Charting Maryland's Path: Evidence-Informed Priorities for Opioid Settlement Investments

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A Call to Action for Maryland Communities

Maryland has cut overdose deaths by 57% since their peak in the COVID-19 pandemic. Still, overdose remains one of the state's leading preventable causes of death and federal funding is tightening, with Medicaid changes alone potentially costing Maryland up to $2.7B annually. The Opioid Restitution Fund and county-directed settlement dollars are now among the most flexible funds available to save lives by preventing overdose and to address the harms of substance use control efforts that have disproportionately affected marginalized communities. Local jurisdictions control most of Maryland's settlement dollars (~$442M to date for counties, plus $580M to Baltimore City). **Local jurisdictions therefore have the biggest opportunity to promote solutions that align to local priorities to address the opioid crisis.**

A recent initiative (2023–2025) called Measurements for Accountability to All People in Policy Solutions (MAAPPS) undertook a thorough process to identify where settlement fund dollars can have the greatest impact toward local priorities. The initiative was led by the American Institutes for Research, in partnership with Maryland state agencies including Maryland's Office of Opioid Response (MOOR), and community members with lived and professional experience with substance use disorder (SUD). MAAPPS combined fiscal reviews, policy analysis, public data, listening sessions, and interviews with Marylanders with lived experience to review past and current drug policies, SUD investments, challenges, opportunities, and priorities going forward. As a result, MAAPPS identified shared values among community stakeholders and translated them into actionable strategies and measurable outcomes for preventing overdoses, addressing SUD, and identifying priorities for equitable opioid settlement investments.

Community Priorities

The MAAPPS process revealed three overarching community priorities concerning the assets and the gaps associated with addressing overdose deaths and SUD. These are:

Expand economic opportunity

Employment, housing, and financial stability are protective factors that support prevention and recovery from SUD and promote long-term wellbeing.

Enhance care coordination

Reduce fragmentation and improve continuity of care. Currently, people get "bounced around" between offices for treatment, housing, and benefits—discouraging them from accessing treatment and recovery supports.

Strengthen respectful, trauma-informed care tailored to local needs.

Reduce stigma, build trust, and promote peer recovery so people can access and stay in high-quality care. Involve impacted people from the community in designing solutions together.

Seven Recommendations for What Local Jurisdictions Can Do

To act on these three priority areas, local jurisdictions can adopt seven specific types of evidence-based, community-informed recommendations.

1. Maintain and expand social and economic opportunity initiatives

Support expungement and record-relief clinics, civil legal services, and Recovery Friendly Workplace participation. Record clearance raised recipients' wages more than 22% within one year.

2. Promote a healing-centered, compassionate, accessible continuum of care

Fund programs that embed people with lived experience in leadership, staffing, and advisory roles. Connect drug user health services (syringe services, naloxone, test strips, wound care) directly to treatment access rather than running them separately.

3. Grow the prevention, treatment, and recovery workforce

Recruit most where personnel gaps are greatest (e.g., Caroline, Dorchester, Garrett, and Kent Counties). Grow the Certified Peer Recovery Specialist workforce by offering living wages and career ladders. Increase use of telehealth to bridge access gaps in rural communities. Strengthen clinician training to reduce stigma.

4. Strengthen the full prevention–treatment–recovery continuum

Invest in early, multigenerational prevention in counties with high prevalence of adverse childhood experiences (ACEs). Ensure every community has shelter options for people with active SUD; build on diversion models like Law Enforcement Assisted Diversion (LEAD) and Stop, Triage, Engage, Educate, Rehabilitate (STEER) to reduce incarceration and recidivism.

5. Enhance and invest in wraparound supports

Create integrated one-stop care centers to ease access to essential recovery supports like housing and transportation; connect recovery housing to rental assistance; provide transition support like deposits and first month's rent; and fund rides, bus passes, and peer-led transportation, especially in rural areas.

6. Support integrated, community-based physical and behavioral health services

Promote whole-person, value-based care and braided funding. Make grantmaking easier to access and faster to deploy for trusted, community-led organizations. Reduce barriers for recovery-led businesses that are often excluded by credit and justice-history criteria.

7. Coordinate responses and track progress

Coordinate through county Overdose Prevention Teams (OPTs) and neighboring jurisdictions to avoid duplication. Align settlement, behavioral health, housing, criminal justice, and workforce funding around shared outcomes. Use standardized measures, including employment, earnings, and housing stability, and build on local data models like the Baltimore City Youth Data Hub.

The Bottom Line

MAAPPS points to clear actionable steps for local jurisdictions: fund trusted community solutions; connect services across systems; invest in housing, transportation, and employment alongside treatment; and track results to link dollars to fewer overdose deaths.

For more information, including full report: Visit MAAPPS webpage https://air.org/project/measurements-accountability-all-people-policy-solutions-maapps | Contact Project Director: Anna Jefferson, ajefferson@air.org