovery, the program helps individuals maintain employment stability, access treatment, and build long-term resilience.

Community Priority 2: Make Treatment and Recovery Services More Coordinated and Holistic.

Services are Siloed. Community members with lived experience of SUD and SMEs identified system fragmentation as a major barrier to care. They described Maryland's treatment system as disconnected and hard to navigate, often requiring individuals to engage with multiple providers and agencies to access services. This complexity disrupts continuity of care and discourages sustained engagement for Marylanders seeking treatment. The MAAPPS process identified specific examples of disconnection and complexity, including inconsistent drug court practices, gaps in treatment during incarceration and after release, variable quality of treatment services and settings, limited access to shelter and recovery housing, silos between physical and behavioral health services, and a lack of coordination among public benefits offices.

> *You get bounced around . . . one office for treatment, another for housing, another for IDs. By the time you get what you need, you're ready to give up.*
>
> – Community Member

Community members and SMEs described multiple ways that people with SUD in Maryland face challenges in available housing options when they had active SUD. One community member described the situation in his community: *"If you overdose in a shelter, they got to put you out for life. [I think they should give] you a second chance because when they put you out, you're back on the street, and there's no shelter you can go to that will take you."* This experience contradicts Maryland's 2025 recommendations for shelter certification. The experience reported in our listening session may have predated the recommendations or may indicate that shelter providers follow them inconsistently. This suggests there is a need for ongoing oversight. Additionally, one SME noted, some communities have no winter warming shelter options that can accommodate people with active SUD, leaving unhoused Marylanders with SUD exposed to the winter elements. Access to a warming shelter would improve basic safety for Marylanders with SUD who cannot or are unsheltered.

Complex State Systems Complicate Access to Treatment. Approximately 824,000 Marylanders aged 12 and older have a SUD and 301,000 approximately 36.5% received treatment last year. That treatment rate exceeds the national average where only 19.3% of individuals aged 12 or older with SUD received treatment.[40] Despite this, community members and SMEs explained numerous practical barriers that make treatment access harder. Community members raised concerns that treatment programs were not promoted in ways that make information easily accessible and that the treatment system often fails to meet the needs of certain groups such as individuals with developmental disabilities, people returning to their community after incarceration, and parents (e.g., with childcare needs) with SUD due to limited support. Community members and SMEs highlighted regulatory challenges, such as restrictions on receiving same-day services and reimbursement policies that hinder integrated physical and mental health care. For example, providers offering both behavioral and physical health services in one clinic cannot bill Medicaid for two appointments, such as MOUD treatment and heart disease management.

During listening sessions, community members further disclosed personal experiences of repeated incarcerations without being offered treatment connections. SMEs identified notable gaps between public safety, social services and health systems resulting in missed opportunities to connect individuals to treatment or recovery resources during interactions with the criminal legal system. As noted, many listening session participants disclosed that they had multiple experiences of incarceration and highlighted its lasting consequences on their lives. Research shows that alternatives to incarceration show promise in improving life outcomes for people with SUD and result in cost savings. For instance, Adult Treatment courts served 1,830 people between 2016 and 2019, resulting in a 13% reduction in rearrests and $14,352 in cost savings per participant demonstrating a measurable impact on recidivism.[41] Broader evidence reinforces these findings; correctional education, treatment-oriented courts, and supportive reentry services consistently reduce the likelihood of rearrest and are more effective when paired with stable housing, behavioral health supports, and employment pathways. [42][43] Maryland's Law Enforcement Assisted Diversion (LEAD) program referred 325 people between 2020 and 2023, with 76.6% enrolling in services. Because data show that only 48% of LEAD participants received services due to either incarceration, loss of contact, or refusal, it is difficult to determine whether this specific diversionary model is effective.[44]

Policy Initiatives are Having an Impact. Maryland has implemented a range of policy efforts to address rising overdose deaths and reduce racial and geographic disparities in treatment access. These initiatives represent meaningful progress and should be maintained and expanded where possible. For example, the state has reduced administrative barriers in Medicaid such as eliminating prior authorization for buprenorphine and policymakers continue to advance strategies aimed at strengthening equitable access to treatment. However significant gaps persist. Between 2017 and 2022, Black people 55 years of age and older experienced a 352% increase in overdose deaths but received only 22% of all buprenorphine prescriptions despite accounting for 32% of overall overdose deaths.[45] Rural–urban gaps remain stark, with rural counties often lacking clinicians who prescribe buprenorphine, leaving residents with long travel distances or no access at all. Overall, 71% of Maryland counties lack sufficient treatment capacity and four counties (Caroline, Dorchester, Garrett, and Kent) have no methadone access at all.[46] To address these barriers, SME's recommended offering treatment providers implementation guidance and training, including implicit bias training, to enhance the distribution of buprenorphine prescriptions. During the 2025 legislative session, Maryland also passed HB1131 establishing a workgroup to study buprenorphine access and requiring MOOR to allocate $50,000 annually in ORF grant funds for EMS training on buprenorphine induction. These efforts aim to close gaps and ensure more consistent access across the state.

In 2023, 46,097 individuals were estimated to need treatment for OUD, but the statewide treatment capacity was only 34,568, leaving an unmet need of 11,643 individuals (about 25%).

In 2023, Governor Wes Moore announced new Medicaid benefits that aimed to launch new opportunities for Certified Peer Recovery Specialists and expand their provider base to increase Maryland residents' access to treatment.[47] Certified Peer Recovery Specialists provide SUD services at

licensed Federally Qualified Health Centers, opioid treatment programs, or community-based programs that may receive Medicaid reimbursement. However, these programs all may be at risk because of proposed federal budget cuts.

Maryland has improved access to medication for OUD (MOUD) in jails. In FY2023, of the 5,893 incarcerated people who underwent screening, 937 received an opioid use disorder (OUD) diagnosis, and 695 received MOUD.[48] This program, enabled by HB116, made demonstrable progress for OUD services among incarcerated people but also revealed gaps in continuity of care and medication transitions.

SMEs and Maryland community members urged MOOR to streamline care, improve training and implementation of Maryland's treatment policies, and address basic needs within treatment models. These participants highlighted programs and offered recommendations (see Exhibit 3) to help Maryland unify its systems into a coordinated network that better serves Maryland residents and SUD providers.

Exhibit 3. Example Maryland Programs and Practices Working to Enhance Coordination of SUD Care

The **Maryland Total Human Services Integrated Network** is a network that simplifies the way in which residents can apply for, recertify, and track state human services benefits.
Baltimore's Promise, which is sometimes referred to as the Baltimore City Youth Data Hub, unites various SUD partners to collaboratively meet the wide-ranging needs of young people and their families, and provide comprehensive care plans.
On our Own Maryland is a peer-run organization that supports people experiencing homelessness and SUD. A community member described the program as a "welcoming, nonjudgmental space where people can simply sit, use computers, and access support without fear of being policed or stigmatized."

Community Priority 3: Strengthen Respectful, Trauma-informed Prevention and Care Tailored to Local Needs.

Punitive Responses Amplify Stigma and Mistrust, Especially Among Rural Areas and Communities of Color. The MAAPPS process revealed that legacy systems for addressing SUD stigmatized community members and created long-lasting consequences that impeded access to care and recovery. Stigmatizing systems and policies reverberate throughout the SUD continuum. Marginalized communities distrust prevention and treatment services because of decades of punitive responses to SUD in their communities, which exacerbates the gap in prevention services and the risk of SUD. Punitive responses to substance use disorder, such as revoking professional licenses and inconsistence practices for restoration, impose lasting consequences that undermine dignity, hinder economic reintegration, and deepen social isolation, in contrast to public health approaches.

SMEs and community members reported that recovery resources in Maryland are unevenly distributed and often concentrated in urban areas while rural regions lack recovery-oriented systems of care. SMEs recommended improved geographic distribution to improve access for communities of highest need. This could mean locating services within the areas of greatest need, providing transportation from rural areas to services, or having services travel to rural locations or underserved communities on certain days of the week. Maryland SMEs and community members who participated in MAAPPS indicated that strong recovery supports should include stable housing, employment, and supportive relationships, which they observed to be present more often in peer-led or community-based programs. Many SMEs emphasized the importance of integrating housing assistance, benefits navigation, and workforce development into treatment programs to ease transitions to sustained recovery and address current service gaps.

Public Safety:

> *Ultimately, if we misappropriate the [ORF] funds and don't build up the communities that were originally harmed, we're doing a disservice.*
>
> – SME

Successful Prevention is Rooted in Community Trust.

> *We want prevention that actually shows up in our neighborhoods, not just once in a while when there's a crisis.*
>
> – Community member

> *Without addressing the stigma and mistrust built up over decades, prevention programs will continue to miss the people they most need to reach.*
>
> – SME

Community-Based Programs and Peer Recovery are Preferred and Effective. The MAAPPS process highlighted several peer-led strategies to reduce stigma, center lived experience, and support resilience. These include expanding peer recovery services that meet people where they are; equipping peers to provide trauma-informed support and warm handoffs to basic-needs resources; strengthening peer-supported pathways to workforce re-entry; and elevating peers in public education efforts to shift narratives and normalize recovery.

Several SMEs reported that, without intentional action, restitution funds and new investments might fail to reach the communities most affected by previous drug enforcement practices, further under resourcing and disadvantaging community-based programs. SMEs noted that increasing the treatment workforce capacity alone was inadequate; they emphasized the need for patient-centered and trauma-informed approaches that incorporate concrete practices such as flexible scheduling, culturally responsive care, and integration of mental health

Overdose Prevention:

> *Taking [overdose prevention services] and placing them within the places where people already exist and need it, like treatment programs, would be a great tool.*
>
> – Subject matter expert

> *When you go into a place that's supposed to help you, and they look at you like you're less than, you're not going to come back.*
>
> – Community member

services. These approaches should prioritize reducing barriers like transportation and childcare, while ensuring programs reflect patients' lived experiences through peer support and individualized recovery plans.

Peer recovery support has proven to be effective, with a University of Maryland study finding that people with OUD were 30% more likely to adhere to treatment when paired with Certified Peer Recovery Specialists.[49] However, peer recovery services are not consistently available in Maryland and are rarely available in jails, parole offices, and crisis response settings. Recovery housing programs, such as Maryland Recovery Net, support people in recovery, but funding shortages have paused new authorizations, despite a $1.09 million allocation in FY 2024.[50] Recovery Community Centers (RCCs) are peer-led, nonclinical nonprofit organizations that support substance use recovery, often hosting Narcotics Anonymous and other mutual support meetings alongside other peer activities. These centers build social capital through social connections and resource access, which correlates with reduced psychological distress and improved well-being among participants. Frequent RCC engagement is associated with better employment opportunities and housing stability, and lower stigma related to substance use disorders. Overall, RCCs are essential to fostering long-term recovery and enhancing community quality of life.[51]

Drug User Health Services to Reduce Infectious Disease and Prevent Overdose. Community members, SMEs, and our literature review agreed that practical strategies to combat overdose and drug-related infectious disease, such as syringe service programs, fentanyl and xylazine test strips, and wound care, are effective ways to reduce system costs of substance use on emergency and medical services and save lives. The Maryland Department of Health authorizes 28 programs across 18 counties and Baltimore City for syringe disposal, testing, wound care, and fentanyl/xylazine test strips.[52] Despite these efforts, access to infectious disease prevention for drug users is uneven: four counties have no drug user health program and others have limited hours.[53]

The Maryland Department of Health and other community-based organizations expanded naloxone provision, distributing 91,644 doses in the second quarter of FY 2025, nearly half of which were provided through syringe services programs.[54] Crisis stabilization centers provide care 24 hours a day, 7 days a week, offering linkages to treatment, with notable facilities including Tuerk House, in Baltimore, and Dyer Care Center, in Prince George's County. In 2024, Governor Wes Moore announced a $13.5 million grant for statewide expansion of behavioral health crisis services including programs to expand and improve mobile crisis team services and behavioral health crisis stabilization centers.

During the interviews and listening sessions, Maryland's SMEs and community members reported that strategies to promote drug users' health, including preventing infectious disease and overdose, are essential and require additional funding and support. To reduce barriers and the stigma associated with accessing services, SMEs recommended offering them in locations that are easily accessible and comfortable for people experiencing SUD, and pairing them with other service connections. Participants also identified several specific opportunities to expand access to drug user health services. These included increasing the availability of overdose prevention tools among people who are justice-involved

upon release, as well as positioning fentanyl test strips and naloxone in neutral community locations (e.g., churches, community centers, shelters). Additional recommendations included staffing emergency departments with service navigators or peer recovery specialists and co-locating infectious disease and overdose prevention services within treatment centers to ensure individuals using substances can access a full continuum of supports.

Exhibit 4. Example Maryland SUD programs that strengthen culturally competent, trauma-informed care, and peer recovery

Maryland provides drug user health services to individuals who use drugs to reduce the spread of infectious diseases by offering sterile syringes, safe disposal options, and prevent overdose by providing access to naloxone to prevent overdose deaths. It connects participants to critical health resources, including HIV and hepatitis testing, treatment referrals, and recovery support services. By reducing the spread of infectious diseases and promoting safer practices, drug user health programs play a vital role in improving public health and supporting pathways to recovery for vulnerable populations.

The BOLD (BIPOC Overdose prevention and Leadership Academy) Initiative: In 2023, the Johns Hopkins Center for Communication Programs and the Maryland Department of Health collaborated with Black and Latinx community members to examine the factors driving overdose disparities and their severe impact on these communities. The BOLD (BIPOC Overdose Prevention and Leadership Academy) initiative reflects effort to confront the systemic inequities and related barriers experienced by BIPOC individuals who use drugs. This work is being advanced through the development of structured curricula for program staff and the expansion of tailored resources to better support BIPOC people who use drugs

Recommendations for Maryland

Reducing overdose deaths in Maryland requires evidence-based, multipronged strategies and continuous evaluation. Data from the MAAPPS initiative highlight the complexity of opioid-related needs and services and suggests that an effective response requires cross-sector, holistic approaches. The following recommendations for policymakers and MOOR are based on MAAPPS findings and input from Maryland residents and address one or more community priorities simultaneously. The recommendations represent a range of changes to Maryland's SUD response system, ranging from short-term actions to cross-systems transformation.

1. **Maintain and expand initiatives that promote social and economic opportunities.** As Maryland addresses the challenges underlying SUD, it becomes increasingly important to pair reintegration efforts with evidence-based recovery resources to foster long-term success through strategies such as:
    - **Support prosocial community reintegration** by continuing to implement and evaluate Maryland's Expungement Reform Act of 2025 and targeted civil legal services. Reinstating professional licenses and expunging, sealing, or pardoning records can be pivotal for people seeking stability. For example, Maryland Legal Aid's Expungement Expo[55] offers free, walk-in legal assistance to help people clear their criminal records and access vital resources like housing and employment support. Held in partnership with local organizations, the event

creates a welcoming space for personal and professional growth for people who meet legal aid's standard financial eligibility requirements, without requiring preregistration or documentation. To strengthen these efforts, MOOR can partner with institutions such as Johns Hopkins University to identify best practices and pilot initiative approaches such as public education on eligibility, streamlined reinstatement processes, and raise awareness of medical-legal partnerships for expungement.[56] These pilots should prioritize immediate impact while generating insights on reducing stigma and barriers to employment, housing, and community participation. Findings can guide the expansion of expungement clinics, and help address administrative burdens that hinder access to relief. Maryland can also address expungement implementation gaps by proactively notifying eligible individuals, eliminating fees, reducing administrative delays, and embedding record clearance support into recovery and reentry programs. The state can also explore other ways to expand access to targeted civil legal services for people with SUD to resolve legal barriers that directly block employment, housing, transportation, and family stability.

- **Maintain and expand the Recovery Friendly Workplace initiative** to enhance employment retention by educating businesses on substance use resources and support strategies. Maryland's Recovery Friendly Workplace program funded by the State Opioid Response Grant and managed by Maryland's Department of Labor operated in high-need areas across the state offering free guidance to employers on reducing stigma and promoting recovery as a strength. Before scaling, Maryland should closely examine results from pilots conducted through 2024 to identify best practices. This may require conducting a retrospective evaluation. The state can also explore ways to incentivize employers to participate in its tiered designations for recovery-friendly businesses, such as preferential procurement, tax credits, or workforce grants to employers with recovery-friendly designations. The state of Maryland itself can become a recovery-friendly workplace.
- **Standardize occupational licensing decisions for people in recovery** by clarifying in statute that SUD history alone cannot justify denial, requiring individualized, job-related assessments, and issuing uniform guidance to reduce inconsistent board practices. Expand paid transitional employment into a statewide recovery employment pathway by directing braided OSF and workforce dollars to DLLR and local workforce boards to scale wage-subsidized, 6–12-month transitional jobs for people in early recovery, with contracts requiring employers to commit to permanent hiring or documented placement at program completion.
- **Ensure recovery-responsive education and training pathways** by requiring publicly funded colleges and workforce programs to adopt flexible enrollment, leave, and reentry policies that allow continuity during treatment and recovery.

2. **Promote a healing-centered, compassionate, accessible substance use continuum of care.** Stigma associated with substance use ignores people's resilience and the reality of recovery from SUD. This perpetuates cycles of shame, collateral consequences, and disconnection from family, community, and society. A healing-centered service continuum integrates services into community settings

where professionals are relatable, spaces are welcoming (not institutional or bureaucratic), and people are respectful. To transform Maryland's existing system to this orientation, Maryland can do the following:

- **Amplify lived expertise and peer support** to promote, develop, implement, and evaluate SUD services. Natural communities, such as peers, provide the most trusted and quickest communication method. Further, Certified Peer Recovery Services have been shown to increase treatment and recovery and to reduce stigma.[57] MOOR can encourage or require as part of its funding that SUD programs that leverage individuals with lived/living experience via an advisory board, support groups, outreach workers, board of director membership, and within-program leadership roles and/or staffing. MOOR can also create opportunities, such as communities of practice, for programs that leverage people with lived experience as part of their work to share their processes and support fellow providers in integrating similar practices. Prioritize social norm or marketing funding around approaches that use lived/living expertise. Maryland is taking steps in this direction with the Maryland Overdose Response Advisory Council (MORAC) being tasked by Lieutenant Governor Aruna Miller to bring together a citizen advisory group for MORAC to shape Maryland's opioid response strategies, guide state policy, and make program recommendations.[58] MOOR can amplify the voice of these committees by engaging directly with them about the implementation and evaluation of MOOR's strategic plan while also exploring additional opportunities for leadership development and coaching so that people with lived experience can participate more. MOOR should also explore opportunities for MORAC to provide greater education about the substance use crisis and necessary response to provider and public audiences. Equally important, expanding peer support must be paired with increased investment in the peer workforce itself. This includes addressing challenges such as burnout, secondary trauma, and lack of supervision by funding structured training, ongoing mentorship, and access to mental health resources for peers. Programs should also establish clear career pathways and competitive compensation to ensure sustainability and retention within this critical workforce.
- **Increase access to drug user health programs and connect them to treatment access** rather than viewing them as separate programs. Integrating access to treatment services within drug user health programs promotes safety, trust, and choice for people who use drugs to have more access points to treatment services. For example, Maryland could fund drug user health programs to employ nurse practitioners or physician assistants who can induct patients on buprenorphine. Other states, including Washington, have similar low barrier programs the focus on drug user health through infectious disease prevention but also have access to other treatment services. In counties without drug user health programs, the state could also fund a pilot grant for faith communities to start outreach programs.

3. **Grow the prevention, intervention, and recovery workforce. Build the workforce's capacity in best practices and promising strategies related to substance use and workforce development.** Building a strong, compassionate, and well-equipped workforce is essential to addressing the complex challenges

of substance use. This includes not only expanding the number of professionals and peers in the field, particularly in underserved areas, but also ensuring that they have training in evidence-based, trauma-informed, and culturally responsive practices. To ensure an ample and skilled substance use workforce, Maryland can do the following:

- **Prioritize hiring in regions with the greatest personnel gaps** for targeted recruitment efforts. There is a significant need to hire workers in rural regions such as Caroline, Dorchester, Garrett, and Kent Counties. To do so, Maryland can build relationships with local colleges and universities for internships, early career hiring, or certification programs that allow people to complete academic credentials while on the job. States like Utah and Oregon have leveraged tax credits and loan forgiveness programs to attract providers to rural and underserved areas.[59] Scholarships and grants, in particular, can open up professional pathways for those who cannot afford to take on debt, even if it is later forgiven. Another strategy to expand services in underserved regions is continuing to use telehealth models, which saw significant expansion during the COVID-19 pandemic. Although not ideal for all recovery services, telehealth and other technological interventions can provide a necessary solution while in-person services are expanded. This recommendation aligns with Maryland's proposed foci in its Rural Transformation Program to prioritize the rural health workforce and increase use of mobile health and telehealth infrastructure.
- **Scale the use of peer recovery specialists** through increased workforce pipelines, ensuring a living wage, and giving funding preference to programs that use peer recovery specialists. Peer recovery specialists bring a unique perspective and skill set to the treatment workforce that requires adequate training and appropriate compensation. This approach also provides professional avenues for Marylanders who are in recovery to reintegrate economically in roles where they add unique value. To scale peer recovery roles effectively, Maryland can build on the CPRS program administered by the Maryland Addiction and Behavioral-health Professionals Certification Board.[60] This certification validates lived experience and requires formal training across five domains (i.e., advocacy, ethics, mentoring, recovery/wellness, and drug user health), plus 500 supervised service hours and ongoing education for recertification. There is a career ladder for CPRSs. CPRS exemplifies how lived expertise can be professionalized to close staffing gaps, especially in underserved regions, and strengthen the state's recovery-oriented system of care. Maryland can leverage its proposal for the Rural Health Transformation Program and its commitment to expand apprenticeship and training opportunities for Certified Peer Recovery Specialists and other health professionals in rural areas to meet this recommendation. Maryland can also proactively engage the CPRS workforce to gather recommendations on how to address burnout, career growth, recruitment, and retention for peers.
- **Strengthen SUD training for clinicians.** Direct resources toward comprehensive workforce training provided by MOOR, Behavioral Health Administration, and other entities on current SUD policies, statutes, and improving patient trust and communication to reduce stigma and ensure consistent treatment decisions. By empowering providers with up-to-date education and

tools, MOOR and its partner agencies can help reduce stigma against people with SUD in clinical settings and ensure responsive, respectful care for all Marylanders seeking help.

4. **Strengthen the continuum of substance use responses to provide consistently high-quality, robust, and low-barrier services that prioritize prevention, safety, overdose prevention, and connection to long-term treatment or recovery.** To effectively address the complex and evolving challenges of substance use, Maryland must strengthen the full continuum of care (from prevention through treatment and recovery) to ensure all Marylanders can access treatment quickly. The state will need to close gaps along the service continuum to create many paths from SUD to recovery. Targeted actions that could build a system that delivers consistent, high-quality care statewide, including the following:
    - **Strengthen prevention efforts** to focus on activities that start early and build connection with natural protective factors that may decrease the likelihood of experiencing ACES, especially in counties with high rates of ACEs. Multigenerational prevention strategies create a crucial intersection of prevention and intervention that can break generational cycles of SUD. For example, Maryland can explore creating a refundable state Child Tax Credit as an upstream prevention strategy to support family stability and reduce economic stressors linked to substance use, with initial targeting to low- and moderate-income families. Maryland can also expand upstream prevention efforts through investments in affordable housing (e.g., using flexible funds to acquire multi-family buildings), transportation access, and economic inclusion strategies like expungement.
    - **Work to ensure there are shelter options for people with active SUD in every community while balancing this goal with the need for safety.** Coordinate with shelter providers in Continuums of Care (CoCs) and other providers across the state to identify any gaps in access and address policies or practices that may exclude people with SUD. Recognize that safety concerns often drive restrictions and explore strategies that protect both residents and staff without resorting to blanket bans. Collaborate with CoCs and recovery housing providers to expand shelter and housing options in alignment with the Federal guidelines for CoC funding for FY2026 when they are released.
    - **Invest in diversion**. Build on lessons learned from the LEAD diversion program and other models including Montgomery County's Stop, Triage, Engage, Educate, and Rehabilitate (STEER) Team to design to evaluate community-led diversion programs.[61] Community-based innovations in diversion will address factors contributing to substance use and help people connect with community resources, restore their connections with natural support systems for recovery, and reduce incarceration and recidivism rates.
5. **Enhance and invest in wraparound supports, such as housing and transportation, alongside treatment to address social drivers of health that are at the root of SUD.** Wrapping basic needs support around individuals impacted by SUD improves their ability to engage in treatment and build a level of stability necessary to shape their recovery. Maryland is committed to advancing a comprehensive, equitable, and compassionate approach to SUD care and recovery, via

strengthening the state's infrastructure for treatment and support. This centers on streamlining care coordination, expanding transportation and outreach, enhancing workforce training, and prioritizing funding to community-led initiatives. Maryland can work toward this goal through concrete steps to:

- **Work to establish one-stop integrated care centers.** Fund the creation of one-stop centers where Marylanders can access physical health, mental health, and public benefits connection services in one location. With an appropriate infrastructure in place, co-locating services and/or integrating them into other settings, such as a certified community behavioral health clinic, can provide opportunities for under-resourced programs to share expenses, such as office space, transportation services, and administrative support.
- **Ease access to mainstream public benefits.** Continue to integrate online systems—such as the Maryland Benefits One Application[62]—that will allow residents to apply for, recertify, or check the status of various state human services benefits.
- **Embed wraparound supports in treatment and recovery services.** Common types of wraparound services that could be embedded in treatment and recovery services that would support more holistic recovery and economic reintegration include targeted credit repair and financial coaching into recovery and reentry services to address medical debt, damaged credit, and lack of banking access that directly block employment and housing stability. Additionally, expanding access to recovery-responsive childcare supports by prioritizing parents with substance use disorder in existing childcare subsidy programs and allowing subsidies to cover nontraditional hours tied to treatment, training, and early employment would provide critical support to parents.
- **Increase access to housing benefits to stabilize recovery.** Maryland can accomplish this both through improving access to existing programs and through a new dedicated program. To better leverage existing housing assistance programs, jurisdictions can formalize referral and prioritization pathways linking recovery housing, treatment, and reentry programs to existing state and local rental assistance and permanent housing programs by establishing standardized referral protocols, priority consideration for individuals exiting recovery settings, and coordinated handoffs before housing instability occurs, rather than relying on self-referral or homelessness entry points. MOOR could lead this effort by bringing together SUD and housing providers, supporting the development of model referral pathways, or by raising awareness of successful local models. To increase the availability of housing support options, MOOR could also establish a time-limited housing transition benefit to help people move from recovery housing into independent housing (security deposits, first month's rent, utility setup).
- **Expand transportation access.** Allocate funding to improve transportation access, enabling residents to reliably access needed services. Support innovative solutions offered by community members and SMEs—such as peer-led ride coordination, transit partnerships, bus passes, and subsidized rides. These services could be most effectively targeted to people in rural areas that lack public transportation options and individuals who cannot afford public transportation.

- **Coordinate with Maryland's Rural Health Transformation's emphasis on food security.** One of three focus areas in the state's plan is empowering rural residents to eat for health. This priority directly reflects the call from the MAAPP S initiative to strengthen social determinants of health including food security. MOOR can coordinate its efforts with those of the Rural Health Transformation to help programs braid and blend funding in targeted areas.

6. **Support wider use of community-based and integrated physical and behavioral health services located within communities that emphasize whole-person care.** To transform its approach to SUD care, Maryland must foster comprehensive, equitable, and culturally competent systems. Essential to this effort is greater integration of community-based, physical health, and behavioral health recovery services. These were the types of programs that community members and SMEs described as most transformative and having the most potential to promote individuals' sustained recovery. Maryland can build trust, reduce barriers, and direct more resources to local organizations serving people and areas with the greatest need by offering trainings to community-based organizations on management and financial sustainability—so more residents can access coordinated care and recovery support. Trainings and funding for community-based organizations should be based on transparent funding decisions, build long-term partnerships, and promote culturally affirming service models that build trust with historically underserved populations, including communities of color and those with multiple identities (such as fathers raising children) to ensure no one falls through the cracks.

> *To the extent that those [ORF funds] could be allocated toward greater integration of somatic and behavioral health services . . . that would be ideal.*
>
> – Subject matter expert

   - **Integrate physical and behavioral health care** by promoting value-based care models and braided funding streams. Value-based care focuses on the quality of care a patient receives toward their overall health (rather than traditional fee-for-service models), with an emphasis on coordinating care among providers to improve patient experience and outcomes. Value-based care focuses on a high level of performance from providers and reducing care fragmentation to maximizing a patient's overall health. Value-based care models are established in the physical health realm (e.g., through Medicare and Medicaid). We heard from SMEs that value-based care that bridges physical and behavioral health are less common in Maryland but could make a meaningful difference in improving treatment, recovery, and overall health for people with SUD. MOOR can explore how to expand value-based care models by conducting a landscape analysis with stakeholders, including CBOs and providers, to understand where this work is already happening in Maryland to identify priority programs and how providers can braid funding streams to accomplish value-based care or care coordination.
   - **Improve Maryland's grantmaking process so funding is easier to access, faster to deploy, and better aligned with need.** Direct targeted support to trusted, community-led organizations in high-need areas, especially those with deep local relationships and a track record of delivering services. This includes investing in initiatives led by people with lived/living experience. Prioritize

funding for grassroots organizations like On Our Own Maryland[63] that have proven to be effective in reducing overdose fatalities. Empower these trusted, community-embedded groups to expand, innovate, and reduce stigma by evaluating and scaling successful strategies statewide. This could be done through including peers in drafting notices of funding or grant reviews for MOOR-funded services. The state can also modify guidance and expand access to microgrants and technical assistance to make it easier for recovery-led businesses to qualify for funding. Although people in recovery are technically eligible for many state-supported small business programs, eligibility and underwriting criteria—such as strong personal credit, uninterrupted work history, and risk screening tied to prior justice involvement or financial distress—often function to exclude them in practice. The state can modify eligibility and underwriting guidance in existing small business programs so that substance use disorder history, treatment participation, or justice involvement are not treated as automatic disqualifiers or risk exclusion.

7. **Coordinate responses and track progress in system transformation.** Maryland has many initiatives underway through various offices and funding mechanisms, including ORF, Medicaid, and potential Rural Health Transformation funding. Maryland needs robust coordination and data systems to track progress in shifting the focus of its measurements of success from programmatic outputs to a reduction in opioid fatalities and improved system-level performance. To continue progress in this direction, Maryland should:

   - **Coordinate responses among jurisdictions to reduce duplicated effort.** Given Baltimore City's dedicated funding streams and the counties receiving direct and pass-through funding, the state should prioritize coordination across these jurisdictions to maximize impact and reduce duplication of efforts. Each county and Baltimore City has an Overdose Prevention Team (OPT) that coordinates the local overdose response, typically chaired by the local health department. MOOR recommends that local governments coordinate with their OPT. To the degree possible, jurisdictions could further maximize the reach of their resources and their impact by collaborating on regional response. This could be achieved through dedicating a portion of a staff member's time to identifying where there are city- or county-led efforts underway and where there are gaps in city- or county-led interventions where the state can fill that unmet need.
   - **Create state-level incentives that encourage counties to align opioid settlement, behavioral health, housing, criminal justice, and workforce dollars around shared recovery and economic stability outcomes, rather than funding programs in isolation.** This could include outcome-based matching funds, competitive grants for cross-agency county plans, or preferential access to state resources for counties that demonstrate coordinated use of funds to support housing stability, employment, deflection, and long-term recovery.
   - **Finalize and adopt a standardized set of success measures** in collaboration with experts, community members, people in recovery, families, and people who use drugs. Measures should track the substance use system's efforts to provide easily accessible, responsive, and efficient services and processes that reach the individuals, families, and communities most in need.

Measure recovery-relevant economic outcomes by expanding state reporting requirements for SUD- and workforce-related grantees to include employment, earnings, housing stability, and education outcomes and using these metrics to guide funding decisions. Ensure that grant metrics are consistent across programs to promote fairness and clarity and that they can inform funding decisions and system enhancements.

- **Build from local data system successes.** Maryland can support collaborative use of data by community organizations, building on local examples of data collaboration. For example, the Baltimore City Youth Data Hub[64] is a secure, integrated data system that connects information across multiple youth-serving agencies to improve outcomes for children and young adults in Baltimore. Managed by Baltimore's Promise, the Hub enables data sharing among education, health, housing, and workforce organizations while maintaining strict privacy protections. The Hub supports data-driven decision-making by helping stakeholders identify service gaps; monitor program effectiveness; and track results by race, age, gender, and geography to see what's working and where gaps remain. Ultimately, the Hub empowers communities, providers, and policymakers to collaborate more effectively and ensure that youth receive the support they need to thrive and get ahead of risk factors. This strategy could be applied to SUD treatment in a range of communities to empower locally grown prevention efforts.

Conclusion

Maryland stands at a critical crossroads in its fight against the substance use crisis. The state has made major strides toward reducing overdose deaths, but the numbers remain unacceptably high. At the same time, funding cuts and shifting policies are adding new pressure to an already strained system of prevention, treatment, and recovery supports.

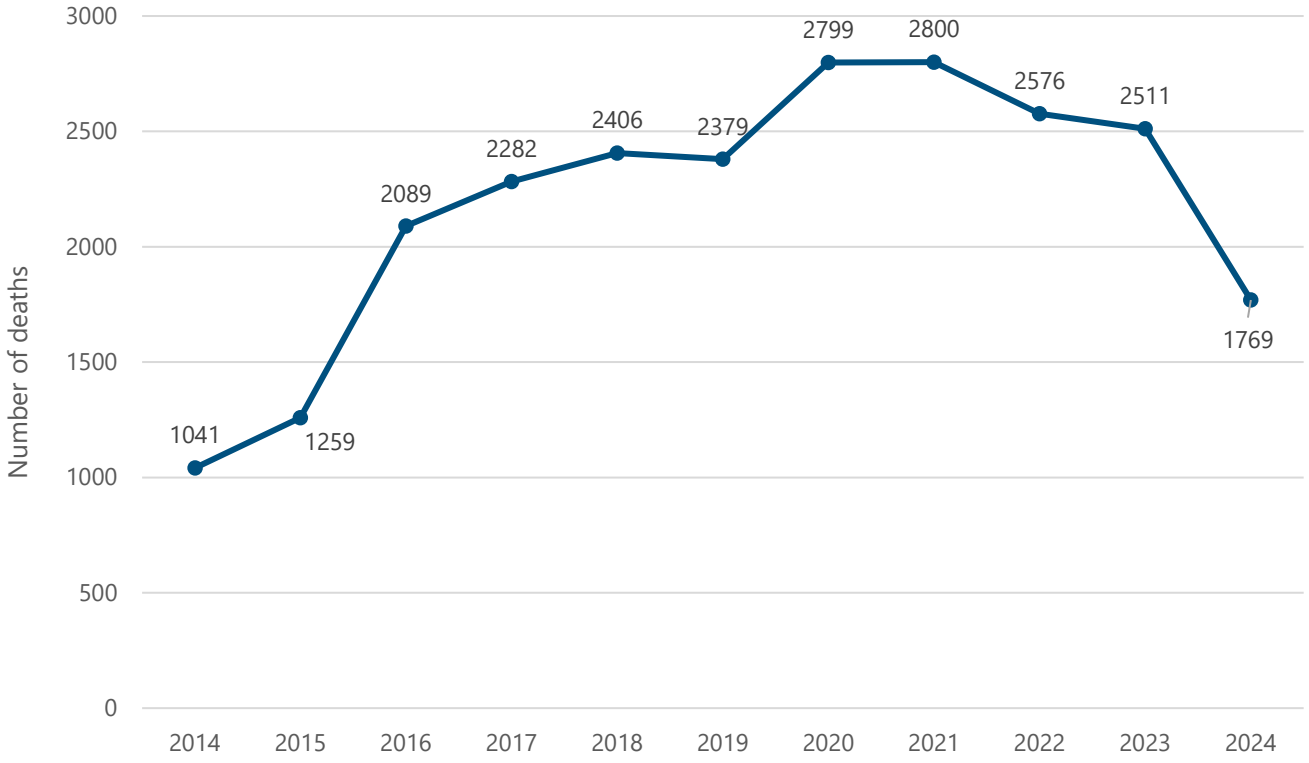
Even as resources tighten, the need is urgent. This moment demands clarity, focus, and commitment to maintain Maryland's leadership in reducing overdose deaths. Grounded in the firsthand experiences of Marylanders and informed by evidence, the recommendations in this report offer practical, actionable strategies to strengthen trust, reduce barriers to care, and invest in approaches that help people get support earlier, stay connected to services, and sustain recovery over time. Making progress will require putting resources where they are needed most and tracking results with strong data and clear measures. It will also require collaboration across health care, behavioral health, housing, workforce, and public safety, paired with ongoing evaluation so Maryland can learn quickly and improve what it funds.

Ultimately, lasting progress depends on supporting what works on the ground: a strong workforce, coordinated services that are easier to navigate, and wraparound supports like housing and transportation. Just as important, solutions work best when they are built with local partners who know their communities and have earned trust. With disciplined investment and sustained collaboration, Maryland can continue to lead: saving lives now and building a future where recovery is possible, care is accessible, and every resident has the chance to live a stable, healthy life.

Appendix 1: Additional Background on Maryland's SUD Crisis

Substance use disorder (SUD) and overdose has are complex challenges that have hit Maryland especially hard. Maryland recorded a historic peak of 2,799 overdose deaths in 2020.[65] Despite achieving some of the sharpest declines in the nation in fatal overdoses since then, Maryland's rates of overdose deaths remain considerable. Overdose deaths in the state surpass other preventable causes of death; for example, in 2024, there were 671 firearm-related deaths and 424 traffic fatalities while overdose deaths exceeded the total of both of those causes combined[66,67] (see Exhibit 1).

Exhibit 1. Overdoses in Maryland From 2014 to 2024[68]



The substance use crisis in Maryland reflects persistent and widening disparities across geographic location, socioeconomic status, race and ethnicity, gender, and age. Access also differs when it comes to medications for opioid use disorder (MOUD) and treatment resources, with rural communities and Black Marylanders particularly underserved.

Geography. Although overdoses occur statewide, Baltimore City and rural Maryland experience disproportionate burdens. Baltimore City has experienced significantly higher rates of overdoses compared with the rest of the state. Despite making up only 9% of Maryland's population, Baltimore City has accounted for about 45% of overdose deaths in recent years.[69] Rural communities have a disproportionately high need for opioid use disorder (OUD) treatment but lack treatment capacity and available recovery services, including access to MOUD,

exacerbating the challenges Marylanders face in seeking and finding treatment. These gaps are compounded by transportation barriers, as most services are concentrated in urban areas, making it even harder for rural residents to obtain care.[70]

Socioeconomic status. In Maryland, fatal overdoses disproportionately affect Marylanders with the lowest incomes, the least amount of formal education, and those working in physically demanding jobs.[71,72] Forty percent (40%) of people with household incomes below $30,000 have had a loved one die of an overdose, and those without a high school diploma are nearly four times more likely to experience such loss than are people with graduate degrees.[73] Baltimore-area residents living in households earning under $30,000 were also more than five times as likely to report knowing three or more people addicted to drugs compared to residents with household incomes of $110,000 or more.[74] Notably, 80% of overdose decedents were employed, with the highest incidence rates seen in occupations such as construction and extraction (324.9 deaths per 100,000 workers), transportation and material moving (153.5 deaths per 100,000), and installation/maintenance and repair (154.7 deaths per 100,000), in the 2020-2022 period.[75]

Racial Disparities in Overdose Deaths in Maryland[4, 6, 7, 8]

- Non-Hispanic Black people accounted for 44% of overdose deaths since 2022, despite making up 30% of the population.
- Black men over age 55 experienced the highest increase in overdose deaths (1,050 deaths vs. 600 deaths among White men).
- Hispanic youth under age 25 have had higher overdose rates than both their Black and White peers since 2023.

Race. Overdose deaths among non-Hispanic Black Marylanders jumped 65% between 2017 and 2023, while deaths among non-Hispanic White residents declined by 25%. The overdose death rate was 1.5 times higher among non-Hispanic Black residents than it was among White residents.[76] Research suggests that interrelated issues of discrimination by providers and medical mistrust among racially and ethnically diverse patients is linked to reduced engagement in treatment, negative health behaviors, and poorer health outcomes.[77] Medical mistrust is further shaped by the intersection of racial/ethnic discrimination and substance use related stigma. Among people who use drugs, this mistrust is often intensified by pervasive stigma within healthcare settings; individuals with SUD often face discriminatory attitudes, stereotyping, and lower-quality care from medical professionals. Such stigma is well-documented and contributes to avoidance of treatment, delayed care-seeking, and disengagement from recovery services.[78] These overlapping stigmas create additional barriers to compassionate, evidence-based treatment and contribute to inequities in access, referral pathways, and treatment quality. Structural and social determinants including racism within healthcare systems, disparities in SUD treatment further exacerbate these patterns.[79, 80,81]

Gender. In 2021, 73% of overdose decedents were male. This trend has been consistent over the last 10 years. Between 2017 and 2021, fatal overdoses among males grew by 25% compared with growth of 17% among females during the same period.[8] Beyond overdoses,

incarceration is also more common among men than women, with men being over six times more likely to be incarcerated for drug charges than women during the 2023 fiscal year.[82] However, research shows that women, especially those with children, face distinct barriers that require tailored interventions. Women with SUD experience elevated rates of trauma, stigma in healthcare, and unmet reproductive health needs, including lower contraceptive use and higher unintended pregnancy rates. These factors contribute to reduced access to reproductive health care, increased risk of unintended pregnancy, and challenges navigating siloed treatment systems.[83, 84]

Age. In 2024, people 35–44 years of age experienced the highest rate of fatal overdoses, at 48 per 100,000 cases. Adults 55 years of age and older experiencing the largest total number of overdose deaths (674) and the largest increase in fatal overdose rate among all age groups. Between 2015 and 2020, deaths among those 55 years of age and older increased 81% while deaths among those under 25 years of age decreased by 11%. Most significantly, overdose deaths among non-Hispanic Black people 55 years of age and older have increased nearly four-fold (352%) since 2015.[8]

Criminal Legal System Involvement. In Maryland, nearly 69% of people with criminal legal system involvement have SUD.[85] This prevalence amplifies the importance of addressing the impact of the criminal legal system and its collateral consequences that amplify barriers to recovery, such as loss of professional licenses and difficulty accessing employment and housing because of criminal convictions. Yet, many incarcerated people face significant barriers to accessing care for SUD. When individuals with SUD are not provided with evidence-based treatment in carceral settings, the risk of individuals returning to use and experiencing fatal overdoses after release rises sharply, further complicating their recovery and reintegration.

Appendix 2: Additional Methodological Details

To ground MAAPPS in community perspectives, the MAAPPS team collaborated with the People with Lived(-ing) Experience as Researchers (PLER) board, a national group of accomplished researchers and self-identified harm reduction providers who bring deep expertise and relevant experience with substance use, harm reduction, and peer recovery. PLER board members helped guide project design and implementation, including facilitating six community listening sessions. PLER board members recruited participants in Maryland from their professional and community networks to participate in the listening sessions. These sessions gathered insights on participants' firsthand experiences with SUD and SUD treatment systems, local SUD priorities, and potential areas for investments in Maryland.

AIR conducted semi-structured interviews with 30 Maryland subject matter experts (SMEs) from government, community, and commercial sectors, exploring preferred terminology within the SUD continuum (prevention through recovery), and gathering various perspectives on the root causes for differing outcomes across communities. Participants also reflected on long-standing barriers in how services are funded and delivered, resource needs, and opportunities and recommendations for

improvement. Interview transcripts were thematically coded and analyzed in alignment with Maryland's Overdose Response Strategy.[86]

In March 2025, AIR held a data co-interpretation session in Crownsville, Maryland, which brought together state officials, researchers, and community members to analyze findings from the environmental scan, community listening sessions, and SME interviews and find shared meaning. Participants identified key themes in the data across prevention, health and safety, treatment, recovery, and public safety, and identified priorities for equitable opioid settlement investments. The results, summarized in recommendations below, provide a nuanced, practical, and actionable road map for advancing efforts to improve SUD outcomes in Maryland.

Endnotes

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