

The Behavioral Health Administration's

# State Opioid Response Grant Newsletter

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## Welcome to the State Opioid Response Grant Newsletter

The purpose of this newsletter is to provide you with valuable information and resources from the Behavioral Health Administration (BHA) about Maryland's State Opioid Response (SOR) projects and updates about our accomplishments. SOR projects play a critical role in combating the opioid epidemic that is impacting the lives of many Marylanders. With every quarterly newsletter, you can read up on the latest developments, current events, webinars, trainings, and success stories associated with SOR.



# Our Opioid Efforts Continue

## SOR II, Year 2

In the prior SOR I grant, 2018 to 2020, great strides were made for individuals with opioid use disorder. A total of 379,284 individuals received treatment services, while another 107,207 received recovery support services, and 4,737 received medication-assisted treatment. With the SOR II grant, we have continued these gains as we work to now reduce opioid and stimulant related overdoses.

SOR II, Year 1: September 30, 2020 - September 29, 2021

Award Amount: \$50,751,132

During the first year of the SOR II grant, while still immersed in the COVID pandemic, Maryland was able to serve a total of 47,258 individuals: 3,532 unduplicated individuals were enrolled with an opioid use disorder, 586 with a stimulant use disorder, and 2,337 with both disorders. A total of 2,005 individuals were started on medication-assisted treatment. A total of 12,395 individuals received care coordination; 19,995 individuals had 48,578 peer encounters. A total of 5,458 individuals received crisis services. There were 4,117 calls to the crisis hotline which resulted in 1,471 referrals. Two hundred thirteen (213) masters of social work students were enrolled in curriculum expansion programs to become part of the future behavioral health workforce. A total of 183,304 doses of naloxone were purchased while 102,617 doses of naloxone were distributed. After discharge, 2,070 individuals were referred to continue medication-assisted treatment, 6,299 to residential services, 1,305 to outpatient treatment, and 5,786 to mental health treatment.

SOR II, Year 2: September 30, 2021 - September 29, 2022

Award Amount: \$50,751,132

We are now in the second year of the SOR II grant and the fourth year of implementation of SOR in Maryland. In keeping with the fundamental goals of the SOR grant, 34,427 unduplicated individuals have been served, 809 started receiving MAT, 12,813 received care coordination, while 20,558 individuals received 42,876 peer encounters.

**"In light of COVID-19 and the new challenges imposed upon all of us, these funds are coming at a critical time. Now is the time to concentrate on bringing proven treatments to more people."**

**—Dr. Aliya Jones, Deputy Secretary for Behavioral Health**

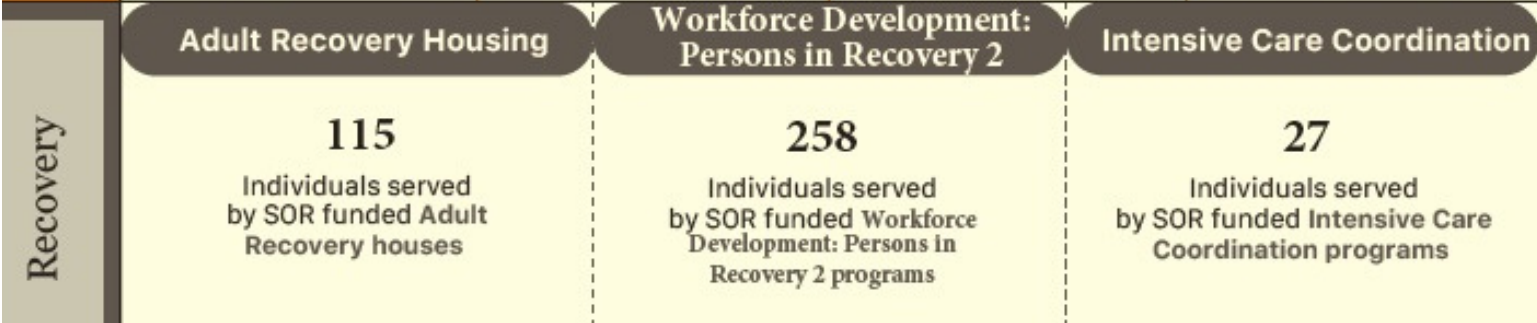
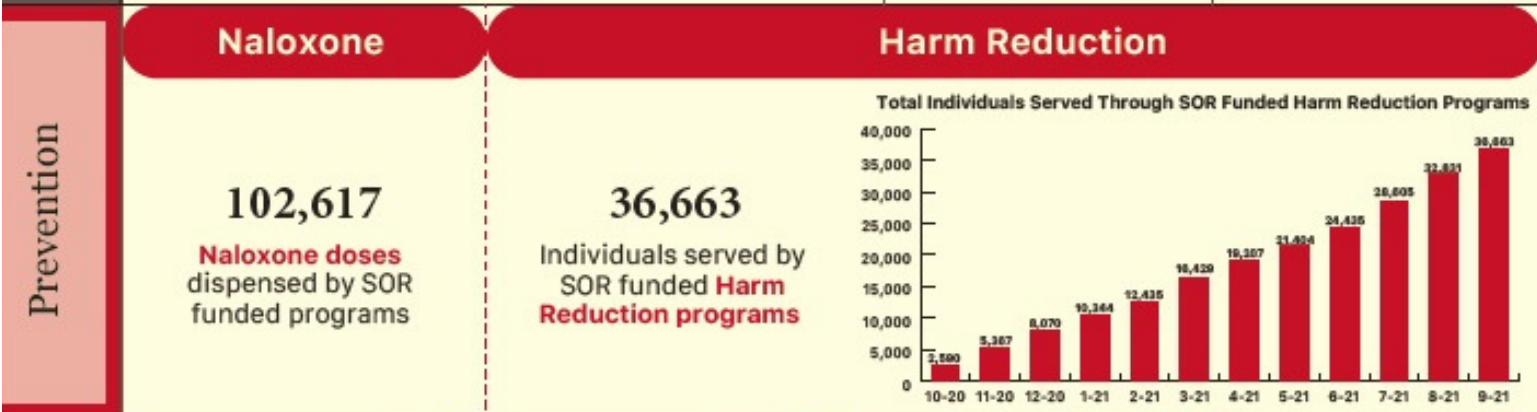
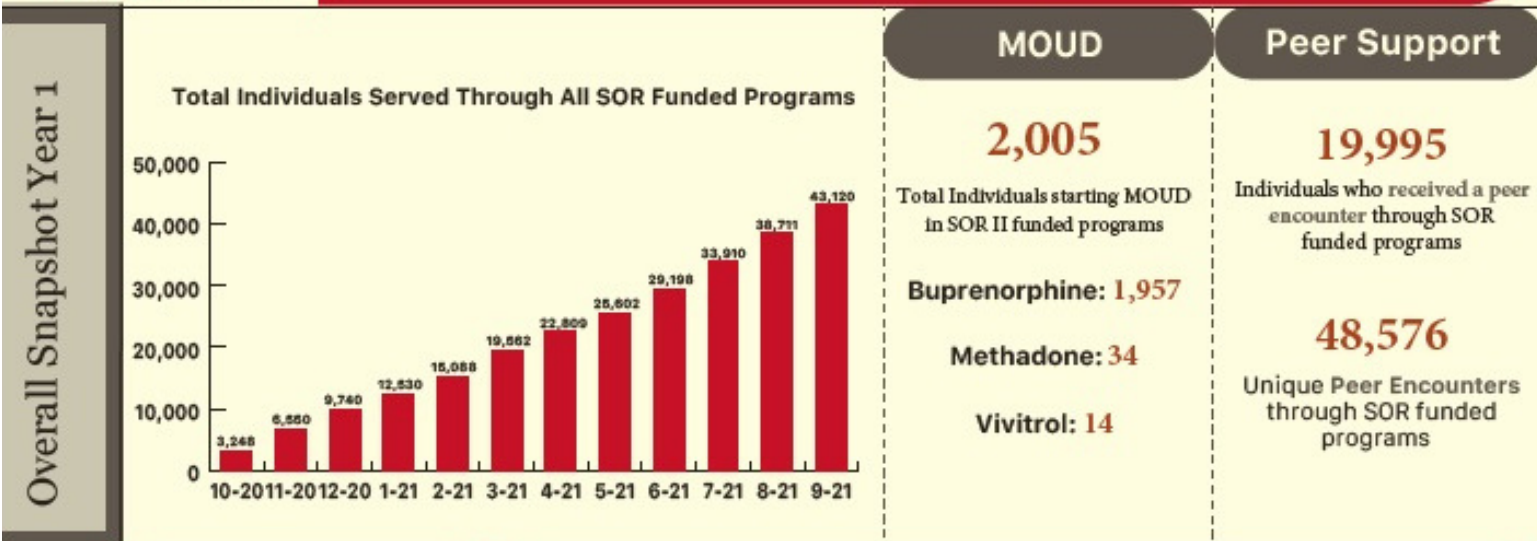
# SOR By the Numbers

From BHA's Office of Applied Research and Evaluation:



## Maryland State Opioid Response Grant II (MD-SOR II)

Data based on the individuals served by SOR II funded prevention, treatment, and recovery programs from September 30, 2020 through September 29, 2021





# SOR II Highlights

## Public Awareness Spotlight

We are also pleased to highlight a public service announcement from the Office of Public Awareness discussing the dangers of fentanyl and how to access resources to help combat opioid use and misuse. [Watch this 30 second PSA now.](#)



[Also available in Spanish.](#)

Up next:

## SAMHSA Webinar Host:

Maryland was asked to co-present with another state as part of SAMHSA's SOR grantee webinar series on the topic of crisis care/response initiatives (Maryland's helpline 211, walk-in crisis centers, safe stations). We are thrilled about this opportunity to share highlights of evidence-based practices at work. The webinar will take place on May 12, 2021 at 2 p.m. Darren McGregor and Ed Soffe from the BHA team will be presenting.

# SOR II, Year 1 Carryover Request

After a successful year of serving both opioid use disorder and stimulant use disorders, BHA requested leftover dollars from this grant period in the amount of \$26,676,468 to continue the work and fulfill the grant deliverables stated in the original application.

## SOR III Pending Announcement

Grant opportunity TI-22-005 has been forecasted to post mid-February 2022. SAMHSA estimates there will be 60 awards totaling \$1,420,000,000. This SAMHSA SOR III grant program will aim to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs). BHA will apply for this new grant when released and will accept proposals for new and innovative ideas based population need and specific demographics. More details to come.

## The Program Leads of SOR II

Absolutely nothing could happen with the SOR grant without this group of exceptional leaders. The program leads oversee departments and areas in BHA that are vital to the overall treatment landscape of Maryland, from medication-assisted treatment in detention centers to recovery housing and everything in between. In addition to their duties and responsibilities as BHA department heads, they each have taken on a cascading array of requirements in order to implement the SOR grant.

The BHA leads, as we call them, have a myriad of practices in place to ensure that each Maryland resident receives the services they need. The leads engage in approving budget line items, writing interagency agreements and statements of work; preparing contracts; ensuring data collection accuracy; monitoring expenditures, performance measures, and deliverables; providing technical assistance and routine communication to the jurisdictional leads; facilitating monthly meetings with grantees, and conducting site visits when possible.

Let's meet this extraordinary group of people...

# Meet the BHA Program Leads:

## BHA Program Lead:

**Barry Page**

Program Manager - Early Intervention and Wellness Services, Service Access and Practice Innovation

**Brendan Walsh**

Director - Office of Community Based Access and Support

**Darren McGregor**

Director, Office of Crisis and Criminal Justice Services

**Dr. James Yoe**

Director Applied Research and Evaluation

**Dr. Maria Rodowski-Stanco**

Director Applied Research and Evaluation

**Ed Soffe**

Coordinator, Service Access and Practice Innovation

**Erin Russell**

Chief, Center for Harm Reduction Services

**Kimberly Qualls**

Director, Office of Treatment Services

**Margie Donohue**

Director, Public Awareness

**Michael Baier**

Director, Office of Opioid Response Coordination

**Michelle Darling**

Director, Office of Workforce Development and Technology Transfer

**Priya Arokiaswamy**

Assistant Director, Evidence Based Practices, Housing and Recovery Supports

**Risa Davis**

Assistant Director, Evidence Based Practices, Housing and Recovery Supports

## Initiatives:

MACS, OUD MEETS, Hub and Spoke

Workforce Development for Person Recovery

Crisis Centers, Crisis Beds, Safe Stations, MAT in Detention Centers

Data Collection and Progress Reporting

EBP Expansion, Clubhouses, Recovery Housing, Parenting

SBIRT, 211 MD

Harm Reduction and Naloxone Distribution

Tribes, EMOCHA and Pill Dispenser

Public Awareness

Grants Management

Workforce Development Training

Recovery Housing - Adults

Intensive Care Coordination, Healthy Beginnings, Deaf Addiction Services at Maryland

# And We Meet, and Meet Again

The Behavioral Health Administration hosts several SOR monthly meetings to monitor the grant. There are individual meetings with each BHA lead to gain critical updates and to provide technical assistance. Secondly, there is an internal meeting with all BHA leads, BHA finance department, and BHA leadership to present the core performance measures of the grant initiatives and SAMHSA reporting requirements. In addition, there is a meeting with the SAMHSA Grants Project Officer to illuminate the progression of the SOR projects. And most recently we have instituted a quarterly meeting with the Maryland Association of Behavioral Health Authorities (MABHA) who are SOR sub-grantees. These meetings foster open communication and collaboration between the SOR Team, Program Leads and Local Behavioral Health and Addiction Authorities.



## SOR Superstar

The Maryland Addiction Consultation Services (MACS) provides support to prescribers and their practices across Maryland in the identification and treatment of substance use disorders and chronic pain management. MACS is administered by the University of Maryland, School of Medicine and funded by the Maryland Department of Health, Behavioral Health Administration.



Launched in the fall of 2017 with a focus on opioid use disorders, MACS has since expanded its scope to include all substance use disorders and chronic pain management with an expanded array of services including:

- Phone consultation for clinical questions, resources, or referral information
- Individualized technical assistance and capacity building
- Training and education related to substance use disorders and chronic pain management, including DATA 2000-waiver qualifying training for medication-based treatment

Since program launch, MACS has enrolled over 1,600 practitioners representing every county in Maryland. The MACS warmline has received over 935 calls, and MACS consultants have provided training at 121 events with over 4,000 practitioners and stakeholders in attendance! Visit [marylandMACS.org](http://marylandMACS.org) or call 1-855-337-MACS (6227) to find out more.

# Behavioral Health Department

## Mission

The Maryland Department of Health's Behavioral Health Administration will, through publicly-funded services and supports, promote recovery, resiliency, health and wellness for individuals who have or are at risk for emotional, substance-related, addictive and/or psychiatric disorders to improve their ability to function effectively in their communities.

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