



# MARYLAND BLUEPRINT

IMPLEMENTING A COMPREHENSIVE RESPONSE TO ADDICTION



ADDICTION  
POLICY FORUM



**“ We envision a world where fewer lives  
are lost and help exists for the millions of  
Americans affected by addiction every day. ”**

# ADDICTION POLICY FORUM

## **Our Mission**

We are a diverse partnership of organizations, policymakers and stakeholders. Our mission is to work together to elevate awareness around addiction and to reshape national policies to implement a comprehensive response to addiction that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

## **Our Role**

We support, promote and work with others in the addiction community to advance knowledge and translate discoveries about substance use disorder and its consequences into practical solutions that make everyday life better for people living with, in recovery from, or at risk of addiction.



Dear reader,

As the founder and CEO of Addiction Policy Forum, I have the pleasure of working with patients, families, and a team of people who are passionate about solving addiction in America. We have the honor of giving voice to the millions of patients and their families struggling with, recovering from, or at risk of addiction. As a person whose family has been devastated by this disease, I've made it my mission and Addiction Policy Forum's to contribute to a world where fewer lives are lost and help exists for the millions of Americans affected by addiction every day.

Working with the patients and families in our network, the Addiction Policy Forum has identified strategic areas for responding to addiction, all of which depend upon and interact with one another. These strategic areas are:

- Advocating and Educating
- Helping Families in Crisis
- Preventing Addiction
- Expanding Treatment Access and Integration into Healthcare
- Expanding Recovery Support
- Protecting Children Impacted by Parental Substance Use Disorder
- Reframing the Criminal Justice System

The Blueprint for Maryland: Implementing a Comprehensive Response to Addiction provides recommendations in these seven strategic areas to implement a comprehensive response to addiction in Maryland. Addiction Policy Forum developed the recommendations in this report with input from its network of Maryland patients and families as well as dozens of addiction policy leaders in the state. We are incredibly grateful to them all for their contribution and humbled to get to do this work with them.



Jessica Hulsey Nickel  
President and CEO  
Addiction Policy Forum





## Executive Summary

Maryland is among the states that have been impacted most by the opioid epidemic. In 2016, 2,089 people died from drug and alcohol overdose. This represents an increase of 66 percent over 2015, largely due to the rise in opioid-related deaths. The opioid epidemic has also resulted in rapidly escalating utilization of health system inpatient and emergency department services. As of 2014, Maryland had the highest rate of opioid-related hospital inpatient stays and the second highest rate of opioid-related emergency department admissions in the country.

While among the most severely impacted states in the country, Maryland has also been among the most active and innovative in responding to addiction. In 2015, Governor Larry Hogan signed an Executive Order creating the Heroin and Opioid Emergency Task Force. And in 2017, Governor Hogan declared a State of Emergency to provide additional resources and coordination to combat opioids. The state legislature passed the Heroin and Opioid Prevention Effort and Treatment Act of 2017 to make significant changes to improve Maryland's response to addiction and opioids. The state has taken additional steps to address the crisis. And local governments and organizations have implemented innovative and effective programs to address local needs.

The twenty-three recommendations in this blueprint provide a comprehensive roadmap for Maryland to address substance misuse and addiction using evidence-based practices and inter-agency stakeholder partnerships. Maryland is a demonstrated leader and innovator in addressing substance use disorders. To build on its leadership and ensure every resident has access to evidenced-based services and programs for addressing substance use disorder, Maryland should prioritize expanding coordination among the Maryland Behavioral Health Administration, the Opioid Operational Command Center, and their state and local partners, assess prevention and early intervention programs statewide and identify gaps and needs in each jurisdiction, and improve insurance coverage of addiction services.

**Recommendation 1:** Improve coordination of addiction response activities across state and local agencies.

**Recommendation 2:** Require Opioid Intervention Teams under the Opioid Operational Command Center and Overdose Fatality Review Teams in the State to seek input from families and individuals impacted by substance use.

**Recommendation 3:** Expand public awareness and education efforts.

**Recommendation 4:** Make it easier for patients and their families to find treatment services.

**Recommendation 5:** Expand Crisis Stabilization Centers to all regions/jurisdictions in Maryland.

**Recommendation 6:** Expand capabilities of statewide crisis services hotline.

**Recommendation 7:** Increase PDMP interoperability with other states.

**Recommendation 8:** Assess prevention and early intervention programs.

**Recommendation 9:** Implement a Student Assistance Program among school-aged youth.

**Recommendation 10:** Improve insurance coverage of SUD screening and treatment.

**Recommendation 11:** Expand the Safe Stations program to all Maryland jurisdictions.

**Recommendation 12:** Establish integrated health care programs to address substance use and somatic health.

**Recommendation 13:** Implement evidence-based post-overdose protocols in emergency departments.

**Recommendation 14:** Address the unique needs of pregnant and postpartum mothers with substance use disorder and their children.

**Recommendation 15:** Ensure the public and law enforcement understand the Maryland Good Samaritan Law and implement it consistently.

**Recommendation 16:** Increase funding for naloxone training and distribution.

**Recommendation 17:** Expand syringe services access statewide and provide increased support for each jurisdiction to implement.

**Recommendation 18:** Assess recovery supports and opportunities for expansion.

**Recommendation 19:** Expand Evidence-Based Interventions in Child Welfare Agencies.

**Recommendation 20:** Provide necessary support services for caregivers

**Recommendation 21:** Expand substance use disorder family-based treatment options.

**Recommendation 22:** Assess and expand opportunities for implementing a Sequential Intercept Diversion Model.

**Recommendation 23:** Maryland should implement and expand a pre-arrest diversion program to reduce the burden on the criminal justice system

<sup>1</sup> <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.jsp>



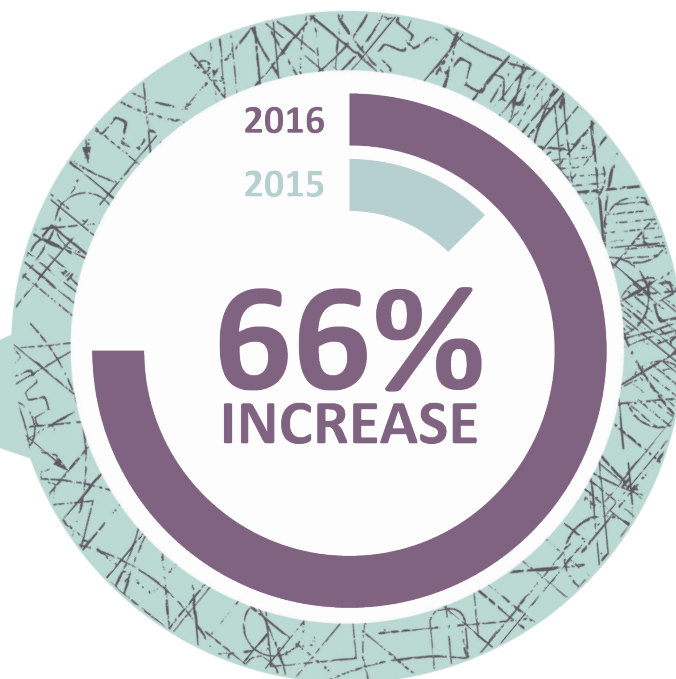
# Background

The United States is in the midst of a public health crisis of substance misuse, addiction, and overdose. According to data from the Centers for Disease Control, 63,600 people died from a drug overdose in 2016. This means that every day in the United States, 174 families have a newly empty seat at the dinner table. About two-thirds of these deaths have resulted from opioid-related overdose.

In addition to the tragic loss of life, millions continue to struggle with active addiction. According to the 2016 National Survey on Drug Use and Health, 20.1 million Americans had a substance use disorder in 2016. Millions of others are in recovery from this disease.

Maryland is among the states that have been impacted most by the opioid epidemic. **In 2016, 2,089 people died from drug and alcohol overdose. This represents an increase of 66 percent over 2015, largely due to the rise in opioid-related deaths.** Of fatal overdoses in 2016, almost ninety percent were opioid-related. Fentanyl, a substance fifty times more potent than heroin, is the largest contributor to the increase in opioid-related fatal overdoses. Between 2015 and 2016, there was a 229 percent increase in fentanyl-related deaths. Forty-two percent of 2016 fatal overdoses occurred in Baltimore City, Baltimore County, Anne Arundel, Prince George's, and Montgomery counties.

The opioid epidemic has also resulted in rapidly escalating utilization of health system inpatient and emergency department services. Between 2005 and 2014, the national rate of opioid-related inpatient



<sup>2</sup>[https://bha.health.maryland.gov/OVERDOSE\\_PREVENTION/Pages/Data-and-Reports.aspx](https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx)



# Maryland's Response

While among the most severely impacted states in the country, Maryland has also been among the most active and innovative in responding to addiction. In 2015, Governor Larry Hogan signed an Executive Order creating the Heroin and Opioid Emergency Task Force. And in 2017, Governor Hogan declared a State of Emergency to provide additional resources and coordination to combat opioids. The state legislature passed the Heroin and Opioid Prevention Effort and Treatment Act of 2017 to make significant changes to improve Maryland's response to addiction and opioids. The state has taken additional steps to address the crisis. And local governments and organizations have implemented innovative and effective programs to address local needs.

The recommendations in this report build on Maryland's response and outline a comprehensive response to addiction in the state.

## Heroin and Opioid Emergency Task Force

The Heroin and Opioid Emergency Task Force, comprised of addiction experts, mental health professionals, law enforcement, family members, and those who have struggled with addiction, was created to recommend holistic, comprehensive

solutions to address the heroin and opioid epidemic in Maryland. The task force developed thirty-three recommendations for combating the opioid and heroin crisis in Maryland. Among other things, the report includes recommendations to:


- Expand access to treatment;
- Enhance quality of care;
- Increase overdose reversal training and naloxone distribution;
- Improve law enforcement options;
- Promote educational tools for youth, parents, and school officials; and
- Improve state support services.

## State of Emergency

In 2017, Governor Hogan declared a State of Emergency to expand, improve, and coordinate state and local responses to opioid addictions and overdoses. Through this declaration, the state dedicated \$50 million over five years to fight the opioid epidemic.

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<sup>2</sup>[https://bha.health.maryland.gov/OVERDOSE\\_PREVENTION/Pages/Data-and-Reports.aspx](https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx)



The state created the Opioid Operational Command Center (OOCC), as part of the Maryland Emergency Management Agency, to coordinate across state agencies and support coordination at the local level. Under the OOCC, each county and Baltimore City have an Opioid Intervention Team (OIT) to coordinate responses across agencies and organizations in their jurisdiction.

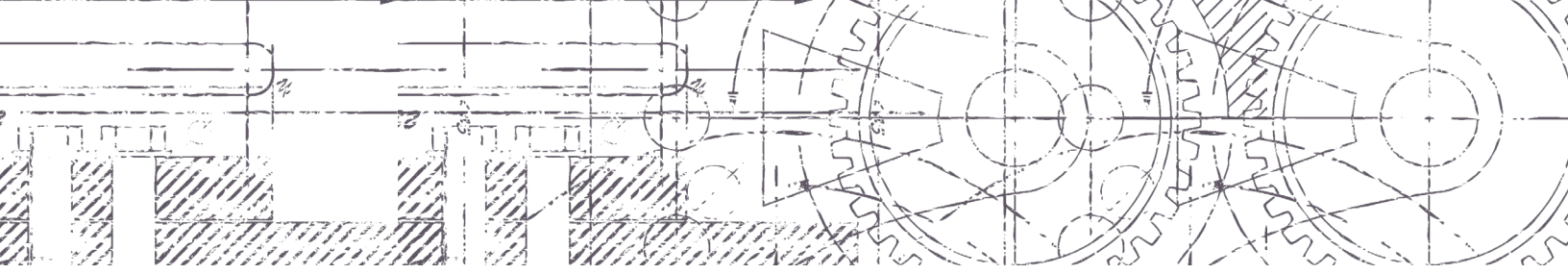
**The Center is tasked with the following objectives:**

- Develop operational strategies to continue implementing the recommendations of the Heroin and Opioid Emergency Task Force;
- Collect, analyze, and facilitate data sharing among state and local sources while maintaining the privacy and security of sensitive personal information;
- Develop a memorandum of understanding among state and local agencies that provides for sharing and collecting health and public safety information and data relating to the heroin and opioid epidemic;
- Assist and support local agencies in the creation of opioid intervention teams; and
- Coordinate the training of and provide resources for state and local agencies addressing the threat to the public health, security, and economic well-being of the state.


The OOCC, in collaboration with the state's Behavioral Health Administration, administers the Governor's \$50 million fund for opioid response; these funds are promised for distribution over a five year period. It also operates the Before It's Too Late website and communications campaign.




Opioid Intervention Team Funding and Projects	
Jurisdiction (Total Award)	Project
<b>Allegany County</b> \$115,956	Educate patients and prescribers
	Reduce illicit supply of opioids
	Increase community supply of naloxone
	Increase youth understanding of opioid addiction
<b>Anne Arundel County/            Annapolis City</b> \$286,859	Augment mobile crisis response
	Sustain existing and develop new public information outreach campaigns
	Increase capacity of peer support services in emergency departments
<b>Baltimore City</b> \$1,240,429	Expand medication-assisted treatment
	Distribute naloxone to first responders and community
<b>Baltimore County</b> \$469,738	Expand peer recovery support services during non-traditional hours and in non-traditional settings
	Develop media campaign on public health issues related to opioid epidemic
<b>Calvert County</b> \$101,676	Expand access to clinical services and medication-assisted treatment funding
	Establish peer recovery support specialist program
	Work with Calvert Memorial Hospital to provide outreach and prescriber education
	Develop opioid abuse awareness and health promotion campaign
<b>Caroline County</b> \$78,183	Collect data on opioid epidemic
	Decrease opioid growth
	Enhance opioid program and naloxone
<b>Carroll County</b> \$138,068	Increase mobile crisis and crisis stabilization services
<b>Cecil County</b> \$123,327	Augment informational campaign
	Increase youth knowledge of opioid risks



Charles County \$108,125	Support Substance Use Services Clinic
	Increase availability of naloxone for first responders
	Increase community knowledge surrounding opioids, overdoses, and available county resources
	Support peer recovery specialist services
Dorchester County \$74,037	Promote use of Prescription Drug Monitoring Program (PDMP)
	Establish on-call peer recovery support
	Develop outreach and promotion
	Support efforts to train members of Youth Action Council
	Expand medication-assisted treatment with Department of Corrections
	Support pre-release casework
Frederick County \$162,022	Collect, analyze, and distribute opioid epidemic data
	Expand peer support
Garrett County \$71,273	Expand emergency room-based peer recovery support
	Develop heroin and opioid education and prevention in public schools
	Support emergency room-based intervention for non-fatal overdoses, including overdose response and naloxone education
Harford County \$170,314	Increase access to naloxone for first responders and other individuals at risk
	Create Harford County's Central Intake, Navigation and Recovery Team
Howard County \$124,709	Augment substance use disorder screening and assessment portal
Kent County \$73,116	Develop information campaign on Opioid Community Intervention Project
	Support peer specialist(s) for Opioid Community Intervention Project
Montgomery County \$191,964	Expand Stop Triage Engage Educate Rehabilitate (STEER)
	Host three community forums: Save a Life Montgomery: Opioid and Substance Abuse
	Expand public awareness campaign
	Increase police and community access to naloxone





Prince George's County \$189,661	Distribute naloxone
	Promote educational and stigma reduction campaign
	Conduct community outreach
	Train staff
	Enhance opioid treatment
Queen Anne's County \$79,565	Develop family support program
	Increase access to opioid dependence treatment
Somerset County \$90,621	Promote Somerset County Opioid United Team (SCOUT) Initiative
	Support peer recovery specialist(s)
	Expand law enforcement support
St. Mary's County \$74,958	Expand Level 3.5 treatment services for detention center
	Encourage treatment for those who experience non-fatal opioid overdose
	Develop opioid public service announcement
	Train first responders and emergency department staff to address barriers to treatment services
Talbot County \$79,565	Purchase care for uninsured
	Supplement recovery beds and initial housing assistance
	Assist with urine testing – recovery houses
	Support student education
Washington County \$158,797	Develop Community Overdose Response for Direct Service (CORDS) Crisis Response
	Promote public awareness of CORDS and Safe Place Access
Wicomico County \$115,956	Host and promote opioid forum
	Increase access to naloxone
	Support for Opioid Intervention Team's coordination
Worcester County/Ocean City \$91,081	Distribute naloxone and place recovery specialists in hospital emergency department

# HOPE Act of 2017

Recognizing the continued need for action to combat the opioid crisis in Maryland, the legislature passed and Governor Hogan signed into law the Heroin and Opioid Prevention Effort and Treatment Act of 2017 (HOPE Act). Within its wide range of provisions, the HOPE Act:

- Requires the establishment of behavioral health crisis treatment centers across the state;
- Makes expansion and promotion of the statewide 24/7 crisis hotline a statutory requirement;
- Requires hotline staff to be trained to screen callers for mental health and substance use disorder needs, conduct risk assessments for overdoses and suicides, and connect callers to appropriate behavioral health resources and supports;
- Requires hospitals to have protocols for discharging patients treated for a drug overdose or identified as having a substance use disorder;
- Requires development of a plan for increasing substance use disorder treatment in jails and prisons; and
- Expands the availability of naloxone, a medication for reversing the effects of an opioid overdose, by allowing pharmacists to dispense it under a standing order prescription to anyone in the state regardless of whether the person has received training in opioid overdose response.

## Additional State Actions

At the state level, Maryland has taken additional steps to respond to addiction and overdose. These have included:

- Passing a Good Samaritan Law to protect patients and witnesses from criminal prosecution if they seek emergency help during an overdose for

themselves or another person;

- Conducting multiple public health messaging campaigns;
- Authorizing local Overdose Fatality Review teams to examine cases of fatal and non-fatal overdoses and coordinate responses across local agencies;
- Implementing of a statewide Prescription Drug Monitoring Program; and
- Supporting implementation of emergency department Screening, Brief Intervention, and Referrals to Treatment (SBIRT) and Overdose Survivors Outreach Program (OSOP);
- Prohibiting private insurance carriers from requiring prior authorizations for medications treating opioid use disorders.

## Local Government and Organizational Efforts

There are many innovative and effective programs in Maryland. Some of these are operated by local government agencies, and others are operated by organizations in various areas of the state.

- Anne Arundel County Safe Stations;
- Local Overdose Response Programs;
- Montgomery County Stop, Triage, Engage, Educate, and Rehabilitate program;
- Baltimore City Crisis Stabilization Center;
- The Community Outreach Addiction Team program in Wicomico County.



<sup>a</sup> <http://www.mhaonline.org/docs/default-source/position-papers/2017/house-bills/house-bill-1329--hope-act.pdf?sfvrsn=4.pdf>



# Baltimore City and the Opioid Epidemic

In Baltimore, a city of 620,000 residents, nearly 25,000 people are estimated to misuse opioids, and many of them are not connected to adequate treatment or social support services. **2089 people lost their lives to overdose statewide in Maryland in 2016. Of these deaths, thirty-three percent took place in Baltimore City, though the city comprises only ten percent of the state population.** Data for the first three quarters of 2017 show that these trends continued. The city experienced 574 overdose deaths out of 1,705 in the state, or thirty-four percent of statewide overdose deaths.

**2089 people lost their lives to overdose statewide in Maryland in 2016. Of these deaths, 33% took place in Baltimore City, though the city comprises only 10% of the state population.**

Baltimore has implemented a multi-pronged strategy for responding to this crisis.

## Naloxone Training and Distribution

Since January 2015, the Baltimore City Health Department, Behavioral Health System Baltimore, Healthcare for the Homeless, and Baltimore Harm Reduction Coalition have trained over 25,000 people to administer naloxone and given out tens of thousands of naloxone kits. **Residents of Baltimore have reversed over 1,300 overdoses as a result.**

The Baltimore Police Department trains and equips its officers to reverse an overdose, and they have responded in hundreds of overdose emergencies.

## Expanding Access to Treatment

Baltimore has made great strides to expand access to substance use disorder treatment:

24/7 hotline for mental health and substance use: Baltimore City has implemented a 24/7 hotline for behavioral health and crisis services. The hotline has been operational since October 2015 and receives about 40,000 calls annually.

Hospital Interventions: Baltimore hospitals have implemented SBIRT to screen all emergency department patients for substance use and intervene with those who need it, peer outreach and referrals to treatment for patients with addiction or who come to the emergency department for an overdose, and buprenorphine induction with rapid referrals to treatment for patients in withdrawal from opioids.

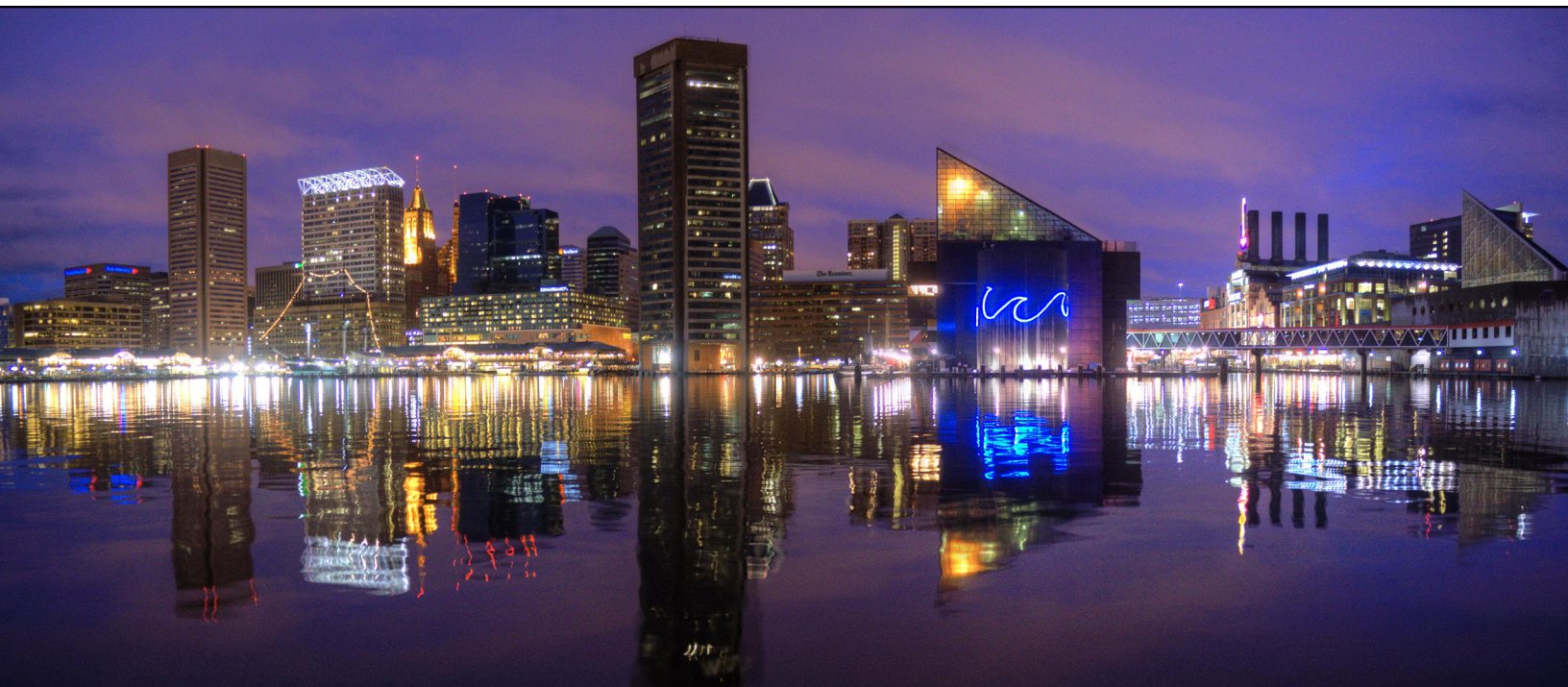
Crisis Stabilization Center: Opened in March 2018, Baltimore City's stabilization center will provide sobering services, referrals to treatment, and connections to other support services for patients with non-emergency behavioral health needs.

Hub and Spokes: Baltimore City used its Opioid



Intervention Team funds to establish a Hub for a Hub and Spokes medication-assisted treatment system that stabilizes patients with opioid use disorders and then transfers them to primary care for ongoing treatment.

Overdose Spike Detection and Rapid Response  
Baltimore has established a system for detecting spikes in overdoses and sending rapid response teams to intervene. The health department receives daily updates on non-fatal overdoses from the fire department. Epidemiologists at the behavioral health authority analyze the data to identify spikes in the city's census tracts. When a spike occurs, substance use and mental health providers, hospitals, and other stakeholders receive a notification and street outreach teams are deployed to conduct public education and naloxone training and distribution.





# Recommendations

## Advocate and Educate

Substance use disorders can have a devastating impact on individuals, families, and communities. Implementing a comprehensive and coordinated response involves stakeholders in multiple sectors of the community including public health, social services, government, treatment and recovery services, education, community coalitions, first responders, criminal justice, and families who have been directly impacted by addiction. Patients and families have critical voices that should always be included in these conversations.

Substance use disorder is a common yet commonly misunderstood disease. According to the 2016 National Survey on Drug Use and Health, 20.1 million Americans had a substance use disorder in 2016.

**Most Americans know someone with a substance use disorder (SUD), and many know someone who has lost or nearly lost a family member as a consequence of substance use. Yet, few other medical conditions are surrounded by as much prejudice, discrimination, and misunderstanding as SUDs. Historically, society has treated addiction and misuse of alcohol and drugs as symptoms of moral weakness or as a willful rejection of societal norms, and these problems have been addressed primarily through the criminal justice system. Despite decades of research demonstrating that SUDs are chronic illnesses that require medical treatment, these historical prejudices persist and often limit access to effective treatments.**

Public awareness is critical for addressing substance use disorders and their effects in our community. In order for policy to be embraced, the public needs not only to be educated, but also to begin internalizing the truth that addiction is not a moral failing. Culture shift in this direction is a necessary prerequisite to create a political environment conducive to implementing a comprehensive response to addiction.

<sup>9</sup><https://addiction.surgeongeneral.gov/executive-summary>

Public awareness is also critical for building support for new programs and policies. It is important to ensure members of the community understand the scale of the problem in Maryland, can identify signs that a loved one may need help, and understand that while addiction is a chronic disease, treatment is effective, and people with addictions can and do enter recovery.

### Recommendation 1: Improve coordination of addiction response activities across state and local agencies.

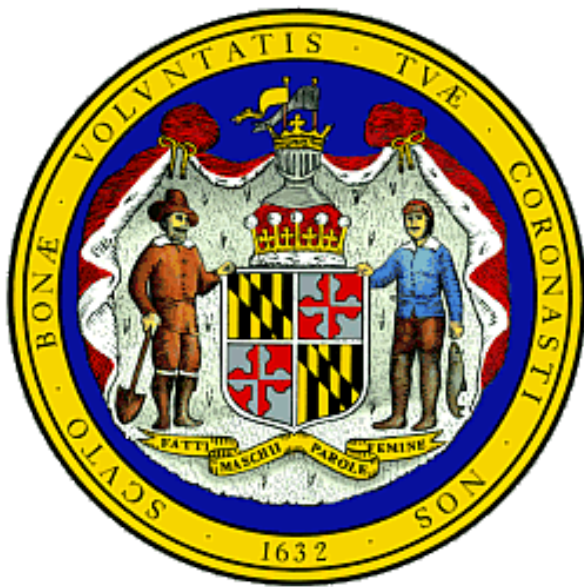
The OOCB brings together state and local partners to support prevention, treatment, and enforcement efforts combating the heroin and prescription opioid crisis in Maryland. The OOCB was developed to understand the current landscape and build upon ongoing community based approaches to address

the crisis by increasing collaboration among state and local public health, human services, education, and public safety entities.

State agencies participating in the OOCB include:

- Governor's Office of Crime Control & Preventions
- Maryland Department of Health

- Maryland Emergency Management Agency
- Maryland Department of State Police
- Maryland State Department of Education
- Department of Human Resources
- Department of Juvenile Services
- Department of Public Safety and Correctional Services
- MD Institute for Emergency Medical Services Systems
- Maryland Higher Education Commission
- Maryland Insurance Administration
- Office of the Attorney General
- Maryland Association for the Treatment of Opioid Dependence (MATOD)



As part of the Maryland Department of Health, the Behavioral Health Administration also is a leader in addressing substance use in Maryland. The Behavioral Health Administration is tasked with developing an integrated process for planning, policy and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions. The Behavioral Health Administration, through publicly-funded services and support, promotes recovery, resiliency, health and wellness for individuals who have or are at risk for emotional,

substance related, addictive, or psychiatric disorders.

The OOCC and Behavioral Health Administration are key to responding to addiction in Maryland. Both agencies should continue working together to advance the responses to addiction statewide. A coordinating body is especially necessary to ensure that all the needed partners are involved to combat addiction and substance use disorders, and to ensure that addiction-related across the state are coordinated. The mission of the OOCC or a new coordinating body should be expanded to coordinate across state and local agencies the response to all substance use disorders and not just opioids. The coordinating body should be within the emergency management system or within the office of the Governor to ensure all state agencies are responsive to its coordination efforts. Opioid Intervention Teams should be maintained and expanded to continue local coordination and coordination between levels of government.

The OOCC or new coordinating body and Behavioral Health Administration should work with local governments to conduct an analysis of each jurisdiction's needs and gaps, make recommendations of evidenced-based practices to address them, require only evidenced-based practices and evidence-informed practices to be implemented, identify areas of priority, and promote equitable access to substance use services in each jurisdiction. Funding for local OITs and other jurisdictional efforts surrounding substance use should be guided by the results of this analysis, and the State should offer technical assistance to implement the resulting recommendations.

**Recommendation 2: Require Opioid Intervention Teams under the Opioid Operational Command Center and Overdose Fatality Review Teams in the State to seek input from families and individuals impacted by substance use.**

As part of the OCCC, all twenty-four of Maryland's jurisdictions have Opioid Intervention Teams (OITs) led by the emergency manager and health officer to increase cooperation across local agencies and institutions and complement and integrate statewide efforts.

They include representatives from law enforcement, first responders, education, business, child welfare, corrections, courts, health care, substance use disorder treatment, and other fields.

All jurisdictions have an Overdose Fatality Review (OFR) team that examines cases of fatal and non-fatal overdoses to identify opportunities for collaboration or missed opportunities for intervention that could have made a difference for the overdose victim. In some jurisdictions, the OFR and the OIT are the same body. OITs report to the OCCC and OFRs report to the Behavioral Health Administration.

Each OIT should be required or encouraged to include at least two people with addiction or whose families have been impacted by addiction to ensure their perspectives are represented. These individuals have an important understanding of the benefits and consequences of the policies and programs implemented by each Opioid Intervention Team and must have a voice at the table to ensure that each jurisdiction's response is effective.

Some jurisdictions include family members in peers in their OFR process. OFR teams should be required or encouraged to invite family members of overdose survivors and victims as well as individuals with lived

experience to be members of OFR teams and consult with family members of decedents and patients who have struggled with substance use disorder.

**Recommendation 3: Expand public awareness and education efforts.**

The Maryland Department of Health in 2018 launched two multi-media advertising campaigns to help raise awareness and combat the state's opioid epidemic. The first campaign, from the Behavioral Health Administration, addresses the stigma associated with opioid addiction. With the tagline "Less Judgment. More Compassion," this anti-stigma campaign focuses on addiction not as a moral failing to be judged, but as a chronic disease that requires treatment. The second campaign, "Talk to Your Doctor," encourages people to talk to their health care providers about the risks of opioid medications and how to safely use them. The campaign's message is to: "Take charge of your health. Reduce the risk of addiction. Talk to your doctor about opioid pain medications."

Both campaigns incorporate the following media:



- Public service announcements on radio and television;
- Movie screen advertising in theatres throughout the state;

- Targeted advertising in county newspapers and electronic media;
- Geo-targeted messaging on mobile devices.

In 2017, the OOC launched the Before It's Too Late website. Before It's Too Late is a statewide campaign to raise awareness about the rapid escalation of the heroin, opioid, and fentanyl crisis in Maryland and mobilize all available resources for effective prevention, treatment, and recovery. Maryland should build on these efforts with a campaign to inform residents about the science of addiction, improve the public understanding of addiction as a medical illness, and continue to combat the stigma surrounding addiction. This campaign should include information about the risk and protective factors for substance use and addiction, prevention, treatment, and recovery resources available in the state, the importance of carrying naloxone to reverse an opioid overdose, and the ability of people to heal and recover from addiction.

The campaign should focus on reducing the stigma associated with addiction by celebrating the resilience of those who wake up every day carrying the weight of substance use disorders and the courage to walk into a treatment center and seek recovery.

Maryland should identify state and local agencies and businesses to provide in-kind advertising space for the campaign, such as in their offices, on their websites and social media platforms, and on their vehicles.

### Help Families During a Crisis

There is a profound lack of accurate information and guidance available for patients and families who are in crisis and need proper treatment and care. Families consistently describe desperate, agonizing attempts to get help, turning to Google to search for treatment options and basic information, reaching


out to physicians or local contacts who have neither answers nor referrals, and not knowing who to call without being judged. There is also a lack of readily available information about the science of substance use disorders and their treatment.

A comprehensive, integrated crisis response system is the backbone of an effective behavioral health system. It serves as the entry way to help individuals in need of care while reducing harm and overall costs for the system. Baltimore City has established key behavioral health crisis response services to address substance use. However, statewide there remain significant gaps in addressing crises related to substance use disorder.

### Recommendation 4: Make it easier for patients and their families to find treatment services.

Another significant challenge confronting patients and families seeking SUD treatment is a lack of information about available treatment providers, the services they provide, the populations they serve, their hours, and their availability to accept patients.





The Maryland Department of Health website has a treatment locator where patients and those who care for them can search for providers by location and level of care. The website advises users to find out if the provider is currently certified to offer services. This may be cumbersome and difficult to navigate for those unfamiliar with treatment services and providers. In addition, this site is not currently comprehensive. For example, it offers eight treatment providers in Baltimore City. This dramatically under-represents the number of treatment providers available in Baltimore City.

Maryland should offer a comprehensive and up to date database of SUD treatment services in the state that includes information about levels of care, medications offered, insurance plans accepted, and hours of operation. This digital database should be regularly updated and available to health care providers, social workers, and case managers to identify referral paths for patients. It should also be available to patients and families seeking treatment. There are a variety of ways this can be done. One option is Addiction Policy Forum's Addiction Resource Center ([www.addictionresourcecenter.org](http://www.addictionresourcecenter.org)), which offers a comprehensive website for those seeking assistance for themselves or loved one, including information about available treatment options for substance use disorder treatment in Maryland.

Maryland currently tracks the availability of residential treatment capacity for those referred to treatment by the criminal justice system and plans to begin tracking residential treatment capacity for all patients. Maryland should begin tracking the capacity and availability of all substance use disorder treatment providers in the public behavioral health system.

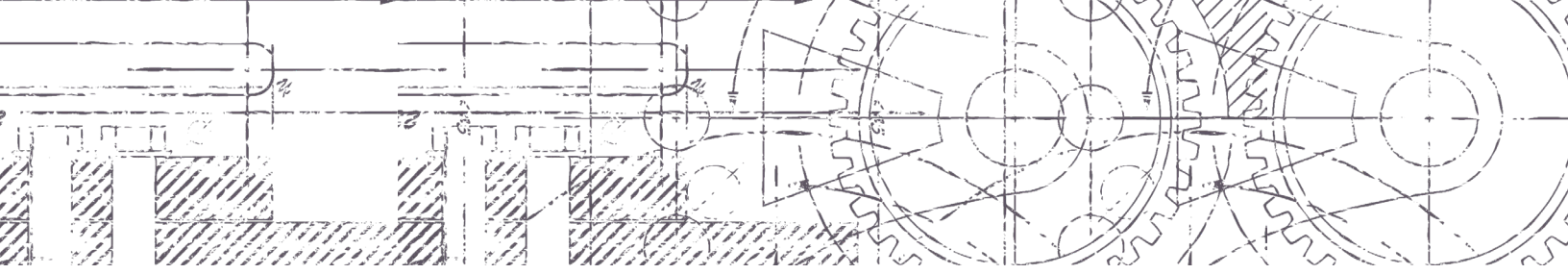
#### **Recommendation 5: Expand Crisis Stabilization Centers to all regions/jurisdictions in Maryland.**

In March 2018, Behavioral Health System Baltimore and the Baltimore City Health Department launched a Crisis Stabilization Center to provide 24/7 sobering services to people who are under the influence of drugs or alcohol. Patients transported to the Crisis Stabilization Center receive medical supervision and opportunities to link to ongoing treatment. Crisis Stabilization Center staff provide thirty days of case management to support patients' treatment goals.



#### **The Addiction Resource Center**

**(ARC) portal offers comprehensive resources to assist families and their loved ones who are struggling with a substance use disorder. This new platform dispels harmful myths about addiction by presenting the science behind the disorder in easy-to-read formats, guide concerned individuals through a self-assessment tool, help them develop a proposed action plan, and direct them to local resources.**



Maryland should fully implement the Behavioral Health Administration's strategic plan to expand the pilot crisis stabilization centers, and these services should be available in all jurisdictions or regions across the State.

#### **Recommendation 6: Expand capabilities of statewide crisis services hotline.**

Maryland's statewide Crisis Hotline is available twenty-four hours a day, seven days a week to provide support, guidance and assistance for patients to access substance use disorder services.

Callers can receive information about naloxone, recovery support, and family services available in their local area. For jurisdictions that have local information and referral lines, the Crisis Hotline provides connections to assist the caller with local information and crisis resources.

Maryland should expand their current line and ensure that callers are connected to the appropriate resources within their jurisdiction with minimal transfers. Callers should be able to easily access information about what treatment is and what treatment services are available, prevention services, and other information necessary for families and loved ones of those who have or are at risk of developing a substance use disorder.

#### **Prevent Addiction**

The best way to prevent the development of substance use disorders is to delay the age of drug and alcohol use initiation while the adolescent brain is still developing. It is also critical to intervene early when a person is misusing substances so that risky use does not progress into an addiction. Evidence-based prevention programs prevent or delay the onset of substance use as well as other behavioral health problems. Prevention should address individual and environmental factors that contribute to substance misuse and addiction. Effective prevention contributes to significant societal cost-savings and dramatically reduces the prevalence of both substance use and mental illness.

#### **Addiction Resource Line**

**Addiction Policy Forum's Addiction Resource Line** was created to guide those that may be concerned about their substance use or a loved one's substance use along with family members impacted by loss from a substance-related death. By calling the resource line at 833-301-HELP (4357), people can receive compassionate and confidential support, information about nearby treatment or recovery resources, and education about substance use and addiction.

## Recommendation 7: Increase PDMP interoperability with other states.

Prescription Drug Monitoring Programs (PDMP) are effective tools for reducing prescription drug misuse and diversion. PDMPs collect, monitor, and analyze prescribing and dispensing data to identify patients who may be misusing or diverting medications and providers who may need education about the dangers of overprescribing controlled substances.

In Maryland, pharmacists and prescribers had a deadline of July 1, 2017 to register and train for use of the PDMP. Most pharmacists and prescribers will be required to use the PDMP to report prescriptions and review patient data beginning July 1, 2018. Pharmacists will be required to use the PDMP when they suspect the prescription is being filled for something other than the treatment of an existing medical diagnosis. Prescribers will be required to check the PDMP for new opioid or benzodiazepine prescriptions and every ninety days thereafter for the duration of a patient's treatment.

Registered users of Maryland's PDMP have access to data not only from Maryland but also from Virginia, West Virginia, Connecticut, and Arkansas. This type of interoperability makes PDMPs more effective. Maryland should enhance the effectiveness of its PDMP by making it interoperable with additional states, prioritizing those states in geographic proximity to the Maryland.



## Prescription Drug Monitoring Programs

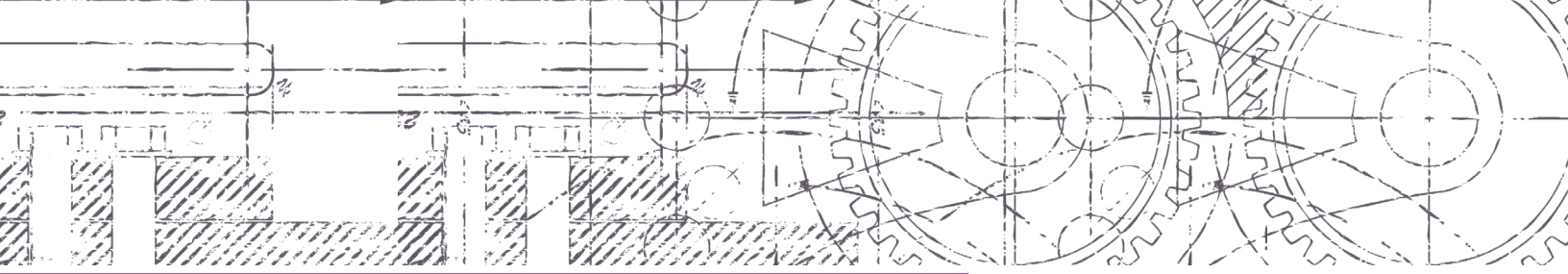
### What is a Prescription Drug Monitoring Program or PDMP?

The Center for Disease Control defines a PDMPs as "...an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and facilitate a nimble and targeted response."

PDMPs are promising tools for health care providers to see patients' prescribing histories to inform their prescribing decisions. However, a PDMP is only useful to health care providers if they check the system before prescribing. Some states have implemented policies that require providers to check a state PDMP prior to prescribing certain controlled substances and in certain circumstances, and these policies have significant potential for ensuring that the utility and promise of PDMPs are maximized.

### Responsible Prescribing Can Save Lives

Clinical practice guidelines encourage use of the PDMP prior to prescribing to assess a patient's history of controlled substance use. It is possible to improve the way opioids are prescribed, reducing the number of people who misuse or overdose from them, while making sure patients have access to safe, effective pain management.



## Recommendation 8: Assess prevention and early intervention programs.

Each of Maryland's jurisdictions receives grant funds for prevention, and each jurisdiction has a prevention coordinator whose role is to build regional relationships, provide training and technical assistance, and implement a cohesive prevention program. Many services are guided by SAMHSA's Strategic Prevention Framework principles to build and maintain effective prevention programs.

Maryland should conduct a scan to identify all prevention and early intervention programs implemented in the state. The scan should assess programs for their use of evidence-based practices, identify needs and gaps in the prevention system, and recommend resources and programs to eliminate these gaps. The analysis should also identify and coordinate with community coalitions and Drug-Free Community grantees.

Special attention should be paid to ensuring school-based prevention programs are evidence-based and age-appropriate, that parents are educated about the importance of delaying the age of substance use initiation, and that child welfare and trauma-informed interventions are available to help families in crisis and protect children impacted by parental substance use disorder.



## Project SUCCESS

**Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)** is a school-based model to prevent and reduce substance use and misuse among adolescents. The program places trained counselors in public and alternative high schools to provide a full range of services, including prevention education, awareness, individual assessments, and specialized counseling groups.


### How it Works

Project SUCCESS works with high-risk students attending traditional, secondary schools, and alternative schools. The program begins with an eight-session Prevention Education Series that allows for the development of a relationship with the trained counselor and the students. Upon completing the education series, students identified as being at high-risk for developing a substance use disorder are assessed and work with the counselor to devise a course of action that best suits their needs.

### Demonstrating Success

A grant from the U.S. Department of Education from 2002-2006 studied the effectiveness of Project SUCCESS in public schools. Students involved in the Project SUCCESS group were 4.3 times less likely than those in the control group to report use of alcohol, tobacco and cannabis and 5 times less likely to report illicit substance use. Students who used alcohol, tobacco and cannabis were 4.14 times less likely to report continued use after 21 months and 7.33 less likely to report illicit substance use. <http://www.addictionpolicy.org/spotlightseries>

<sup>a</sup>[http://www.pdmpassist.org/pdf/COE\\_documents/Add\\_to\\_TTAC/Briefing%20on%20PDMP%20Effectiveness%203rd%20revision.pdf](http://www.pdmpassist.org/pdf/COE_documents/Add_to_TTAC/Briefing%20on%20PDMP%20Effectiveness%203rd%20revision.pdf)



Maryland should publish information about proven prevention programs and provide access to the evidence of success for the program, tools and technical assistance necessary to start each effort, and examples of how programs have been implemented in other Maryland jurisdictions. It should include funding sources and contact information for experts on each program to support implementation.

### **Recommendation 9: Implement a Student Assistance Program among school-aged youth.**

The Start Talking Maryland Act of 2017 requires public schools to offer drug education that includes the dangers of heroin and other opioids starting as early as third grade. It also requires higher education institutions that receive state funding to establish a policy that addresses heroin and opioid addiction and prevention and requires some to offer instruction in substance use disorders. Building on these efforts to intervene with school-aged youth, Maryland should expand the availability of Student Assistance Programs (SAPs).

A SAP is a school-based strategy designed to prevent and reduce substance use and misuse among school-aged youth. The Behavioral Health Administration is currently funding a SAP in middle and high schools in Maryland. Several Counties in Maryland offer these programs including Howard, Prince George's, and Montgomery counties. In addition, the Behavioral Health Administration has contracted with the University of Maryland to train staff on Botvin Life Skills, an evidence-based practice.

The Center for Substance Abuse Research within the University of Maryland completed an evaluation of SAPs in Baltimore and Montgomery counties in 2002. The evaluation found extensive evidence that these programs were successful in these jurisdictions.


A successful SAP provides a full range of services, including prevention, education, awareness, individual assessments, and specialized counseling groups. SAPs should offer universal, selective, and indicated prevention strategies, filling a gap identified by many school administrators and parents. Each SAP is different, but all engage in the following activities:

- Screening and assessment of students;
- Prevention education series;
- Individual and group counseling sessions;
- Referral and case management;
- School wide awareness activities.

The innovative program Project SUCCESS can offer a model for the development of a SAP. Project SUCCESS is an evidenced-based approach to addressing youth substance misuse that works closely with school systems where the program is implemented, the parents of students participating in the program, and organizations that are active in the community. Project SUCCESS has been implemented in twenty-



<sup>7</sup> <http://www.cesar.umd.edu/cesar/pubs/20020203.pdf>



eight states. Project Success and other SAP programs with demonstrated effectiveness in Maryland should provide a model for the state to expand its SAP programming to all schools in Maryland.

### Treatment Access

Like other chronic diseases, there are treatments that have been proven to be effective for SUD. Different treatments will work for different people, and treatment planning should be individualized for each patient.

It is important for people to have access to a system of care that has adequate capacity to provide all levels of treatment and address all levels of severity. Ideally, systems of care should include coordination among components of the addiction treatment system and other health care providers. They should offer multiple access points for treatment so that people can enter treatment as soon as they are ready.

Addiction is a disease of the brain that can make it difficult to be motivated to engage in treatment, and delays in treatment access can mean that an opportunity to improve health is missed and a person with addiction remains at risk for death and other harms associated with substance misuse. Public health strategies can keep people safe while they are misusing substances and offer pathways to treatment when they are ready to engage.

### Recommendation 10: Improve insurance coverage of SUD screening and treatment.

Maryland has over 450 facilities that offer substance use disorder treatment. Yet a significant treatment gap exists in Maryland. Over 400,000 Maryland residents had a substance use disorder in 2016. About 370,000 of them did not receive treatment for substance use. **This represents a ninety-two percent gap between those who need treatment and those who receive it.** A lack of health insurance coverage for substance use disorder services


\* <https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotal2016/NSDUHsaeTotals2016.pdf>

contributes to this gap.

Maryland has taken steps to make its Medicaid program cover more essential addiction services. The Maryland Department Health recently became one of the first states to receive a waiver from the federal Centers for Medicare and Medicaid Services to allow Maryland Medicaid to reimburse providers for residential substance use treatment services delivered in larger residential facilities. The waiver also authorizes the state to grant presumptive eligibility to individuals leaving jail or prison. The Keep the Door Open Act, legislation incorporated into the HOPE act, increased Medicaid reimbursements for community behavioral health providers. And in its 2018 legislative session, Maryland passed legislation to require Maryland Medicaid to provide coverage for health care services delivered through telehealth for Assertive Community Treatment (ACT) and Mobile Treatment Services programs. These changes are expected to increase the state's treatment capacity for residential treatment and community-based treatment and make treatment more accessible in underserved parts of the state.



This represents a  
**92% gap**  
between those who need  
treatment and those  
who receive it.



As a next step, Maryland should improve insurance coverage of SUD services in Medicaid and private insurance by:

- Adopting state requirements for parity in insurance coverage of substance use disorder;
- Aggressively enforcing state and federal insurance parity requirements and making it easier for patients and providers to file complaints about non-compliant plans;
- Requiring adequate coverage for behavioral health services in health benefits packages and benchmark plans;
- Ensuring Medicaid plans cover all needed substance use disorder services, including:
  - Peer services;
  - Case management;
  - Family counseling;
- Ensuring Medicaid plans comply with parity requirements and do not create barriers to addiction services, including:
  - Establishing parity-compliant prior authorizations requirements;
  - Eliminating combination of services requirements that create barriers to comprehensive treatment of substance use disorders.

### **Recommendation 11: Expand the Safe Stations program to all Maryland jurisdictions.**

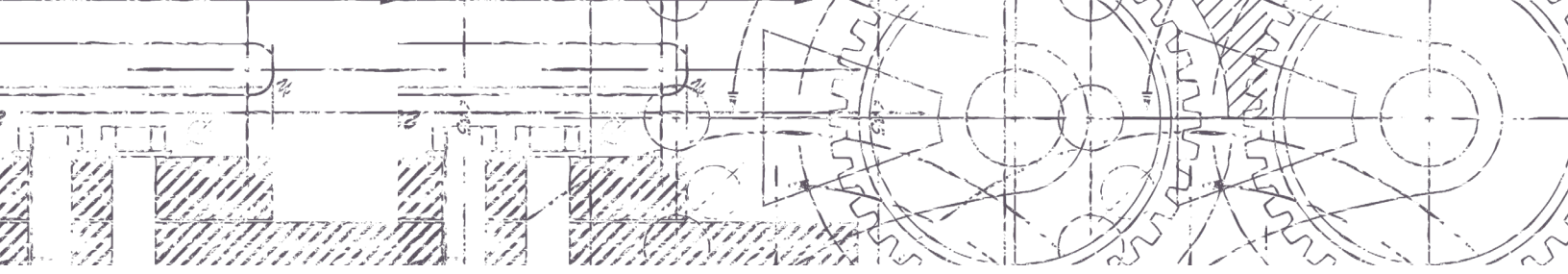
Each Anne Arundel County and Annapolis City Fire Station, as well as County and City police stations, is designated as a Safe Station for people seeking help with a substance use disorder. Any Annapolis or Anne Arundel County resident who wants treatment can go to the Annapolis Police Department, any Annapolis or Anne Arundel County Fire Station, or any Anne Arundel County Police Station and speak to the personnel on duty.

When a patient arrives at a designated Safe Station, firefighters and

### **Maryland SBIRT**

Maryland SBIRT is a statewide health care program that encourages providers and patients to discuss alcohol and drug use as part of routine medical visits. Providers screen patients with four to five questions to identify patients with risky alcohol or drug use, provide brief interventions to discuss safe use and next steps with at-risk patients, and make referrals to treatment for those who need it and are willing to participate. The Maryland Department of Health was awarded a five-year federal grant (2014-2019) to implement adult SBIRT in community health centers and emergency departments. In the first eight months of this grant, nearly 50,000 patients were screened in six locations. The state also received a three year grant (2015-2017) from the Conrad N. Hilton foundation to implement SBIRT for adolescent patients in primary care centers, pediatric practices, and schools. During the first year of implementation, 2,994 adolescents were screened and more than 300 health care providers were trained to provide services.

SBIRT services are offered by thirty-one health care organizations at seventy-six locations in twelve jurisdictions. Providers include Federally Qualified Health Centers, state-certified health centers, hospitals, family planning centers, and school-based health centers.



paramedics perform a medical assessment of them. If there is concern that there is a medical problem with the patient, they are transported to an appropriate medical facility. The Crisis Response Warmline is contacted and advised that a Safe Station patient is being transported to the hospital by first responders. The Crisis Response Team then communicates with the hospital staff to ensure a handoff from the medical facility to crisis response.

If no immediate medical issue is identified, the Warmline is contacted and advised that there is a Safe Station participant at the station. Crisis Response Teams work closely with the person in the station to determine the best resource and destination available. Those seeking help are asked to drop any needles and paraphernalia into a sharps collection container, and police are available to properly dispose of illegal substances.

Maryland should fund pilot programs in each jurisdiction to make state and local government locations (e.g. police and fire stations, child welfare and social services offices, and other locations) entry points to treatment. The Safe Stations programs in Anne Arundel County provides a great model for implementing this recommendation.

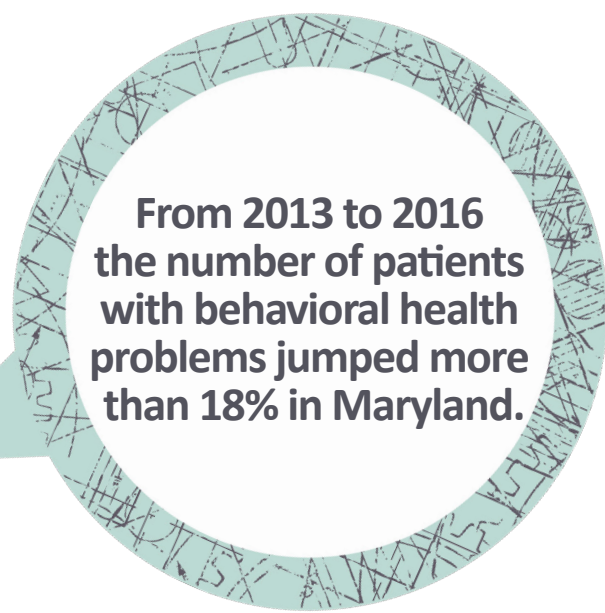
### Treatment Integration in Healthcare

People with SUD may have little or no interaction with the healthcare system. A hospital or emergency department may be the only place they receive care. In some cases this will be for an overdose, and in other cases it may be for an injury or infection related to their substance use. **From 2013 to 2016 the number of patients with behavioral health problems jumped more than eighteen percent in Maryland.** Such cases make up nearly a quarter of all emergency visits in Maryland. This makes the hospital a critical intervention point for engaging people with SUD and linking them to treatment.

### Recommendation 12: Establish integrated health care programs to address substance use and somatic health.

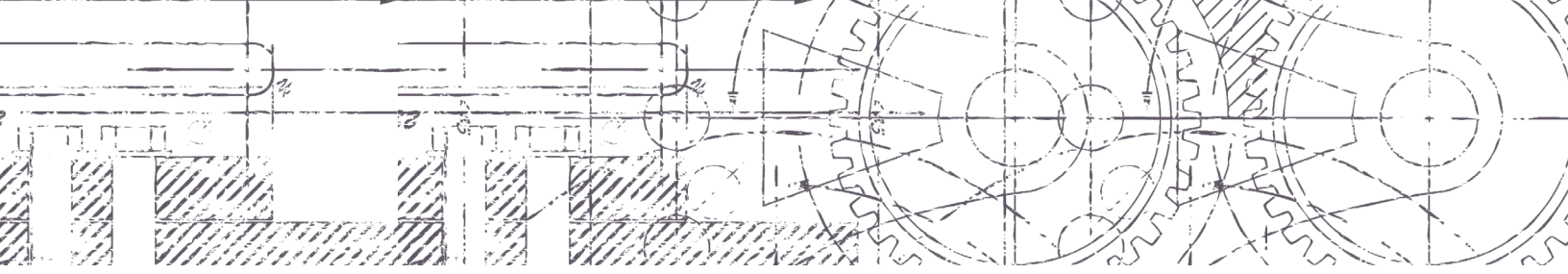
Many people living with substance use disorder do not access services for their addiction or other health care needs. Chronic health problems are more common among those with addiction. An integrated health care program that provides physical health and behavioral health care services in a primary care setting would expand access to substance use services.

Integration of behavioral and somatic healthcare is critical. Studies show Medicaid programs that implement integrated health care programs for patients with common behavioral health conditions, such as depression, anxiety, or alcohol use disorder,



**From 2013 to 2016  
the number of patients  
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than 18% in Maryland.**

improve patient outcomes and reduce health care costs.



The Collaborative Care Model (CoCM) is an evidence-based intervention validated in over 80 randomized controlled studies . Core elements of CoCM include the use of standardized outcomes measures, care coordination, and management and the availability of behavioral health specialists for phone-based consultation to the primary care office. The model has been shown to improve clinical outcomes and save money, largely from a significant reduction in hospital costs. In recognition of the demonstrated value of this behavioral health integration model, the Centers for Medicare and Medicaid Services (CMS) adopted a reimbursement rate structure for CoCM within the Medicare program effective January 1, 2017.

The Maryland legislature put Maryland on a path toward widespread adoption of this proven service delivery model. Legislation provides \$550,000 in each of the next four years to establish a pilot program that will provide CoCM to Medicaid enrollees at up to three primary care sites across the state.

Maryland Medicaid also funds Health Homes that integrate behavioral health and somatic care.

Maryland should build on these efforts to support and expand a program that improves the integration of physical health and behavioral health care across the state. This integrated model should be evidenced based and be an effective model. The state should offer incentives and technical assistance to promote implementation of these integrated health care programs.

**Recommendation 13: Implement evidence-based post-overdose protocols in emergency departments.**

The Behavioral Health Administration has supported

technical assistance through the Mosaic Group to implement peer-driven interventions for emergency department patients who screen positive for substance use disorder or come to the emergency department because of an overdose. Several hospitals have benefited from this technical assistance to implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocols that include universal screening for risk of substance use disorder. For at-risk patients, peer recovery coaches offer a brief intervention explaining the risks and availability of treatment, and for those patients who consent, they offer a direct referral into addiction treatment.

Building on this infrastructure, the Overdose Survivors Outreach Program (OSOP) employs the same peer coaches to intervene with patients who come to the emergency department and survive an overdose. Peer recovery coaches offer connections to treatment and follow up in the community. They also offer education on overdose prevention and reversal with naloxone. Some of the hospitals involved have built on these interventions by also offering induction on



medication-assisted treatment in the emergency department combined with a same or next day rapid referral to treatment.

\* Center for Health Care Strategies, The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes, May 2013, [https://www.chcs.org/media/HH\\_IRC\\_Collaborative\\_Care\\_Model\\_052113\\_2.pdf](https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model_052113_2.pdf)



The HOPE Act requires hospitals to have protocols for discharging patients treated for a drug overdose or identified as having a substance use disorder. The protocols may include coordination with peer recovery counselors, connection to community-based treatment, a prescription for naloxone, and other interventions. Maryland hospitals should implement evidence-based protocols for patients with opioid overdose or who express an interest in substance use disorder treatment. Maryland should expand its implementation support and technical assistance for SBIRT, OSOP, and buprenorphine induction to additional hospitals throughout the state. These protocols should consist of the following layered interventions:

1. **ED Resources and Tools.** Emergency department providers receive training about the disease of addiction and its effects on the brain and behavior. They learn about the importance of intervening with patients with substance use disorder, especially those who have experienced an overdose. Once opioid overdose patients are stabilized, a provider explains to the patient the seriousness of overdose and the potential that it could result in death. The patient (and their family and friends if available) receives training in opioid overdose reversal and a prescription for naloxone or the medication itself if available in the hospital.

2. **Navigator.** Emergency department staff, which could include nurses, case managers, or peer support specialists, follow up with the patient during the ED visit and post-discharge and offer to make a referral to treatment. In many cases, patients will refuse treatment immediately after an overdose but will consent to follow up when they are back in the community. Hospital staff follow up with three or more contacts and offer treatment referrals and connections to other community-based services like harm reduction, housing, and employment programs for thirty days after the overdose.

3. **Rapid Referral.** Hospitals identify community-based substance use disorder treatment providers to establish a rapid referral system of care. Overdose patients and other emergency department patients with substance use disorder who express a willingness to enter treatment receive a referral to treatment on the same day or next day as their emergency department care and a warm hand-off to a community-based provider that can meet their ongoing treatment needs.

4. **Hospital-Based Intervention.** Hospitals implement protocols for identifying patients who may be candidates for emergency department induction on MAT. Emergency department physicians offer to induct patients on MAT with buprenorphine and make a rapid referral and warm hand-off to ongoing MAT in the community.

**Recommendation 14: Address the unique needs of pregnant and postpartum mothers with substance use disorder and their children.**

SUD presents substantial risks during and after pregnancy. Newborns can experience Neonatal Opioid Withdrawal Syndrome if they are exposed to prescription or illicit opioids in utero. It is important that maternal SUD be diagnosed and treated effectively to provide the family unit with the best possible foundation for recovery and stability.

Maryland should continue to move forward with its work to support health for pregnant and postpartum mothers and substance-exposed newborns by incentivizing OB/Gyn providers and hospitals to screen all women of childbearing age for addiction using validated screening tools. Maryland should provide OB/Gyn providers and pediatricians with resources for pregnant and postpartum women. Maryland should also ensure providers are trained in the dangers of substance exposed pregnancy and the treatments available for referral in such cases.

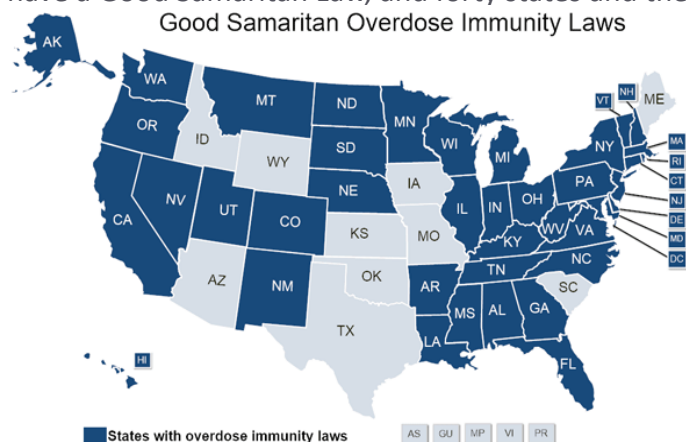


## Public Health Interventions

Comprehensive plans to address addiction require a public health approach. Proven strategies to prevent and reduce negative health impacts associated with drug use include syringe services programs to prevent the spread of infectious disease, overdose reversal training and naloxone distribution to save lives from opioid overdose, and Good Samaritan laws that provide legal protection to people who call 911 or help someone who is overdosing.

### Recommendation 15: Ensure the public and law enforcement understand the Maryland Good Samaritan Law and implement it consistently.

Good Samaritan Laws encourage people to seek medical assistance without fear of arrest or prosecution. All states and the District of Columbia have a Good Samaritan Law, and forty states and the Good Samaritan Overdose Immunity Laws



District of Columbia have Good Samaritan Laws that are specific to overdoses.

Maryland has a Good Samaritan Law that protects people assisting in an emergency overdose situation from arrest and prosecution for crimes such as a misdemeanor possession of a controlled substance,

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pubmed/29040841>

possession or use of drug paraphernalia, underage drinking, or violation of a condition of pretrial release, probation, or parole.

The Maryland Department of Health has conducted several campaigns to raise awareness about the Good Samaritan Law, including providing materials in English and Spanish on their website. Many jurisdictions participating in the Opioid Misuse Prevention Program have submitted strategies that involve spreading awareness about the Good Samaritan Law. Yet there remains a lack of awareness about the law, and law enforcement practices vary widely when it comes to responding to an overdose scene.

The published study, *Caught with a body yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law* found that in Baltimore City, individuals remain fearful of calling 911 in response to an overdose due to fear of threat and maltreatment by law enforcement. Respondents identified inconsistent responses from law enforcement as one cause of their fear. Anecdotal information statewide confirms similar concerns when law enforcement responds to an overdose scene.

In Baltimore City, Behavioral Health System Baltimore, the Baltimore Police Department and the Behavioral Health Administration created trainings for law enforcement to address this issue. The training provided by Baltimore Police Academy is offered during naloxone training and educates the officers present on the Good Samaritan Law, its requirements, and its purpose.

Maryland should continue to build on its public education efforts to reach more individuals and inform them about the protections in the Good Samaritan Law. This should include community trainings at local events and within the school



systems to inform children at risk of witnessing an overdose and their families. The Attorney General should offer detailed guidance for law enforcement to comply with the Good Samaritan Law, and all law enforcement should receive training on the law and its intent to help ensure consistent responses to observers, family, and friends of overdose victims.

#### **Recommendation 16: Increase funding for naloxone training and distribution.**

The Maryland Department of Health launched the Maryland Overdose Response Program in March 2014 to provide training in overdose response and certify those most likely to assist someone at risk of dying from an opioid overdose when emergency medical services are not immediately available. Upon completion of training, participants receive a certificate and may receive naloxone from the Overdose Response Program. In June 2017, Maryland implemented legislation to make naloxone available without a prescription in any pharmacy that carries it.

Maryland is a model state for naloxone access. To build on these efforts, more funding is needed to provide adequate amounts of naloxone to first responders and those who are most at risk of witnessing an overdose. Maryland first responders and those at risk of witnessing an overdose must be equipped with naloxone at all times and have easy access to free naloxone after administering the medication.

#### **Recommendation 17: Expand syringe services access statewide and provide increased support for each jurisdiction to implement.**

Syringe services programs reduce the spread of infection by providing sterile syringes to intravenous drug users. These programs can offer additional health services and linkages to SUD treatment. After implementing a syringe services program, Baltimore City experienced a fifty percent decline in new HIV infections attributed to sharing injectable drug equipment from 1994-2011. In 1994, sixty-five percent of new cases of HIV transmission resulted from injection drug use. By 2013, this number had fallen below ten percent.

In 2016, Governor Hogan signed the Opioid-Associated Disease

#### **Maryland Overdose Response Program**

The Maryland Overdose Response Program addresses rising overdose deaths and a lack of access to naloxone in communities throughout the state. Officially launched in 2014 by the Maryland Department of Health and Mental Hygiene (DHMH), the Overdose Response Program is part of a statewide strategy to reduce the number of deaths related to drug overdose.


##### **How it Works**

The Overdose Response Program facilitates training for community members to respond to an opioid overdose emergency as well as access to naloxone. The Behavioral Health Administration authorizes local programs to act as Overdose Response Programs and provides technical assistance and funding to support local efforts. Overdose Response Programs provide training that includes information on recognizing the signs of an opioid overdose, the importance of contacting emergency medical services, how to administer naloxone, and how to care for the person afterward. Many Overdose Response Program trainings also include information on local resources, such as substance use disorder treatment options.

##### **Demonstrating Success**

During the 2016 fiscal year, there were a total of 863 reported administrations of naloxone, a 464 percent increase in reports from the previous fiscal year. Ninety-two percent of individuals to whom naloxone was administered survived, and eighty-three percent were transported to an emergency department. Sixty-five percent of naloxone administrations occurred in a private residence, and twenty-four percent occurred in an outdoor public space.





Prevention and Outreach Act. Prior to the 2016 legislation, Baltimore City was the only jurisdiction with a syringe services program. The law authorizes local health departments and community-based organizations throughout Maryland to establish sterile syringe service programs with approval from the Maryland Department of Health (MDH).

Washington County has begun offering syringe services through its health department and served its first client on May 7, 2018. No other jurisdiction has yet taken advantage of the opportunity to expand syringe services outside of Baltimore City, though several counties are in the process of implementing a program. It is critical that the State continue to support local jurisdictions to offer these services and expand syringe services to every jurisdiction in the state.

### **Expand Recovery Support**

A community that is recovery ready provides the entire continuum of support for people in or seeking recovery. A community focused on recovery also promotes prevention by having a variety of substance-free community events and activities to promote health and wellbeing for all ages.

#### **Recommendation 18: Assess recovery supports and opportunities for expansion.**

Maryland should enhance its recovery support programs by assessing its recovery supports and services to determine the gaps in resources, with a focus on the usefulness and accessibility of programs and opportunities to expand effective programs. Maryland should pilot and expand programs to address identified gaps in recovery services. Key components of a recovery community include:

- Family Peer Support Specialists
- Alternative Peer Groups;
- Collegiate Recovery Community;
- Jail and Prison Based Recovery Support;
- Peer Recovery Coaching;
- Medication Assisted Recovery Support;
- Recovery Community Center;
- Recovery High School;
- Recovery Community Organization;
- Recovery Residence;
- Telephone Recovery Support.

### **Protect Children Impacted by Parental Substance Use Disorder**

According to the National Alliance for Drug Endangered Children, over nine million children in the U.S. live in a home with at least one parent who uses illicit drugs. These children are at an increased risk for depressions, suicide, poverty, delinquency, anxiety,



homelessness, and substance misuse. Many children who have a family in active addiction live in kinship or foster care.

#### **Recommendation 19: Expand Evidence-Based Interventions in Child Welfare Agencies.**

Beginning October 1, 2019, the Family First Prevention Services Act will allow Maryland to access funding for evidence-based prevention services for children



at imminent risk of removal and their families (biological parents, adoptive parents, kinship caregivers) in the areas of substance use, mental health, and in-home parenting supports. The Department of Human Services and Behavioral Health Administration should work closely together and with providers in the state to continue to learn about the opportunity and plan for the implementation and delivery of these services and accessing the new uncapped prevention funding.

Nationally, there are promising interventions being implemented in the child welfare system, such as the Kentucky Sobriety, Treatment and Recovery Team (START), an evidence-based program for families with parental substance misuse and child neglect or abuse cases. START is an integrated intervention that pairs a social worker with a family mentor to work collaboratively with families, providing peer support, intensive treatment and child welfare services. Compared with other child welfare services in Kentucky, START demonstrated the following successes:

- Nearly doubled sobriety rates for parents;
- Cut in half the number of children in the



### **Sobriety Treatment and Recovery Teams (START)**

**Sobriety Treatment and Recovery Teams (START)** is a Child Protective Services program for families with parental substance misuse and child abuse/neglect that helps parents achieve sobriety and keeps children with their parents when it is possible and safe.

#### **How It Works**

Each START team is made up of a dedicated supervisor and up to four “dyads,” each of which is composed of a specially trained caseworker from Child Protective Services (CPS) and a family mentor. The dyad also engages the family through a non-judgmental, strengths-based approach, using Motivational Interviewing and shared decision making. Each dyad works closely with START program partners in order to provide comprehensive services to families.

#### **Demonstrated Success**

START has proven to be very effective at improving outcomes for mothers. Mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START. Children in families served by START were half as likely to be placed in state custody as compared with children in a matched control group (21 percent and 42 percent, respectively).

“Testimony of Bette Hoxie. March 21, 2017. U.S. Senate Special Committee on Aging Hearing “Grandparents to the Rescue: Raising Grandchildren in the Opioid Crisis and Beyond” [https://www.aging.senate.gov/imo/media/doc/SCA\\_Hoxie\\_3\\_21\\_17.pdf](https://www.aging.senate.gov/imo/media/doc/SCA_Hoxie_3_21_17.pdf); Testimony of Sharon McDaniel. March 21, 2017. U.S. Senate Special Committee on Aging Hearing “Grandparents to the Rescue: Raising Grandchildren in the Opioid Crisis and Beyond” [https://www.aging.senate.gov/imo/media/doc/SCA\\_McDaniel\\_3\\_21\\_17.pdf](https://www.aging.senate.gov/imo/media/doc/SCA_McDaniel_3_21_17.pdf)





foster care system;

- For every dollar spent, saved \$2.52 on foster care.

The program's goal is to keep children safe and reduce placement of children in state custody, keeping families together when safe and appropriate and addressing the parent's substance use.

It is important to ensure that parents struggling with addiction who have preventative cases or whose children have been removed to out-of-home placement have access to evidence-based addiction treatment. Child Protective Services and other services and programs for children in each county should work directly with medication-assisted treatment providers to create rapid referral pathways for motivated parents to quickly commence treatment, and ensure that there is comprehensive behavioral health, recovery supports, and relapse prevention programming incorporated into treatment plans, to help expedite case plans.

#### **Recommendation 20: Provide necessary support services for caregivers.**

In recent years, more relatives have begun raising children because of parents' inability to safely care for their children due to their substance use disorder or fatal overdose. Many relatives and child welfare professionals have cited a direct correlation between the spike in relatives caring for children and the national opioid epidemic. Relatives who step in to care for these children report that they and the children need a range of supports, including mental health services for individuals and the family, kinship navigators, respite care, and financial assistance.

Parents, youth, and kinship caregivers report tremendous value in prevention services to help promote recovery and strengthen the family.

Maryland should provide support services for the caregivers of children whose parents are not their primary caregivers due to the disease of addiction. This support should include peer support groups,



family peer support specialists, supportive housing, evidence-based parent education programs, and individual and family mental health services.

#### **Recommendation 21: Expand substance use disorder family-based treatment options.**

Family-based treatment allows children to remain safely with their parents and parents to access the intensive substance use disorder treatment services they need. Parents receive wraparound supports such as child care, tutoring, parenting classes, housing support, job training, and individualized therapy.

<sup>12</sup> Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies. Generations United. 2016. <http://gu.org/OURWORK/Grandfamilies/TheStateofGrandfamiliesinAmerica/TheStateofGrandfamiliesinAmerica2016.aspx>

<sup>13</sup> Testimony of Sandra Killelt. August 4, 2015. U.S. Senate Committee on Finance Hearing "A Way Back Home: Preserving Families and Reducing the Need for Foster Care". <https://www.finance.senate.gov/imo/media/doc/04aug2015-KilleltTestimony.pdf>; National Alliance for Children's Trust and Prevention Funds. (2017). What Parents Say About Prevention and Early Intervention. [http://www.bpnn.ctfalliance.org/BPNN%20Brief\\_Prevention%20Strategies%20That%20Work.pdf](http://www.bpnn.ctfalliance.org/BPNN%20Brief_Prevention%20Strategies%20That%20Work.pdf)



This effective and holistic treatment model provides both adults and children the supports they need to succeed and stay together as a family.

The recently enacted Family First Prevention Services Act allows states to claim Title IV-E foster care maintenance payments for a child who would go into foster care but instead goes with their parent(s) to family-based treatment. The federal payment is allowable for up to twelve months and does not have an income eligibility requirement. Maryland should use this payment to offer family-based treatment to support families with substance use disorder.

### **Reframe criminal justice**

In addition to disrupting the supply of illegal drugs, law enforcement and criminal justice can play an integral role in facilitating access to substance use disorder treatment and other support services that improve health, reduce criminal justice system costs, and prevent recidivism.

People with drug convictions are a significant portion of Maryland's prison population. In 2014, over 20% were sentenced for drug possession. With the addition of narcotics distribution, drug

offenses account for 32% of those in prison. In 2016, the Maryland General Assembly passed the Justice Reinvestment Act, a package of reforms to decrease the incarcerated population and place more people in treatment. The law eliminates mandatory minimum sentences for most drug offenses, lowers drug possession penalties, and allows resentencing for many incarcerated people. This act decreases the amount of time that those ordered into treatment must wait for treatment beds and requires the Department of Health to facilitate timely services to ensure treatment is accessed in a timely manner. Before sentencing for drug possession, courts must also assess if defendants would benefit from drug treatment and may require them to go through appropriate treatment. The bill went into effect on October 1, 2017.

### **Recommendation 22: Assess and expand opportunities for implementing a Sequential Intercept Diversion Model.**

The Sequential Intercept Model from the mental health field provides a conceptual framework for communities to use when considering the interface between the criminal justice and addiction systems.

The model identifies a series of points at which an intervention can be made to divert individuals with SUD to treatment, preventing them from entering or progressing further into the criminal justice system. Ideally, most people will be intercepted at early points, with decreasing need at each subsequent point. The interception points are:

1. Law enforcement and emergency services;
2. Initial detention and initial hearings;
3. Jail, courts, forensic evaluations, and forensic





commitments;

4. Reentry from jails, state prisons, and forensic hospitalization; and
5. Community corrections and community support.

Mid Shore Behavioral Health in Easton Maryland has successfully implemented a program to address the gaps between the treatment needs of justice-involved people and available services for treatment. State law required in 2017 that Maryland determine ways in which the Sequential Intercept Model could be utilized to address gaps in services across the state. Maryland should continue this work by identifying intervention points in the criminal justice system in each jurisdiction and implementing evidence-based strategies to divert individuals from criminal justice involvement and into substance use disorder treatment.

**Recommendation 23: Maryland should implement and expand a pre-arrest diversion program to reduce the burden on the criminal justice system.**

Pre-arrest, community-based diversion programs, such as Montgomery County's STEER program and Baltimore City's LEAD program, that divert people suspected of low level offenses away from arrest or booking and into support and case management services have demonstrated effectiveness. Such programs allow participants and their loved ones the opportunity to access treatment and services. They encourage people to get the help they need without the damage that a criminal record can cause in other aspects of their lives. Often, the only requirement of participants is their self-motivation to seek services.

Maryland should implement a statewide pre-booking diversion program that diverts people suspected of low level offenses away from arrest or booking and into treatment, support, and case management services.

**Montgomery County, MD STEER**

Stop, Triage, Engage, Educate and Rehabilitate (STEER) is a pre-booking law enforcement and drug treatment linkage program operating in Montgomery County, Maryland. Like many police deflection programs, STEER developed in response to the prevalence of individuals with substance use disorders cycling through the criminal justice system.

**How it Works**

The STEER program provides rapid identification, deflection, and access to treatment for drug-involved individuals encountered by law enforcement as an alternative to conventional arrest and booking. STEER uses risk-need screening to assist in making the decisions about individuals who are best suited for the program. After the initial engagement and screening process, the care coordinator—an employee of Maryland Treatment Centers—focuses on rapid treatment access, retention, motivation, engagement and completion, as well as a full clinical assessment and referral to treatment resources to address their underlying substance use disorder and mental health challenges.

**Demonstrating Success**

STEER launched in early 2016, and had its first referral in mid-April. As of November 2016, STEER had deflected 133 individuals and has now become part of police options on how to respond to people with substance use disorders. STEER has created a broad, collaborative entry portal for treatment delivery.

Of the 157 people referred to STEER as of February 5, 2017, sixty-six (forty-two percent) were assessed and thirty-seven of those assessed (fifty-six percent) agreed to participate in treatment. At least fifty-one percent of those who started treatment were still active in treatment after thirty days.





## Conclusion

The twenty-three recommendations in this blueprint provide a comprehensive roadmap for Maryland to address substance misuse and addiction using evidence-based practices and inter-agency stakeholder partnerships. Maryland is a demonstrated leader and innovator in addressing substance use disorders. To build on its leadership and ensure every resident has access to evidenced-based services and programs for addressing substance use disorder, Maryland should prioritize expanding coordination among the Maryland Behavioral Health Administration, the Opioid Operational Command Center, and their state and local partners, assess prevention and early intervention programs statewide and identify gaps and needs in each jurisdiction, and improve insurance coverage of addiction services.

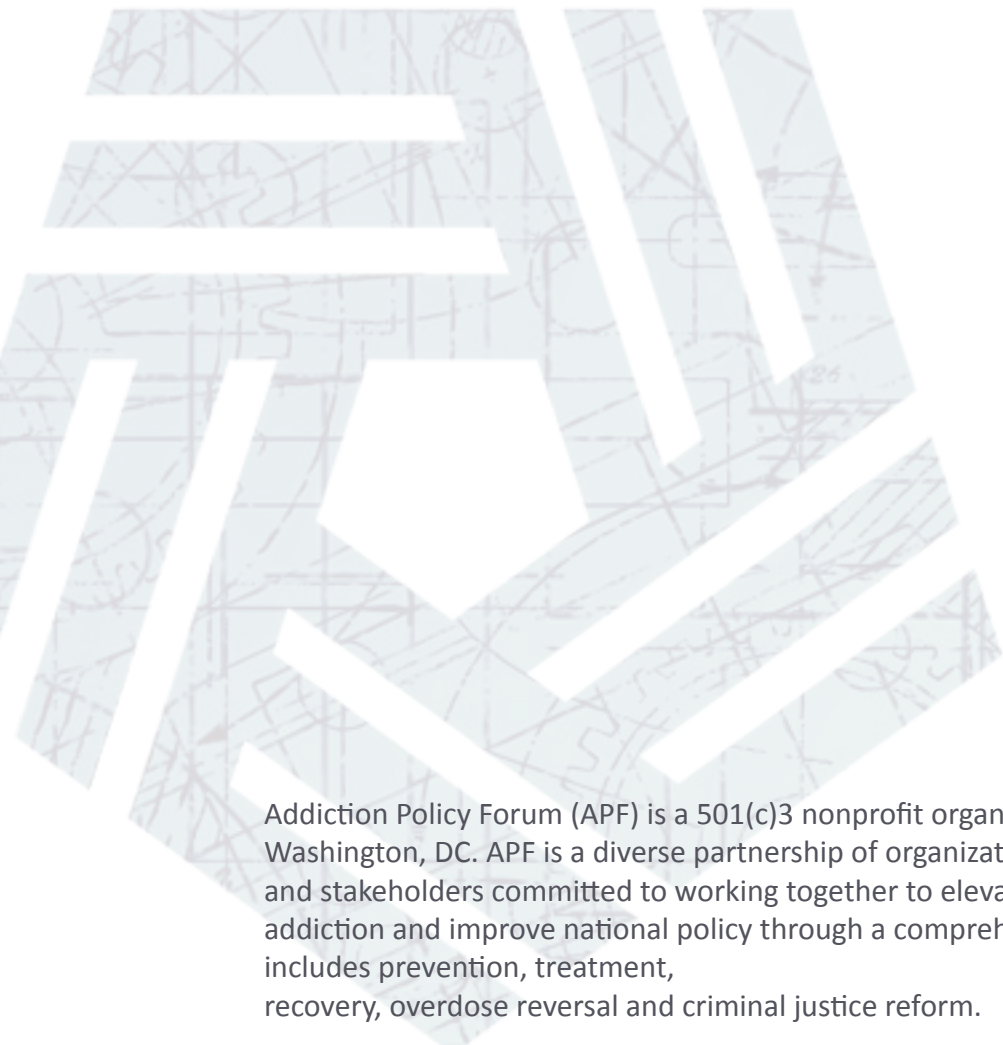
People can and do recover from the disease of addiction and in the process rebuild families that have been fractured and strengthen communities that have been suffering. The willingness of Maryland to address this epidemic provides great hope for the future.

## Acknowledgements

At Addiction Policy we work to lift each other up to address addiction, and we are so grateful for the participation so many in developing this Blueprint. We would like to thank all those who contributed for their time, expertise, and passion and dedication to this work.

**Addiction Policy Forum's Maryland State Chapter**  
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In order to transform how this country addresses addiction, we need to have everyone at the table. This includes prevention, research, criminal justice, families, communities, law enforcement, treatment, and recovery supports. Together we can do this.



Addiction Policy Forum (APF) is a 501(c)3 nonprofit organization based in Washington, DC. APF is a diverse partnership of organizations, policymakers, families and stakeholders committed to working together to elevate awareness about addiction and improve national policy through a comprehensive response that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

APF's staff includes experts in addiction policy and practice. APF's President Jessica Nickel has 25 years of experience in the addiction and criminal justice field, and APF's National Advisory Board is led by General Barry McCaffrey, former Director of the Office of National Drug Control Policy.

