MARYLAND'S INTER-AGENCY OPIOID COORDINATION PLAN

Inter-Agency Opioid Coordinating Council

PREVENTION • TREATMENT • RECOVERY

March 2021

Message from the Lieutenant Governor

The Hogan-Rutherford administration remains steadfast and committed to implementing a comprehensive, holistic approach to addressing Maryland's ongoing opioid and addiction crisis. The roots of the crisis are complex and its consequences for our state and our nation have touched nearly every aspect of our lives. The administration continues to focus on multidisciplinary efforts in prevention, education, treatment and recovery, and law enforcement to improve safety, health, and quality of life of Marylanders impacted by this public health crisis.

Governor Hogan established the Opioid Operational Command Center (OOCC) in 2017, to improve communication, coordination, and collaborative efforts 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 communities in Maryland. The OOCC coordinates with approximately 20 state agencies as well as agencies and Opioid Intervention teams from the 24 local jurisdictions to ensure that their efforts are aligned with the administration's policy priorities. This coordination has proven vital during the coronavirus pandemic, which has eroded gains made in reducing opioid fatalities in 2019.

As chair of the Inter-Agency Heroin and Opioid Coordinating Council, I am encouraged by the continued commitment to assisting those with substance use disorders. I am also energized by the ongoing efforts to identify obstacles and create opportunities to improve resources and treatment during the pandemic and beyond. The following Inter-Agency Opioid Coordination Plan includes detailed descriptions of current programs and initiatives in Maryland to address the opioid epidemic, substance use disorder treatment, and recovery. The Coordination Plan also includes goals and strategies for implementation statewide.

As the public health crisis of addiction evolves, so must our response. We will continue to be faced with short-term and long-term effects of the coronavirus pandemic in the months and years to come. It is vital that we continue providing resources and support for those impacted by the opioid epidemic at every level here in Maryland. As the state reopens and normalcy returns, our hope is our strategic and comprehensive approach will rebuild our momentum, lead to a decline in opioid-related deaths, and increase the number of people receiving help and returning to a productive life.

Boyd K. Rutherford

Lieutenant Governor

Message from the Executive Director of the OOCC

On behalf of the Lt. Governor's Interagency Opioid Coordinating Council and the Opioid Operational Command Center, I am pleased to present Maryland's Interagency Opioid Coordination Plan for 2021. The plan details the history of the opioid crisis in Maryland and the actions that we are taking in response.

There was reason for cautious optimism when, in 2019, we saw the first annual decline in opioid fatalities in over a decade. The great progress that we made in reducing opioid-related mortality, however, was sadly reversed in 2020, a year of unprecedented hardship for nearly everyone one across the country amid the COVID-19 pandemic, especially those living with substance use disorder. Tragically, more lives were lost to opioid overdose in 2020 than in any other year.

Although this is disheartening, our past achievements show that we have the tools and the knowledge to reduce opioid-related overdoses once again. We are better positioned now than ever before to reverse the damage the pandemic has inflicted and to win back our hard-fought gains. Most importantly, we have a plan that details exactly how this can be done.

The Interagency Opioid Coordination Plan plays a vital role in our state's response to the opioid crisis. This plan identifies nine goals, with accompanying strategies and tactics, to combat opioid misuse and to reduce opioid-related morbidity and mortality. New this year are six priority projects. These include: (1) enhancing the state's infrastructure to respond to adverse childhood experiences, which are linked to negative health outcomes, including substance misuse; (2) establishing a comprehensive crisis response system so that people can access an appropriate level of care wherever they are; (3) three projects utilizing data to inform policy and programmatic decisions; (4) expanding recovery residences to create more opportunities for safe housing for people in recovery; (5) enhancing care coordination, including care for substance-exposed newborns and transportation for individuals seeking treatment; and (6) wraparound services for individuals who are justice-involved, to ensure access to information on treatment and other resources at all stages of the criminal-justice system.

By focusing our efforts on these priority projects and by strengthening proven practices and programs that led to success in the past, I know that we can overcome the challenge ahead of us. Together, through the coordinated efforts of our state agencies, our local partners, and individual stakeholders, we will meet this moment, we will save lives, and we will build a stronger Maryland in the years to come.

Thank you,

Steven R. Schuh

Executive Director, Opioid Operational Command Center

Acknowledgements

The Opioid Operational Command Center would like to thank our state and local partners who contributed their time and expertise to Maryland's Inter-Agency Opioid Coordination Plan. Addressing the opioid epidemic in a comprehensive manner requires an all-hands-on-deck approach, and we are grateful for the insight provided by our partners.

State Partners:
Governor's Office on Crime Prevention Youth and Victim Services (GOCPYVS)
Governor's Office on Homeland Security (GOHC)
High Intensity Drug Trafficking Agency (HIDTA)
Maryland Center for School Safety (MCSS)
Maryland Community Health Resources Commission (CHRC)
Maryland Department of Aging (DOA)
Maryland Department of Budget and Management (DBM)
Maryland Department of Health (MDH)
Maryland Department of Housing and Community Development (DHCD)
Maryland Department of Human Services (DHS)
Maryland Department of Information Technology (DoIT)
Maryland Department of Juvenile Services (DJS)
Maryland Department of Labor (MDOL)
Maryland Department of Public Safety and Correctional Services (DPSCS)
Maryland Emergency Management Agency (MEMA)
Maryland Governor's Grants Office (GGO)
Maryland Higher Education Commission (MHEC)
Maryland Insurance Administration (MIA)
Maryland Institute for Emergency Medical Services Systems (MIEMSS)
Maryland State Department of Education (MSDE)
Maryland State Police (MSP)
Motor Vehicle Administration (MVA)

Jurisdictional Partners:
Allegany County Health Department
Anne Arundel County Health Department
Baltimore City Health Department
Baltimore County Health Department
Calvert County Health Department
Caroline County Health Department
Carroll County Health Department
Cecil County Health Department
Charles County Health Department
Dorchester County Health Department
Frederick County Health Department
Garrett County Health Department
Harford County Health Department
Howard County Health Department
Kent County Health Department
Montgomery County Health Department
Prince George's County Health Department
Queen Anne's County Health Department
Somerset County Health Department
St. Mary's County Health Department
Talbot County Health Department
Washington County Health Department
Wicomico County Health Department
Worcester County Health Department

Academic & Community Partners:
Baltimore Harm Reduction Coalition (BHRC)
Bmore POWER
Episcopal Diocese of Maryland
James Place, Inc.
Lifespan Network
Maryland Association for the Treatment of Opioid Use Disorder (MATOD)
Maryland Hospital Association (MHA)
Maryland State Medical Society: MedChi
National Council on Alcoholism and Drug Dependence (NCAAD)

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.

The rate of opioid-related fatalities in Maryland began showing signs of stabilization in 2019, with Maryland experiencing a 1.7 percent decline in opioid-related fatalities, the first annual decrease since the beginning of the crisis over a decade ago. While the decline was welcome news, the progress made was erased in the beginning of 2020, largely attributed to the complications caused by the coronavirus pandemic. From January through September of 2020, Maryland saw a 14.5 percent increase in opioid-related fatalities as compared to the first nine months 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.

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. Budgetarily, the OOCC is part of the Maryland Department of Health.

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.

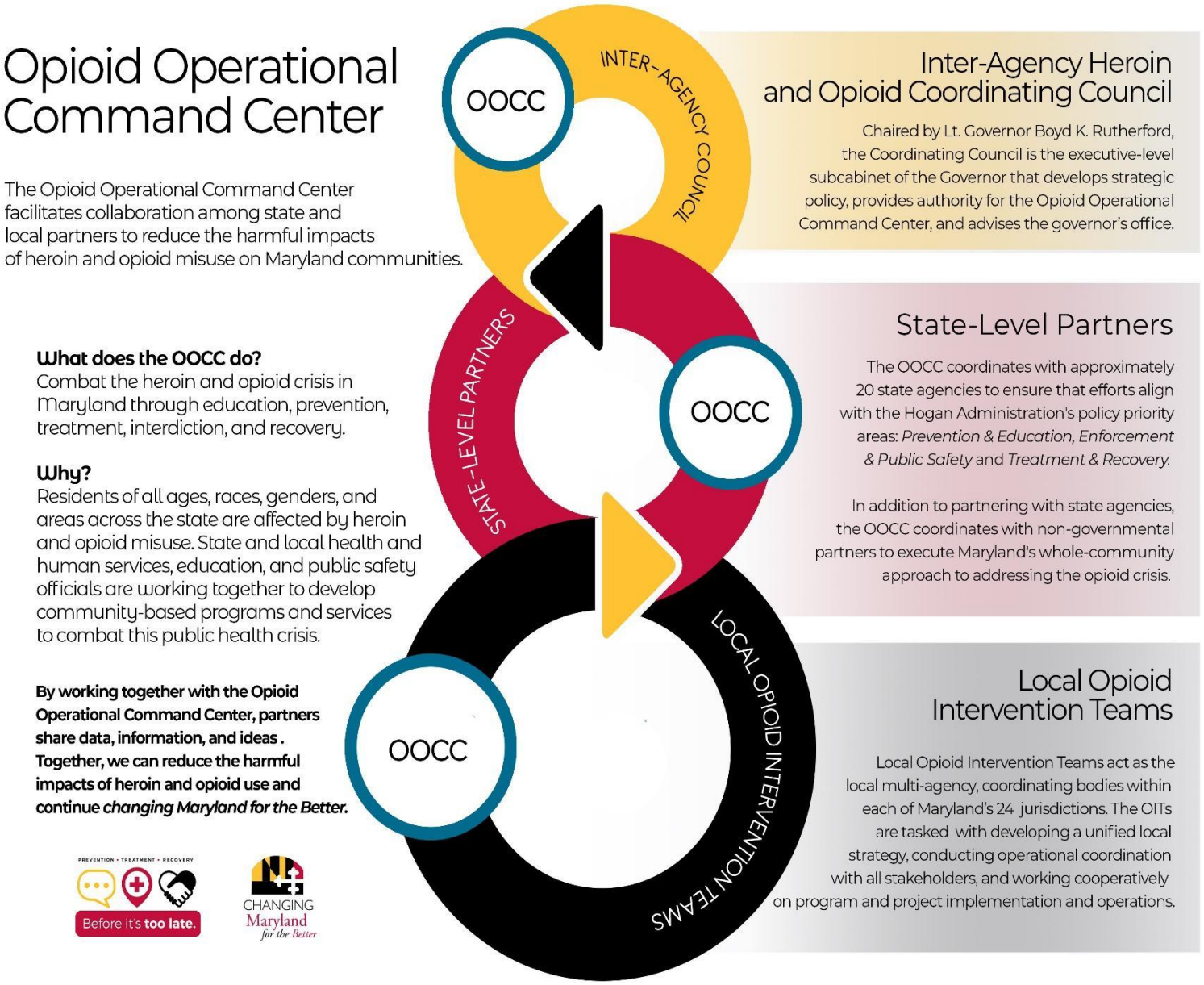
Local Opioid Intervention Teams (OITs)

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.

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 opioid crisis can be solved by a focus on arrests alone. Public safety officials are in a unique position to help individuals by diverting or deflecting arrests and by connecting those in need with treatment and other resources. Four 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 support people in need of substance use disorder (SUD) treatment services and to coordinate community services for individuals upon release. Local detention centers

[1]Source: Harm Reduction Coalition

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. Maryland was proactive in recognizing that a significant proportion of individuals engaged with the criminal justice system have substance use disorder (SUD). In 2019, HB116: Opioid Screening and Treatment in Correctional Settings was passed by the Maryland General Assembly and signed into law by Governor Hogan. This legislation requires that all local detention centers offer all three forms of FDA-approved medications to treat opioid use disorder by 2023. Four Maryland counties began implementing the requirements of the legislation in 2020 and six more jurisdictions will come onboard in 2021.

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 tool for health care providers to identify individuals who may need behavioral health services and encourages them 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.

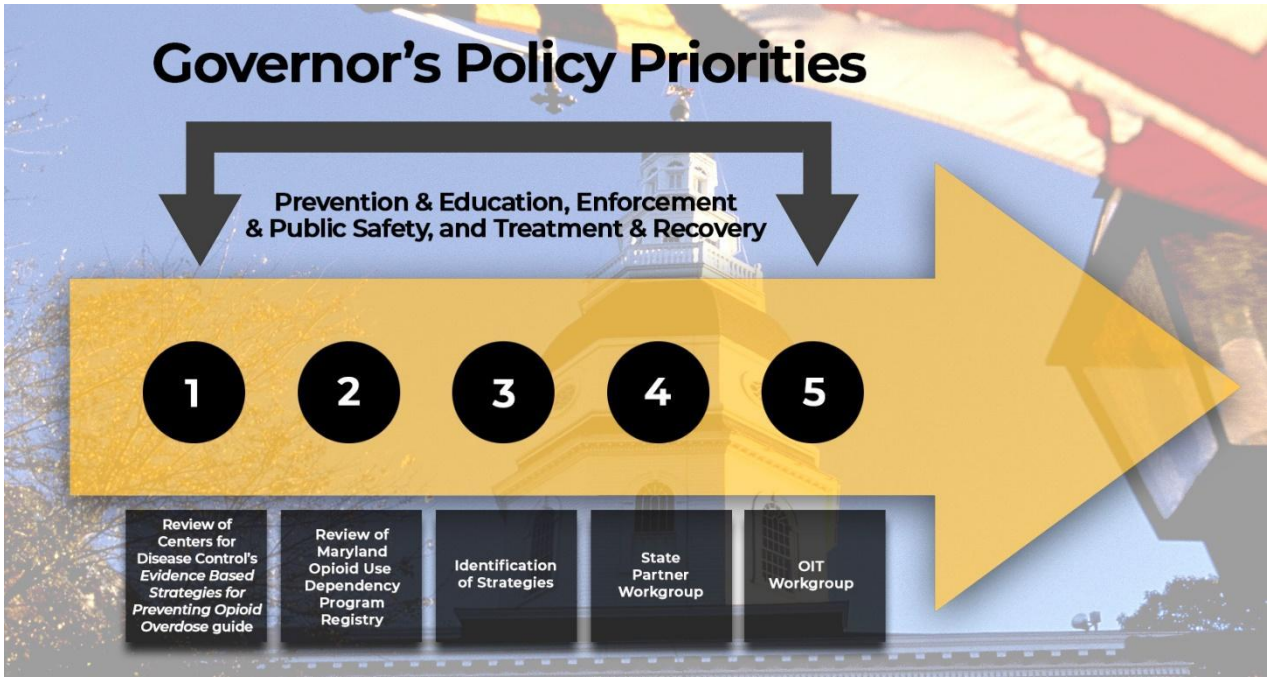
The OOCC recognizes that, in order to provide a full continuum of care for individuals leaving SUD treatment, there needs to be stable housing to support long-term recovery. Additionally, the OOCC supports initiatives that provide care coordination for individuals in recovery, including services that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

Coordination Planning Process

To develop Maryland's *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

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

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.

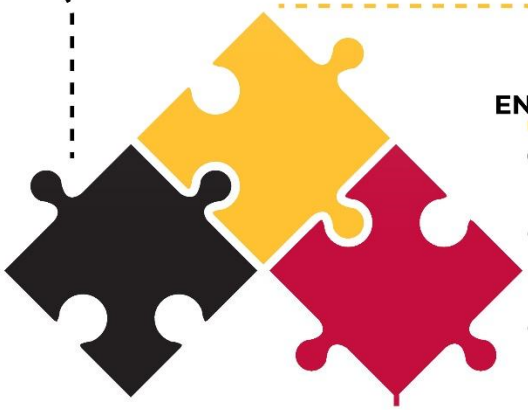
Coordination Plan Overview

PREVENTION & EDUCATION

GOAL 1:
Prevent problematic opioid use.

GOAL 2:
Reduce opioid-related morbidity & mortality.

GOAL 3:
Enhance statewide systems to inform strategy.



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.

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.*

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, such as: • Substance Abuse Block Grant Funding (MDH). • Family First Program (DHS). *Partnerships:* • Coordinate meetings among relevant agencies to strengthen partnerships and collaboration. *Program Implementation:* • Identify opportunities for program implementation across various state agencies. *Barriers:* • Identify barriers to program implementation and make adaptations as needed to facilitate enhanced coordination.	MDH, MSDE, DHS, MHEC, MCSS, and Local Jurisdictions.

Prevention & Education			
Goal 1: Prevent Problematic Opioid Use			
Strategies		**Tactics**	**Implementation Partners**
1.1 (cont'd)	**Promote proven and promising SUD prevention programs for youth and adults.**	**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, MCSS, and 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, MSP, DJS, MEMA, MCSS, and 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 and Advisories:* • Disseminate advisories to prescribers through the PDMP based on PDMP data on individual patients. • Develop reports that provide insight into prescriber practices through Provider Insight Reports in CRISP. Provider Insight Reports will display aggregate data based on a provider's prescribing history, allowing the provider to compare their prescribing practices to those of their peers based on a common set of metrics.	MDH, MedChi, MHA, MHEC, DOA, CRISP, MIA, and Local Jurisdictions.

Prevention & Education

Goal 1: Prevent Problematic Opioid Use

Strategies		Tactics	Implementation Partners
1.3 (cont'd)	**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 (cont'd)** *Enforcement:* • Use PDMP data to identify CDS prescribers with outlier prescribing practices and coordinate with enforcement entities as appropriate. **Academic Detailing** *MDH Pilot:* • Provide technical assistance to 13 jurisdictions participating in MDH's academic detailing program as they deliver targeted messages on: • Using non-opioid treatment as first line therapy for acute or chronic pain. • If opioids are needed, starting at the lowest effective dose. • Using the PDMP data to determine if patients have previously filled CDS. • Ensuring patient safety by avoiding concurrent prescribing of opioids and other sedating drugs. • Referring patients to SUD treatment. • Co-prescribing or dispensing naloxone to patients at risk for overdose.	MDH, MedChi, MHA, MHEC, DOA, CRISP, MIA, and Local Jurisdictions.

Prevention & Education			
Goal 1: Prevent Problematic Opioid Use			
Strategies		**Tactics**	**Implementation Partners**
1.3 (cont'd)	**Promote prescription opioid prescribing best practices among health care providers:** • **Prescription Drug Monitoring Program (PDMP) utilization.** • **Academic detailing.** • **Co-prescribing of naloxone.**	**Co-Prescribing Naloxone** *Fact Sheet:* • Disseminate a fact sheet on MDH regulations for co-prescribing naloxone. *CRISP Integration:* • Integrate information on clinical resources, including co-prescribing naloxone into the CRISP portal. *Co-Prescribing:* • Disseminate a naloxone co-prescribing fact sheet to providers through the Academic Detailing project.	MDH, MedChi, MHA, MHEC, DOA, CRISP, MIA, and Local Jurisdictions.
1.4	**Promote mechanisms for safe drug disposal.**	**Safe Disposal** *Technical Assistance:* • Support local jurisdictions and state agencies that identify a need for drug disposal options to facilitate safe storage and disposal of prescription medications. • Encourage local jurisdictions to include messaging for how to access treatment for individuals with active SUD when promoting drug disposal events.	MDH, DOA, Law Enforcement, Pharmacies, and Local Jurisdictions.

Prevention & Education			
Goal 1: Prevent Problematic Opioid Use			
Strategies		**Tactics**	**Implementation Partners**
1.4 (cont'd)	**Promote mechanisms for safe drug disposal.**	**Safe Disposal (cont'd)** *Program Expansion:* • Reach out to additional partners to explore opportunities for expanding drug-disposal programs.	MDH, DOA, Law Enforcement, Pharmacies, and Local Jurisdictions.
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 substance-exposed newborns and their mothers to resources and care.	MDH, MSDE, DJS, GOCPYVS, MCSS, and Local Jurisdictions.

Goal 1: Prevent Problematic Opioid Use			
Strategies		**Tactics**	**Implementation Partners**
1.5 (cont'd)	**Care coordination and data sharing to identify at-risk and impacted youth.**	**Protocols and Care Systems for Newborns Exposed to Opioids (cont'd)** *Program Expansion:* • Promote Substance Exposed Newborns (SENS) Collaborative Team Toolkit for responding to babies born substance exposed. **Promoting Infrastructure to Address Adverse Childhood Experiences (ACEs)** *Infrastructure:* • Partner with the National Governors Association to develop a statewide strategic plan to address ACEs across the lifespan.	MDH, MSDE, DJS, GOCPYVS, MCSS, and Local Jurisdictions. MDH, DHS, MSDE, DJS, MSDE, GOCPYVS, State Council on Child Abuse and Neglect, and Local Jurisdictions.
1.6	**Vocational opportunities for individuals in areas heavily-impacted by substance use disorder.**	**Vocational Opportunities** *Needs Assessment:* • Identify areas around Maryland that have been heavily impacted by substance use disorder and have higher than average rates of unemployment.	DOL and MDH.

Prevention & Education			
Goal 1: Prevent Problematic Opioid Use			
Strategies		**Tactics**	**Implementation Partners**
1.6 (cont'd)	**Vocational opportunities for individuals in areas heavily-impacted by substance use disorder.**	**Vocational Opportunities (cont'd)** *Training:* • Promote supportive employment programs that educate employers on how to retain and support those who suffer from SUD. • Support the implementation of vocational programs for individuals in underserved communities, such as those offered through the Opioid Workforce Innovation Fund and the Support to Communities: Fostering Opioid Recovery through Workforce Development pilot program.	DOL and MDH.
Goal 2: Improve Opioid-Related Morbidity and Mortality			
2.1	**Emphasize targeted naloxone distribution in all Maryland jurisdictions.**	**Targeted Naloxone Distribution** *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 substances, their friends, family and associates. • Encourage local ORPs to utilize naloxone saturation formula to identify distribution targets. • Promote a partnership between BHRC and NextDistro to provide a mail-delivery naloxone.	MDH, MIEMSS, MHA, MSDE, Pharmacies, and Local Jurisdictions.

Prevention & Education			
Goal 2: Improve Opioid-Related Morbidity and Mortality			
Strategies		**Tactics**	**Implementation Partners**

2.1 (cont'd)	**Emphasize targeted naloxone distribution in all Maryland jurisdictions.**	**Targeted Naloxone Distribution (cont'd)**
		Overdose-Response Training (cont'd):
		• Encourage authorized Overdose Response Programs to offer virtual trainings and mail-delivery naloxone.
		• Promote peer-led model of naloxone distribution.
		
		Overdose-Response Training:
		• Encourage authorized Overdose Response Programs to offer virtual trainings and mail-delivery naloxone.
		• Promote peer-led model of naloxone distribution.
		
		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:
		  ○ Naloxone.
		  ○ Protective face mask and gloves.
		  ○ Information on how to access local substance use treatment and harm reduction resources.
			MDH, MIEMSS, MHA, MSDE, Pharmacies, and Local Jurisdictions.

Prevention & Education			
Goal 2: Improve Opioid-Related Morbidity and Mortality			
Strategies		**Tactics**	**Implementation Partners**
2.2	**Support the implementation of harm reduction services.**	**Harm Reduction Services** *Funding:* • 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 supplies, including: sterile syringes, fentanyl test strips, wound-care supplies, resource guides, etc. *Barriers:* • Understand barriers to implementing harm reduction services. *Effective Distribution:* • Provide technical assistance to jurisdictions and community-based organizations that implement harm reduction programming, including syringe services programs, fentanyl testing strips, wound care services, etc., to ensure resources are distributed effectively to individuals who are in greatest need.	MDH.

Prevention & Education			
Goal 2: Improve Opioid-Related Morbidity and Mortality			
Strategies		**Tactics**	**Implementation Partners**

2.3	**Promote concepts identified as part of Maryland's Regrounding our Response (RoR) Curriculum**.	**Regrounding our Response (RoR) Curriculum**
		Raising Awareness:
		• Engage partners in participating in the five-module series to increase knowledge and awareness in the areas of:
		  ○ Stages of Change.
		  ○ ACEs.
		  ○ Social Determinants of Health.
		  ○ MAT as Overdose Prevention.
		  ○ Drug User Health Framework.
		
		Implementing Concepts:
		• Encourage local jurisdictions to incorporate RoR concepts into local strategic plans.
			MDH.

2.4	**Develop MDH's Overdose Incident Plan.**	**Overdose Incident Plan** *Development:* • Update existing overdose incident plan to identify policies and procedures on how the state and local jurisdictions should respond to overdose spikes. *Implementation:* • Support the implementation of the Overdose Incident Plan.	MDH and Local Health Departments.

Prevention & Education			
Goal 3: Enhance Statewide Systems to Inform Strategy			
Strategies		**Tactics**	**Implementation Partners**
3.1	**Facilitate statewide data linkage to develop overdose risk profiles.**	**Data Linkage** *House Bill 922:* • Carry out requirements of HB922- or Data-Informed Overdose Risk Mitigation (DORM) project by convening relevant state-agency partners and enabling cross-agency data sharing. • Establish a data governance structure and execute data use agreements (DUAs) to advance data-linkage for the purposes of developing overdose risk profiles. • Utilize data to inform programmatic and policy decisions. *Dashboards:* • Research opioid dashboards in other states that could serve as a model for Maryland's data-sharing initiatives. • Publish a public-facing dashboard featuring quantitative and qualitative (e.g. State Ethnographic Assessment on Drug Use and Services) data sets.	MDH, MIEMSS, MSP, DHS, GOCPYVS, HIDTA, and DPSCS.

Prevention & Education			
Goal 3: Enhance Statewide Systems to Inform Strategy			
Strategies		**Tactics**	**Implementation Partners**
3.2	**Streamline statutory requirements for SUD-related workgroups and administrative structures.**	**Streamline Statutory Requirements** *Boards:* Catalogue all alcohol- and drug-related boards currently required in statute. Assess agency involvement in SUD workgroups/boards. *Redundancies:* Partner with the Maryland Association of Behavioral Health Authorities (MABHA) to identify redundancies in scopes of work to make recommendations for workgroup/board consolidations as appropriate.	OOCC, MDH, MABHA, and Maryland General Assembly.

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.**	**Heroin/Overdose Coordinator Program** *Gaps:* • Identify jurisdictions without HIDTA heroin/overdose-coordinator coverage. *Barriers:* • Identify barriers to bringing heroin/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.	GOCPYVS, HIDTA, MSP, and Local Jurisdictions.
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.	MDH, GOCPYVS, MSP, and Local Jurisdictions.

Enforcement & Public Safety			
Goal 4: Reduce Illicit Drug Supply			
Strategies		**Tactics**	**Implementation Partners**
4.2 (cont'd)	**Promote drug take-back initiatives.**	**Drug Take-Back Day (cont'd)** *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, GOCPYVS, MSP, and Local Jurisdictions.
Goal 5: Expand Access to Evidence Based SUD Treatment in the Criminal Justice System			
5.1	**Support correctional facilities with the implementation of MAT programs, including all three FDA-approved medications for treating SUD.**	**MAT in Correctional Facilities** *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.	GOCPYVS, MDH, DPSCS, and Local Jurisdictions.

Enforcement & Public Safety			
Goal 5: Expand Access to Evidence Based SUD Treatment in the Criminal Justice System			
Strategies		**Tactics**	**Implementation Partners**
5.1 (cont'd)	**Support correctional facilities with the implementation of MAT programs, including all three FDA-approved medications for treating SUD.**	**MAT in Correctional Facilities (cont'd)** *Assistance:* • Provide education/training on regulatory, licensing, and accreditation requirements associated with providing MAT within detention center settings. *Resources:* • Provide resources to jurisdictions to support the expansion of MAT programs within local detention centers. • Provide technical assistance on developing partnerships between local detention centers and OTPs for dispensing methadone within detention centers.	GOCPYVS, MDH, DPSCS, and Local Jurisdictions.
5.2	**Promote various levels of clinical counseling within detention centers.**	**Clinical Counseling in Detention Centers** *Gaps:* • Conduct a jurisdictional gap analysis of levels of clinical care for SUD. *Funding:* • Identify funding opportunities for expanding clinical care.	GOCPYVS, MDH, DJS, and Local Jurisdictions.

Enforcement & Public Safety			
Goal 5: Expand Access to Evidence Based SUD Treatment in the Criminal Justice System			
Strategies		**Tactics**	**Implementation Partners**
5.2 (cont'd)	**Promote various levels of clinical counseling within detention centers.**	**Clinical Counseling in Detention Centers (cont'd)** *Technical Assistance:* • Provide technical assistance and resources to jurisdictions as they expand clinical-care services.	GOCPYVS, MDH, DJS, and Local Jurisdictions.
Goal 6: Expand Alternatives to Incarceration for Individuals with SUD			
6.1	**Expand diversion and deflection programs in local jurisdictions.**	**Expand Diversion and Deflection Programs** *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.	GOCPYVS, MDH, DJS, and Local Jurisdictions.
6.2	**Facilitate more-coordinated relationships between problem-solving courts, criminal justice and behavioral health partners.**	**Increase Coordination** *Gaps:* • Explore state and local system-level gaps between criminal justice and behavioral health partners. • Implement recommendations identified through the Sequential Intercept Model (SIM) mapping report.	MD Judiciary, DPSCS, DJS, MDH, and Local Jurisdictions.

Enforcement & Public Safety			
Goal 6: Expand Alternatives to Incarceration for Individuals with SUD			
Strategies		**Tactics**	**Implementation Partners**
6.2 (cont'd)	**Facilitate more-coordinated relationships between problem-solving courts, criminal justice and behavioral health partners**.	**Increase Coordination (cont'd)** *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, DPSCS, DJS, MDH, and Local Jurisdictions.
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.**	**Expand Care Coordination** *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:* • Encourage step-down opportunities for individuals leaving state correctional facilities (e.g., The Direct Reentry Program).	DPSCS, GOCPYVS, DJS, and Local Jurisdictions.

Enforcement & Public Safety			
Goal 6: Expand Alternatives to Incarceration for Individuals with SUD			
Strategies		**Tactics**	**Implementation Partners**
6.3 (cont'd)	**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.**	**Expand Care Coordination (cont'd)** *Step-Down Programs:* • Encourage step-down opportunities for individuals leaving state correctional facilities (e.g., The Direct Reentry Program). *Program Expansion:* • Provide resources and technical assistance to expand services for local detention centers and state correctional facilities.	DPSCS, GOCPYVS, DJS, and Local Jurisdictions.

Treatment & Recovery

Goal 7: Ensure Equitable Access to Evidence Based 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.**	**Screening**
		Program Expansion:
		• 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, MHA, DHS, MHEC, MedChi, MIA, and Local Behavioral Health Authorities.

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.**	**Crisis-Response System Expansion** *Needs Assessment:* • Identify gaps in crisis services by jurisdiction. *Minimum Service Components:* • Identify the minimum crisis service components that should be available to individuals in need of crisis services. *Program Expansion:* • Identify opportunities and mechanisms for expanding crisis-services programs.	MDH, MIEMMS, Commission to Study Mental and Behavioral Health, and Local Behavioral Health Authorities.

Treatment & Recovery			
Goal 7: Ensure Equitable Access to Evidence Based SUD Treatment			
Strategies		**Tactics**	**Implementation Partners**
7.3	**Promote continuum of care for SUD services in all Maryland jurisdictions.**	**Continuum of Care** *Needs Assessment:* • Continue to map treatment needs. • Assess demographic and geographic barriers preventing accessible treatment. *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, and Local Behavioral Health Authorities.
7.4	**Promote promising hospital practices for combatting SUD.**	**Evidence Based Practices** *Buprenorphine Induction:* • Promote the expansion of buprenorphine induction in emergency department settings.	MDH, MHA, MedChi and Local Behavioral Health Authorities.

Treatment & Recovery			
Goal 7: Ensure Equitable Access to Evidence Based SUD Treatment			
Strategies		**Tactics**	**Implementation Partners**
7.4 (cont'd)	**Promote promising hospital practices for combatting SUD.**	**Evidence Based Practices (cont'd)** *Peers:* • Utilize peers to ensure care coordination for individuals leaving the emergency department.	MDH, MHA, MedChi and Local Behavioral Health Authorities.
7.5	**Support Peer Recovery Support Specialists programs in multi-disciplinary settings to cover all Maryland jurisdictions.**	**Peer Recover Support Specialists** *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. *Workforce Development:* • Enable Peers to conduct motivational interviewing, and to provide other resources for individuals in need of substance use treatment. • Encourage incorporating anti-stigma and MAT education into training for peer recovery support specialists.	MDH, MIEMSS, DHS, DPSCS, MHA, DOL, and Local Behavioral Health Authorities.

Treatment & Recovery			
Goal 7: Ensure Equitable Access to Evidence Based SUD Treatment			
Strategies		**Tactics**	**Implementation Partners**
7.5 (cont'd)	**Support Peer Recovery Support Specialists programs in multi-disciplinary settings to cover all Maryland jurisdictions.**	**Peer Recover Support Specialists (cont'd)** *Funding:* • Explore payer reimbursement for Peer services.	MDH, MIEMSS, DHS, DPSCS, MHA, DOL, and Local Behavioral Health Authorities.
7.6	**Expand access to medication assisted treatment (MAT) to cover all Maryland jurisdictions**.	**Medication Assisted Treatment** *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). • Support jurisdictions participating in the Hub & Spoke pilot program to link individuals with OUD with the appropriate level of clinical care. *Barriers:* • Explore barriers to expanding MAT providers.	MDH, MedChi, MIA, Maryland Addiction Consultants (MACS), MDPCP and Local Behavioral Health Authorities.

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.**	**Incentivize Careers in Behavioral Health** *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, and MIA.
8.2	**Assess reciprocity standards for professional counselors and therapists and identify opportunities to allow out-of-state practitioners to work in Maryland.**	**Out-of-State Reciprocity** *Barriers:* • Explore barriers for allowing reciprocity for counselors licensed in other states to practice in Maryland.	OOCC, MDH, and the Board of Professional Counselors.
8.3	**Explore mechanisms to encourage the behavioral-health workforce to participate in topic-specific training opportunities.**	**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, DOL, MIEMSS, and Local Jurisdictions.

Treatment & Recovery			
Goal 8: Expand the Behavioral Health Workforce and Increase Workforce Competencies			
Strategies		**Tactics**	**Implementation Partners**
8.4	**Support wellness initiatives for individuals who work in the behavioral health field in all Maryland jurisdictions**.	**Wellness Initiatives** *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, MIEMSS, and Local Jurisdictions.
Goal 9: Ensure Equitable Access to Recovery-Support Services			
9.1	**Equip local jurisdictions with resources to operate comprehensive care coordination for individuals moving through levels of treatment.**	**Comprehensive Care Coordination** *Barriers:* • Identify barriers to keeping individuals engaged in treatment. *Local Partnerships:* • Identify opportunities for partnerships between local agencies and treatment providers.	MDH, DHS, DPSCS, MIA, and MHEC.

Treatment & Recovery

Goal 9: Ensure Equitable Access to Recovery-Support Services

Strategies		Tactics	Implementation Partners
9.1 (cont'd)	**Equip local jurisdictions with resources to operate comprehensive care coordination for individuals moving through levels of treatment.**	**Comprehensive Care Coordination (cont'd)** *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 transferable for individuals with SUD. *Care Managers:* • Promote the services of care managers available through the Maryland Primary Care Program.	MDH, DHS, DPSCS, MIA, and MHEC.
9.2	**Explore the expansion of wellness and recovery centers.**	**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.	MDH and Local Behavioral Health Authorities.

Treatment & Recovery			
Goal 9: Ensure Equitable Access to Recovery-Support Services			
Strategies		**Tactics**	**Implementation Partners**
9.2 (cont'd)	**Explore the expansion of wellness and recovery centers.**	**Wellness and Recovery Centers (cont'd)** *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 and Local Behavioral Health Authorities.
9.3	**Support sober-living housing in all Maryland jurisdictions**.	**Sober-Living Housing** *Barriers:* • Identify barriers to establishing sober-living residences. *Assistance:* • Partner with BHA to identify policies and regulations that would encourage the expansion of high-quality recovery residences using national best practice standards. • Encourage all recovery residences to have naloxone on-site.	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)	Biennially
	Reduce the number of Maryland youth reporting non-medical use of prescription-drugs.	Youth Risk Behavior Survey (YRBS)	Biennially
	Reduce heroin use for individuals 12+ in Maryland.	NSDUH	Biennially
	Reduce the number of youth in Maryland reporting lifetime heroin use.	YRBS	Biennially
Goal 2: Improve Opioid- Related Morbidity & Mortality.	Reduce non-medical use of prescription drugs for individuals 12+ in Maryland.	National Survey on Drug Use and Health (NSDUH)	Biennially
	Reduce the number of Maryland youth reporting non-medical use of prescription-drugs.	Youth Risk Behavior Survey (YRBS)	Biennially

Primary Health Outcomes			
Goal	**Outcome**	**Data Source**	**Frequency**
Goal 2: Improve Opioid- Related Morbidity & Mortality (cont'd).	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 3: Enhance Statewide Systems to Inform Strategy.	Develop a public-facing data dashboard.	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.	GOCPYVS/Local OIT Reporting	Annually
Goal 6: Expand alternatives to Incarceration for Individuals with SUD.	Increase the number of diversion and deflection programs.	GOCPYVS	Annually
Goal 7: Ensure Access to Evidence Based SUD Treatment	Increase the number of individuals connected to SUD treatment.	Substance Abuse and Mental Health Services (SAMHSA)	Annually
Goal 8: Expand the Behavioral Health Workforce and Increase Workforce Competencies.	Increase the number of licensed behavioral health professionals practicing in Maryland.	Licensing Boards	Increase the number of licensed behavioral health professionals practicing in Maryland.
Goal 9: Ensure Access to Recovery Support Services.	Increase the number of sober-living residences in Maryland.	BHA	Annually

OOCC Priority Projects

The following projects have been identified as priorities for the OOCC for 2021:

Enhance State Infrastructure to Respond to Adverse Childhood Experiences (ACEs): The science connecting ACEs to negative health outcomes, including substance misuse, is well-established. The OOCC is committed to working with community-based organizations and state partners to develop a comprehensive and coordinated statewide strategy to address and mitigate ACEs. To connect multi-agency efforts in this area, the OOCC is engaging the National Governors Association (NGA) to provide technical assistance to promote a coordinated response. The NGA will work with Maryland through mid-2021 to provide technical assistance on the development of a strategic plan that addresses the negative impacts of ACEs for individuals of all ages.

Establishment of a Comprehensive Crisis Response System: The OOCC believes that individuals in need of crisis services should be able to access the appropriate level of care regardless of where they are located. We have worked diligently with the Crisis Services Subcommittee of the Lt. Governor's Commission to Study Mental and Behavioral Health and MDH to identify gaps in crisis services across the state. The OOCC will continue to help identify the most critical crisis services that can be expanded statewide and to work with partners wherever possible to do so. Projects that the OOCC will monitor include the Health Services Cost Review Commission's Regional Catalyst Grants Program, the development of BHA's Maryland Crisis Model, and the Maryland Medicaid Administration's Outpatient Mental Health Clinic pilot program.

Utilizing Data to Inform Policy and Programmatic Decisions: Access to data is the cornerstone for monitoring trends related to the opioid crisis. Through the utilization of multiple datasets, policymakers can allocate resources more efficiently to serve those at greatest risk for overdose. The OOCC has been working actively on several projects that aim to utilize data more effectively to drive decision making. These projects include:

I. *Data-Informed Overdose Risk Mitigation (DORM)* – The goals of the DORM initiative are to examine the prescription and treatment history of individuals who died from opioids and other substance-related overdoses in the preceding four years to identify predictive factors. The program will provide a report to the Governor and the Maryland General Assembly that includes:

- an assessment of overdose risk factors and programs targeting opioid use and misuse;
- methods of intervening with at-risk populations; and
- recommendations for improving SUD prevention, response, and data-collection efforts.

In the coming year, the OOCC will partner with BHA to operationalize the goals outlined in Chapter 211 of 2018 House Bill 922, under which DORM was created. This will involve convening planning workgroups to identify ways in which the state can better utilize data to identify those at the greatest risk for overdose and to inform programmatic decision making.

II. *Health Services Cost Review Commission (HSCRC) State Integrated Health Improvement Strategy* – The Statewide Integrated Health Improvement Strategy (SIHIS) is an initiative that aims to mobilize and align healthcare stakeholders across both the public and private sectors to

collaborate on and invest in improving health, addressing disparities, and reducing healthcare costs for Marylanders. Addressing the opioid crisis is one of three key priorities for this program. The OOCC will partner with the HSCRC to identify goals, metrics, targets, and milestones to measure the state's progress in improving opioid-related mortality.

This effort will also incorporate the HSCRC's Regional Catalyst Grants Program to expand crisis infrastructure. It will also expand Screening Brief Intervention and Referral to Treatment (SBIRT) procedures to 200 primary care offices through the Maryland Primary Care Program (MDPCP).

III. *Treatment Gaps Analysis* – In 2020, the OOCC completed a treatment gaps analysis to assess existing treatment capacity across the state. The methodology of this analysis uses a relative comparison of local overdose mortality rates and population to identify potential gaps in service and to help better direct resources at the local and regional level. We are continuing to identify ways in which to deliver this information to jurisdictions to inform state-and-county-level treatment planning.

Recovery Residences Expansion: Safe and secure housing is an important component for individuals in the early stages of recovery. Sadly, however, people seeking recovery housing are not always able to find it. The OOCC is committed to partnering with BHA and the Behavioral Health Advisory Council's Recovery Residences Workgroup to identify barriers to the expansion of recovery residences, including regulations (such as fire codes) and medication assisted treatment (MAT) policies.

Care Coordination: Individualized and collaborative care for those with SUD can dramatically improve health outcomes. As such, the OOCC has identified several opportunities to promote improved care coordination across all policy priorities in the Coordination Plan. In the coming year, the OOCC has identified two priority areas where we will collaborate to enhance the continuum of care for people in treatment and recovery. These priorities include:

IV. *Substance Exposed Newborns (SENs)* – The OOCC will partner with the Department of Human Services (DHS) in their efforts to disseminate the newly created *SENs Collaborative Team Toolkit*. The goal of the SENs Collaborative Team is to bring together stakeholders involved in the service delivery and continuum of care for substance-exposed newborns and affected parents or caregivers to improve outcomes and enhance service delivery/practice. Once disseminated, the OOCC and DHS will work with local jurisdictions to identify opportunities to leverage partnerships and share best practices to advance the goals of the SENs Collaborative.

V. *Transportation* – The OOCC is working to identify ways in which individuals who are interested or engaged in treatment can access services with fewer barriers, including enhancing transportation options. Transportation is often a determining factor for individuals who are entering treatment and would otherwise lack access to care.

Wraparound Services for Individuals Who Are Justice-Involved: A large proportion of individuals who are justice-involved have substance use and mental health disorders. The OOCC is committed to ensuring that these individuals are able to access information on treatment and other resources at all stages of the criminal justice system.

In November 2020, the OOCC partnered with the Crisis Services and Public Safety Subcommittees of the Lt. Governor's Commission to Study Mental and Behavioral Health to co-host the first statewide

Sequential Intercept Model (SIM) summit in Maryland. The SIM is a method for assessing available behavioral health resources throughout the criminal justice system with the goal of identifying gaps in available services and opportunities for service expansion. The summit brought together behavioral health and criminal-justice stakeholders from across the state to explore how the SIM framework could be used to improve outcomes for adults with mental and substance use disorders who are involved or at risk for involvement in the criminal justice system. In 2021, Maryland will evaluate a report based on the outcomes of the summit that outlines recommendations on how to fill gaps within the six “intercepts” outlined in the SIM framework. The OOCC will collaborate with partners from the Mental and Behavioral Health Commission and various state agencies to identify opportunities for operationalizing these recommendations.

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] memorand**A**[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

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).

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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*

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

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."

Physical Dependence: Occurs when the body requires a specific dose of a particular drug, such as a prescription opioid, in order to prevent withdrawal symptoms. This can happen when a patient uses a drug long-term to manage pain with a medical condition. The body builds up a natural tolerance to the medication and becomes dependent on

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]

[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

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

[9] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA