



Maryland's Office of Overdose Response

PREVENTION • HARM REDUCTION • TREATMENT • RECOVERY • PUBLIC SAFETY



Overdose Prevention Team Program Inventory

Third Calendar Quarter, 2023

INTRODUCTION

Pursuant to Executive Order 01.01.2023.21, Maryland's Office of Overdose Response (formerly the Opioid Operational Command Center) consults regularly with the Overdose Prevention Teams (OPTs) in each of Maryland's 24 local jurisdictions to promote a comprehensive and coordinated response to the overdose crisis in all parts of the state. OPTs are multi-agency coordinating bodies that seek to enhance multidisciplinary collaboration at the local level. Each OPT is chaired by the local health officer and is required to have representatives from various other agencies and organizations, including law enforcement, social services, education, and community groups.

A central component of our work with local partners involves sharing best practices. To do this, we survey and track all programs and initiatives that are being supported by OPTs to address the opioid crisis. We have identified 142 frequently implemented programs and services designed to reduce overdose-related morbidity and mortality at the local level, and we are working to help our partners establish and expand these services to the greatest extent possible. These programs are listed in detail by jurisdiction in our OPT Program Inventory, which is updated using self-reported data. Table 1, beginning on page three below, depicts the implementation status of each program by jurisdiction. Responses range from "no programming planned" (red) to "substantial programming in place" (dark green).

Please note that some programs may not be applicable in all jurisdictions. For example, programs having to do with higher education will not apply to a jurisdiction without a college or university. As such, instances where programming is not applicable for a given jurisdiction are not color-coded.

SUMMARY

As of the third calendar quarter of 2023, Maryland's local jurisdictions continued to make steady progress in implementing programs. As shown in Figure 1, 81.4 percent of programs were reported to be either partially or substantially implemented while only 10.4 percent remained unplanned. Thus, while local jurisdictions have made substantial progress in expanding programming in recent years, ample opportunities remain for program expansion across all jurisdictions.

All jurisdictions reported having at least half of the 142 programs either partially or substantially implemented, and all jurisdictions reported plans to expand programming.

Figure 1. Statewide OPT Program Implementation
As of the Third Calendar Quarter, 2023

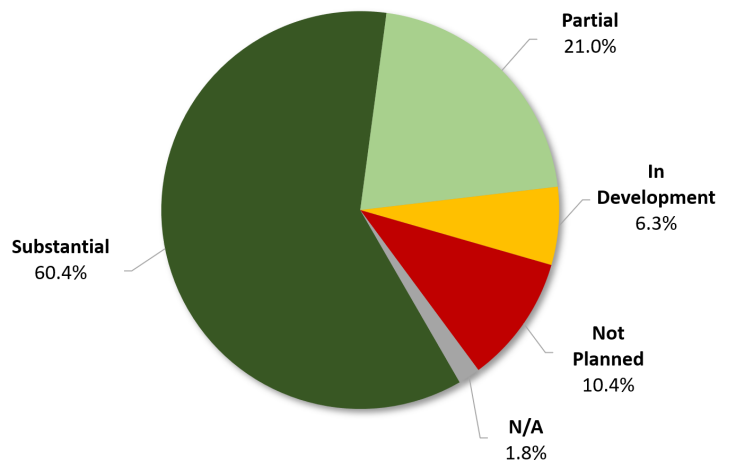


Figure 2. Program Implementation Status by Jurisdiction
Third Calendar Quarter 2023

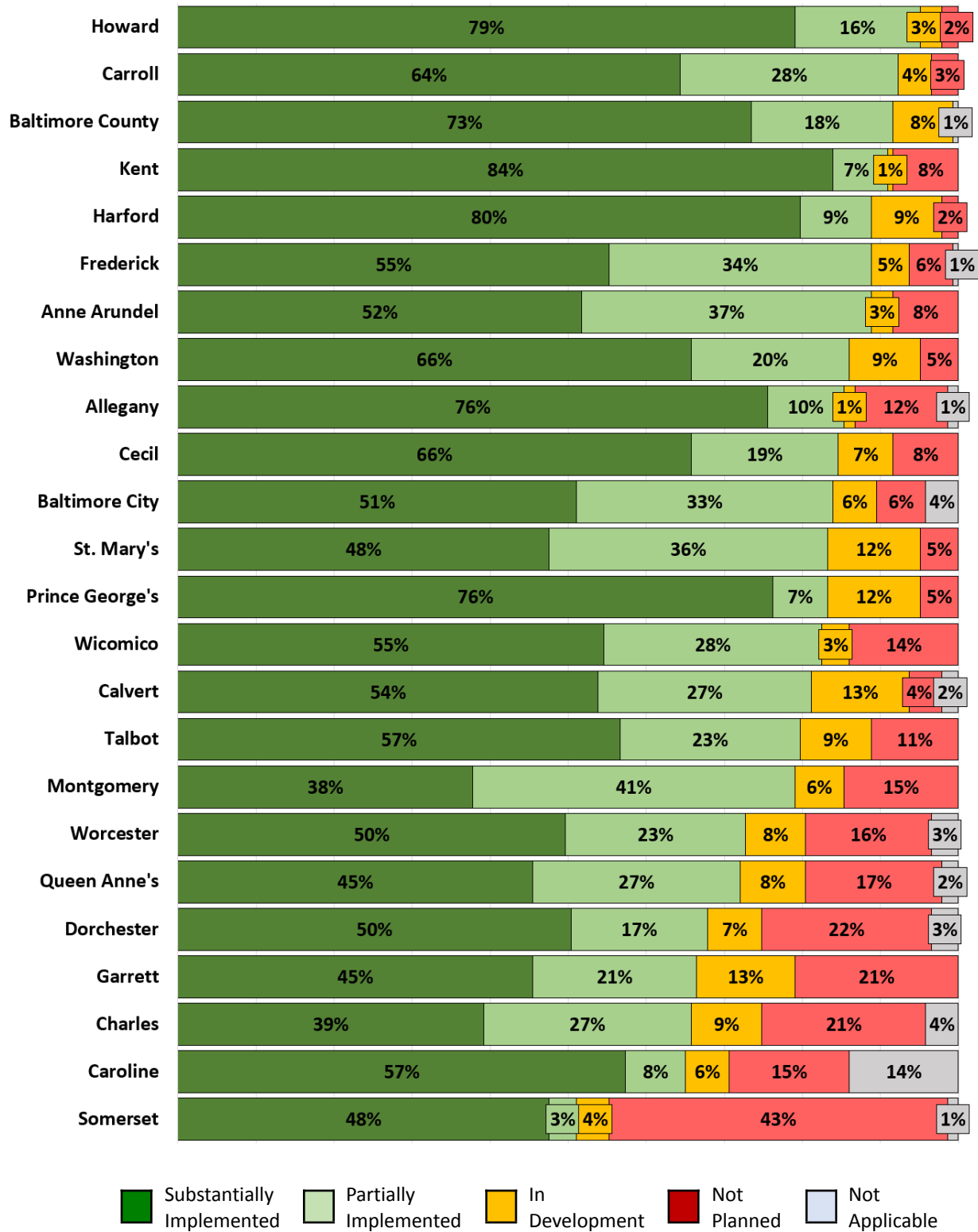


TABLE 1. OPT PROGRAM INVENTORY: THIRD CALENDAR QUARTER, 2023

OPT Program Inventory Third Calendar Quarter, 2023	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	
Public Health																									
1. Harm-Reduction Programs:																									
Naloxone Distribution	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Naloxone Training	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Syringe-Service Program	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Fentanyl Test-Strip Distribution	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Wound-Care Program	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
2. Information Campaigns (PSAs):																									
Access to Treatment	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Anti-Stigma	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Fentanyl	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Good Samaritan	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Naloxone	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Safe-Disposal	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Talk to Your Doctor	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3. Local Hotline to Access Treatment																									
4. RV/Truck-based SUD Support Services (Non-Treatment)																									
5. Prescriber Education/Academic Detailing																									
6. Safe-Disposal Program/Drop Boxes																									
7. Employer-Education and Support Programs																									
Behavioral Health																									
8. Assertive Community Treatment (ACT) Program																									
9. SUD Crisis-Services Facilities (Outside of the ED)																									
Assessment and Referral Center	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Allow Walk-ins	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
23-Hour Stabilization Services	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
1-4 Day Stabilization Services	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Mobile Crisis Team	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
24/7 Operation	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
10. RV/Truck-based Treatment Program (Dispensing, etc.)																									
11. Medication-Assisted Treatment Available in Jurisdiction:																									
Naltrexone	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Buprenorphine	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Methadone	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
12. Certified Peer-Recovery Specialist Support:																									
Commissioner's Office	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
DSS Service Center	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Health Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Hospital ER	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Jail	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Parole & Probation Offices	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Mobile Crisis Response	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Walk-in Center	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
On-Call 24/7 Availability	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Post-Incident Outreach	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Substantially Implemented
 Partially Implemented
 In Development
 Not Planned
 Not Applicable

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	Behavioral Health (cont'd)																								
13. Outpatient SUD Services in Jurisdiction:																									
ASAM Level 0.5 Early Intervention	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
ASAM Level 1.0 for Adolescents and Adults	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
ASAM Level 2.1 Intensive Outpatient	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
14. ASAM Level 2.5 Partial Hospitalization																									
15. SUD Residential and Inpatient Treatment Programs:																									
3.1 Lic. Clinically Managed Low-Intensity	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.3 Lic. Clinically Managed High-Intensity for Adults Only	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.5 Lic. Clinically Managed High-Intensity for Adults & Minors	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.7 Lic. Medically Monitored Intensive Inpatient	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.7 WM Lic. Medically Monitored Inpatient Withdrawal Mgmt.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
16. Recovery-Support Programs:																									
Sober-Living/Recovery Housing	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Wellness/Recovery Centers	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Workforce Development	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Care Coordination																									
Housing Assistance	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Transportation Assistance	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Nutrition Assistance	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
17. Recovery Oriented Systems of Care (ROSC)																									
Judiciary/States Attorney																									
18. Specialized Courts:																									
Adult Drug Court	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Adolescent Drug Court	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
19. Public-Messaging Program																									
20. Pre-Trial Services Program																									
21. Pre-Trial Referral-to-Treatment Protocol																									
22. Information Cards Provided by Commissioners																									
23. State's Attorney Is Engaged in the OPT																									
Corrections																									
24. Screening, Brief Intervention, and Referral to Treatment																									
25. Universal Substance-Use Screening During Intake	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
26. Pre-Trial Referral to Treatment																									
27. Drug-Treatment Programs While Incarcerated:																									
Methadone - available for all inmates	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Buprenorphine - available for all inmates	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Naltrexone - available for all inmates	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Outpatient (1.0) or equivalent	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Intensive Outpatient (2.1) or equivalent	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
28. Day-Reporting Center																									
29. Facilitated Re-Entry Programs:																									
Employment-Transition Support	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Naloxone Provided at Release	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Recovery-Housing Referral	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Treatment-Program Referral/Warm Hand-Off	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

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	Corrections (cont'd)																							
30. Access to Local Re-Entry Programs for State Inmates																								
31. Organized Planning for HB 116																								
32. Department of Corrections Is Engaged in the OPT																								
Parole and Probation																								
33. Universal Screening for SUD at Intake																								
34. Protocol for Referral to Treatment																								
35. Protocol for Requesting a Special Condition																								
36. Treatment Monitoring Program																								
37. SUD Services On-Site at Parole & Probation Offices																								
38. Parole & Probation Is Engaged in the OPT																								
Emergency Medical Services																								
39. Post-Incident EMS Outreach after Overdose																								
40. Leave-Behind Information Cards																								
41. Leave-Behind Naloxone																								
42. Transport to Alternative Destination (Non-ED)																								
43. EMS Is Engaged in the OPT																								
Police/Sheriff																								
44. All Police Trained in Naloxone																								
45. All Police Carry Naloxone																								
46. Leave-Behind Information Cards																								
47. Post-Incident Police Outreach after Overdose																								
48. Community-Awareness SUD Programming																								
49. Organized Pre-Arrest SUD Diversion/Referral Program																								
50. Crisis Intervention Team (CIT) Trained Officers																								
51. Heroin/Overdose Coordinator																								
Use ODMAP																								
Receive Spike Alerts																								
52. Heroin Coordinator Is Engaged in the OPT																								
Social Services																								
53. SUD Screening and Referral Protocol at Enrollment:																								
SNAP (Food Stamps)																								
TCA (Temporary Cash Assistance)																								
Medicaid																								
54. Support Program for Exposed Newborns/Families																								
55. DSS Is Engaged in the OPT																								
Hospitals in Jurisdiction																								
56. Screening, Brief Intervention, & Referral to Treatment																								
Emergency Department																								
Inpatient Settings																								
57. Dedicated Behavioral Health/SUD Emergency Room																								
58. Dedicated SUD Inpatient Unit																								
59. Buprenorphine Induction																								
Emergency Department																								
Inpatient Settings																								

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	Hospitals in Jurisdiction (cont'd)																								
60. Warm Hand-Off to SUD Providers/Services																									
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
61. Naloxone Distribution at Discharge																									
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
62. Peer Specialists on Site																									
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
63. Prescribing Guidelines for Staff																									
64. Prescribing Patterns Tracked																									
65. Hospital Is Engaged in the OPT																									
Education																									
66. Let's Start Talking Grade 3 -12 Prevention Education																									
67. Supplemental Drug-Awareness Education																									
68. Behavioral Health Professionals on Staff (Non-Sp. Ed.)																									
69. School Nurses Program:																									
Mental Health First-Aid Training	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Naloxone Available in Health Room	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Assist with Prevention Education	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
70. "Safe Place" Identified within the School																									
71. Mechanisms in Place to Identify/Serve Impacted Youth																									
Services for Students Impacted by SUD at Home	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Handle with Care Implemented	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
72. School-Based Prevention Clubs (e.g., SADD)																									
73. Community-Awareness Programming (After School)																									
74. Department of Education Is Engaged in the OPT																									
Higher Education																									
75. Substance Misuse Information Campaigns for Students																									
76. Student Wellness/Recovery Center																									
77. Host SUD Events for Community																									
78. The Local College Is Engaged in the OPT																									
OPT																									
79. Organized in Manner Consistent with Governor's Order																									
80. OPT Meets at Least Bi-Monthly																									
81. Updated Strategic/Implementation Plan																									
82. Co-Chaired by Health Officer and Emergency Manager																									
83. Emergency Manager Is Cabinet-Level Officer																									
84. Elected Officials Participate Regularly in OPT Meetings																									
85. Dedicated SUD Programming Coordinator																									

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Note: Maryland’s Office of Overdose Response evaluates and updates the program inventory on a regular basis, and the number of programs may change from quarter to quarter. We frequently add new programs that have been shown to be effective and, where appropriate, remove programs that no longer fit our criteria for inclusion due to the dynamic nature of the opioid crisis.

As of the third calendar quarter of 2023, awareness efforts regarding “211 press 1” were removed from the program inventory as the State of Maryland adopted the use of 988, the National Suicide & Crisis Lifeline, statewide.