



# Maryland

OPIOID OPERATIONAL  
COMMAND CENTER

**2021**  
**First Calendar Quarter Report**  
January 1 – March 31, 2021

*Released: June 24, 2021*

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## MESSAGE FROM THE EXECUTIVE DIRECTOR

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Thank you for your interest in the Opioid Operational Command Center's report for the first calendar quarter of 2021. This report provides important updates on the opioid crisis in Maryland and our state's response efforts from January through March of this year.

The rate of fatal overdoses in Maryland increased in the first three months of 2021 as compared to the same time in 2020. There were 682 unintentional intoxication fatalities involving all substances during this time, a 5.7 percent increase from this time last year. Of these deaths, nearly 90 percent (612) involved opioids.

This report compares the first quarter of 2020, predating the pandemic, and the first quarter of 2021. According to data from the Maryland Department of Health's Coronavirus Dashboard, the number of COVID-related cases, hospitalizations, and deaths were at or near historic highs throughout the month of January 2021. In 2020, the number of fatal overdoses involving all substances increased by 17.7 percent annually, increasing from 2,379 deaths reported in 2019 to 2,799. This stark increase was very likely influenced by the pandemic which had a tremendous impact on us all but especially on vulnerable populations, such as people who use drugs.

Despite these increases, our office remains hopeful and optimistic about our future. With the pandemic now nearly behind us and with vaccines available for anyone who wants one, we are beginning to see life return to normal. We have a chance now to redouble our efforts on addressing the opioid crisis in our state and to reduce the rate of fatal overdoses once again. Our office has remained steadfast in our commitment to this work, and we humbly ask for your partnership as we move into the next phase of this fight, together.

Robin E. Rickard



Acting Executive Director  
Opioid Operational Command Center  
Office of the Governor

## EXECUTIVE SUMMARY

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Based on preliminary data provided by the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH), there were 682 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland in the first calendar quarter of 2021. This represents a 5.7 percent increase from 2020, when there were 645 such fatalities.

There were 612 opioid-related fatal overdoses in this time frame, an increase of 6.3 percent from the first three months of 2020. Opioids were involved in 89.7 percent of all fatal overdoses. 564 deaths involved fentanyl, an increase of 5.2 percent. Fentanyl was involved in 92.2 percent of all opioid-related deaths. There were 136 prescription opioid-related deaths, an increase of 37.4 percent. Heroin-related deaths decreased by 27.7 percent, falling from 148 in the first three months of 2020 to 107 in the first three months of this year.

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in the first quarter of 2021. Baltimore City (227 deaths), Baltimore County (89 deaths), and Anne Arundel County (57 deaths) experienced the highest number of fatalities, collectively accounting for 60.9 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George's County (35 deaths), Montgomery County (29 deaths), Washington County (25 deaths), Harford County (24 deaths), and Cecil County (23 deaths).

The Opioid Operational Command Center (OCC) consults regularly with Opioid Intervention Teams (OITs) in each of Maryland's 24 local jurisdictions to coordinate local actions taken to combat the opioid crisis. OITs are multiagency coordinating bodies that seek to enhance collaboration to fight the opioid crisis at the local level. OITs are also responsible for administering OCC Block Grant funding to support programs that align with the Inter-Agency Opioid Coordination Plan. In our efforts to highlight and share best practices, the OCC tracks 143 high-priority programs and initiatives being implemented by OITs across the state. These programs are detailed beginning on page 12 of this report.

**Note: The fatalities data presented herein are preliminary and subject to change.**

## OPIOID-RELATED OVERDOSE STATISTICS

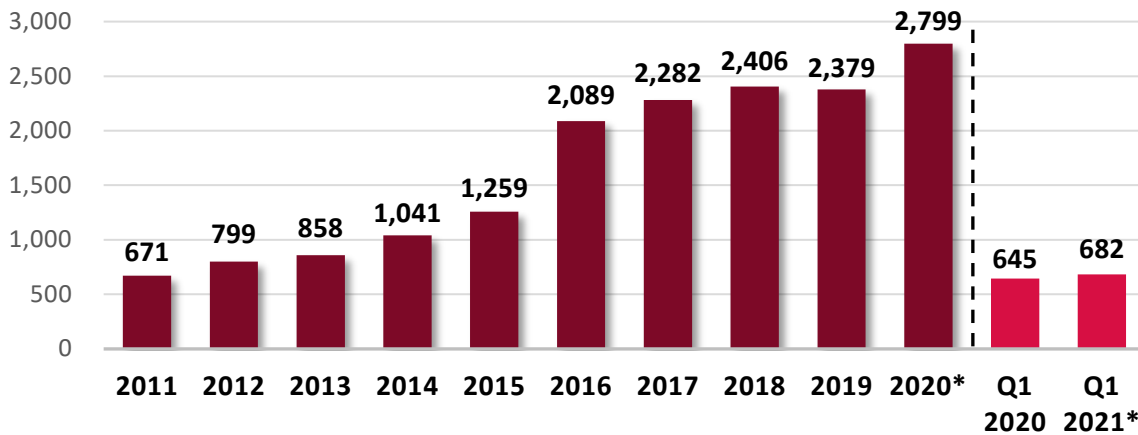
This section provides various statistics related to fatal and non-fatal opioid- and substance-related overdose events in Maryland in the first calendar quarter of 2021. This includes information regarding the number of unintentional intoxication deaths related to opioids, alcohol, and various licit and illicit substances according to data provided by the Vital Statistics Administration (VSA) and the Office of the Chief Medical Examiner (OCME). This section also includes data on non-fatal, opioid-related emergency department (ED) visits and naloxone administrations by emergency medical services (EMS) personnel.

Unintentional intoxication deaths (i.e., fatal overdoses not including suicides) are fatalities resulting from the recent ingestion of or exposure to alcohol and other types of drugs. The substances included in this report are heroin, fentanyl, prescription opioids, cocaine, benzodiazepine, methamphetamine, and phencyclidine (PCP). Most fatalities involve the simultaneous use of more than one substance. Accordingly, the sum total of deaths related to specific substance categories does not equal the total number of fatalities in the reporting period. Please note that the fatalities data for 2021 are preliminary at the time of this writing and are subject to change.

### All Substances

At the time of this writing, there were 682 confirmed unintentional intoxication deaths involving all types of drugs and alcohol reported in Maryland through the first calendar quarter of 2021. This represents a 5.7 percent increase from the 645 fatal overdoses in the first calendar quarter of 2020.

**Figure 1. Unintentional Intoxication Fatalities, All Substances**  
2011 through the First Calendar Quarter, 2021\*



For context, the first quarter of 2021 also coincides with the end of the third wave of the COVID-19 pandemic in Maryland, with COVID case, hospitalization, and death rates at or near historic highs throughout the month of January. As such, the societal effects of the pandemic could still very well have been influencing the rate of fatal overdoses during this time frame. To be sure, further research is needed to determine the full extent to which COVID-19 exacerbated the opioid crisis. What is clear, though, is that the burdens associated with COVID-19, such as social isolation and economic hardship, disproportionately impacted vulnerable populations in Maryland and across the country. Those affected

\*2020 and 2021 data are preliminary.

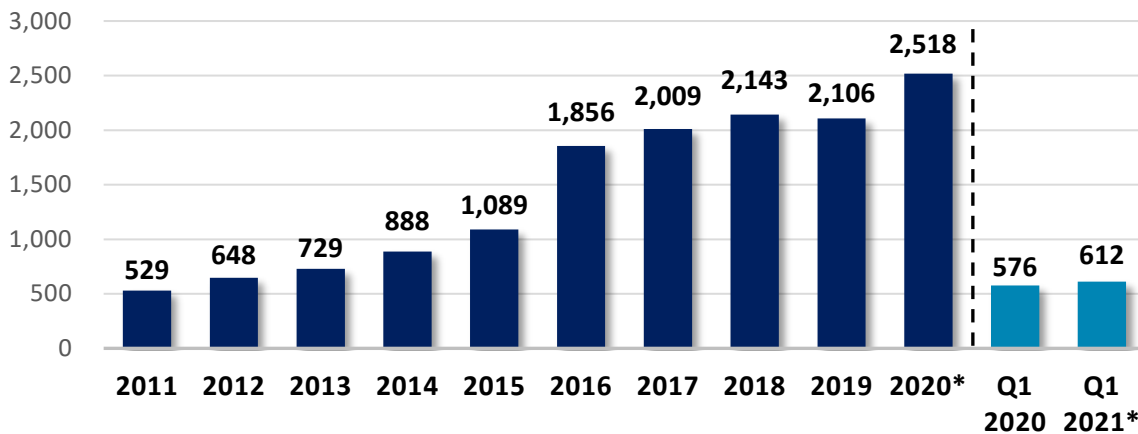


include people who use drugs, who saw their support systems disrupted and access to treatment services made more difficult.

## Opioids

There were 612 fatal overdoses that involved opioids in the first calendar quarter of 2021, a 6.3 percent increase as compared to the same time frame in 2020. Opioids were involved in 89.7 percent of all unintentional intoxication fatalities.

**Figure 2. Opioid-Related Unintentional Intoxication Fatalities**  
2011 through the First Calendar Quarter, 2021\*



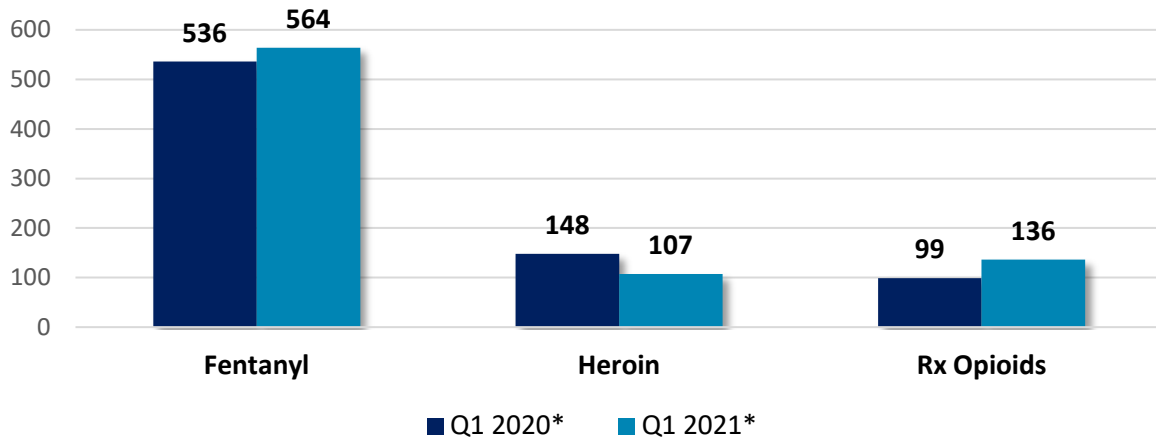
As shown in Figure 3 below, fentanyl was involved in 564 fatal overdoses in the first three months of 2021. This represents an increase of 5.2 percent from the first quarter of 2020. Fentanyl was involved in 92.2 percent of all opioid-related deaths and 82.7 percent of all fatal overdoses.

Prescription opioid-related fatal overdoses rose by 37.4 percent from January to March of 2021, increasing from 99 in the first quarter of 2020 to 136 in the same time frame in 2021. This follows a substantial annual increase of 22.8 percent observed in 2020. This trend is particularly concerning given that prescription opioid-related deaths had previously decreased annually every year since 2016. If this trend were to persist throughout the year, it would represent a historic milestone, with prescription opioid-related deaths now outpacing heroin-related deaths for the first time since 2011.

In continuation of a trend that began in 2017, the number of heroin-related overdose fatalities decreased again in the first quarter of 2021. There were 107 such deaths from January to March of this year, a 27.7 percent decrease from this time in 2020.

\*2020 and 2021 data are preliminary.

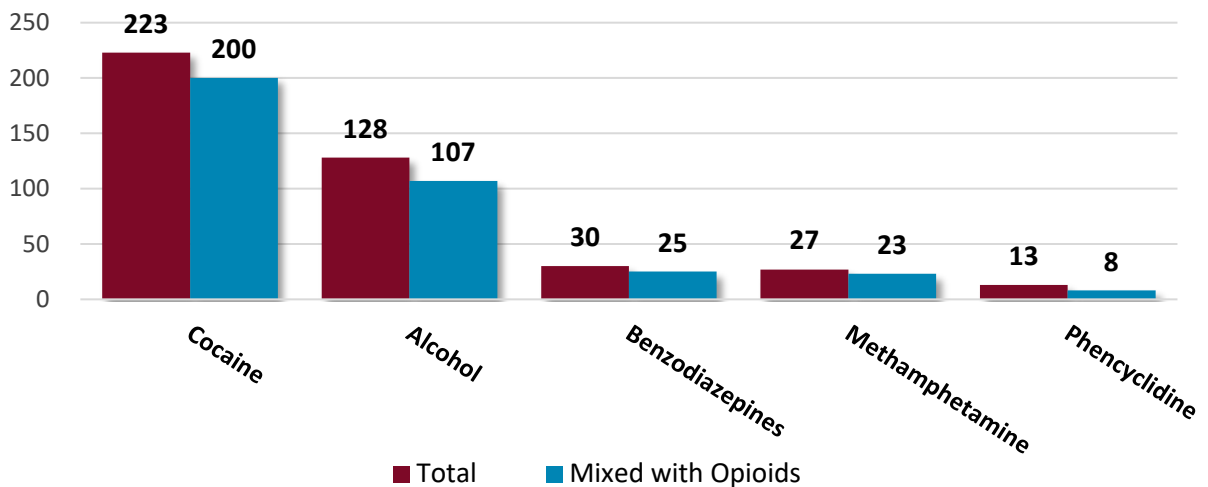
**Figure 3. Intoxication Death by Opioid Type**  
*First Calendar Quarter, 2020 vs 2021\**



**Non-Opioid Substances**

There were 223 cocaine-related deaths in the first three months of 2021. This represents a 6.7 percent decrease from the same time frame in 2020. Cocaine continued to account for the most non-opioid-related fatalities and was the substance most frequently mixed with opioids (by percentage). There were 128 alcohol-related deaths in the first quarter of 2021, a decrease of 8.6 percent from the same time in 2020. There were 30 benzodiazepine-related deaths during the same time frame, representing a 6.3 percent decrease as compared to this time in 2020. Methamphetamine-related deaths increased by 35.0 percent, with 27 such fatalities. Lastly, there were also 13 PCP-related deaths during the same time frame, representing an increase of 85.7 percent.

**Figure 4. Deaths Involving Substances Mixed with Opioids**  
*First Calendar Quarter, 2021\**



\*2020 and 2021 data are preliminary.



As shown in Figure 4, above, a vast majority of non-opioid-related fatalities also involved opioids in the first calendar quarter of 2021. Of the 408 instances in which a non-opioid was involved in a fatality, opioids were also present 87.0 percent of the time.

### Fatalities at the County Level

While all 24 of Maryland’s local jurisdictions reported opioid-related fatal overdoses from January to March of 2021, the large growth in intoxication fatalities was not experienced evenly throughout the state. Many jurisdictions reported large increases, while some saw slight decreases. As shown in Table 1 below, Baltimore City (227 deaths), Baltimore County (89 deaths), and Anne Arundel County (57 deaths) experienced the highest number of fatalities, collectively accounting for 60.9 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George’s County (35 deaths), Montgomery County (29 deaths), Washington County (25 deaths), Harford County (24 deaths), and Cecil County (23 deaths).

**Table 1. Opioid-Related Intoxication Deaths by County**  
*First Calendar Quarter, 2020 vs. 2021\**

County	2020	2021	Difference	Percent Difference	County	2020	2021	Difference	Percent Difference
Allegany	13	8	(5)	(38.5%)	Harford	19	24	5	26.3%
Anne Arundel	54	57	3	5.6%	Howard	12	8	(4)	(33.3%)
Baltimore City	209	227	18	8.6%	Kent	1	1	0	0.0%
Baltimore Co.	84	89	5	6.0%	Montgomery	26	29	3	11.5%
Calvert	3	5	2	66.7%	Prince George's	41	35	(6)	(14.6%)
Caroline	4	0	(4)	(100.0%)	Queen Anne's	1	7	6	600.0%
Carroll	8	14	6	75.0%	Somerset	3	4	1	33.3%
Cecil	20	23	3	15.0%	St. Mary's	3	11	8	266.7%
Charles	8	6	(2)	(25.0%)	Talbot	3	5	2	66.7%
Dorchester	6	4	(2)	(33.3%)	Washington	31	25	(6)	(19.4%)
Frederick	13	15	2	15.4%	Wicomico	7	12	5	71.4%
Garrett	2	1	(1)	(50.0%)	Worcester	5	2	(3)	(60.0%)
<b>Statewide Total</b>						<b>576</b>	<b>612</b>	<b>36</b>	<b>6.3%</b>

The largest numerical increase was observed in Baltimore City, which reported 18 more opioid-related intoxication fatalities than it experienced in the first quarter of 2020. This represented an 8.6 percent increase, which was above the state average. Queen Anne’s County saw the largest percent increase (600.0 percent), with 7 opioid deaths, 6 more than at this time last year.

### Fatalities at the Regional Level

Opioid-related fatal overdose trends varied by region across Maryland in the first calendar quarter of 2021. The largest numerical increase was observed in Central Maryland, which reported a total of 419

\*2020 and 2021 data are preliminary.





regional deaths, 33 more than during the same time frame in 2020. This represents an 8.5 percent increase. Central Maryland consists of Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. More than half of these fatalities occurred in Baltimore City alone, while Howard County reported the only decrease in the region, with 33.3 percent fewer than at this time in 2020.

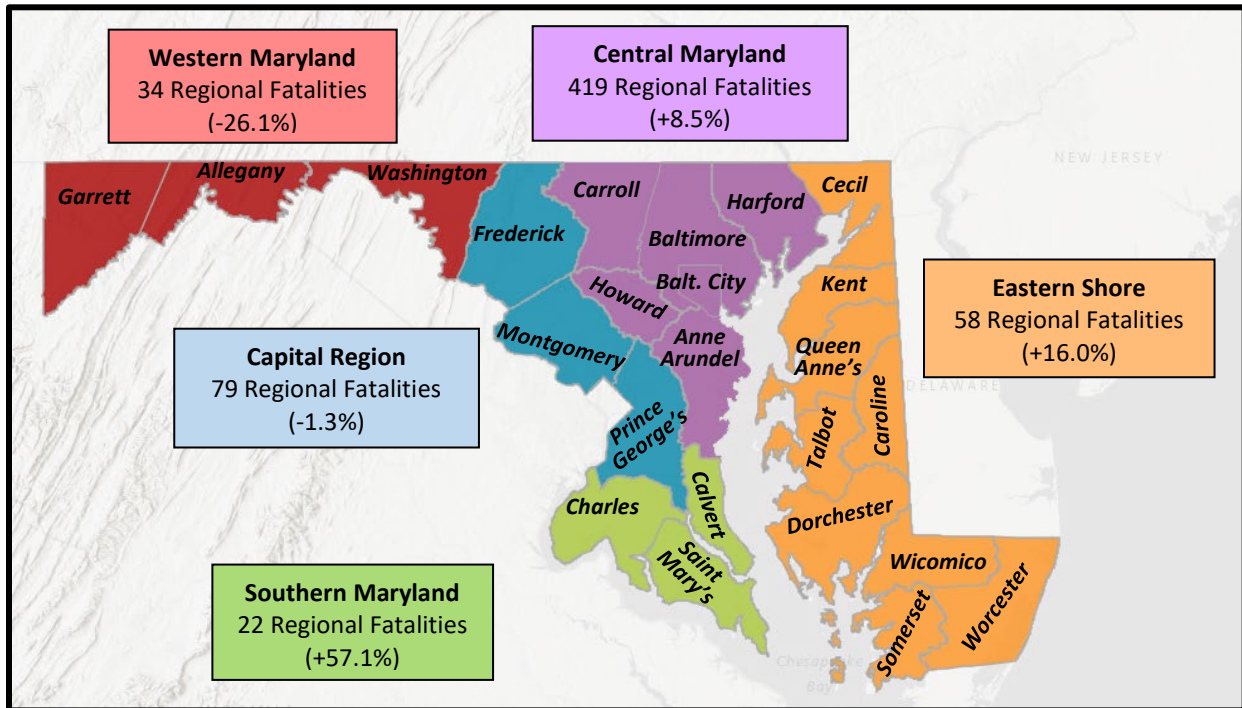
The largest regional percent increase in opioid-related fatal overdoses was observed in Southern Maryland, which includes Calvert, Charles, and St. Mary’s Counties. Southern Maryland reported 22 regional opioid-related fatalities in the first three months of 2021, up 57.1 percent from the same time last year. However, Southern Maryland also had the fewest regional opioid deaths in the state.

The Capital Region, which is made up of Montgomery, Prince George’s, and Frederick Counties, reported 79 opioid-related fatalities from January to March of 2021. This was one death fewer than in the first quarter of 2020. Prince George’s County led the region, with 35 opioid-related fatal overdoses, though the county also reported six fewer than at this time last year.

The Eastern Shore saw a regional increase of 16.0 percent with 58 total opioid-related fatalities. This was eight more than was reported in the first quarter of 2020. The Eastern Shore is made up of Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties. Cecil County reported the highest number of opioid deaths with 23, or 39.7 percent of the regional total.

Western Maryland reported the second-fewest total of opioid-related fatal overdoses in the first quarter of 2021. There were 34 such deaths reported in the quarter, 26.1 percent fewer than at this time in 2020. Western Maryland consists of Allegany, Garrett, and Washington Counties.

**Figure 5. Percent Change in Opioid-Related Intoxication Deaths by Region**  
*January through March, 2020 vs. 2021\**



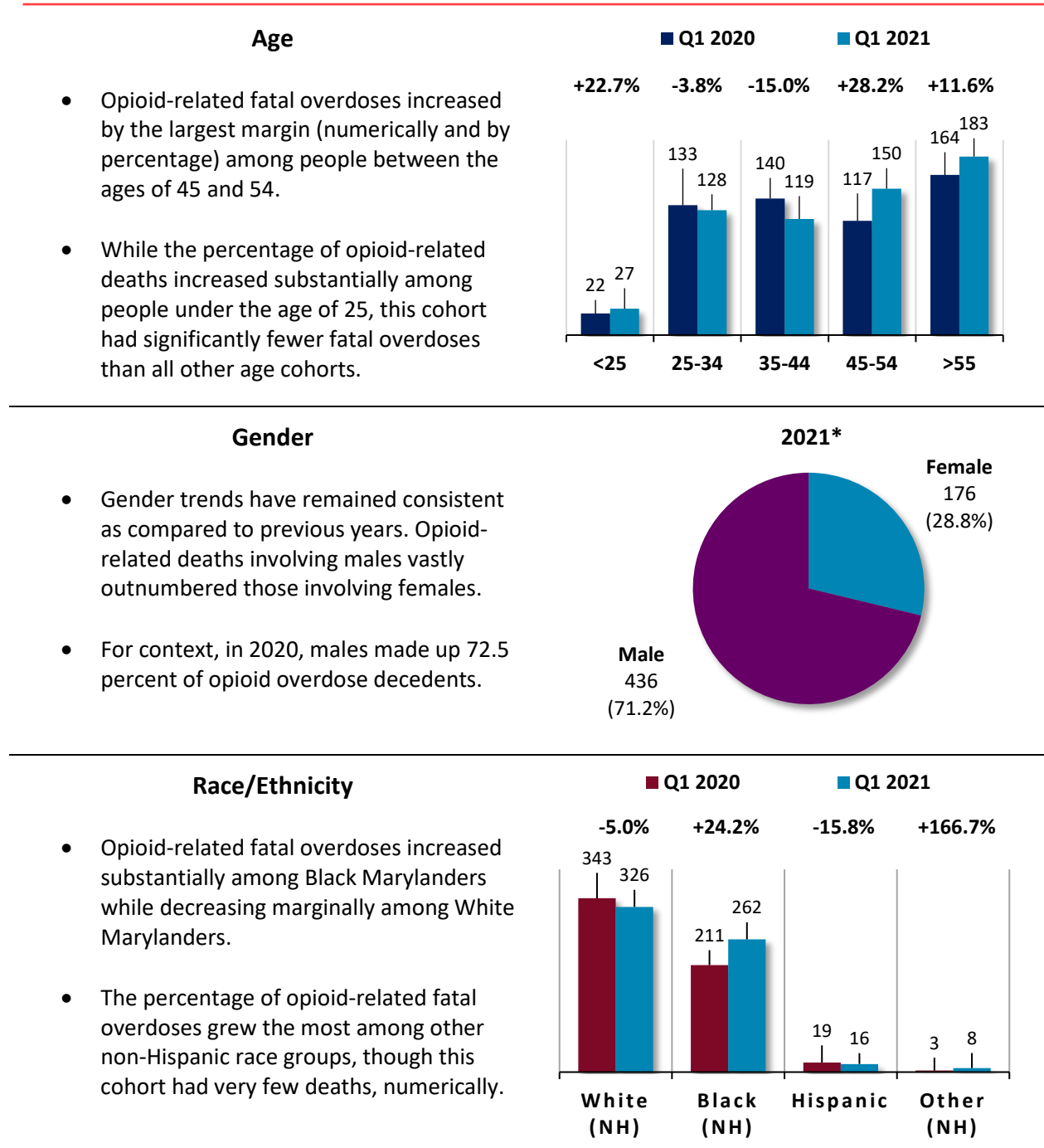
\*2020 and 2021 data are preliminary.



## Opioid-Related Fatality Demographics

Figure 6, below, illustrates demographic trends in opioid-related fatal overdoses in the first three months of 2021. It includes the number of fatalities by age, gender, and race/ethnicity.

**Figure 6: Opioid-Related Fatal Overdoses by Age, Gender, and Race/Ethnicity**  
*First Calendar Quarter, 2020 vs. 2021\**



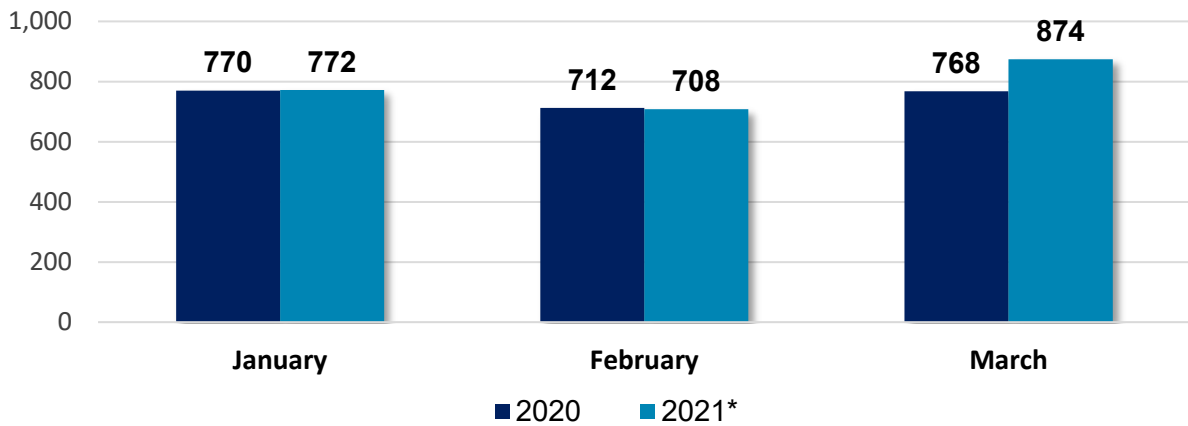
\*2020 and 2021 data are preliminary.

For context, according to VSA estimates, as of 2019, Maryland’s population was 51.5 percent non-Hispanic White, 30.9 percent non-Hispanic Black, and 10.6 percent Hispanic.

### Emergency Medical Services (EMS) Naloxone Administrations

According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), there were 2,354 total naloxone administrations by EMS personnel in Maryland in the first calendar quarter of 2021, a 4.6 percent increase from the same time frame in 2020, when there were 2,250 such cases.

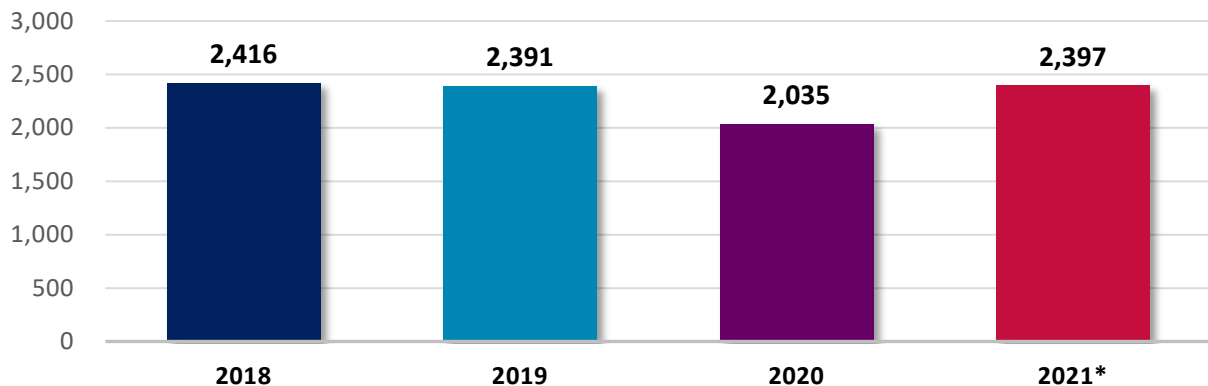
**Figure 7. Naloxone Administrations by EMS Personnel**  
*First Calendar Quarter, 2020 vs. 2021*



### Emergency Department Visits

Maryland saw significantly more hospital emergency department (ED) visits for non-fatal, opioid-related overdoses in the first three months of 2021 as compared to the same time frame in 2020. As shown in Figure 8 below, there were 2,397 such visits from January through March of 2021, according to the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (“ESSENCE”) maintained by MDH. This represents a 17.8 percent increase from the same time frame in 2020.

**Figure 8. Non-Fatal Opioid-Related ED Visit By Quarter**  
*First Calendar Quarter, 2018 through 2021\**



\*2020 and 2021 data are preliminary.



It is important to note that the decrease observed in the first quarter of 2020 was very likely the result of the COVID-19 pandemic. According to ESSENCE, total ED visits diminished significantly for all conditions beginning in mid-to-late March near the onset of the coronavirus pandemic in Maryland.

Please also note that, as of 2021, the ESSENCE database has undergone an update in methodology in order to align case definitions more closely with the ICD-10 hospital case coding system. The database now includes more codes that qualify as opioid-related and, as such, the numbers presented in this report are significantly higher on a quarterly basis than have been included in previous OOCC reports. However, the annual trends remain largely consistent with prior reporting.

## OPIOID INTERVENTION TEAMS UPDATE

To promote a comprehensive and coordinated response to the opioid crisis in all parts of the state, the OOCOC consults regularly with the Opioid Intervention Teams (OITs) in each of Maryland’s 24 local jurisdictions. OITs are multiagency coordinating bodies that seek to enhance multidisciplinary collaboration at the local level. Each OIT is chaired by the local health officer and emergency manager. OITs are also required to have representatives from various agencies and organizations, including law enforcement, social services, education, and community groups. Each OIT is responsible for administering funds received through the OOCOC’s Block Grant Program.

### OIT Program Inventory

A central component of our work involves sharing best practices with our local partners. To do this, we survey and evaluate all programs and initiatives that are being supported by OITs in their respective jurisdictions to address the opioid crisis. We have identified 143 high-priority programs and services that have been shown to be effective at the local level, and we are working to help our partners establish and expand these services to the greatest extent possible.

The tables to the right and below illustrate the implementation of these activities throughout the state based on self-reported OIT data. Responses on implementation status range from “no programming planned” (red) to “substantial programming in place” (dark green). Programs that were not applicable for a given jurisdiction were not color-coded.

Maryland’s local jurisdictions continued to make steady progress in implementing high-priority programs despite the disruptions caused by the COVID-19 pandemic. All jurisdictions reported having at least 50 percent of the 143 programs either partially or substantially implemented, and 15 jurisdictions (one more than in the fourth quarter of 2020) reported having above 80 percent of these programs at some stage of development. 10 jurisdictions reported having 90 percent of programs at some phase of development (three more than last quarter). Although nearly all jurisdictions reported plans to expand high-priority programming, no counties reported having plans to implement all 143 programs. Thus, ample opportunities remain for program expansion across all jurisdictions in the future.

**Table 2. Summary of Program Implementation by Jurisdiction – As of March 31, 2021**

County	Substantially Implemented	Partially Implemented	Substantial + Some	In Development	Not Planned
Allegany	92	15	107	9	24
Anne Arundel	71	49	120	4	17
Baltimore City	74	46	120	8	9
Baltimore Co.	90	40	130	12	0
Calvert	39	52	91	38	9
Caroline	81	11	92	6	25
Carroll	85	38	123	8	12
Cecil	64	53	117	12	13
Charles	52	41	93	11	31
Dorchester	72	22	94	13	31
Frederick	78	42	120	9	13
Garrett	52	36	88	8	47
Harford	114	14	128	13	2
Howard	98	34	132	7	4
Kent	89	15	104	10	28
Montgomery	50	56	106	16	21
Prince George's	108	8	116	19	8
Queen Anne	65	36	101	7	31
Somerset	64	8	72	5	64
St. Mary's	64	48	112	23	8
Talbot	80	22	102	10	31
Washington	86	26	112	18	12
Wicomico	73	43	116	2	25
Worcester	56	30	86	15	23

**Table 3. Full OIT Program Inventory as of March 31, 2021**

OIT Program Inventory First Calendar Quarter, 2021	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	
<b>Public Health</b>																									
<b>1. Harm-Reduction Programs:</b>																									
Naloxone Distribution	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Naloxone Training	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Syringe-Service Program	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Fentanyl Test-Strip Distribution	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Wound-Care Program	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>2. Information Campaigns (PSAs):</b>																									
211 Press 1	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Access to Treatment	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Anti-Stigma	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Fentanyl	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Good Samaritan	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Naloxone	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Safe-Disposal	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Talk to Your Doctor	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>3. Local Hotline to Access Treatment</b>																									
<b>4. RV/Truck-based SUD Support Services (Non-Treatment)</b>																									
<b>5. Prescriber Education/Academic Detailing</b>																									
<b>6. Safe-Disposal Program/Drop Boxes</b>																									
<b>7. Employer-Education and Support Programs</b>																									
<b>Behavioral Health</b>																									
<b>8. Assertive Community Treatment (ACT) Program</b>																									
<b>9. SUD Crisis-Services Facilities (Outside of the ED)</b>																									
Assessment and Referral Center	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Allow Walk-ins	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
23-Hour Stabilization Services	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
1-4 Day Stabilization Services	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Mobile Crisis Team	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
24/7 Operation	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>10. RV/Truck-based Treatment Program (Dispensing, etc.)</b>																									
<b>11. Medication-Assisted Treatment Available in Jurisdiction:</b>																									
Naltrexone	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Buprenorphine	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Methadone	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>12. Certified Peer-Recovery Specialist Support:</b>																									
Commissioner's Office	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
DSS Service Center	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Health Department	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Hospital ER	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Jail	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Parole & Probation Offices	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Mobile Crisis Response	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Walk-in Center	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
On-Call 24/7 Availability	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Post-Incident Outreach	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green



OIT Program Inventory First Calendar Quarter, 2021		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
		Behavioral Health (cont'd)																							
<b>13. Outpatient SUD Services in Jurisdiction:</b>																									
ASAM Level 0.5 Early Intervention																									
ASAM Level 1.0 for Adolescents and Adults																									
ASAM Level 2.1 Intensive Outpatient																									
<b>14. ASAM Level 2.5 Partial Hospitalization</b>																									
<b>15. SUD Residential and Inpatient Treatment Programs:</b>																									
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.																									
<b>16. Recovery-Support Programs:</b>																									
Sober-Living/Recovery Housing																									
Wellness/Recovery Centers																									
Workforce Development																									
<b>Care Coordination</b>																									
Housing Assistance																									
Transportation Assistance																									
Nutrition Assistance																									
<b>17. Recovery Oriented Systems of Care (ROSC)</b>																									
<b>Judiciary/States Attorney</b>																									
<b>18. Specialized Courts:</b>																									
Adult Drug Court																									
Adolescent Drug Court																									
<b>19. Public-Messaging Program</b>																									
<b>20. Pre-Trial Services Program</b>																									
<b>21. Pre-Trial Referral-to-Treatment Protocol</b>																									
<b>22. Information Cards Provided by Commissioners</b>																									
<b>23. State's Attorney Is Engaged in the OIT</b>																									
<b>Corrections</b>																									
<b>24. Screening, Brief Intervention, and Referral to Treatment</b>																									
<b>25. Universal Substance-Use Screening During Intake</b>																									
<b>26. Pre-Trial Referral to Treatment</b>																									
<b>27. Drug-Treatment Programs While Incarcerated:</b>																									
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																									
<b>28. Day-Reporting Center</b>																									
<b>29. Facilitated Re-Entry Programs:</b>																									
Employment-Transition Support																									
Naloxone Provided at Release																									
Recovery-Housing Referral																									
Treatment-Program Referral/Warm Hand-Off																									



OIT Program Inventory First Calendar Quarter, 2021		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	
<b>Corrections (cont'd)</b>																										
30. Access to Local Re-Entry Programs for State Inmates																										
31. Organized Planning for HB 116																										
32. Department of Corrections Is Engaged in the OIT																										
<b>Parole and Probation</b>																										
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 OIT																										
<b>Emergency Medical Services</b>																										
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 OIT																										
<b>Police/Sheriff</b>																										
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 OIT																										
<b>Social Services</b>																										
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 OIT																										
<b>Hospitals in Jurisdiction</b>																										
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																										





OIT Program Inventory First Calendar Quarter, 2021		Hospitals in Jurisdiction (cont'd)																								
		Alegany	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	
<b>60. Warm Hand-Off to SUD Providers/Services</b>																										
Emergency Department																										
Inpatient Settings																										
<b>61. Naloxone Distribution at Discharge</b>																										
<b>62. Peer Specialists on Site</b>																										
Emergency Department																										
Inpatient Settings																										
<b>63. Prescribing Guidelines for Staff</b>																										
<b>64. Prescribing Patterns Tracked</b>																										
<b>65. Hospital Is Engaged in the OIT</b>																										
<b>Education</b>																										
<b>66. Let's Start Talking Grade 3 -12 Prevention Education</b>																										
<b>67. Supplemental Drug-Awareness Education</b>																										
<b>68. Behavioral Health Professionals on Staff (Non-Sp. Ed.)</b>																										
<b>69. School Nurses Program:</b>																										
Mental Health First-Aid Training																										
Naloxone Available in Health Room																										
Assist with Prevention Education																										
<b>70. "Safe Place" Identified within the School</b>																										
<b>71. Mechanisms in Place to Identify/Serve Impacted Youth</b>																										
Services for Students Impacted by SUD at Home																										
Handle with Care Implemented																										
<b>72. School-Based Prevention Clubs (e.g., SADD)</b>																										
<b>73. Community-Awareness Programming (After School)</b>																										
<b>74. Department of Education Is Engaged in the OIT</b>																										
<b>Higher Education</b>																										
<b>75. Substance Misuse Information Campaigns for Students</b>																										
<b>76. Student Wellness/Recovery Center</b>																										
<b>77. Host SUD Events for Community</b>																										
<b>78. The Local College Is Engaged in the OIT</b>																										
<b>OIT</b>																										
<b>79. Organized in Manner Consistent with Governor's Order</b>																										
<b>80. OIT Meets at Least Bi-Monthly</b>																										
<b>81. Updated Strategic/Implementation Plan</b>																										
<b>82. Co-Chaired by Health Officer and Emergency Manager</b>																										
<b>83. Emergency Manager Is Cabinet-Level Officer</b>																										
<b>84. Elected Officials Participate Regularly in OIT Meetings</b>																										
<b>85. Dedicated SUD Programming Coordinator</b>																										

**Note:** The OOC evaluates and updates the OIT 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.

