Assessing the Impact of Local COAP Programs on Illicit Substance Use and Misuse

Maryland Comprehensive Opioid Abuse Programs (COAP) Multi-Site Evaluation

EVALUATION REPORT

September 2025

MARYLAND CRIME RESEARCH AND INNOVATION CENTER

CESAR
CENTER FOR SUBSTANCE USE, ADDICTION & HEALTH RESEARCH

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About the Researchers

This evaluation of Maryland's Comprehensive Opioid Abuse Programs (COAP) was prepared by collaborative efforts between two research centers at the University of Maryland, College Park - the Center for Substance Use, Addiction and Health Research (CESAR) and the Maryland Crime Research and Innovation Center (MCRIC) - via a contract with the Governor's Office of Crime Prevention and Policy (GOCPP). MCRIC and CESAR share a distinctive ability to produce practical, timely, user-friendly reports and other products to ensure that research findings are accessible and applicable to current needs and concerns.

MCRIC engages in research to inform local, state, and national crime reduction strategy and policy through data-driven scholarship by conducting rigorous interdisciplinary fundamental and applied research, developing and evaluating innovative criminal justice strategies aimed at reducing crime in the State, leveraging cross-agency networks to foster data integration, and actively engaging in translational science through broad and varied dissemination of research. MCRIC aims to help make Maryland communities safer by addressing today's grand challenges, such as gun violence, social and racial disparities in the criminal legal system, and the intersection of behavioral health and public safety.

CESAR serves as an interdisciplinary research center to advise local, state, and federal agencies on changing drug and crime trends, prepare strategic plans for responding to these trends, implement programs to reduce harm and support long term recovery, and evaluate the programs implemented to address the impact of substance use and support people with substance use disorders. The evidence-based and data-driven research, practical products, and innovative technologies developed by CESAR staff have successfully informed policy makers, practitioners, and the public about substance abuse—its nature and extent, prevention and treatment, and its relation to other problems.

Both CESAR and MCRIC leverage the broad range of expertise at the University of Maryland to engage in innovative research and interdisciplinary projects to enhance community safety and inform data-driven decision making. Both collaborate with a variety of partners including communities and community-based organizations, police and practitioners, state and local lawmakers, academic peers, and industry, to promote data sharing, exchange of knowledge and best practices, and to develop new approaches. The combined strength of these research centers provided the State with a unique opportunity to plan and conduct a comprehensive evaluation of seven COAP programs while providing program staff with regular input and a clear voice in interpreting results and identifying key findings and recommendations.

About the Project

This evaluation provides an overview of the status of seven opioid-intervention programs in Maryland, who received funding from the GOCPP FY22 COAP Grant. This report summarizes key quantitative and qualitative indicators, evaluates program implementation and outcomes (when able), and provides recommendations to support future efforts by GOCPP and COAP programs. GOCPP funded this project under subaward number COAP-2022-0008. All points of view in this document are those of the authors and do not necessarily represent the official position of any State or Federal agency.

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List of Abbreviations

AACDOH: Anne Arundel County's Department of Health

AAPOWER: Anne Arundel County's Peers Offering Wellness Education and Resources

BJA: Bureau of Justice Assistance

CARA: Comprehensive Addiction and Recovery Act

CBA: Cost-Benefit Analysis

CDC: Centers for Disease Control and Prevention

CESAR: Center for Substance Use, Addiction & Health Research

CIT: Crisis Intervention Team

COAP: Comprehensive Opioid Abuse Program

COSSUP: Comprehensive Opioid, Stimulant, and Substance Use Program

DART: Division of Addiction Research and Treatment

ED: Emergency Department

ER: Emergency Room

FY19: Fiscal Year 2019

FY22: Fiscal Year 2022

GOCPP: Governor's Office of Crime Prevention & Policy

LBHA: Local Behavioral Health Authority

LEAD: Let Everyone Advance with Dignity (formerly Law Enforcement Assisted Diversion)

LE: Law Enforcement

LEO: Law Enforcement Officer

MAT: Medication Assisted Treatment

MCRIC: Maryland Crime Research & Innovation Center

MDH: Maryland Department of Health

MOPD: Maryland Office of the Public Defender

MOU: Memorandum of Understanding

MOUD: Medication of Opioid Use Disorder

MSAC: Maryland Statistical Analysis Center

NCHS: National Center for Health Statistics

NIDA: National Institute on Drug Abuse

NIH: National Institute of Health

NIJ: National Institute of Justice

OD: Overdose

OMH/CSA: Office of Mental Health/Core Service Agency

ODMAP: Overdose Mapping and Application Program

OD SOS: Overdose Survivors Outreach Services

OPT: Open to Treatment

PAARI: Police Assisted Addiction and Recovery Initiative

QRT: Quick Response Team

SUD or SUDs: Substance Use Disorder(s)

Executive Summary

At its peak in 2023, nearly 113,000 individuals lost their life due to a drug-involved overdose, largely attributable to opioids. Though declining, the rate of fatal and non-fatal overdoses continues to be an ongoing challenge for public health and community safety. Federal and state efforts have addressed the opioid epidemic through the expansion of grant funds for program development and improvements aimed at preventing and reducing opioid use and overdose. These funds have spurred myriad responses to address the challenges associated with substance misuse. The Comprehensive Opioid Stimulant and Substance Use Program (COSSUP; formerly Comprehensive Opioid Abuse Program (COAP)) is one of these initiatives and aims to provide support to increase treatment and recovery services in the criminal justice system, strengthen data collection and sharing, maximize resources and diversion program funding across systems, and prevent illicit substance use and misuse.

Since 2019, Maryland has awarded funding to 12 of its 24 jurisdictions to support efforts to address the opioid crisis. This evaluation provides an overview of the status of seven of the nine programs that received funding in fiscal year 2022 (FY22): three newly funded in FY22 (Allegany County, Anne Arundel County, and Calvert County) and four continuing programs (Carroll County, Maryland Office of the Public Defender (MOPD), Harford County, and St. Mary's County). This report summarizes key quantitative and qualitative indicators, evaluates program implementation and outcomes (when able), and provides future recommendations for GOCPP and COAP programs.

Overview of COAP Program Characteristics

COAP programs vary in terms of the main focus and the type of referral utilized to align with the unique characteristics and needs of each jurisdiction. Two are Law Enforcement Assisted Diversion (LEAD) programs that depend on law enforcement officer (LEO) referrals (Carroll County and Harford County), two are associated with court actors/actions (MOPD and St. Mary's County), one is a detention-center focused program (Allegany County), one takes a health-centered approach (Anne Arundel County), and lastly, one heavily relies on peer specialists to help people (Calvert County). Though programs vary in their approach, they share similar goals including:

- Reduce opioid overdose deaths in designated project implementation areas.
- Reduce recidivism of LEAD participants (compared to 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).
- 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.

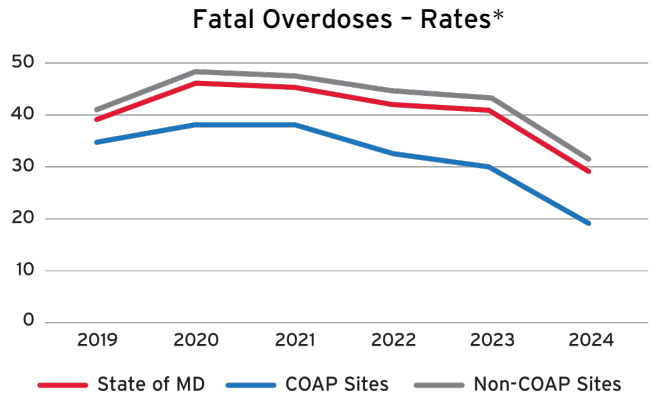
Across all programs, referrals totaled more than 1,500 people since the start of FY22 program funding. The vast majority of referrals were received through arrest diversion (84%) and social contacts outside of the criminal legal system (16%). Among those referred, 78% of eligible participants chose to enroll in a program.

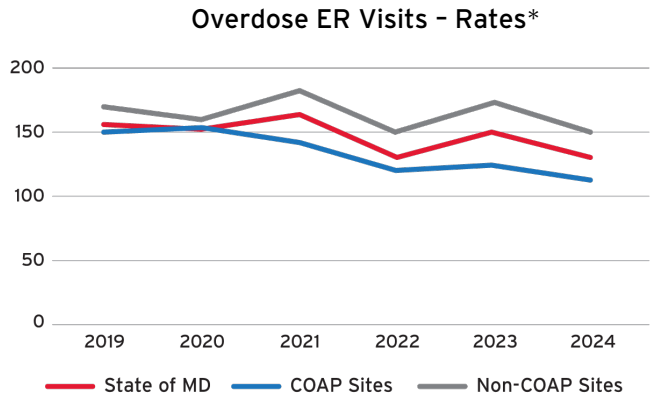
On average, participants served in Maryland are White (65.8%), male (62.5%), and have a mean age of 39 years.

Each program reported connecting individuals to treatment services. Across programs, receipt of Medication Assisted Treatment (MAT), enrollment in ongoing behavioral health care, and connection with medical insurance were the most commonly utilized services. In addition, over 50 individuals were connected to permanent housing and 45 were connected with employment, training, or education programs. Importantly, there is significant variation in data entry across programs related to referrals to treatment services, Emergency Room (ER) visits, hospitalizations, and victimization, with some capturing this only at intake and others as program participants engaged with the program to which they were referred, which limits the ability to draw broad statements about the success of COAP programs in linking individuals to services or continued challenges faced by program participants.

Longitudinal Trends in Overdose Outcomes in Maryland

Examining year-to-year trends in fatal overdoses and overdose ER visits suggests that jurisdictions receiving COAP funding experienced swifter declines in each of these outcomes in recent years. While Maryland experienced a 27.3% statewide reduction in overdose death rates from 2019 to 2024, rates fell more than 46% in counties receiving COAP funding. Furthermore, the gap between overdose death rates between COAP and non-COAP-funded counties has continually widened, with non-funded counties reporting rates nearly 70% higher than COAP-funded counties. Notably, these are descriptive observations and do not implicate a causal relationship. The counties implementing COAP programs may also be implementing other initiatives or programs designed to reduce overdoses and overdose deaths which may also impact the overdose rates in these jurisdictions. A critical next step is to assess programs more closely to better understand implementation, outcomes, and impact.





**Note: Rates are per 100,000 residents*

Key Insights

The urgency of responding to the opioid crisis and substance use and misuse is palpable in Maryland. This is a complex problem that touches each jurisdiction in Maryland, yet the way it impacts each jurisdiction and the resources they have to address it varies. This variation requires innovative solutions.

Many of the LEAD programs evaluated operate as a collaboration of multiple local programs managed across both public safety and public health agencies. Specific activities mentioned by the staff ranged from case

management to community outreach and training to providing services to meet the individual needs of program participants. All of the programs provide case management/care coordination, provide services and referrals to participants, engage in community outreach and hold meetings with participating agencies. They also either utilize harm reduction approaches directly or work with harm reduction programs. At least six of the programs provide peer support.

Consistent with harm reduction principles, Maryland's COAP programs approach individuals with an understanding that recovery is a long-term process. Staff frequently define successes as unique to each participant and with the clear vision of helping them reach personal goals and overcome barriers. Programs are constituted with allowances for, and the expectation of, lapses back into substance use along the recovery journey. This forgiveness means that individuals are not barred from program access and services if they experience a relapse, but instead these are recognized as opportunities for learning (e.g., understanding triggers, identifying new coping strategies). This kind of flexibility also reduces stigma among affected populations, increasing the likelihood that they will seek out help again.

Recruitment, retention, and buy-in are commonly experienced challenges across programs. Program buy-in issues can come from key contacts for recruiting individuals to the program and diverting them from criminal legal system contact. Challenges due to program buy-in have forced some programs to alter their strategy during rollout stages, delaying the implementation.

Hesitancy toward the program also arises from individuals who could be served by programs. This is clearly seen when looking at the decline in the number of individuals referred for services across programs compared with the number of individuals enrolled in programs or receiving treatment. Program staff shared the importance of developing an education campaign to support outreach efforts before making formal recruitment efforts to allow for trust building among particularly vulnerable and hard-to-reach populations.

Responding to Evaluation Insights

Overall, there is evidence to suggest that Maryland is taking positive steps to address the opioid epidemic and substance misuse. That said, through this evaluation, we find evidence of opportunities for improvement. We draw on the data insights and interviews with program staff, as well as innovative practices taking place across the nation, to identify a variety of strategies for the LEAD programs and GOCPP to increase program awareness, improve program reporting and inform future evaluations, support program implementation, and improve service delivery to patients.

1. **Increase Awareness of LEAD Programs**. While program staff feel that there is a shared vision among participating agencies, perceptions of the level of awareness of COAP/LEAD programs varied within and across programs and individual awareness is often linked to one's specific touchpoint or role in the program. Increasing awareness can encourage buy-in and utilization, enhance coordination efforts, and ease communication across people and agencies.
    - Offer more regular opportunities for staff training. Several programs offer education opportunities through targeted training for (new) staff, conferences for agents of the court, and management plans with routine program meetings. Increases in staff training should include both within and across agency opportunities.

- Encourage coordination across partners. Programs encourage coordination by attending staff meetings, making presentations at roll call, and meeting regularly with staff and collaborating agencies to educate them about LEAD and encourage them to make referrals. Increasing cross-agency communication can increase program collaboration and utilization.
- Continue to address stigma so that more people can recognize the value of the program. Programs can work to address stigma by offering trainings for staff at collaborating agencies, and engaging in outreach efforts to local businesses through merchant associations and other venues. Sharing success stories and discussing challenges faced by program participants can help people understand the impact of LEAD programs.
- Encourage programs to utilize resources available through GOCPP. The Centers of Excellence at GOCPP provide training and technical assistance, as well as resources to programs engaged in direct services. GOCPP should share these opportunities more broadly and routinely with programs. When programs meet with GOCPP project officers, they should share resources that may be particularly useful for the program's efforts.

2. **Improve Program Reporting and Inform Future Evaluations.** A requirement of the receipt of funding is the collection and reporting of key data points. These data provide an opportunity to track program progress, evaluate program implementation and outcomes, and draw inferences about COAP funding across the State. However, several challenges related to a shared understanding of data inputs, data entry within quarters and over multiple quarters, and gaps in key information points limit the use of the data in its current form. Recommendations aim to enhance data accuracy and standardization to draw program insights and inform future evaluation efforts.

    - Provide technical training to programs for grant reporting. Offer technical training on data entry, reporting guidance, and variable definitions to improve data accuracy and consistency. Clarifying data definitions in the reporting manual and allowing flexibility for program differences would further enhance reporting quality.
    - Revise reporting metrics for participant needs and service referrals. Revise the reporting system to better capture key program and participant details, broaden predefined referral categories to reflect the full range of referral reasons, and to capture accurate and detailed information about each participant.
    - Revise reporting metrics for outcome-related data. Form a diverse workgroup (e.g., program staff, data personnel, individuals with lived experience, and funders) to inform the revision of reporting metrics to better capture participant progress and lapses, ensuring standardized yet flexible data collection that reflects both shared outcomes and program-specific features.
    - Conduct satisfaction surveys and interviews with program participants. Implement a participant satisfaction survey and interview program participants as part of the program evaluation to systematically capture feedback on the quality, accessibility, and relevance of services provided. This data can offer valuable insights into what participants find helpful, identify gaps in service delivery and other challenges encountered, and highlight opportunities for improvement.

3. **Support Program Implementation.** Program evaluations are critical for understanding the effectiveness of criminal justice interventions and should follow five interconnected stages: needs assessment, theory evaluation, implementation analysis, outcome evaluation, and cost-benefit analysis. However, evaluations often skip the implementation stage, overlooking challenges like recruitment and partner buy-in that can impact success.

- Provide support for program start up to ensure adequate infrastructure to support planned program needs. Programs often face early implementation challenges due to limited buy-in from key partners which can delay rollout and require structural adjustments. Requiring MOUs between collaborating agencies at proposal submission or within the first quarter of funding may help to streamline planning and support timely implementation.
- Build in funding support to allow for implementation analysis. Allocate funding to support implementation analyses for all new and expanding programs, as this stage is essential to understanding real-world delivery, improving program effectiveness, and informing policy decisions.
- Support gender and culturally informed programs. Although opioid misuse affects diverse populations, most COAP programs in Maryland primarily serve white, male participants. Investing in tailored, equitable approaches to better support diverse populations and improve recovery outcomes would align with emerging evidence on the importance of gender-responsive and culturally competent programming.
- Provide continued support to programs to maintain staff. Staffing is a key challenge for most programs and includes delays in the hiring process, nuanced certification processes, and limited workforce capacity. While trainings and routine meetings may help build awareness and encourage agencies to make referrals, it is also important to invest in efforts to attract and maintain experienced and dedicated staff.

4. **Improve Service Delivery to Patients.** A key goal of the LEAD programs is to accept referrals and work with participants to develop case plans and connect participants to the services they need. All of the programs evaluated have engaged with participants and regularly conduct community outreach and trainings, but they also expressed the need to do more. They stressed the need to expand opportunities for referrals and the reach of their programs while emphasizing the individual nature of recovery journeys. Improving the provision of services to participants can involve working within the program and also working with local community organizations and even across jurisdictional boundaries.

    - Provide more intensive case management and peer support to participants. This includes emphasizing the importance and value of hiring peer recovery specialists as program staff.
    - Engage across jurisdictional boundaries. Build connections between counties so that the needs of the participants can be addressed wherever they are located and case management can continue to be provided.
    - Engage with the community. All of the programs conduct community outreach activities including presentations at local meetings and events such as county fairs and citizens' academies; conferences with judges and states' attorneys; meetings of local groups such as On Our Own, Lions' clubs, and merchants' associations; and special events such as law enforcement appreciation day. However, many expressed an interest in working to expand the reach of their programs and developing methods to encourage social contact referrals and self-referrals.
    - Understand that participants have unique journeys and may need to cycle through multiple times. Recovery journeys vary from one participant to another and can include both successes and challenges. This means that indicators of success and level of engagement will be unique to each participant. So, it is important to engage with each participant as a unique individual and continue to provide ideas and links to services throughout the recovery process.

For access to the full report, please contact MCRIC.

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