

Maryland's Office of Overdose Response

PREVENTION • HARM REDUCTION • TREATMENT • RECOVERY • PUBLIC SAFETY











Overdose Prevention Team

Substance Use Program Inventory

As of the Second Calendar Quarter, 2024



Introduction

Pursuant to Executive Order 01.01.2023.21, Maryland's Office of Overdose Response works closely 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 work to enhance multidisciplinary collaboration at the local level. Each OPT is chaired by a representative from the local health department and has a designated co-chair from a community organization or another local government agency. OPTs are required to meet at least quarterly, and they must involve representatives from various agencies and organizations, including health, social services, education, public safety (e.g., law enforcement, fire service, and emergency services), harm reduction programs, recovery support programs, substance use treatment programs, community organizations, and faith-based organizations.

A central component of our work with our local partners involves sharing best practices. To do this, we track the implementation of local-level programs and initiatives that seek to reduce overdose-related morbidity and mortality. We have identified 118 frequently implemented programs and services, which are detailed below by jurisdiction in our Substance Use Program Inventory. The Program Inventory uses self-reported OPT data, and responses range from "no programming planned" to "substantial programming in place."

Maryland's Office of Overdose Response recently implemented significant updates to the Program Inventory that narrow the focus specifically on interventions that are substance-related. The updated inventory also now includes new promising overdose prevention strategies, and interventions are now categorized under Maryland's overdose priority areas of *Prevention*, *Harm Reduction*, *Treatment*, *Recovery*, and *Public Safety*. Going forward, we will update the Program Inventory on a biannual basis.

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 jurisdictions without a college or university. As such, instances where programming is not applicable for a given jurisdiction are not color-coded. Additionally, persons reporting from each jurisdiction may not have received timely responses from the appropriate agency when completing this reporting, resulting in an N/A report.

SUMMARY

As of the second calendar quarter of 2024, Maryland's local jurisdictions continued to make steady progress in implementing programs. As shown in Figure 1, 73 percent of programs were reported to be either partially or substantially implemented while only 11 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. Figure 2, below, shows total program implementation status by local jurisdiction, and Figure 4, below, shows statewide implementation status by priority area.

Figure 1. Statewide Program ImplementationAs of the Second Calendar Quarter, 2024

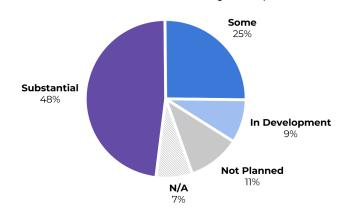


Figure 2. Total Program Implementation by Local Jurisdiction
As of the Second Calendar Quarter, 2024

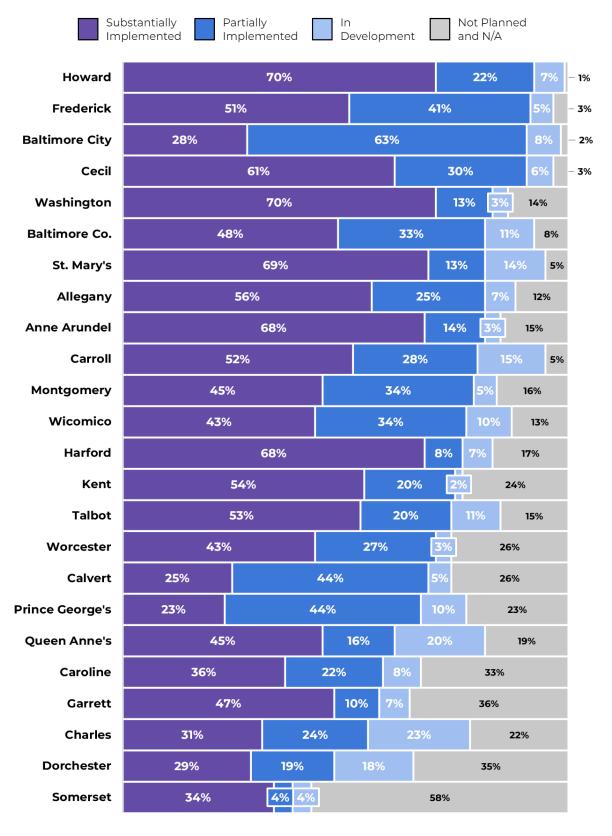


Figure 3. Percentage of Substantial & Partial Implementation Status by Local Jurisdiction
As of the Second Calendar Quarter, 2024

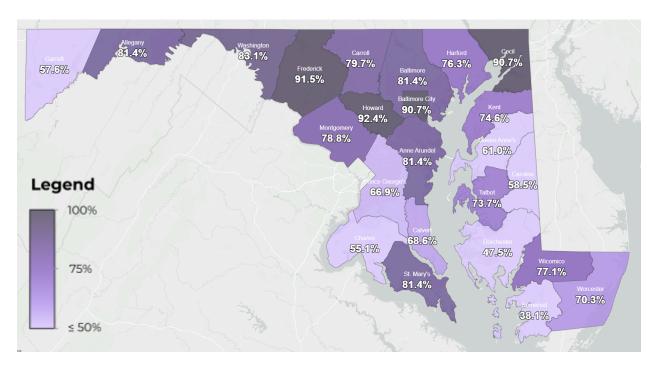


Figure 4. Statewide Program Implementation by Priority Area As of the Second Calendar Quarter, 2024

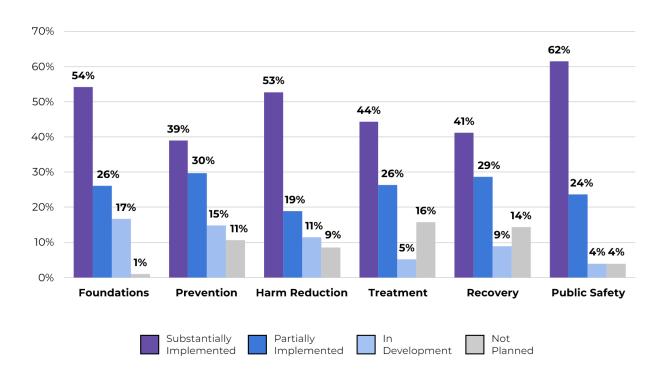
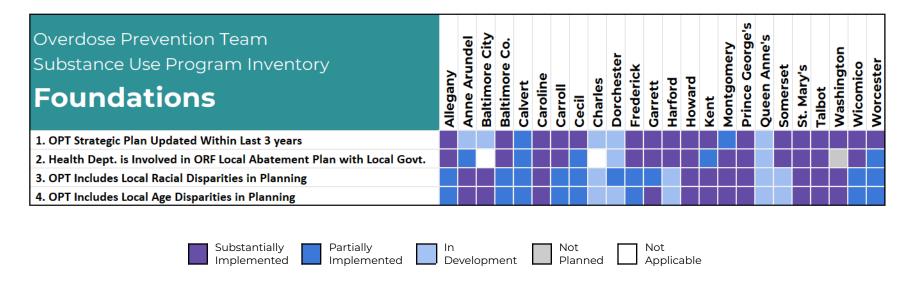


TABLE 1. OPT PROGRAM INVENTORY

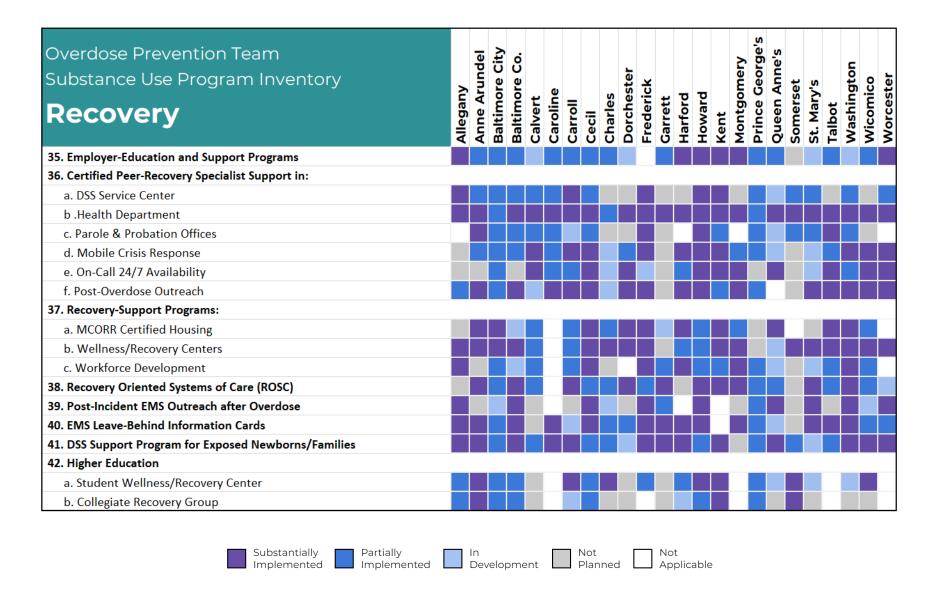
As of the Second Calendar Quarter, 2024



Note: Maryland's Office of Overdose Response evaluates and updates the program inventory on a regular basis, and the number of programs may change. 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 overdose crisis.

Overdose Prevention Team Substance Use Program Inventory Prevention	Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
5. Student/Peer-Led Prevention Programming/Activities																								
6. Supplemental Drug-Awareness Education in Schools																								
7. Mechanisms in Place to Identify and Serve Impacted Youth in Schools																								
a. Services for Students Impacted by substance use Home																								
b. Handle with Care Implemented																								
8. School-Based Prevention Clubs (e.g., SADD)																								
9. Community-Awareness Programming (After School)																								
10. Higher Education																								
a. Fentanyl Awareness Campaigns for Students																								
b. Naloxone Awareness Campaigns for Students																								
c. Naloxone Trainings Offered for Students																								
d. SUD Awareness/Education Events for Students																								
11. Going Purple Initiative																								
12. Academic Detailing																								
a. Includes Content on Disparities Prominent in Jurisdiction																								
b. Includes Content on Stigma																								
c. Implicit Bias Training																								
d. Culturally & Linguistically Appropriate Services (CLAS) Training																								
13. Naloxone Can Be Carried by																								
a. Administration																								
b. Teachers																								
c. Nurses																								
d. Students																								
14. Naloxone Training for Students and Families Offered																								
a. Students Can Be Dispensed Naloxone																								
Substantially Partially Implemented		In Dev	/elop	ome	ent			Not Planr	ned			Not App	: olica	ble										

Overdose Prevention Team Substance Use Program Inventory Harm Reduction	Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
15. Naloxone Training and Distribution																								
16. Publically Available Naloxone Distribution																								
a. Harm Reduction Vending Machine																								
b. Naloxone Newspaper Box Model																								
17. Syringe Services Program																								
a. Participation in Rapid Analysis of Drugs (RAD) Program																								
b. Hepatitis C Telehealth Treatment																								
c. Case Management																								
d. Other Health Services: Please explain in notes column																								
18. Fentanyl Test Strip Distribution																								
19. Xylazine Test Strip Distribution																								
20. Wound-Care																								
a. Wound Care Supplies Distributed																								
b. Hands on Wound Care Available																								
21. Street Outreach Program																								
22. STOP Act Compliance																								
a. Hospital																								
b. Local Correctional Facility																								
c. Probation																								
d. Homeless Services																								
e. Outpatient Behavioral Health Providers																								
23. Emergency Medical Services (EMS) Leave Behind Naloxone																								
24. EMS Transport to Alternative Destination (Non-ED)																								
25. Non-Fatal Post-Overdose Outreach																								
Substantially Partially Implemented		In Dev	/elo _l	pme	ent			Not Plani	ned			Not App	t olica	able										



Overdose Prevention Team Substance Use Program Inventory Treatment	Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
26. SUD Crisis-Services Facilities (Outside ED)																								
a. Assessment and Referral Center																								
b. 23-Hour Stabilization Services																								
c. 1-4 Day Stabilization Services																								
d. Mobile Crisis Team																								
e. 24/7 Operation																								
27. Mobile Treatment																								
28. Medications for Opioid Use Disorder Available in Jurisdiction:																								
a. Naltrexone																								
b. Buprenorphine																								
c. Methadone																								
29. Outpatient SUD Services in Jurisdiction:																								
a. ASAM Level 0.5 Early Intervention																								
b. ASAM Level 1.0 for Adolescents and Adults																								
c. ASAM Level 2.1 Intensive Outpatient																								
d. ASAM Level 2.5 Partial Hospitalization																								
30. Residential SUD Services in Jurisdiction																								
a. ASAM 3.1 Clinically Managed Low-Intensity																								
b. ASAM 3.3 Clinically Managed High-Intensity (Adults Only)																								
c. ASAM 3.5 Clinically Managed High-Intensity (Adults & Adolescents)																								
d. ASAM 3.7 Medically Monitored Intensive Inpatient																								
e. ASAM 3.7 Medically Monitored Inpatient Withdrawal Management																								
31. A Treatment Facility in Jurisdiction Accepts People with Wounds																								
32. EMS Field Buprenorphine Induction																								
33. SUD Screening and Referral Protocol at Medicaid Enrollment																								
Substantially Partially Implemented		In De	evelo	ppm	nent			Not Plar		d [No Ap		able	·									

