



Maryland

OPIOID OPERATIONAL
COMMAND CENTER

Opioid Intervention Team

Program Inventory

Third Calendar Quarter, 2022

INTRODUCTION

Pursuant to Executive Order 01.01.2022.07, 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 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 OITs to address the opioid crisis. We have identified 143 frequently implemented programs and services that address 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 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 opioid-related programming throughout the state. As of the third calendar quarter of 2022, Maryland’s local jurisdictions continued to make steady progress in implementing programs. All jurisdictions reported having at least 50 percent of the 143 programs either partially or substantially implemented. Additionally, 18 jurisdictions

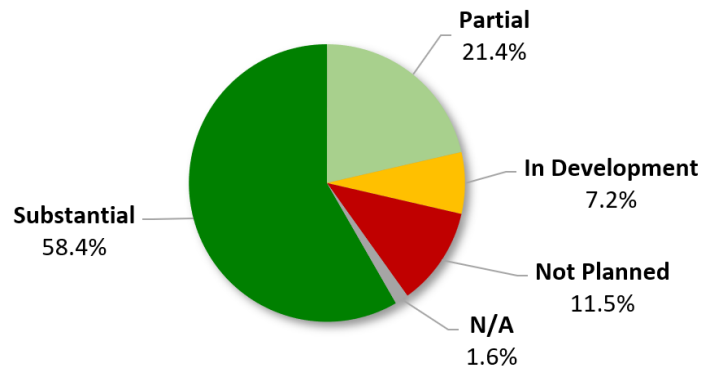
Table 1. Summary of Program Implementation by Jurisdiction, Percentage Implemented
As of September 30, 2022

County	Substantially Implemented	Partially Implemented	Substantial + Partial	In Development	Not Planned
Allegany	75.5%	9.8%	85.3%	1.4%	11.9%
Anne Arundel	51.7%	37.1%	88.8%	2.8%	8.4%
Baltimore City	51.0%	32.9%	83.9%	5.6%	6.3%
Baltimore Co.	73.4%	18.2%	91.6%	7.7%	0.0%
Calvert	51.7%	25.9%	77.6%	14.0%	6.3%
Caroline	57.3%	7.7%	65.0%	5.6%	15.4%
Carroll	64.3%	28.0%	92.3%	4.2%	3.5%
Cecil	65.7%	18.2%	83.9%	7.7%	8.4%
Charles	39.2%	26.6%	65.7%	9.1%	21.0%
Dorchester	50.3%	17.5%	67.8%	7.0%	21.7%
Frederick	55.2%	33.6%	88.8%	4.9%	5.6%
Garrett	45.5%	21.0%	66.4%	12.6%	21.0%
Harford	79.7%	9.1%	88.8%	9.1%	2.1%
Howard	79.0%	16.1%	95.1%	2.8%	2.1%
Kent	83.9%	7.0%	90.9%	0.7%	8.4%
Montgomery	37.8%	39.9%	77.6%	7.7%	14.7%
Prince George's	76.2%	6.3%	82.5%	11.9%	5.6%
Queen Anne	45.5%	26.6%	72.0%	8.4%	17.5%
Somerset	47.6%	3.5%	51.0%	4.2%	43.4%
St. Mary's	45.5%	34.3%	79.7%	15.4%	4.9%
Talbot	56.6%	23.1%	79.7%	9.1%	11.2%
Washington	65.7%	20.3%	86.0%	9.1%	4.9%
Wicomico	53.1%	29.4%	82.5%	3.5%	14.0%
Worcester	49.0%	21.7%	70.6%	7.7%	18.2%

reported having above 80 percent of programs at some stage of development, and 12 jurisdictions reported having 90 percent of programs at some phase of development. All jurisdictions reported plans to expand programming.

On a statewide basis, 79.7 percent of programs were reported to be either partially or substantially implemented while only 11.5 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
As of Third Calendar Quarter, 2022



As shown in Figure 2, below, nearly all local jurisdictions in Maryland demonstrated progress in implementing high-priority programming in the four quarters ending in the third calendar quarter of 2022. Only one jurisdiction reported a lower percentage of programs that were partially or substantially implemented in the third quarter of 2022 as compared to the second quarter of 2022.

Figure 2. Percent of Programs Substantially or Partially Implemented by Jurisdiction
Fourth Calendar Quarter 2021 through Third Calendar Quarter 2022

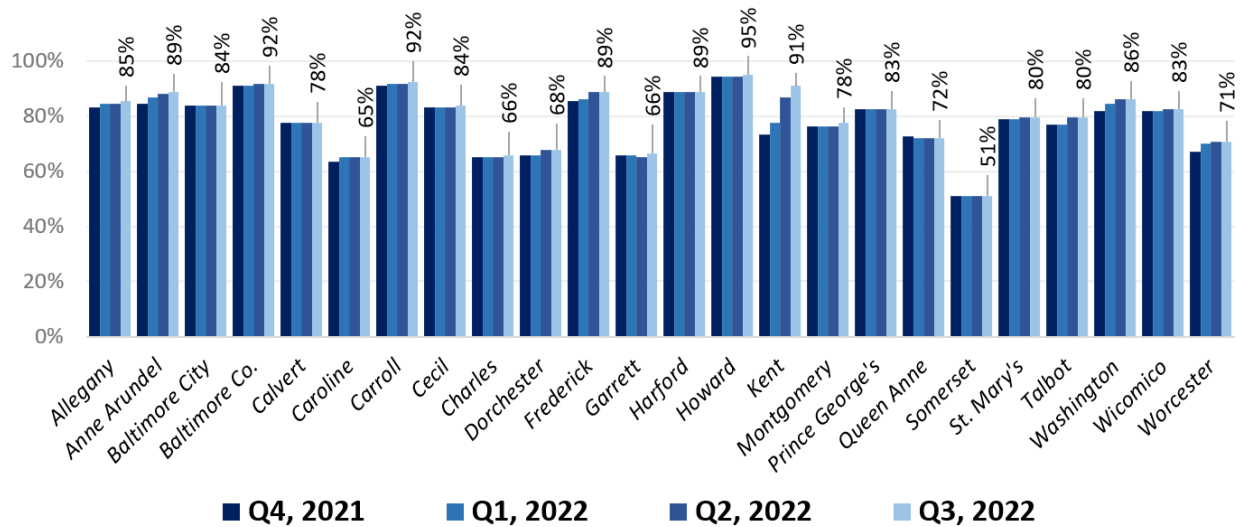


TABLE 2. OIT PROGRAM INVENTORY: THIRD CALENDAR QUARTER, 2022

OIT Program Inventory Third Calendar Quarter, 2022	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
	Public Health																							
1. Harm-Reduction Programs:																								
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
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
Syringe-Service Program	Green	Green	Green	Green	Yellow	Yellow	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
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
2. Information Campaigns (PSAs):																								
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
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
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
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
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
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
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
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
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	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
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
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
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
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
10. RV/Truck-based Treatment Program (Dispensing, etc.)																								
11. Medication-Assisted Treatment Available in Jurisdiction:																								
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
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
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
12. Certified Peer-Recovery Specialist Support:																								
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
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
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
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
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
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
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
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
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
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

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	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
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



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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 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	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Substantially Implemented
 Partially Implemented
 In Development
 Not Planned
 Not Applicable



OPIOID OPERATIONAL COMMAND CENTER

OIT Program Inventory Third Calendar Quarter, 2022		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	
		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 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																										

Substantially Implemented
 Partially Implemented
 In Development
 Not Planned
 Not Applicable

Note: The OCCC 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.