



City of Baltimore

Overdose Response Strategic Plan 2025–2027

**MAYOR'S OFFICE OF OVERDOSE RESPONSE
MARCH 2026**

Letter From the Mayor

Dear Neighbor,

As Mayor, tackling Baltimore's overdose crisis has been, and continues to be, one of my top priorities. I often say that there is not a person in Baltimore who has not felt the impact of this crisis. For too long, our city has been losing too many lives to preventable overdoses. We have been forced to say goodbye to too many of our family members, friends, loved ones, and neighbors too soon.

In response to this complex and evolving crisis, Baltimore City has stood strong in our efforts to save lives. Working hand in hand with community partners, we have made many important strides in reducing the harms that people who use drugs experience, expanding access to treatment, and preventing overdoses. Together, we have seen how kindness can overcome stigma and how investments in evidence-based interventions can save lives.

But there is more work to be done, and there is still justice to be served.

So, in 2017, Baltimore City sued the opioid industry for their role in fueling our community's overdose crisis. When the opportunity arose to join global settlements with these companies, we said "no deal," and continued to make the case against these companies on our own.

As a direct result of City Solicitor Ebony Thompson's leadership, we have obtained a historic amount of funding through awards and settlements with these companies. Now, we must invest these hard-earned funds back into our neighborhoods so that we can turn the tide on the overdose crisis.

On August 29, 2024, I issued an [Executive Order](#) that lays out a process for ensuring these funds have a significant and sustained impact across Baltimore, including by establishing the Mayor's Office of Overdose Response to manage administration of the Opioid Restitution Fund and to develop and execute a citywide overdose response.

As part of this [Executive Order](#), I charged the Mayor's Office of Overdose Response with preparing an Overdose Response Strategic Plan every two years to guide the use of these funds and ensure that they are invested in evidence-based interventions carried out in partnership between the city government and community partners.

To overcome our city's overdose crisis, this Strategic Plan for 2025 to 2027 proposes a set of strategies and accompanying activities to:

- **Help those most at risk** by addressing disparities in Baltimore's overdose crisis that have placed certain members of our community at greater risk, particularly our neighbors who are older, Black men.



- **Ensure services work together** so that people who use drugs are able to more effectively navigate services in support of their recovery.
- **Confront stigma in systems, policies, and services** so people feel welcome asking for help.
- **Increase access to low-barrier services for substance use disorders** focusing on those most impacted.
- **Improve the quality of substance use disorder treatment and recovery services** so Baltimore City residents can receive the best care.

Although there is no simple solution to the overdose crisis and we will not overcome it overnight, this Strategic Plan proposes an innovative approach to meet the present and immediate needs across our community—while laying the groundwork for the long-term changes to help end this crisis.

Together, we will build a Baltimore where each and every one of us can thrive.

In service,

A handwritten signature in black ink that reads "Brandon M. Scott". The signature is written in a cursive, flowing style.

Brandon M. Scott
Mayor

A New Direction for Baltimore's Overdose Response

As part of the [Executive Order](#) signed on August 29, 2024, Mayor Brandon Scott called for the creation of a new Office—the Baltimore City Mayor's Office of Overdose Response (BCMOOR)—to coordinate Baltimore City's efforts to address the overdose crisis. BCMOOR will oversee and coordinate ongoing efforts of city agencies and community partners in a cross-sector response. Under Mayor Scott's leadership, the City's approach will look broadly at the overdose crisis, its impacts, and the efforts to combat it. Therefore, BCMOOR's role is to identify areas for collaboration and coordination with key partners, driven by best practices and innovative thinking.



MAYOR'S OFFICE OF
**OVERDOSE
RESPONSE**

BCMOOR's Mission Statement: To build a Baltimore City where people with behavioral health needs are supported, services are person-centered and the highest quality, and systems meet and respond to the community's needs.

The citywide strategy that is presented in this report will guide the City's efforts over the years to come. It was developed in partnership with many partners, including:

- **Overdose Implementation Work Group:** Baltimore City Health Department, Behavioral Health System Baltimore, BCMOOR.
- **Mayor's Overdose Cabinet:** Mayor Brandon M. Scott, Chief Administrative Officer Faith P. Leach, Deputy Administrative Officer Shamiah Kerney, Chief of Staff John David "J.D." Merrill, Deputy Mayor for Health and Human Services Dr. Letitia Dzirasa, Executive Director of Overdose Response Sara Whaley, Commissioner of Health Dr. Michelle Taylor, Fire Chief James Wallace, Police Commissioner Richard Worley, Chief Recovery Officer Elizabeth Tatum, Director of the Mayor's Office of Employment Development MacKenzie Garvin, City Solicitor Ebony Thompson, Director of the Mayor's Office of Homeless Services Ernestina Simmons, Director of Public Works Matthew Garbark, Acting Housing Commissioner Tim Keane, Dr. Joshua Sharfstein from the Johns Hopkins Bloomberg School of Public Health, Dr. Susan Sherman from the Johns Hopkins Bloomberg School of Public Health, and Tiffinee Scott from Maryland Peer Advisory Council.
- The Restitution Advisory Board.
- Baltimore City residents who participated in our four community engagement listening sessions and/or provided feedback through the Community Input Form.

Executive Summary

Baltimore City continues to face one of the most severe overdose crises in the country, with overdose mortality rates far exceeding state and national averages. In 2023 alone, 1,043 lives were lost to substance-related overdoses in the city—disproportionately impacting older Black men. This Overdose Response Strategic Plan represents Baltimore’s next decisive step in reversing the crisis, amplified by resources secured from legal action against opioid manufacturers and distributors, by creating a coordinated, citywide response.

Under the leadership of Mayor Brandon M. Scott, this biennial strategic plan reflects a bold, inclusive, and data-driven vision, developed in collaboration with City agencies, community organizations, and residents with lived experience to address the overdose crisis.

Our Vision and Goals

The plan aims to:

- **Reduce overdose fatalities**
- **Increase the number of individuals receiving treatment for opioid use disorder**
- **Expand access to low-barrier, high-quality services across all neighborhoods**
- **Strengthen connections across the care continuum**
- **Support sustained recovery**
- **Reduce stigma**

How We Made This Plan

The strategy is grounded in a **comprehensive needs assessment** that analyzed both quantitative (statistics and numbers) and qualitative (stories and voices) data. Quantitative data from over 16 data sources were included. Additionally, over 300 stakeholders—including people who actively use drugs, people in treatment, family and friends of people who use drugs, providers, and city staff—contributed insights. This assessment identified critical challenges and opportunities across five key pillars:

- 1. Social Determinants of Health**
- 2. Prevention**
- 3. Harm Reduction**
- 4. Treatment**
- 5. Recovery**

The plan was released as a draft version in July of 2025 and community members provided feedback and insights through a series of four community meetings and via an online form.

What We Will Do

To address systemic barriers and advance equity, the Overdose Response Strategic Plan outlines **five cross-cutting priorities**:

1. **Help those most at risk** by addressing disparities in Baltimore’s overdose crisis that have placed certain members of our community at greater risk.
2. **Ensure services work together** so that people who use drugs are able to more effectively navigate services in support of their recovery.
3. **Confront stigma in systems, policies, and services** so people feel welcome asking for help.
4. **Increase access to low-barrier services for substance use disorders** focusing on those most impacted.
5. **Improve the quality of substance use disorder treatment and recovery services** so Baltimore City residents can receive the best care.

These priorities are supported by **14 strategies, with corresponding actionable activities**—including expanding naloxone distribution and mobile treatment, scaling support programs that utilize peers (or people with personal experience of substance use disorders), investing in harm reduction, and supporting 24/7 access to treatment and support services.

Working Together

BCMOOR will coordinate the implementation of this plan in partnership with City agencies, community-based organizations, and residents. The plan emphasizes **transparency and accountability**, with regular progress updates, a public dashboard, and a two-year review cycle to adapt to emerging needs.

Critically, the Strategic Plan is a **living document**—open to ongoing community feedback. Residents are encouraged to contribute their voices to ensure Baltimore’s response reflects the needs and aspirations of every neighborhood.

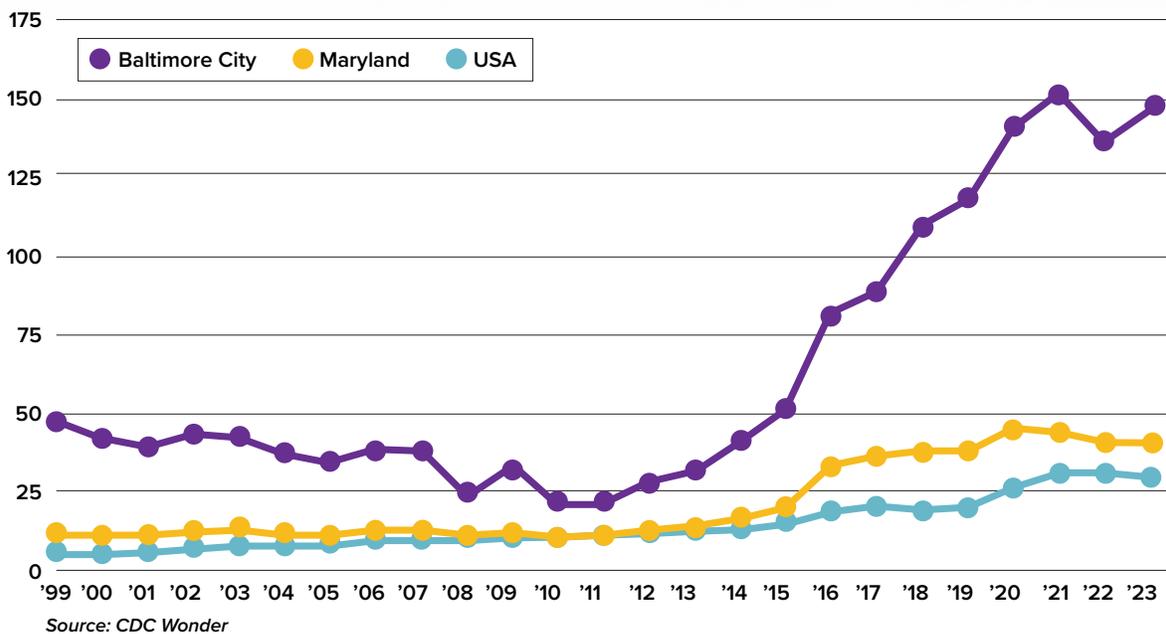
Conclusion

This Strategic Plan is more than a just roadmap—it is a commitment to equity, innovation, and partnership. By investing our efforts in bold, community-led solutions, Baltimore City is charting a new path forward—one that centers dignity, justice, and the health of all its people.

Creating Baltimore's Overdose Response Strategic Plan

Baltimore City has felt the devastating impacts of the opioid overdose crisis for well over three decades. With the addition of resources won in lawsuits against opioid manufacturers, distributors, and pharmacies, the City has an incredible opportunity to invest dollars back into the community, to reduce the impacts and prevent future harms.

Fatal Overdose per 100,00 Residents by Geography and Year, Baltimore City vs Maryland vs USA, 1999–2023



To ensure that dollars are allocated to programs and services that are most impactful, Mayor Brandon M. Scott signed an [Executive Order](#) on August 29, 2024, calling for the creation of infrastructure to coordinate and oversee Baltimore City's efforts to address the overdose crisis and invest dollars from the opioid litigation. Knowing that Baltimore City's response to the overdose crisis is ongoing and spans the private, non-profit, and public sectors, the City's scope is broader than just the opioid litigation dollars. This mission will be comprehensive, informed by evidence, coordinated across City agencies and community organizations, and will include evidence-based, community-led, and data-driven investment for all funds addressing the overdose crisis.

Step 1: Needs Assessment

The first step in developing the Overdose Response Strategic Plan was to conduct a [Citywide needs assessment](#). The goal of this assessment was to understand the impact of the overdose crisis, assess existing services and resources, identify gaps, and discover opportunities for improvement. In Fall 2024, the Baltimore City Health Department began conducting the needs

assessment. The agency centered their process around five pillars: social determinants of health, prevention, harm reduction, treatment, and recovery.

1. Social Determinants of Health: *Helping people and communities thrive*

Social determinants of health are factors that affect health outcomes, including economic stability, social and community context, neighborhood and built environment, health care and quality, and education access and quality.

Activities that address social determinants of health may include those that expand and increase the availability of comprehensive support services, such as healthy food, health care, education, housing, transportation, job placement/training, and child care.



2. Prevention: *Helping people avoid drug use before it starts or before it becomes a substance use disorder*

Prevention strategies aim to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. Prevention activities increase awareness and availability of resources for individuals, families, and those most at risk of opioid use disorder, including youth and older adults, or those impacted by the opioid epidemic.



3. Harm Reduction: *Keeping people safe if they are still using drugs*

Harm reduction is a set of strategies to maximize health, reduce the negative consequences associated with drug use, and empower people who use drugs with the choice to live healthy lives. Key harm reduction activities include increasing the availability and distribution of harm reduction education and supplies.



4. Treatment: *Helping people who want to stop using drugs*

Substance use disorder is a treatable condition. Treatment for substance use disorder is multi-faceted and should be person-centered. Treatment activities aim to increase the availability of comprehensive, evidence-based treatments for opioid use disorder.



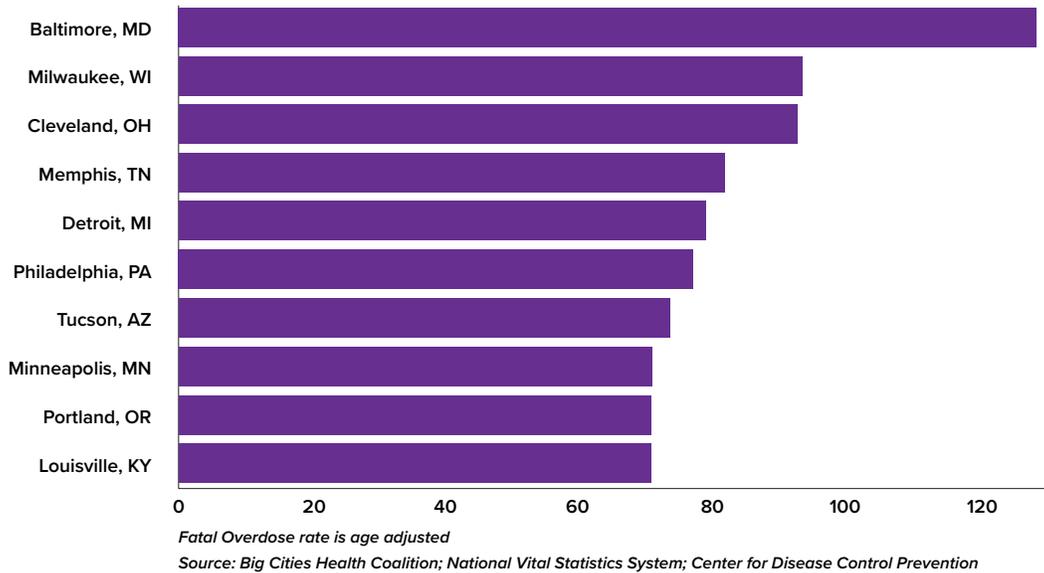
5. Recovery: *Supporting people to stay healthy and in recovery*

Recovery is a process that can take on many forms depending on an individual's health and social goals. Recovery services should increase the availability of comprehensive wraparound services that support an individual's pathway to recovery.

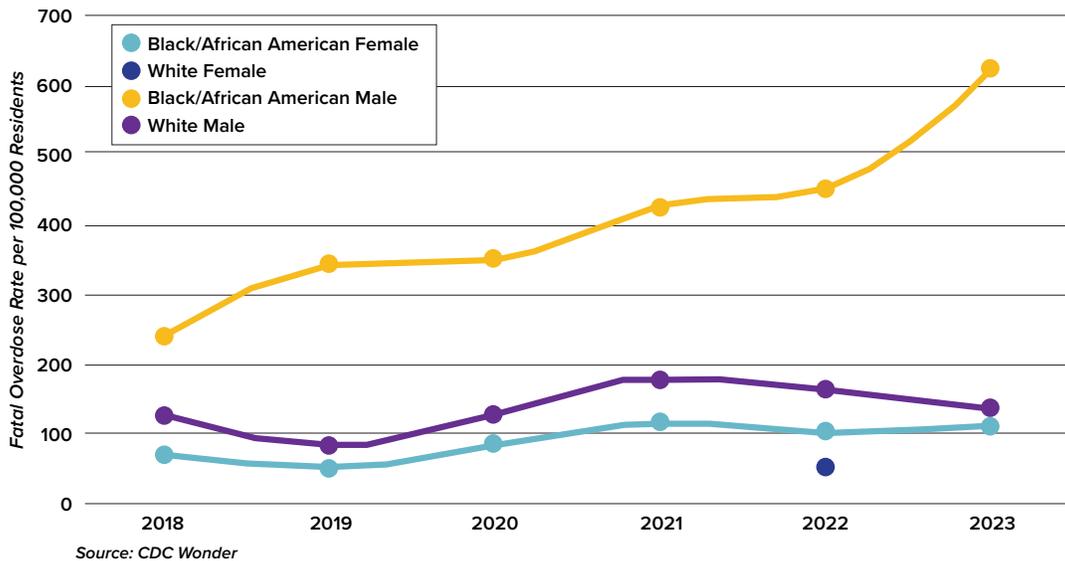


The needs assessment analyzed quantitative data (for example, the number of overdose events, number of individuals receiving treatment, and percentage of harm reduction kits distributed). Quantitative data was gathered from more than 15 different sources, quality checks were conducted, data was analyzed using multiple approaches, and graphs, tables, and maps were created to present patterns over time, both geographically, and across demographic groups.

Fatal Overdose Rate per 100,000 Residents of Top Ten Cities in the US, 2023



Fatal Overdose Rate per 100,000 Among Residents 60 and Older by Race, Sex, and Year, Baltimore City, 2018–2023



The needs assessment also collected and analyzed qualitative data (for example: the experiences navigating care, perceptions of stigma, and suggestions for improving service). This data was gathered through discussions with service providers and community members, including people who use drugs, people in treatment and recovery, and people whose family members and friends have been impacted by the overdose crisis. The needs assessment also included a Community Input Form, which was a short questionnaire to receive feedback from City residents.

Qualitative Data Sources

Qualitative Data for the Needs Assessment Was Collected from December 2024–March 2025 with:

71

Community members with lived experience across four community-based organizations

39

Clinical and community service providers across three virtual forums

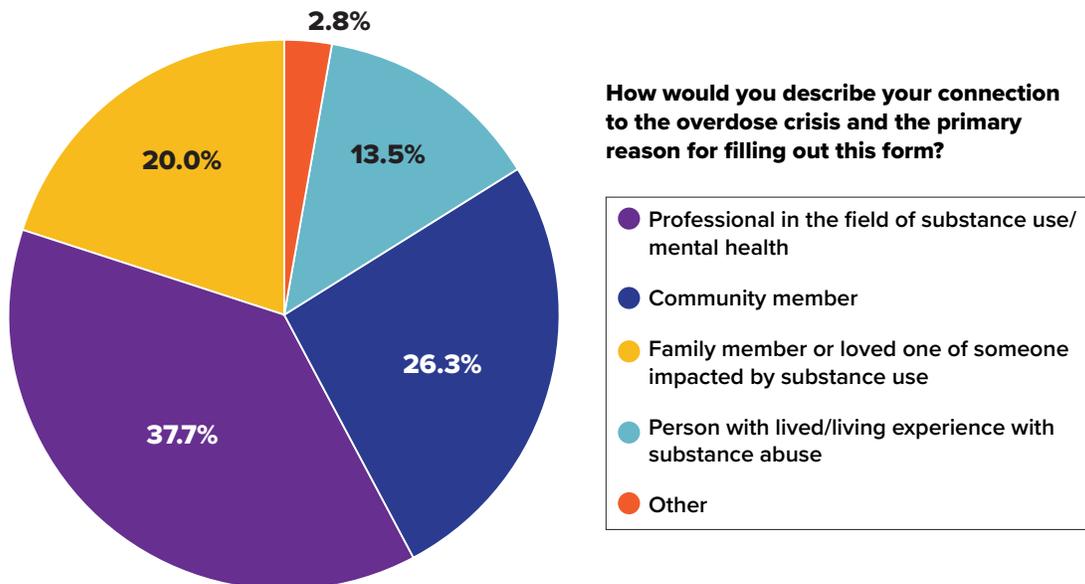
16

City agency representatives across 14 agencies during key informant interviews

217

Responses from community members via the online Community Input Form, one qualitative question was included

Next, the quantitative data and the qualitative data were reviewed collectively to bring together a full picture of the overdose crisis in Baltimore. From 2023–2024, overdose deaths appear to be declining in Baltimore City, but rates remain extremely high, with the City still leading all metro areas nationally in overdose mortality. This data shows that in 2023, 1,043 people died of drug and alcohol-related overdose in Baltimore City, with the majority of deaths related to illicitly-made fentanyl. Baltimore City’s 2023 fatal overdose rate was more than three times higher than the rest of Maryland and nearly five times higher than the national rate. Black male residents 60 and older were nearly 4.6 times more likely to experience a fatal overdose compared to their white counterparts. Other populations experienced disproportionate effects. In 2022, while [93% of pregnant or postpartum people in Maryland](#) who died from overdose had a known history of substance use, only 20% were known to receive treatment.



Factors driving high overdose rates include ongoing social and structural needs. Housing arose as the most essential need to support people who use drugs while a lack of other social needs services (such as transportation, food, and health care access) and inadequate care coordination created barriers to treatment and recovery. The needs assessment also found that expanding substance use prevention initiatives for youth and building public health awareness with providers and community members could prevent substance use and reduce related harm. At the same time, access to mental health services and support services, a consistent harm reduction approach, and low-barrier access to medication for opioid use disorder can create a more responsive environment and reduce risk of overdose in Baltimore City. Addressing the ongoing social support needs can improve the quality of community-based treatment services. More meaningful integration of peer specialists is needed across the continuum of services. Finally, the lack of a sufficient quantity of certified, high-quality recovery housing compromises successful recovery.

The needs assessment findings led to five cross-cutting recommendations:

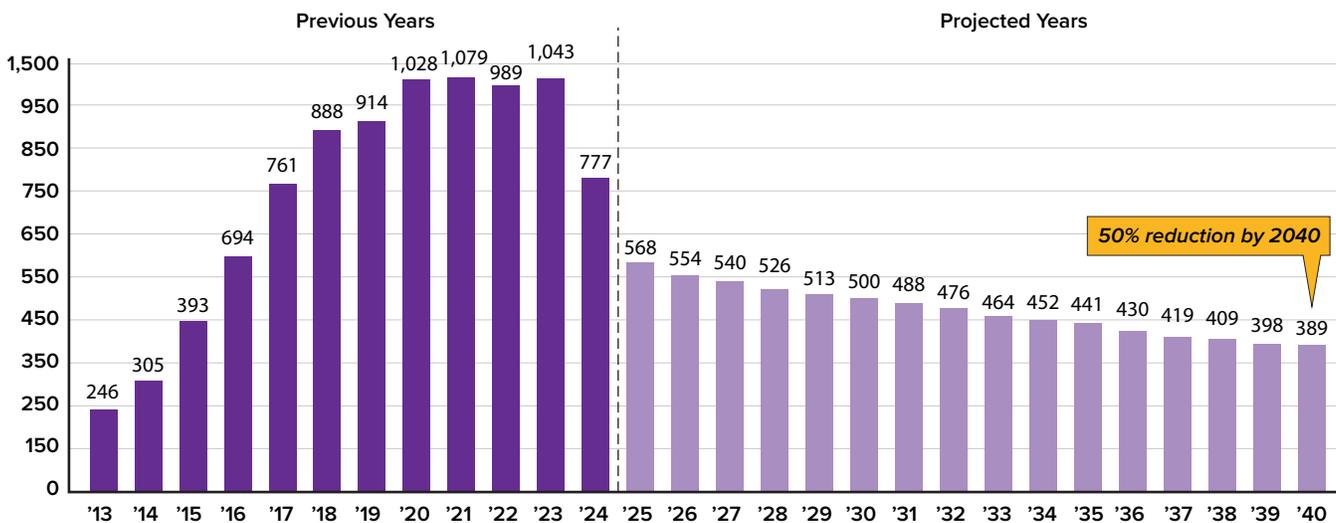
1. Address the inequities in the impacts of the City’s overdose crisis.
2. Dismantle silos and improve connections throughout the systems of care.
3. Confront systems, policies, and practices that perpetuate stigma to reduce barriers to care.
4. Increase access to low-barrier services for substance use disorders across all neighborhoods.
5. Improve the quality of substance use services across the City.

Step 2: Strategic Plan

The next step of the strategic planning process was to use the information gleaned from this assessment to develop a roadmap to guide the City’s activities to address the overdose crisis.

The team began by reviewing the data from the needs assessment and setting goals for Baltimore City’s Overdose Response. The broad goals of the City include reducing overdose deaths and connecting individuals with substance use disorders to the quality services and supports they need to reduce harms and ensure sustained recovery.

Specifically, Baltimore City’s Overdose Response aims to reduce overdose deaths by 50% by 2040.



Source for Actual Overdose Deaths: Maryland Department of Health Overdose Dashboard

Based on historic decreases in overdose deaths in recent years, the City’s focus will be to build on this downward trend. In light of these decreases, the City will aim to reduce overdose deaths by 50% by 2040, starting from 2024, when the Mayor’s Executive Order was signed. Reaching this goal will require a 2.5% annual reduction in fatal overdoses on average each year. The City anticipates that the decrease in overdose deaths observed in recent years is likely to slow and could potentially be subject to increases in future years based on factors like the changing drug supply, emerging synthetics, changes to domestic and international drug and drug treatment policies, and broader socioeconomic conditions. Progress consistent with these projections is displayed in the model above.

These goals are the “North Star” that will guide how we all move, collectively, to address the overdose crisis. The Overdose Response Strategic Plan provides a framework for the next two years (2025–2027) for how Baltimore City will approach addressing the overdose crisis and reach our goals. This is a mission that will include both City agencies and community partners. It will include the expansion of existing programs and infrastructure and the development of new programming with additional financial investment.



Based on findings from the [needs assessment](#), the Overdose Response Strategic Plan lays out five priorities, 13 strategies, and targeted activities that will assist Baltimore City in accomplishing our goals.

Baltimore City's Overdose Response Strategic Plan: A Roadmap for Success

The recommendations from the [needs assessment](#) informed the key priorities of the Baltimore City Overdose Response Strategic Plan that will frame how the City and its partners address the overdose crisis. To achieve these priorities, the strategic plan proposes 14 strategies, using an approach that looks broadly at the overdose crisis and includes all the systems that have been impacted by and are working to address the overdose crisis. Each strategy lays out several evidence-based or evidence-informed activities across the five pillars of social determinants of health, prevention, harm reduction, treatment, and recovery that will ensure measurable progress in reducing overdoses over the next two years.

PRIORITY 1

Help Those Most at Risk

Rates of fatal overdose disproportionately affect some demographic groups more than others. In 2023, Black male residents who are 60 and older were nearly 4.6 times as likely to experience a fatal overdose compared to their white counterparts. In addition, overdose is the leading cause of maternal mortality in Maryland. Baltimore City's incarcerated population also experiences disproportionate overdose risk due to limited access to substance use services within the criminal justice system and upon their release. There are other groups who are particularly vulnerable due to social and environmental factors, including youth, and the LGBTQI+ community. Many neighborhoods in Baltimore have experienced historic disinvestment and therefore often bear the burden of decreased opportunity, which is a risk factor for substance use and overdose. Focused approaches to increasing access to appropriate and tailored services are needed to decrease overdose deaths in these areas and for these populations.

“[The] City needs to ensure people with substance use disorder are treated with dignity and respect. Many of our systems currently in place are set up to see this disorder as inherently bad and criminal, when substance use disorder is TREATABLE... They should be assisted in a way that uplifts them and our entire community.”

— Community Input Form Respondent

- › **Strategy 1:** Increase access to harm reduction services, mental health services, social supports, and substance use treatment for those most impacted by the overdose crisis.

- **Activity 1a:** Create partnerships between with community-based organizations and City agencies to increase training and distribution of naloxone through engagement with older Black adults, prioritizing older Black men.
 - **Activity 1b:** Scale up access to evidence-based, inclusive behavioral health treatment and harm reduction services during pregnancy and parenthood.
 - **Activity 1c:** Increase low-barrier mobile harm reduction and treatment services specifically in geographic areas that are disproportionately affected by overdose but may not have the necessary number of services to meet the need.
 - **Activity 1d:** Focus distribution of naloxone where people live, including recovery residences, supportive housing, and shelters.
 - **Activity 1e:** Continue to support initiatives that address neighborhood revitalization that promote safe, healthy and appealing communities.
- › **Strategy 2:** Expand alternatives to incarceration through criminal justice diversion initiatives.
- **Activity 2a:** Expand pre-arrest and pre-charge diversion programs.
 - **Activity 2b:** Increase opportunities for evidence-based pre-trial programs that provide treatment and other services as opposed to incarceration.
 - **Activity 2c:** Support peer-to-peer mentoring in pre-trial diversion programs.
 - **Activity 2d:** Support anti-stigma and trauma informed training for judges, prosecutors, defense attorneys, and participants in Treatment and Recovery Courts, Family Courts, and other specialty courts.
- › **Strategy 3:** Ensure comprehensive care and a warm handoff to substance use services for people involved with the criminal justice system.
- **Activity 3a:** Scale up medication for opioid use disorder in correctional facilities and criminal justice detention centers corrections.
 - **Activity 3b:** Invest in programs that assist in transitions to care when reentering the community from detention or incarceration.
 - **Activity 3c:** Strengthen peer support as part of reentry services.
- › **Strategy 4:** Engage and empower youth to prevent future substance use initiation.
- **Activity 4a:** Strengthen evidence-based, trauma-informed prevention programs.
 - **Activity 4b:** Invest in programs that provide support to youth and family members of residents impacted by the overdose crisis.

PRIORITY 2

Ensure Services Work Together

Services that individuals who use drugs access across the City were found to be siloed, meaning they do not work together. Community members and providers reported challenges of real-time connections to the most basic safety net services like food, housing, employment, and transportation. Outreach specialists also identified barriers to access due to the lack of a centralized intake and referral tracking system. Improved care coordination will support people who use drugs to more effectively navigate services from addiction to recovery.

48.8% of respondents to the City's Community Input form indicated that strengthened care coordination services that facilitate warm handoffs from inpatient treatment and/or institutional settings to community-based services are among the most needed treatment and recovery services in Baltimore City.

- › **Strategy 5:** Expand systems that improve continuity of care for substance use, mental health, and social needs.
 - **Activity 5a:** Pilot a coordination platform to improve engagement, outreach, and referrals for people with substance use disorder.
 - **Activity 5b:** Create opportunities for collaboration and coordination for providers serving similar geographic regions or service types.
 - **Activity 5c:** Increase reach and effectiveness of behavioral health diversion programs.
- › **Strategy 6:** Coordinate with local, state, and federal efforts to reduce the illegally trafficked drug supply.
 - **Activity 6a:** Participate in collaborative initiative to ensure connection to public health programming and resources when drug supply disruptions occur.
 - **Activity 6b:** Develop a rapid response plan to address spikes in overdose, including early warning alerts for the public, data monitoring, and quick access to harm reduction and treatment resources.
- › **Strategy 7:** Enhance data infrastructure.
 - **Activity 7a:** Support City's systems for collecting and analyzing data.
 - **Activity 7b:** Engage in ongoing evaluation of interventions and program performance.
 - **Activity 7c:** Make timely health outcome data publicly available through tools like public facing dashboards, and utilize predictive analytics, and GIS mapping to identify trends in the data.

PRIORITY 3

Confront Stigma in Systems, Policies, and Services

Stigma is a social phenomenon where individuals or groups are viewed negatively due to certain characteristics, such as substance use. This often results in misconceptions that link substance use to moral failings or poor life choices, rather than recognizing it as a complex health issue. Addressing stigma at all levels—including within policies or in our own beliefs—improves quality of services, removes barriers to treatment, increases readiness to engage with services, and supports the success of individuals in the community. In the [needs assessment](#), Baltimore City community members and services providers emphasized that pervasive experiences of stigma and discrimination delay access to services, impede equity, and constrict a person’s autonomy. Key approaches to addressing stigma include advancing a harm reduction framework, supporting people at every stage of recovery, and increasing awareness of education and resources to the public.

42.9% of respondents to the City’s Community Input Form indicated that stigma associated with substance use is a barrier to treatment in Baltimore City.

- › **Strategy 8:** Integrate harm reduction policies and practices across all programs and systems that address social needs, healthcare, and behavioral health.
 - **Activity 8a:** Increase access to a full array of low barrier harm reduction services (including naloxone distribution, drug checking, syringe service programs, and other evidence-based strategies).
 - **Activity 8b:** Expand community syringe service disposal initiatives to reduce syringe litter.
 - **Activity 8c:** Identify and advocate for legislative initiatives to support access to evidence-based harm reduction and behavioral health services.
 - **Activity 8d:** Increase trauma-informed care and harm reduction training.
 - **Activity 8e:** Increase the number of organizations, business, and City agencies/departments that are registered as Overdose Response Programs
- › **Strategy 9:** Develop an effective non-emergency response system that connects individuals with substance use disorder and behavioral health needs to on demand community-based services that address the social determinants of health.
 - **Activity 9a:** Expand the capacity of 988 to dispatch a non-emergency response that is available 24/7 and accessible to the public, emergency personnel, and service providers to connect people to services.
 - **Activity 9b:** Create specialized 24/7 outreach teams to meet people where they are and provide immediate support and connection to appropriate community-based services and resources.

- **Activity 9c:** Develop 24/7 safe spaces for respite, stabilization, and connection to community resources.

› **Strategy 10:** Improve communication and education to services providers and the public.

- **Activity 10a:** Launch citywide mass communication campaign to reduce stigma and share information about substance use resources that is driven by community voice.
- **Activity 10b:** Create a provider outreach engagement plan around harm reduction practices and services available in the City for people of all ages.
- **Activity 10c:** Increase the number of businesses certified as Recovery Friendly Workplaces.
- **Activity 10d:** Partner with trusted community messengers to address stigma and promote resources.

PRIORITY 4

Increase Access to Low-Barrier Services for Substance Use Disorders

Persistent barriers prevent people from accessing life-saving substance use disorder and supportive services that promote health and wellbeing. Services that allow for immediate connection to care support engagement and retention. The [needs assessment](#) found that treatment programs meeting the criteria for being low-barrier, or easy to access (i.e., same-day starts of medication, on-demand treatment, or field-initiated buprenorphine by emergency medical services) are limited in Baltimore City. 28% of respondents to the City’s Community Input Form indicated that more access to medication for opioid use disorder, including buprenorphine and methadone, is one of the most-needed treatment and recovery support services in Baltimore City. Significant barriers to accessing social services like food, housing, employment, and transportation were also identified.

“People need unconditional access to housing, healthcare, employment support, and other wraparound services to achieve meaningful wellness.”

— *Community Input Form Respondent*

› **Strategy 11:** Increase access to medication for opioid use disorders across systems of care.

- **Activity 11a:** Promote universal screening for substance use using validated verbal or written tools, across all medical, behavioral health, and social needs providers.
- **Activity 11b:** Support initiatives to increase access to same-day and on-demand connection to treatment services (including emergency management services, telemedicine, coordinated transportation, and street medicine).
- **Activity 11c:** Increase the number of City hospitals functioning at highest level of care for opioid use disorder.
- **Activity 11d:** Create 24/7 access to medication treatment including bridge prescriptions.
- **Activity 11e:** Advocate for policies that ensure pharmacies stock buprenorphine to prevent medication shortages.

- › **Strategy 12:** Increase citywide care coordination to low-barrier social services for people who use drugs and people with substance use disorders.
 - **Activity 12a:** Increase service coordination.
 - **Activity 12b:** Increase awareness of resources and opportunities to public and providers.
 - **Activity 12c:** Increase the peer specialist workforce and peer delivered services in a variety of settings across the City.
- › **Strategy 13:** Increase access to immediate and quality housing, regardless of current substance use, past substance use, or treatment status.
 - **Activity 13a:** Assess current policies and practices across housing support services to ensure that all individuals have access to appropriate opportunities.
 - **Activity 13b:** Expand housing programs to ensure they prioritize immediate, low-barrier, long-term housing for individuals experiencing homelessness, without preconditions of sobriety or treatment participation.
 - **Activity 13c:** Ensure shelters are more accessible for people who use drugs and/or are at risk of overdose (e.g. naloxone for clients, screening for opioid use disorder, provide lockers, and connection to comprehensive wrap around services).
 - **Activity 13d:** Fully leverage Housing Opportunities People with AIDS federal dollars to support Ryan White programming.

PRIORITY 5

Improve the Quality of Substance Use Disorder Treatment and Recovery Services

Across the continuum of care, there is a great need to strengthen and implement high-quality programs. The City’s current service landscape varies in quality, leading to individuals who are hesitant to engage in services. When the [needs assessment](#) was being developed, community members identified a range of needs around the quality of treatment services, including poor conditions, rigid program guidelines, and stigma associated with use of medications for opioid use disorder. Community members and providers also identified gaps in oversight and accountability regarding the quality of recovery housing. Monitoring and evaluation of access and quality of services is necessary to ensure equitable and effective response.

“We have no hope holders. The system tells you to get clean but then leaves you on your own.”

— *Community Participant*

- › **Strategy 14:** Promote evidence-based substance use treatment and recovery services across systems of care.
 - **Activity 14a:** Develop quality standards for care across behavioral health services.

- **Activity 14b:** Create a mechanism to share information about quality behavioral health services.
- **Activity 14c:** Advocate for increased local authority to address quality of care in treatment and certified recovery services.
- **Activity 14d:** Strengthen local oversight of privately operated recovery residences to ensure safe, high-quality services.
- **Activity 14e:** Support person-centered/personal choice for the types of programs and services that are appropriate for the individual.

Partnership in Action: Next Steps for the Overdose Response Strategic Plan

You may have noticed that this plan does not name specific players for each activity. That was intentional as the activities described in the Overdose Response Strategic Plan will be executed in partnership between the City, its agencies, community organizations, and Baltimore residents. City engagement on these activities will work across multiple departments and agencies and include community engagement efforts by community-based service providers, advocacy organizations, community leaders, and other key stakeholders and is based on the values of shared responsibility, respectful partnership, and mutual transparency and accountability. Consistent with Mayor Scott's [Executive Order](#), the execution of activities laid out in the Overdose Response Strategic Plan will be coordinated by the Baltimore City Mayor's Office of Overdose Response.

Community Input

This document is not final. Instead, the intention of the plan is to be a living document. The City will facilitate ongoing opportunities for community members and service providers to provide feedback throughout the process of development, implementation, and review. This version of the plan has already been updated to include feedback collected at community listening sessions throughout the summer of 2025. A full list of edits can be found in Appendix A.

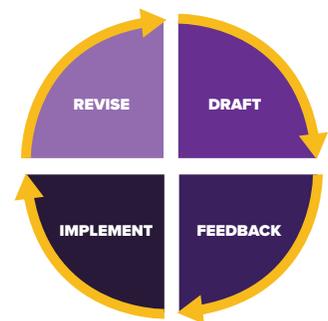
Transparency & Accountability

Each activity outlined in the Overdose Response Strategic Plan will include measures to assess progress and associated indicators to show impact on health outcomes. BCMOOR will provide regular progress updates and health outcomes can be tracked on the [Overdose Dashboard](#) on the Baltimore City Health Department webpage.

In addition, community grantees and City agencies who receive funding from the Opioid Restitution Fund will report on program specific to their scope of work. This will allow the City and the public to track direct outputs of the investment of the Opioid Restitution Fund.

Regular Review & Update

The Overdose Response Strategic Plan will be updated every 2 years, per the Mayor's [Executive Order](#), to ensure forward progress and timely response to the changing crisis. This current strategic plan provides a framework for the first two years (2025–2027).



In Summary

The completion of each of the listed activities will meaningfully address disparities in Baltimore City's overdose crisis; lower fatal and non-fatal overdose rates; coordinate local, state and federal government efforts; dismantle silos and improve connections to care; confront systems, policies, and practices that perpetuate stigma to reduce barriers to care; increase access to low-barrier services for substance use disorders across all neighborhoods; improve the quality of substance use disorder treatment and recovery services; address structural determinants that often impede access to needed services; and provide opportunities for rigorous monitoring and evaluation to maximize efficiency and impact.

Additional Resources

- [Needs Assessment](#) – Baltimore City Health Department
- [Overdose Dashboard](#) – Baltimore City Health Department
- [Baltimore City Opioid Restitution Fund](#)
- [Maryland Interactive Dashboards](#) – Maryland Department of Health

Appendix A

The below adjustments were made to the Baltimore City Overdose Response Strategic Plan for 2025–2027 based directly from community feedback:

- Rearranged strategies to better align with priorities
- Altered language to fit specific suggestions
- Simplified language

Between the drafting and finalization of the Strategic Plan, the City received finalized overdose mortality data for 2025. The City updated its previous goal of a 40% reduction in overdose deaths by 2040 to a new goal of a 50% reduction in overdose deaths by 2040. This project is anchored in 2024 and will build upon existing efforts that have contributed to these downward trends.

FEEDBACK	WHERE TO FIND IT
Include activities that address the root problem of structural inequities and include community strategies	Strategy 1, Activity 1e
Include strategies to help people in need and to empower the public	Strategy 1; Strategy 2; Strategy 3; Strategy 5; Strategy 8; Strategy 9; Strategy 11; Strategy 12; Strategy 13
More focus on prevention and trauma support for youth and families	Strategy 4; Strategy 8, Activity 8d
Address the need to leverage primary care as a place for OUD screening and treatment	Strategy 12
Increase mobile services that meet people where they are	Strategy 1, Activity 1c
Clean up syringe litter	Strategy 1, Activity 1e; Strategy 8, Activity 8b
More education of what is in the drug supply	Strategy 8, Activity 8a
Messaging of safer use of prescription drugs	Strategy 10
Neighborhood disparities and cleanliness	Strategy 1, Activity 1e
Coordinated messaging for community-based organizations	Strategy 10
Highlight successful work and programs	Strategy 10
Help women access resources	Strategy 1, Activity 1b
Help people respond to stigma	Priority 3
Expand programs including basic hygiene, housing, education, childcare, wound care	Strategy 12; Strategy 13
Neighborhood revitalization	Strategy 1, Activity 1e
Define terms like “low barrier” “stigma” “recovery”	Definitions incorporated throughout the report
Leverage peers to increase awareness	Strategy 12, Activity 12c
Target high risk areas like apartment buildings	Strategy 1, Activity 1d

Provide support that is flexible for people who may have responsibilities like employment or people who have dependents.	Strategy 4
Develop a community resource guide or database	Strategy 10
Educate youth	Strategy 4
Share data	Strategy 7
More resource fairs	Strategy 10



City of Baltimore