

BALTIMORE CITY OPIOID INTERVENTION TEAM (OIT) THREE YEAR STRATEGIC PLAN (2021-2023)

November 2020

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The Baltimore City Opioid Intervention Team (OIT) wishes to thank all of the individuals and organizations from the community who contributed their time, ideas and feedback to help shape and refine this Strategic Plan. The OIT is committed to continuing to engage and involve community members to ensure that this work is practical and addresses opioid-related problems and needs as experienced defined by the community itself.

For more information or to get involved in the work of this Strategic Plan, contact the Baltimore City Opioid Intervention Team (OIT) at baltimore.cityOIT@baltimorecity.gov.

Executive Summary

The Baltimore City Opioid Intervention Team (OIT) Strategic Plan was developed with a focused and action-oriented approach, intentionally structured to serve as a practical pathway forward to guide the OIT in focusing on what can be accomplished over the three years starting January 2021. With support from the Baltimore City Health Department (BCHD), the OIT engaged in a strategic planning process during the COVID-19 pandemic; thus, the environment had a significant impact on the shaping of the focus and structure of the resulting plan.

A number of individuals and organizations from the community contributed their time, ideas and feedback to help shape and then refine this Strategic Plan. From the outset, the OIT and BCHD structured the approach to developing this plan to involve community members, and is committed to continuing that community engagement to ensure that the work of the OIT addresses opioid-related problems and needs as experienced defined by the community itself. See Attachment A for a list of Baltimore City OIT members and Attachment B for the strategic plan development process used by the Baltimore City OIT.

To ensure alignment, the overarching goals in this plan are consistent with those set forth in the *Maryland Inter-Agency Heroin and Opioid Coordination Plan* from the Inter-Agency Heroin and Opioid Coordinating Council and the Maryland Opioid Operational Command Center (OOCC) in January 2020. The goals, objectives, and strategies are aligned with the state of Maryland's policy priority areas: Prevention and Education, Enforcement and Public Safety, and Treatment and Recovery.

The OIT Strategic Plan includes nine objectives, each with one or more accompanying strategies, falling under the following goals established by the OOCC: Prevent problematic opioid use; reduce opioid-related morbidity and mortality; enhance local systems to inform strategy; ensure access to substance use disorders (SUD) treatment; expand access to SUD treatment within the justice system; and, expand alternatives to incarceration for people with SUD.

Each of the nine objectives and twelve strategies will be implemented by the OIT and its partners, thus the primary purpose of this three-year plan is to guide practical actions by the Baltimore City OIT as a whole. This strategic plan, spanning from January 2021 through December 2023, will focus the activities of the OIT to advance local programs, identify gaps and opportunities, and coordinate resources to have the greatest possible impact on the opioid crisis in Baltimore City.

During the strategic planning process, the OIT also identified several high priority objectives and actions that are important to accomplish, but not by the OIT itself. These priorities are listed in the *OIT Priority Platform* included in this plan, to be used by the OIT to inform where funding should be directed, either from BCHD or by the OOCC based on BCHD recommendations. The *OIT Priority Platform* will also guide coordinated,

collective action of the OIT member organizations and others to educate and motivate policy makers and other community leaders to support and implement the priorities identified by the OIT.

To ensure that this strategic plan is as practical as possible, an action plan is included for each strategy, with specific implementation steps noting what will be done, by whom, and by when. The OIT will use that information for monitoring and accountability, through the following: monthly discussions of the implementation status of the steps in the action plans for each strategy; quarterly assessment of how much progress has been made toward achieving each objective; and, annually revisiting the overall plan to identify where updates are needed and to revise the plan accordingly.

During the strategic plan development process, community members provided a wealth of practical insights and ideas for implementing each of the strategies in this plan. To that end, that detailed input from the community has been compiled into a separate document for reference and use by the OIT as they implement this strategic plan.

Ultimately, this strategic plan is a tool for the OIT and the community at large to ensure that there is coordinated action being taken to effectively address the opioid crisis within Baltimore City. The BCHD will post information on its website and provide updates about this OIT Strategic Plan to inform all interested community members.

Strategic Plan Key Considerations

Events happening during the time in which a strategic plan is developed influence the plan's content. This strategic plan is no exception, as it was developed in the midst of the **COVID-19 pandemic**.

For the last nine months of 2020, people have needed to physically distance to avoid contracting the virus, thus increasing personal isolation, stress on income, housing and food security, fear and anxiety, and the overall need for behavioral health services and support. The impact is even greater on Baltimore's most vulnerable populations, including individuals and families with little or no income, homeless, people of color, and aging adults—thus likely adding to the numbers of those who suffer from substance use disorders (SUD). As people with SUD seek support and services, they and their providers require Personal Protective Equipment (PPE) to comply with vitally important safety protocols, a need which changed the landscape and approach to care. There are still many unknowns about how long this pandemic will last and how far-reaching the impacts on personal health, as well as employment, housing, schools, and many other elements that directly affect individual and community wellbeing.

The COVID-19 pandemic has had and will continue to have a tremendous impact on local and federal budgets, too. The closure and slowing of businesses and increased unemployment both impact personal income and local, state, and federal tax revenue. This puts near- and long-term funding at risk for important public health efforts, including actions to address the opioid epidemic. The impact of budgets and available funds over time still remains widely unknown.

Such challenges intensify our individual and collective focus on what is most essential. In terms of this strategic plan, that means focusing only on the task at hand: setting forth a three-year plan to guide the Baltimore City Opioid Intervention Team's (OIT) collective action to positively impact the opioid epidemic in Baltimore City. In that light, **this strategic plan is intentionally brief and action-oriented**¹ to help the OIT, as a collection of committed individuals and organizations, focus on practical steps that they need to take. For a list of the Baltimore City OIT members, see Attachment A.

In addition to reflecting the current environment, which has amplified the need for practical focus, this strategic plan recognizes that **the OIT is a multi-stakeholder group focused on collective action**² to address the opioid crisis. The OIT is not a single organization with full-time staff members and an extensive budget for

¹ For background information on the opioid crisis origins, manifestations, implications, and research findings, there is a wide array of excellent informational resources available from the Baltimore City Health Department, Behavioral Health System Baltimore, and several other local, state, and national organizations.

² Another important multi-stakeholder group working on aspects of the opioid crisis in Baltimore City is the Collaborative Planning and Implementation Committee (CPIC), focused on improving encounters between law enforcement and people with behavioral health disorders, including opioid use. Some groups are members of both the OIT and CPIC. For more about CPIC, go to <https://www.baltimorepolice.org/transparency/behavioral-health>

implementing a wide range of strategies. Instead, the OIT is an alliance of organizations that each have their own mission and purpose, goals, strategic priorities, activities, budgets (and funding challenges), and resource limitations including busy staff members. Each individual who sits on the OIT as a member also has their own set of professional responsibilities for their organization. Each of the OIT member organizations are working on one or more issues that are essential to addressing and eventually ending the opioid epidemic.

But some activities, especially the most vexing problems in our society, require coordinated or collective action. The OIT exists because of the shared value and recognition that when we work together, we can achieve a higher level of success and make a greater impact, especially on the greater social challenges. By working as a unified alliance to address key aspects of this multipronged issue, **the OIT can do more together than any single organization could do alone**, leading to a number of positive outcomes:

- Increasing transparency about complex issues which requires intentional active listening to people with lived experience with SUD, and broader discussion for everyone involved, to create shared understanding as the basis for collective action across the entire community
- Avoiding situations in which individuals and organizations unintentionally work at cross-purposes due to a lack of clarity about who is engaged in what type of activity and why
- Reducing duplication of effort that also maximizes use of limited resources
- Intensifying the impact of efforts of many individuals and organizations through coordinated action

For this strategic plan to succeed, focus is essential. To quote Stephen Covey, “The main thing is to keep the main thing the main thing.” Trying to do too much can scatter energy and prevent doing anything well. Focus is also practical, in that the success of this strategic plan will depend on the willingness and ability of the OIT member organizations, with staff support from BCHD, to dedicate time and effort to implement the action plans for each strategy. A strategic plan for collective action by the OIT that contains an overwhelming amount of additional work, or objectives that seem unattainable, could end up being set aside by organizations busy with their own efforts to combat the opioid crisis. The OIT understands that *collective* action is vitally important, too, so this plan is deliberately focused.

To navigate through a changing environment and achieve the objectives that move everyone closer to the goals set out by the OCCC, this plan is intentionally structured to provide **a practical pathway forward to guide the OIT in focusing on what the OIT can actually accomplish in three years.**

The discipline of focus is not easy and can be frustrating, especially for so many people in Baltimore who have deeply rooted ideas about what ought to be done to address the range of individual, community, and organizational needs associated with SUD. Reflecting the wise counsel of the OIT members and participants in the community listening sessions, this strategic plan offers a practical set of objectives and strategies for the OIT to implement which capitalize on the OIT's unique position as a collaborative group, within the constraints of limited resources. That said, the inclusion of the *OIT Priority Platform*, associated with Objective 6, **taps into the powerful potential of the OIT as a multi-stakeholder group** to join with the broader Baltimore community to have a collective impact on areas of the opioid epidemic that, thus far, have seemed impenetrable.

The environment and the needs of people with SUD will continue to change, so this plan will need to be adapted along the way. The OIT will review the status of each strategic action in this plan monthly to assess progress and address any barriers to action steps. Each quarter, the OIT will discuss progress toward achieving the objectives and make adjustments in the action steps as needed. Then, each year, the OIT will update this strategic plan to reflect new information and ideas, plus changes in critical factors that impact the ability of the OIT to help address the opioid crisis within Baltimore City.

Alignment with the Maryland Opioid Operational Command Center

Since 2017, when a state of emergency was declared related to the heroin and opioid crisis, the Opioid Operational Command Center (OOCC) has served as the coordinating entity for Maryland. The OOCC works with about 20 state agencies and all 24 local jurisdictions that each have an Opioid Intervention Team (OIT). Baltimore City's OIT is responsible for developing a local unified strategy to address opioid addiction and Substance Use Disorders (SUD), while ensuring that local efforts align with the OOCC's policy priorities: Prevention and Education, Treatment and Recovery, and Public Safety and Enforcement. Aligned with the OOCC priority areas, this strategic plan delineates the goals, objectives, strategies, and actions for Baltimore City to advance local programs, identify gaps and opportunities, and coordinate resources. See Attachment B for the strategic plan development process used by the Baltimore City OIT.

OIT Purpose, Vision, Mission, and Guiding Principles

Purpose: The purpose of the Baltimore City Opioid Intervention Team (OIT) is to protect and reduce the impact of opioids and opioid-related deaths on the citizens and visitors of Baltimore City.³

Vision: Baltimore City will be a healthier place where no one else falls victim to substance use disorder (SUD), where anyone impacted by SUD can get the help they need, and where there is no more suffering from the misuse of substances.⁴

Mission: The mission of the Baltimore City Opioid Intervention Team (OIT) is to develop and implement a coordinated approach to address the opioid crisis impacting Baltimore City.⁵ The approach taken by the OIT will include the following mission elements to make our vision a reality:⁶

1. Support coordination among opioid-related efforts of local government agencies, non-profit and other private sector organizations, communities throughout Baltimore City, and State and Federal partners;
2. Identify and promote “promising practices” that can be implemented in Baltimore City;
3. Assess gaps in local efforts to combat the opioid epidemic and work to fill those gaps;
4. Facilitate communications and sharing of relevant data;
5. Provide limited, need-based financial support to assist local agencies and organizations to advance their efforts to combat the opioid crisis; and,
6. Evaluate local opioid-related plans and proposals.

Guiding Principles: OIT strategies and actions⁷ will reflect the following values: Whole Community Engagement; Culturally Competent and Inclusive; Sustainable; Data Informed; and, Person-First Approach.

³ *OIT Welcome Packet*, Baltimore City Health Department, February 2020

⁴ Adapted from the vision set forth in the *Maryland Inter-Agency Heroin and Opioid Coordination Plan*, Inter-Agency Heroin and Opioid Coordinating Council and the Maryland Opioid Operational Command Center, January 2020

⁵ *OIT Welcome Packet*, Baltimore City Health Department, February 2020

⁶ Adapted from the mission set forth in the *Maryland Inter-Agency Heroin and Opioid Coordination Plan*, Inter-Agency Heroin and Opioid Coordinating Council and the Maryland Opioid Operational Command Center, January 2020

⁷ Adapted from the guiding principles set forth in the *Maryland Inter-Agency Heroin and Opioid Coordination Plan*, Inter-Agency Heroin and Opioid Coordinating Council and the Maryland Opioid Operational Command Center, January 2020

OIT Goals, Objectives, and Strategies

A goal is a broad, long-term aim that defines fulfillment of the mission.

An objective is a realistic target that measures the accomplishment of a goal over a specific period of time.

A strategy is a broad activity required to achieve one or more objectives, create a critical condition, or overcome a barrier.

To ensure alignment, the goals in this plan are consistent with the three policy areas set forth in the *Maryland Inter-Agency Heroin and Opioid Coordination Plan* from the Inter-Agency Heroin and Opioid Coordinating Council and the Maryland Opioid Operational Command Center (OOCC), January 2020. The full set of OOCC goals and subtopics are:

A. Prevention Education

- Prevent problematic opioid use
- Reduce opioid-related morbidity and mortality
- Enhance local systems to inform strategy

B. Treatment and Recovery

- Ensure access to SUD treatment
- Expand the behavioral health workforce and increase workforce competencies
- Ensure access to recovery support services

C. Public Safety and Enforcement

- Reduce illicit drug-supply
- Expand access to SUD treatment within the justice system
- Expand alternative to incarceration for individuals with SUD

The Baltimore City OIT selected goals, objectives, and strategies to address needs specific to Baltimore City, using the following questions as a guide:

- *How do we build a more effective and efficient OIT infrastructure? (members and engagement, communication methods, transparency)*
- *What is needed to strengthen coordination among existing opioid efforts within Baltimore? (how to know what is out there? how to facilitate relationships?)*
- *Where are gaps and how will they be addressed? (priorities to drive where BCHD awards and recommends funding, and where the OIT can collectively influence)*
- *What impact can the OIT have versus individual organizations? What is needed to ensure sustainability?*

All of the subtopics suggested by the OOCC for each of the three goal areas are addressed in this strategic plan, either directly in the objectives and strategies, or as part of the *OIT Priority Platform* on page 9.

The goals, objectives, and strategies for the OIT to implement are listed below. In the first year of the plan, the OIT (with support from BCHD staff) will determine the degree to which each objective can be quantified, if possible, to establish a baseline and support measurement of progress over time. Developing objectives that are Specific, Measurable, Actionable, Realistic, and Time-bound (“SMART” objectives) is ideal; however, given limited financial resources and baseline data, the OIT may determine that some objectives will meet several but not all of the SMART characteristics. For those objectives that the OIT determines quantifiable measurements are practicable, BCHD staff will revise the strategic plan accordingly. See page 16 for the implementation action plan associated with each strategy.

As these objectives and strategies were being shaped by the OIT, community members provided a wealth of practical insights and ideas for how to effectively implement each of them. That detailed community input has been compiled into a separate document for reference and use by the OIT, and BCHD staff who support the OIT, as they implement each of the action steps in this strategic plan.

Prevention Education

Goal: Prevent Problematic Opioid Use

Objective 1: Increase awareness among children and youth of the risks of opioid use or misuse.

Strategy 1(a): Identify, help coordinate, and amplify a campaign for children and youth on the risks of opioid use and misuse, including the connection to mental health.

Goal: Reduce Opioid-Related Morbidity and Mortality

Objective 2: Increase awareness among prescribers of the impact of opioids, safe prescribing, and information for patients (e.g., safe disposal of unused prescription drugs).

Strategy 2(a): Leverage DEA partnership to provide outreach education (sometimes called “academic detailing”) for prescribers of opioids, particularly those who treat older adults and athletes.

Objective 3: Increase awareness about ways to get access to Narcan within Baltimore City.

Strategy 3(a): Create a list of ways to obtain Narcan in Baltimore (pick-up and delivery) and give this to 211 operators, Here2Help Hotline operators, and, as needed, information on other relevant resources.

Strategy 3(b): Inform City residents about how to obtain Narcan through coordinated messaging and a city-wide educational campaign.

Strategy 3(c): Work with community leaders and business owners (i.e., barber shops) to be community responders to the epidemic.

Goal: Enhance Local Systems to Inform Strategy

Objective 4: Increase the coordinated outreach response to alerts sent out by BCHD when there are sudden increases in (“spikes”) or groups of (“clusters”) opioid overdoses.

Strategy 4(a): Add at least two outreach groups to the spike and/or cluster alert notification

Objective 5: Improve the clarity and focus of the OIT organizational approach to increase action-oriented accountability and achieve results.

Strategy 5(a): Organize the OIT to be a more action-oriented group of individual and organizational partners working together to address the opioid epidemic in Baltimore City.

Objective 6: Build support for and engagement in (i.e., funding and implementation) priority areas identified by the OIT.

Strategy 6(a): Use the *OIT Priority Platform* list of OIT priorities (see page 12 of this document) to inform funding (e.g., applications to OOCC, other sources) and coordinated efforts among OIT members to share information and educate policy makers.

Treatment and Recovery

Goal: Ensure Access to Substance Use Disorder (SUD) Treatment

Objective 7: Reduce the wait time from request or referral to admission for services that same day (“on-demand treatment”) for all levels of care.

Strategy 7(a): Promote the Here2Help Hotline (formerly the Baltimore crisis hotline) and CharmCare website to increase access to existing treatment and other resources.

Strategy 7(b): Explore resources to provide door-to-door transportation to access treatment, including engagement with MTA/MDOT partners.

Public Safety and Enforcement

Goal: Expand Access to SUD Treatment within the Justice System

Objective 8: Increase awareness and support of offering SUD treatment within the justice system, regardless of COVID impact.

Strategy 8(a): Identify and add to the *OIT Priority Platform* where the justice system needs support and/or funding to provide SUD services in State and Federal facilities.

Goal: Expand Alternatives to Incarceration for People with SUD

Objective 9: Increase the percentage of responses handled as a health issue rather than a criminal matter for people with SUD who are in crisis.

Strategy 9(a): Deliberately coordinate with CPIC (Collaborative Planning and Implementation Committee) for mutual support and collaboration.

OIT Priority Platform: Harnessing the Power of Collective Action

The OIT identified several high priority objectives or actions that are best implemented by one or more entities other than the OIT. Together, these objectives and actions comprise the *OIT Priority Platform* which the OIT will use in two ways:

1. **Funding:** This *OIT Priority Platform* will guide decisions regarding funding, either directly from the OIT via funding secured by BCHD, through BCHD recommendations to the OOC for funding allocation, or potentially through other funding opportunities.
2. **Influence:** This *OIT Priority Platform* will be used by the OIT to guide collective action to influence public and private-sector policies that impact the ability to address the opioid epidemic.

As described in Objective 6 (see page 10), the OIT intends to engage in coordinated efforts, among OIT members and others, to build support for and engagement in specific priority areas including but beyond the topics addressed by the strategies in the plan. The OIT will review and update the *OIT Priority Platform* as needed, and use it to drive collective action to drive funding decisions, share information, and educate policy makers. Priority objectives or actions that comprise the *OIT Priority Platform* are:

Prevention Education: Prevent Problematic Opioid Use

1. Expand the reach of efforts to connect with youth who sell opioids and provide alternative options for making money by facilitating conversations among organizations that can provide services and connection for youth.

Treatment and Recovery: Ensure Access to Substance Use Disorder (SUD) Treatment

2. Reduce the wait time between a request or referral to actual admission for services that same day (“on-demand treatment”) for all levels of care by:
 - a) Establishing required or evidenced-based standards of behavioral health specialty care to create a dashboard or reporting system to improve care quality
 - b) Collaboratively problem-solving and removing barriers identified by help seekers
 - c) Incentivizing low-threshold access to programs
3. Increase the availability and capacity for harm reduction services by:
 - a) Incentivizing existing treatment programs to implement harm reduction services in treatment provider locations to build trust and engage active users so they connect when ready. Including syringe service, naloxone distribution, drug checking methods (i.e., so before using, individuals can check for a bad dose or identify if the drug contains fentanyl)
 - b) Establishing and funding Overdose Prevention Sites (OPS) where people with SUD can use drugs under medical supervision

Treatment and Recovery: Ensure Access to Recovery Support Services

4. Increase use of aftercare planning and support (care coordination) to ensure continuity of SUD, mental health, and other social support services that address all needs of persons in recovery by:
 - a) Identifying and coordinating existing resources (certified peer specialists, community health outreach, resources in the systems of care in Baltimore City)
 - b) Funding increased care coordination capacity
 - c) Fostering and promoting a recovery community culture to build capacity for people in recovery to help themselves, each other, and the community, achieve wellness (e.g., evidence-based models like the Oxford House)
 - d) Addressing stigma towards persons with SUD and about taking medication for opioid use disorder

Treatment and Recovery: Expand Behavioral Health Workforce and Increase Competencies

5. Expand capacity for health care providers (e.g., FQHCs, primary care providers) to include behavioral health care and medication for Opioid Use Disorders (mOUD) in their service offerings by:
 - a) Advocating for and coordinating expansion of primary care providers' behavioral health offerings
 - b) Connecting the existing "Hub and Spoke" mOUD program which links providers with experience implementing mOUD to providers who are new at offering mOUD
6. Increase collaboration and coordination between all primary care and behavioral health specialty providers to meet population needs by:
 - a) Promoting and supporting expansion of the MDH Maryland Primary Care Program
 - b) Properly and fairly compensating existing behavioral health specialty care providers so they are able to stay in business

Public Safety and Enforcement: Reduce Illicit Drug Supply

7. Assess the value of drop boxes to dispose of unused prescription opioids (e.g., locations, level of use, safety, impact on opioid overdoses and deaths) by working with pharmacies and other partners, and identify safe and effective drug disposal approaches to expand and promote.
8. Decrease the number of individuals who are likely to engage in high volume dealing of illicit drugs and criminal activities related to illicit drug sales by encouraging the Baltimore Community Intelligence Centers (BCICs), working with the SAO, Federal

partners and BPD, to proactively connect at-risk individuals to services and programs that address upstream social determinants of health.

Public Safety and Enforcement: Expand Access to SUD Treatment within the Justice System

9. Increase awareness and support regarding SUD treatment being offered within the justice system, regardless of COVID impact, by ensuring that Naloxone kits and brochures are available to all people leaving jail or prison.

Public Safety and Enforcement: Expand Alternatives to Incarceration for People with SUD

10. Reduce the number of people who become incarcerated due to SUD by:
 - a) Increasing funding and support for community-based diversion programs to help people with SUD without involving contact with law enforcement
 - b) Decriminalizing simple drug possession and possession of drug paraphernalia

OIT Critical Success Factors and Barriers

A critical success factor is a key condition that must be created to achieve one or more of the objectives. What has to be done for us to actually reach success?

A barrier is any existing or potential challenge that hinders the achievement of one or more of the objectives. What is preventing us from achieving success on an objective?

A range of critical success factors and barriers were identified by members of the OIT and by people who have direct experience in living with substance use disorder. The primary themes from these observations about what is essential for success, and what stands in the way, are listed below, guiding the actions in this plan.

Critical Success Factors: What must be done to achieve the OIT objectives?

1. Build relationships and engage partners
 - Community members and specific subgroups (e.g., youth and family members, people with lived experience, peers)

- Partners for key objectives (e.g., peers, community groups, health care providers including pharmacies and dentists, MTA, justice system, CPIC)
- Leaders of OIT organizations (e.g., build support for collective action on *OIT Priority Platform*)

2. Communicate and coordinate

- Meet people where they are, be realistic about needs and practical ways to help, take a wholistic view of the problem ("*drug use is never just about drug use*")
- Use plain language, explain the basics, spell out acronyms and avoid jargon
- Help people know who is doing what, what is expected, how to align to increase impact
- Focus on taking action and holding each other accountable

3. Secure and share accurate information and data

- Compelling, evidence-based information (e.g., what works well)
- Timely and actionable data
- Update information as things change

Barriers: What might prevent the ability to achieve the OIT objectives?

1. Lack of resources

- Limited time to do additional work
- Limited funding for staff, volunteer incentives, programs, services, supplies, or outreach

2. Complexity and fragmentation of efforts

- Difficulty reaching individuals and groups, due to COVID health and safety restrictions
- Duplication and multitude of efforts to address substance use disorders and illicit opioid use
- Gaps in needed services and treatments to address substance use disorders
- Information for the community that is hard to understand, or difficult to find

3. Lack of shared understanding among OIT members, community groups, and the public overall

- Unclear which approaches are the most effective and evidence-based

- Limited knowledge of programs and services available in different areas of the city
- Diffusion of beliefs and perspectives regarding priorities

OIT Action Plans

Specific steps taken to implement a strategy. Includes what will be done, by whom, and by when.

For each of the Action Plans below, the Baltimore City Health Department will work with the OIT to identify a lead organization and specific OIT members who will be involved in taking each of the action steps. Every member of the OIT will have a clear role in implementing the strategies in this plan, and will participate in the monthly, quarterly and annual accountability monitoring process described on page 23.

A. Prevention and Education

Prevent Problematic Opioid Use

Strategy: 1a. Help amplify existing campaigns for children and youth on the risks of opioid use and misuse, including the connection to mental health	
Objectives Supported:	1. Increase awareness among children and youth of the risks of opioid use/misuse
Deliverables:	Promote campaign messaging through a multi-platform approach
Complete by:	Year 3 (2023)
Action Step	
1. Identify existing campaigns that the OIT would like to support	2021
2. Facilitate coordination between campaign organization and OIT	2021
3. Encourage input from youth and young adults	2021-2023
4. Identify areas that the OIT can help promote the campaign	2021- 2023
5. Identify OIT members/organizations that are best for this task	2021
6. Implement the identified actions to help promote the campaign	2022-2023

Reduce Opioid Related Morbidity and Mortality

Strategy: 2a. Leverage DEA partnership to provide outreach education (academic detailing) for prescribers of opioids, particularly those who treat older adults and athletes	
Objectives Supported:	2. Increase awareness among prescribers of the impact of opioids, safe prescribing, and information for patients (e.g., safe disposal of unused prescription drugs)
Deliverables:	Coordinate collaborative work between DEA and providers, assist DEA with Drug Take Back Day (2021, 2022, 2023)
Complete by:	Year 3 (2023)
Action Step	
1. Identify OIT members and others who engage in academic detailing with providers and facilitate coordination to expand reach and impact	Complete By 2021-2023
2. Share messaging and help promote the information to providers	2021-2023
3. Assist DEA with Drug Take Back Day	2021-2023

Strategy: 3a. Create a list of ways to obtain Narcan in Baltimore (pick-up and delivery) and give this to 211 operators and, as needed, information on other relevant resources	
Objectives Supported:	3. Increase awareness about ways to access to Narcan within Baltimore City
Deliverables:	Development of Narcan resource map, train at least 50% of 211 staff
Complete by:	Year 1 (2021)
Action Step	
1. Survey OIT members and relevant organizations to identify how to obtain Narcan in Baltimore	Complete By 2021
2. Develop a map of Narcan resources—pick-up/mail, cost, location	2021
3. Include standing order language in the resource map (explaining what this means for them)	2021
4. Collaborate with 211 to ensure that the information is available to operators, provide training opportunities to their staff	2021
5. Share information with OIT members and other relevant sources as identified by OIT	2021
6. Include information/resource map on CBO/City websites, social media, and CHARMCare	2021

Strategy: 3b. Inform City residents about how to obtain Narcan through coordinated messaging and a city-wide educational campaign	
Objectives Supported:	3. Increase awareness about ways to access to Narcan within Baltimore City
Deliverables:	Creation of a City-wide Narcan campaign
Complete by:	Year 3 (2023)
Action Step	
1. Utilize resource map for reference; including location, method of receiving the kit (in-person/by mail), and requirements for receiving the kit (insurance and/or training requirements)	2022
2. Create messaging that targets emerging adults and adults	2022
3. Seek community input-1 adult session, 1 emerging adult session	2022
4. Seek partnership with community pharmacies	2022
5. Push campaign messaging out through websites, social media, print, and pharmacy partnership	2022-2023

Strategy: 3c. Work with community leaders and business owners (i.e., barber shops) to create community safe points in combatting the epidemic by having Narcan available for the community to access, providing information about local services, and being willing to participate in and/or host Narcan trainings for community members.	
Objectives Supported:	3. Increase awareness about ways to access to Narcan within Baltimore City
Deliverables:	
Complete by:	Year 2 (2022)
Action Step	
1. Convene Overdose Response Programs in Baltimore City to identify where outreach, Narcan distribution, and gaps in services exist	2020
2. Create a list of standing locations with Narcan access to provide to the Here2Help Hotline, the statewide hotline (211), and local businesses/ non-profits in Baltimore	2021
3. Work with businesses in high-risk areas as check points for Narcan locations, provide materials for businesses to advertise that they are a community check point, conduct outreach to determine interest level of businesses to participate, and provide training on safety and relevant legal or policy issues	2021

Enhance Local Systems to Inform Strategy

Strategy: 4a. Add at least two outreach groups to the spike and/or cluster alert notification	
Objectives Supported:	4. Increase the coordinated outreach response to alerts sent out by BCHD when there are sudden increases in (“spikes”) or groups of (“clusters”) opioid overdoses, in real time
Deliverables:	
Complete by:	Year 1 (2021)
Action Step	
1. Identify sub-populations that may be missed through outreach and add outreach teams to alert notifications for Bad Batch and BCHD detailed reports	2020
2. Promote community organizations signing up for Bad Batch Alerts and Spike Alerts in highly impacted CSA’s to allow them to spread the word to clients	2021
3. Identify 3-4 outreach groups per Baltimore quadrant (north, south, east, west) to dispatch outreach teams within a 24-hour period to CSA’s where non-fatal overdoses have occurred	2021

Strategy: 5a. Organize the OIT to be a more action-oriented group of individual and organizational partners working together to address the opioid epidemic within Baltimore City.	
Objectives Supported:	5. Improve the clarity and focus of the OIT organizational approach to increase action-oriented accountability and achieve results
Deliverables:	
Complete by:	Year 3 (2023)
Action Step	
1. Refine member list to ensure that all key stakeholders are represented	2020
2. Refine the OIT member materials to show roles and responsibilities, plus brief description of each OIT member organization. Create workgroups in order to implement action items	2021
3. Communicate with key groups, including OIT member organizational leaders to inform and engage with committees, and with the community at-large to update on the OIT plans and activities	2021-2023

Strategy: 6a. Use the <i>OIT Priority Platform</i> listing the OIT priorities to inform funding (e.g., applications to OCCC, other sources) and coordinated efforts among OIT members to share information and educate policy makers	
Objectives Supported:	6. Build support for and engagement in (i.e., funding and implementation) priority areas identified by the OIT.
Deliverables:	
Complete by:	Year 3 (2023)
Action Step	
1. Gather community input for the <i>OIT Priority Platform</i> to ensure funding decisions are driven by the community (participatory funding)	2020-2023
2. Engage each OIT organization’s advocacy and outreach team to encourage them to adopt and promote <i>OIT Priority Platform</i>	2020-2023
3. Provide funding to address OIT priority areas via an RFP and by recommendations to the OCCC	2020-2023

B. Treatment and Recovery Services

Ensure Access to SUD Treatment

Strategy: 7a. Promote the Here2Help Hotline phone number and CharmCare website to increase access to existing treatment and other resources	
Objectives Supported:	7. Reduce the wait time from request or referral to admission for services that same day (“on-demand treatment”) for all levels of care
Deliverables:	
Complete by:	Year 1(2021)
Action Step	
1. Spread information across key organizations to promote the resources via social media, newsletters, outreach, and in working with community.	2021
2. Using mobile vans across the City, promote this information to clients via pamphlets, discussions about where they can get help right now (i.e., clients served by the van can be directed to a treatment facility taking patients same day if the outreach worker accesses CharmCare on the van).	2021

Strategy: 7b. Explore resources to provide door-to-door transportation to access treatment, including engagement with peers to escort the individual and with MTA/MDOT partners	
Objectives Supported:	7. Reduce the wait time from request or referral to admission for services that same day (“on-demand treatment”) for all levels of care
Deliverables:	Expanded options for access to 24/7 transportation for individuals seeking treatment
Complete by:	Year 3 (2023)
Action Step	
1. Connect with peers to escort individuals to treatment and with MTA/MDOT to explore possible partnership, including proposing pre-payment for those seeking treatment	2021
2. Provide funding for transportation to treatment facilities with MTA	2022-2023
3. Create flyers and marketing materials for bus stops and on the buses to promote free transportation to a treatment facility	2021

C. Enforcement and Public Safety

Expand Access to SUD Treatment in Criminal Justice System

Strategy: 8a. Identify and add to the OIT Priority Platform where the criminal justice system needs support and/or funding to provide SUD services in State and Federal facilities	
Objectives Supported:	8. Increase awareness and support of offering SUD treatment in the criminal justice system, regardless of COVID impact
Deliverables:	Established understanding of treatment provided within Department of Public Safety and Correctional Services (DPSCS) facilities and identified areas of support
Complete by:	Year 1 (2021)
Action Step	
1. Determine the degree to which SUD treatment, including all three medication options for people with SUD, is (or is not) happening since COVID hit (funding, social distancing)	2021
2. Identify needed actions to support SUD treatment in facilities and add to the OIT Priority Platform	2021-2023

Expand Alternatives to Incarceration for People with SUD

Strategy: 9a. Deliberately coordinate with the Collaborative Planning and Implementation Committee (CPIC) for mutual support and collaboration	
Objectives Supported:	9. Increase the percentage of responses handled as a health issue rather than a criminal matter for people with SUD who are in crisis
Deliverables:	
Complete by:	Year 1 (2021)
Action Step	
1. Engage with CPIC leaders to map CPIC and OIT roles to identify synergies between the two multi-stakeholder groups	2021-2023
2. Provide <i>OIT Priority Platform</i> to CPIC to encourage their individual and collective support for funding and/or advocating for each item	2021
3. Give input on policy ideas coming out of CPIC deliberations	2021-2023

OIT Approach to Strategic Plan Monitoring to Ensure Accountability

Frequency	Activity	Who
MONTHLY	<p>Track strategies and action plans to determine whether the planned actions are getting done. Update the status field on the action plans and adjust timing where needed.</p> <p>Provide an update to the OIT on implementation status.</p>	Baltimore City Health Department (staff to OIT)
QUARTERLY	Review and discuss progress on each objective to determine whether the actions are helping to move toward meeting each objective. Assess whether the actions need to be adjusted to get to the desired results, and make the refinements if needed. Also adjust objectives, if needed, based on evolving issues, new information, and changes in OIT priorities.	OIT Members
ANNUALLY	<p>Review the OIT’s Strategic Plan with focus on where progress has occurred during the year and where it has not. Identify any new barriers or critical success factors, and if needed, refine or change the objectives, strategies, and/or action plans.</p> <p>If the OIT Strategic Plan (goals, objectives, strategies, and action plans) is revised, post the updated version on the BCHD website to inform interested community members.</p>	OIT Members

ATTACHMENTS

Attachment A: Members of the Baltimore City Opioid Intervention Team (OIT)

Name	Title	Organization
Letitia Dzirasa (Co-Chair)	Commissioner of Health	Baltimore City Health Department
Charles Svehla (Co-Chair)	Assistant Chief Operations & Acting Manager, Office of Emergency Management	Baltimore City Fire Department
Brittney Spencer (OIT Manager)	Director of Opioid Overdose	Baltimore City Health Department
Rania Mohamed (OIT Support)	Community Engagement Liaison	Baltimore City Health Department
Brian Schleter	Deputy Director, Internal/External Affairs	Baltimore City Department of Social Services
Chief Raymond Bartock	Battalion Chief – Emergency Medical Services	Baltimore City Fire Department
Bryan Johnson	Acting Captain – Emergency Medical Services	Baltimore City Fire Department
Joy Barnes	Overdose Fatality Review Coordinator	Baltimore City Health Department
Jonathan Gross	Epidemiologist	Baltimore City Health Department
Jennifer Martin	Deputy Commissioner of Population Health and Disease Prevention	Baltimore City Health Department
Lisa Parker	Assistant Director of Community Risk Reduction Services	Baltimore City Health Department
Darcy Phelan-Emrick	Chief Epidemiologist	Baltimore City Health Department
William Janu	Opioid Epidemic Liaison Leadership School Coordinator	Baltimore City Police Department
Rashad Staton	Youth Engagement Specialist	Baltimore City Public School System
Rajani Gudlavalleti	Community Organizing Coordinator	Baltimore Harm Reduction Coalition

Adrienne Breidenstine	VP, Policy and Communications	Behavioral Health Systems Baltimore
Name	Title	Organization
Emily Heinlein	Director of Public Health Strategic Initiatives	Behavioral Health Systems Baltimore
Steve Johnson	Vice President, Programs	Behavioral Health Systems Baltimore
William Miller Jr.	Bmore POWER Coordinator	Behavioral Health Systems Baltimore
Walter Nolley	Executive Deputy Director	Department of Parole and Probation
Latawnya Stallworth	Offender Services and Laboratory Manager	Department of Parole and Probation
Erin Fitzpatrick	Intel Group Supervisor	Drug Enforcement Administration
Charles Hedrick	U.S. Drug Enforcement Administration Group Supervisor	Drug Enforcement Administration
Erica Brown	MAT Expansion Project Manager	Healthcare for the Homeless
Molly Greenberg	MAT Nurse Coordinator	Healthcare for the Homeless
Angela Mason	Infectious Disease Care Manager/Health Home Director	IBR-REACH Health Services
Dr. Megan Buresh	Medical Director, JHBMC Addiction Consult Service	Johns Hopkins School of Medicine
Dr. Jessie Calihan	Internal Medicine-Pediatrics	Johns Hopkins
Dr. Christine Krueger	Internal Medicine-Pediatrics	Johns Hopkins
Dr. Jessica Ratner	Internal Medicine-Pediatrics	Johns Hopkins
Jeremy Biddle	Community Outreach Supervisor	Mayor's Office of Criminal Justice
Michelle "Shelly" Smith	Preparedness Section Chief	Mayor's Office of Emergency Management
Natasha Dartigue	Deputy District Public Defender	Office of Public Defenders
Kirsten Getty Downs	District Public Defender	Office of Public Defenders
Achike Oranye		People Encouraging People
Rev. Debra Hickman	Co-Founder/CEO	Sisters Together in Reaching, Inc. (STAR)

Michael Collins	Director of Strategic Policy and Initiatives	State Attorney's Office
Jeneffer Haslam	Policy and Legislative Affairs	State Attorney's Office

Attachment B: Process Used to Develop this Strategic Plan

In partnership with the Baltimore City Health Department (BCHD), StollenWerks LLC consultants engaged in the following activities for the development of the Baltimore City Opioid Intervention Team (OIT) Strategic Plan:

Assessed existing materials from OIT, BCHD, and other city-based opioid efforts to identify areas for OIT synergy and alignment, as well as essential stakeholders to engage in the OIT planning process.

Planned project logistics with BCHD throughout the duration of the project.

Conducted key informant interviews with four BCHD leaders and others (identified by BCHD) about strategic planning process and alignment with OIT strategic plan. Each interview explored successes, challenges, and expectations or aspirations for improving the BCHD strategic planning process and outcomes.

Developed Strategic Advice Memo to guide the approach to the strategic planning process, addressing connections to initiatives, essential stakeholders, distribution channels, and other key considerations.

Surveyed OIT members twice and analyzed the results for use in the strategic planning sessions and to prioritize the long list of potential objectives and strategies identified by the OIT during the sessions

Facilitated discussions at four OIT meetings about the content and approach for strategic planning and to gather input to develop and refine the strategic plan.

Facilitated two virtual strategic planning sessions to identify potential objectives and strategies for the OIT Strategic Plan.

Facilitated three listening sessions with community members to gather ideas both before the OIT strategic planning sessions and after to gather feedback on the draft strategic plan circulated for public input

Drafted the OIT Strategic Plan and revised it several times to reflect feedback from BCHD, OIT members, community listening sessions, and the public at large.

Surveyed Baltimore City residents to gather input on the public draft Strategic Plan.

Used community listening sessions and survey results to revise the Strategic Plan.

Finalized OIT Strategic Plan, including specific implementation roles in the Action Plans.