



Maryland

OPIOID OPERATIONAL
COMMAND CENTER

Opioid Intervention Team

Program Inventory

Third Calendar Quarter, 2021

INTRODUCTION

Pursuant to Executive Order 01.01.2018.30, the Opioid Operational Command Center (OCCC) consults regularly with the Opioid Intervention Teams (OITs) in each of Maryland’s 24 local jurisdictions to promote a comprehensive and coordinated response to the opioid crisis in all parts of the state. OITs are multi-agency 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 other agencies and organizations, including law enforcement, social services, education, and community groups.

A central component of our work with our local partners involves sharing best practices. To do this, we survey and track all programs and initiatives that are being supported by OITs to address the opioid crisis. We have identified 143 high-priority programs and services that address opioid-related morbidity 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 OIT Program Inventory, which is updated on a quarterly basis using self-reported OIT data. Table 2, 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

Table 1, to the right, summarizes the aggregate implementation status of high-priority programming throughout the state. As of the third calendar quarter of 2021, 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

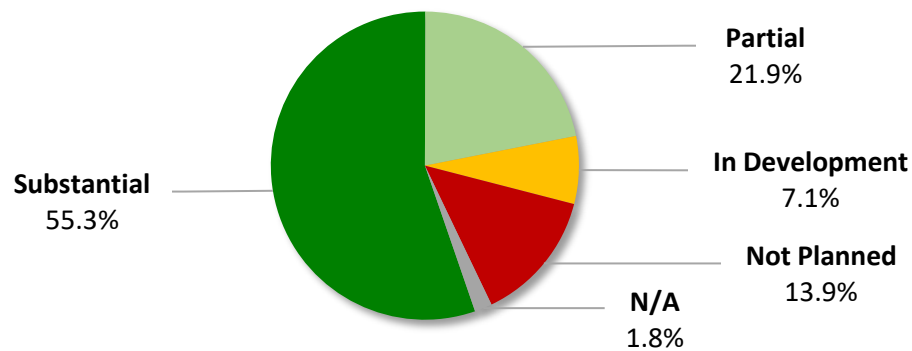
Table 1. Summary of Program Implementation by Jurisdiction, Percentage Implemented
As of September 30, 2021

County	Substantially Implemented	Partially Implemented	Substantial + Partial	In Development	Not Planned
Allegany	69.2%	8.4%	77.6%	6.3%	14.7%
Anne Arundel	49.7%	33.6%	83.2%	3.5%	13.3%
Baltimore City	51.0%	32.9%	83.9%	5.6%	6.3%
Baltimore Co.	62.9%	28.0%	90.9%	8.4%	0.0%
Calvert	28.7%	41.3%	69.9%	20.3%	6.3%
Caroline	56.6%	7.7%	64.3%	4.2%	17.5%
Carroll	60.8%	29.4%	90.2%	3.5%	6.3%
Cecil	46.9%	35.7%	82.5%	7.7%	9.1%
Charles	36.4%	28.7%	65.0%	7.7%	21.7%
Dorchester	50.3%	15.4%	65.7%	9.1%	21.7%
Frederick	54.5%	29.4%	83.9%	6.3%	9.1%
Garrett	42.7%	22.4%	65.0%	4.9%	30.1%
Harford	79.0%	9.8%	88.8%	9.1%	2.1%
Howard	69.9%	23.1%	93.0%	4.9%	2.1%
Kent	62.2%	10.5%	72.7%	7.0%	19.6%
Montgomery	35.7%	40.6%	76.2%	7.7%	16.1%
Prince George's	75.5%	5.6%	81.1%	13.3%	5.6%
Queen Anne	45.5%	25.2%	70.6%	4.9%	21.7%
Somerset	46.9%	4.2%	51.0%	2.1%	45.5%
St. Mary's	45.5%	33.6%	79.0%	16.1%	4.9%
Talbot	55.9%	15.4%	71.3%	7.0%	21.7%
Washington	60.1%	18.2%	78.3%	12.6%	8.4%
Wicomico	51.7%	29.4%	81.1%	1.4%	17.5%
Worcester	48.3%	16.8%	65.0%	9.8%	15.4%

implemented. Additionally, 16 jurisdictions reported having above 80 percent of programs at some stage of development, and 10 jurisdictions reported having 90 percent of programs at some phase of development. Although nearly all jurisdictions reported plans to expand high-priority programming, and no counties reported having plans to implement all 143 programs.

On a statewide basis, 77.2 percent of high-priority programs were reported to be either partially or substantially implemented while 13.9 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 in the future.

Figure 1. Statewide OIT Program Inventory Implementation
Third Calendar Quarter, 2021



Lastly, as shown in Figure 2, below, nearly all local jurisdictions in Maryland demonstrated progress in implementing high-priority programming throughout the first three calendar quarters of 2021. Only two counties reported a lower percentage of programs that were partially or substantially implemented in the third quarter of 2021 as compared to the first quarter of 2021.

Figure 2. Percent of Programs Substantially or Partially Implemented by Jurisdiction
First Calendar Quarter through Third Calendar Quarter, 2021

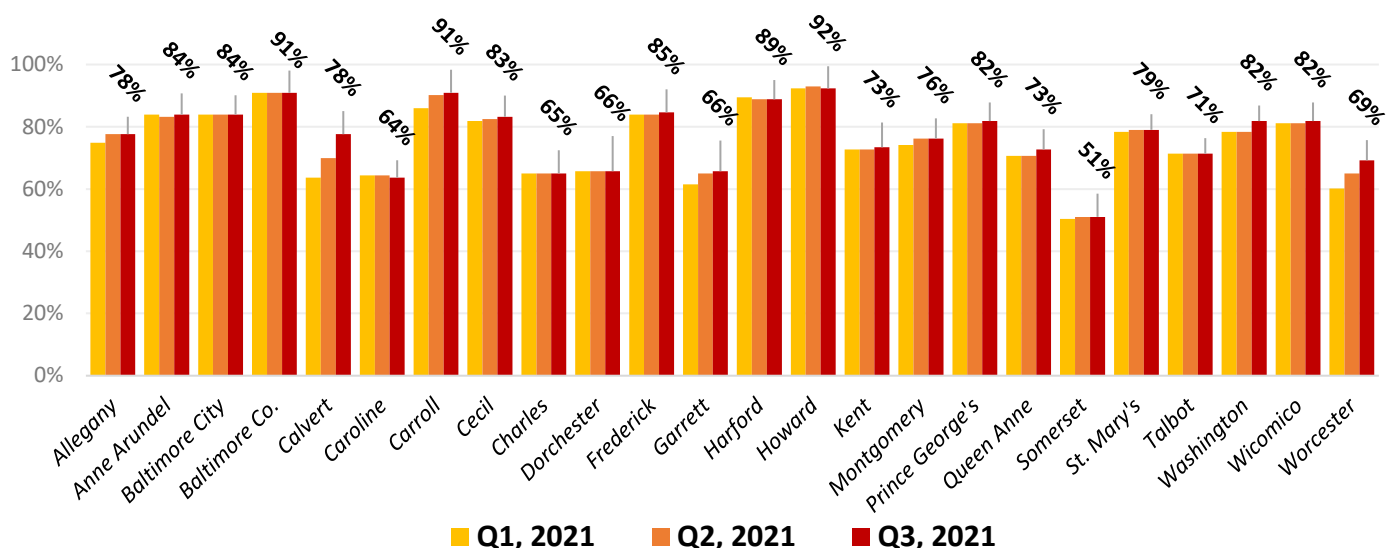


TABLE 2. OIT PROGRAM INVENTORY: THIRD CALENDAR QUARTER, 2021

OIT Program Inventory Third 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	
Public Health																									
1. Harm-Reduction Programs:																									
Naloxone Distribution																									
Naloxone Training																									
Syringe-Service Program																									
Fentanyl Test-Strip Distribution																									
Wound-Care Program																									
2. Information Campaigns (PSAs):																									
211 Press 1																									
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

OIT Program Inventory Third Calendar Quarter, 2021	Allegheny	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)																							
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 OIT																								
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	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Substantially Implemented
 Partially Implemented
 In Development
 Not Planned
 Not Applicable

OIT Program Inventory Third Calendar Quarter, 2021		Allegheny	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Hairford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	
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 OIT																										
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 OIT																										
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 OIT																										
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 OIT																										
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 OIT																										
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																										
62. Peer Specialists on Site																										
Emergency Department																										
Inpatient Settings																										
63. Prescribing Guidelines for Staff																										
64. Prescribing Patterns Tracked																										
65. Hospital Is Engaged in the OIT																										
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 OIT																										
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 OIT																										
OIT																										
79. Organized in Manner Consistent with Governor's Order																										
80. OIT 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 OIT Meetings																										
85. Dedicated SUD Programming Coordinator																										

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Note: The OIOC 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.