Maryland's Office of
Overdose Response

2025 Annual Report

Released: February 2026

This report has been prepared by Maryland's Office of Overdose Response pursuant to Executive Order 01.01.2023.21. Copies of this report have been delivered to the Office of the Governor of Maryland as well as the Maryland Department of Legislative Services Library pursuant to Maryland State Education Article § 23-301(e).

About MOOR

Maryland's Office of Overdose Response (MOOR) promotes collaboration across all state and local agencies working to address substance use and overdose in the state. Operating under the leadership of the Office of Lieutenant Governor Aruna Miller and Special Secretary of Overdose Response Emily Keller, MOOR coordinates the inter-agency process to identify Maryland's strategic priorities for reducing overdose morbidity and mortality and works to promote the Governor's policy agenda by focusing on programs and policies under identified in the state's Overdose Response Strategy.

As outlined in Executive Order 01.01.2023.21, the main objectives of the office include:

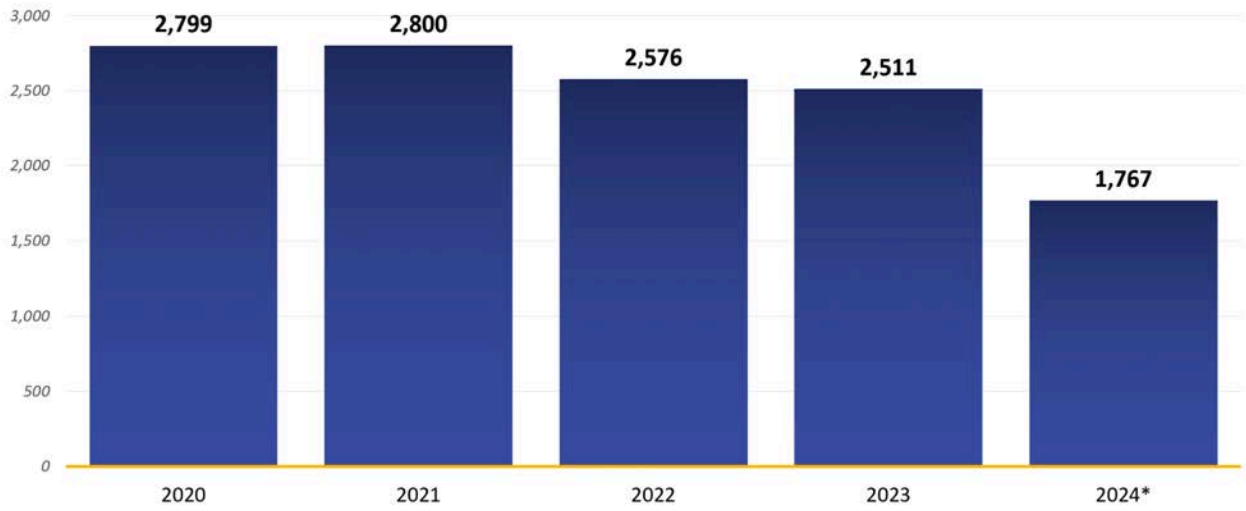
- facilitating statewide coordination of overdose prevention and response efforts across Maryland's 24 local jurisdictions and state agencies;
- coordinating the interagency process to develop the Governor's policy agenda affecting overdose prevention and response programs and initiatives;
- supporting local jurisdictions through grant funds to their Overdose Prevention Teams;
- conducting and coordinating public outreach on behalf of the Governor to encourage greater involvement and participation by community organizations and constituent groups;
- assisting in the identification of funding opportunities for state and local agencies and community organizations to implement initiatives that further the state's goal of reducing overdose morbidity and mortality;
- coordinating and consulting on matters relating to overdose prevention and response initiatives across state government, emphasizing communication and cooperation with federal and local governments on all overdose-related concerns, and providing recommendations to enhance intergovernmental prevention and response efforts;
- coordinating and facilitating data sharing among state and local sources while maintaining the privacy and security of sensitive personal information; and
- providing staff to the Maryland Overdose Response Advisory Council.

Together, these activities support Maryland's goal of reducing and preventing overdoses across the state and expanding access to care for individuals with substance use disorders. Annually, MOOR provides updates regarding Maryland's priorities for reducing overdoses, including the efforts outlined above, through the state's Overdose Response Strategy.

Recent Overdose Trends

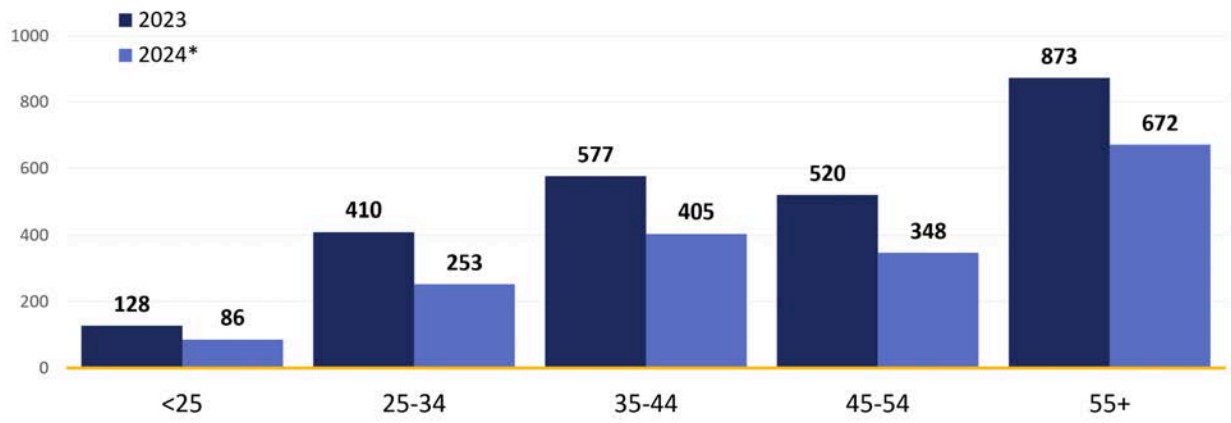
Fatal overdoses in Maryland have decreased substantially in recent years, following sharp increases across the country in the wake of the COVID-19 pandemic. In 2024, there were 1,767 fatal overdoses across the state, according to preliminary data on Maryland's Overdose Data Dashboard.[1] This represents a 30.9-percent decrease from the state's historic high in 2021, when there were 2,800 fatal overdoses. During this time, fatal overdoses have decreased broadly across demographic groups.

Figure 1. *Fatal Overdoses in Maryland by Year (2019–2024)*



*Source: Maryland's Overdose Data Dashboard. *Data are preliminary.*

Figure 2. *Fatal Overdoses in Maryland By Age (2023 vs. 2024)*

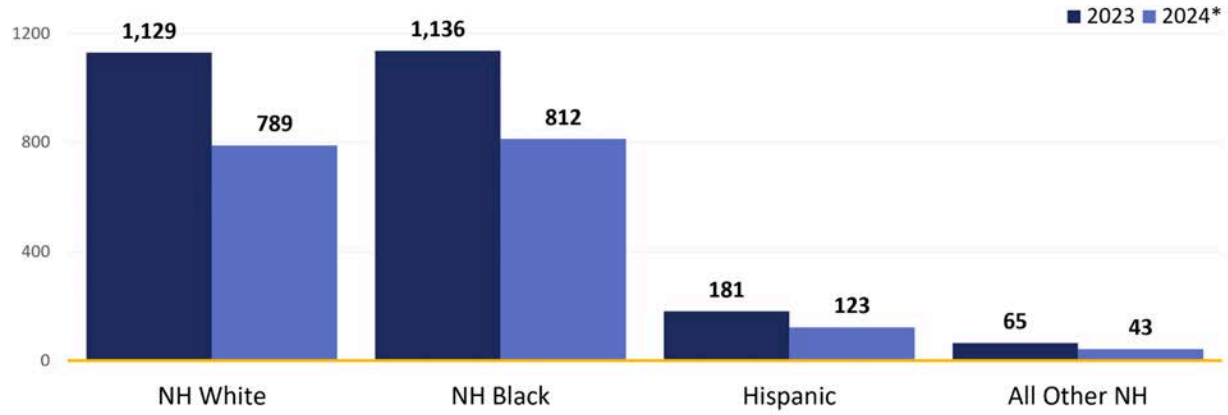


*Source: Maryland's Overdose Data Dashboard. *Data are preliminary.*

[1] https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx

As shown in Figure 2, above, decreases were observed across all age categories, with individuals between the ages of 25 and 34 experiencing the largest decrease (38 percent) and individuals aged 55 and over experiencing the smallest decrease (23 percent). As shown in Figure 3, below, Maryland saw decreases across all major race and ethnicity categories as well, with non-Hispanic white (NH), NH Black, and Hispanic individuals experiencing decreases of 30 percent, 29 percent, and 32 percent, respectively.

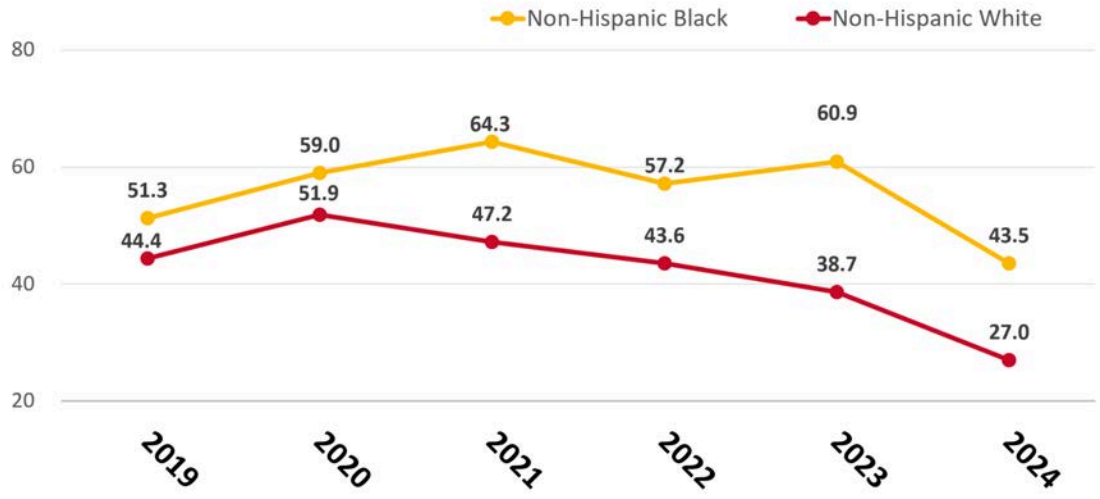
Figure 3. *Fatal Overdoses in Maryland By Race/Ethnicity (2023 vs. 2024)*



*Source: Maryland's Overdose Data Dashboard. *Data are preliminary.*

Despite these decreases, the fatal overdose rate (deaths per 100,000 population) among Black people in Maryland has remained elevated compared to their white counterparts. For example, the fatal overdose rate among Black people in Maryland in 2024 was 61 percent higher than that among whites.

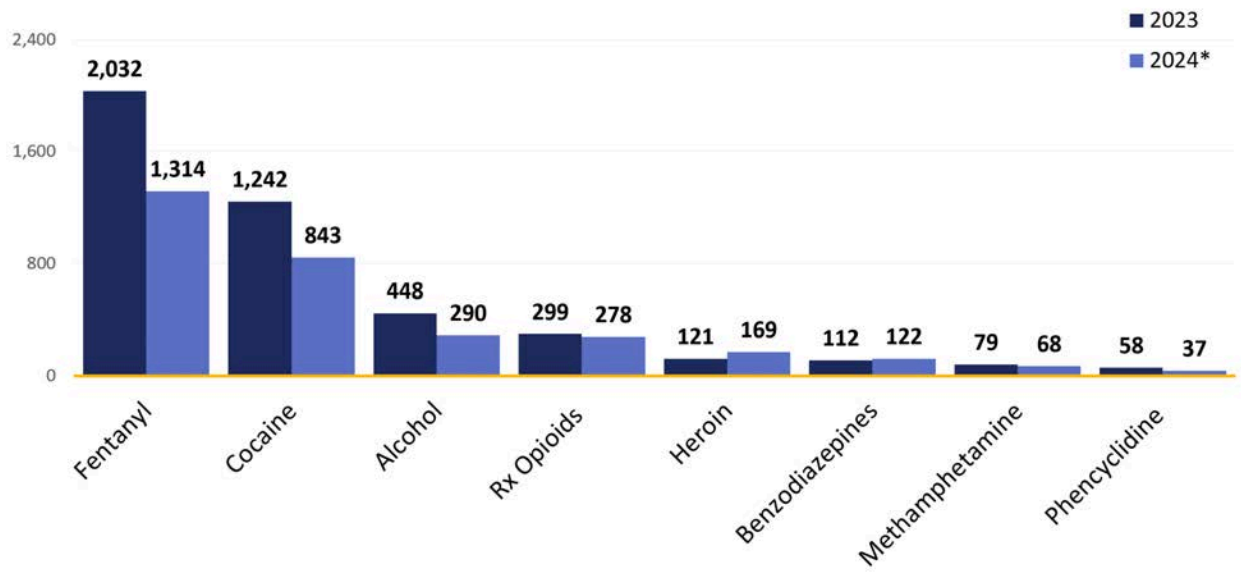
Figure 3. *Fatal Overdoses in Maryland per 100,000 Population by Race/Ethnicity (2019–2024)*



*Source: Maryland's Overdose Data Dashboard. *Data are preliminary.*

As shown in Figure 4, below, fatal overdoses in Maryland have also decreased across nearly all major substance categories. In particular, the number of fentanyl-related fatal overdoses decreased by 35.3 percent in 2024 as compared to 2023. The only categories with reported increases were heroin and benzodiazepines, which saw increases of 39.7 percent and 8.9 percent, respectively.

Figure 4. *Fatal Overdoses in Maryland By Substance (2023 vs. 2024)*



*Source: Maryland's Overdose Data Dashboard. *Data are preliminary.*

MOOR Progress in 2025

In 2025, Maryland's Office of Overdose Response worked to support the state's efforts to reduce overdoses in several meaningful ways. These are detailed below.

Maryland's Overdose Response Strategy Roadmap

MOOR's overarching goal is to advance policies and programs that reduce and prevent overdoses in Maryland. In 2024, Maryland released an update to the state's Overdose Response Strategy, which identified five broad goals for reducing overdoses.[2] In 2025, MOOR developed a roadmap that includes specific action steps to advance these goals.

The new Overdose Response Strategy Roadmap will provide a structured approach that MOOR and our state agency partners will take to focus activities and track progress toward high-priority initiatives. A summary of key focus areas, strategies, and performance metrics contained within the roadmap is provided in the Overdose Response Strategy section of this report beginning on page 13.

[2] https://stopoverdose.maryland.gov/resources/

Maryland's Opioid Restitution Fund

In 2019, Maryland established the Opioid Restitution Fund (ORF) to receive all proceeds awarded to the state through prescription opioid-related legal settlements.[3] Working under the leadership of the Lt. Governor's Office, MOOR is the state entity responsible for overseeing the distribution of these funds at the state level. Read our ORF Primer document and our most recent ORF Annual Report to learn more.[4]

Support to Local Subdivisions

MOOR works directly with local participating subdivisions that joined Maryland's settlement agreements with prescription opioid manufacturers and distributors to support their efforts to utilize settlement funds to address the impacts of the opioid and overdose crisis. In 2025, MOOR established a program director position in our office to oversee efforts to administer settlement funds, including a specific focus on supporting local subdivisions. This involves providing guidance to our partners to ensure their plans for utilizing funds align with the allowable uses identified by settlement agreements and state statute, providing guidance for required reporting, and ensuring adherence to settlement guidelines (including the State-Subdivision Agreement). In the coming year, MOOR will develop an online, evidence-based resource center to help our local partners identify proven strategies for reducing overdoses.

In 2025, MOOR also issued several resources to help local partners in their efforts to administer settlement funds, including recommendations for spending that align with the state's priorities and guidance for identifying allowable spending.[5]

Fiscal Year 2025 ORF Grants

In March 2025, Maryland announced $12.4 million in competitive grant awards from Maryland's Opioid Restitution Fund.[6] These funds will be used through fiscal year 2027 to support 28 programs addressing overdose in Maryland. This announcement marked the first use of funds distributed from the State Discretionary Abatement Fund (a subcategory of funding specified by Maryland's State-Subdivision Agreement) following a Request for Applications released in July 2024.[7]

See the full list of grantees here.[8]

ORF Dashboard

SB 589 of 2025 requires MOOR to develop and maintain an interactive dashboard to share information on ORF spending and future projections from prescription opioid-related settlements with the public.[9] The dashboard is also required to include links to available state, county, or municipal websites that provide additional information on the use of settlement funds. MOOR is currently partnering with the Maryland Department of Health to develop this dashboard, which will be made available at StopOverdose.maryland.gov.

---

[3] https://stopoverdose.maryland.gov/orf/
[4] https://stopoverdose.maryland.gov/orf/public-reports/
[5] Ibid.
[6] https://stopoverdose.maryland.gov/events/
[7] https://nationalopioidsettlement.com/wp-content/uploads/2022/02/Maryland-State-Subdivision-Agreement.pdf
[8] https://stopoverdose.maryland.gov/grants/
[9] https://mgaleg.maryland.gov/2025RS/bills/sb/sb0589T.pdf

Fiscal Year 2025 Grant Awards

In addition to overseeing the distribution of state-level prescription opioid settlement funds, Maryland's Office of Overdose Response distributes grant funding to state, local, and community-based partners using state general funds to advance Maryland's priorities for reducing overdoses. This includes two primary programs: our Block Grant Program and Competitive Grant Program.

Block Grant Program

MOOR distributes approximately $4 million annually through our Block Grant Program. This program helps to ensure that each of Maryland's 24 local jurisdictions receives a base level of funding to support overdose-related programs and initiatives. The program also takes into account the local impacts of the opioid and overdose crisis, with half of the available funds distributed proportionally based on local overdose mortality rates. Block Grant funds are distributed directly to local jurisdictions and are administered by local health departments.

The full list of fiscal year 2026 block grant awards is available here.[10]

Competitive Grant Program

The purpose of our Competitive Grant Program is to distribute funding to the highest-scoring proposals that align with Maryland's strategic overdose response priorities and address areas of greatest need across the state. Programs funded through our Competitive Grant Program are evaluated using a uniform set of criteria that assess potential impact and alignment with our policy focus areas.

The full list of fiscal year 2026 competitive grant awards is available here.[11]

Fiscal Year 2025 Grant Performance Metrics

Though not exhaustive, the table below summarizes the tremendous progress that MOOR-supported programs were able to achieve in the previous fiscal year.

FY25 MOOR Grantee Performance Metrics	
Metric	*Count*
Number of individuals who received transportation assistance to substance use treatment and supportive services *Including grant-supported drivers, rideshare services, bus passes, etc.*	**8,097**
Number of individuals who received supportive services *Including provision of supplies that support drug user health (e.g., naloxone, drug testing strips, etc.), wound-care, and other supportive services.*	**6,861**
Doses of naloxone distributed *Distributed through outreach and training events.*	**6,220**

[10] https://stopoverdose.maryland.gov/grants/
[11] https://stopoverdose.maryland.gov/grants/

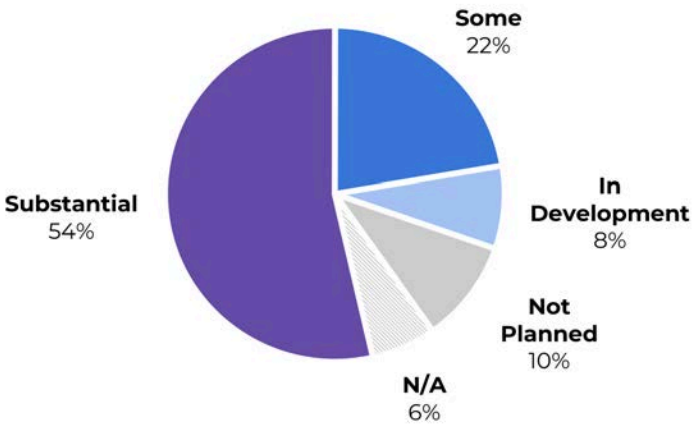
FY25 MOOR Grantee Performance Metrics	
Metric	*Count*
Number of individuals who received peer recovery services *Including referrals, family peer support, community outreach events, etc.*	**4,412**
Number of Individuals who received overdose response training	**3,140**
Number of individuals who received treatment with medications for opioid use disorder (MOUD)	**2,092**
Number of individuals who received supportive services *Including case management services and care coordination.*	**1,039**
Number of individuals who received career development support *Including individuals who secured employment and/or were provided professional development education, career coaching, etc.*	**548**
Number of individuals who received recovery housing support *Includes extended stays in MCORR-certified recovery residences.*	**228**
Number of public engagement events held *Including drug take-back days, public awareness events, overdose response trainings, after-school events, etc.*	**192**
Number of individuals who received peer recovery support specialist training	**155**

Overdose Prevention Teams

Overdose Prevention Teams (OPTs) in each of Maryland's 24 local jurisdictions work to promote comprehensive and coordinated response efforts to the overdose crisis across the state. OPTs are multi-agency coordinating bodies that work to enhance multidisciplinary collaboration at the local level. Each OPT is chaired by a representative from the local health department and has a designated co-chair from a community organization or another local government agency.

Maryland's Office of Overdose Response has identified 118 frequently implemented programs and services, which are detailed by jurisdiction in our Substance Use Program Inventory.[12]

Figure 5. *Statewide Program Implementation as of June 30, 2025*



[12] https://stopoverdose.maryland.gov/overdose-prevention-teams/

Maryland's local jurisdictions continued to make steady progress in implementing programs. As of this year, 76 percent of the 118 programs were reported to be either partially or substantially implemented, while only 10 percent remained unplanned. Thus, while local jurisdictions have made substantial progress in expanding programming in recent years, ample opportunities remain for program expansion across all jurisdictions. Jurisdictions shared qualitative feedback last year demonstrating the impact of OPTs on partnerships at the local level that have allowed for better collaboration, and the impact of block grant funding health departments get from MOOR when OPT requirements are met.

Read the latest OPT Program inventory at StopOverdose.maryland.gov/Overdose-Prevention-Teams.[13]

Maryland Overdose Response Advisory Council Support

MOOR provides administrative support to the Maryland Overdose Response Advisory Council (MORAC), which is chaired by Lt. Governor Aruna Miller and includes representatives from 18 state agencies working to reduce overdose morbidity and mortality in Maryland. The advisory council shares data related to the overdose crisis across agencies and provides strategic guidance for increasing access to substance use care and addressing disparities in overdose outcomes.

Visit StopOverdose.maryland.gov/MORAC to learn more about the advisory council and to find its most recent annual report summarizing its work.[14]

MORAC Meeting on June 12, 2025

[13] Ibid.
[14] https://StopOverdose.maryland.gov/MORAC

Buprenorphine Access Workgroup & Training Grant Program

As required by Maryland House Bill (HB) 1131 of 2025, Maryland's Office of Overdose Response provides support to a workgroup that is currently studying access to buprenorphine in the state.[15] The workgroup is examining a variety of topics related to buprenorphine services in Maryland, including access to care, regions with gaps in services, funding, innovative strategies to expand access, and more. The workgroup will submit a summary of its findings to the Governor and General Assembly by December 31, 2025.

HB 1131 also established the Buprenorphine Training Grant Program to assist local jurisdictions with offsetting the cost of training paramedics to administer buprenorphine to patients. This is an innovative and promising practice that helps stabilize patients after an overdose and facilitates earlier connections to care. The bill requires an annual budget appropriation of at least $50,000 from the Opioid Restitution Fund for the grant through fiscal year 2031. Grants awarded through this program will be shared in future updates to this report.

Community Engagement

One of MOOR's primary forces is engaging directly with our local partners and community members across the state. Efforts to increase community engagement also involved working with the Lt. Governor's Office to host Maryland's first-ever Substance Use Awareness Advocacy Day rally in Annapolis. MOOR also partnered with the Governor's Office of Community Initiatives to host our Faith in Community: Opioid/Overdose Forum in the Cherry Hill Neighborhood of Baltimore City. This event brought together community and faith-based organizations to share best practices for increasing pathways to substance use recovery.

Substance Use Awareness Advocacy Day, Annapolis (April 2, 2025)

[15] https://mgaleg.maryland.gov/2025RS/bills/hb/hb1131T.pdf

In 2025, Special Secretary of Overdose Response Emily Keller and our staff attended over 60 events across the state. These visits provide invaluable opportunities to engage directly with our local partners to hear about the challenges they face and their success in implementing programs that can reduce overdoses and increase connections to substance use care.

Talbot County Site Visit (September 23, 2025)

MACo Summer Conference (August 2025)

MOOR staff frequently attend statewide conferences to promote Maryland's efforts to reduce overdoses. During these events, MOOR staff also provide overdose response training and distribute the overdose reversal medication, naloxone, and drug test strips. This year, MOOR distributed over 330 doses of naloxone and 190 drug test strips during community events.

This year, MOOR also launched our new quarterly Grantee Roundtable Series to provide an opportunity for our local partners to discuss common challenges and best practices for implementing their programs.[16] Two sessions were held in 2025, featuring presentations from our partners with Charm City Care Connection and Penn North Recovery. More sessions will be announced in the year to come.

[16] https://stopoverdose.maryland.gov/events/

Maryland's Overdose Response Strategy

In 2024, MOOR released an update to Maryland's Overdose Response Strategy that identified five broad goals for reducing overdoses:

- Interrupt Pathways to Substance Use Disorders
- Improve Health And Safety for People Who Use Drugs (PWUD)
- Make Evidence-Based Treatment Accessible for People with Substance Use Disorders
- Build and Sustain Community Infrastructure that Promotes Recovery Capital
- Improve Outcomes for PWUD who Encounter the Criminal Legal System

Together, these goals support the state's overarching goals of reducing and preventing overdoses in Maryland. In alignment with Goal 8.3 of Maryland's State Plan and Objective 5.2.1 of Maryland's State Health Improvement Plan, the Overdose Response Strategy identifies three key performance indicators to track the state's progress toward achieving this vision.[17,18]

Key Performance Indicators

- Opioid overdose mortality rate
- Overdose mortality rate
- Number of opioid overdose-related deaths in Maryland

Maryland has made substantial progress across these measures in the last several years, according to preliminary data from Maryland's Overdose Data Dashboard.[19]

Table 1. *Overdose Response Strategy Key Performance Measures (2020–2024)*

Year	2020	2021	2022	2023	2024*
Total Overdose Deaths	2,799	2,800	2,576	2,511	1,767
Overdose Mortality Rate	46.2	45.4	41.8	40.6	28.6
Opioid Mortality Rate	41.6	40.7	36.1	35.2	23.6

*Source: Maryland's Overdose Data Dashboard. *Data are preliminary.*

[17] https://governor.maryland.gov/priorities/Documents/2024%20State%20Plan.pdf
[18] https://health.maryland.gov/pha/Pages/Building-a-Healthier-Maryland.aspx
[19] https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx

This decreasing trend continued in 2025, and it would not be possible without the tireless efforts of our state, local, and community-based partners working to support individuals across Maryland at all stages of their recovery journeys.

Guiding Principles

In addition to the overarching goal guiding this plan, the goals in the priority areas below are informed by five guiding principles that ensure that Maryland's efforts to reduce and prevent overdoses are grounded in evidence, are tangible and achievable, and reinforce the Moore-Miller administration's vision of creating a Maryland that leaves no one behind.

Reduce Stigma toward People Who Use Drugs and Substance Use Disorders

Negative attitudes and a lack of understanding about substance use disorders can discourage individuals from seeking help and inhibit the ability of policymakers to expand access to substance use care, such as by establishing treatment and recovery programs or ensuring that naloxone is widely available in all communities. Strategies to reduce stigma, such as reframing substance use disorders as health conditions rather than as moral failings or using non-stigmatizing, person-centered language, can bolster our collective efforts to reduce and prevent overdoses.

Address Racial Disparities in Overdose & Promote Equitable Access to Care

Every Marylander deserves access to substance use care regardless of their race, ethnicity, or any other determining factor, such as their age, where they live, or what language they speak. Addressing health equity is also increasingly urgent as disparities in overdose outcomes continue to widen. Every action taken to decrease overdoses in Maryland should begin with an assessment of how it will help promote more equitable outcomes.

Engage People with Lived and Living Experience

The priorities in this plan are informed by the Moore-Miller administration's belief that those who are closest to the challenge are closest to the solution. There is no better way to inform policies and programs affecting substance use and overdose than by including people with lived and living experience in their development. Any policies or programs that affect individuals who use drugs and those with substance use disorders should be developed in full recognition of the impacts those actions will have on the lives of Marylanders. This includes involving individuals with lived and living experiences on advisory boards, in developing and implementing outreach and public awareness initiatives, when crafting legislative initiatives, and throughout other engagement opportunities.

Amplify, Promote, and Invest in Evidence-Based Interventions

Efforts to reduce overdoses should be guided by data, and interventions should be evidence-based and culturally informed. Interventions should be focused on addressing the needs of underserved communities, balancing input from people with lived experience about the needs of their communities with proven strategies that have been shown to be effective in reducing overdose.

Collaboration

No single agency has all the requisite tools for reducing overdoses. Collaboration is essential for ensuring that Maryland approaches the overdose crisis holistically.

The Inter-Agency Process

The priorities identified in Maryland's Overdose Response Strategy were informed by extensive outreach with subject matter experts from state and local agencies, as well as community based organizations, advocates, and the general public.

Maryland's Office of Overdose Response would like to thank all of our contributing partners. We greatly value the expertise of our state, local, and community partners and their shared dedication to reducing overdoses and improving the lives of Marylanders.

Overdose Response Strategy Roadmap

Throughout 2025, MOOR worked to develop a roadmap that identifies strategies, action steps, key partners, and relevant measures for each of the five goals under Maryland's Overdose Response Strategy. This roadmap will serve as an internal guide as we work to advance these goals moving forward. An overview of the key components of the roadmap by policy priority area is detailed below.

Additionally, example performance measures are provided for each priority area on page 21. Please note that these examples do not represent all measures under each of the strategies and action steps outlined in the roadmap. MOOR will collaborate with our state agency partners to collect a wide variety of measures to assess the state's progress toward achieving the five goals identified above. This data will be reported beginning next year.

Moving forward, MOOR will work with our partners to routinely evaluate the goals identified in the overdose response strategy to ensure that they accurately reflect the state's most pressing needs. The goals and associated strategies, actions, and measures will be updated accordingly as the substance use landscape changes over time.

Prevention

Interrupt Pathways to Substance Use Disorders

Goal: Expand efforts that address the social determinants of substance use and overdose risk while disrupting intergenerational cycles of trauma and growing youth-focused prevention programming.

Focus Areas

- **Social Determinants of Health and Protective Factors:** The social determinants of health, such as access to housing, healthcare, employment, and food security, can greatly impact health outcomes, including the risk of developing substance use disorders and overdose.[b]
- **Adverse Childhood Experiences (ACEs) and Trauma:** Evidence shows that early childhood trauma, such as ACEs, is linked to increased risk for negative health outcomes, including the development of substance use disorders later in life.[c,d]
- **Evidence-Based Prevention:** Addressing social determinants of health, preventing ACEs, and delaying the onset of substance use are protective factors against the future development of substance use disorders.[a,b]

Roadmap Actions/Strategies:

Social Determinants of Health and Protective Factors

- Identify and minimize barriers to accessing social safety net programs.
- Promote the Maryland Benefits One Application platform to PWUD and their families.

Adverse Childhood Experiences (ACEs) and Trauma

- Strengthen and expand programs focused on families dealing with substance use.
- Promote the adoption of trauma-informed, resilience-oriented, equitable care and culture.

Evidence-Based Prevention

- Expand and promote the adoption of culturally appropriate and evidence-based substance use prevention programs, including upstream prevention of adversity in childhood.

Meeting People Where They Are

Improve Health And Safety for People Who Use Drugs

Goal: Empower people with the tools and knowledge to stay safe while building relationships that make it easier to make connections to care.

Focus Areas

- **Low and No-Threshold Services:** Low or no-threshold services offer people who use drugs an opportunity to receive the care and resources that they need, requiring little or nothing in return. This means that people who may be reluctant to provide personal information or who may access services at irregular intervals are still eligible for services. Increasing the availability of these services is vital.
- **Risk-Reduction Tools**: Reducing overdose mortality begins with actions oriented toward people closest to the problem. Supporting people who use drugs and people with substance use disorders by providing them with the tools necessary to prevent overdose saves lives.
- **Targeted Overdose Education and Naloxone Distribution:** Naloxone is a safe and effective medication that rapidly reverses an opioid overdose. It is one of the most important tools to share with people in our efforts to reduce overdose mortality.

Roadmap Actions/Strategies:

Low and No-Threshold Services

- Increase accessibility of Opioid–Associated Disease Prevention and Outreach Programs (OADPOPs).

Risk-Reduction Tools

- Expand access to and utility of community-based drug checking services and tools.

Targeted Overdose Education and Naloxone Distribution

- Fill gaps and address barriers to overdose education and naloxone distribution for people most likely to witness an overdose.
- Increase overdose education and naloxone access in schools and public places.
- Leverage partnerships to increase overdose education and naloxone distribution among youth and families with increased risk factors.
- Deliver strategic education on approaches that promote drug user health throughout government, healthcare, and community organizations that interact with people who use drugs.

Treatment

Make Evidence-Based Treatment Accessible for People with Substance Use Disorders

Goal: Expand equitable access to evidence-based treatment for individuals with substance use disorder to ensure that anyone seeking treatment can access it whenever they need it, regardless of circumstance.

Focus Areas

- **Equitable Access to Treatment:** Methadone and buprenorphine are two of the three FDA-approved formulations of MOUD that reduce the risk of fatal overdose. While access has improved in recent years, gaps, barriers, and racial inequities remain prevalent. Increasing access to medications that reduce the risk of overdose and expanding the capacity of providers delivering those treatments can reduce overdose deaths.[f,g]
- **Provide Holistic Care (Wound Care, HIV/HCV Testing and Treatment, etc.):** Care models that are comprehensive and offer a wide array of services in one location can engage high-risk populations, better serve their health needs, and incentivize retention in care.[h]
- **MOUD Access in Carceral Settings:** Treatment access, particularly to MOUD, for the incarcerated population is critical and has been demonstrated to reduce overdose death risk following release. Overdose is a leading cause of death among formerly incarcerated individuals; heightened risk following incarceration is related to a loss of tolerance during incarceration, limited access to MOUD and naloxone, and disruptions in healthcare and social supports.[i,j,k,l]

Roadmap Actions/Strategies:

Equitable Access to Treatment

- Increase the adoption of low-barrier treatment models and principles.
- Expand treatment capacity in areas where need exceeds current capacity.

Provide Holistic Care (Wound Care, HIV/HCV Testing and Treatment, etc.)

- Expand access to an array of services that are responsive to the health and social needs of people who use drugs and people with substance use disorder.

MOUD Access in Carceral Settings

- Support the implementation of MOUD in carceral settings in alignment with HB 116.

Recovery

Build and Sustain Community Infrastructure that Promotes Recovery Capital

Goal: Increase structures of support that enable individuals to thrive.

Focus Areas

- **Recovery through Employment:** Employment has a positive impact on those entering and sustaining recovery. People in recovery who are employed have lower rates of recurrence of use, improvements in quality of life, and less criminal activity.[e] However, people in recovery face numerous barriers to accessing meaningful employment, including but not limited to criminal history, work history, lack of childcare or transportation, and employer stigma.
- **Community-Based Recovery Supports:** People with SUD often need support outside of clinical treatment in order to achieve and sustain recovery. Recovery community organizations provide mental health referrals, job training, assistance getting important documents such as government IDs and other benefits, emergency housing, and other services essential to ensuring people in recovery feel supported and empowered to continue on their recovery journey.

Roadmap Actions/Strategies:

Recovery through Employment

- Increase employment and workforce development/training opportunities for people in recovery from SUD and those with SUD-related criminal legal history.
- Improve job satisfaction and retention of Certified Peer Recovery Specialists.

Community-Based Recovery Supports

- Increase access to recovery housing and long-term housing for individuals in recovery, including individuals receiving MOUD.

Public Safety

Improve Outcomes for People Who Use Drugs Who Encounter the Criminal Legal System

Goal: Decrease criminal involvement for people who use drugs and expand services for individuals who are already involved in the criminal legal system.

Focus Areas

- **Reduced Health Impacts of Criminal Legal Involvement:** Arrest and incarceration have not solved the overdose epidemic, and people who are incarcerated are disproportionately affected by substance use disorder (SUD). Diversion programs afford people the opportunity to seek treatment rather than face incarceration.
- **Connections to Community-Based Services upon Re-entry:** Justice-involved individuals often struggle to access evidence-based treatment for substance use disorders, such as MOUD, and drug overdose is the leading cause of death after release from incarceration.

Roadmap Actions/Strategies:

Reduced Health Impacts of Criminal Legal Involvement

- Promote alternatives to incarceration, including diversion and deflection.
- Expand awareness of existing Good Samaritan law protections in substance-related emergencies and address gaps in protections.
- Decriminalize the possession of drug paraphernalia.

Connections to Community-Based Services upon Re-entry

- Expand in-reach and re-entry services in prisons and jails, including connections to health insurance and treatment providers.

Roadmap

Example Performance Measures

The following table identifies examples of metrics that MOOR and our state partners may use to evaluate the goals identified above. Please note that these represent examples of criteria identified in our roadmap. These measures do not represent an exhaustive list of all relevant metrics by priority area.

Prevention	• Increase the number of programs in Maryland that utilize evidence-based prevention practices. • Increase supportive services available to pregnant and parenting people with substance use disorders. • Decrease the prevalence of adverse childhood experiences.
Meeting People Where They Are	• Increase the number of individuals trained to respond to overdoses. • Increase naloxone distribution across Maryland. • Promote access to drug-checking services. • Decrease overdose deaths in the presence of bystanders.
Treatment	• Increase the number of primary care providers who prescribe buprenorphine. • Increase treatment capacity in underserved communities. • Increase buprenorphine access through emergency medical services.
Recovery	• Increase participation in Maryland's Recovery Friendly Workplace program. • Promote employment retention among certified peer recovery specialists. • Improve availability, access, and quality of housing services.
Public Safety	• Increase the number of individuals who benefit from the Medicaid 1115 waiver amendment. • Increase utilization of evidence-based diversion programs. • Increase the number of individuals who receive assessments for and initiations of MOUD in carceral settings. • Increase the number of incarcerated individuals who receive re-entry planning services.

Overdose Response Strategy
MOOR Grant Awards in Fiscal Year 2025

Pervention

- $216,115 to Ashley Addiction Treatment in Harford County to support peer-led, school-based youth substance use prevention programming.
- $241,687.84 to HC Drug Free in Howard County to support prescription drug safety efforts. The program also includes support for youth and family substance use prevention outreach.
- $170,388.90 to Youth Empowerment Source to support youth substance use prevention programming and naloxone access in Cecil County.

Meeting People Where They Are

- $227,815 to the Daniel Carl Torsch Foundation in Baltimore County to support mobile and street-based outreach, including services through OADPOPs and naloxone distribution.
- $481,250 to the Anne Arundel County Health Department MultiJurisdictional to support mobile treatment, services through OADPOPs, distribution of supplies that support drug user health, infection testing, vaccinations, and basic wound care through its Wellmobile program. Program also supports Anne Arundel County buprenorphine prescribers.
- $204,507 to Johns Hopkins Bloomberg School of Public Health in Baltimore City to support the expansion of mobile services that promote drug user health, including wound care, services through OADPOPs, and distribution of supplies that support drug user health through Check It! program.

Treatment

- $126,270 to A Step Forward in Baltimore City to support treatment expansion and outreach services in Baltimore's Harlem Park neighborhood.
- $263,819 to Helping Up Mission in Baltimore City to increase recovery support for pregnant and post-partum mothers with infants and toddlers. An additional $218,118 was used for transportation support, education, and workforce development workshops, and case management for adult Hispanic men with substance use disorders.
- $736,578.86 to the Behavioral Health Leadership Institute to expand access to treatment with medications for opioid use disorder among primary care providers statewide. Program also aims to increase access to MOUD in carceral settings as well as training opportunities on OUD and law enforcement-assisted diversion in Baltimore City.
- $476,863.00 to the Baltimore County Department of Corrections to support peer recovery support services and expanding access to treatment with medications for opioid use disorder

Treatment

for incarcerated or previously incarcerated individuals, unhoused individuals, survivors of non-fatal overdose, and those involved in the parole and probation system.

- $85,749 to the Caroline County Detention Center to support MOUD telemedicine services provided through University of Maryland Psychiatry Associates.

Recovery

- $294,423 to the Baltimore City Mayor's Office of Employment Development to support vocational training and connections to employment opportunities for individuals exiting substance use treatment.
- $344,423 to the Community College of Baltimore County for workforce development support, including training, certification, and case management for students in its Alcohol and Drug Trainee program.
- $198,950 to Club 164 in Anne Arundel County to support a substance-free recreational environment with linkages to additional recovery services.
- $56,925 to Evolve KidsCare in Anne Arundel County for childcare support, educational and enrichment workshops, group counseling, and parenting workshops for individuals in substance use recovery.
- $197,027 to Charm City Care Connection in Baltimore City to support employment and career development opportunities for clients receiving case management services.
- $131,287 to the Maryland Department of Labor to support educational opportunities for peer recovery specialists leaving incarceration.

Public Safety

- $111,726 to Allegany County to support peer recovery support services in the Allegany County Drug Court, Allegany County Mental Health Court, and the Allegany County Department of Social Services Child Welfare Unit.
- $263,275 to the Dorchester County Behavioral Health Department to support the expansion of MOUD treatment, holistic care, and recovery support services for current and formerly incarcerated individuals.
- $712,437.00 to the Maryland Office of the Public Defender to support peer recovery services for individuals with substance use disorders in the criminal-legal system, connections to community-based treatment for incarcerated individuals, and re-entry planning services.

Overdose Response Strategy References

A. **Moore-Miller Administration 2024 State Plan;** The Office of Governor Wes Moore. https://governor.maryland.gov/priorities/Documents/2024%20State%20Plan.pdf

B. **The U.S. Playbook to Address Social Determinants of Health;** Domestic Policy Council Office of Science and Technology Policy. https://bidenwhitehouse.archives.gov/wp-content/uploads/2023/11/SDOH-Playbook-4.pdf

C. **Adverse childhood experiences and their association with substance use disorders in adulthood: A general population study (Young-HUNT);** Broekhof, R., Nordahl, H. M., Tanum, L., & Selvik, S. G. (2023). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10106480/

D. **About Adverse Childhood Experiences;** Centers for Disease Control and Prevention. https://www.cdc.gov/aces/about/index.html#cdc_behavioral_basics_outcomes-outcomes

E. **Substance Use Disorders Recovery with a Focus on Employment and Education.** Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep21-pl-guide-6.pdf

F. **Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder.** Wakeman SE, Larochelle M, Ameli O, et al. https://pubmed.ncbi.nlm.nih.gov/32022884/

G. **Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study.** Larochelle, M., Bernson, D., MPH, Land, T., et al. https://doi.org/10.7326/M17-3107

H. **A multicomponent holistic care pathway for people who use drugs in Tayside, Scotland.** Byrne C., Radley, A., Fletcher, E., et. al. https://doi.org/10.1016/j.drugpo.2023.104159 .

I. **Meta-analysis of drug-related deaths soon after release from prison.** Merrall E., Kariminia A., Binswanger I., et. al. https://doi.org/10.1111/j.1360-0443.2010.02990.x

J. **Opioid-related treatment, interventions, and outcomes among incarcerated persons: A systematic review.** Malta, M., Varatharajan, T., Russell, C., et al. https://doi.org/10.1371/journal.pmed.1003002

K. **Expanding access to Medication for Opioid Use Disorder (MOUD) in jails.** Elham Pourtaher, Kitty H. Gelberg, Matthew Fallico, Narelle Ellendon, Shu Li.: A comprehensive program evaluation, Journal of Substance Use and Addiction Treatment, https://doi.org/10.1016/j.josat.2023.209248 .

L. **The relationship between incarceration history and overdose in North America: A scoping review of the evidence.** Mital, S., Wolff, J., Carroll, J. https://pubmed.ncbi.nlm.nih.gov/32498032/