

# MARYLAND

## USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

### Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

### Allocations for Maryland

Maryland received \$10,036,784 million through STR for each of FY 2017 and 2018, and \$33,169,407 million through SOR in FY 2018. In FY 2019, Maryland received \$50,483,837 through SOR.

### Overview of Maryland's efforts to address the opioid crisis

The STR-funded Maryland Opioid Rapid Response (MORR) is strategically aligned with the goals of the Maryland Opioid Operational Command Center (OCCC), established by an Executive Order as a part of Governor Hogan's 2017 Heroin and Opioid Prevention, Treatment and Enforcement Initiative. STR funding from SAMHSA has allowed the Maryland Department of Health/Behavioral Health Administration (MDH/BHA) to enhance and expand efforts to address Maryland's opioid crisis and fulfill the State's overdose response priorities. The primary statewide overdose response goals for this initiative are to prevent opioid misuse and addiction through enhanced prescriber practices and public awareness, treat opioid dependence by expanding treatment and increasing quality, prevent overdose fatalities through naloxone expansion, and expand recovery supports in the community.

Maryland's State Opioid Response (MD SOR) builds on the efforts of the STR grant and is designed to continue 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) and other co-occurring

substance use disorders (SUDs). MD SOR will improve access to and enhance services for individuals with an OUD by reducing unmet treatment need, creating links to physical health care, and designing primary and secondary prevention methods, with an emphasis on peer and other recovery supports. The goals of the MD SOR initiatives are:

- Increase access to Medication Assisted Treatment (MAT), which include medication(s) that are FDA-approved specifically for the treatment of an OUD, and psychosocial interventions;
- Reduce unmet treatment needs; and
- Reduce opioid-related overdose deaths through evidence-based prevention, treatment and recovery services.

## Primary prevention: stopping opioid misuse before it starts

### Public Awareness Campaigns

STR Year 1 funds were used to create the initial campaigns and disseminate them statewide. Two of Maryland's initial campaigns have received national recognition, the "Talk to Your Doctor" (TTYD) campaign and the anti-stigma campaign. Multiple video and audio public service announcements (PSAs) were created and aired throughout the State, including in movie theaters, and on print, billboards and transit. In addition to these activities, Maryland's Good Samaritan Law also was promoted statewide.

STR Year 2 allowed the State to expand the initial campaigns and to add "How to Administer Naloxone", and the "Dangers of Fentanyl" campaigns. STR funding allowed the State to create and distribute digital messaging for all of the campaigns. The Raven's NFL team provided the State with a player to support multiple campaigns, making Maryland one of the only States to involve representation from a national team.

Through SOR funding, campaigns were not only modified and re-released, but new methods for providing life-saving messages were created. TTYD messages are in multiple medical waiting rooms and in stores with pharmacies across the State. All campaigns are also on gas station pump screens. The State also partnered with Maryland's Higher Education Commission (MHEC) to bring campaigns to over 40 two- and four-year higher education institutions throughout the State.

### Technical Assistance

The Maryland Addiction Consultation Service (MACS) provides free technical assistance (TA) to prescribers with clinical questions, and provides resources, referral information, education, and training opportunities related to substance use disorders and chronic pain management, and assists in the identification of addiction resources that introduce the needs of the SUD community.

- To date, 366 prescribers have signed up for MACS
- The Centers for Disease Control and Prevention (CDC) Guidelines were disseminated to 11,700 pharmacists and 33,988 prescribers
- 10,476 prescribers were reached with overdose response training and naloxone
- 192 calls received to the referral line

## **Student Assistance Program (SAP)**

STR funding in Year 1 and Year 2 provided training and implementation support to middle and high school staff to better identify and respond to youth who are at-risk or currently using substances. Through SOR, this initiative will advance locally and federally funded substance use prevention efforts by strengthening the school staff's ability to screen for opioid and substance use disorders by providing education to the staff by using the SBIRT framework. By learning to use this screening framework, school nurses and counselors, statewide, will be equipped to better identify, engage, and refer students currently using or at risk of substances. SAP will also enhance current school efforts to better prepare school staff to engage with students using the Botvin Life Skills evidence-based substance use prevention curriculum to educate and inform students through three program components: (1) drug resistance skills training; (2) personal self-management skills; and (3) general social skills. Tele-psychiatry consultation is a critical component of the SAP initiative and is needed to address gaps in services for schools in rural communities that are challenged with difficult SUD cases and lack access to a psychiatric consultant.

## **Start Talking Teacher Training**

The Start Talking Teacher training is designed to address the need to provide high-quality, relevant, effective, and age-appropriate heroin and opioid use prevention education in the school system. With SOR Year 1 funding, BHA will partner with the Maryland State Department of Education to provide an estimated 2,300 educators statewide with prevention education and best teaching practices. This online training will assist educators in providing a more effective response to school-age youth who are at risk of, or are currently in, recovery from substance use and/or co-occurring mental health and substance use disorder.

## **Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Youth**

The evidence-based "Teen Intervene" program will be implemented in three school districts that already deliver SBIRT services through their school-based health centers. Teen Intervene is a brief, school-based intervention program geared at reducing drug and alcohol use in adolescents and youth at risk for developing substance use problems. The program consists of two or three 60-minute, one-on-one or group therapy sessions that employs motivation and self-change techniques.

## **Increasing access to treatment**

### **Expansion of MAT Services**

Maryland implemented a statewide buprenorphine access expansion plan, created additional residential treatment providers, co-located crisis services within American Society of Addiction Medicine (ASAM) Level 3.7 Residential SUD Treatment facilities, and expanded community recovery service supports for individuals with opioid use disorders who are experiencing an opioid-related crisis. The embedding of crisis services within intensive

inpatient facilities provides short-term stabilization services, enhances already existing withdrawal management services, and expands access to treatment and recovery support service availability, including buprenorphine inductions, and care coordination by Certified Peer Recovery Specialists (CPRS). Additionally, SOR funding provides expanded access to MAT in detention centers, allowing inmates to be both stabilized for OUD while incarcerated and provided access to MAT prior to release to decrease the likelihood of potential relapse/overdose.

### **Walk-in Centers**

SOR funding will establish or expand walk-in centers or services in eight jurisdictions to enhance the availability of crisis services. These walk-in centers will provide screening, monitoring, crisis stabilization (including linkages to crisis beds), care coordination, peer recovery services, MAT, and transportation assistance to ensure warm handoffs to the appropriate level of care. The centers will operate 24/7/365 and will be staffed by a dedicated crisis response team comprised of a licensed substance use/mental health professional, a registered nurse (RN), and a Peer Recovery Support Specialist. Medical consultation may also be available via telehealth. The centers will serve adults who have an opioid and/or substance use disorder or were recently revived from an overdose and do not need emergency medical care and can be safely served in a community setting.

### **Safe Stations**

SOR funding will support the establishment and/or expansion of Safe Stations in three Maryland jurisdictions. Safe Stations offer easy access to services because individuals have the ability to walk into a police or fire station and obtain assistance and linkages to services. Everyone is screened and assessed by a mobile crisis team and referred to appropriate services. Local partnerships provide referral pathways from a wide array of sources, such as police and fire departments, EMS, State's Attorney's offices, primary care providers, and mental health agencies.

### **Medical Patient Engagement Initiative**

This initiative will employ care coordinators to work with existing addiction consultation services in area hospitals to assist in connecting patients started on MAT therapy during their hospital stay to outpatient community OTP. The care coordinators and relevant staff from the OTP will follow identified patients through the sub-acute rehabilitation stay and enroll them into addiction treatment, provide MAT as medically appropriate, and continue to engage and treat patients following discharge from the sub-acute rehabilitation facility.

### **Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT) - Adults**

With SOR funding, MDH has successfully partnered with a consulting firm, the Mosaic Group, to implement several comprehensive SBIRT programs. Maryland's Comprehensive Hospital Based Opioid Response Program includes the combined use of SBIRT, Overdose Survivors Outreach Program (OSOP), Hospital Based Buprenorphine Induction (HBBI), and Peer Recovery Specialists in hospital emergency departments. Year 1 SOR funding has permitted

these efforts in nine (9) Maryland Emergency Departments (EDs). Efforts under SOR funding have expanded SBIRT and peer recovery coaches to five (5) hospital mother-baby units and their respective Obstetrics/Gynecology feeder practices. Additionally, in the first year of SOR funding, Maryland implemented SBIRT in one college health center, and two K-12 public school health centers. With continued funding through SOR, these efforts will expand the current SBIRT programs in year two to additional sites.

### **Special Populations**

Special populations targeted through SOR funding include individuals who are deaf and hard of hearing, those who are involved in the criminal justice system, pregnant and postpartum women, university/college age individuals, elementary, middle and high school students and their families, patients in acute medical facilities/and nursing homes with medical conditions after experiencing an acute OUD episode, those who are homeless, and minority and tribal communities.

**The Sign Language Interpreters initiative** will employ additional Outreach/Sign language interpreters to work with the Deaf Addictions Services at Maryland's (DASAM) treatment team, filling a critical gap in services for individuals who have an OUD. DASAM is the only statewide provider delivering culturally and linguistically appropriate outpatient and MAT services by staff fluent in Visual Language Communications. This initiative will also provide interpretive services for residential substance use treatment, community meetings, and Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) meetings. Having an outreach worker/interpreter will allow individuals to be linked to OTPs, health homes, and other medical services.

**Criminal justice settings** across Maryland understand the risks associated with the possible overdose and relapse of individuals recently released from jails and prisons. The use of MAT at the time of reentry into the community decreases the chance that individuals will relapse or overdose. Some form of MAT currently exists in Detention Centers in 14 of the 24 Maryland jurisdictions. SOR funds will be used to expand MAT, using FDA approved medications in the remaining 10 Maryland jurisdictions and provide screening and peer support services.

**Healthy Beginnings** is an initiative committed to reducing infant mortality, preterm births, and low-birth weight babies, particularly in vulnerable populations with OUD who may also have a lower socioeconomic status, be at high risk for infectious diseases such as HIV and hepatitis, and/or at risk for unplanned pregnancies. Women are assessed for having an OUD or co-occurring disorder, and all of those diagnosed are provided with appropriate substance use and mental health services or appropriate referrals. Through direct provider-to-provider communication and case management, substance use, mental health, and obstetric care are coordinated, as is peripartum and postpartum pain management to avoid unnecessary opioid prescribing. This initiative includes follow-up by a Peer Support Recovery Specialist (PRSS) and a Reproductive Health Registered Nurse (RN). Transportation is often provided for women to access treatment and recovery support services in the



community. Both the PRSS and the RN make regular visits to participating individuals who are enrolled in an American Society of Addiction Medicine (ASAM) residential treatment facility in Calvert County, Maryland, as well as, in neighboring St. Mary's County and Charles County, Maryland.

**Minority Outreach and Technical Assistance** grants will be awarded to Minority Outreach Technical Assistance Teams (MOTAs), faith-based and community-based organizations to provide outreach, education on opioid use disorders, harm reduction, training, technical assistance, and prevention strategies to minority populations and tribal communities.

## Overdose reversal efforts: saving lives

Through STR funding, MDH successfully launched Advancing Cross-Cutting Engagement and Service Strategies (ACCESS), a website dedicated to making naloxone and funding for harm reduction projects available to local health departments and non-profit organizations.

Through SOR funding, MDH provided 33,992 doses of naloxone to 11 non-profits and 12 Local Health Departments (LHD) in April 2019 for community distribution. Additionally, grants have been made available to local organizations to implement harm reduction strategies with the goal of: 1) increasing the number of programs that engage people who use substances and are at risk for overdosing; 2) work to decrease risk; and 3) reduce the negative consequences of substance use.

## Recovery Support Services

### **Recovery Residence Certification Process Improvement and Expansion**

Under State law, the Behavioral Health Administration (BHA) has been selected to serve as the credentialing entity to develop and administer a process for the certification of recovery residences in accordance with nationally recognized certification standards established by the National Alliance for Recovery Residences (NARR). In accordance with statute, certification by the Department is required for recovery residences to operate in Maryland if the residence receives State or Federal funds; operates as a certified recovery residence; is advertised or represented by any individual, partnership, corporation, or other entity as being a certified recovery residence; or has been implied to the public to be a certified recovery residence. Maryland currently has 228 certified recovery residences.

STR funding provided training on the NARR standards for peers, front line personnel, and field inspectors, with an emphasis on supporting recovery and resiliency. Training was provided on the impact of trauma, cultural awareness, and MAT. To further support this effort, SOR funding will enhance the delivery of this training through the implementation of a Recovery Residence IT Software program for the credentialing of Recovery Residences. The software will allow providers to submit applications to become credentialed electronically. BHA will be able to review and provide timely feedback to providers regarding their application, track when field assessments are being conducted, and issue certifications.

BHA will also allocate funding to twelve jurisdictions to provide funding to develop or expand recovery housing for individuals who have an OUD.

### **Adolescent Community Reinforcement Approach (A-CRA)**

A-CRA is an evidence-based intervention designed to identify and increase relevant family, social, and educational/vocational support that assists adolescents in active recovery from their dependence on substance use. Maryland has 55 A-CRA trained clinicians, eight (8) certified A-CRA clinicians, and five (5) certified A-CRA Supervisors across the State of Maryland. Through SOR, this initiative will be expanded to include 100 new trained clinicians and add another 50 both trained and certified clinicians statewide. It is estimated that an additional 1,800 - 2,250 youth and families will be served through this initiative by the end of FY 2020.

### **Intensive Care Coordination**

Grants will be provided to local jurisdictions to provide intensive care coordination to individuals who have an OUD who are being released from incarceration, transitioning from residential to outpatient treatment and/or recovery housing. Services will be provided by a counselor or Peer Support Specialist. Services include regular home or community-based visits to support an individual in their recovery.

### **Workforce Development for Persons in Recovery**

The Maryland Department of Health/BHA and the Maryland Department of Labor, Licensing, and Regulation (DLLR) are committed to providing workforce services to help counter the negative impacts of the opioid crisis on Maryland's workforce and economy. In partnership with DLLR, BHA will utilize \$200,000 to award small grants through DLLR's Opioid Workforce Innovation Fund (OWIF). This will support workforce related activities for 30 individuals who have been directly or indirectly impacted by the opioid crisis. The types of services that can be provided through this project include Basic Career Services, Individualized Career Services, Training and Work-Based Learning Models, and Supportive Services.

### **Workforce Development & Training: Medication Assisted Treatment (MAT) Training**

This initiative started under the STR grant will be expanded across the State. It is vital that Maryland's health professionals have the necessary knowledge and skills to successfully administer and operate SUD programs. Ongoing training and technical assistance for healthcare professionals and para-professionals will be offered. This training will enhance knowledge and skills, will outline evidence-based practices for using MAT with various populations in a variety of settings, will reduce negative opinions toward MAT, and will reduce stigma of those with a SUD and OUD.

Funding will support up to 55 MAT trainings throughout the State. An estimated 1,196 individuals will be trained in Year 1.

## Collaborating with local entities

The STR and SOR supported treatment and prevention programs are being implemented in collaboration with the Local Health Departments (LHDs); Local Addictions Authorities (LAAs); Local Behavioral Health Authorities (LBHAs); local hospitals; medical prescribers; detention centers; colleges/universities; elementary, middle, and high schools; local Emergency Medical Technicians (EMTs); fire departments; faith-based organizations; local SUD providers; Maryland Public Television (MPT); and local professional athletes.

## Additional positive outcomes

- The “Talk to Your Doc” and anti-stigma campaign ads have made more than 100,000,000 impressions and will have produced an estimated 190,000,000 impressions by the end of SOR Year 2.
- Through SOR funding and the ACCESS initiative, the MDH will provide 33,992 doses of naloxone to 11 non-profits and 12 Local Health Departments (LHD) in April 2019
- 70,270 individuals trained in the use of Naloxone
- 76,667 naloxone doses dispensed, and 4,499 refill doses dispensed
- 1,205 opioid overdose death reversals during the STR funding period
- 3,576 individuals served in treatment settings with 1,643 engaged in MAT services
- 1,353 newly waived prescribers
- 6,442 individuals have received Recovery Support Services

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