



OPIOID RESTITUTION FUND

# ADVISORY COUNCIL

## MEMORANDUM

October 3, 2023

**To:** Governor Wes Moore and Secretary Laura Herrera Scott

**From:** The Opioid Restitution Fund Advisory Council

### Background

Maryland's [Opioid Restitution Fund \(ORF\)](#) was created in 2019 to receive all funds awarded to the State of Maryland through legal settlements with prescription opioid manufacturers and distributors. In 2022, Maryland established the [ORF Advisory Council \(ORFAC\)](#) to provide recommendations regarding the use of those funds.

The ORFAC has six members appointed by the Governor and Secretary of Health, and eight members that were specified in the legislation. Members include individuals from the following organizations/agencies: the Opioid Operational Command Center, Maryland Department of Health (MDH) Behavioral Health Administration, MDH Medicaid Administration, Maryland Senate, Maryland House of Delegates, Maryland Municipal League, Maryland Association of Counties, and the Office of the Maryland Attorney General. Appointed members include individuals directly impacted by overdose through personal experience and individuals involved in harm reduction services and substance use treatment.

### Fiscal Year 2024 Funding

Including the year-three (Y3) payment recently received by the state, the following funds are available and subject to the council's recommendations:

- State Discretionary Abatement Fund: \$16,276,463.98
- State Allocation: \$16,276,463.98

# Recommendations

Between November 2022 and August 2023, the advisory council [met twelve times](#) and held two public listening sessions. Members of the public were able to submit written comments at any time to the [help.oocc@maryland.gov](mailto:help.oocc@maryland.gov) inbox to be shared with the council in addition to the opportunity to share comments and ask questions at the end of each advisory council meeting. Throughout the meetings and listening sessions, the council heard from state officials regarding data and gaps in service, community organizations, and individuals directly impacted by the overdose crisis. Along with feedback from the public, the council took into consideration data from [the 2021 Data Informed Overdose Risk Mitigation report](#), [the Racial Disparities in Overdose Task Force report](#), and Maryland's [Inter-Agency Opioid Coordination Plan](#).

By November 1 of each year, the council must provide recommendations to the Governor and Secretary of Health. The ORFAC's recommendations for 2023 are below.

The Council respectfully requests that the Governor and Secretary provide feedback on the recommendations presented and discuss the state's plan for expenditure with the Council.

## 1. Improve Infrastructure for Opioid Initiatives

- **Enhance Interagency and Interdepartmental Data Sharing**
  - Data should drive decisions around funding and policy. Enhancing Maryland's current data systems and creating additional opportunities for data sharing should be prioritized when considering how to spend ORF funds. Examples could include:
    - Support for the Data Informed Overdose Risk Mitigation (DORM) project
    - Support enhancements to Maryland's overdose data and demographic dashboard
- **Improve Strategic Partnerships between State, Local, and Community Organizations**
  - Collaboration between state agencies and between state, local, and community-based organizations is essential for ensuring a robust and well-rounded response to overdose crisis. Settlement funds should be used to support efforts that increase this collaboration. Examples could include:
    - Supporting multi-jurisdictional efforts to expand access to care, such as transportation, mobile crisis services, treatment, and harm reduction services.
- **Analyze Emerging Drug Trends**
  - The illicit drug supply rapidly changes, with new substances becoming more

prevalent and potency changing constantly. These abrupt changes can lead to adverse health outcomes for people who use drugs, such as overdose, or as we see with xylazine, severe wounds. Wounds associated with xylazine can hinder access to treatment as most treatment providers cannot accept patients with open wounds. Access to drug checking services and public awareness of these changes can reduce the chance of these adverse outcomes. Examples could include:

- Maryland’s Rapid Analysis of Drugs program
  - “Bad batch” alert systems
- **Consider multi-year grants**
    - Particularly when staffing is involved in grant projects, funding for more than one year allows organizations to better implement their programs and reach their goals. Multi-year funding can increase project sustainability, fostering more robust relationships between organizations and the people they serve while reducing the risk for gaps in services due to inconsistent funding streams.

## **2. Promote Youth Resiliency**

- **Raise Awareness of Adverse Childhood Experiences (ACEs) in Schools and Communities**
  - Studies show that ACEs in children are associated with substance use disorder development later in life.
    - The Centers for Disease Control and Prevention (CDC) provides 6 strategies, 2 case examples of evidence-based approaches to address ACEs, which settlement funding could be used to support in Maryland.<sup>1</sup>
- **Support and Expand Prevention Programming**
  - While youth substance use rates are not increasing, youth overdose rates in some areas of the state are increasing. Prevention programs that address social determinants of health are vital, as is education on harm reduction measures such as naloxone and fentanyl test strips.
    - Other evidence-based prevention programs could include:
      - Nurse Family Partnership
      - Strengthening-Families Program

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<sup>1</sup> <https://www.cdc.gov/drugoverdose/od2a/case-studies/ACEs.html>

- Strong African American Families Program
  - Partner with schools to provide evidence-based substance use awareness training and support for parents, e.g. Night of Conversation, Threat in Plain Sight.
  - Work with family support and youth prevention coalitions to promote healthy coping mechanisms and address roots of community trauma, such as expansion of prevention clubhouses.
  - Promote engagement of individuals in recovery with prevention programming.
- **Support for families**
  - The grief families experience after losing a loved one to overdose can be uniquely challenging due to stigma. Supporting families through this experience is important.
    - Wicomico County has started partnering with Coastal Hospice to provide grief services to families who have lost someone to an overdose.
  - If substance use disorder is implicated with a parenting person, they likely need resources and support. Child Protective Services involvement and the stress that can come with that is also an important consideration on this topic.

### **3. Increase Awareness of the Opioid Crisis**

- **Promote and Disseminate Regrounding our Response (RoR) Curriculum**
- **Create Accurate and Data-Driven Messaging for the General Public**

### **4. Expand Harm Reduction Services**

- **Overdose prevention centers**
  - OPCs are an evidence based public health intervention. Studies around the world show they decrease infectious disease rates, decrease syringe litter, decrease crime in the surrounding area, and increase engagement in treatment. No one has ever died of an overdose at these locations.
    - [This](#) document reviews all of the scientific peer reviewed literature on the efficacy of OPCs.
  - There is a complicated policy and funding environment on this topic. ORF funds are well suited to support this program because they are not bound to the same limitations that federal funds are.

- For example, Syringe Service Programs face a ban on using federal funds to purchase syringes, leaving them underfunded (<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0216205> ).

- **Expand Targeted Naloxone Distribution**

- As highlighted in a presentation by MDH's Center for Harm Reduction Services, there is a need for a consistent and adequate funding source for naloxone. Federal grants have been the main source of funding and have been inconsistent over the last few years. CHRS projections indicate that roughly \$17.5 million is needed annually to fully fund naloxone distribution.

- **Expand Targeted Harm Reduction Outreach**

- Community-based harm reduction organizations are effective at building trust and maintaining relationships with people who use drugs. These organizations are best poised to provide services to this otherwise hard-to-reach population. These programs provide a suite of services which are effective at keeping people safe and improving health outcomes by connecting people to other treatment services.<sup>2</sup>

## **5. Promote Comprehensive Care Coordination**

- **Explore Opportunities to Expand Mobile Health Clinics**

- **Improve Long-Term Intensive Case Management**

- **Re-entry services**

- Individuals are at an increased risk of overdose following release from incarceration. Re-entry services support individuals leaving incarceration in their transition back to the community, providing connections to treatment and other resources. It is important for re-entry services to begin behind the walls to build trust, establish appointments and/or provide community resources before release.

## **6. Expand Maryland's Crisis Response System**

- **Continue to Identify and Fill Gaps in Crisis Services**

- **Improve Operational Efficacy of Crisis Response System**

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<sup>2</sup> <https://www.cdc.gov/ssp/syringe-services-programs-summary.html#linkage>

- **Ensure financial stability and sustainability**
- **Youth and family services, including crisis services**

## **7. Expand Access to Treatment for Opioid Use Disorder**

- **Promote Buprenorphine Induction in Emergency Departments**
  - <https://nida.nih.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department>
  - **DORM data** shows that Black males aged 55 and older had disproportionately low access to buprenorphine and also accounted for the majority of fatal ODs in Maryland in 2021.
  - Black Marylanders with non-fatal overdoses more likely to have a subsequent ED visit ([DORM finding](#))
- **Improve Primary Care Provider Engagement**
  - Primary care providers are well positioned to serve as the vanguard of healthcare services for people who use drugs and people with substance use disorder. Primary care providers can treat for a variety of the sequelae of substance use and can also serve as referral points to specialized care. Additionally, primary care providers are now able to prescribe buprenorphine without having to get an x waiver.
  - Training on substance use disorders and treatment is needed for Primary Care and other medical providers.
    - MACS: <https://www.marylandmacs.org/>
- **Expand MOUD to All Correctional Facilities (SUD treatment and services within detention centers)**
  - Despite passage of the Opioid Use Disorder Treatment and Examination Act (HB 116), some local detention facilities are still out of compliance with the law requiring various SUD services including offering all three forms of MOUD. Funding and staffing are the primary barriers to full implementation reported by local jurisdictions.
- **Youth substance use treatment**
  - In the twelve months ending in May 2023, there were 124 fatal overdoses in individuals under the age of 25.

- There is only one treatment facility and one detox in Maryland that treats adolescents with SUD and accepts Medicaid. Two others only accept private insurance or self pay. This leaves parents and youth to look for services out of state, which is often not feasible.
- Maryland only has one recovery high school- Phoenix Recovery Academy in Frederick, MD.
- There is a need for bilingual access and increased outreach in Latinx/Hispanic and Tribal communities for youth in particular.
- **Transportation**
  - Lack of transportation is a barrier to treatment.
    - [Live. Long. DC](#) is currently providing transportation to treatment.

## **8. Support Recovery Communities**

- **Promote Opportunities to Embed Peers in Community Settings**
- **Develop and Support Recovery Community Infrastructure**
- **Increase Access to Recovery Housing and Permanent Supportive Housing**
  - Stable and safe housing is an essential part of reaching and maintaining recovery.
- **Access to inclusive recovery resources, including for LGBTQIA+ populations.**
- **Support recovery community organizations**

*\*The Council assumes that legal counsel for the Department of Health will perform a legal review of the recommendations to determine alignment with state law and the allowable uses outlined in the Opioid Restitution Fund statute prior to any expenditure from the fund.*