



# Maryland's Office of Overdose Response

PREVENTION • HARM REDUCTION • TREATMENT • RECOVERY • PUBLIC SAFETY



## Overdose Prevention Team Substance Use Program Inventory

*As of the Fourth 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 must include 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.

Every year, Maryland's Office of Overdose Response distributes \$4 million in funding to OPTs through our Block Grant Program. This program helps to ensure that all of Maryland's 24 local jurisdictions receive a base level of funding to support overdose-related programs and initiatives. Funds may be used at the discretion of local partners for any purposes that support Maryland's overdose priority areas of *Prevention, Harm Reduction, Treatment, Recovery, and Public Safety*. A summary of block grant awards can be found at [StopOverdose.maryland.gov/grants](https://stopoverdose.maryland.gov/grants).

## ABOUT THE PROGRAM INVENTORY

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. Maryland's Office of Overdose Response has 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." Interventions are categorized under Maryland's five overdose priority areas.

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.

## ANNUAL QUALITATIVE SURVEY

In 2024, Maryland's Office of Overdose Response began collecting qualitative input from OPTs in an annual survey. In this report, OPTs highlighted positive outcomes from collaboration and identified common barriers, such as challenges in coordinating regular OPT meetings, program implementation, and ways our office could better support their efforts.

## POSITIVE OUTCOMES

OPTs shared many positive outcomes from local partner collaboration and programs that they were able to support through funding from our Block Grant Program (which is contingent on OPTs holding regular coordination meetings).

**Data Sharing:** The most prevailing theme was that regular OPT meetings offered local partners a space to review and discuss overdose-related data from multiple sources (including data from health departments, law enforcement, and local community based organizations). The opportunities to share data often resulted in tailoring current programs or outreach efforts.

- In **Worcester County**, law enforcement shared data showing an increase in methamphetamine involvement in overdoses. The Worcester County Health Department then created a rack card with information about methamphetamine to distribute to the public.
- **Anne Arundel County** used law enforcement data to begin tracking non-opioid-related overdoses, leading to an in-person strategic planning session and ongoing adjustments in the OPT plan to address all substance-involved overdoses.
- **Howard County** used newly available zip code-level data from [Maryland's Overdose Data Dashboard](#) to enhance the targeting of their programs in specific areas of need.
- **Frederick County** used data related to overdose decedent occupation to adopt interventions for specific populations.

**Programmatic Improvements:** Many OPTs leveraged their meetings to identify opportunities to tailor programs to meet the specific needs of their communities.

- Based on Overdose Fatality Review team recommendations, **Baltimore County** began increasing the involvement of peer recovery support specialists in formal and informal settings. This effort included creating a peer collaborative, increasing training opportunities for peers, and technical assistance with an academic partner.
- **Montgomery County** launched a Substance Use Disorder SUD Prevention Intervention Program Pilot, using input from the Montgomery County Department of Health and Human Services Office of Behavioral Health and Crisis Services to target prescription opioid settlement funds to areas in the most need. The program will directly engage youth and young adults in receiving prevention and harm reduction support and a direct connection to treatment and support services.
- **Washington County** worked to improve collaboration with their school system, leading to assembly presentations featuring speakers in recovery, awareness tables at middle and high schools, and presentations on substance use disorder and naloxone training in two high schools.

**Block Grant Funding:** Many OPTs identified our Block Grant Program as a difference maker for implementing or expanding programs at the local level.

- Using funds from our Block Grant Program, **Queen Anne's County's** peer support team worked with the Queen Anne's County Board of Education to train every bus driver in the county and selected staff in the public schools on administering naloxone.
- **Kent County** used block grant funding to provide on-call peer recovery support services in a local hospital emergency department for individuals who present with a substance use-related issue.

In one instance, an individual presented at the emergency department and reported intent to self harm. After speaking with the individual, however, the on-call peer recovery support specialist was able to determine that, rather than wanting to harm himself, the individual was struggling with substance use and needed shelter out of the cold. The peer was then able to refer the individual to outpatient services.

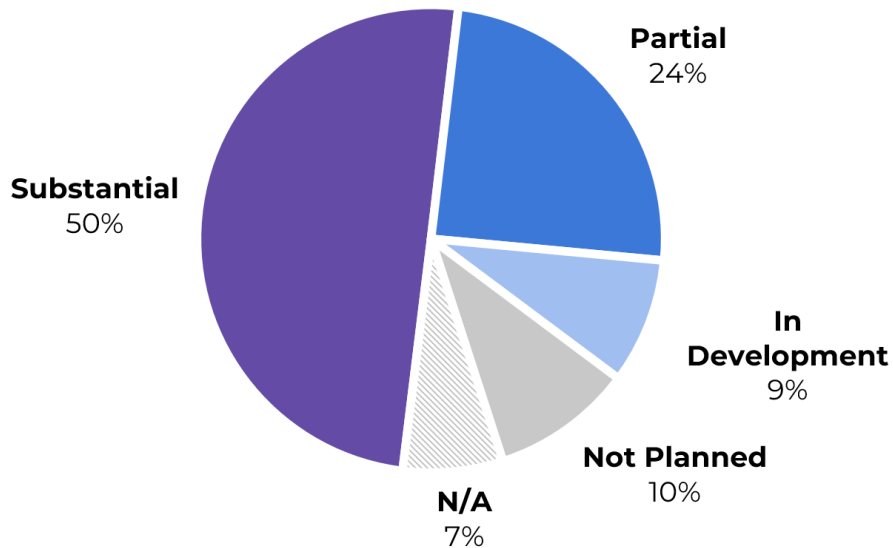
## COMMON BARRIERS

The barriers identified by our local partners varied from jurisdiction to jurisdiction based on unique needs and available resources. However, the most commonly identified challenge was maintaining regular engagement in OPT meetings. To help address this, Maryland's Office of Overdose Response will begin hosting bi-annual OPT summits to facilitate the sharing of best practices between jurisdictions. Data sharing, workforce turnover, state regulations, and information siloes among partners were also frequently mentioned.

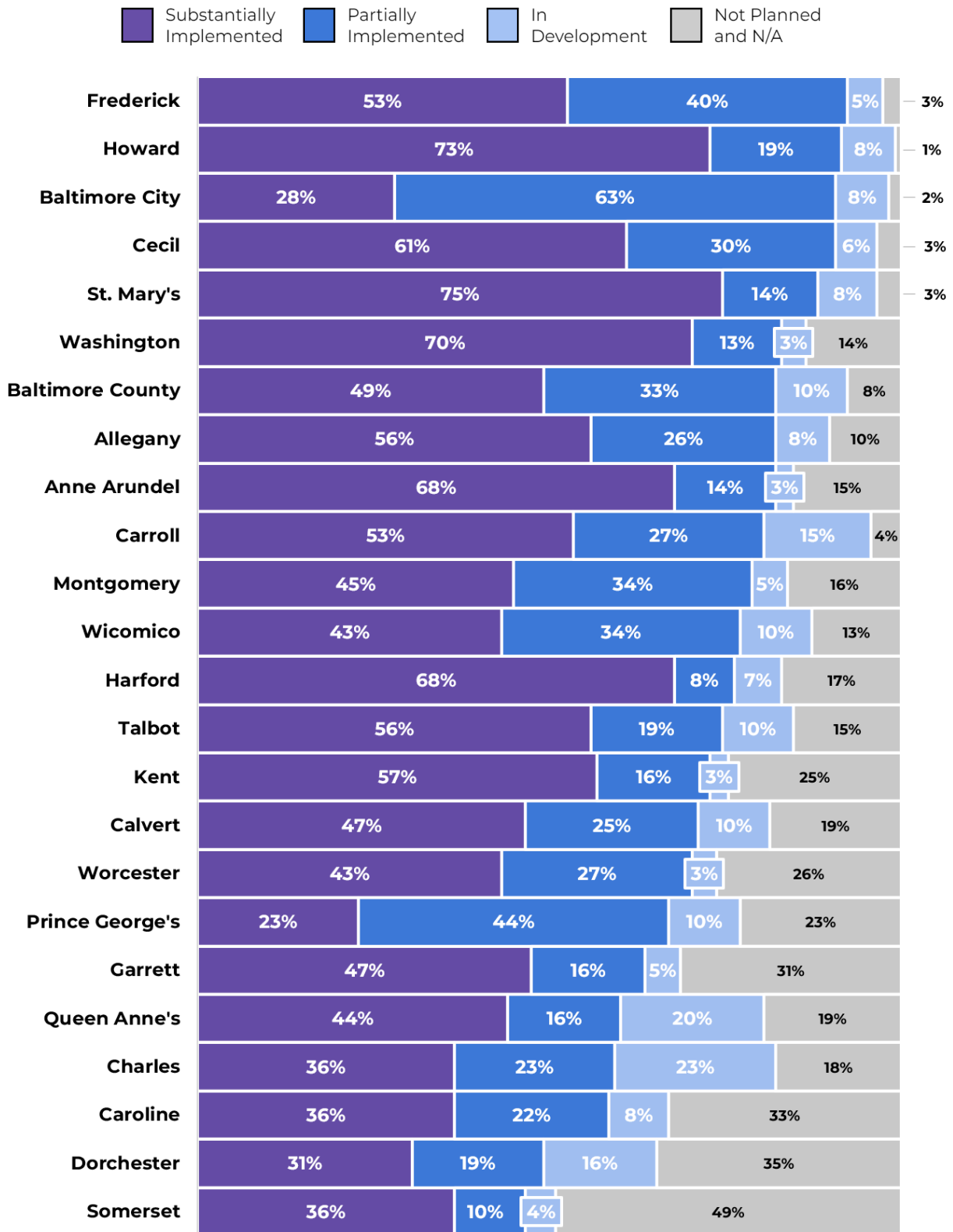
## PROGRAM INVENTORY SUMMARY

As of the fourth calendar quarter of 2024, Maryland's local jurisdictions continued to make steady progress in implementing programs. As shown in Figure 1, below, 74 percent of programs were reported to be either partially or substantially implemented while only 10 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, on the following page, shows total program implementation status by local jurisdiction, and Figure 3, on page 5, shows statewide implementation status by priority area.

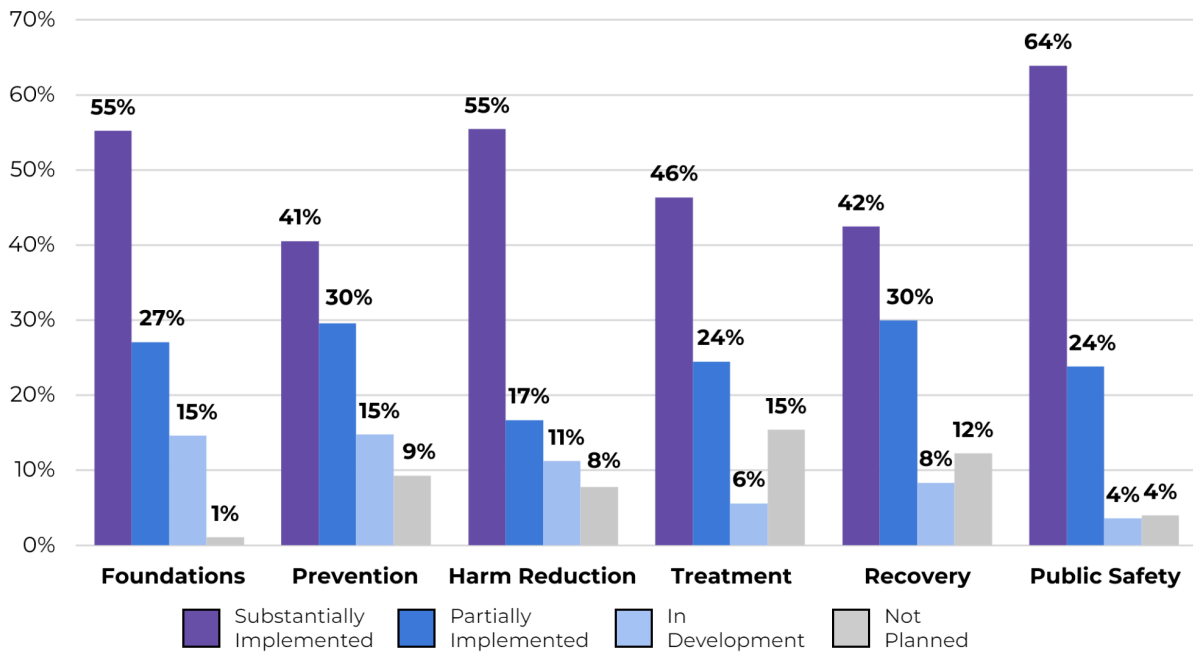
**Figure 1. Statewide Program Implementation**  
As of the Fourth Calendar Quarter, 2024



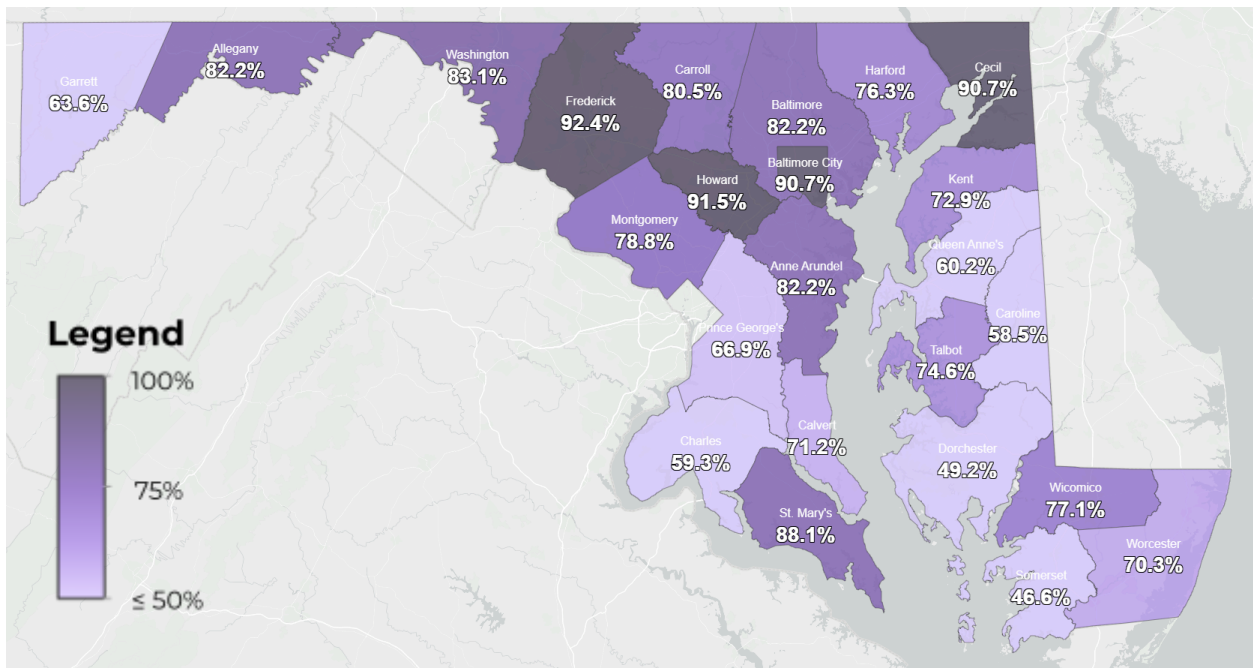
**Figure 2. Total Program Implementation by Local Jurisdiction**  
As of the Fourth Calendar Quarter, 2024



**Figure 3. Statewide Program Implementation by Priority Area**  
As of the Fourth Calendar Quarter, 2024



**Figure 4. Substantial & Partial Implementation Status by Local Jurisdiction**  
As of the Fourth Calendar Quarter, 2024



**TABLE 1. OPT PROGRAM INVENTORY**  
*As of the Fourth Calendar Quarter, 2024*

Overdose Prevention Team Substance Use Program Inventory <b>Foundations</b>	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
	1. OPT Strategic Plan Updated Within Last 3 years	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented
2. Health Dept. is Involved in ORF Local Abatement Plan with Local Govt.	Substantially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Planned	Substantially Implemented	Substantially Implemented
3. OPT Includes Local Racial Disparities in Planning	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented
4. OPT Includes Local Age Disparities in Planning	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	In Development	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented

Substantially Implemented
  Partially Implemented
  In Development
  Not Planned
  Not Applicable

**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 <b>Harm Reduction</b>		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
<b>15. Naloxone Training and Distribution</b>																									
<b>16. Publicly Available Naloxone Distribution</b>																									
a. Harm Reduction Vending Machine																									
b. Naloxone Newspaper Box Model																									
<b>17. Syringe Services Program</b>																									
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																									
<b>18. Fentanyl Test Strip Distribution</b>																									
<b>19. Xylazine Test Strip Distribution</b>																									
<b>20. Wound-Care</b>																									
a. Wound Care Supplies Distributed																									
b. Hands on Wound Care Available																									
<b>21. Street Outreach Program</b>																									
<b>22. STOP Act Compliance</b>																									
a. Hospital																									
b. Local Correctional Facility																									
c. Probation																									
d. Homeless Services																									
e. Outpatient Behavioral Health Providers																									
<b>23. Emergency Medical Services (EMS) Leave Behind Naloxone</b>																									
<b>24. EMS Transport to Alternative Destination (Non-ED)</b>																									
<b>25. Non-Fatal Post-Overdose Outreach</b>																									





Overdose Prevention Team Substance Use Program Inventory		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
<b>26. SUD Crisis-Services Facilities (Outside ED)</b>																									
a. Assessment and Referral Center																									
b. 23-Hour Stabilization Services																									
c. 1-4 Day Stabilization Services																									
d. Mobile Crisis Team																									
e. 24/7 Operation																									
<b>27. Mobile Treatment</b>																									
<b>28. Medications for Opioid Use Disorder Available in Jurisdiction:</b>																									
a. Naltrexone																									
b. Buprenorphine																									
c. Methadone																									
<b>29. Outpatient SUD Services in Jurisdiction:</b>																									
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																									
<b>30. Residential SUD Services in Jurisdiction</b>																									
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																									
<b>31. A Treatment Facility in Jurisdiction Accepts People with Wounds</b>																									
<b>32. EMS Field Buprenorphine Induction</b>																									
<b>33. SUD Screening and Referral Protocol at Medicaid Enrollment</b>																									

Substantially Implemented
  Partially Implemented
  In Development
  Not Planned
  Not Applicable

Overdose Prevention Team  
 Substance Use Program Inventory  
**Treatment (Continued)**

**34. Hospital(s)**

	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
a. Screening, Brief Intervention, & Referral to Treatment in:																								
i. Emergency Department	Substantially Implemented	Substantially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
ii. Inpatient Settings	Substantially Implemented	Substantially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
b. Dedicated SUD Inpatient Unit	Substantially Implemented	Not Planned	Partially Implemented	Not Planned	Not Planned	Not Applicable	In Development	In Development	Not Applicable	Not Applicable	In Development	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Partially Implemented	Partially Implemented	Not Applicable	Not Applicable	Not Applicable	Partially Implemented	Not Applicable	Not Applicable	Not Applicable
c. Buprenorphine Induction in:																								
i. Emergency Department	Substantially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Partially Implemented	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
ii. Inpatient Settings	Substantially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Partially Implemented	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
d. Warm Hand-Off to SUD Providers/Services in:																								
i. Emergency Department	Substantially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Partially Implemented	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
ii. Inpatient Settings	Substantially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Partially Implemented	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
e. Naloxone Distribution at Discharge	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
f. Peer Specialists on Site at:																								
i. Emergency Department	Substantially Implemented	Substantially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Partially Implemented	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
ii. Inpatient Settings	Substantially Implemented	Substantially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Partially Implemented	Not Applicable	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented
g. Wound Care Services Offered	Substantially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented	Partially Implemented



