



# Maryland

OPIOID OPERATIONAL  
COMMAND CENTER

**Opioid Intervention Team**

Program Inventory

*Fourth 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 designed to reduce 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 1, beginning on page three 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.

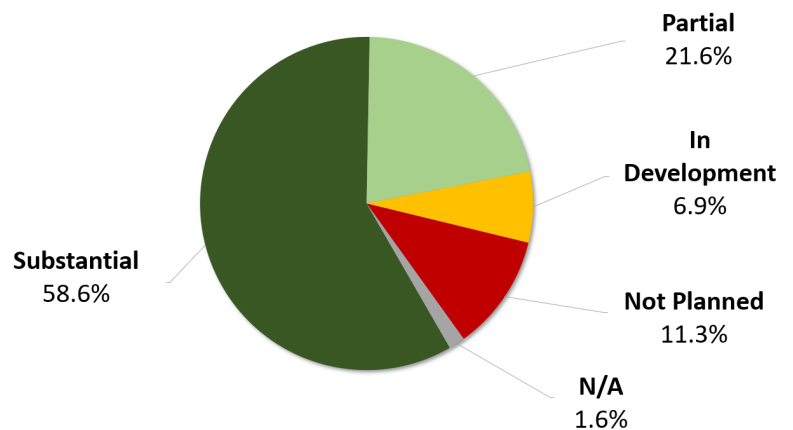
## SUMMARY

As of the fourth calendar quarter of 2022, Maryland’s local jurisdictions continued to make steady progress in implementing programs. As shown in Figure 1, 80.2 percent of programs were reported to be either partially or substantially implemented while only 11.3 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.

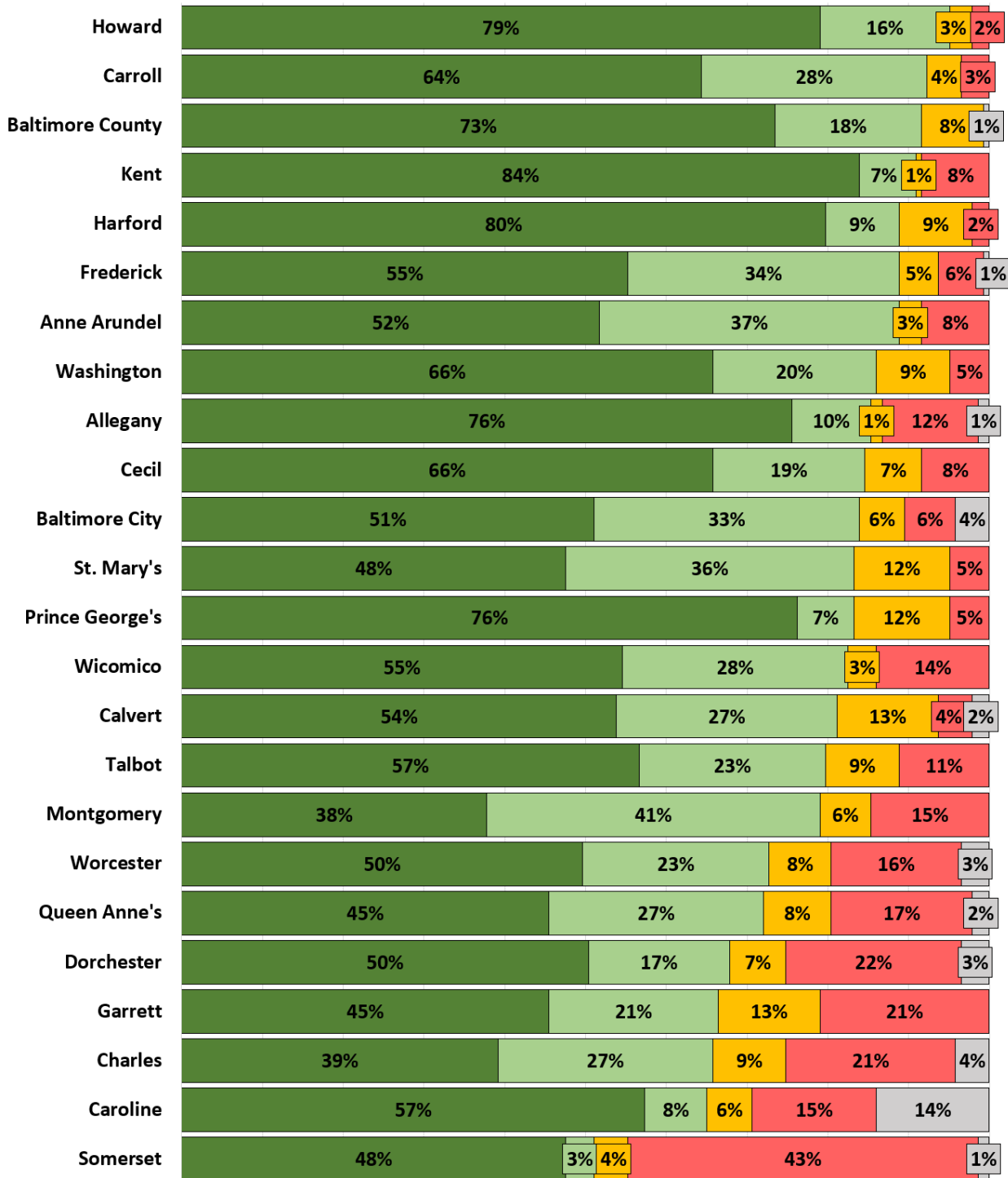
All jurisdictions reported having at least half of the 143 programs either partially or substantially implemented, and all jurisdictions reported plans to expand programming.

**Figure 1. Statewide OIT Program Inventory Implementation**

As of Fourth Calendar Quarter, 2022



**Figure 2. Program Implementation Status by Jurisdiction**  
Fourth Calendar Quarter 2022



■ Substantially Implemented   
 ■ Partially Implemented   
 ■ In Development   
 ■ Not Planned   
 ■ Not Applicable

TABLE 1. OIT PROGRAM INVENTORY: THIRD CALENDAR QUARTER, 2022

OIT Program Inventory Fourth 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	
<b>Public Health</b>																									
<b>1. Harm-Reduction Programs:</b>																									
Naloxone Distribution	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Naloxone Training	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Syringe-Service Program	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Fentanyl Test-Strip Distribution	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Wound-Care Program	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>2. Information Campaigns (PSAs):</b>																									
211 Press 1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Access to Treatment	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Anti-Stigma	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Fentanyl	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Good Samaritan	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Naloxone	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Safe-Disposal	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Talk to Your Doctor	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<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	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Allow Walk-ins	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
23-Hour Stabilization Services	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
1-4 Day Stabilization Services	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Mobile Crisis Team	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
24/7 Operation	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>10. RV/Truck-based Treatment Program (Dispensing, etc.)</b>																									
<b>11. Medication-Assisted Treatment Available in Jurisdiction:</b>																									
Naltrexone	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Buprenorphine	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Methadone	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>12. Certified Peer-Recovery Specialist Support:</b>																									
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
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OIT Program Inventory Fourth 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	
<b>Behavioral Health (cont'd)</b>																									
<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																									

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<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																								

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<b>Hospitals in Jurisdiction (cont'd)</b>																								
<b>60. Warm Hand-Off to SUD Providers/Services</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>61. Naloxone Distribution at Discharge</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<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>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>67. Supplemental Drug-Awareness Education</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>68. Behavioral Health Professionals on Staff (Non-Sp. Ed.)</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<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>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>71. Mechanisms in Place to Identify/Serve Impacted Youth</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>72. School-Based Prevention Clubs (e.g., SADD)</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>73. Community-Awareness Programming (After School)</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>74. Department of Education Is Engaged in the OIT</b>																								
<b>Higher Education</b>																								
<b>75. Substance Misuse Information Campaigns for Students</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>76. Student Wellness/Recovery Center</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>77. Host SUD Events for Community</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<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>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>80. OIT Meets at Least Bi-Monthly</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>81. Updated Strategic/Implementation Plan</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>82. Co-Chaired by Health Officer and Emergency Manager</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>83. Emergency Manager Is Cabinet-Level Officer</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>84. Elected Officials Participate Regularly in OIT Meetings</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>85. Dedicated SUD Programming Coordinator</b>																								
Emergency Department	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Inpatient Settings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Substantially Implemented
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**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.