

## **Introduction**

The State of Maryland is committed to addressing the opioid epidemic through a multi-system comprehensive strategy that emphasizes the importance of law enforcement partnerships. **The Governor's Office of Crime Control and Prevention (GOCCP), Maryland's State Administering Agency**, plays a key role in coordinating Maryland's public safety response to opioids and is seeking additional resources through the Comprehensive Opioid Abuse Site Based Program under **Category 2c**. As those working on the front lines of the epidemic in communities most impacted by opioid misuse, law enforcement has borne a disproportionate share of the response, especially in those communities selected as local partners in **Regrounding Our Response: A Coordinated Public Safety and Public Health Approach to the Opioid Epidemic**.

Recognizing that law enforcement, as first responders, regularly interact with individuals engaged in opioid misuse and at high risk of overdose, the Regrounding Our Response project proposes to equip police and sheriff's deputies across Maryland with new public health tools and partnerships, easing the burden on law enforcement and improving access to treatment and other vital services to our most vulnerable residents. The project seeks to support **nine distinct Law Enforcement Assisted Diversion (LEAD) sites** across the state, as well as **detention-based interventions in partnership with the Office of Public Defender in five of the nine sites**. This comprehensive approach will ensure that high-risk individuals not diverted to care and services during police interactions will still receive care once they enter the criminal justice system with appropriate referrals to therapeutic courts, pre-trial programs, and other services in detention or in the community.

## **Statement of the Problem**

In 2017, Maryland became the first state to declare a State of Emergency to galvanize the fight against the opioid epidemic. Governor Hogan has unveiled a comprehensive strategy to address

diversion and access to treatment, including treatment in detention, alternative corrections options for defendants with substance-use disorder, expansion of syringe service programming, and the expansion of LEAD and related programs to support first responders and build partnerships across disciplines. Simultaneously, the state has incorporated responses to its opioid crisis within its implementation of criminal justice reform under the Justice Reinvestment Initiative, reducing sentences for misdemeanor drug possession and theft, graduated sanctions for relapsing individuals under community supervision, and improvement of service delivery for court mandated drug treatment to reduce the number of individuals incarcerated in state prisons due to substance-driven offenses. However, all of these reforms address individuals already charged with an offense, and despite a 30% reduction in the population of inmates serving drug offense-related sentences in FY19, this group still constitutes 8.9% of the state prison population, at an annual cost to the state of \$17.7M. The state's expanded investments in drug treatment courts and placements in state-funded treatment programs cannot match the rising number of justice-involved individuals entering the criminal justice system with substance-use disorder.

Despite the progress Maryland has made, **overdose deaths continue to rise at a disproportionate rate**, making Maryland one of the hardest hit states in the nation. From 2016 through 2018, the most recent year for comprehensive overdose data, deaths across Maryland climbed from 1,859 opioid deaths to 2,134 opioid overdose deaths, annually. According to the Center for Disease Control, Maryland's 2017 overdose death rate of 37.1 deaths per 100,000 people ranks 4<sup>th</sup> in the nation and its **opioid overdose death rate of 32.8 ranks 3<sup>rd</sup>**. Overall, 88% of all unintentional drug overdoses in Maryland involved some type of opioid (heroin, fentanyl, or prescription opioids). Relative to our neighbors and similar communities across the country, Maryland, and the nine local Regrounding Our Response partners, have experienced a disproportionate impact of the opioid epidemic.

The epidemic has also caused cascading challenges across criminal justice, medical, and social service agencies as systems across the state have struggled to meet the need for treatment and services including housing, somatic and behavioral health care, and employment. Recent studies have suggested that over 50% of Maryland inmates suffer from substance use disorder (SUD). Regrounding Our Response will collaborate with nine sites across the state's most impacted communities to establish six new and expand three existing opioid intervention programs. **These sites are located in 45 of Maryland's 149 Qualified Opportunity Zones (QOZ).** Local partner sites for new programs include St. Mary's County, Columbia in Howard County, Westminster in Carroll County, Annapolis City in Anne Arundel County, Hagerstown in Washington County and Cumberland in Allegany County. In addition to the six new project sites, Regrounding Our Response will expand three existing programs in Belair in Harford County, Wicomico County, and Baltimore City. Please see **Appendix A** for additional local site details including documentation of disproportionate impact and other priority considerations.

Statewide coordination has supported the expansion of interventions across Maryland, including increased access to MAT, statewide overdose reporting through ODMAP, enhanced training, enforcement, information sharing, and prevention and education campaigns. However, these services have arisen piecemeal, with incremental changes in local climate toward harm reduction. Coordinated service delivery is needed to bring together Maryland's investments in overdose prevention programming, and little connection exists to allow access to these programs at the point of justice-involvement. **Current funding through local, state, and federal sources is insufficient to meet the need for the development of new interventions and expansion of existing promising practices, which is necessary to impact overdose fatalities.** Resources for planning and startup costs associated with new projects are particularly scarce and often provided by private philanthropy or through ad hoc

funding. The opioid epidemic has exposed many acute needs across Maryland, especially treatment access, crowding out potential funding for innovations such as the police-led diversion model proposed herein. Simply put, without federal assistance, it would not be possible to implement Regrounding Our Response. This is particularly true in more remote and rural communities on the Eastern Shore and in Western Maryland where economic decline has continued to impact local capacity for opioid response.

### **Project Design and Implementation**

Regrounding Our Response: A Coordinated Public Safety and Public Health Approach to the Opioid Epidemic will support nine program sites throughout Maryland. **Sites have been selected through a data driven evaluation, which used ODMAP and state overdose data to identify the communities in most need.** Following the evaluation, GOCCP sought interest from local jurisdictions and assessed capacity for successful and sustainable project implementation based upon prior grant performance and development of complementary programming. The nine sites reflect a diverse geography, strong need, and strong stakeholder support to ensure long-term viability. There are no current COAP grantees in the state.

Regrounding Our Response will address several areas outlined in the solicitation's **allowable use of funds** section including the establishment and expansion of new LEAD programs in each of the nine local sites. This programming will support law enforcement's efforts to identify and intervene with individuals suffering from SUDs by providing the tools for that intervention, through LEAD, and by seeding the service infrastructure necessary to support additional interventions, developed through analysis of health and criminal justice data. By definition, this approach embeds the public health and social service response within law enforcement, enabling an immediate response to police encounters with vulnerable individuals and families, either at the point of arrest, through social contact, or overdose response. The services funded through Regrounding Our Response will have the capacity and

partnerships to respond to families and youth as necessary. Local sites will strengthen existing relationships with the Department of Social Services and specialized youth and family providers to ensure consistent and high level care.

To evaluate potential long-term success, GOCCP examined existing and planned complementary programs that would facilitate buy-in, support planning and implementation, and allow Regrounding Our Response to address defined gaps in service in a cost effective manner by using LEAD interventions and as a hub for referral to existing services. Several sites, including Annapolis, Washington County, Westminster and Belair, currently have or will soon implement 24-hour crisis services. These brick and mortar locations, already part of the local public health system, provide important components of the service infrastructure necessary for Regrounding Our Response. By leveraging the referral mechanisms, assessments, triage, and short-term crisis and SUD services, new and existing programs can streamline processes, collaborate on overlapping clients, and dedicate resources to expanding services to reach those unable or unwilling to access existing crisis services.

In Cumberland, Baltimore City, and St. Mary’s and Howard Counties, Regrounding Our Response will benefit from existing complementary collaborations and planned investments. All four jurisdictions are currently working to expand both mobile and walk-in crisis services and have already established public health and public safety dialogues through OTTs, CIT programs, and syringe service programs. Most importantly, all jurisdictions have expressed strong interest in implementing new diversion programs to address the state’s opioid epidemic.

Sites	Proposed Project	24-hour crisis services	Mobile Crisis Services	Overdose Response Program	Syringe Service Program	OPD Diversion Expansion
St. Mary’s County	New Program		X		X	

Columbia, Howard	New Program		X			X
Westminster, Carroll	New Program	X	X			X
Annapolis City, Anne Arundel	New Program	X			X	
Hagerstown, Washington	New Program	X			X	X
Cumberland, Allegany	New Program		X			
Belair, Harford	Program Expansion	X		DART		X
Wicomico County	Program Expansion			COAT		
Baltimore City	Program Expansion		X	LEAD	X	X

Similarly, Regrounding Our Response will build on federal investments from the **CDC and SAMHSA**. The Prevention for States program has allowed Maryland to dramatically improve opioid prescription patterns using a strengthened PDMP system. This progress allows Regrounding Our Response to focus project resources on those most disconnected from health care and vulnerable to overdose from illicit opioids and interactions with law enforcement. SAMHSA support has helped expand access to Medication-Assisted Treatment (MAT), a vital resource for both long-term recovery and overdose prevention. The expansion of MAT, especially in the Baltimore metro region with the highest overdose rate, will be a resource for all local project partners who will utilize MAT referrals as one of the many services available to program participants.

As part of the Hogan Administration’s 2017 response to the opioid crisis, the Opioid Operational Command Center (OOCC) coordinates state actions and supports response efforts of local partners. The OOCC established overarching statewide goals and objectives, as well as operational

objectives and tasks specific to each department, agency, and office. The Regrounding Our Response project would address one of GOCCP's primary contributions to the OCCC by directing resources and programming to criminal-justice interventions. The OCCC also facilitated the creation of local Opioid Intervention Teams (OIT) in each Maryland jurisdiction to facilitate local planning, programming and coordination with local, regional and state actors. Each OIT involves local leaders, emergency managers, first responders, public health officials and community members to develop strategic plans and multi-pronged strategies specific to the needs of their jurisdictions. Maryland's Overdose Fatality Review (OFR) program began in 2014 and has since spread to all jurisdictions in the state, informing local partners of missed opportunities for intervention. Regrounding Our Response will leverage these existing systems to ensure project alignment with local strategies, funding, and personnel. Please see the attached 'OIT Concept of Operations' for additional information on the local OITs and the OCCC.

This progress gave us the confidence to pursue an ambitious plan, which addresses all **mandatory project components**, as well as needs across Maryland for enhanced public health and public safety collaboration. Award execution, training, planning, development of project deliverables, and assessment across all sites will be supported by GOCCP staff and experts, including a dedicated Project Director. In addition, GOCCP and all project partners look forward to working closely with BJA technical assistance providers and researchers to ensure a successful program that is in line with best practices and contributes to important research on evidence-based interventions.

**Immediately upon receipt of award**, GOCCP will convene key personnel from all sites to establish common timelines, processes, and a learning collaborative. At this initial convening, we will also discuss monthly collaboration calls, quarterly meetings, and required reporting including the collection of outcome based performance measures. We expect planning meetings in all sites to begin within one month of award and to continue concurrently while agreements and sub awards are

executed. During the planning process, each site will discuss initial intervention geographies, hours, and processes that align with available resources and needs. Some jurisdictions, including partner counties, will focus on specific areas where necessary, as countywide services may not be feasible at the outset.

All sites, including the expansion of Wicomico County's Community Outreach Addictions Team (COAT) and Belair's Drug Abatement Response Team (DART) programs, will follow the **evidence based and validated LEAD model**. While allowing for necessary customization to fit the local environment, GOCCP will ensure fidelity to the core principles necessary for success. Within nine months of award, all sites will be implementing programming allowing local law enforcement to easily divert and deflect high-risk individuals towards community-based care that will reduce overdose risk and improve treatment outcomes.

The key common element to all Regrounding our Response sites is a robust service infrastructure built with fidelity to LEAD core principles and the evidence base. While there will be some local variations, **the essential line of service is case management** delivered by teams of case managers and peer support specialists. Case management is the glue that holds together the continuum of services needed to meet the health and social service needs of individuals with drug and alcohol problems who are diverted from the criminal justice system. Generally, the case manager will facilitate enrollment and engagement, help design individualized care plans, and conduct referrals. In addition to the case management teams, each site will identify a Program Manager to oversee daily local site operations and coordination among partners. Position descriptions are attached.

The specific service infrastructure supporting this diversion will vary as local resources and investments are different for each partner. Some local partners may contract with private service providers while others may leverage in house case management and peer support capabilities. For



Belair, in Harford County, GOCCP will support the execution of a direct sub award with the provider already collaborating with law enforcement to support the DART program. Other jurisdictions such as Washington and Wicomico Counties will likely combine services provided through private providers and the local health departments, which already have strong peer support programs.

**Peer support** is a vital component to Maryland's LEAD support initiatives and will be incorporated into Regrounding Our Response. Maryland has a robust peer support movement with advocates and professional development opportunities in each jurisdiction. Maryland's Addiction and Behavioral Health Certification Board provides certification for peers and peer supervisors, as well as many continuing education opportunities. All peer staff supported by Regrounding Our Response will be encouraged to have or to pursue certification. Peer-led programming is currently operating in almost every Maryland jurisdiction and has become an important component of overdose follow-up programming in Belair and Wicomico County, as well as Baltimore City's LEAD program. Peers will be integral components of the service delivery and advice during the planning and implementation process to ensure a program design and implementation that meets the unique needs and culture of each local site. In addition, a certified peer supervisor will supervise all peer staff and all partner agencies will prioritize self-care and support for all program staff. As a foundational component of the planned intervention, peer services will be evaluated by the impact of the intervention on the individual participant's wellbeing including housing status, drug use, health care measures, connections to family, employment, income, and recidivism.

To support the sites, Regrounding our Response will utilize **trainers and training curriculum** already developed by the Maryland Department of Health (MDH) for law enforcement and service providers. Key personnel for local sites will be encouraged to attend several two-day Training of Trainer events being held throughout the summer and fall. Content areas include Stages of Change,

Adverse Childhood Experiences, Social Determinants of Health, and MAT as Overdose Prevention. Modeled off the successful and effective ACE Interface Initiative, the two-day intensive training provides an environment and foundation for a cohort that continues to support each other, share resources and fulfill their commitment to providing the training in their communities. GOCCP will also facilitate training for all sites on diversion processes and will leverage law enforcement presenters with experience from the field, including those from the LEAD National Support Bureau. Finally, all partner sites will be strongly encouraged to prioritize Crisis Intervention Training (CIT) for all officers, as CIT forms a basis for interacting with community members who may have behavioral health difficulties. Every proposed site has access to Maryland's robust CIT training program.

Through a close partnership with the **Maryland Office of the Public Defender (OPD)**, Regrounding Our Response will also **expand detention-based screening and referrals to service** for those individuals not diverted or otherwise incarcerated, but in need of substance use treatment. This will allow the program to work in concert across multiple interception points in the criminal justice system, and provide in-reach of services into the pretrial period. OPD clinicians in Baltimore City, Carroll, Howard, Harford, and Washington Counties will screen individuals shortly after their arrival in detention, provide a full assessment for those who screen positive, and develop and implement a plan for those who are appropriate for community-based treatment during the pendency of their case. Where appropriate to the circumstances of the individual client, OPD will provide a warm hand-off referral to the Regrounding Our Response service infrastructure, allowing multiple referral sources to leverage the same investment. This intervention would also support diversion to GOCCP-funded pretrial supervision programs that are operational in six of the proposed sites. Please see **Appendix B** for additional information.

Through the OCCC's OIT **governance structure**, all stakeholders are already identified and ready to begin planning. For each site, these stakeholders include local health departments, local addictions authorities (when independent of the health department), State's Attorney's Offices, Public Defenders, community members, and service providers. During the planning process, stakeholders will break into workgroups, each charged with planning for project priorities including: Data and Evaluation, Law Enforcement, Services, and Sustainability and Funding. Community members, including those with lived experience, will help form Community Advisory Boards for each project. Through the OIT structure, most jurisdictions already have advisory boards or other mechanisms to collect community feedback. All parties recognize that community input is key to success, as feedback from the impacted population will help direct program resources and responsiveness to community needs.

The local OIT Senior Policy Groups are already overseeing local opioid response programs, and will provide oversight and high-level governance of the local sites. The Senior Policy Group will receive at least quarterly updates on the program and will have final approval of the protocols developed for the intervention. In addition, members of the Senior Policy Group, including law enforcement, prosecutors, public defenders, local service providers, and local government representatives will sign a Memorandum of Understanding outlining each party's role and commitment to the proposed project, see attached 'Model MOU'.

The Operational Workgroup (OWG) will provide daily oversight and management of each local program with the assistance of a Program Manager. The OWG typically includes:

- LEAD service provider staff (case managers and peer specialists)
- Other service providers as needed
- Law enforcement officers and commanders
- Office of the State's Attorney (OSA)
- Office of the Public Defender
- DPSCS Division of Parole and Probation
- Community Advisory Board (CAB) representatives
- LEAD Program Manager

The OWG will meet weekly to review participant cases and discuss the daily operations of the program. The OWG will be used to discuss referral criteria, program capacity and compliance with the protocols and core principles. The OWG will also focus the attention of program staff and law enforcement on particular areas viewed with concern by community representatives and stakeholders. The OWG operates by consensus with all partners aligned with common program values and core principles.

Bimonthly, the OWG will review data and examine potential changes to the protocol process and eligibility criteria in order to ensure that LEAD effectively meets the program goals. This data review will include a review of law enforcement data to identify unscreened eligible arrests, and to ensure equal access to the program. In such cases, supervisors will be encouraged to engage officers and educate colleagues on the benefits of diversion, and harm reduction. Substantive changes to the LEAD pilot or adjustment in the LEAD criteria or process that are discussed and proposed at OWG meetings will require approval from the Senior Policy Group before changes take effect.

Each site will have **robust support and technical assistance from GOCCP** including training, data collection, and evaluation support. GOCCP will have three positions dedicated to supporting the project and all nine local sites including the Project Director, Coordinator, and Evaluator with the Maryland Statistical Analysis Center (MSAC). GOCCP's existing grant management team will dedicate staff to assist with monitoring, oversight, financial management, reporting, award execution, and related tasks. Through monthly calls, quarterly meetings, and regular visits to facilitate the planning and implementation processes, GOCCP will help ensure the success of all local sites. In addition, by creating a **community of similar projects able to share and learn together**, we anticipate that sites will engage with each other to creatively problem solve and share solutions.

GOCCP support for each site will extend to the development of **project deliverables**. Through regular reporting to GOCCP, we expect to have at least monthly progress and data reports, as well as more comprehensive quarterly reports each site will prepare for their OIT Senior Policy Groups. GOCCP will assist each site as they develop detailed annual project reports with program and performance data. GOCCP will also develop a detailed manual containing policies, procedures, forms, and other project material. GOCCP expects this manual to be an ongoing project, with development already underway to support sites throughout their planning processes. The manual will evolve to reflect new lessons and information learned that can further guide sites in Maryland and beyond.

### **Capabilities and Competencies**

Regrounding Our Response relies on **strong interagency partnerships** at both the local and state level. As evidenced by letters of partnership, all nine local sites have committed to the successful implementation of this program and upon award, will execute agreements with GOCCP to receive funding and begin project activities. The Office of the Public Defender will also execute an agreement with GOCCP upon award to facilitate implementation of the detention based screening and assessment program in five of the selected sites. State partners, led by the Governor and including the Opioid Operational Command Center, and the Behavioral Health Administration, part of the Maryland Department of Health and the State's Substance Abuse Agency, have also demonstrated strong support for this initiative and look forward to partnering with GOCCP upon award.

The Governor's Office of Crime Control and Prevention (GOCCP) is Maryland's State Administering Agency (SAA) for, and administration of, Federal and State funds for public safety, victims of crime, and crime control and prevention. GOCCP is responsible for comprehensive criminal justice planning and policy development, and seeks to leverage State and Federal grant dollars to address the needs of statewide and local criminal justice systems. GOCCP currently manages and

distributes over \$187M in grant funds, making approximately 800 awards to 275 unique organizations. GOCCP also houses the Maryland Statistical Analysis Center (MSAC), which is the research, development, and evaluation component of the agency. Part of a national network of state Statistical Analysis Centers, MSAC serves as a repository for knowledge and tools pertaining to crime and the criminal justice systems of Maryland.

Objective, independent, and data-driven, MSAC seeks, evaluates, and publicizes Maryland's promising practices in public safety.

In collaboration with government entities, private organizations, and the community, GOCCP plans, promotes, and funds efforts to advance public safety policy, reduce crime and juvenile delinquency, and serve victims. As the SAA for Maryland, we have experience collecting program-related data and outcome based performance measures and using that data to identify best practices and gaps in services. As a result, we are well positioned to promote those best practices and work collaboratively with partners to address gaps in services through program modifications and quality improvement initiatives. GOCCP, as the applicant under this funding opportunity, will: 1) award and monitor the sub award; 2) serve as the fiscal agent with responsibility for tracking and reporting all grant expenditures; and 3) collaborate with the sub recipients to ensure compliance with all reporting requirements.

Upon award, GOCCP will assign a Grants Program Manager who, in collaboration with Project Director and Project Coordinator, will provide staff assistance and management for multiple federal and/or state grant programs administered by GOCCP. The Program Manager serves as a funding source expert and is responsible for the entire grant management process of the funding source/program. Specifically, this individual:

- Manages the grant application and award process.
- Oversees all sub recipient programs and budget activity.

- Oversees program development and reporting.
- Works in collaboration with the sub recipient to collect and submit the Performance Measures reports required under this solicitation.

As the statewide public defender, the Maryland Office of the Public Defender (OPD) represents the majority of individuals charged with a crime in Maryland. It has unfettered access to and a unique relationship with pretrial detainees through which it can gather appropriate information, encourage engagement with treatment and other services, address relapses, and other challenges as needed. OPD's Social Work Division seeks to improve client outcomes by identifying and addressing circumstances that warrant an alternative to detention, including community-based treatment options. It already collaborates with several of the partnering health departments, and serves as a national model and a pillar of OPD's client-centered representation.

Project Director, \_\_\_\_\_, is GOCCP's Diversion Expansion Coordinator. He will manage the day-to-day operations of Regrounding our Response. In his current role, he builds new public health and public safety partnerships across the state through close support and technical assistance to local jurisdictions and by developing the supportive infrastructure at the State level. Previously, he served as the LEAD Program Manager at Behavioral Health System Baltimore, where he oversaw the planning and implementation of Baltimore City's LEAD program, including the development of protocols, execution of funding strategy, and day-to-day management. Before planning LEAD, \_\_\_\_\_ worked at the Mayor's Office on Criminal Justice (MOCJ) where he coordinated drug and crime prevention programs with the Baltimore Police Department, community organizations and residents; supported CitiWatch, the City's CCTV system; represented the City as a board member of Metro Crime Stoppers; facilitated improvements in victim services and served as the interim Program Manager for the Byrne Criminal Justice Innovation Grant in McElderry Park.

Reporting to [redacted] will be a Project Coordinator who will assist in the delivery of support and technical assistance, grant management, award execution, planning, and reporting. The Project Coordinator will have project management experience, strong organizational and writing skills and a background in public administration, public health, and familiarity with the criminal justice system. Similarly, a Project Evaluator will be hired to join the MSAC team, reporting to both [redacted] [redacted], MSAC Director, and [redacted]. The Project Evaluator will have a strong background in program evaluation, statistical methods, and both quantitative and qualitative research. Upon receipt of the award, GOCCP will begin recruiting for these positions immediately.

#### **Plan for Collecting the Data Required for this Solicitation's Performance Measures**

Program design and evaluation have been enhanced by the data collected in the ODMAP application, designed and supported by the Washington/Baltimore High Intensity Drug Trafficking Area program, funded by the Office of National Drug Control Policy. This application, designed for use by first responders, was implemented to facilitate real-time overdose tracking across the state to identify hot spots and spikes to inform public health and law enforcement response. As a result, many local jurisdictions have integrated the feedback from this application into their overdose response programming. Prioritization of LEAD responses within the local partner areas will be similarly guided, and the application provides a pre-existing baseline for the eventual evaluation of Regrounding Our Response, as it will demonstrate specific geographic impacts of diversion efforts. This data will be paired with statewide tracking of emergency intakes, currently collected by the OCCC.

In addition to the utilization of ODMAP, each local site will collect, report, and analyze both public safety and service data. All arrest data from each partner jurisdiction will be reported to GOCCP at least monthly for analysis, and quarterly performance outcomes will be captured in GOCCP's grants management system. At the local level, this data will feed real-time into the OWG to support program



implementation. Arrest data will demonstrate reductions in recidivism for program participants, as well as decreases in arrests for eligible offenses and related law enforcement data demonstrating diversion. Through its OOCC and state partnerships, GOCCP will utilize data from the Department of Public Safety and Correctional Services (DPSCS) and the Chesapeake Regional Information System for our Patients (CRISP) to help analyze long-term emergency medical and criminal justice outcomes and potential cost savings.

To accomplish the goal of improving public safety by reducing opioid overdose deaths and reducing drug-related disorder, GOCCP identified the following **objectives and targets**:

- Reduce opioid overdose deaths in designated project implementation areas
- Reduce recidivism of LEAD participants (compared to a representative proxy group)
- Reduce calls for service for drug-related activity in the pilot area
- Reduce criminal justice costs incurred by LEAD participants (compared to control group), allowing more effective use of resources
- Increase LEAD participants' access to permanent housing (compared to baseline)
- Increase LEAD participants' average income
- Improve community perceptions of police
- Improve police understanding and response to issues related to addiction and mental health

All sites will be collecting service data reflecting the health, wellbeing, diagnosis, and social service needs of participants. Each referral will be evaluated at intake and subsequently every six months. These assessments will note changes relative to the baseline in drug use, police interactions, housing status, income, somatic health indicators, employment, and family relationships. Over time, this data will allow us to evaluate the effectiveness of the intervention for each individual referred. As a result of LEAD diversion and referrals, participants will experience the following short-term, intermediate, and long-term outcomes:

**Short-term (<1 year)**

- Decreased criminal activity other than drug use
- Decreased harm to self and others from drug and alcohol use
- Diversion savings
- Increase psycho-social functioning
- Improved physical health

- Reduction in ER visits
- Greater individual aspirations

**Intermediate (2-3 years)**

- Increased housing stability
- Increased educational attainment
- Increased job and community leadership opportunities
- Increased involvement with families, community institutions and civic life
- Decreased open-air drug dealing and use

**Long-term (4-5 years)**

- Decreased recidivism rates
- Decreased demand for social services
- Improved relationship between the police and community
- Increased satisfaction of residents and business owners with public safety
- Public safety resources available for other uses

The Maryland Statistical Analysis Center (MSAC) will conduct the evaluation of Regrounding our Response and related research on its impact. The evaluation has three primary aims, specifically:

1. Examine the effectiveness of each local program in reducing recidivism (i.e., charges, arrests) among participants over time at baseline, 6 months and 12 months;
2. Examine the role of psychosocial and structural factors as mediators on LEAD's effect on recidivism over time at baseline, 6 months, and 12 months; and
3. Evaluate the cost-effectiveness of the LEAD program in reducing criminal justice utilization and improving other individual and social benefits compared to the existing criminal justice system.

The MSAC is led by \_\_\_\_\_ and is housed within GOCCP. The MSAC team will work closely with the LEAD case management teams to carry out a quantitative data collection strategy that utilizes the team's expertise in site program policies, and relies on relationships with local communities. In addition, these tools will build upon research conducted to evaluate Seattle's program. As the MSAC is located within GOCCP, research and evaluation findings will immediately be disseminated throughout the office and will be used to inform other GOCCP funding and policy decisions. GOCCP completes multiple quarterly and annual mandated reports to the General Assembly and Governor, and will use this process to quickly convey significant findings to key policy makers. Monthly site phone

calls, quarterly meetings and other regular interactions will also feed research findings into feedback, allowing for improvement of local practice as well as sharing with broader local audiences through the OIT Senior Policy Groups.

The Project Evaluator will examine data collected by local sites as well as DPSCS, the Administrative Office of the Courts, Office of the Chief Medical Examiner, and other state partners to research the effectiveness of the intervention and its success. Through client, officer, and stakeholder surveys, the Project Evaluator will track cultural changes within participating law enforcement agencies alongside changing perceptions and experiences among participants. Based upon prior outcomes in Baltimore City's LEAD program, we expect improved community police relations, health, and ease accessing needed services to lower overdose risk.

#### **Impact/Outcomes, Evaluation, and Sustainment.**

As noted above, Regrounding Our Response has clear outcomes and targets by which we will measure program success. Following successful implementation, these outcomes should result in decreased overdoses, improved allocation of public safety and public health resources, improved community-police relations, and improved outcomes for individual participants. Through an action research partnership, preliminary findings will quickly circulate into local site feedback loops, enabling continuous improvement.

Positive evaluation outcomes will contribute to a strong sustainability plan with a foundation in multiple sources of support. By leveraging existing investment in crisis services and SUD treatment, Regrounding our Response is able to dedicate the majority of program resources directly to local sites to support the development of robust intensive case management teams which can receive, assess, and provide ongoing care and support to referrals. Ongoing, post award funding for this case management infrastructure will come from multiple sources including billable Medicaid services. Maryland

Medicaid enable providers to bill for Targeted Case Management services for up to five visits per month. While clients will initially be seen many more times, as they progress, they will eventually reach a measure of stability where care can be effectively delivered within those five billable visits.

With **federal support** for new and expansion programs, addressing planning and start up resources, Maryland is confident in its sustainability strategy. The General Assembly and local governments have signaled strong support for these new interventions to address not only the opioid epidemic, but also vulnerable populations more generally. We believe that positive evaluations and testimony from law enforcement and those with lived experience will help secure local and state general funds to continue to support this work. Beyond 2022, savings from Maryland's Justice Reinvestment Initiative can serve as seed funding for expansion to other local partners, once the program model has been established across Maryland, but this funding source was not sufficient to fund this scope of expansion in Year 1. GOCCP's experience calculating and managing this savings will serve as a model for local cost savings assessments.

Finally, we expect the evaluation to illustrate significant savings to both the criminal justice system and emergency medical systems. These savings themselves suggest reinvestment potential as well as new sources of support and collaboration, namely from local hospitals. As the service infrastructure can support multiple programs and accomplish multiple policy goals by serving one overlapping, high-risk population, we expect interest in cost savings measures, like high utilizer interventions that leverage the funded case management services, to grow. As stakeholders see additional savings potential in funding these services, the success of the project should produce this additional source of sustainability.