

# Maryland Overdose Response Program

Department of Health and Mental Hygiene

## Guidance for ORP Reporting to the Department

As established in COMAR 10.47.08.11C "Reporting Information to the Department", an authorized private or public Overdose Response Program (ORP) entity shall report monthly:

- (1) Information on program operations, including:
  - (a) Number of individuals who have completed educational training and refresher training programs;
  - (b) Number of individuals who have been issued certificates; and
  - (c) For private or public entities dispensing naloxone to certificate holders:
    - (i) Form of naloxone dispensed;
    - (ii) Number of initial doses of naloxone dispensed; and
    - (iii) Number of naloxone refills dispensed and reason given for each refill dispensed; and
  - (d) Number and location of naloxone administrations and overdose reversals to the extent this information is reported by certificate holders to the authorized private or public entity;
- (2) Information on certificate holders, including the total number of certificate holders by:
  - (a) Sex;
  - (b) Ethnicity;
  - (c) Race;
  - (d) Age; and
  - (e) the specific status determination for eligibility to receive a certificate
- (3) Any other information required by the Department.

Reporting is required through the Behavioral Health Administration (BHA)'s web-based form.

Access the web-based form: <http://128.8.19.106/Naloxone/>

- The Reporting Form captures information as provided by the trainee on the Trainee Application Form.
- Google Chrome is the required browser for completing this form. Otherwise, your data will not be saved or stored. Contact the ORP Program Administrator for assistance if you do not have access to Google Chrome.
- Once submitted, the form automatically updates the BHA training report database. If you make a mistake, contact the ORP Administrator immediately to correct it.
- The report collects aggregated training information. Before submitting, confirm numbers submitted under each category equal the total trained.
- Submit one report per training session.
- You may submit multiple reports per month, at any time during the reporting period.

The ORP Administrator will periodically confirm training numbers with entities. Program data is posted weekly on the ORP website and will be finalized and published every fiscal year in an annual report<sup>1</sup>.

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<sup>1</sup> Program statistics and annual reports can be found on the ORP website: [Bha.dhmm.maryland.gov/naloxone](http://Bha.dhmm.maryland.gov/naloxone)

## Web-based Form Instructions

Form Field	Instructions
<b>1. Name of Entity (required)</b>	<ul style="list-style-type: none"> <li>• Select your ORP entity name from the drop down list.</li> <li>• If you do not see it on the list, contact the ORP Administrator.</li> </ul>
<b>2. Date of Training</b>	<ul style="list-style-type: none"> <li>• Insert the date on which your entity conducted the training session.</li> </ul>
<b>3. Location of Training</b>	<ul style="list-style-type: none"> <li>• Identify the jurisdiction in the State of Maryland in which your training session was held.</li> </ul>
<b>4. Setting for Training</b>	<ul style="list-style-type: none"> <li>• Select the location where training took place from the dropdown list.</li> <li>• For Law Enforcement, please select “Law Enforcement Training” as the setting.</li> <li>• Use “Other” only if none of the options apply</li> <li>• If you select “Other”, a comment box will appear. Please provide a brief explanation (up to 300 characters).</li> </ul>
<b>5. Check one (type of training)</b>	<ul style="list-style-type: none"> <li>• Indicate whether the training session was:               <ul style="list-style-type: none"> <li>○ An “initial” training for first time trainees where original certificates were issued,</li> <li>○ A “refresher” training for those seeking to update a certificate that is due to expire or has expired, or</li> <li>○ A “proficiency demonstration” in order to renew an individual’s certificate that is due to expire or has expired.</li> </ul> </li> </ul>
<b>6. Total Number Individuals Trained</b>	<ul style="list-style-type: none"> <li>• Enter the total number of people trained (whether or not they received a certificate).</li> <li>• This number should also be equal to the totals for the sub categories of “age” and “sex”.</li> <li>• NOTE: this field does not auto-calculate based on entries under age and sex. Please double check that all numbers add up.</li> <li>• To capture multiple one-on-one or small group trainings, such as in a clinic or outreach setting, enter in the total trained for each day as one training event.</li> </ul>
<b>7. Age</b>	<ul style="list-style-type: none"> <li>• Enter in the total number of trainees by age category when available. This is only optional on the Trainee Application Form, but if collected, must be reported to BHA.</li> <li>• Add the total individuals for each range provided</li> </ul>
<b>8. Sex</b>	<ul style="list-style-type: none"> <li>• Enter in the total number of trainees by sex when available. This is only optional on the Trainee Application Form, but if collected, must be reported to BHA.</li> </ul>
<b>9. Ethnicity/Race</b>	<ul style="list-style-type: none"> <li>• Enter in the total number of trainees by ethnicity/race when available. This is only optional on the Trainee Application Form, but if collected, must be reported to BHA.</li> </ul>

<b>10. Qualification Category</b>	<ul style="list-style-type: none"> <li>• The categories listed here match those designated in Health General §13-3104.</li> <li>• Enter the selection made by the individual on their Trainee Application Form. <ul style="list-style-type: none"> <li>○ “Occupation” for those likely to witness and respond to an overdose because of their place of work.</li> <li>○ “Volunteer Work” for those likely to witness and respond an overdose because of their role as a volunteer.</li> <li>○ “Family Member” for those seeking training because a family member is at risk for experiencing an overdose.</li> <li>○ “Social Experience” for those likely to witness and respond to an overdose because of their social circle or personal experience.</li> </ul> </li> </ul>
<b>11. Number of Certificates Issued</b>	<ul style="list-style-type: none"> <li>• Enter the total number of ORP certificates issued for the training session.</li> <li>• If not all individuals trained complete training or choose to obtain a certificate, this number may vary from the total individuals trained.</li> <li>• If you issue multiple types of certificates in one session (Initial, Refresher, Replacement), provide the total number in each category.</li> </ul>
<b>12. Vouchers</b>	<ul style="list-style-type: none"> <li>• If you provide trainees with a pre-paid voucher to obtain naloxone from partner pharmacies, enter the number of vouchers distributed.</li> <li>• NOTE: BHA will request information from ORPs regarding the number of doses dispensed/purchased with a voucher at the end of each fiscal year for the annual report. Entities are requested to provide this information as available.</li> </ul>
<b>13. Naloxone Dispensed</b>	<ul style="list-style-type: none"> <li>• If your ORP is dispensing naloxone to ORP certificate holders at the time of training, enter the <u>number of doses</u> provided.</li> <li>• NOTE: If you provide a kit with 2 doses of naloxone, count it as 2 doses (even though it is only 1 kit).</li> </ul>
<b>14. Initial doses</b>	<ul style="list-style-type: none"> <li>• Enter the # of doses that were provided to individuals for whom this is an “initial” training.</li> </ul>
<b>15. Refill doses</b>	<ul style="list-style-type: none"> <li>• Enter the number of doses that were provided to individuals who received naloxone as part of a refresher training or proficiency demonstration.</li> <li>• This total can also include the number of refills that were provided to replace used, lost, or stolen naloxone</li> </ul>
<b>16. Type</b>	<ul style="list-style-type: none"> <li>• Indicate the formulation of naloxone dispensed. These include: <ul style="list-style-type: none"> <li>○ Intranasal – Amphastar pre-filled syringe with nasal atomizer</li> <li>○ Intramuscular – Hospira single dose vials with syringes</li> <li>○ Nasal Narcan®</li> <li>○ Evzio® Auto Injector</li> </ul> </li> </ul>
<b>17. Comments</b>	<ul style="list-style-type: none"> <li>• This is a text field that allows you to enter brief comments or any additional information about the training report.</li> </ul>
<b>18. Form Completed by (required)</b>	<ul style="list-style-type: none"> <li>• Enter your name and phone number at which the ORP administrator can contact you with questions about your entry.</li> </ul>