Maryland

OPIOID OPERATIONAL
COMMAND CENTER

# 2020 Annual Report

January 1, 2020 – December 31, 2020

*Released: April 13, 2021*

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# MESSAGE FROM THE EXECUTIVE DIRECTOR

Thank you for your interest in the Opioid Operational Command Center's 2020 Annual Report. This report provides important updates on the opioid crisis in Maryland and our state's response efforts during the 2020 calendar year.

After seeing the rate of opioid-related fatal overdoses begin to stabilize in 2018 and to decrease in 2019 for the first time in over a decade, we are saddened to report that opioid-related fatalities have once again increased in Maryland in 2020. As you will see detailed in the following pages, there were 2,499 reported opioid-related deaths in Maryland last year, the largest annual total on record. This is 393 more deaths than the state experienced in 2019, representing an increase of 18.7 percent.

This increase comes at a time of immense challenges, for our state and virtually everyone around the world. The coronavirus pandemic has complicated every area of our lives and, without a doubt, has exacerbated the rate of fatal overdoses around the country. While the full extent to which COVID-19 has contributed to an increase in substance misuse and related deaths of despair may not be known until further research can be done, we know that vulnerable populations, such as people with substance use disorder (SUD), are bearing the brunt of the associated societal disruptions.

Although this news is discouraging, I remain deeply optimistic about our future, and I am certain that, together, we will meet the challenges of this difficult moment in history. As demonstrated by our progress in previous years, Maryland has not wavered in our commitment or capability to respond to this crisis and to save lives. I commend the efforts of all of our allies in this fight, from community organizations and engaged private citizens to state agencies and local governments that have taken action to adapt their services and to continue their work despite the pandemic. My office is also doing everything in its power to aid response efforts, to promote effective strategies, and to increase access to tools that have been shown to be effective in decreasing opioid-related morbidity and mortality.

One such tool is the Prescription Drug Monitoring Program (PDMP), which has helped doctors reduce the amount of prescription opioids dispensed in Maryland. For example, the number of opioid prescriptions decreased for the fifth straight year in 2020, down nearly 40 percent from a peak in 2015. This is one of the most important developments in the last several years given that prescription opioids have been the first step for many down the dark path of opioid misuse.

With tools like these, I have faith that we will once again overcome the challenge before us. This work may not be easy, but we have the collective strength and determination to prevail in this fight. As Maryland continues to make COVID-19 vaccines available to everyone who wants one, the end is in sight for one of these public health crises in the immediate future. The other is certain to follow.

Steven R. Schuh

Executive Director
Opioid Operational Command Center
Office of the Governor

# EXECUTIVE SUMMARY

Based on preliminary data provided by the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH), there were 2,773 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland in 2020. This represents a 16.6 percent increase from 2019, when there were 2,379 such fatalities. This is a reversal from 2019, which saw the first annual decline in substance-related fatal overdoses in Maryland since the beginning of the opioid crisis over a decade ago.

Although the full extent to which COVID-19 has exacerbated the opioid crisis will likely remain unclear until further research can be conducted on the matter, the pandemic has undoubtedly had a large impact on fatal overdose rates. The burdens associated with COVID-19, such as social isolation and economic hardship, have hit vulnerable populations in Maryland and across the country the hardest. Those affected include people who use drugs, a group for whom the pandemic has created extreme challenges, including disrupted support systems and impeded access to much-needed treatment.

Maryland is not the only state that experienced an increase in opioid-related fatalities in 2020. According to the most recent preliminary data available from the Centers for Disease Control and Prevention (CDC), there was an increase of 22.8 percent nationally in reported fatalities from all types of drugs during the 12-month period ending in July 2020. CDC officials also noted that these increases have accelerated across the country as pandemic conditions worsened.[1] The OOCC is continuing to work with MDH and other state agencies to respond to these challenges in Maryland. In June 2020, the OOCC released Maryland's *COVID-19 Inter-Agency Overdose Action Plan* to establish a comprehensive strategy to help guide the state's response efforts. The full plan can be found here: https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2020/06/2020-ACTION-PLAN-FINAL-6.10.20.pdf.

Opioids were involved in 90.1 percent of all substance use-related intoxication fatalities in 2020, a higher annual proportion of fatal overdoses than at any other time during the opioid crisis. There were 2,499 opioid-related deaths in 2020, an increase of 18.7 percent from 2019. There were 2,326 deaths involving fentanyl in 2020, an increase of 20.7 percent. Fentanyl was involved in 93.1 percent of all opioid-related deaths. There was also an increase in deaths involving prescription opioids for the first time since 2016. There were 445 such fatalities as compared to the 369 reported in 2019, an increase of 20.6 percent.

Heroin was the only major substance category that saw a decrease in 2020. Heroin-related deaths decreased by 25.2 percent, from 726 deaths at this point in 2019 to 543 in 2020. This is a continuation of a trend that began in 2017.

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in 2020. Baltimore City (954 deaths), Baltimore County (353 deaths), and Anne Arundel County (224 deaths) experienced the highest number of fatalities, collectively accounting for 61.3 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George's County (158 deaths), Montgomery County (108 deaths), Washington County (106 deaths), and Cecil County (85 deaths).

[1] "Vital Statistics Rapid Release"; Centers for Disease Control and Prevention; n.d.; https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm. Web.

*2020 data are preliminary and subject to change.

The OOCC is the primary state entity responsible for promoting a coordinated and comprehensive response to the opioid crisis in Maryland at the state and local level. To guide these efforts, the OOCC developed the *Inter-Agency Opioid Coordination Plan*, which details goals and strategies to advance Governor Hogan's policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*. At the time of this writing, the OOCC is in the process of updating the plan for the coming year. This year's plan will build on the plan that was developed last year and will include a new section outlining priority projects for our office. An overview of the plan and a summary of our priority projects for 2021 can be found beginning on page 15 of this report.

To track progress made toward the goals and strategies outlined in the *Inter-Agency Opioid Coordination Plan*, the OOCC collects performance metrics related to programs that advance our policy priorities. Since the OOCC began collecting performance measures from our state partners in 2017, there has been marked progress in multiple areas. The performance measures are detailed beginning on page 18 of this report.

The OOCC consults regularly with Opioid Intervention Teams (OITs) in each of Maryland's 24 local jurisdictions to coordinate local actions taken to combat the opioid crisis. OITs are multiagency coordinating bodies that seek to enhance collaboration to fight the opioid crisis at the local level. OITs are also responsible for administering OOCC Block Grant funding (detailed below) to support programs that align with the *Inter-Agency Opioid Coordination Plan*. In our efforts to highlight and share best practices, the OOCC tracks 143 high-priority programs and initiatives being implemented by OITs across the state. These programs are detailed beginning on page 22 of this report.

The OOCC also administers two grant programs to fund statewide, local, and non-governmental organizations that help advance Governor Hogan's policy priorities in response to the opioid crisis. The OOCC's Block Grant Program distributes $4.0 million annually on a formula basis to each of Maryland's 24 local jurisdictions. The Competitive Grant Program distributes funding to the highest-scoring proposals received from state and local governments and private, community-based partners. In fiscal year 2021 (July 1, 2020 to June 30, 2021) the OOCC plans to distribute approximately $5.6 million through this program. A summary of the Block Grant and Competitive Grant awards can be found beginning on page 27 of this report.

The OOCC monitors all opioid-related legislation introduced in the Maryland General Assembly and provides expertise to the Governor's Office and state agencies in evaluating proposed opioid-related initiatives. A summary of the bills that were passed by the Maryland General Assembly and signed into law by Governor Hogan during the 2020 legislative session is provided on page 36 of this report.

Lastly, the OOCC works closely with our MDH partner offices on their work to reduce opioid-related morbidity and mortality. We have solicited their updates on major initiatives that have been undertaken across the department in the 2020 calendar year. These updates are provided as an appendix to this report, which can be found beginning on page 37.

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

*2020 data are preliminary and subject to change.

# OPIOID-RELATED OVERDOSE STATISTICS

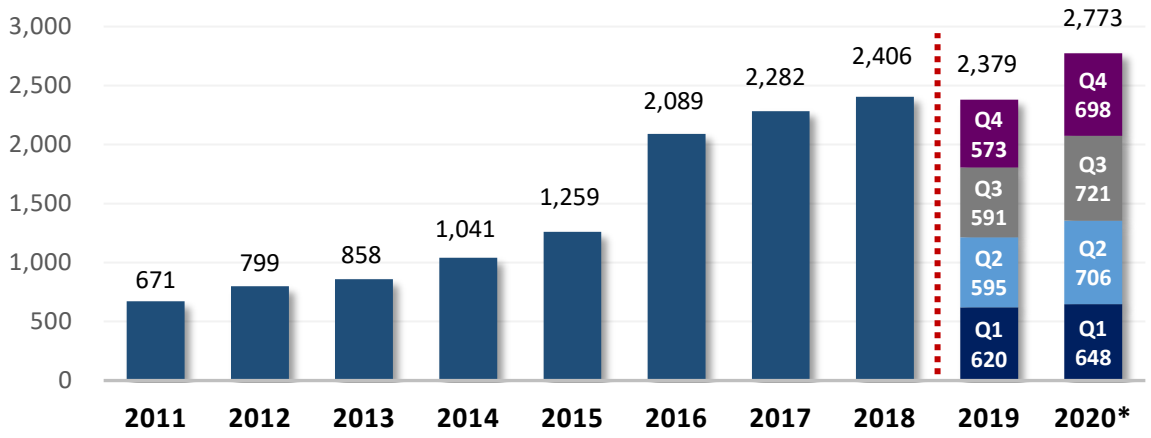
This section provides various statistics related to fatal and non-fatal opioid- and substance-related overdose events in Maryland in 2020. This includes information regarding the number of unintentional intoxication deaths related to opioids, alcohol, and various licit and illicit substances according to data provided by the Vital Statistics Administration (VSA) and the Office of the Chief Medical Examiner (OCME). This section also includes data on non-fatal, opioid-related emergency department (ED) visits and naloxone administrations by emergency medical services (EMS) personnel.

Unintentional intoxication deaths (i.e., fatal overdoses not including suicides) are fatalities resulting from the recent ingestion of or exposure to alcohol and other types of drugs. The substances included in this report are heroin, fentanyl, prescription opioids, cocaine, benzodiazepine, methamphetamine, and phencyclidine (PCP). Most fatalities involve the simultaneous use of more than one substance. Accordingly, the sum total of deaths related to specific substance categories does not equal the total number of fatalities in the reporting period. Please note that the fatalities data for 2020 are preliminary at the time of this writing and are subject to change.

## All Substances

As shown in Figure 1 below, there were 2,773 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland in 2020. This represents a 16.6 percent increase from 2019, when there were 2,379 such fatalities. This is an unfortunate and stark reversal from 2019, when fatal overdoses related to all substances decreased by 1.1 percent annually, the first annual decrease in such fatalities since the beginning of the opioid crisis over a decade ago.

**Figure 1. Unintentional Intoxication Fatalities, All Substances**
*2011 through 2020**




Also illustrated in Figure 1 is the increased rate of fatal overdoses observed beginning in the second quarter of 2020, which, notably, coincides with the onset of the COVID-19 pandemic in Maryland. For comparison, the 648 overdose deaths reported in the first quarter of 2020 represented 4.5 percent increase from the same time frame in 2019. From the second quarter through the end of 2020, in contrast, there was a 20.8 percent increase from the same period in 2019.

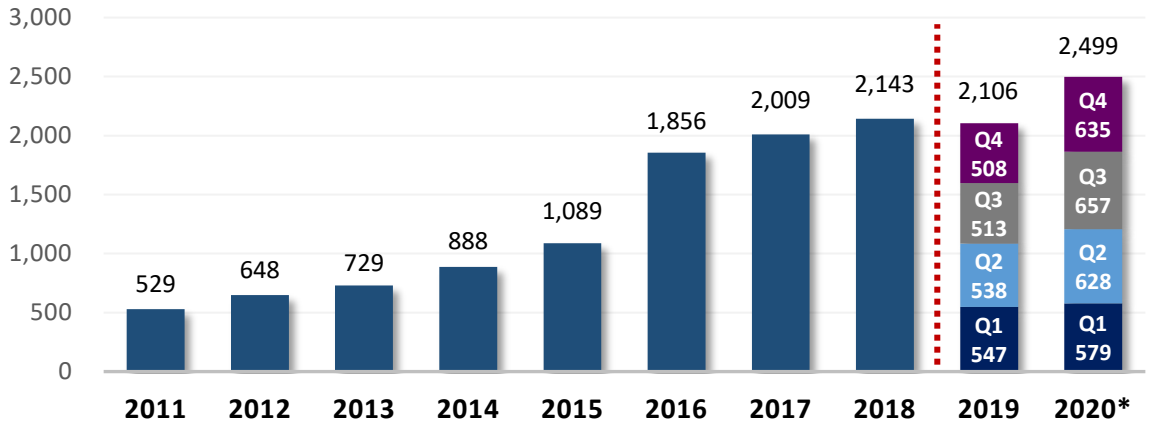
*2020 data are preliminary and subject to change.

Although the full extent to which COVID-19 has exacerbated the opioid crisis will likely remain unclear until further research can be conducted on the matter, the pandemic has undoubtedly had a large impact on fatal overdose rates. The burdens associated with COVID-19, such as social isolation and economic hardship, have hit vulnerable populations in Maryland and across the country the hardest. Those affected include people who use drugs, a group for whom the pandemic has created extreme challenges, including disrupted support systems and impeded access to much-needed treatment.

## Opioids

As shown in Figure 2 below, there were 2,499 opioid-related intoxication fatalities in 2020, an 18.7 percent increase as compared to 2019. Opioids were involved in 90.1 percent of all fatal overdoses, higher than at any other point during the opioid crisis.

**Figure 2. Opioid-Related Unintentional Intoxication Fatalities**
*2011 through 2020**



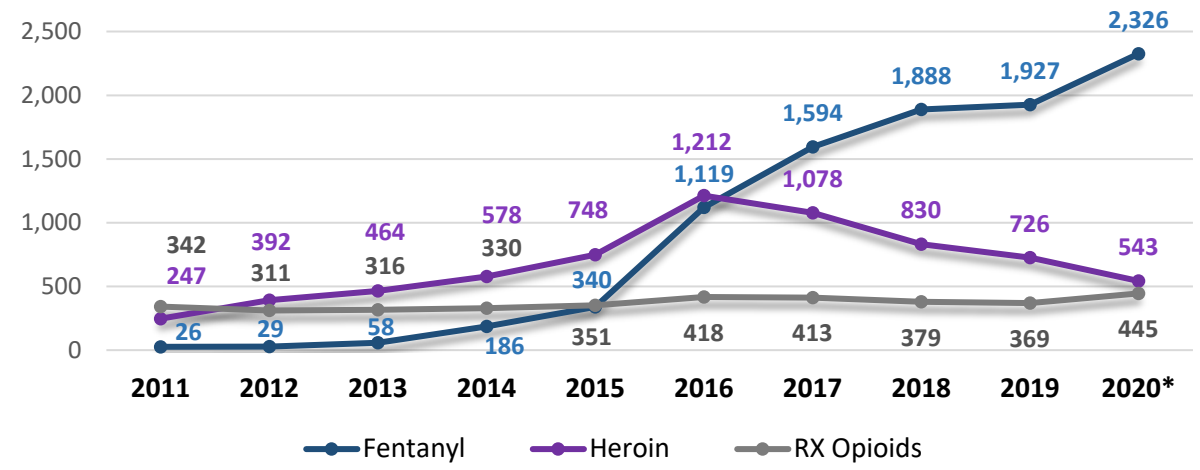

As shown in Figure 3 below, fentanyl was involved in 2,326 intoxication deaths in 2020, an increase of 20.7 percent from 2019. Fentanyl was involved in 93.1 percent of all opioid-related deaths and 83.9 percent of all fatal overdoses. This represents another record high for this deadly substance and illustrates the rapid pace at which fentanyl has come to dominate the supply of illicit opioids. For context, in 2016, fentanyl was involved in just 53.6 percent of all fatal overdoses.

Prescription opioid-related deaths also increased significantly in 2020, accounting for 445 fatal overdoses, the most on record. This represents a 20.6 percent increase from the 369 such reported fatalities in 2019. This metric is particularly concerning considering that prescription opioid-related deaths decreased by 2.6 percent in 2019. This was the first increase in this category since 2016.

Heroin was the only major substance category that saw a decrease in 2020. Heroin-related deaths fell by 25.2 percent, from 726 deaths in 2019 to 543 in 2020. This is a continuation of a trend that began in 2017, coinciding with the staggering increase in fentanyl-related fatalities.

*2020 data are preliminary and subject to change.

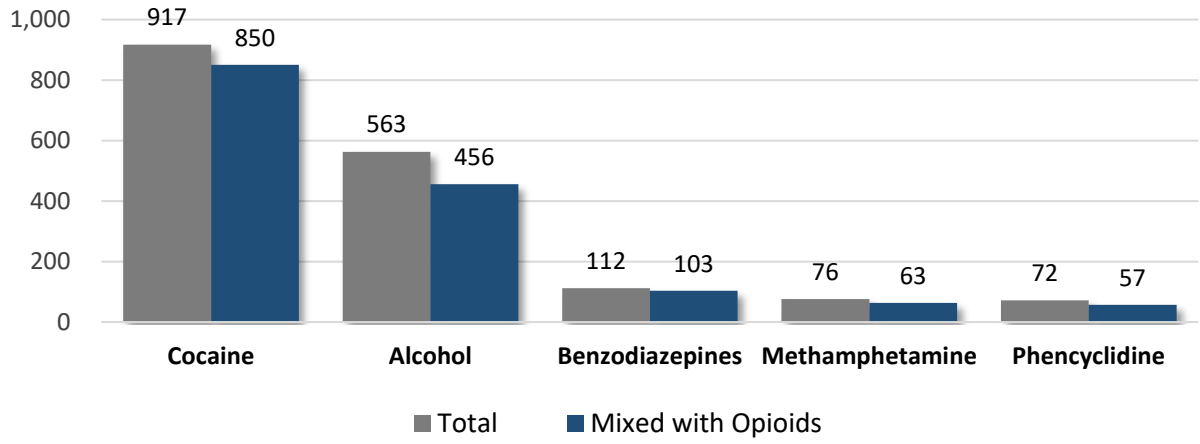
**Figure 3. Intoxication Death by Opioid Type**
*2011 through 2020**




## Non-Opioid Substances

There were also significant increases in the number of unintentional intoxication fatalities involving non-opioids in 2020. There were 917 cocaine-related deaths, a 5.5 percent increase from 2019. Cocaine accounted for the most non-opioid-related fatalities and was the substance most frequently mixed with opioids (by percentage). There were 563 alcohol-related deaths in 2020, an increase of 33.1 percent from 2019. There were 112 benzodiazepine-related deaths during the same time frame, representing a 4.7 percent increase as compared to 2019. Methamphetamine-related deaths increased by 85.4 percent, with 76 such fatalities. Lastly, there were also 72 PCP-related deaths during the same time frame, representing an increase of 24.1 percent.

**Figure 4. Deaths Involving Substances Mixed with Opioids**
*January through December, 2020**




As shown in Figure 4, above, a vast majority of non-opioid-related fatalities in 2020 also involved opioids. Of the 1,740 instances in which a non-opioid was involved in a fatality, opioids were also

* 2020 data are preliminary and subject to change.

present 87.9 percent of the time. Over 90.0 percent of all cocaine-related fatalities and 81.0 percent of all alcohol-related fatalities also involved opioids.

## Fatalities at the County Level

While all 24 of Maryland's local jurisdictions reported opioid-related fatal overdoses in 2020, the large growth in intoxication fatalities was not experienced evenly throughout the state. Many jurisdictions reported large increases, while some saw slight decreases. As shown in Table 1 below, Baltimore City (954 deaths), Baltimore County (353 deaths), and Anne Arundel County (224 deaths) experienced the highest number of fatalities, collectively accounting for 61.3 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George's County (158 deaths), Montgomery County (108 deaths), Washington County (106 deaths), and Cecil County (85 deaths).

**Table 1. Opioid-Related Intoxication Deaths by County**
*January through December, 2019 vs. 2020**

| County | 2019 | 2020 | Difference | Percent Difference | County | 2019 | 2020 | Difference | Percent Difference |
|---|---|---|---|---|---|---|---|---|---|
| Allegany | 23 | 48 | 25 | 108.7% | Harford | 73 | 74 | 1 | 1.4% |
| Anne Arundel | 183 | 224 | 41 | 22.4% | Howard | 34 | 52 | 18 | 52.9% |
| Baltimore City | 851 | 954 | 103 | 12.1% | Kent | 10 | 6 | (4) | (40.0%) |
| Baltimore Co. | 316 | 353 | 37 | 11.7% | Montgomery | 86 | 108 | 22 | 25.6% |
| Calvert | 25 | 20 | (5) | (20.0%) | Prince George's | 102 | 158 | 56 | 54.9% |
| Caroline | 11 | 15 | 4 | 36.4% | Queen Anne's | 11 | 13 | 2 | 18.2% |
| Carroll | 51 | 42 | (9) | (17.6%) | Somerset | 9 | 13 | 4 | 44.4% |
| Cecil | 53 | 85 | 32 | 60.4% | St. Mary's | 31 | 32 | 1 | 3.2% |
| Charles | 26 | 42 | 16 | 61.5% | Talbot | 13 | 13 | 0 | 0.0% |
| Dorchester | 10 | 15 | 5 | 50.0% | Washington | 80 | 106 | 26 | 32.5% |
| Frederick | 59 | 60 | 1 | 1.7% | Wicomico | 29 | 37 | 8 | 27.6% |
| Garrett | 6 | 5 | (1) | (16.7%) | Worcester | 14 | 24 | 10 | 71.4% |
| | | | | | **Statewide Total** | **2,106** | **2,499** | **393** | **18.7%** |

The largest numerical increase was observed in Baltimore City, which reported 103 more opioid-related intoxication fatalities than it experienced in 2019. This represented a 12.1 percent increase, which was below the state average. Allegany County saw the largest percent increase (108.7 percent), with 48 opioid deaths, 25 more than in 2019.

## Fatalities at the Regional Level

All Maryland regions saw increases in opioid-related intoxication fatalities in 2020. The largest numerical increase was observed in Central Maryland, which reported 191 more opioid-related deaths than in 2019. With 1,699 regional deaths, this represents a 12.7 percent increase. Central Maryland consists of

*2020 data are preliminary and subject to change.

Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. More than half of these fatalities (954) occurred in Baltimore City alone, while Carroll County reported the largest decrease in the region, with 9 (or 17.6 percent) fewer than in 2019. Howard County saw the largest percent increase in Central Maryland (52.9 percent) with 52 annual opioid-related fatal overdoses, 18 more than in 2019.

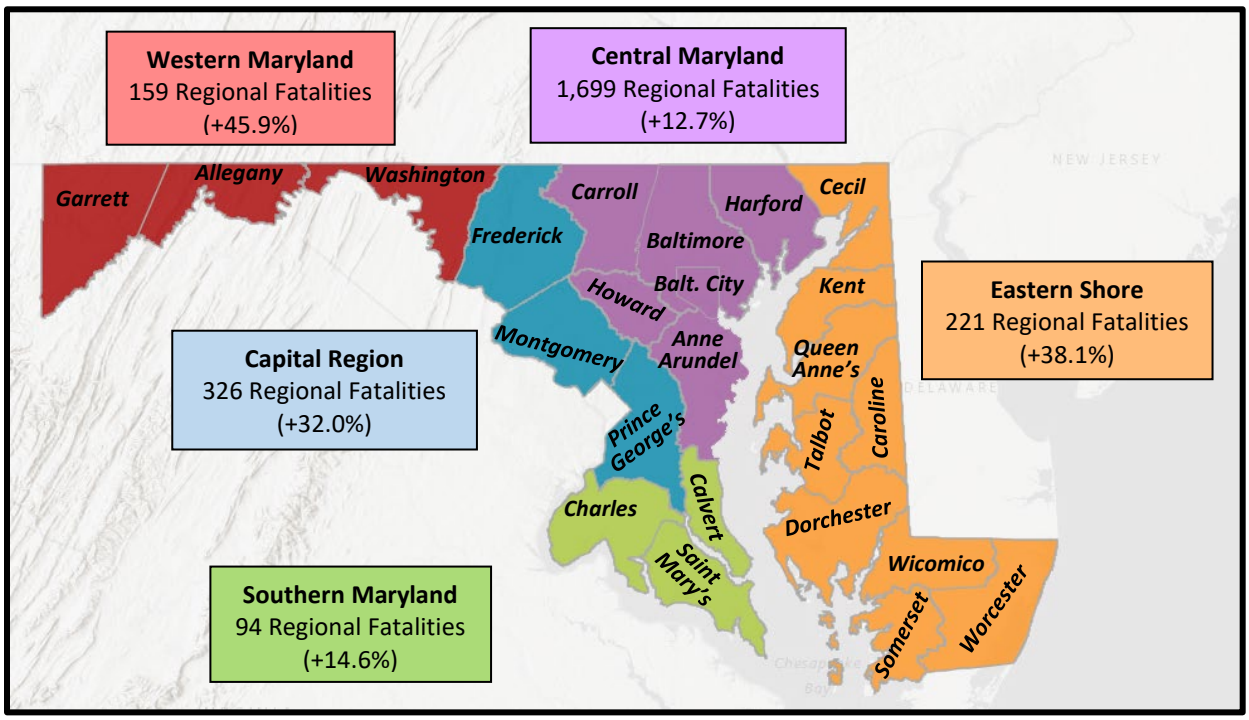
The largest regional percent increase in opioid-related fatal overdoses 2020 was observed in Western Maryland, which includes Garrett, Allegany, and Washington Counties. Western Maryland reported 159 regional opioids fatalities in 2020, a 45.9 percent increase compared to 2019. With 106 fatalities, Washington County accounted for 66.7 percent of regional opioid-related deaths.

The Capital Region, which is made up of Montgomery, Prince George's, and Frederick Counties, reported 326 opioid-related fatalities. The region's total – 79 more fatalities than in 2019 – represents an increase of 32.0 percent. Prince George's County led the growth in opioid-related fatalities with 56 additional fatal overdoses, 54.9 percent more than in 2019.

The Eastern Shore saw a regional increase of 38.1 percent with 221 total fatalities. The Eastern Shore is made up of Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties. Cecil County reported 85 deaths, accounting for more than a third (38.5 percent) of the region's opioid-related fatalities.

Southern Maryland reported 94 regional opioid-related fatalities, up 14.6 percent from 2020. Southern Maryland includes Calvert, Charles, and St. Mary's Counties.

**Figure 5. Percent Change in Opioid-Related Intoxication Deaths by Region**
*2019 vs. 2020**




*2020 data are preliminary and subject to change.

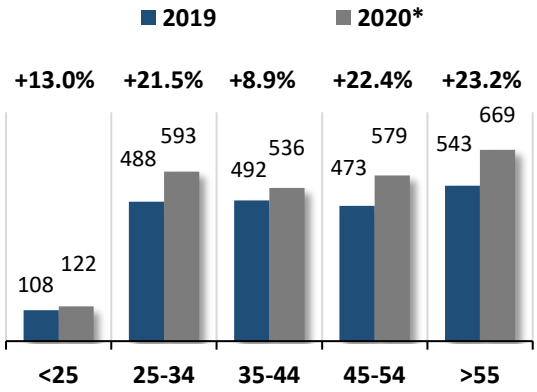
## Opioid-Related Fatality Demographics

Figure 6, below, illustrates demographic trends in opioid-related fatal overdoses in 2020. It includes the number of fatalities by age, gender, and race/ethnicity. Opioid-related unintentional intoxication deaths increased across all demographic groups in 2020 as compared to 2019.

**Figure 6: Opioid-Related Fatal Overdoses by Age, Gender, and Race/Ethnicity**
*January through December, 2019 vs. 2020*

### Age

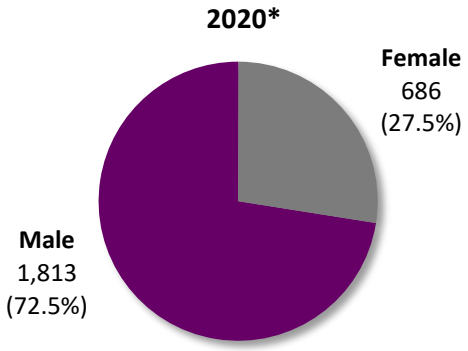
- Opioid-related fatal overdoses increased across all age groups in 2020.
- Opioid-related fatalities increased the most (numerically and by percentage) among people over the age of 55.
- Individuals under the age of 25 saw significantly fewer opioid-related fatal overdoses than other age cohorts.




**Note:** In 2019, age could not be determined in two cases.

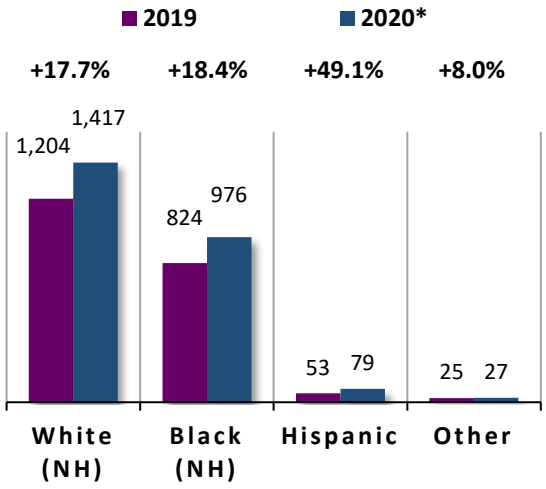
### Gender

- Gender trends have remained consistent in 2020 as compared to previous years. Opioid-related fatal overdoses involving males vastly outnumbered those involving females.
- In 2019, males made up 72.6 percent of opioid-related fatal overdoses.




### Race/Ethnicity

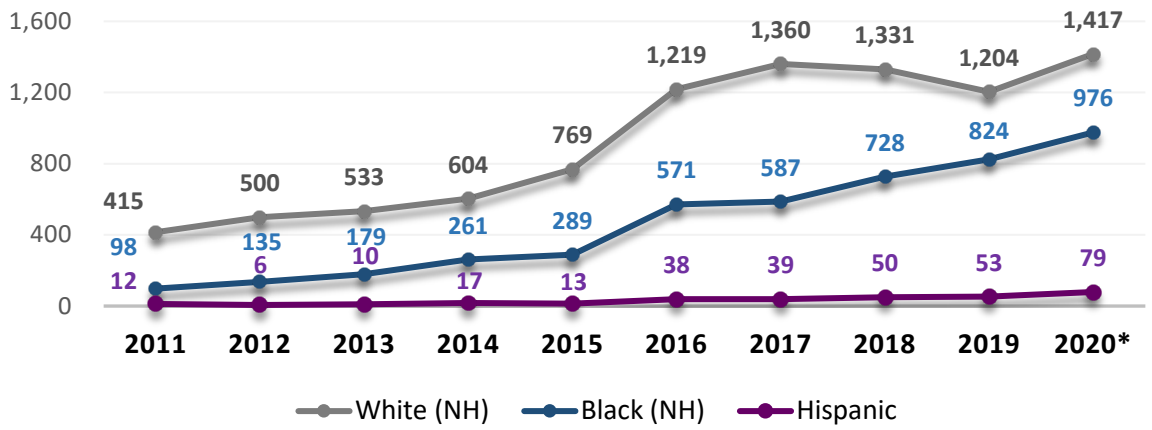
- Opioid-related fatal overdoses increased across all racial/ethnic groups in 2020.
- In 2020, 56.7 percent of opioid-related fatalities involved non-Hispanic White Marylanders, and 39.1 percent involved non-Hispanic Black Marylanders.
- Opioid-related fatal overdoses grew the most among Hispanic Marylanders (by 49.1 percent).




*2020 data are preliminary and subject to change.

The information on race/ethnicity illustrated above represents a deviation from a recent trend of rapidly increasing racial disparity in opioid-related intoxication fatalities. Specifically, from 2017 to 2019, opioid-related fatalities decreased by 11.5 percent among non-Hispanic White Marylanders while increasing by 40.4 percent among non-Hispanic Black Marylanders and by 35.9 percent among Hispanic Marylanders. These trends are illustrated in Figure 7 below. In 2020, by contrast, the growth in opioid-related fatal overdoses among non-Hispanic Blacks still slightly outpaced those among non-Hispanic Whites, though the rate of growth among non-Hispanic Whites has shifted substantially from decreasing to increasing.

**Figure 7. Opioid-Related Intoxication Fatalities by Race/Ethnicity**
*2011 through 2020*




In 2010, near the beginning of the opioid crisis in Maryland, non-Hispanic Whites accounted for a vast majority (75.4 percent) of opioid-related intoxication fatalities. Since that time, as shown below in Table 2, the proportion of opioid-related intoxication deaths involving non-Hispanic Blacks has steadily increased, while the proportion of such deaths involving non-Hispanic Whites has steadily decreased.

**Table 2. Opioid-Related Unintentional Intoxication Fatalities by Race/Ethnicity**
*2010 through 2020**

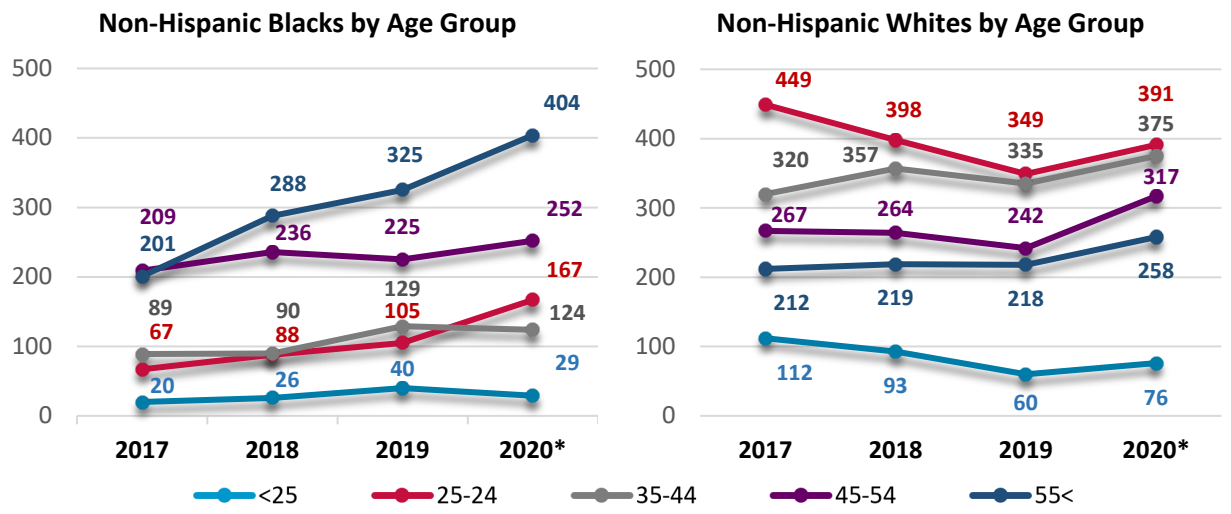
| Year | White (NH) | Percent of Total | Black (NH) | Percent of Total | Hispanic | Percent of Total | Other | Percent of Total |
|---|---|---|---|---|---|---|---|---|
| 2010 | 380 | 75.4% | 109 | 21.6% | 11 | 2.2% | 4 | 0.8% |
| 2011 | 415 | 78.4% | 98 | 18.5% | 12 | 2.3% | 4 | 0.8% |
| 2012 | 500 | 77.2% | 135 | 20.8% | 6 | 0.9% | 7 | 1.1% |
| 2013 | 533 | 73.1% | 179 | 24.6% | 10 | 1.4% | 7 | 1.0% |
| 2014 | 604 | 68.0% | 261 | 29.4% | 17 | 1.9% | 6 | 0.7% |
| 2015 | 769 | 70.6% | 289 | 26.5% | 13 | 1.2% | 18 | 1.7% |
| 2016 | 1,219 | 65.7% | 571 | 30.8% | 38 | 2.0% | 28 | 1.5% |
| 2017 | 1,360 | 67.7% | 587 | 29.2% | 39 | 1.9% | 23 | 1.1% |
| 2018 | 1,331 | 62.1% | 728 | 34.0% | 50 | 2.3% | 34 | 1.6% |
| 2019 | 1,204 | 57.2% | 824 | 39.1% | 53 | 2.5% | 25 | 1.2% |
| 2020* | 1417 | 56.7% | 976 | 39.1% | 79 | 3.2% | 27 | 1.1% |

*2020 data are preliminary and subject to change.

For context, according to VSA estimates, as of 2018, Maryland's population was 51.5 percent non-Hispanic White, 30.7 percent non-Hispanic Black, and 10.4 percent Hispanic. Thus, in 2020, both non-Hispanic White Marylanders and non-Hispanic Black Marylanders bore a disproportionate share of opioid-related fatal overdoses in relation to their respective shares of the state's population. However, the 56.7 percent of opioid-related fatalities involving non-Hispanic White Marylanders was 5.2 percent higher than the cohort's share of the population, while the 39.1 percent of opioid-related fatalities involving non-Hispanic Black Marylanders was 8.4 percent higher.

Closer inspection of opioid-related deaths among racial/ethnic groups by age can further illustrate specific areas of increasing disparities. According to an analysis provided by MDH's Behavioral Health Administration (BHA), non-Hispanic Black Marylanders above the age of 55 have become the single-largest demographic group affected by the opioid crisis as of last year. Between 2017 and 2020, opioid-related deaths increased by 101.0 percent among this cohort. Additionally, the total of 404 opioid-related deaths among non-Hispanic Black Marylanders over the age of 55 in 2020 was 56.6 percent higher than that among their non-Hispanic White counterparts. Another point of emphasis in this analysis is the large increase observed among non-Hispanic Black Marylanders between the ages of 25 and 34 during the same time frame. This group saw a 149.3 percent in opioid-related fatal overdoses increase between 2017 and 2020.

**Figure 8: Opioid-Related Fatal Overdoses by Age and Race/Ethnicity**
*2017 through 2020*




**Note:** Age could not be determined in one case involving non-Hispanic Black Marylanders in 2017.

To respond to the acceleration in overdose deaths among Black Marylanders in recent years, a Racial Disparities in Overdose Task Force was formed under the leadership of Lt. Governor Boyd Rutherford, chair of the Interagency Opioid Coordinating Council (IACC). The task force is co-chaired by Dr. Aliya Jones, Deputy Secretary for Behavioral Health, and Dr. Noel Brathwaite, Director for the Office of Minority Health and Health Disparities. The mission of the task force is to promote more-equitable health outcomes by investigating contributing factors and proposing recommended solutions to eliminate racial disparities related to overdose fatalities in the Black community. A report outlining recommendations will be submitted to the IACC in August 2022.

*2020 data are preliminary and subject to change.

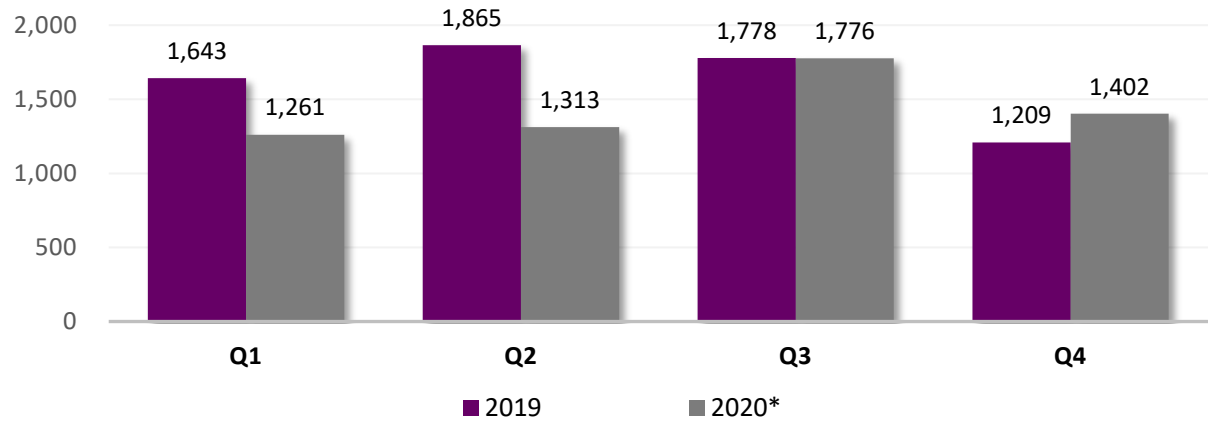
Additionally, to address health inequities among Maryland's minority communities, Governor Hogan and Lt. Governor Rutherford have committed to provide ongoing support for the Center for Urban Health Equity housed at Morgan State University (MSU). Under Governor Hogan's proposed budget for fiscal year 2022, MSU will receive $3.5 million annually to sustain the center's work into the future. The center will develop innovative methods to address health disparities by training researchers and by engaging underserved communities to identify and solve a variety of health issues, including substance misuse. Members of the state disparity workgroup will partner with members of the center to address disparities in substance use-related fatalities.

The OOCC has also supported several initiatives through its grant programs designed to mitigate the disproportionate effects of the opioid crisis on different demographic groups. Examples include Paul's Place, an organization that runs a community outreach center in southeast Baltimore City. This program aims to reach underserved communities by building personal relationships and trust with community members as a bridge to substance use disorder (SUD) treatment and recovery services. They do this by offering grab-and-go assistance (such as food and clothing) and using street-based outreach teams that meet people who use drugs wherever they might be. Another such organization is the Charm City Care Connection, which also operates in Baltimore City. This group provides a wide variety of services, such as case management, naloxone and harm-reduction supply distribution, and food assistance at critical locations around the city. The SPARC Center is another entity that is specifically serving underserved communities, focusing on harm reduction and preventing the spread of HIV and hepatitis-C among women in vulnerable populations along with overdose prevention training and naloxone distribution. They offer a mobile health clinic, psychiatric services via telemedicine, and home delivery of harm-reduction supplies.

## Emergency Department Visits

Maryland saw fewer hospital emergency department (ED) visits for non-fatal, opioid-related overdoses in 2020 as compared to 2019. As shown in Figure 9 below, there were 5,752 such visits from January through December of 2020, according to the Electronic Surveillance System for the Early Notification of Community-Based Epidemics ("ESSENCE") maintained by MDH. This represents an 11.4 percent decrease from 2019, when there were 6,495 opioid-related ED visits.

**Figure 9. Non-Fatal Opioid-Related ED Visit By Quarter**
*January through December, 2019 vs. 2020*




*2020 data are preliminary and subject to change.

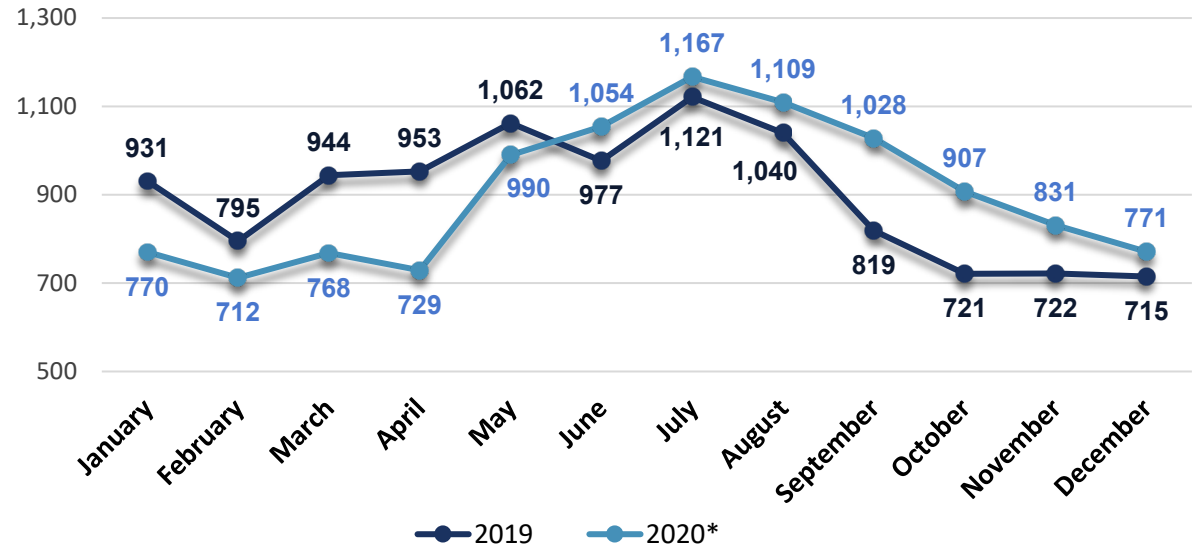
This decrease is likely the result of the COVID-19 pandemic. According to ESSENCE, total ED visits for all conditions began declining in mid-to-late March near the onset of the coronavirus pandemic in Maryland. As the spread of COVID-19 cases diminished during the summer months, however, opioid-related ED visits began increasing. There were 1,313 ED visits from April through June of 2020, and 1,776 from July through September of 2020, an increase of 35.3 percent between the second and third quarters. In the fourth quarter of 2020, non-fatal, opioid-related ED visits outpaced the same time frame in 2019 by 16.0 percent.

## Naloxone Administrations

According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), there were 10,836 total naloxone administrations by EMS personnel in Maryland in 2020, a 0.3 percent increase from 2019, when there were 10,800 such cases. Although these annual totals are nearly identical, COVID-19 may have led to disruptions in naloxone administration rates by EMS in the first five months of 2020. As shown in figure 10 below, naloxone administrations in 2020 were significantly lower than those in 2019 from January through May. Administrations decreased by 15.3 percent during this time frame in 2020 as compared to 2019. The largest decreases were observed in March and April as COVID-19 cases began increasing rapidly during the first wave of the pandemic. However, beginning in June and through the end of the year, naloxone administrations in 2020 outpaced those in 2019 (by 12.3 percent). This increase coincides with the increasing rate of opioid-related deaths described earlier in this section.

**Figure 10. Naloxone Administrations by EMS Personnel**

*January through December, 2019 vs. 2020*




*2020 data are preliminary and subject to change.

# 2021 INTER-AGENCY OPIOID COORDINATION PLAN UPDATES

The OOCC is the primary state entity responsible for promoting a coordinated and comprehensive response to the opioid crisis in Maryland at the state and local level. To guide these efforts, the OOCC developed the *Inter-Agency Opioid Coordination Plan*, which details goals and strategies to advance Governor Hogan's policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*.

First released in January 2020, the Coordination Plan was developed in consultation with the Inter-Agency Heroin and Opioid Coordination Council (IACC) chaired by Lt. Governor Boyd Rutherford as well as relevant state agencies involved in responding to the opioid crisis, local partners, community-based organizations, and subject-matter experts from the public health, behavioral health, and criminal justice sectors. The Coordination Plan includes nine goals and lists corresponding strategies and suggested implementation partners to help carry out these initiatives. Strategy implementation is tracked and measured using data collected from local OITs and state partners. A summary of these metrics can be found beginning on page 18 of this report.

At the time of this writing, the OOCC is in the process of updating the Coordination Plan for the coming year. This year's plan will build on the plan that was developed last year, with the addition of a new section outlining priority projects for our office for 2021, which are detailed below.

## Priority Projects

**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 Lt. Governor Rutherford'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:

I. *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.

II. *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 Lt. Governor Rutherford'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.

# STATE PARTNER PERFORMANCE MEASURES

As a part of our efforts to promote a comprehensive response to the opioid crisis across Maryland state agencies and partner organizations, OOCC collects performance metrics related to programs that advance our policy priorities as outlined in the *Inter-Agency Opioid Coordination Plan*. Since the OOCC began collecting performance measures from our state partners in 2017, there has been marked progress in multiple areas. To illustrate this progress, the charts below include a column showing percent differences from baseline data in 2017 as compared to the end of the 2020 calendar year.

## Prevention & Education

Maryland has made tremendous strides in increasing utilization of the Prescription Drug Monitoring Program (PDMP). Since 2017, there have been large increases in the number of prescribers who are registered with the PDMP and the number of hospitals that have "single sign-on" credentials that expedite access of health records. PDMP registration was mandated for prescribers effective July 2017, and use of the PDMP before prescribing Schedule II-V controlled dangerous substances was mandated as of July 2018.

Since 2017, providers have become more aware of the risks associated with prescription opioids, and through tools like the PDMP, Maryland saw a 33.5 percent reduction in the number of opioid prescriptions dispensed statewide. The number of unique Marylanders receiving prescription opioids declined by 30.2 percent during this time frame.

Additionally, included in this report for the first time is the cumulative total of morphine milligram equivalent (MME) dispensed statewide in Maryland as reported through the PDMP. An MME is a standardized unit used to measure the relative potency of all types of prescription opioids, which vary in strength. Between 2017 and 2020, total cumulative MME declined by 38.0 percent.

**Table 3. Prevention & Education State Partner Metrics**
*2017 through 2020*

| Prevention & Education | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Measure** | **2017** | **2018** | **2019** | **2020** | **Percent Difference (2017-2020)** | **State Partner** |
| Number of prescribers registered in the PDMP | 30,172 | 32,365 | 32,943 | 34,621 | 14.7% | MDH |
| Number of opioid prescriptions (excluding buprenorphine) | 3.81M | 3.24M | 2.94M | 2.66M | (30.2%) | MDH |
| Number of unique individuals who received opioid prescriptions | 1.10M | 965,966 | 876,617 | 744,847 | (32.5%) | MDH |

| Prevention & Education (continued) | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Measure** | **2017** | **2018** | **2019** | **2020** | **Percent Difference (2017-2020)** | **State Partner** |
| Number of buprenorphine prescriptions dispensed | 315,125 | 376,597 | 445,236 | 445,060 | 41.2% | MDH |
| Cumulative total of prescription opioid MMEs dispensed | 3.60B | 2.89B | 2.46B | 2.23B | (38.0%) | MDH |
| Number of hospitals with "single sign-on" PDMP access | 32 | 41 | 45 | 42 | 31.3% | MDH |
| Pounds of prescription drugs collected through drug take-back programs | 6,342 | 9,143 | 4,205 | N/A[2] | N/A | MSP |
| Number of juvenile services-involved youth receiving prevention education | 2,390 | 2,465 | 3,428 | 2,046 | (14.4%) | DJS |

## Enforcement & Public Safety

Data provided by the Washington/Baltimore High-Intensity Drug Trafficking Area (W/B HIDTA) indicates that between 2017 and 2020, heroin seizures have declined by about 80.6 percent, while fentanyl seizures have increased by 51.8 percent. This information highlights the continuing shift in the market for illicit drugs; fentanyl continues to supplant heroin in the street supply of opioids. This shift is also reflected in our fatalities data, with heroin-involved fatalities falling by 49.6 percent since 2017.

**Table 4. Enforcement & Public Safety State Partner Metrics**
*2017 through 2020*

| Enforcement & Public Safety | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Measure** | **2017** | **2018** | **2019** | **2020** | **Percent Difference (2017-2020)** | **State Partner** |
| Kilograms of heroin seized by law enforcement | 118.9 | 137.1 | 37.4 | 23.1 | (80.6%) | W/B HIDTA |

[2] MSP did not hold prescriptions drug take-back events in 2020 due to COVID-19 public health considerations.

| Enforcement & Public Safety (continued) | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Measure** | **2017** | **2018** | **2019** | **2020** | **Percent Difference (2017-2020)** | **State Partner** |
| Kilograms of fentanyl seized by law enforcement | 35.3 | 60.4 | 64.1 | 53.6 | 51.8% | W/B HIDTA |
| Number of drug trafficking organizations and money laundering organizations disrupted or dismantled | 146 | 125 | 104 | 106 | (27.4%) | W/B HIDTA |
| Number of investigations for which HIDTA analysts provided analytical support | 280 | 357 | 339 | 461 | 64.6% | W/B HIDTA |

## Treatment & Recovery

Maryland has made significant progress across a wide range of treatment- and recovery-related initiatives, which are detailed below. Notably, there has been substantial growth through the state's commitment to building infrastructure that supports the implementation of SBIRT procedures. The number of new institutions implementing SBIRT increased by 547.1 percent (from 12 to 77) between 2017 and 2020. The number of individuals who have received SBIRT services increased by 631.1 percent (from 27,675 to 202,337) in the same time frame. This indicates that a substantially larger number of people are being screened for substance use disorders and are being directed to resources as needed.

Maryland continues to see robust expansion of its community-based naloxone distribution program. Between 2017 and 2020, community-based naloxone distribution through authorized Overdose Response Programs (ORPs) increased by 102.3 percent. This development is especially encouraging because research shows that higher naloxone availability at the community level can lead to significant decreases in fatal overdoses.

Collectively, these measures show progress related to the state's response to the opioid crisis and highlight additional areas for continued intervention.

**Table 5. Treatment & Recovery State Partner Metrics**
*2017 through 2020*

| Treatment & Recovery | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Measure** | **2017** | **2018** | **2019** | **2020** | **Percent Difference (2017-2020)** | **State Partner** |
| Number of crisis hotline calls | 983 | 1,495 | 20,750 | 31,000 | 3,053.6% | MDH |
| Number of new institutions trained in SBIRT | 12 | 34 | 21 | 77 | 541.7% | MDH |
| Number of individuals who received SBIRT services | 27,675 | 46,831 | 256,910 | 202,337 | 631.1% | MDH |
| Number of individuals trained by Overdose Response Programs | 37,234 | 35,008 | 44,482 | 39,993 | 7.4% | MDH |
| Number of naloxone doses dispensed to community members through Overdose Response Programs | 47,611 | 41,952 | 108,301 | 96,299 | 102.3% | MDH |
| Number of patients who received naloxone from EMS providers | 14,215 | 13,307 | 10,800 | 10,836 | (23.8%) | MIEMSS |
| Number of naloxone administrations by state troopers | 129 | 112 | 113 | 84 | (34.9%) | MSP |
| Number of certified recovery residences | 172 | 252 | 215 | 242 | 40.7% | MDH |
| Number of beds/capacity of certified recovery residences | 1,622 | 2,333 | 1,706 | 1,913 | 17.9% | MDH |
| Number of jurisdictions with Syringe Service Programs | 1 | 4 | 8 | 11 | 1,000.0% | MDH |

# OPIOID INTERVENTION TEAMS UPDATE

To promote a comprehensive and coordinated response to the opioid crisis in all parts of the state, the OOCC consults regularly with the Opioid Intervention Teams (OITs) in each of Maryland's 24 local jurisdictions. OITs are multiagency coordinating bodies that seek to enhance multidisciplinary collaboration at the local level. Each OIT is chaired by the local health officer and emergency manager. OITs are also required to have representatives from various agencies and organizations, including law enforcement, social services, education, and community groups. Each OIT is responsible for administering funds received through the OOCC's Block Grant Program, which is detailed beginning on page 27 of this report.

## OIT Program Inventory

A central component of our work involves sharing best practices with our local partners. To do this, we survey and evaluate all programs and initiatives that are being supported by OITs in their respective jurisdictions to address the opioid crisis. We have identified 143 high-priority programs and services that have been shown to be effective at the local level, and we are working to help our partners establish and expand these services to the greatest extent possible.

The tables below illustrate the implementation of these activities throughout the state based on self-reported OIT data. Responses on implementation status range from "no programming planned" (red) to "substantial programming in place" (dark green). Programs that were not applicable for a given jurisdiction were not color-coded.

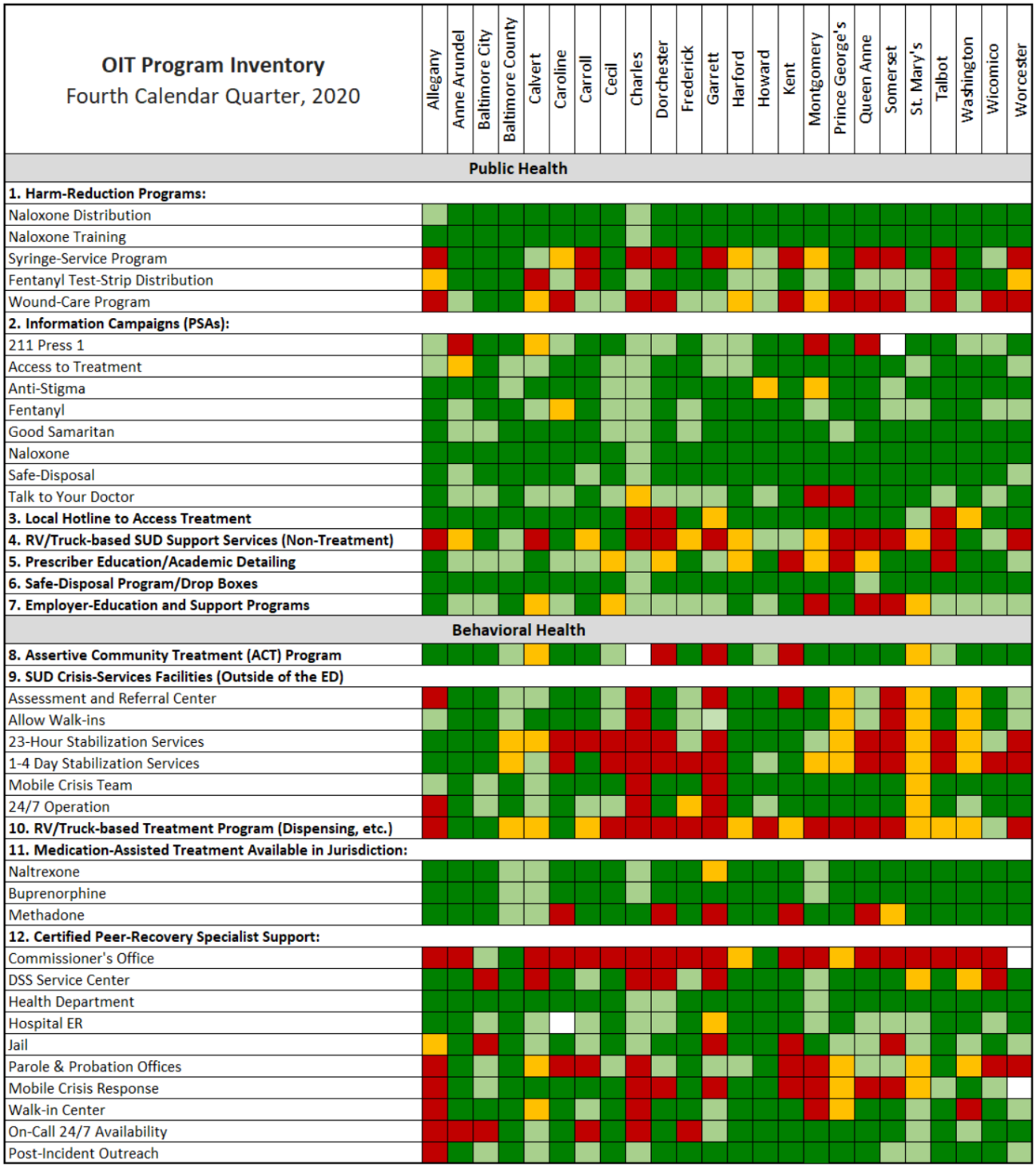
**Table 6. Summary of Program Implementation by Jurisdiction – As of December 31, 2020**

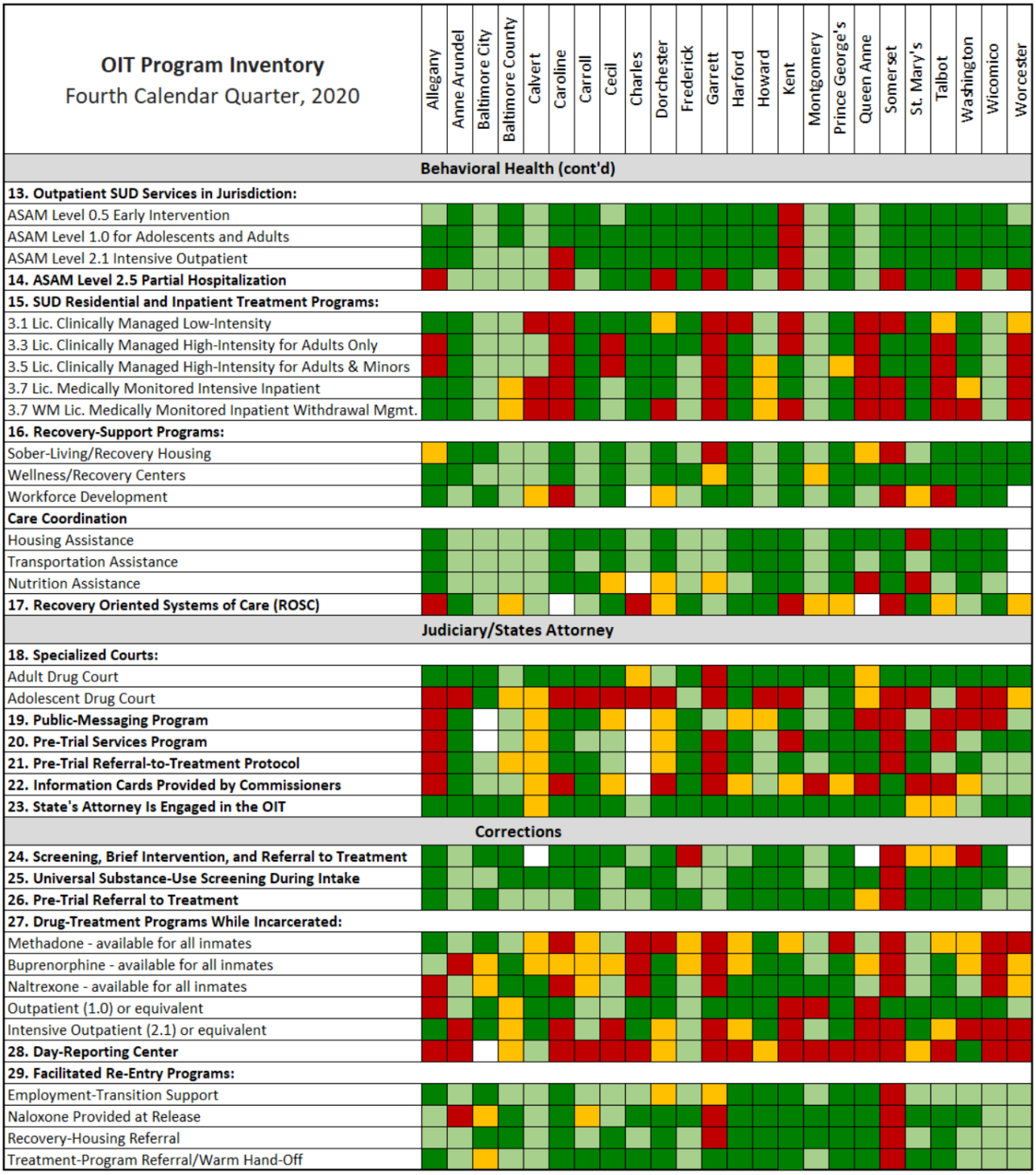
| **OIT Program Inventory Totals** *Fourth Calendar Quarter, 2020* | Allegany | Anne Arundel | Baltimore City | Baltimore County | Calvert | Caroline | Carroll | Cecil | Charles | Dorchester | Frederick | Garrett | Harford | Howard | Kent | Montgomery | Prince George's | Queen Anne | Somerset | St. Mary's | Talbot | Washington | Wicomico | Worcester |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total of Substantial Programming Implemented** | 92 | 69 | 74 | 90 | 30 | 81 | 85 | 64 | 54 | 69 | 76 | 50 | 114 | 97 | 89 | 46 | 108 | 64 | 64 | 64 | 80 | 84 | 72 | 49 |
| **Total of Some Programming Implemented** | 13 | 52 | 46 | 39 | 59 | 11 | 38 | 52 | 38 | 25 | 45 | 38 | 14 | 33 | 15 | 61 | 8 | 33 | 8 | 48 | 22 | 26 | 44 | 33 |
| *Subtotal of Substantial & Some Programming* | 105 | 121 | 120 | 129 | 89 | 92 | 123 | 116 | 92 | 94 | 121 | 88 | 128 | 130 | 104 | 107 | 116 | 97 | 72 | 112 | 102 | 110 | 116 | 82 |
| **Total Programming in Development** | 7 | 7 | 8 | 12 | 38 | 6 | 8 | 12 | 11 | 14 | 11 | 8 | 13 | 10 | 10 | 15 | 19 | 9 | 5 | 23 | 10 | 18 | 2 | 11 |
| **Total of Programs Not Planned** | 28 | 13 | 9 | 0 | 10 | 25 | 12 | 14 | 31 | 31 | 10 | 47 | 2 | 3 | 28 | 21 | 8 | 33 | 64 | 8 | 31 | 14 | 25 | 24 |

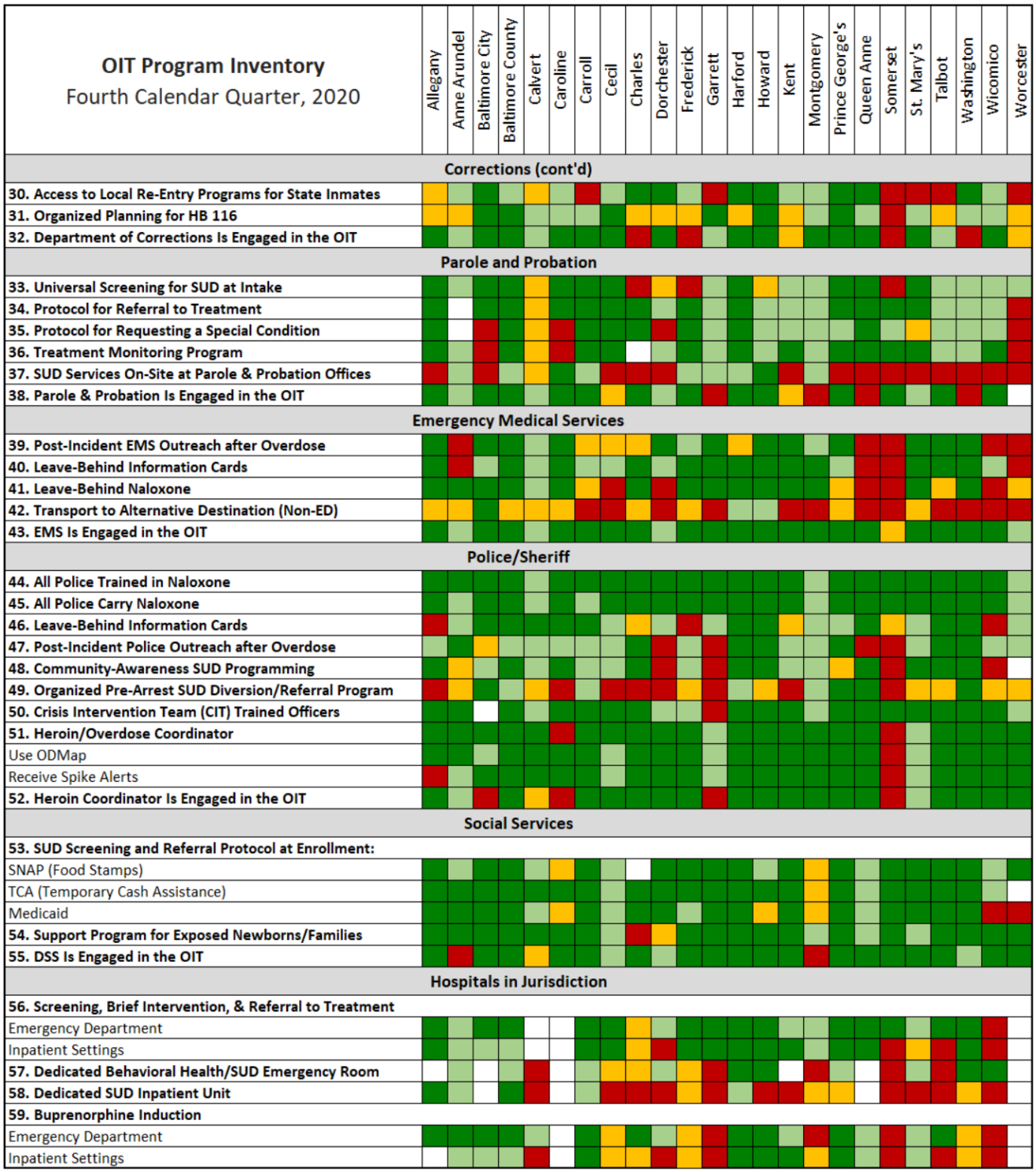
Despite the disruptions caused by the COVID-19 pandemic, Maryland's local jurisdictions continued to make steady progress in implementing high-priority programs. All jurisdictions reported having at least 50 percent of the 143 programs either partially or substantially implemented, and 14 jurisdictions (one more than in third quarter of 2020) reported having above 80 percent of these programs at some stage of development. Two jurisdictions (one more than in third quarter of 2020) reported having at least 75 percent of programs substantially implemented.

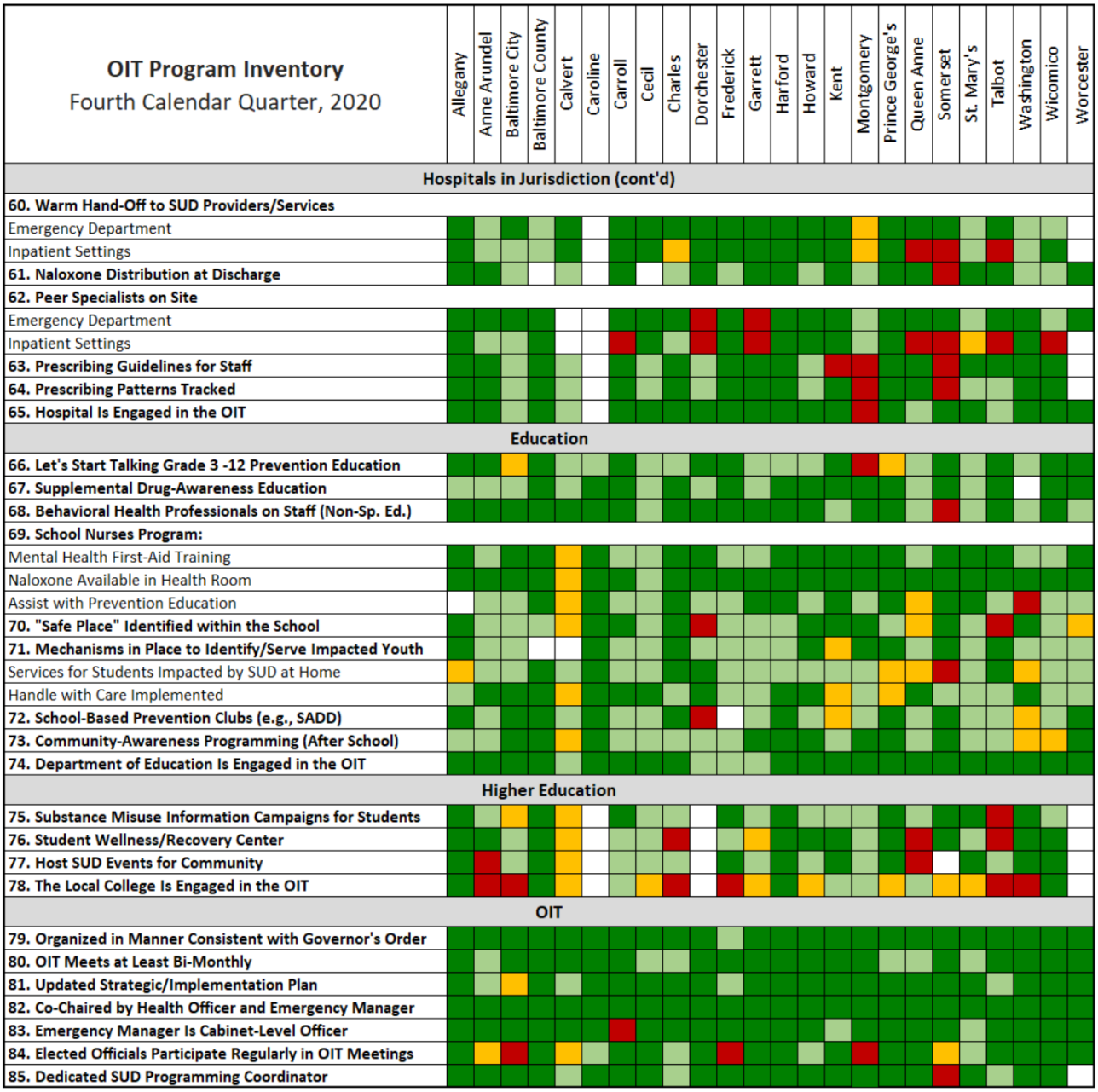
Although all jurisdictions reported plans to expand high-priority programming, no counties reported having plans to implement all 143 programs. Thus, ample opportunities remain for program expansion across all jurisdictions in the future.

## Table 7. Full OIT Program Inventory as of December 31, 2020










**Note:** The OOCC evaluates and updates OIT Program Inventory on a regular basis, and the number of programs may change from quarter to quarter. We frequently add new programs that have been shown to be effective and, where appropriate, remove programs that no longer fit our criteria for inclusion due to the dynamic nature of the opioid crisis.

# OOCC GRANTS

## OOCC Grants Summary

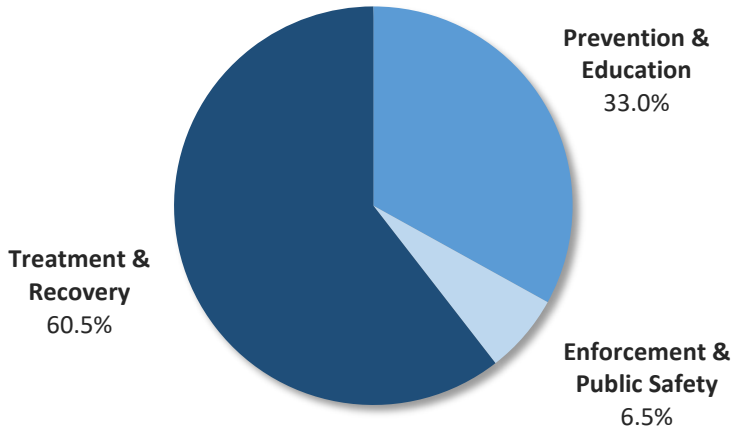
The OOCC distributes funding under two distinct grant programs: 1) the Block Grant Program for local OITs and 2) the Competitive Grant Program for statewide, local, and non-government grants. The purpose of the Block Grant Program is to provide a base level of flexible funding to all 24 local jurisdictions in order to combat the opioid crisis. The Block Grant Program is formula based, with half of the funds allocated by population and the other half allocated according to fatality rates. The purpose of the Competitive Grant Program is to distribute grant funding to the highest-scoring proposals received from state and local governments and from private, community-based partners that align with the OOCC's mission and coordination plan and that serve to meet the most pressing needs around the state.

All OOCC grants are funded on a reimbursement basis. While projects are eligible to receive the full amount of their original grant award, the award totals listed below do not represent the total amount reimbursed to date.

## Overview of Combined Grant Program Funding – Fiscal Year 2021

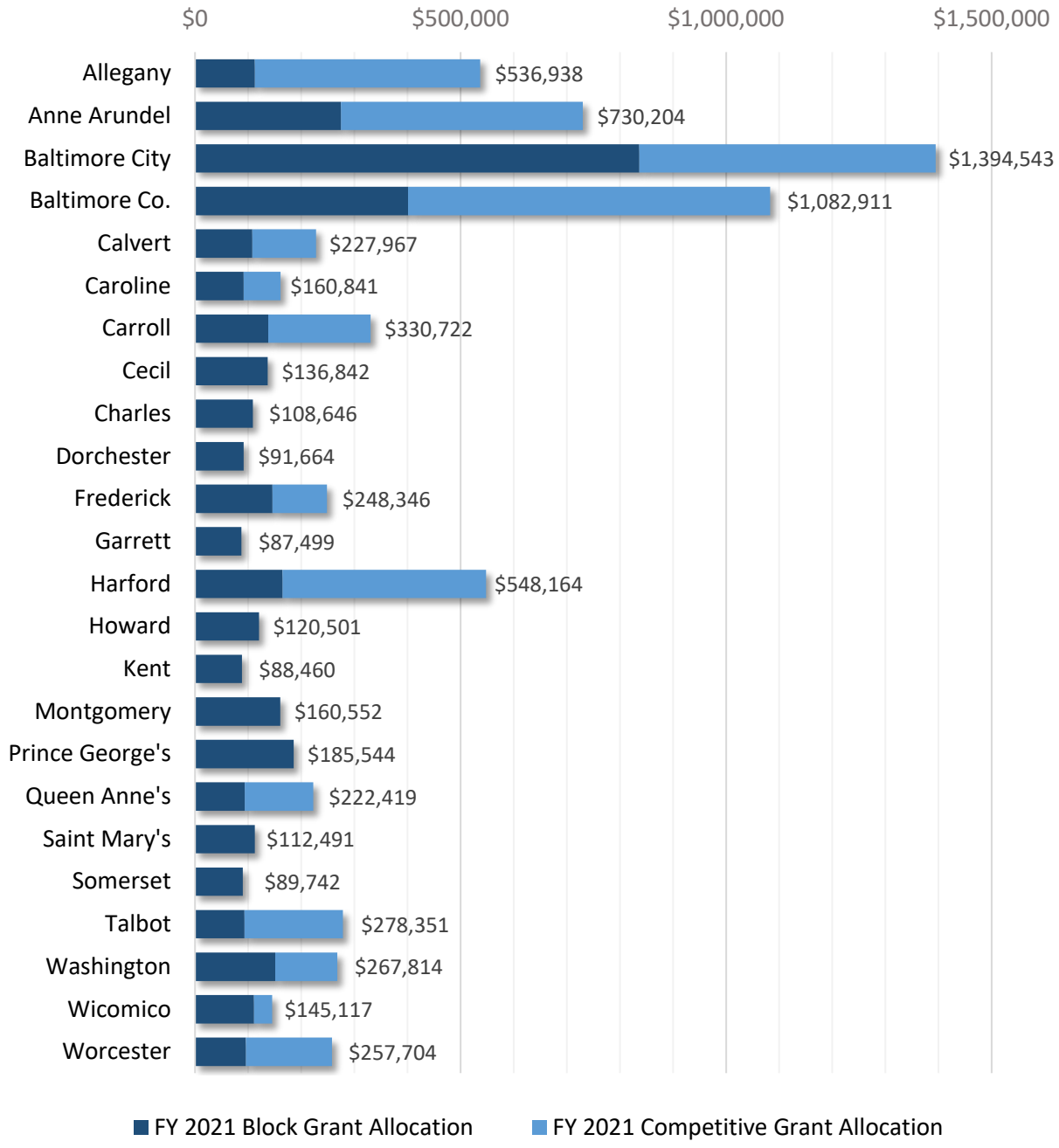
Figure 11, below, presents an overview of the combined grant programs for fiscal year 2021 and how these grant funds will be spent relative to Governor Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*.

**Figure 11. OOCC FY2021 Block Grants and Competitive Grants by Priority Area**




As shown in Figure 12 below, Baltimore City and Baltimore and Anne Arundel Counties will receive the greatest amount of grant funding in fiscal year 2021. Grants benefitting multiple jurisdictions or the entire state are excluded from the below chart; those grants total $2.0 million.

**Figure 12. Fiscal Year 2021 OOCC Block Grants and Competitive Grant Funding by Jurisdiction**



## Fiscal Year 2021 Grants by Jurisdiction

The following table summarizes how the OOCC intends to allocate approximately $10 million in block and competitive grant funding by jurisdiction in fiscal year 2021.

**Table 8. FY 2021 Block Grants and Competitive Grants Summary**

| *Award* | *Type* | *Project Description* |
|---|---|---|
| **Allegany County** | | |
| $112,811 | Block | Support law enforcement drug interdiction operations. |
| | | Support peer recovery services. |
| | | Expand the availability of naloxone for first responders. |
| $125,400 | Competitive | Support pre-employment and job placement services for individuals transitioning to employment who need substance recovery support. |
| $298,700 | Competitive | Continued support for a stress- and trauma-relief training and mentorship model for educators, healthcare workers, and addiction and detention programs. |
| **Anne Arundel County** | | |
| $274,618 | Block | Support a community-based naloxone training program targeting areas with high-risk populations. |
| | | Continued support for Safe Stations. |
| | | Support for community- and faith-based organizations. |
| $8,000 | Competitive | Support training program for incarcerated women to be certified as peer recovery specialists. |
| $205,400 | Competitive | Support for increasing access to treatment and recovery services for individuals with opioid use disorder who present at the Anne Arundel Medical Center ED. |
| $250,200 | Competitive | Support for the expansion of WellMobile services to the Annapolis area and provide a low-threshold model of buprenorphine and treatment support services. |
| **Baltimore City** | | |
| $836,618 | Block | Provide integrated healthcare services for people who use drugs, including buprenorphine/naloxone therapy. |
| | | Support for increasing access to harm-reduction materials and community outreach activities. |
| | | Support a treatment program for access to MAT with a focus on buprenorphine. |

| *Award* | *Type* | *Project Description* |
|---|---|---|
| **Baltimore City (continued)** | | |
| $26,400 | Competitive | Support youth prevention programming. |
| $69,900 | Competitive | Support peer recovery advocates to reduce barriers to substance misuse treatment, promote wrap-around case management and health services, and assist individuals entering treatment. |
| $116,500 | Competitive | Support a recovery center to refer individuals to treatment programs, medical/mental health treatment, and housing and employment assistance. |
| $150,000 | Competitive | Provide harm reduction-based case management services for individuals with SUD and assistance in accessing healthcare and social services through street-based outreach. |
| $195,000 | Competitive | Support a drop-in center and outreach program offering a variety of services, including harm reduction tools and prevention education to women who use drugs. |
| **Baltimore County** | | |
| $400,860 | Block | Continued support for peer recovery services. |
| $73,000 | Competitive | Support MAT services at Baltimore County's detention center. |
| $143,800 | Competitive | Support medication assisted treatment services for individuals with SUD at county health centers. |
| $465,200 | Competitive | Support the creation of an addiction clinic to provide services to individuals with co-occurring addiction and mental health needs. |
| **Calvert County** | | |
| $108,005 | Block | Support access to substance use treatment and MAT services. |
| | | Provide peer recovery support in the local ED. |
| | | Support medication assisted treatment coordinator. |
| | | Support a community substance use awareness campaign. |
| $21,500 | Competitive | Provide behavioral health services for students in Calvert County's public schools who are uninsured, underinsured, or cost-prohibited. |
| $41,200 | Competitive | Support expansion of peer recovery support services at Calvert County's drug court. |
| $57,300 | Competitive | Support substance misuse prevention groups in the Calvert County public school system. |

| *Award* | *Type* | *Project Description* |
|---|---|---|
| **Caroline County** | | |
| $91,664 | Block | Support physician recruitment and retention at Caroline County Behavioral Health. |
| $9,300 | Competitive | Provide clinical trauma training to staff at Caroline County Behavioral Health center. |
| $10,000 | Competitive | Support children and adults who lack sufficient insurance to receive mental health and SUD treatment. |
| $49,900 | Competitive | Provide support to individuals who require outpatient SUD treatment upon release from the county detention center. |
| **Carroll County** | | |
| $137,803 | Block | Continued support for mobile crisis services. |
| $85,000 | Competitive | Provide prevention-focused programming at Sykesville Middle School. |
| $108,000 | Competitive | Support Carroll County Public Schools' opioid abuse prevention project involving a partnership with the Carroll County Health Department and Carroll County State's Attorney's Office. |
| **Cecil County** | | |
| $136,842 | Block | Support a youth risk-prevention program. |
| | | Support transportation assistance to those in treatment and recovery. |
| | | Support Drug Free Cecil – Youth Leadership Project. |
| | | Support expansion of peer recovery specialist services in the community. |
| **Charles County** | | |
| $108,646 | Block | Support OIT coordination. |
| | | Support community outreach and education events. |
| | | Expand peer recovery support services. |
| | | Support targeted public awareness materials. |
| | | Support and facilitate outreach and public-awareness events. |
| | | Support mobile substance-use education services. |
| **Dorchester County** | | |
| $91,664 | Block | Continued support for drug-free fun and structured youth and young adult activities. |
| | | Support peer recovery services. |
| | | Support SBIRT (screening, brief intervention, and referral to treatment) services. |

| *Award* | *Type* | *Project Description* |
|---|---|---|
| **Frederick County** | | |
| $145,813 | Block | Support the expansion of peer recovery support services. |
| $102,500 | Competitive | Support outreach efforts and service connection for overdose survivors and their families. |
| **Garrett County** | | |
| $87,499 | Block | Support the Community Resource Team to provide a bridge between identified potential clients and opioid use disorder services. |
| | | Support a drug prevention and education program in schools. |
| | | Support OIT coordination. |
| **Harford County** | | |
| $164,718 | Block | Support a central intake, navigation, and recovery team to enhance early identification and interaction for those with SUD. |
| $58,800 | Competitive | Support parenting and family training sessions to increase resilience and reduce risk factors. |
| $143,200 | Competitive | Support peer recovery specialists to work alongside EMS for overdose or substance use calls. |
| $181,500 | Competitive | Provide peer recovery support personnel at UM Harford Memorial Hospital, UM Upper Chesapeake Medical Center, and UM Harford Crisis Center to assist in screening, intervention, and links to treatment. |
| **Howard County** | | |
| $120,501 | Block | Support SBIRT (screening, brief intervention, and referral to treatment) services and connection to treatment providers. |
| **Kent County** | | |
| $88,460 | Block | Support peer recovery support services. |
| **Montgomery County** | | |
| $160,552 | Block | Support public-awareness campaigns. |
| | | Support community forums on opioid and substance misuse. |
| | | Continued support to increase community and police access to naloxone. |
| | | Continued support for Stop Triage Engage Educate Rehabilitate (STEER). |
| | | Develop a centralized database for treatment and peer support services. |
| **Prince George's County** | | |
| $185,544 | Block | Support public-awareness campaigns, overdose coordinator, and the purchase of medical supplies. |

| *Award* | *Type* | *Project Description* |
|---|---|---|
| **Queen Anne's County** | | |
| $93,586 | Block | Support peer support services, medication assisted treatment, the purchase of naloxone. |
| | | Support Queen Anne's Go Purple campaign. |
| $128,800 | Competitive | Support prevention-focused programming in Queen Anne's County public schools. |
| **Somerset County** | | |
| $89,742 | Block | Expand support to law enforcement to increase information sharing. |
| | | Support a peer recovery support specialist. |
| | | Promote Somerset County Opioid United Team (SCOUT) initiative. |
| **St. Mary's County** | | |
| $112,491 | Block | Support a peer recovery support specialist. |
| | | Support OIT coordination. |
| **Talbot County** | | |
| $93,266 | Block | Support a substance use case manager at community health center. |
| | | Support social services for children from families impacted by opioid use. |
| $61,700 | Competitive | Provide a licensed social worker for students in three Talbot County elementary schools. |
| $61,700 | Competitive | Provide an Addiction, Education, and Prevention and Intervention specialist for middle and high school students. |
| $61,700 | Competitive | Provide a licensed social worker for students in the Bay Hundred area. |
| **Washington County** | | |
| $151,260 | Block | Continued support for opioid crisis response team. |
| | | Support Washington Goes Purple to educate youth and the community about the dangers of prescription pain medication. |
| $30,000 | Competitive | Support the Washington County Sheriff's Office Day Reporting Center, a minimum-security alternative to incarceration that combines community supervision, SUD treatment, and intensive case management for offenders. |
| $86,600 | Competitive | Support Washington Goes Purple to increase awareness of opioid addiction and to encourage students to get and stay involved in school. |

| *Award* | *Type* | *Project Description* |
|---|---|---|
| **Wicomico County** | | |
| $111,209 | Block | Support a heroin and opioid coordinator. |
| | | Support a First Responder's Appreciation Dinner. |
| | | Support an education and prevention campaign. |
| | | Support Wicomico County Goes Purple campaign. |
| $33,900 | Competitive | Purchase a narcotics analyzer for the Wicomico County Narcotics Task Force to assist in identifying illicit substances and enhance officer safety. |
| **Worcester County** | | |
| $95,829 | Block | Support a peer recovery specialist in hospital ED. |
| $65,500 | Competitive | Support Worcester Goes Purple awareness campaign. |
| $96,400 | Competitive | Support a peer support program for first responders. |
| **Multi-jurisdictional and Statewide** | | |
| $8,000 | Competitive | Support the Lower Shore Addiction Awareness Visual Arts Competition in Dorchester, Somerset, Wicomico, and Worcester Counties. |
| $32,000 | Competitive | Provide drug prevention curricula for over 18,000 D.A.R.E. students in 16 jurisdictions across the state. |
| $107,400 | Competitive | Develop a communications plan for health care providers across the state to address education and enforcement of prescribing and dispensing of controlled dangerous substances. |
| $144,900 | Competitive | Provide family peer support and navigation services for individuals who care for someone with SUD in Baltimore City and on the Eastern Shore. |
| $178,700 | Competitive | Support a behavioral health coordinator, youth outreach coordinator, and two Safe Stations sites on the Eastern Shore. |
| $179,100 | Competitive | Support improvements of behavioral health treatment services provided to vulnerable, low-income individuals with opioid use disorder in Anne Arundel and Baltimore Counties and Baltimore City. |
| $183,700 | Competitive | Support the legal needs of children and families impacted by the opioid crisis on the Eastern Shore by assisting caregivers whose parents are unable to care for them due to opioid misuse. |
| $200,000 | Competitive | Implement SBIRT (screening, brief intervention, and referral to treatment) services in primary care practices across the state. |
| $203,700 | Competitive | Support increased access to comprehensive health care services for individuals with SUD by establishing telemedicine at harm reduction programs across the state. |

| *Award* | *Type* | *Project Description* |
|---|---|---|
| **Multi-jurisdictional and Statewide (continued)** | | |
| $270,700 | Competitive | Provide assistance to outpatient mental health clinics (OMHCs) to become comprehensive crisis stabilization centers. |
| $479,800 | Competitive | Increase monitoring and regulatory oversight of controlled substance prescribers and dispensers across the state. |

# 2020 LEGISLATIVE UPDATE

The OOCC monitors all opioid-related legislation introduced in the Maryland General Assembly and provides expertise to the Governor's Office and state agencies in evaluating these initiatives. The following bills were passed by the Maryland General Assembly and signed into law by Governor Hogan during the 2020 legislative session.

**HB 277/SB 367 – State Department of Education – Guidelines on Trauma-Informed Approach (effective July 1, 2020):** This bill requires the Maryland State Department of Education (MSDE) to consult with MDH and the Maryland Department of Human Services to develop guidelines and curriculum on trauma-informed approaches in schools. The bill also requires MSDE to assist schools with identifying students, teachers, and staff in need, implementing policies, training for providing an appropriate response, etc.

**HB 332/SB 441 Mental Health – Emergency Facilities List – Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers (effective October 1, 2020):** This bill allows Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers to be listed on the Emergency Facilities List, which MDH is required to publish by statute.

**HB 455/SB 334 – Health Insurance – Mental Health Benefits and Substance Use Disorder Benefits-Reports on Non-Quantitative Treatment Limitations and Data (effective October 1, 2020):** This bill requires insurance carriers to submit reports and information to the Maryland Insurance Commissioner to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act.

**HB 607/SB 305 – Public Safety – Crisis Intervention Team Center of Excellence (effective October 1, 2020):** Establishes a Crisis Intervention Team Center of Excellence in the Governor's Office that provides technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers. The Center of Excellence will also develop and implement a crisis intervention model program.

**HB 1564 – Public Health – Emergency Evaluations – Duties of Peace Officers and Emergency Facilities (effective October 1, 2020):** Defines emergency facility personnel and requires peace officers to notify an emergency facility before delivering individuals who may be experiencing a mental or behavioral health crisis for an emergency evaluation.

**HB 1440/SB 705 – Maryland Transit Administration – Disabled Reduced Fare Program – Opioid Treatment Program Patients (effective July 1, 2020):** Requires the Maryland Mass Transit Administration (MTA) to make monthly transit passes available to opioid treatment programs to provide to opioid treatment patients that qualify for MTA disabled reduced fare.

# APPENDIX: MDH DEPARTMENTAL UPDATES

The OOCC works closely with our MDH partner offices on their work to reduce opioid-related morbidity and mortality. We have solicited their updates on major initiatives that were undertaken across the department in the 2020 calendar year. Their input, which is organized by department/office, is provided in the pages below.

## Office of the Secretary

**Overdose Data to Action (OD2A):** OD2A supports getting high quality, comprehensive, and timelier overdose morbidity and mortality data, and to use those data to inform prevention activities at the state and local level. OD2A engages multiple teams across MDH, local health departments, community and academic overdose prevention partners, and contractors to achieve its goals of decreasing the rate of opioid misuse and opioid use disorder (OUD); increasing the provision of evidence-based treatment for OUD; decreasing the rate of ED visits due to misuse or OUD; and decreasing the drug overdose death rate, including prescription and illicit opioid overdose death rates. In 2020, OD2A supported the following actions to address overdose morbidity and mortality:

I. *Data Enhancements* – For the first time, EMS overdose data was integrated into Maryland's syndromic surveillance system, known as ESSENCE, to better understand the burden of non-fatal overdoses across the state. ESSENCE is a uniquely robust syndromic surveillance system that includes data from all emergency departments (EDs) across the state, received in near real time. Automated statistical algorithms (queries) are run on collected data and flags are generated when observed counts are higher than expected. The rollout of the new EMS dataset has been received positively by ESSENCE users, who include MDH and local partners. New algorithms using EMS are currently in development to support rapid detection of overdose clusters and identify potential overdose clusters or outbreaks.

   Local health departments (LHDs) were provided with a new data report detailing a select set of overdose circumstances data in their county or region to assist with targeted prevention and response planning efforts. The circumstances detailed in the report come from the State Unintentional Death Overdose Reporting System (SUDORS) and include: having been in treatment for mental health, SUD, or pain at the time of fatal overdose, as well as having been recently released from an institution, including prison/jail. Abstraction into SUDORS began in 2018, under the Enhanced State Opioid Overdose Surveillance System (ESOOS) grant. In 2020, Maryland expanded its abstraction to include all substance-related deaths and began coding decedent occupation/industry to support development of workplace-based interventions, to continue to identify the highest risk groups, and to support increased awareness of the burden of overdose fatalities across the state.

II. *PDMP Clinical View* – Several enhancements to the PDMP clinical user interface for prescribers have been made to identify potentially high risk prescribing and patient behaviors. These enhancements include new PDMP advisories that are displayed to prescribers and dispensers. The advisories include: a patient's average daily morphine milligram equivalent (MME) average based on all active opioid prescriptions; the average daily MME becomes red and enlarged when the patient's average daily MME is over 90; if a patient has received overlapping opioid prescriptions in the past three months; if a patient has overlapping opioid and benzodiazepine

prescriptions in the past three months; and if a patient has visited five or more prescribers and five or more pharmacies within a three month period of time.

III. *Data Visualization for Local Overdose Fatality Review Teams* – Through the Overdose Fatality Review (ORF) program, a new data visualization tool was developed to support the Local Overdose Fatality Review Teams (LOFRTs). The new tool is user friendly and designed to enhance the data analysis capacity of LOFRTs. Using Excel, it generates a series of 13 visualizations and tables to enhance case review. Several technical assistance training opportunities (e.g., presentations and office hours) for LOFRTs were conducted to support uptake of the new tool. These were well attended and use of the tool is underway. ORF is a statutorily directed program where local teams review detailed circumstance data from overdose fatalities to identify gaps and missed opportunities to make recommendations to prevent future overdoses and better support people at risk for overdose.

IV. *Grant Opportunities* – In 2020, 22 LHDs received grant funding through the OD2A program, which aims to build LHD capacity to use surveillance data to enhance and expand the prevention and response efforts for SUD within their jurisdictions. Despite significant COVID-19 impacts, several LHDs successfully implemented OD2A activities, including: 1) conducting a review of state and local overdose data and updating strategic plans with data-driven priorities, activities, and target populations; 2) developing new data sharing agreements with local public safety partners/first responders to support rapid deployment of peer navigators and/or mobile units to nonfatal overdoses; 3) initiating linkages to care in criminal justice settings; 4) geo-mapping to target public services announcements where highest overdoses are occurring (resulting in rapid drop in overdose); and 5) using technology to facilitate rapid connections to care (e.g., enhancing functionality of bed finder or SUD provider resource directory). An opioid data to action toolkit was developed to ensure LHDs awareness of and access to state-level overdose datasets and reports.

V. *Data Surveillance Workgroup* – Started in fall 2019, the OD2A data surveillance workgroup met regularly in 2020 to share information on overdose morbidity and mortality data and reports to increase their use/dissemination, as well as to identify opportunities for collaboration and synergies. The workgroup includes surveillance and prevention team leads, as well as overdose partners from across the department including LHDs, BHA, Medicaid, and OOCC. In 2020, the OD2A data surveillance workgroup played an important role in developing the new SUDORS data report for LHDs.

## Maryland Medicaid

**COVID-19 and Maryland Medicaid Telehealth Coverage:** The health and safety of Medicaid providers and participants is a priority during the COVID-19 public health emergency. To prevent the transmission and spread of COVID-19, MDH has implemented certain flexibilities with respect to delivery of services covered by the Medical Assistance Program via telehealth. The flexibilities apply to both somatic and behavioral health services and include:

- permitting a participant's home or any other secure location to serve as a telehealth originating site for purpose of delivery of Medicaid-covered services;
- permitting reimbursement for audio-only health care services delivered by phone; and

- permitting use of telehealth technology not compliant with Health Insurance Portability and Accountability Act (HIPAA).

The flexibilities that MDH has been able to offer health care providers during this time are based on both Executive Orders from the Governor of Maryland and waivers from the federal government.

**Maternal Opioid Misuse (MOM) Model:** In December 2019, the federal Center for Medicare and Medicaid Innovation (CMMI) awarded funding to MDH to implement the Maternal Opioid Misuse (MOM) model. As one of ten states awarded, MDH launched pre-implementation activities in January 2021. The MOM model focuses on improving care for pregnant and postpartum Medicaid beneficiaries diagnosed with OUD. With over 21,000 individuals of childbearing age diagnosed with an OUD in Maryland, substance misuse is a leading cause of maternal death and has a significant impact on the approximately 1,500 infants born to Medicaid beneficiaries with OUD in Maryland per year. Utilizing HealthChoice managed care organizations (MCOs) as care delivery partners, the MOM model focuses on improving clinical resources and enhancing care coordination to Medicaid beneficiaries with OUD during and after their pregnancies.

Starting in July 2021, HealthChoice MCOs will provide a set of enhanced case management services, standardized social determinants of health screenings and care coordination for eligible participants residing in St. Mary's County, Maryland. In addition to the care planning and social determinants of health screening activities conducted at intake, MCO case managers will also be responsible for a minimum of at least one monthly connection with MOM participants and for ensuring each participant receives at least one somatic or behavioral health service per month. MOM case managers will be supported by a suite of tools housed within the Chesapeake Regional Information System for our Patients (CRISP), including a dedicated MOM Care Coordination Module and flags to indicate MOM participation for empaneled providers.

The provision of enhanced case management services to MOM participants will be complemented by MOM model-funded activities aimed at increasing provider capacity to treat the maternal OUD population, led by the Maryland Addiction Consultation Service (MACS) at the University of Maryland School of Medicine and the Johns Hopkins University Center for Addiction and Pregnancy. These efforts will be supported by a provider incentive program, which will leverage MOM model funds to provide bonus payments to primary care providers who complete DATA 2000 waiver training to prescribe buprenorphine in an office setting.

## Behavioral Health Administration (BHA)

*Workgroups*

After the increase in the number of opioid overdose deaths in the spring of 2020 in Maryland and across the nation, primarily driven by the COVID-19 pandemic and its various negative impacts on mental health/well-being and the social determinants of health, the monthly Multi-Agency Opioid Response Strategy Workgroup meeting began in June. It is led by BHA with support from the OOCC, and it works to address the opioid crisis with the goal to keep Maryland's rate of increase in opioid overdose deaths lower than most other states, and ultimately to reverse the increase. Examples of the workgroup's efforts include engaging local jurisdictions experiencing spikes in opioid overdoses to share data and best practices, expanding naloxone distribution, and improving data collection to include quicker identification of overdose spikes and further incorporating race and ethnicity data.

Three additional monthly BHA meetings were initiated in the summer in response to the pandemic, the Opioid Overdose Prevention Clinical Advisory Team, the Opioid Treatment Program (OTP) and Buprenorphine Providers Workgroup, and a restart of the OTP Medical Directors Workgroup. Examples of issues discussed in these meetings include: safely providing care during the pandemic; telehealth; increasing provider enrollment in the MDH Overdose Response Program that distributes free naloxone and fentanyl test strips; the approach to relaxed OTP take-home medication regulations; stigma; updating a Maryland OTP Best Practices document; and frequently asked questions for SUD providers from the BHA COVID-19 Response Webpage (bha.health.maryland.gov/Pages/bha-covid-19.aspx)

*Office of Consumer Affairs*

**COVID-19 Response Actions**: The Office of Consumer Affairs coordinated and funded the Digital Peer Support "Train the Trainer" Program to develop a cohort of trainers across the state. This training provides tips, techniques, and knowledge around how to facilitate peer support services in a digital setting to ensure privacy and quality service delivery. In 2020, this training program was facilitated three times, reaching more than 50 individuals who provide peer support services across the state. The Office of Consumer Affairs intends to continue to expand the training footprint across the state throughout 2021. Materials provided through the training will continue to be valuable after the pandemic for individuals in rural communities or who are homebound and seeking recovery.

**Other Work**: The Office of Consumer Affairs partnered with the Maryland Department of Labor to fund the Opioid Workforce Innovation Fund (OWIF) to develop small training programs in communities highly impacted by the opioid epidemic. These training programs lead to recognized industry credentials that provide pathways to long-term and unsubsidized employment. Several programs funded in 2020 focused on expanding the certified peer recovery specialist workforce.

BHA increased peer-operated Wellness Recovery and Recovery Community Centers budgets by 4 percent to increase service capacity and the availability of peer support for individuals seeking recovery. These programs are located in the heart of neighborhoods frequently experiencing high rates of overdose. They offer peer recovery support services to individuals with no barriers, such as requiring insurance, co-pays, or formal membership.

*Office of Crisis and Criminal Justice Services*

State Opioid Response (SOR) funding supported the expansion of an array of crisis services in 2020. These services are detailed below.

**Crisis Centers:** Crisis centers have been established around the state to treat individuals in an opioid-related crisis, but who do not need emergency medical care. These centers receive referrals from hospitals, law enforcement, mobile crisis teams, and through walk-ins. Currently, Anne Arundel County, Baltimore City, Carroll County, Cecil County, Harford County, Howard County, and Washington County have these facilities. In calendar year 2020, 2,180 individuals were served statewide.

**Crisis Beds:** The embedding of crisis services within our 3.7 residential facilities provides short term (not usually to exceed four days) stabilization services, enhance already existing withdrawal management services, and expands access to treatment and recovery service availability with the addition of buprenorphine induction and care coordination by certified peer recovery specialists. The addition of crisis services co-located within residential treatment facilities provides immediate attention in the least

restrictive setting through a robust menu of individualized treatment services and recovery supports. OUD crisis beds were supported in Baltimore City and Allegany, Anne Arundel, Carroll, and Kent Counties, with a total of 78 beds providing treatment for 1,610 individuals.

**Safe Stations:** The Safe Stations program includes care coordination, peer recovery support, and legal assistance with warrant resolution. Entry and admission to Safe Stations is the beginning of a process that includes a team to assist individuals with opioid addiction to connect with treatment. The staffing composition requires a mobile crisis team, a strong working relationship with fire and police professionals, and care coordinators. Safe Stations, located in Anne Arundel, Wicomico, and Worcester Counties provided walk-in services to 638 individuals in 2020.

**Detention Center Medication Assisted Treatment (MAT) Programs:** MAT in detention centers ensures that detained individuals who are diagnosed with OUD are referred to and engaged in treatment services and receive recovery support and housing. Treatment services hope to reduce recidivism, criminal behavior, and assist returning citizens to reintegrate into the community. This service requires that MAT, including naltrexone, buprenorphine, and methadone, be made available while the individual is incarcerated. It also provides linkage to MAT for continued care in the community. Baltimore, Calvert, Caroline, Cecil, Harford, Howard, Montgomery, Prince George's, Queen Anne's, and St. Mary's Counties provided MAT to 434 individuals.

**House Bill 116:** The Opioid Screening and Treatment in Correctional Settings program tasked detention centers with screening inmates for OUD and offering all three FDA-approved forms of MAT when appropriate. Four jurisdictions volunteered to pilot an MAT program, including Howard, Montgomery, Prince George's, and St. Mary's Counties. These jurisdictions received $1.7 million in grant funding through the program, which engaged a total of 232 patients in 2020. The COVID-19 pandemic negatively impacted the implementation and operation of the MAT programs.

*Office of Early Intervention and Wellness Services*

**Maryland Addiction Consultation Service (MACS)**: MACS provides support to prescribers and their practices in addressing the needs of their patients with substance use disorders and chronic pain management. MACS is made possible through funding from BHA and is administered by the University of Maryland School of Medicine. Services include:

- providing phone consultation for clinical questions, resources, or referral information;
- offering education and training opportunities related to substance use disorders and chronic pain management (Data 2000 waiver and Buprenorphine 101 and 102);
- assisting in identification of addiction and behavioral health resources that meet the needs of the patients in the community; and
- individualized technical assistance to practices implementing or expanding office-based addiction treatment services.

**Hub and Spoke Pilot**: BHA awarded SOR I no cost extension funding to the following jurisdictions for the Hub and Spoke Pilot: Anne Arundel County, Baltimore County, Calvert County, Howard County, St. Mary's County, and Wicomico County.
The Hub and Spoke Model is designed to support buprenorphine waivered prescribers with serving individuals with OUD. The primary goals are to increase the number of community-based prescribers and the number of OUD patients they are willing to treat. The program also aims to facilitate the

transfer of an OUD patient from a community-based prescriber (spoke) to a SUD treatment program (hub), as needed. This goal will be accomplished by linking prescribers into a continuum of care for the treatment of OUD. Prescribers will have the capability to transfer a patient to a higher level of treatment, including any ancillary support, if necessary.

**Opioid Use Disorder, Medical Patient Engagement, Enrollment in Treatment & Transitional Supports Program (OUD MEETS)**: OUD MEETS is a program that aims to decrease barriers to treatment and break down silos of care for individuals with OUD. It also aims to increase access to appropriate resources to facilitate more aspects of recovery. To be eligible for enrollment in the program, medically complex patients with OUD who are hospitalized are required to undergo a post-acute care stay at a skilled nursing facility (SNF). The program also targets individuals who are not currently on medication assisted treatment for OUD. While the program is limited to patients with OUD, many of the resources and protocols are substance-agnostic. OUD MEETS is funded through Behavioral Health System Baltimore and BHA via Maryland State Opioid Response grants.

The OUD MEETS program's partners commit to providing the highest level of care for patients with OUD. At hospitals, this means ensuring that patients with OUD are seen by a member of the Addiction Medicine Consult service, a peer recovery coach (PRC), and a transitional social worker (SW) or case manager (CM). Patients can be started on medication therapies such as methadone or buprenorphine (Suboxone) and be directly enrolled in an opioid treatment program (OTP) before discharge to the post-acute care facility. After patients are discharged from their post-acute care stay at the SNF, they continue their pharmacotherapy treatment for OUD with the OTP, have regular engagements and follow ups from the Transitional SW/CM and PRC.

**Maryland 211 press 1:** 211 Maryland has been in existence since 2004 and was supported by both United Way and federal funds. Historically, this service provided callers with information about resources in the community. In order to distinguish and prioritize calls from the standard 211 calls about resources, 2-1-1 Maryland, Inc. developed the "press 1" option. This option moves the call to the front of the queue ahead of calls about housing, entitlements, and other general 211 resources.

Currently, the Maryland 211, Press 1 crisis hotline system has five regional hotline vendors who answer all call, text, and chat contacts. These regional call centers are operated by Life Crisis, Inc., Frederick County Mental Health Agency (FCMHA), and Community Crisis Services, Inc. (CCSI), Grassroots, Inc., and Baltimore Crisis Response, Inc. (BCRI). Between all five of these regional call centers, they handle approximately 23,000 hotline calls, 2,000 hotline chats, and 2,000 hotline texts each year and the numbers have been increasing each year.

Additional funding was allocated to Maryland 211, Press 1 in fiscal year 2021. This will allow them to increase staffing at the regional call centers due to increased call volumes related to COVID-19 and to enhance the database resource system.

At this time, BHA is working to implement significant changes to the Statewide Crisis Hotline System. This work is currently referred to as the "integration of local crisis hotlines." The concept is that local hotlines are more familiar with their jurisdiction's resources, some of which may not be included in statewide databases. Additionally, several local hotlines have access to specialized local crisis services that can provide additional capabilities to better serve a hotline caller's needs. Making our 211 Press 1 system more local would leverage these benefits.

In Maryland, there are several local hotline service providers that are not currently a part of the *211 Press 1* system. BHA envisions seamlessly transferring calls from 211, Press 1 to the appropriate local line if one exists in the caller's jurisdiction. The caller would hear the 211, Press 1 messages, but the call would be immediately and seamlessly pushed to the pre-arranged local hotline. Currently, there are 16 local lines in Maryland (this includes the five that currently provide 211 Press 1 services). Most provide services 24 hours a day, 365 days per year and serve both mental health and substance use disorder concerns.

**Public Awareness:** SOR funding supported the following awareness campaigns in 2020: 1) How to administer naloxone; 2) Anti-stigma; 3) Dangers of fentanyl; 4) Good Samaritan law; and 5) Call 211, Press 1. These campaigns currently ongoing on multiple media platforms, including television, over-the-top streaming, radio, Pandora, GoogleWord, and social media. Due to the COVID-19 pandemic, BHA opted not to promote messaging in movie theaters, transit, or minor league stadiums. BHA also promoted the Talk to Your Doctor (if being prescribed an opioid for pain) campaign in medical waiting area settings, pharmacies, and stores with pharmacies.

We also expanded the Naloxone Electronic Toolkit outreach to businesses and organizations by including a brief survey on the importance businesses play in promoting this life saving information and by teaming up with members of Public Health's Harm Reduction team in hosting a webinar for businesses on how to administer naloxone, where to obtain naloxone and how to promote the toolkit on their business websites.

New messages that were created and promoted included:

- self-care during stressful times brought on by COVID-19;
- reminding the public that counseling services and treatment services are open for business through messaging on social media;
- messaging for construction workers regarding SUDs; and
- promoting Operation Courage through digital and audio messaging encouraging frontline/essential workers to reach out if experiencing stresses.

## Prevention and Health Promotion Administration

**Data Collection:** The Pregnancy Risk Assessment Monitoring System (PRAMS) is a Centers for Disease Control and Prevention (CDC) supported surveillance initiative that works with state health departments to collect state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. This data provides a rich source of information, some not otherwise available, for maternal and child health programs and policy. PRAMS began collecting supplemental opioid data among pregnant women in April 2019 (January 2019 births). We received a five-month mini dataset from CDC in March 2020. Data collection is ongoing.

The Behavioral Risk Factor Surveillance Survey (BRFSS) is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. The data collected are used to characterize health behaviors, ascertain the prevalence of risk factors, and target demographic groups with increased needs. Knowing the type and frequency of health issues and risky behaviors enables the public health professionals to devise and implement programs geared toward the prevention of chronic diseases,

injury, and disability. The BRFSS initiated a substance use module in 2017, as well as 2018 and 2020, and is fielding the module in the current 2021 survey. All state modules are now posted to the IBIS site through 2018 (ibis.health.maryland.gov/about/Welcome.html).

The Center for Tobacco Prevention and Control is working with staff at Johns Hopkins University to create county-level summaries of poly-substance use data (including opioid use) and a manuscript using data derived from the Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS). The Maryland YRBS/YTS is a biennial survey conducted in Maryland middle schools and high schools that measures youth health risk behaviors that are the leading causes of morbidity and mortality. There are two opioid related questions on the Maryland YRBS/YTS that measure heroin use and prescription drug use. These questions, in addition to the other substance use questions are being analyzed for the poly-substance use summaries and a manuscript by staff at Johns Hopkins University.

*The Office for Genetics and People with Special Health Care Needs, Birth Defects Reporting and Surveillance*

The Office for Genetics and People with Special Health Care Needs convened a workgroup to help define Neonatal Abstinence Syndrome (NAS) for birth facility reporting and surveillance purposes. The workgroup met in early December and late January 2020, and the third meeting is scheduled for March 10, 2021. This third and possibly final meeting will focus on a draft NAS definition, including which elements to use (e.g., evidence of maternal substance use, symptoms, level of care required) and the parameters for each element.

*Office of Oral Health*

The Office of Oral Health provided a clinical continuing education training in December 2020 for members of the dental workforce. The training included information on best practices of pain management and dental care for patients.

*Office of Family and Community Health Services (OFCHS)*

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Substance Exposed Newborn (SEN) Training, developed in partnership with UMBC, is a two-day training program for home visitors, supervisors, and other community health professionals to equip them with tools and education related to substance abuse for women, both pregnant and postpartum. The training and pilot were funded by MDH, and the facilitation of training was conducted by the Department of Human Services. Workforce training included home visitors, community health workers, and staff attending to infants and toddlers.

Between January and September of 2020, three multidisciplinary SEN trainings were held for the following areas: Howard Montgomery, and Prince George's Counties; the Eastern Shore (Dorchester, Wicomico, Somerset, and Worcester Counties); and Baltimore City. A total of 247 trainees have completed both the prerequisite online training modules and attended the one day in person training.

The training team made several revisions to both the online and in-person components of the SEN training program. Revisions included reorganizing training materials, filming a video interview of a mother in recovery, and adding training topics (such as working with fathers and infant care strategies), and providing supplemental activities or materials. Further, multidisciplinary seating charts promoted interagency collaboration and discussions during training activities. Representation of various disciplines

at each table allowed participants to learn more about the roles, responsibilities, and eligibility criteria of different programs in the area and facilitated opportunities for participant connection to discuss possible case collaborations.

In March 2020, steps were implemented in Litmos, the Learning Management System, to manage technical difficulties to improve training experiences. Additionally, the training team published the SEN curriculum to the home visiting website and mobile application. The SEN team intends to expand the modules to create a completely online training course. The online course will include information from the one day in-person training that is not covered in the current online modules. The course is projected to have nine modules ranging from 20-30 minutes each.

The OFCHS Maryland Family Planning Program (MFPP) in partnership with DANYA Institute, Calvert County Health Department, and Parents' Place of Maryland (PPMD) began the implementation of the SBIRT training initiative to ensure that all MFPP sites had the foundational skills needed to provide SBIRT and tools and resources to create systems of bidirectional referral to treatment for service. Throughout the MFPP, there will be "train-the-trainer" pilots in each region for both the private nonprofit providers and local health departments. In June, over 300 clinical providers received SBIRT training during the Reproductive Health Roundtable, a virtual webinar/conference. In September, the Eastern Regional Delegates participated in SBIRT Training by Calvert County Health Department and DANYA Institute to provide insight on a best practice model from a local health department perspective. Additional training topics, such as how to properly bill for SBIRT services, are scheduled for the next fiscal year to encourage participation of MFPP sites. PPMD is the lead agency for the private nonprofit sites and their training and implementation plan was postponed until January 2021 due to COVID-19.

*Center for Environmental, Occupational, and Injury Epidemiology*

The Center for Environmental, Occupational, and Injury Epidemiology participates in the Maryland Violent Death Reporting System (MVDRS) and State Unintentional Drug Overdose Reporting System (SUDORS), two federally funded enhanced surveillance systems for violent death and fatal overdose surveillance. Both projects rely on a team of trained data abstractors housed within the Center to review information provided by partners in VSA, the OCME, and multiple law enforcement agencies in Maryland to document 600 discrete indicators related to the circumstances of violent death and fatal overdose events in Maryland.

The MVDRS project began data collection in Maryland starting with violent deaths occurring in 2003, and it has included poisonings of undetermined intent (including fatal overdose) since its inception. The SUDORS project began data collection in Maryland starting with fatal overdose events occurring in 2017, and it includes overdose deaths of undetermined intent as well as accidental overdose deaths. SUDORS data collected in 2017 and 2018 were collected under the Enhanced State Opioid Overdose Surveillance (ESOOS) grant and reflect opioid-related fatalities only.

SUDORS data collected beginning in 2018 through present are collected under the Overdose Data to Action (OD2A) grant and include all overdose deaths, including both opioid-related and non-opioid-related fatalities. In addition to the different case inclusion criteria for MVDRS and SUDORS, it should be noted that there are additional overdose fields collected through SUDORS that are not collected in MVDRS, which greatly expands the circumstance data available about fatal overdoses through the SUDORS system. At present, local health departments use SUDORS data to inform planning and ORF

teams anticipate using SUDORS data to supplement information available to them through their usual process (currently under development).

*Center for Harm Reduction Services*

The Center envisions a Maryland where health and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner. The Center's portfolio includes coordination of statewide naloxone distribution, syringe service programs, a harm reduction grant program, and local capacity building initiatives. In 2020, the Center's grantees reached a total of 55,696 people through 87,774 encounters. These are moments where an individual at high risk of overdose and infectious disease can be offered naloxone, testing, referrals and linkage to needed care. The Center purchased naloxone for 120 local ORPs, who collectively distributed 97,078 doses to over 40,000 Marylanders. The Center delivered an additional 39,114 doses to over 100 opioid treatment program locations in response to COVID-19. In 2020, the Center made all training virtual, and continued to support law enforcement agencies with diversion programs, training officers at one new site. In addition, 3705 people received training on critical public health topics that deepened their understanding of harm reduction through the Regrounding our Response program.