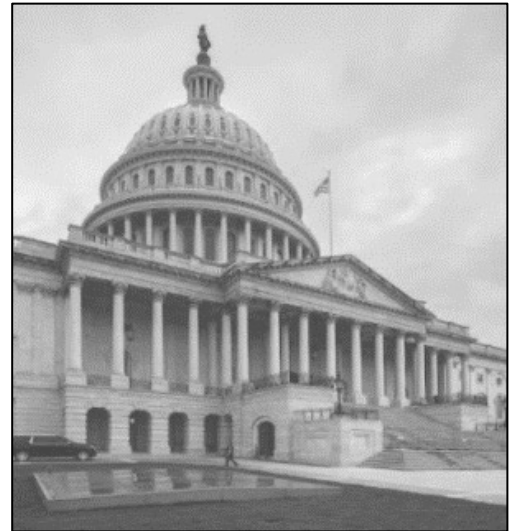


Maryland SOR Initiatives

Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



Single State Agency (SSA): Maryland Department of Health (MDH)

MDH has received \$309,000,000 in SOR funding from FY18 through FY23. For FY23–FY24, it received \$53,156,857.

Maryland's SOR initiatives are designed to increase the capacity of local service delivery systems to provide coordinated and integrated evidence-based prevention, treatment, and recovery support services to individuals who have an opioid use disorder (OUD). SOR III supports state and local capacity to address OUD and StUD in high-risk and vulnerable communities through prevention, treatment, and recovery interventions. The primary statewide overdose response goals for the SOR III initiative are to:



- Increase access to MOUD, which includes FDA-approved medications for the treatment of OUD
- Reduce unmet treatment needs
- Reduce opioid-related overdose deaths through evidence-based prevention, treatment, and recovery support services
- Enhance public awareness efforts regarding OUD and StUD and the availability of prevention, treatment, and recovery support services through targeted media campaigns

- Support evidence-based prevention, treatment, and recovery support services to address stimulant misuse and StUD, including for cocaine and methamphetamines

Preventing Opioid and Stimulant Misuse Before It Starts

Maryland has used SOR to support statewide public awareness campaigns, assist in developing multilingual media campaigns, and establish the 988 Suicide & Crisis Lifeline campaign.

Statewide Public Awareness Campaigns

SOR public awareness campaigns are designed to raise awareness and prompt action by directing people to call the 988 hotline and visit stopoverdose.maryland.gov. Stop Overdose Maryland constitutes the state's comprehensive strategy to reduce overdose morbidity and mortality across the state. To support this goal, the Maryland Office of Overdose Response collaborates with all state agencies engaged in opioid crisis response efforts, as well as each of Maryland's 23 local jurisdictions and Baltimore City, to promote coordinated action. Upon airing, public awareness campaigns have demonstrated a significant increase in visits to designated websites, exceeding 80%. These campaigns serve as reminders to the general public about the website, encouraging them to learn more. The opportunity to learn more is emphasized in all public service announcements (PSAs) by providing a web address and a contact number for calls and/or texts.

The public awareness campaign ads, airings, placements, and screenplays made 434,332,902 impressions upon the public to increase knowledge of the opioid crisis and provide information on where to go for help.

After analyzing Maryland's most current overdose death data on the most affected populations, the Behavioral Health Administration's (BHA) Office of Public Awareness launched a statewide multimedia campaign. This campaign targets the general public, with special attention towards potential unsuspecting drug users. The goal is to educate them about the possible presence of fentanyl and xylazine in street drugs, highlighting the risk of overdose during drug use, even casual use.

In Maryland, fentanyl stands as a leading cause of overdoses, contributing to over 80% of all fatal overdoses in 2020. Xylazine, a veterinary sedative not approved for human use, is also being detected in overdose deaths.

The "Dangers of Fentanyl" PSA received several awards, including a silver award at the international MUSE Awards in the category of "Video - Public Service & Activism" and two silver Telly Awards in the categories of "General Public Service Announcement" and "Health & Safety."

- [English PSA](#)
- [Spanish PSA](#)
- [Telly Awards Local TV: General Awareness PSA](#)
- [Telly Awards Local TV: Health and Safety](#)

Using crisis line data and overdose death data to gain insights into populations at high risk of experiencing a crisis and who would be inclined to call the crisis line, the Office of Public Awareness launched a multimedia public awareness campaign. This campaign included English and Spanish video PSAs, digital ads, and audio spots, and was disseminated across various platforms.

The Good Samaritan PSA focused special attention on a younger demographic, potentially involved in situations related to overdose or underage drinking. It aims to encourage them to seek help in a drug-related



medical emergency. The PSA also prompts viewers to learn more at the Stop Overdose Maryland website or by calling or texting to access support and information on resources.

- [English PSA](#)
- [Spanish PSA](#)

The 988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline, launched in July 2022, connects Marylanders experiencing mental health or substance use crises to local behavioral health crisis call specialists when individuals call or text 988. The bilingual campaign for 988 was broadcast across various platforms in 2023. These platforms include broadcast and cable TV, over-the-top platforms, broadcasting and streaming audio platforms, place-based advertising at gas stations, print publications like *Baltimore Beat* and *Latin Opinion*, and on digital and social media platforms. As part of a collaboration with the Baltimore Orioles and the Mid-Atlantic Sports Network, the campaign included stadium signage in Baltimore's Oriole Park at Camden Yards, TV and radio ad reads, and pitcher's mound ad placement during gameday broadcasts.

- [Youth PSA](#)
- [Adult PSA](#)
- [Spanish PSA](#)

Multimedia Anti-Stigma Campaign

A major barrier to seeking help for substance use disorders (SUDs) is the stigma associated with addiction, as well as the stigma faced by those in recovery. To reduce stigma related to addiction and recovery, BHA has once again partnered with the Baltimore Ravens to promote a multimedia campaign addressing stigma. Baltimore Ravens Offensive Tackle Morgan Moses recorded a video and audio PSA in support of MDH's campaign efforts against stigma. Additionally, ads will be placed on Ravens gameday broadcasts.

Statewide Naloxone Campaign

Other statewide awareness campaigns focus on naloxone—a medication used to reverse an opioid overdose. Building on previous campaigns that emphasized general education about naloxone and its administration, the Office of Public Awareness continues to stress the importance of carrying naloxone at all times. This campaign uses existing assets created during SOR II, including English and Spanish video PSAs, digital ads, and audio ads. The ads are designed to target the general public, alerting the audience that overdoses happen in families and communities similar to theirs every day. Featuring a diverse cast of individuals, the campaign highlights that overdoses are a common occurrence and can affect anyone.

- [English PSA](#)
- [Spanish PSA](#)

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT training for social workers, nurses, and peers involves providing intensive technical assistance to selected sites with the goal of achieving the adoption of SBIRT intervention in their practices. While this initiative has been highly successful, reaching hundreds of physicians, nurse practitioners, and other healthcare professionals in participating sites, there are still thousands of nurses, physicians, and social workers across Maryland who have not received training on the SBIRT model. They lack knowledge on how to conduct screening and motivational interviewing and how to incorporate these techniques into their practice. These unreached health professionals constitute a significant workforce that could benefit from learning the evidence-based SBIRT model, enabling them



to identify more Marylanders who could reduce their substance use and prevent potential use disorders, or be referred to necessary treatment.

Overdose Reversal Efforts: Saving Lives

Overdose Response Program (ORP)

MDH's Center for Harm Reduction Services (CHRS) was established in 2019 to centralize harm reduction activities. This includes overseeing ORP, which is Maryland's naloxone distribution program. MDH authorizes government agencies and community-based organizations as ORPs, allowing them to provide overdose education and dispense naloxone through partnerships with prescribers. ORPs benefit from several key provisions. They have access to naloxone free of charge, which is directly shipped to them by MDH CHRS. Additionally, they receive training covering overdose education and naloxone distribution. Ongoing technical assistance is available to support the development of training programs and the establishment of policies and procedures. Furthermore, authorized ORPs are connected with a network of local and statewide counterparts, fostering collaboration and shared resources in the efforts to address overdose situations effectively. Currently, there are 241 approved ORPs through CHRS.

MDH has provided 261,193 naloxone doses to 241 ORPs, local health departments, and community-based organizations statewide. Care coordination services were provided to 73,527 individuals, and 305,229 peer encounters were delivered to 134,490 individuals.

Implementing Harm Reduction Strategies

Maryland has also used SOR to support allowable harm reduction strategies.

MDH Center for Harm Reduction Services (CHRS)

MDH CHRS was established in 2019 to centralize harm reduction activities. It aims to reduce substance-related morbidity and mortality by optimizing services for people who use drugs. This includes overseeing the Syringe Services Program, Harm Reduction Grants programs, and ORP, Maryland's naloxone distribution program. Previously, the Mid-Shore counties lacked these services. However, during this grant period, harm reduction coordination was successfully implemented to bridge the gap in services in this mostly rural jurisdiction. The center envisions a Maryland where health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner, providing equitable access to high-quality care while ensuring services are free from stigma and discrimination.

Increasing Access to Treatment

Maryland has used SOR to improve and expand access to treatment for OUD through expansion of crisis services, walk-in centers, 988 call centers, safe stations, and medication adherence technology.

Crisis Services Expansion

The state has embedded crisis services within American Society of Addiction Medicine (ASAM) 3.7 residential facilities to provide short-term stabilization services (typically not exceeding four days). This model enhances access to treatment and recovery services by incorporating buprenorphine induction and care coordination

conducted by certified peer recovery specialists. These facilities offer the state an opportunity to deliver immediate attention in the least restrictive setting through a comprehensive range of individualized treatment services and recovery supports, including transportation. Furthermore, this approach promotes treatment, diverts individuals to the appropriate level of care, and has the potential to reduce interactions individuals may have with local law enforcement, ultimately lowering the likelihood of arrests.

Crisis bed expansion includes five jurisdictions, which served approximately 4,526 individuals.

24/7 Crisis Walk-In Centers

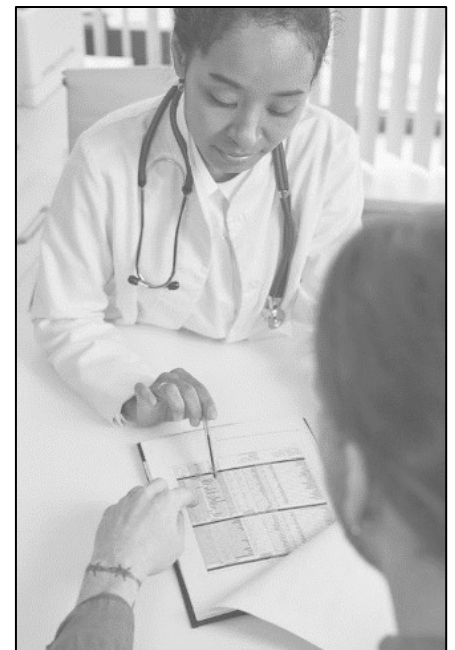
SOR has established and expanded walk-in centers and services in eight jurisdictions to enhance the availability of crisis services. These walk-in centers provide screening, monitoring, crisis stabilization (including linkages to crisis beds), care coordination, peer recovery services, MOUD, and transportation assistance to ensure a warm handoff to the appropriate level of care. Operating 18 to 24 hours a day, 7 days a week, 365 days a year, the centers are staffed by a dedicated crisis response team, consisting of a licensed substance use professional, a registered nurse, and a peer recovery support specialist. Additionally, medical consultation is available via telehealth. The centers cater to adults with OUD or those recently revived from an overdose who do not require emergency medical care and can be safely served in a community setting.

988 and Resource Database for OUD and StUD Concerns

This new funding in SOR III supports expansion of 988 call centers to follow up on calls related to opioid or stimulant concerns. Each call center includes two addiction specialists who reach out to 988 callers, offering specialized and more individualized assistance with a focus on overdose prevention. The enhanced 988 service provides additional resources for opioid and stimulant use concerns, aiding callers in quickly and accurately finding the necessary resources. 988 replaces Maryland's former 211 hotline and searchable database. The searchable database now aligns with the new 988 number, allowing crisis call specialists to provide callers with additional and alternative resources to use after a call.

Contingency Management Initiative (CMI)

CMI, a new program under Maryland's SOR grant, focuses on delivering evidence-based, incentive-driven treatment and recovery options for individuals grappling with opioid and stimulant use. CMI supports activities to implement the evidence-based approach in community outpatient SUD treatment programs statewide. The program offers incentives or rewards for desired behaviors, including negative urinalysis, enhanced group attendance, program retention, and improved participation in treatment environments.



Safe Stations

SOR funding supported the establishment and/or expansion of safe stations in four Maryland jurisdictions. The Safe Station model is built on four strategies to prevent patient attrition/dropout: 1. Use of warm handoffs from safe stations to addiction treatment; 2. Patient-centered approaches to treatment entry; 3. Aggressive resolution of barriers to care; and 4. Continuity of contact with the patient. Safe stations are strategically co-located within police and fire stations. These programs eliminate barriers and pave the way for treatment by connecting individuals to the support services they need, such as care coordination, peer recovery support,

and legal assistance with warrant resolution. Entry and admission to safe stations mark the beginning of a process that involves a team assisting individuals with opioid addiction in connecting with treatment.

Medication Adherence Technology

The Electronic Mobile Comprehensive Health Application (EMOCHA) is a mobile health platform designed to enhance medication adherence through video technology and human engagement, following the Centers for Disease Control-endorsed model called Directly Observed Therapy. In this model, healthcare workers observe patients taking every dose of medication, monitor side effects, and provide critical support. The targeted providers for EMOCHA are Opioid Treatment Programs (OTPs) that offer both methadone and buprenorphine, with the primary goal of improving medication adherence.

Pill Dispensers for OTPs is a program that introduces the use of electronic pill dispensers for take-home methadone, providing a new, safer, and more secure method for dispensing methadone in take-home doses. The pill dispensers aim to increase capacity for dispensing methadone take-home doses to patients in a manner significantly safer and more secure than conventional dispensing strategies. Equipped with multiple safety and security features, the pill dispensers contain an internal modem that continuously communicates with the remote management program established within the OTP. The box securely stores each day's dose(s) in separate compartments, remaining locked until the designated time for the patient to take their medication. Upon the scheduled time, the box unlocks the specific dose compartment, offering multiple visual reminders, and optionally, auditory cues to prompt patients to take their dose within a specified time window, determined by the patient and OTP. If the dose is not removed during that time, the box automatically contacts the OTP. Additionally, the box alerts the OTP to any attempts by anyone to forcibly access medication in other trays (for other days). This project is ongoing, and the program continues to seek vendors for implementation.

SBIRT in Crisis Stabilization Units

Any adult patient who arrives at one of the four crisis centers, regardless of the reason for presentation or mode of arrival (walk-in or ambulance), will undergo screening using validated evidence-based instruments for both OUD and StUD. Patients presenting with acute intoxication or an overdose will also be systematically identified. All patients who screen positive for high-risk substance use or are identified as experiencing intoxication or overdose will receive intervention from a peer recovery coach. Furthermore, all patients who use opioids and present to the crisis center, and who express motivation for SUD treatment, will be assessed for clinical eligibility to receive an initial dose of buprenorphine before discharge from the crisis center.

Maryland counties and Baltimore City have established crisis stabilization centers, which served 6,227 individuals.

Supporting Long-Term Recovery

Maryland has used SOR to assist individuals in recovery by expanding recovery support care coordination services, peer support services, recovery housing services, and low-barrier buprenorphine.

Intensive Care Coordination

Grants have been provided to local jurisdictions to offer intensive care coordination (ICC) and recovery support services to individuals at high risk of overdose, those who are frequent users of the emergency department, individuals with repeat admissions to recovery housing, and those who are frequent users of

ASAM-level SUD residential treatment facilities. Intensive care coordinators will also assist with warm hand-offs for individuals needing MOUD, particularly those recently released from local detention centers or prisons. In SOR II, three jurisdictions were awarded grants to provide these recovery support services. As of SOR III, ICC services continue to be offered in Anne Arundel County.

Recovery-Friendly Workplaces (RFWs)

RFWs, a program new to Maryland's SOR, will support communities by recognizing recovery from SUD as a strength and working with people in recovery. RFWs encourage a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction. RFW funding is being used to hire three certified peer recovery specialists to work as recovery liaisons to support local employers through RFW implementation.

Recovery Residences for Young Adults (Ages 18–26)

Recovery residences for young adults function as extended 6- to 15-month recovery homes that facilitate access to MOUD for individuals aged 18 to 26. These young adults are either currently receiving MOUD or have expressed an interest in doing so. While residing in this environment, they will have access to recovery support services, including coordination of care; assistance with establishing linkages to vocational and educational support services; and transportation.

Reaching & Serving Populations of Focus

Maryland has identified several subpopulations for targeted initiatives: pregnant and parenting women, Tribal/Urban Indian, justice-involved populations, and youth.

Adolescent Clubhouses (ACH)

ACH is a recovery-oriented activity that offers support for youths aged 12 to 17. Those eligible for admission into the program are individuals currently at risk of being admitted to SUD treatment, including OUD, or those who have recently been discharged from treatment. Each unique clubhouse employs evidence-based and promising practices to deliver screening, intervention, and recovery support services to adolescents. The ACH recovery-oriented model employs various approaches to substance use intervention and recovery, supporting the reduction of triggers and cues that led to past substance use. It utilizes youth-driven activities to engage adolescents in more enriching and healthy ways.

As part of the clubhouse model, the University of Maryland's National Center for School Mental Health hosts web-based trainings (bit.ly/SubstanceUseTraining). University of Maryland–Baltimore provides training on the following evidence-based practices to ACH staff: Botvin LifeSkills; Parent Community Reinforcement Approach; SBIRT with motivational interviewing; Adolescent Community Reinforcement Approach; Strengthening Families Program; Motivational Enhancement Therapy - Cognitive Behavioral Therapy (5 sessions-MET/CBT-5).

Mom Power Parenting Initiative

Addiction affects all family members. However, some providers require access to evidence-based information and treatment to address the complex health and recovery needs of pregnant, parenting women, their infants, and families. The SOR Parenting Initiative offers Mom Power, an attachment-based group model for mothers of children up to age five. The Mom Power group aims to enhance sensitive and nurturing parenting, promoting positive parent-child relationships for mothers with opioid use and families impacted by opiate use.



Mom Power is a 10-week parenting class that helps parents learn how to recognize and respond to their child's feelings through nurturing and kindness.

MOUD in the Criminal Justice Setting

Throughout the state, leadership in Maryland's prisons and detention centers recognizes the risks associated with potential overdose and relapse among individuals recently released from incarceration. The use of MOUD at the time of reentry into the community reduces the likelihood of relapse or overdose. Currently, some form of MOUD is available in detention centers across 14 of the 24 Maryland jurisdictions. SOR funds were allocated to expand MOUD, using FDA-approved medications, in the remaining nine Maryland jurisdictions and Baltimore City, as well as to provide screening and peer support services.

Tribes and Tribal Organizations

This initiative aims to provide Tribes and Tribal organizations with access to culturally relevant and evidence-based support, addressing harm reduction strategies and/or risk factors associated with OUD. The initiative implements prevention and education services, including the training of peers and development of evidence-based community prevention efforts for StUD.



About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website [here](#) or request training or TA [here](#).**

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