MARYLAND'S INTER-AGENCY OPIOID COORDINATION PLAN

Inter-Agency Heroin and Opioid Coordinating Council

PREVENTION • TREATMENT • RECOVERY

Before it's too late.

January 2020

Message from the Lieutenant Governor

Since January 2015, the Hogan-Rutherford administration has been laser-focused on implementing a comprehensive, holistic approach to addressing Maryland's ongoing opioid and addiction crisis. Recognizing that this epidemic is a complex issue encompassing many different actors and stakeholders, the administration's efforts have focused on three major policy priorities: *Prevention & Education, Enforcement & Public Safety,* and *Treatment & Recovery.*

It was determined that improved communication and coordination was necessary not only among the various state agencies responding to the epidemic, but their counterparts on the county and municipal levels as well. In 2017, Governor Hogan established the Opioid Operational Command Center (OOCC) in order to improve collaboration between state and local public health, human services, education, and public safety entities to reduce the harmful impacts of the opioid epidemic and substance use disorder on Maryland communities.

As Chair of the Maryland Heroin and Opioid Emergency Task Force and the Inter-Agency Heroin and Opioid Coordinating Council (IACC), I have seen first-hand the hard work and dedication by many individuals in state government to address this crisis and save lives. As part of the IACC, the OOCC is responsible for coordinating with approximately 20 state agencies and all 24 local jurisdictions and Opioid Intervention Teams to ensure that their efforts are aligned with the administration's policy priorities. The following Inter-Agency Opioid Coordination Plan includes detailed descriptions of the State's current programs and initiatives as well as the goals of the Coordination Plan and what efforts will be implemented in order to achieve those goals.

The opioid epidemic is a nationwide public health crisis, the effects of which will be felt for generations to come. In Maryland, for the first time in over a decade, we have finally seen a decline in the number of opioid-related intoxication deaths across the state. While this does give us hope that our efforts are on the right track, more than anything it tells us we must continue with a well-funded, strategic, and comprehensive plan in order to keep making progress.
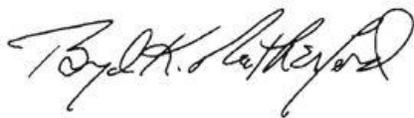
Boyd K. Rutherford

Lieutenant Governor

Message from the Executive Director of the OOCC

On behalf of the Inter-Agency Opioid Coordinating Council, the Opioid Operational Command Center is pleased to present the 2020 Maryland Inter-Agency Opioid Coordination Plan. The plan provides an overview of the opioid crisis, its effect on Maryland, and our state's response. Most importantly, the plan outlines the goals, strategies and objectives that will guide our response to the opioid epidemic in the coming year.

Opioids have presented Maryland with a dire and unprecedented crisis – a crisis that stole the lives of more than 2,000 citizens in both 2017 and 2018. The effects of opioids on our state have been far reaching, and no jurisdiction or citizen has been spared from their wrath. We are thankful that 2019 brought Maryland the first six-month decline in opioid fatalities in over a decade. However, we must bear in mind that fatalities are still running near all-time highs.

The coordination plan is an integral component of our state's coordinated response to the epidemic – a response that has been viewed as a model for other states facing the same devastating effects of the opioid tragedy. The administration of Governor Larry Hogan started this work in 2015 under the leadership of Lt. Governor Boyd Rutherford with a focus on three key policy priorities: *Prevention & Education*, *Enforcement & Public Safety,* and *Treatment & Recovery.* These policy areas form the basis of our approach, and they drive each of the goals in this plan.

The IACC and OOCC will use this plan to guide our ongoing response to the most- important public health issue of our time. We also encourage local jurisdictions to use this plan as the basis for their own coordination plans.

I would like to acknowledge the efforts of our state partners and local Opioid Intervention Teams for their assistance in developing this plan. As each of us undertakes our work, we will do so driven by the hope of eliminating suffering from substance use disorder.

Thank you,

Steven R. Schuh

Executive Director, Opioid Operational Command Center

Acknowledgements

Opioid Crisis Overview

Since Governor Larry Hogan declared a state of emergency in 2017 in response to the opioid epidemic, state agencies, local jurisdictions, and community organizations have made tremendous strides in addressing the crisis. The formation of the Opioid Operational Command Center (OOCC) has facilitated cross-organizational coordination of resources, and the establishment of local Opioid Intervention Teams (OITs) has brought together stakeholders from multiple disciplines to identify programs and practices that best fit each local community.

Since the declaration of the state of emergency, the rate of opioid-related fatalities in Maryland has shown signs of stabilization. Opioid-related fatalities declined in the first six months of 2019 when compared to the same time period in 2018. While the decline in opioid-related fatalities is welcome news, the state's work is far from over. Opioid misuse, opioid-related overdoses, and deaths continue to present an urgent public health crisis that requires an equally urgent response.

Opioid Fatality Data

Shown below are counts of opioid-related intoxication deaths occurring in Maryland through June 2019, the most recent period for which preliminary data are publicly available.

Unintentional opioid intoxication deaths are fatalities resulting from recent ingestion or exposure to opioids, including heroin, prescription opioids, prescribed and illicit forms of fentanyl, and cocaine, benzodiazepines, phencyclidine (PCP), methamphetamine, and other drugs in combination with opioids.

Note: The fatalities data presented herein are preliminary and subject to change.

As shown in Figure 1 below, there were 1,060 opioid-related deaths in Maryland in the first six months of 2019. This represents a decrease of 11.1% when compared to the same time period in 2018.

The years 2009 through 2011 were a period of relative stability in the number of opioid-related fatalities in Maryland. The number of fatalities began to increase significantly in 2012 and 2013 as a result of a resurgence in heroin use.

Figure 1: Number of Opioid-Related Deaths in Maryland from January - December 2009 - 2018 and from January - June 2018 and 2019*
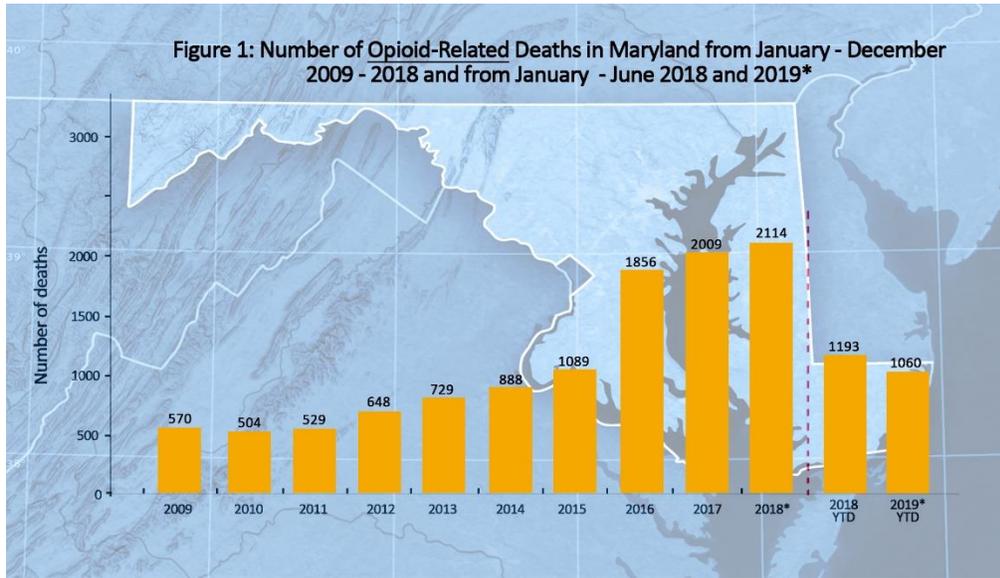
The number of fatalities began to accelerate even more rapidly during the 2014 to 2016 timeframe with the increased availability of illicit synthetic opioids, including fentanyl and its analogs. The period of 2017-2018 witnessed a slowing in the growth rate of fatalities. There was a decline in fatalities during the first half of 2019 as compared to the first half of 2018.

Figure 2. Number of Opioid-Related Drug Intoxication Deaths 2019 v. 2018 Year-to-Date

Number of Deaths Related to:	2018 1st Half (Jan. - Jun.)	2019 1st Half (Jan. - Jun.)	Percent Difference
All Opioids	1,193	1,060	-11.1%
Fentanyl	1,043	962	-7.8%
Cocaine	453	380	-16.1%
Heroin	471	401	-14.9%
Prescription Opioids	202	195	-3.5%
Alcohol	201	168	-16.4%

*2019 data are preliminary

As shown in Figure 2, in addition to declines in overall opioid-related fatalities, there were declines in deaths related to fentanyl, cocaine in combination with opioids, heroin and prescription opioids through the first half of 2019.

Of the 24 jurisdictions in Maryland, 13 experienced declines in the number of opioid-related deaths in the first half of 2019.

Background

In 2015, recognizing the increasing severity of the heroin and opioid overdose crisis, Governor Larry Hogan established the Heroin and Opioid Emergency Task Force and the Inter-Agency Heroin and Opioid Coordinating Council (IACC). Governor Hogan charged the task force with developing initial recommendations for addressing the crisis. The task force's final report in December of 2015 identified 33 recommendations, nearly all of which have been implemented. The IACC continues to meet quarterly as a subcabinet organization responsible for oversight of the statewide response.

In January of 2017, Governor Hogan established the OOCC within the IACC, and he established OITs in each local jurisdiction. Due to the accelerating rate of opioid-related fatalities, Governor Hogan signed an executive order on March 1, 2017 that declared a state of emergency related to the heroin and opioid crisis. The state of emergency activated the Governor's emergency-management authority, authorized the OOCC's executive director to direct the state-agency response, and spurred rapid coordination between state agencies and local jurisdictions. Additionally, Governor Hogan made a five-year, $50 million general-fund budgetary commitment to address the crisis. This funding is used to support programs aligning with the Hogan Administration's policy priorities for combatting the crisis, which are: *Prevention* & *Education*, *Enforcement* & *Public Safety*, and *Treatment & Recovery.*

Recognizing that the opioid-epidemic was a long-term public health threat, Governor Hogan signed Executive Order 01.01.2018.30 in December 2018. This latest executive order replaced the original executive order and requires that state agencies and local jurisdictions continue to operate under a heightened response framework over the long term. See Appendix A.

Opioid Operational Command Center

The OOCC serves as the primary coordinating office for the state's response to the opioid crisis. As outlined in the February 2017 declaration of emergency and reiterated in the December 2018 executive order, the OOCC is responsible for coordinating with approximately 20 state agencies and all 24 local jurisdictions and OITs to ensure that their efforts are aligned with Governor Hogan's established policy priorities: *Prevention* & *Education*, *Enforcement* & *Public Safety*, and *Treatment* & *Recovery*.
The OOCC is an extension of the Office of the Governor, and the OOCC Executive Director is a cabinet-level officer. Operationally, the OOCC is part of the Maryland Emergency Management Agency (MEMA) within the Military Department.

OOCC Vision and Mission

Vision: The OOCC's vision is that Maryland will be a healthier place where no one else falls victim to substance use disorder, where anyone impacted by substance use disorder can get the help they need, and where there is no more suffering from the misuse of substances.

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

I. Develop the *Inter-Agency Opioid Coordination Plan*;
II. Coordinate the opioid-related efforts of approximately 20 state agencies, our community partners, and all 24 local jurisdictions throughout the state;
III. Identify "promising practices" that can be implemented throughout Maryland;
IV. Assess gaps in statewide and local efforts to combat the opioid epidemic and work to fill those gaps;
V. Facilitate communications and collect relevant data;
VI. Provide financial support to assist local jurisdictions, state agencies, and community organizations to advance their efforts to combat the opioid crisis; and
VII. Evaluate all opioid-related legislation and opioid crisis-related budget proposals.

State-Level Partner Roles and Responsibilities

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

Local Opioid Intervention Teams (OITs)

A key element of the statewide strategy is encouraging multidisciplinary collaboration and coordination among all levels of government. To provide direction and coordination among stakeholders at the local level, all 24 jurisdictions have established OITs, which function as local jurisdictional, multi-agency coordinating bodies. The purpose of an OIT is to bring together representatives from different local agencies to advance local programming, to identify gaps and opportunities and to coordinate resources. OITs are led jointly by each jurisdiction's health officer and emergency manager and include governmental and community partners from local agencies, providers, and community groups.

OITs are responsible for developing a community strategy to address opioid addiction and substance use disorder (SUD) in their community. OITs also identify priority areas for programming and allocate OIT grant funding to those areas. Most OITs meet on a monthly or quarterly basis to discuss progress in priority areas and gaps that need to be addressed.

Opioid Operational Command Center

The Opioid Operational Command Center facilitates collaboration among state and local partners to reduce the harmful impacts of heroin and opioid misuse on Maryland communities.

What does the OOCC do?
Combat the heroin and opioid crisis in Maryland through education, prevention, treatment, interdiction, and recovery.

Why?
Residents of all ages, races, genders, and areas across the state are affected by heroin and opioid misuse. State and local health and human services, education, and public safety officials are working together to develop community-based programs and services to combat this public health crisis.

By working together with the Opioid Operational Command Center, partners share data, information, and ideas . Together, we can reduce the harmful impacts of heroin and opioid use and continue *changing Maryland for the Better.*

PREVENTION • TREATMENT • RECOVERY
Before it's **too late.**

CHANGING
Maryland
for the Better

OOCC

INTER-AGENCY COUNCIL

STATE-LEVEL PARTNERS

OOCC

OOCC

LOCAL OPIOID INTERVENTION TEAMS
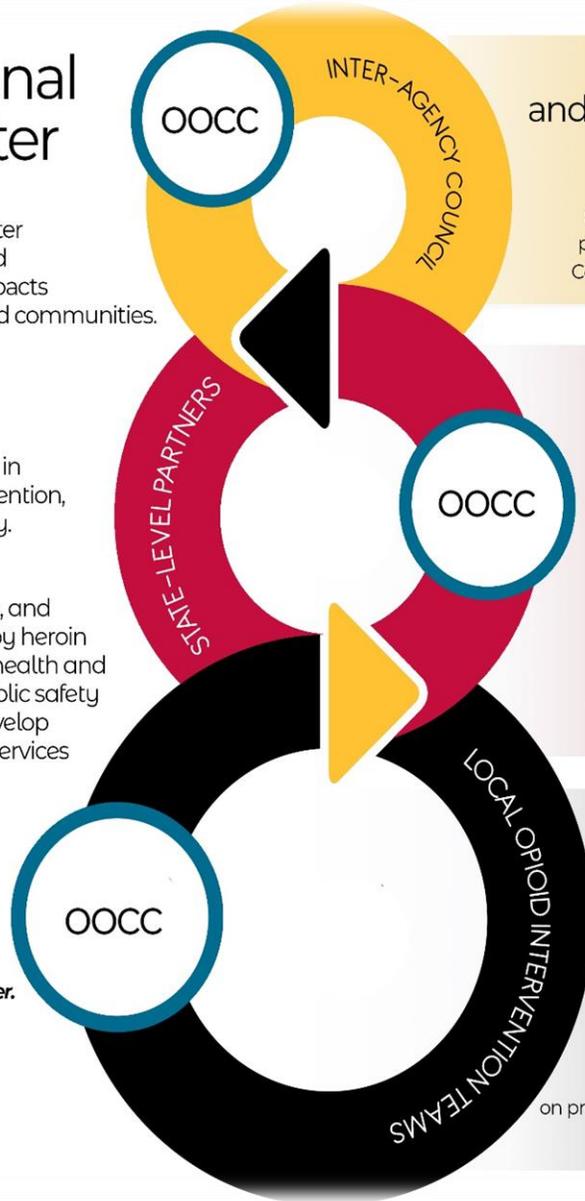
Inter-Agency Heroin and Opioid Coordinating Council

Chaired by Lt. Governor Boyd K. Rutherford, the Coordinating Council is the executive-level subcabinet of the Governor that develops strategic policy, provides authority for the Opioid Operational Command Center, and advises the governor's office.

State-Level Partners

The OOCC coordinates with approximately 20 state agencies to ensure that efforts align with the Hogan Administration's policy priority areas: *Prevention & Education, Enforcement & Public Safety* and *Treatment & Recovery.*

In addition to partnering with state agencies, the OOCC coordinates with non-governmental partners to execute Maryland's whole-community approach to addressing the opioid crisis.

Local Opioid Intervention Teams

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

Hogan Administration Policy Priorities

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

Prevention & Education

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

The OOCC categorizes prevention strategies as either *primary prevention* or *harm reduction*. Primary prevention strategies aim to reduce individual and environmental risk factors while increasing protective factors to prevent or delay the onset of drug use. Examples of primary prevention strategies include public health messaging campaigns, school curricula that address the risks associated with substance use, and initiatives that support the safe storage and disposal of prescription drugs.

Harm reduction strategies aim to meet drug users where they are by offering a spectrum of services. These services range from mitigating the negative health effects of drug use to abstinence programs.[1] Strategies that reduce harm related to drug use provide an opportunity for individuals who use drugs to engage with systems of care in a dignified and humane manner. Examples of harm reduction programming in Maryland include targeted naloxone distribution through the Maryland Department of Health's supported Overdose Response Programs (ORPs) and emergency medical systems (EMS) naloxone leave-behind programs. Additionally, local jurisdictions and community organizations have begun expanding access to harm reduction services through the provision of wound-care treatment and by distributing harm reduction tools such as fentanyl test strips.

Enforcement & Public Safety

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

While reducing the drug supply is a high priority, the OOCC does not believe that the

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[1]Source: Harm Reduction Coalition

opioid crisis can be solved by a focus on arrests alone. Public safety officials are in a unique position to help individuals at what may be their lowest points by diverting or deflecting arrests and by connecting those in need with treatment and other resources. Two jurisdictions in Maryland have established pre-arrest diversion programs, and several others have expressed interest in creating such programs.

In many ways, the opioid crisis has encouraged public health and public safety officials to work closer together to identify opportunities to treat people in need of addiction services and to coordinate community services for individuals upon release. Local detention centers often encounter individuals in need of SUD services, and the opioid crisis has encouraged local health departments to provide resources to detention centers to assist in screening and identifying individuals in need of treatment. Through screenings, incarcerated individuals can be connected to various levels of treatment, either in the detention center or in the community. Additionally, many health departments have found it beneficial to place peer recovery support specialists in the detention centers to serve as an access point to resources.

Treatment & Recovery

SUD is a complex disease, and no single treatment is appropriate for everyone. Treatment for SUD should be individualized to meet the needs of the person. SUD treatment services, interventions, and care settings should be tailored to provide individuals with the greatest opportunity for successful outcomes[2].

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

Although there are gaps, there are many efforts underway to expand treatment options for Marylanders. The Maryland Department of Health has actively promoted a model known as *Screening, Brief Intervention and Referral to Treatment* (SBIRT). SBIRT is a system for health care providers to identify individuals who may be in need of behavioral health services and to connect those individuals to the appropriate level of care. The OOCC is partnering with the Maryland Behavioral Health Administration (BHA) to inventory treatment capacity at multiple levels of care to identify counties around the state in the greatest need of service expansion. Additionally, state health care leaders are identifying mechanisms for recruiting and retaining behavioral health workers.

The OOCC recognizes that, in order to provide a full continuum of care for individuals leaving SUD treatment, there needs to be stable housing to support long-term recovery. Additionally, the OOCC supports initiatives that provide care coordination for individuals in recovery, including services that range from enrolling individuals into health insurance plans to helping individuals identify employment opportunities.

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[2]Source: National Institute on Drug Abuse, Principles of Drug Addiction Treatment: A Research Based Guide (Third Edition)

Coordination Planning Process

To develop Maryland's 2019 *Inter-Agency Coordination Plan*, the OOCC used Governor Hogan's policy priorities of *Prevention* & *Education, Enforcement* & *Public Safety,* and *Treatment* & *Recovery* as a foundation. The OOCC also reviewed the Centers for Disease Control's *Evidence Based Strategies for Preventing Opioid Overdose* guide and the OOCC's *Substance Use Program Inventory* to develop a list of priority goals, strategies and implementation partners. These goals and strategies were presented to leaders of state agencies and local OITs. During these coordination planning sessions, partners provided critical feedback on language, feasibility, and historical context for each of the proposed strategies.
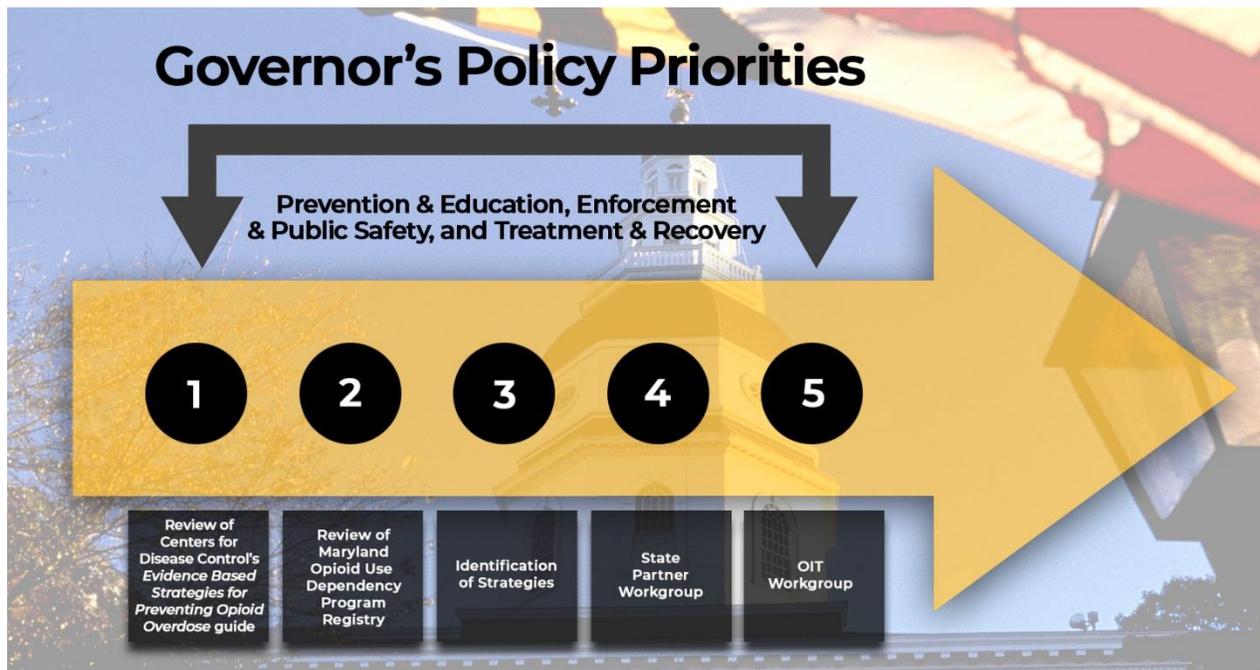
Coordination Plan Overview

Shown below is an overview of the coordination plan. This overview outlines the nine goals identified in the plan based on policy priority. Following the overview is the comprehensive coordination plan that lists goals, strategies, tactics and implementation partners. For clarity, this coordination plan defined a **goal** as a broad, desired outcome; a **strategy** as an approach that will be taken to achieve a goal; and a **tactic** as the specific actions that will be taken to implement a strategy.

Coordination Plan Overview

PREVENTION & EDUCATION

GOAL 1:
Prevent problematic opioid use.

GOAL 2:
Reduce opioid-related morbidity & mortality.

GOAL 3:
Enhance statewide systems to inform strategy.

PREVENTION • TREATMENT • RECOVERY

Before it's **too late.**

Before It's Too Late is the statewide effort to bring awareness to the rapid escalation of the heroin, opioid, and fentanyl crisis in Maryland, and to mobilize all available resources for effective prevention, treatment, and recovery *before it's too late.*

ENFORCEMENT & PUBLIC SAFETY

GOAL 1:
Reduce Illicit drug-supply.

GOAL 2:
Expand access to SUD treatment in criminal justice system.

GOAL 3:
Expand alternatives to incarceration for individuals with SUD.

TREATMENT & RECOVERY

GOAL: 1
Ensure access to SUD treatment.

GOAL 2:
Expand the behavioral health workforce and increase workforce competencies.

GOAL 3:
Ensure access to recovery support services.

Coordination Plan:

Goals, Strategies, Tactics and Implementation Partners

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners

1.1	**Promote proven and promising SUD prevention programs for youth and adults.**	*Expansion of evidence-based/promising programming:*
		
		Funding:
		• Identify funding streams that can support primary prevention programming across agencies
		    ○ Example: Substance Abuse Block Grant Funding (MDH)
		    ○ Family First Program (DHS)
		
		Partnerships:
		• Coordinate meetings among relevant agencies to strengthen partnerships and collaborations.
		
		Program Implementation:
		• Identify opportunities for program implementation across various state agencies.
			MDH, MSDE, DHS, DOL, DHCD, MHEC, DOA, DPSCS, MEMA, Local Jurisdictions.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.1 Cont'd		**Barriers:** • Identify barriers to program implementation and make adaptations as needed to facilitate enhanced coordination. *Student Programming:* **Collaboration:** • Collaborate with local prevention coordinators and local school systems. **Prevention Clubs:** • Identify schools without prevention-club programming (e.g. SADD) and determine the need to establish programming. **Partnerships:** • Partner with prevention coordinators and local school systems to support the establishment and expansion of school-based prevention clubs.	MDH, MSDE, DHS, MHEC, Local Jurisdictions.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.2	**Promote public awareness efforts on topics including:** • **Risks of opioid use.** • **Naloxone administration.** • **Risks of fentanyl.** • **Stigma.** • **Crisis hotlines.** • **Good Samaritan Law.** • **Other substances.** • **Trauma and mental health.** • **Proper storage and disposal of medications.**	*Public-Awareness Campaigns:* **Resources:** • Provide resources to state agencies for the development and production of awareness campaigns on priority topics. **Dissemination:** • Disseminate educational campaigns produced by state partners. **Campaign Development**: • Develop campaigns as needed to address other relevant issues as they arise, including emerging substance use trends. *Public-Awareness Events:* **Events:** • Promote the benefits of hosting regularly occurring, multi-disciplinary, awareness events that address the risks associated with opioid use, overdose response, and other topics.	MDH, MHEC, MSDE, MDOT, DOA, DOL, MEMA, MSP, DJS, Local Jurisdictions.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.3	**Promote prescription opioid prescribing best practices among health care providers:** • **Prescription Drug Monitoring Program (PDMP) utilization.** • **Academic detailing.** • **Co-prescribing of naloxone.**	*Prescription Drug Monitoring Program:* **Best Practices:** • Identify best practices for presenting PDMP data to inform clinical decision making. **Integration with CRISP:** • Collaborate with CRISP to integrate PDMP data into electronic medical records. **Accessibility**: • Ensure data are presented in a manner that is accessible to prescribers. **Reports:** • Develop reports that provide insight into prescriber practices. **Enforcement:** • Use PDMP data to identify problematic prescribers and enforce sanctions as appropriate.	MDH, MedChi, MHEC, DOA, Payers, Hospitals, CRISP, Local Jurisdictions.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.3 Cont'd		*Academic Detailing:* **MDH Pilot:** • Provide technical assistance to nine jurisdictions participating in MDH's pilot program as they deliver targeted messages on: 1) Using non-opioid treatment as first line therapy for acute or chronic pain, 2) If opioids are needed, starting at the lowest effective dose, 3) Using the PDMP data to determine if patients have previously filled CDS, 4) Ensuring patient safety by avoiding concurrent prescribing of opioids and other sedating drugs, and 5) Referring patients to treatment with SUD. *Co-Prescribing Naloxone:* **Fact Sheet:** • Develop a fact sheet on CDC recommendations for co-prescribing naloxone. **CRISP Integration:** • Integrate information on co-prescribing naloxone into the CRISP portal.	MDH, MedChi, MHEC, DOA, Payers, Hospitals, CRISP, Local Jurisdictions.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.3 Cont'd		**Co-Prescribing:** • Explore strategies for targeting messages about co-prescribing naloxone to prescribers.	MDH, MedChi, MHEC, DOA, Payers, Hospitals, CRISP, Local Jurisdictions.
1.4	**Promote mechanisms for safe drug disposal.**	**Safe Disposal:** • Support local jurisdictions and state agencies that identify a need for drug disposal options with technical assistance and resources to facilitate safe storage and disposal of prescription medications. **Program Expansion:** • Reach out to additional partners to explore opportunities for expanding drug-disposal opportunities.	MDH, MSDE, Law Enforcement, DOA, Pharmacies, Local Jurisdictions.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.5	**Care coordination and data sharing to identify at-risk and impacted youth.**	*Handle with Care Program:* **Awareness:** • Raise awareness of the Handle with Care Program among relevant partners. **Program Expansion:** • Assist in the expansion of Handle with Care programming. *Protocols and Care Systems for Newborns Exposed to Opioids:* **Existing Protocols:** • Identify jurisdictions with protocols for responding to newborns exposed to opioids. • Review protocols and systems that effectively link newborns and mothers to resources and care. **Program Expansion:** • Promote effective protocols and program expansion to other jurisdictions. • Facilitate information sharing among jurisdictions as they develop effective protocols and resource systems.	MDH, MSDE, DJS, MSDE, GOCCP, Local Jurisdictions.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.5 Cont'd		*Screening for Adverse Childhood Experiences (ACEs):* **Training**: • Promote professional learning opportunities around ACEs. **Application**: • Identify ways in which ACEs can inform programmatic decision making.	MDH, MSDE, DJS, MSDE, GOCCP, Local Jurisdictions.
1.6	**Vocational opportunities for individuals in areas heavily-impacted by substance use disorder.**	**Needs Assessment**: • Identify areas around Maryland that have been heavily impacted by substance use disorder and have higher than average rates of unemployment. **Training**: • Promote supportive employment programs that educate employers on how to retain and support those who suffer from SUD.	DOL, MDH, DOD. DOL, MDH, DOD.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.6 Cont'd		• Support the implementation of vocational programs for individuals in underserved communities, such as those offered through the Opioid Workforce Innovation Fund.	

Prevention & Education

Goal 2: Reduce Opioid-Related Morbidity and Mortality

Strategies		Tactics	Implementation Partners

2.1	**Emphasize targeted naloxone distribution in all Maryland jurisdictions.**	**Overdose-Response Training:**
		• Provide resources to local jurisdictions and community-based organizations that provide overdose-response training with an emphasis on educating individuals who use drugs, their friends, family and associates.
		
		Correctional Facilities:
		• Equip local detention centers with resources and technical assistance to provide naloxone kits to individuals leaving incarceration.
		
		Overdose Scenes:
		• Encourage all jurisdictions in Maryland to partner with emergency medical systems to provide naloxone kits on the scene of an overdose. Kits should include:
		    o Naloxone
		    o Protective face mask and gloves
		    o Information on how to access local substance use treatment and harm reduction resources
			MDH, MIEMSS, Prescribers, Pharmacies, MSDE, Local Jurisdictions.

Prevention & Education

Goal 2: Reduce Opioid-Related Morbidity and Mortality

Strategies		Tactics	Implementation Partners
2.2	**Support the implementation of harm reduction services.**	<u>**Funding**</u>: • Develop and disseminate requests for proposals (RFPs) for funding available to community-based organizations and local governments that provide harm reduction services. • Promote use of appropriate harm reduction materials, including: fentanyl test strips, wound-care supplies, resource guides, etc. <u>**Barriers**</u>: • Understand barriers to implementing harm reduction services. <u>**Effective Distribution**</u>: • Provide technical assistance to jurisdictions and community-based organizations that implement harm reduction programming (including syringe-services programs (SSPs), fentanyl test strips, wound-care supplies, resource guides, etc.) to ensure resources are distributed effectively to individuals who are in greatest need.	MDH, Law Enforcement, Judiciary, DHCD, MHEC, Local Jurisdictions.

Prevention & Education

Goal 3: Enhance Statewide Systems to Inform Strategy

	Strategies	Tactics	Implementation Partners
3.1	**Facilitate statewide data sharing of opioid indicators by jurisdiction.**	**Promising Practices:** • Identify the most promising outcome indicators and processes that will help inform opioid-related policy and programmatic decision making. **Dashboards:** • Research opioid dashboards in other and states that could serve as a model for Maryland's data-sharing initiatives. **Chapter 211:** • Carry out requirements of Chapter 211 legislation by convening relevant state-agency partners and enabling cross-agency data sharing.	MDH, MIEMSS, MSP, DHS, GOCCP, HIDTA, DPSCS, MHA, Poison Control.
3.2	**Streamline statutory requirements for SUD-related workgroups and administrative structures.**	**Boards:** • Catalogue all alcohol- and drug-related boards currently required in statute. • Assess agency involvement in SUD workgroups/boards. **Redundancies:** • Identify redundancies in scopes of work to make recommendations for workgroup/board consolidations as appropriate.	OOCC, MDH, Legislature.

Enforcement & Public Safety		
Goal 4: Reduce Illicit Drug Supply		
Strategies	**Tactics**	**Implementation Partners**
4.1 **Expand heroin/overdose coordinator program to cover all Maryland jurisdictions.**	**Gaps:** • Identify jurisdictions without HIDTA overdose-coordinator coverage to all jurisdictions. **Barriers**: • Identify barriers to bringing overdose coordinator program to areas of need. **Expansion:** • Expand heroin/overdose coordinator program to all jurisdictions. • Encourage collaboration among overdose coordinators and public health and behavioral health professionals.	GOCCP, HIDTA, MSP, Local Jurisdictions.

Enforcement & Public Safety			
Goal 4: Reduce Illicit Drug Supply			
4.2	**Promote drug take-back initiatives.**	*Drug Take- Back Day:* **Events:** • Identify semi-annual Drug Enforcement Agency (DEA) National Drug Take- Back Days. **Local Initiatives:** • Encourage local law enforcement agencies to participate in conducting local initiatives. **Publicity:** • Publicize drug take-back initiatives. *Permanent Drop Boxes:* **Drop-Box Inventory:** • Review current list of permanent drop boxes and update semi-annually. **Promotion:** • Promote the locations of permanent drop boxes via website and social media.	MDH, GOCCP, MSP, Local Jurisdictions.

Enforcement & Public Safety		
Goal 5: Expand Access to SUD Treatment in the Criminal Justice System		
Strategies	**Tactics**	**Implementation Partners**
5.1 **Support correctional facilities with the implementation of MAT programs, including all three FDA-approved medications for treating SUD.**	**HB 116 Implementation:** • Identify needs of correctional facilities participating in the first phase of implementing House Bill 116. • Explore opportunities for diversion and community-based treatment associated with the requirements of HB 116. **Assistance:** • Provide technical assistance to jurisdictions based on identified needs. **Resources:** • Provide resources to jurisdictions to support the expansion of MAT programs within local detention centers.	GOCCP, MDH, Local Jurisdictions.

Enforcement & Public Safety			
Goal 5: Expand Access to SUD Treatment in the Criminal Justice System			
Strategies		**Tactics**	**Implementation Partners**
5.2	**Promote various levels of clinical counseling within detention centers.**	<u>Gaps</u>: • Conduct a jurisdictional gap analysis of levels of clinical care for SUD. <u>Funding</u>: • Identify funding opportunities for expanding clinical care. <u>Technical Assistance</u>: • Provide technical assistance and resources to jurisdictions as they expand clinical-care services.	GOCCP, MDH, DJS, Local Jurisdictions.

Enforcement & Public Safety		
Goal 6: Expand Alternatives to Incarceration for Individuals with SUD		
Strategies	**Tactics**	**Implementation Partners**
6.1 **Expand diversion and deflection programs in local jurisdictions.**	**Relationships:** • Expand relationships with law enforcement and judicial offices in local jurisdictions. **Technical Assistance:** • Provide technical assistance to jurisdictions interested in implementing diversion and deflection programs.	GOCCP, MDH, DJS, Local Jurisdictions.
6.2 **Facilitate more-coordinated relationships between problem-solving courts, criminal justice and behavioral health partners.**	**Gaps:** • Explore state and local system-level gaps between criminal justice and behavioral health partners. **Partnerships:** • Identify opportunities to enhance partnerships in order to create a more comprehensive system of care. **Technical Assistance:** • Provide technical assistance and resources to partners to facilitate coordination.	MD Judiciary, DJS, MDH, Local Jurisdictions.

Enforcement & Public Safety		
Goal 6: Expand Alternatives to Incarceration for Individuals with SUD		
Strategies	**Tactics**	**Implementation Partners**
6.3 **Expand care coordination services for individuals engaged with the criminal-justice system:** • **Screening & assessment at intake.** • **Life-skills training.** • **Care coordination to community providers.** • **Re-entry services.**	**Needs Assessment:** • Complete an assessment of care coordination services by local detention center and juvenile services facilities. **Best Practices:** • Identify jurisdictions with robust care-coordination and wrap around services for individuals incarcerated and for those reentering the community. **Training:** • Provide learning opportunities for local detention centers on how to expand wrap-around services for individuals incarcerated and for those reentering the community. **Step-Down Programs:** • Encourage step-down opportunities for individuals leaving state correctional facilities (e.g., The Direct Reentry Program).	DPSCS, GOCCP, DJS, Local Jurisdictions.

Enforcement & Public Safety		
Goal 6: Expand Alternatives to Incarceration for Individuals with SUD		
Strategies	**Tactics**	**Implementation Partners**
6.3 Cont'd		**Program Expansion:** • Provide resources and technical assistance to expand services for local detention centers and state correctional facilities.	DPSCS, GOCCP, DJS, Local Jurisdictions.

Treatment & Recovery

Goal 7: Ensure Access to SUD Treatment

Strategies		Tactics	Implementation Partners

7.1	**Build capacity of professionals in all settings to screen for substance use risk and to refer patients to substance use providers.**	<u>Program Expansion:</u>
		• Expand screening and referral programming in a variety of settings including:
		   ○ Primary care facilities
		   ○ Federally Qualified Health Care Centers (FQHC)
		   ○ Hospitals/ Emergency Departments
		   ○ Detention centers
		   ○ Department of Social Services
		   ○ Offices of Parole & Probation
			MDH, MDPCP, MHA, DHS, MHEC, MedChi, MIA, Local Jurisdictions.

7.2	**Expand crisis-response system to cover all Maryland jurisdictions:** • **211, Press 1.** • **Stabilization/walk-in facilities.** • **Mobile crisis services.** • **Assessment and referral centers.**	<u>Needs Assessment:</u> • Identify gaps in crisis services by jurisdiction. <u>Minimum Service Components</u>: • Identify the minimum crisis service components that should be available to individuals in need of crisis services. <u>Program Expansion:</u> • Identify opportunities and mechanisms for expanding crisis-services programs.	MDH, MIEMMS, Commission to Study Mental and Behavioral Health, Local Jurisdictions.

Treatment & Recovery

Goal 7: Ensure Access to SUD Treatment

Strategies		Tactics	Implementation Partners
7.3	**Promote continuum of care for SUD services in all Maryland jurisdictions.**	**Needs Assessment:** • Identify and map treatment needs. **Program Expansion:** • Promote program expansion and identify funding sources, financial incentives, and new technologies to support expansion efforts. • Promote parity laws. **Barriers:** • Support programs that remove barriers to treatment (e.g., Medicaid enrollment, transportation services, etc.).	MDH, MIA, Local Jurisdictions.

Treatment & Recovery

Goal 7: Ensure Access to SUD Treatment

Strategies		Tactics	Implementation Partners
7.4	**Promote promising hospital practices for combatting SUD.**	**Buprenorphine Induction:** • Promote buprenorphine induction in emergency department settings. **Peers:** • Utilize peers to ensure care coordination for individuals leaving the emergency department.	MHA, MedChi, MDH, MHEC.
7.5	**Support Peer Recovery Support Specialists programs in multi-disciplinary settings to cover all Maryland jurisdictions.**	**Agency Points of Contact:** • Identify public-serving agencies that encounter individuals who may be at-risk for SUD. **Alternative Locations:** • Encourage memoranda of understanding (MOUs) between agencies who employ peers and partnering agencies to place Peers in alternative locations.	MDH, MIEMSS, DHS, DPSCS, MHA, EMS, DOL, Local Jurisdictions.

Treatment & Recovery			
Goal 7: Ensure Access to SUD Treatment			
Strategies		**Tactics**	**Implementation Partners**
7.5 Cont'd		**Peer Services:** • Enable Peers to conduct motivational interviewing, and to provide other resources for individuals in need of substance use treatment. **Funding:** • Explore payer reimbursement for Peer services.	MDH, MIEMSS, DHS, DPSCS, MHA, EMS, DOL, Local Jurisdictions.
7.6	**Expand access to medication assisted treatment (MAT) to cover all Maryland jurisdictions.**	**Waivers:** • Support prescribers in obtaining DATA 2000 waiver. **Technical Assistance:** • Identify areas of need for technical assistance for waived prescribers. **Prescriber Supports:** • Link waived providers with existing supports to prescribe buprenorphine (e.g., MACS). **Mobile Treatment:** • Encourage jurisdictions to expand access to MAT by establishing mobile treatment options.	MDH, MIA, Maryland Addiction Consultants (MACS), Maryland Primary Care Program, Prescribers.

Treatment & Recovery

Goal 7: Ensure Access to SUD Treatment

Strategies		Tactics	Implementation Partners
7.6 Cont'd		**MD Primary Care:** • Promote Maryland Primary Care Program. **Barriers:** • Explore barriers to expanding MAT providers. • Explore eliminating prior- authorization for all formulations of buprenorphine.	MDH, MIA, Maryland Addiction Consultants (MACS), Maryland Primary Care Program, Prescribers.

Treatment & Recovery

Goal 8: Expand the Behavioral Health Workforce and Increase Workforce Competencies

Strategies		Tactics	Implementation Partners
8.1	**Collaborate with universities, professional schools and licensing boards to incentivize individuals to pursue behavioral-health professions.**	**Models for Workforce Expansion:** • Research other national and state models for expanding the behavioral health workforce. **Incentives:** • Identify opportunities for encouraging students to pursue careers in behavioral health.	MDH, MHEC, MIA.
8.2	**Assess reciprocity standards for professional counselors and therapists and identify opportunities to allow out-of-state practitioners to work in Maryland.**	**Barriers:** • Explore barriers for allowing reciprocity for counselors licensed in other states to practice in Maryland.	OOCC, MDH, Board of Professional Counselors.

Treatment & Recovery

Goal 8: Expand the Behavioral Health Workforce and Increase Workforce Competencies

Strategies		Tactics	Implementation Partners
8.3	**Explore mechanisms to encourage the behavioral-health workforce to participate in topic-specific training opportunities.**	**Continuing Education:** • Identify areas within the behavioral-health workforce that could benefit from continuing-education opportunities. • Identify and promote opportunities for providing Continuing Education Units (CEUs) to behavioral health professionals.	MDH, MHEC, MedChi.
8.4	**Support wellness initiatives for individuals who work in the behavioral health field in all Maryland jurisdictions.**	**Acknowledgement:** • Promote acknowledgement ceremonies for first responders and the behavioral health workforce. **Wellness:** • Encourage local jurisdictions to sponsor events for staff that encourage wellness (e.g. Mental Health First Aid).	MDH, DOL, First Responders, Local Jurisdictions.

Treatment & Recovery			
Goal 9: Ensure Access to Recovery-Support Services			
Strategies		**Tactics**	**Implementation Partners**
9.1	**Equip local jurisdictions with resources to operate comprehensive care coordination for individuals moving through levels of treatment.**	**Barriers:** • Identify barriers to keeping individuals engaged in treatment. **Local Partnerships:** • Identify opportunities for partnerships between local agencies and treatment providers. **Peer Support:** • Promote the use of and expand the utilization of Peers to serve as outreach specialists for individuals transitioning among various levels of SUD treatment. • Promote peer resources for families impacted by SUD. **Best Practices:** • Investigate best practices in case management for other chronic conditions to identify systems that could be transferrable for individuals with SUD.	MDH, DHS, DPSCS, MIA, MHEC.

Treatment & Recovery			
Goal 9: Ensure Access to Recovery-Support Services			
Strategies		**Tactics**	**Implementation Partners**
9.1 Cont'd		**Care Managers:** • Promote the services of care managers available through the Maryland Primary Care Program.	MDH, DHS, DPSCS, MIA, MHEC.
9.2	**Explore the expansion of wellness and recovery centers.**	**Models:** • Identify model wellness and recovery centers in the state that provide connections to social support, mental health, housing and employment services. **Needs Assessment:** • Assess the need for additional wellness and recovery centers in other jurisdictions. **Expansion:** • Promote opportunities for expansion of recovery centers. **Assistance:** • Support wellness and recovery centers with technical assistance and other resources.	MDH.

Treatment & Recovery

Goal 9: Ensure Access to Recovery-Support Services

Strategies		Tactics	Implementation Partners
9.3	**Support sober-living housing in all Maryland jurisdictions.**	**Barriers:** • Identify barriers to establishing sober-living residences. **Assistance:** • Partner with BHA to identify policies and regulations that would encourage the expansion of sober-living residences.	MDH.

Outcomes

Outcomes

Measuring the progress of each goal is a critical component of the coordination plan. Primary health outcomes and secondary outcomes have been identified to track Maryland's progress in addressing the opioid crisis. Primary health outcomes are those that directly relate to an individual's health. Secondary outcomes are those that support the objective of improving primary health outcomes. Below please find a chart outlining primary health outcomes and secondary health outcomes that will be tacked throughout the next four years.

Primary Health Outcomes			
Goal	**Outcome**	**Data Source**	**Frequency**
Goal 1: Prevent Problematic Opioid Use	Reduce non-medical use of prescription drugs for individuals 12+ in Maryland.	National Survey on Drug Use and Health (NSDUH)	Biannually
	Reduce the number of Maryland youth reporting non-medical use of prescription-drugs.	Youth Risk Behavior Survey (YRBS)	Biannually
	Reduce heroin use for individuals 12+ in Maryland.	NSDUH	Biannually
	Reduce the number of youth in Maryland reporting lifetime heroin use.	YRBS	Biannually
Goal 2: Reduce Opioid-Related Morbidity, Mortality and Trauma	Reduce the number of opioid-related fatalities.	Maryland Vital Statistics Administration	Quarterly
	Reduce the number of opioid-related emergency department visits.	CRISP	Quarterly
	Reduce the percentage of substance-exposed newborns placed into foster care within 90 days of birth.	Department of Human Services (DHS)	Annually
	Reduce the incidence of hepatitis C transmission.	MDH	Annually
Goal 7: Ensure Access to SUD Treatment	Increase the number of individuals connected to SUD treatment.	Substance Abuse and Mental Health Services (SAMHSA)	Annually

Secondary Outcomes			
Goals	**Secondary Outcomes**	**Data Source**	**Frequency**
Goal 3: Enhance Statewide Systems to Inform Strategy	Develop a public-facing data dashboard.	OOCC Tracking	Annually
	Recommendations submitted to legislature for workgroup/board consolidation.	OOCC Tracking	Annually
Goal 4: Reduce Illicit Drug Supply	Increase coverage of HIDTA sponsored heroin/overdose coordinator program.	HIDTA/Local OIT Reporting	Quarterly
Goal 5: Expand Access to SUD Treatment in the Criminal Justice System	Local detention centers will comply with the requirements outlined in HB 116.	GOCCP/Local OIT Reporting	Annually
Goal 6: Expand alternatives to Incarceration for Individuals with SUD	Increase the number of diversion and deflection programs.	GOCCP	Annually
Goal 8: Expand the Behavioral Health Workforce and Increase Workforce Competencies	Increase the number of licensed behavioral health professionals practicing in Maryland.	BHA	Annually
Goal 9: Ensure Access to Recovery Support Services	Increase the number of sober-living residences in Maryland.	BHA	Annually

Appendices

Appendix A: Executive Order

The State of Maryland

Executive Department

Executive Order
01.01.2018.30

Inter-Agency Heroin and Opioid Coordinating Council
(Amends Executive Order 01.01.2017.01)

WHEREAS,   The State of Maryland faces a heroin and opioid epidemic;

WHEREAS,   Heroin and opioid drug dependency surged in Maryland over the last decade, resulting in a dramatic increase in heroin-related emergency room visits;

WHEREAS,   The rise in the number of heroin and opioid overdose deaths represents an urgent and growing public health threat, cutting across all demographics and geographical settings in Maryland, and also represents a serious threat to the security and economic well-being of the State;

WHEREAS,   Maryland State agencies have different expertise, capabilities, and data that, when shared, can better inform a coordinated, statewide response to the opioid overdose epidemic;

WHEREAS,   Coordinated action among State agencies has made a greater impact in reducing abuse and overdose deaths; [and]

WHEREAS,   Local collaboration in the sharing of data, expertise, and capabilities, and in the delivery of services, can further reduce abuse and overdose deaths[.];

WHEREAS,   **FOLLOWING THE MARCH 1, 2017, DECLARATION OF A STATE OF EMERGENCY IN RESPONSE TO THE HEROIN, OPIOID, AND FENTANYL CRISIS, THE OPIOID OPERATIONAL COMMAND CENTER ESTABLISHED A RESPONSE FRAMEWORK THAT EMPHASIZED A MULTIDISCIPLINARY, MULTIAGENCY INCIDENT MANAGEMENT STRUCTURE TO MOBILIZE AND COORDINATE STATE AND LOCAL STAKEHOLDERS; AND**

WHEREAS, **THE HEROIN, OPIOID, AND FENTANYL CRISIS REQUIRES THE CONTINUATION OF THIS HEIGHTENED RESPONSE FRAMEWORK AND ONGOING COOPERATION AND MOBILIZATION OF STATE AND LOCAL STAKEHOLDERS;**

NOW, THEREFORE, I, LAWRENCE J. HOGAN, JR., GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND LAWS OF MARYLAND, HEREBY AMEND EXECUTIVE ORDER 01.01.2017.01 AND PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. Establishment. There is a Governor's Inter-Agency Heroin and Opioid Coordinating Council (**THE** "Council").

B. Membership.

(1) The Council is a subcabinet of the Governor and shall consist of the heads of the following State **UNITS** [agencies] or their designee**S** and such other [e]Executive **B**[b]ranch **UNITS** [agencies] as the Governor may designate:

(a) The Department of Health [and Mental Hygiene];

(b) The Department of State Police;

(c) The Department of Public Safety and Correctional Services;

(d) The Department of Juvenile Services;

(e) The Institute for Emergency Medical Services Systems; [and]

(f) The Maryland State Department of Education; **AND**

(G) **THE MARYLAND EMERGENCY MANAGEMENT AGENCY.**

(2) Staff members from the Offices of the Governor and Lieutenant Governor, including the Governor's Office of Crime Control and Prevention [and the Office of Problem Solving Courts], will also be regular participants.

(3) Other State **UNITS** [agencies] may be asked to participate at the invitation of the Chair.

C.   Duties.

(1)   The [member] State **UNITS** [agencies (Agencies)] listed in Paragraph B (1) **(THE "AGENCIES")** shall seek opportunities to share data with one another and with the Office of the Governor for the purpose of supporting public health and public safety responses to the heroin and opioid epidemic. The Agencies shall share the data in their possession relevant to the epidemic to the maximum extent permitted by law.

(2)   The Council shall develop recommendations for policy, regulations, or legislation to facilitate improved sharing of public health and public safety information among State **UNITS** [agencies].

(3)   The Council shall update the Governor within 45 days of the date of this Executive Order, and biannually thereafter, on **THE AGENCIES'** [each agency's] efforts to address heroin and opioid education, treatment, interdiction, overdose, and recovery.

(4)   On behalf of the Council, the [Department of Mental Health and Hygiene] **OPIOID OPERATIONAL COMMAND CENTER** shall submit an annual report to the Governor and the public in the form of the Inter-Agency Heroin and Opioid Coordination Plan.

D.   Procedures.

(1)   The [Secretary of the Department of Health and Mental Hygiene] **LIEUTENANT GOVERNOR** shall chair the Council. The Chair shall:

(a)   Oversee the implementation of this Executive Order and the work of the Council;

(b)   Determine the Council's agenda; and

(c)   Identify additional support as needed.

(2)   The Council shall meet on a quarterly basis, or more frequently if the members deem appropriate.

(3)   In advance of each meeting of the Council, each of the Agencies shall provide updates to the Chair regarding **ITS** [the agency's] efforts to share public safety and public health information relating to the heroin and opioid epidemic.

(4)   A majority of the Council members shall constitute a quorum for the transaction of any business.

(5)   The Council may adopt other procedures as necessary to ensure the orderly transaction of business.

E.   Opioid Operational Command Center.

(1)   TO REFLECT THE NEED FOR AN ONGOING
HEIGHTENED RESPONSE FRAMEWORK TO THE HEROIN,
OPIOID, AND FENTANYL CRISIS, [T]There is an Opioid Operational
Command Center (THE "Center") within the [Council] THE
MARYLAND EMERGENCY MANAGEMENT AGENCY.

(2)   THE CENTER SHALL BE MANAGED BY AN EXECUTIVE
DIRECTOR, WHO SHALL BE PRIMARILY RESPONSIBLE FOR
COORDINATING INTERAGENCY ACTIVITIES IN RESPONSE
TO THE HEROIN, OPIOID, AND FENTANYL CRISIS
THROUGHOUT THE STATE AND SHALL BE THE STATE'S
PRINCIPAL COORDINATOR WITH LOCAL, REGIONAL, AND
FEDERAL COUNTERPART ORGANIZATIONS ON ISSUES
RELATED TO THE HEROIN, OPIOID, AND FENTANYL CRISIS.

(3)   THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR
THE DAILY OPERATION AND ADMINISTRATION OF THE
CENTER. THE EXECUTIVE DIRECTOR SHALL SERVE AT THE
PLEASURE OF THE GOVERNOR.

(4)   The Center shall:

(a)   Develop operational strategies to continue implementing
the recommendations of the Heroin and Opioid Emergency
Task Force authorized by Executive Order 01.01.2015.12;

(b)   CONTINUE TO CARRY OUT MARYLAND'S
CENTRALIZED, COORDINATED RESPONSE TO
THE HEROIN, OPIOID, AND FENTANYL CRISIS
THROUGH THE IMPLEMENTATION OF THE
INTER-AGENCY HEROIN AND OPIOID
COORDINATION PLAN REQUIRED BY
PARAGRAPH (C)(4);

([B]C) Collect, analyze, and facilitate the sharing of data relevant
to the epidemic from state and local sources while
maintaining the privacy and security of sensitive personal
information;

([C]D) Develop [a] memorandA[um] of understanding among state
and local agencies that provide[s] for the sharing and
collection of health and public safety information and data

relating to the heroin [and], opioid, **AND FENTANYL** epidemic;

([D]E) Assist and support local agencies in the creation of Opioid Intervention Teams that will share such data; [and]

([E]F) Coordinate the training of and provide resources for **UNITS OF** state and local **GOVERNMENT** [agencies] addressing the threat to the public health, security, and economic well-being of the State **POSED BY THE HEROIN, OPIOID, AND FENTANYL CRISIS[.]; AND**

(G) **PROVIDE STAFF TO THE COUNCIL.**

F. **OPIOID INTERVENTION TEAMS.**

(1) **PRIOR TO RECEIVING FUNDS FROM THE CENTER, EACH COUNTY AND THE CITY OF BALTIMORE ("COUNTIES") SHALL ESTABLISH AN OPIOID INTERVENTION TEAM. AN OPIOID INTERVENTION TEAM SHALL INCLUDE, BUT IS NOT LIMITED TO, INDIVIDUALS WITH EXPERIENCE IN:**

(A) **EMERGENCY MANAGEMENT;**

(B) **HEALTH;**

(C) **LAW ENFORCEMENT;**

(D) **SOCIAL SERVICES;**

(E) **EDUCATION; AND**

(F) **PRIVATE SECTOR, NON-PROFIT, COMMUNITY, AND FAITH-BASED ORGANIZATIONS.**

(2) **A COUNTY MAY DESIGNATE MULTIDISCIPLINARY AND MULTIAGENCY DRUG OVERDOSE FATALITY REVIEW TEAMS AS ESTABLISHED UNDER HEALTH -- GENERAL ARTICLE § 5-902, LOCAL ADDICTION AUTHORITIES AS DEFINED IN HEALTH -- GENERAL ARTICLE § 7.5-101, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES AS DEFINED IN HEALTH -- GENERAL ARTICLE § 7.5-101 AS THE OPIOID INTERVENTION TEAM.**

(3) **OPIOID INTERVENTION TEAMS WILL DISTRIBUTE ANY FUNDS THE CENTER PROVIDES TO LOCAL**

GOVERNMENTS AND UNITS AS PROVIDED FOR IN THE STATE BUDGET.

G.   OPIOID SPENDING PLANS.

(1)   EACH UNIT OF STATE GOVERNMENT SUBJECT TO THE SUPERVISION AND DIRECTION OF THE GOVERNOR THAT SPENDS FUNDS TO ADDRESS THE HEROIN, OPIOID, AND FENTANYL CRISIS SHALL SUBMIT TO THE CENTER:

(A)   BY SEPTEMBER 1 OF EACH YEAR, AN ANNUAL SPENDING PLAN FOR ALL FUNDING USED TO ADDRESS THE HEROIN, OPIOID, AND FENTANYL OVERDOSE CRISIS;

(B)   ALTERATIONS TO THE PLAN THAT EXCEED $2 MILLION; AND

(C)   ACCOUNTS OF NEW SPENDING OF FUNDS THAT EXCEED $2 MILLION USED TO ADDRESS THE HEROIN, OPIOID, AND FENTANYL CRISIS.

(2)   THE CENTER SHALL PROVIDE ADVICE AND CONSENT ON EACH ANNUAL PLAN, ALTERATIONS TO THE PLAN THAT EXCEED $2 MILLION, AND NEW SPENDING OF FUNDS THAT EXCEED $2 MILLION.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 12ᵗʰ Day of December 2018.
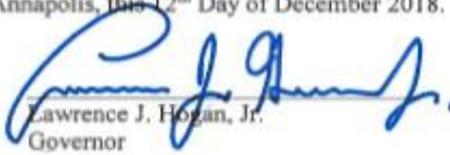
Lawrence J. Hogan, Jr.
Governor

ATTEST:

John C. Wobensmith
Secretary of State

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Appendix B: Glossary of Terms

Addiction: The most severe form of substance use disorder, associated with compulsive or uncontrolled use of one or more substances.[3]

Adverse Childhood Experiences (ACEs)[4]: Potentially traumatic events that occur in childhood such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death.

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

Evidence-Based Practice: Process of integrating evidence from scientific research and practice to improve the health of the target population. [5]

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

Harm Reduction: A set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.

Medication Assisted Treatment (MAT): The combination of behavioral interventions and medications to treat substance use disorders.[1]

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

Naloxone: An FDA-approved medication that displaces opioids and reverses the effects of an opioid overdose (e.g., difficulties breathing).

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

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

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

Opioid Intervention Teams: Local multi-agency coordinating bodies within each of Maryland's 24 jurisdictions. OITs are tasked with developing unified local strategy, conducting operational coordination

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[3] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

[4]The Centers for Disease Control and Prevention:
https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html

[5] Vanagas, G., Bala, M., & Lhachimi, S. K. (2017). Evidence-Based Public Health 2017. *BioMed research international, 2017, 2607397.* doi:10.1155/2017/2607397

with all stakeholders, and working cooperatively on program and project implementation and operations.

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

Peer: A person with lived experience around drug use, who is in recovery and is actively involved in counseling others.

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

Opioid Misuse: Non-medical use of opioids associated with negative health risks (e.g., overdose) or social consequences (e.g., poor performance at work or school).

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

Recovery: A process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.[6]

Screening, Brief Intervention and Referral to Treatment (SBIRT): An evidence-based practice used to identify, reduce, and prevent problematic use, misuse, and dependence on alcohol and illicit drugs.[7]

Substance Use Disorder (SUD): A medical illness caused by repeated misuse of a substance or substances. Substance use disorders are characterized by clinically significant impairments in health, social function, and ability to control substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms. Substance use disorders range from mild to severe and from temporary to chronic.[1]

Synthetic Opioid: A class of opioids that are designed to provide pain relief, and that mimic naturally occurring opioids, such as codeine and morphine. Synthetic opioids tend to be highly potent, which means only a small amount of the drug is required to produce a given effect and include drugs like tramadol and fentanyl.[8]

Trauma: Exposure to actual or threatened death, serious injury, or sexual violence, including experiencing, witnessing and learning about violence.[9]

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[6] Substance Abuse and Mental Health Services Administration (SAMHSA) https://www.samhsa.gov/find-help/recovery
[7] Substance Abuse and Mental Health Services Administration (SAMHSA) https://www.integration.samhsa.gov/clinical-practice/sbirt
[8] The Centers for Disease Control and Prevention https://www.cdc.gov/drugoverdose/data/fentanyl.html
[9] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA