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Description of the Need

According to a recent publication released by the Prison Policy Initiative, jails and prisons are often described as de facto mental health and substance abuse treatment providers, and corrections officials increasingly frame their missions around offering healthcare.¹ Due to Maryland comprehensive overdose strategy, fatal overdoses in Maryland have decreased substantially in recent years, following sharp increases across the country in the wake of the COVID-19 pandemic. In 2024, there were 1,767 fatal overdoses across the state, according to preliminary data. This represents a 30.9% decrease from the state's historic high in 2021, when there were 2,800 fatal overdoses. During this time, fatal overdoses have decreased broadly across demographic groups.² Further, fatal overdoses decreased across all age categories, with individuals between the ages of 25 and 34 experiencing the largest decrease (38%) and individuals aged 55 and over experiencing the smallest decrease (23%).³ Maryland has also experienced decreases across nearly all major substance categories. In particular, the number of fentanyl-related fatal overdoses decreased by 35.3% in 2024 as compared to 2023. The only categories with reported increases were heroin and benzodiazepines, which saw increases of 39.7% and 8.9%, in 2024 as compared to 2023.⁴

Maryland continues to respond to the substance use crisis through a coordinated, statewide approach that brings together partners across health, human services, education, law enforcement, public safety, and emergency services agencies. While these collaborative efforts have contributed to progress in reducing opioid-related harm, persistent gaps remain in access

¹ Prison Policy Initiative. (2024). Addicted to punishment: Jails and Prisons punish drug use far more than they treat it. <https://www.prisonpolicy.org/blog/2024/01/30/punishing-drug-use/>.

² Maryland Office of Overdose Response. (2025). 2025 Annual Report. <https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2026/02/2025-Maryland-Overdose-Response-Strategy-FINAL.pdf>

³ Ibid.

⁴ Ibid.

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to prevention, treatment, and recovery support. Additional funding through the FY2025 Residential Substance Abuse Treatment (RSAT) program will strengthen state and local capacity to address these needs by expanding access to science-based services, enhancing coordination across systems, and advancing shared goals with the Department of Justice (DOJ) to reduce overdose deaths and support long-term recovery outcomes.

As part of Maryland's criminal justice reform under the Justice Reinvestment Act (JRA), Chapter 515 of 2016, sentencing for low-level, nonviolent drug offenders was reduced to a twelve-month maximum, with diversion and treatment strongly encouraged.⁵ These changes have contributed to a reduction in the state's incarcerated population and reflect a growing emphasis on treatment over incarceration. Since the JRA was enacted, the average daily sentenced population across Maryland's 24 jurisdictions has steadily declined, from 19,833 in 2017 to 16,060 in 2025.⁶ Prior to the COVID-19 pandemic, the sentenced population decreased at an average rate of nearly 3% each year between 2017 and 2020. At the same time, more individuals with substance use disorders are being served in local detention settings, where treatment capacity and program availability continue to expand and evolve. Still, between 2024 and 2025, the number of individuals in local detention facilities diagnosed with an opioid use disorder increased from approximately 6,793 to 7,207 (5.75%), and the number of those individuals receiving treatment while incarcerated increased from 4,075 to 5,405 (24.9%).

FY2025 RSAT funding will enable the Governor's Office of Crime Prevention and Policy (the Office) to strengthen the design and delivery of comprehensive, science-based

⁵ Maryland General Assembly. (2016). *Chapter 515 of 2016 (Senate Bill 1005), Justice Reinvestment Act*. https://mgaleg.maryland.gov/2016RS/chapters_noln/Ch_515_sb1005E.pdf.

⁶ Department of Public Safety and Correctional Services (DPSCS). (2024). *DOC Data Dashboard*. https://dpscs.maryland.gov/community_releases/DOC-Annual-Data-Dashboard.shtml.

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programs tailored to this population, including screening and assessment, medication-assisted treatment, clinical counseling, and coordinated reentry planning. A particular emphasis will be placed on building capacity within facilities that are still developing or expanding their treatment infrastructure, ensuring more consistent access to care across jurisdictions. By enhancing services for individuals with co-occurring disorders, the Office aims to address a key driver of alcohol- and drug-related deaths and improve continuity of care from incarceration to the community. These efforts are essential to reducing overdose risk, supporting long-term recovery, and improving public safety outcomes statewide.

Project Goals and Objectives

Substance use disorder (SUD) is a chronic, relapsing condition that requires a comprehensive, coordinated approach to care. Effective treatment must include validated screening and assessment for SUD and co-occurring mental health conditions, individualized treatment planning, access to science-based clinical and psychosocial interventions, medication management to support adherence, and connections to a full continuum of medical, behavioral health, and social services that sustain long-term recovery. Changes in sentencing policy for low-level, nonviolent drug offenses have resulted in a growing number of individuals being served in local detention centers. Many of these facilities face capacity constraints and lack the resources needed to consistently implement science-based assessments, deliver comprehensive treatment services, and provide robust reentry planning. This gap presents a critical opportunity to strengthen treatment infrastructure and improve outcomes for justice-involved individuals with SUD.

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In response, the Office, as the State Administering Agency (SAA) for RSAT funds, has identified the expansion and enhancement of comprehensive, science-based SUD programming as a core program goal. Based on prior RSAT investments and an assessment of current state and local capacity, the Office will prioritize funding strategies that support both the implementation of new programs and the expansion of existing services, with an emphasis on integrated care for individuals with co-occurring disorders and continuity of care from incarceration to the community.

Core Elements of a RSAT Program

1. Intake, Screening, and Assessment

- RSAT programs should have clear eligibility criteria, primarily based on substance use and co-occurring mental health disorder screening and assessments and criminogenic risk assessments.
- Individuals should receive a full biopsychosocial assessment to inform the development of individualized treatment plans and case management.
- Participation in RSAT should not depend on an individual's motivation for change.

2. Core Treatment Components

- Treatment (§10421): RSAT programs should provide a course of comprehensive individual and group substance use treatment services that are effective, based on the science.
- There should be more rewards than sanctions to encourage prosocial behavior and treatment participation.
- RSAT programs should offer integrated treatment for participants with co-occurring SUD and mental health disorders.

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- Treatment plans must be assessed and modified periodically to meet changing needs of participants and must incorporate a plan for transition into the community.
3. Core Program Components
- RSAT programming should be offered in phases based on participants having reached specified behavioral and recovery milestones. RSAT programming should be considered the first phase of ongoing treatment that continues upon release.
 - Prosocial programming should account for the majority of the participants' day.
 - RSAT programs should be culturally competent.
 - Urinalysis (§10422): Urinalysis or other proven reliable forms of drug testing, including both periodic and random testing before entering and during RSAT and after release if the person remains in the custody of the state, is required of all RSAT participants.
4. Provision of Medications and Health Care
- Pharmacological Treatment (§10424): Medications should be considered part of the contemporary standard of care for the treatment of individuals with alcohol and opioid use disorders and those with co-occurring mental health disorders.
 - Health Coverage: Aftercare Services (§10422): RSAT programs must assist participants with aftercare services, which may include case management services and a full continuum of support services, including medical treatment or other health services.
 - Hospitalization: If RSAT participants require hospitalization, RSAT programs should recommend out-of-institution inpatient care, as appropriate with security needs, to reduce institutional healthcare costs.

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- Health Literacy: RSAT programs should provide and encourage health literacy. Participants should be taught how to obtain, process, and understand basic health information needed to make appropriate health decisions and access health care services.

5. Continuing Care and Reintegration

- Continuity of care is essential for people with SUDs and mental health disorders who are reintegrating back into the community. Continuing care includes case management services, support services, behavioral health and treatment programs, educational and job training programs, and parole/probation supervision programs.
- RSAT programs must assist participants on medications for alcohol use disorder and Opioid Use Disorder (OUD) to immediately continue these medications upon release.
- RSAT programs must involve the coordination of the correctional facility with other human service and rehabilitation programs, including self-help and peer group programs.

6. Staffing and Training

- In group activities, the ratio of RSAT participants to staff should be no more than 20 to 1.
- Both treatment and security staff should receive training about SUDs and mental health disorders, as well as specific training about the RSAT program, including its mission, operations, policies, and practices.
- RSAT staff should be trained in cognitive-behavioral therapy (CBT), Motivational Interviewing (MI), and other science-based and promising practices and interventions that are implemented in the unit, including screenings, assessments, curricula, and other specific programming offered. Correctional officers should also be involved in these training sessions.

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Goals and Objectives

Goal 1: Develop and implement science-based assessment and treatment programs for incarcerated individuals diagnosed with SUD and co-morbid behavioral health issues as indicated.

Objective: Develop and/or increase the capacity of state prisons and local corrections agencies to provide comprehensive services to individuals identified as having a SUD.

Objective: Issue a competitive Notice of Funding Availability (NOFA) for RSAT funding.

Objective: Encourage applicants to partner with other government and/or community-based agencies to ensure that incarcerated individuals have access to a comprehensive range of services both pre-and post-release.

Objective: Prioritize funding to agencies that incorporate Medication-Assisted Treatment (MAT) in detention centers.

Objective: Increase access to reentry and aftercare services.

Goal 2: Improve treatment outcomes among incarcerated individuals.

Objective: Ensure that incarcerated individuals receive science-based assessments for substance use and mental health disorders.

Objective: Reduce the rates of untreated co-occurring mental health and substance use disorders.

Objective: Increase access to peer recovery specialist services.

Objective: Ensure that incarcerated individuals have access to a comprehensive range of treatment and social services both pre-and post-release.

Objective: Increase access to MAT both pre-and post-release.

Goal 3: Reduce rates of recidivism among incarcerated individuals diagnosed with SUD.

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Objective: Increase the number of incarcerated individuals that receive comprehensive reentry and wrap-around services, inclusive of job training and housing.

Objective: Increase the number of incarcerated individuals that are appropriately linked to ongoing SUD treatment, as well as any additional services identified as being needed to assist the individual with reentry, to ensure continuity of care.

Objective: Expand the use of peer recovery specialists during reentry.

Project Design and Implementation

As part of Maryland's comprehensive strategy to address opioid use disorder, reduce overdose deaths, and improve public safety, the Maryland General Assembly enacted the Opioid Use Disorder Evaluation and Treatment Act of 2019 (the Act). This legislation was designed to expand access to substance use treatment for individuals in state and local correctional facilities while strengthening continuity of care through effective linkage to treatment and recovery services upon release.⁷ Requirements of the Act include screening all incarcerated individuals for opioid use disorder; making all three FDA-approved forms of medication to treat opioid use disorder available; providing behavioral health counseling and peer recovery services; enrolling individuals in Medicaid or private insurance prior to release; and developing a reentry plan. Through this funding and in compliance with the Act, the Office will implement the jail-based residential SUD treatment track.

Four local detention centers were identified to begin implementing the Act in January 2020, and implementation expanded to include all county detention centers and the Baltimore Pretrial Complex by January 2023. The Office will utilize RSAT funding to support detention centers

⁷ Maryland General Assembly. (2019). *Chapter 532 of 2019 (House Bill 116), Public Health - Correctional Services - Opioid Use Disorder Examinations and Treatment*.
https://mgaleg.maryland.gov/2019RS/chapters_noln/Ch_532_hb0116E.pdf.

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throughout the state and further enhance available resources and services to continually increase the number of prisons and jails offering medication-assisted treatment (MAT), also referred to as medications for opioid use disorder (MOUD), to incarcerated individuals with opioid use disorder (OUD).

Between July 1, 2024, and June 30, 2025, about 12,506 individuals entered local correctional facilities across the state. As a result of implementing the Act, approximately 11,301 of these individuals received a total of 22,594 diagnoses during that time, with 61.5% (n = 13,886) involving a substance use disorder. Of those diagnosed with an OUD (n = 7,207), 75% (n = 5,405) received MAT while in correctional custody.⁸

The Office works in close partnership with key state agencies, including the Maryland Department of Health (MDH) and the Department of Public Safety and Correctional Services (DPSCS), to advance implementation of the Opioid Use Disorder Evaluation and Treatment Act. This collaborative approach reflects strong, statewide stakeholder support for expanding access to substance use treatment in correctional settings. The Office also engages regularly with the Maryland Correctional Administrators Association (MCAA), a membership organization representing local correctional leaders responsible for operationalizing the Act, ensuring that policy and programmatic efforts are informed by on-the-ground expertise and aligned with the needs of local facilities.

In addition, the Office works in close partnership with the Maryland Office of Overdose Response (MOOR) on a multiplicity of efforts to address issues related to the State's opioid response. MOOR was established in 2017 as the coordinating entity for statewide opioid-reduction

⁸ Governor's Office of Crime Prevention and Policy. (2023). *Opioid Use Disorder Examinations and Treatment FY 2023 Annual Report*. https://goccp.maryland.gov/wp-content/uploads/COR-%C2%A7-9-603j_-GOCPYVS_-Opioid-Use-Disorder-Examinations-and-Treatment-FY-2023-Annual-Report-MSAR-12653-1.pdf.

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activities. In 2024, MOOR released an update to Maryland's Overdose Response Strategy, outlined in their Annual Report, that identified five broad goals for reducing overdoses which included interrupting pathways to SUD, improving health and safety for people who use drugs (PWUD), making science-based treatment accessible for people with SUD, building and sustaining community infrastructure that promotes access to resources that help sustain recovery, and improving outcomes for PWUD who encounter the criminal legal system.⁹

Among the goals and objectives outlined in the Annual Report, expanding access to treatment and recovery services aligns with RSAT-related core programming elements. This identified goal will focus on treatment access, particularly MOUD, for the incarcerated population, which has been demonstrated to reduce overdose death risk following release. Overdose is a leading cause of death among formerly incarcerated individuals. This heightened risk following incarceration is related to a loss of tolerance during incarceration, limited access to MOUD and naloxone, and disruptions in healthcare and social supports.¹⁰

MOOR also oversees the *Maryland Overdose Response Advisory Council* (the Council), which is tasked with sharing data and information with member agencies and the Governor to support public health and public safety responses to the opioid epidemic. The Council also develops recommendations for policy, regulations, and legislation needed to meet its mission. The Office, DPSCS, and MDH serve as members of the Council and are actively involved in the state's opioid-related efforts. The Office will leverage this partnership to improve treatment adherence and reduce the risk of relapse through the Annual Report's initiatives.

⁹ Maryland Office of Overdose Response. (2025). 2025 Annual Report. <https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2026/02/2025-Maryland-Overdose-Response-Strategy-FINAL.pdf>

¹⁰ Ibid.

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A central component of Maryland's strategy to reduce opioid-related morbidity and mortality is fostering strong coordination across state and local partners. To support this effort, all twenty-four jurisdictions have established Opioid Intervention Teams (OITs), which convene stakeholders from corrections, public health, emergency management, and community-based organizations to identify service gaps and align resources. While OITs play a critical role in developing local strategies, setting priorities, and directing funding, ongoing discussions at the local level consistently highlight unmet needs, particularly in expanding access to substance use disorder (SUD) treatment within correctional settings and strengthening connections to care upon release.

Another important partnership that the Office has established to promote the goals of this grant project is with Health Management Associates (HMA). The Office contracted with HMA for a second year to provide technical assistance and subject matter expertise to correctional facilities. The technical assistance aided correctional facilities in developing and/or expanding access to MOUD in their facility, and promoted best practices to address gaps in substance use disorder screening, evaluation, and treatment. HMA also hosted seven case-based Project ECHO® sessions to address the new community standard of care from the Bureau of Justice Assistance's *Guidelines for Managing Substance Withdrawal in Jails*, medication diversion, medication administration integrity, reentry best practices, and the Connector Program. In addition to HMA's work with the local correctional facilities, HMA also provided Maryland with subject matter expertise to address the national regulations regarding the prohibition on using Medicaid funds for incarcerated individuals, and offered technical assistance to the Maryland Department of Health and the Department of Public Safety and Correctional Services to develop and submit a State plan for an amendment to section 1115(a) of the Social Security Act (42 U.S.C. § 1315) to implement a

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Medicaid reentry initiative for certain justice-involved populations with substance use disorder or serious mental illness.

Identified gaps in funding underscore the need for additional targeted investment. RSAT funding will enable the Office to build on the existing infrastructure by enhancing coordination between correctional facilities and community providers, expanding access to science-based SUD treatment for incarcerated individuals, and improving reentry supports. By leveraging established partnerships and local planning efforts, RSAT resources will help ensure that individuals receive the treatment and services necessary for successful reintegration, ultimately reducing overdose risk and improving long-term outcomes across Maryland communities.

Description of Existing Treatment Services

Available treatment services currently vary among Maryland's state and local correctional facilities.

Local Detention Centers

While not all local detention centers have designated treatment beds for incarcerated individuals with substance use or mental health disorders, most offer some combination of the following:

- Alcoholics Anonymous and Narcotics Anonymous
- Peer Recovery Specialist Support
- Three forms of FDA-approved MOUD
- Trauma, Addictions, Mental Health, and Recovery Program: This is a state trauma education program available to incarcerated individuals at participating detention centers.
- Pre-release services

State Prisons

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The following services are provided in the state prisons:

- Science-based screening for substance use and mental health disorders
- Substance Use Treatment
- Therapeutic Community
- Pre-Release Services

Compliance with the Requirements for Urinalysis

As a condition of the award, the Office will require that all subrecipients complete urinalysis screenings in accordance with treatment standards for persons diagnosed with SUDs. All subrecipients will be required to report on the number of incarcerated individuals tested, the number of incarcerated individuals testing positive for drugs and alcohol, and the frequency of testing.

Allocation of RSAT Funds

The Office will distribute FY25 RSAT funds through a competitive application process. All correctional facilities statewide will be notified of the funding opportunity; however, priority will be given to local detention centers, where treatment capacity remains limited. Consistent with other funding programs administered by the Office, geographic diversity will be considered in final award determinations to ensure equitable distribution of resources across jurisdictions. There are no federally recognized Native American reservations in Maryland.

Coordination with SAMHSA Funded Programs

As previously indicated, the Office and the Maryland Department of Health, the state recipient of SAMHSA funding, are both members of the *Maryland Overdose Response Advisory Council*. The utilization of RSAT and SAMHSA grants, as well as all other funding streams that support efforts to address substance use in Maryland, are coordinated through this interagency

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partnership. A portion of Maryland's State Opioid Response (SOR) funds received from SAMHSA was allocated to support the four local detention centers selected to initially implement the requirements of the Opioid Use Disorder and Examinations Treatment Act of 2019. Since then, SOR funds have been utilized to expand access to MOUD in local detention centers. The local detention centers are not guaranteed full or ongoing funding through SOR. The Office will work with MDH to ensure that RSAT funds are available to assist the local detention centers to meet the legislative requirements.

Coordination with Community Reintegration Services

Through the NOFA, the Office is prioritizing funding to applicants that incorporate comprehensive aftercare/reintegration services coordinated between the correctional facility and the local health department, licensed community-based medical and behavioral health providers, and community-based social service agencies. Agencies that do not incorporate aftercare/reintegration services into the scope of their projects will not be funded under the RSAT program.

It is expected that all funded programs will provide individualized aftercare services. Services to be provided include, but are not limited to, housing assistance, transportation assistance, job training and education, employment assistance, linkage to medical care, ongoing SUD treatment, inclusive of MAT as indicated, mental health services through the local health department and/or licensed community-based providers, and case management services. Re-entry support personnel will be required to verify that all service providers are licensed as required by Maryland state law.

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Plan for Collecting the Data Required

The Office, as the applicant under this funding opportunity, will: award and monitor the subaward(s); serve as the fiscal agent, with responsibility for tracking and reporting all grant expenditures; and collaborate with the subaward(s) program to ensure compliance with all Performance Measurement Tool (PMT) and other reporting requirements.

The Office serves as Maryland's State Administering Agency (SAA) for Federal and State public safety funds, victims of crime, and crime control and prevention. The Office 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. Each year, the agency manages and distributes approximately \$280 million in grant funds, including Federal and State funds, and over 1,000 awards are managed in an electronic Grants Management System (GMS).

The Office uses two programmatic reports to determine progress and program effectiveness: a Performance Measurement Report (quantitative measures) and a Progress Report (qualitative measures). Progress and Performance Measurement Reports are tools used to monitor how well a program is meeting its goals and objectives. The performance measure data collected varies based on the type and scope of the funded program. The Office uses these measures to assess program performance and document what was achieved with the awarded funds. All award packages include a copy of the sub-grant Performance Measurement and Progress Report questions. The sub-recipient is expected to tailor their data collection to answer the questions.

The Office requires sub-recipients to submit quarterly Progress Reports and Performance Measurement Reports through its Grant Management System (GMS). Requests for Funds will not be processed if either Performance Measurements or Progress Report questions have not been

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completed or if the submission was considered unacceptable by program staff. All quarterly reports must be submitted through the GMS. Failure to adhere to these reporting requirements within the specified timeframe will result in delays in the disbursement of funds.

The Office understands the reporting requirements for the RSAT program, specifically that the requirements include quarterly and semi-annual report submissions through the online Performance Measurement Tool and JustGrants. Analyzing this data collection is directly in line with the Office's commitment to implementing outcome-based performance measures to demonstrate program success.

Per Maryland's Executive Order 01.01.2020.01, the Office reorganized as a separate entity outside of the Executive Department and is accountable for both State and Federal funds. The staff consists of an executive director, and three directors with oversight of law enforcement, children and youth, and victim services policy areas. In addition, the Chief Financial Officer (CFO) is responsible for developing and monitoring the agency budget and streamlining financial policies and procedures by utilizing grant managers, fiscal specialists, and auditors. The Office is responsible for organizing, managing, and reconciling expenditures in the Financial Management Information System (FMIS) per the standard operating procedures and internal control manual developed by the Maryland Comptroller's Office.

In addition, the Office includes a Grant Team consisting of staff with experience providing financial and programmatic oversight of state and federal grant awards. The Office has a dedicated Grant Manager to provide staff assistance and management of the federal award and sub-awards. As the funding expert, the Grant Manager is responsible for the entire grant management of the funding source/program. In this role, the Grant Manager manages the grant application and award

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progress; oversees all sub-recipient programs and budget activity; and works with the sub-recipient to collect and submit the performance measurement tool (PMT) required under this solicitation.

The Office has written accounting policies and procedures, all of which are included in the Grants Training and Operations Manual and updated as needed. This manual also incorporates all of the related State of Maryland's Policies and Procedures.

With regard to fiscal accountability, each grant award is maintained in the Office's Grant Management System (GMS) as a separate and distinct funding source. Each federal grant award is assigned a unique accounting code and expenses are tracked and reconciled separately for each award. When funds are reported on SFR425 and drawn, expenses and revenue are recorded and reported based on the unique accounting code along with the federal grant award number. The Office's GMS tracks actual expenditures against budgeted amounts for each subaward. The sub-recipient's program manager reports actual expenditures on a monthly or quarterly basis. The sub-recipient will enter their expenditures and submit the financial report for reimbursement into the GMS. Reported expenditures are limited to the remaining amount in each budget category based on previously reported expenditures. These submissions are reviewed and approved.

Payment requests are processed on a reimbursable basis, where sub-recipients' expenses are reimbursed by the State and then, on a monthly basis, the expenses are reconciled and those funds are requested from the grantor agency. Administrative expenses are also paid, reconciled, and requested on a monthly basis. All financial and programmatic information is retained during the award period and for three years from the date of grant closeout. Each sub-recipient is also required to retain grant-related records for that timeframe.

All fiscal specialists have taken the Office of Justice Programs Financial Management Training course and have experience reviewing financial grant documents, rules, principles, and

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regulations. The Fiscal Grants Manager, who supervises the fiscal specialists, has over 10 years of experience managing grants and is a Certified Grants Management Specialist (CGMS). In addition, staff have completed the Office of Justice Programs Training and now have access to JustGrants and the payment management system.