



# Maryland

OPIOID OPERATIONAL  
COMMAND CENTER

## Quarterly Report

January 1, 2020 – March 31, 2020

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## MESSAGE FROM THE EXECUTIVE DIRECTOR

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Thank you for your interest in the Opioid Operational Command Center's (OCCC) quarterly report for the first calendar quarter of 2020.

2020 has presented the country and our state with an increasingly complex set of public health challenges. The global coronavirus pandemic has upended nearly every aspect of our lives. It has challenged our ability to monitor public health and to provide all manner of health care services. In the process, the pandemic has complicated our ability to respond to the continuing opioid and substance use crisis, which remains one of the greatest public health challenges ever to face our state.

During the first quarter of 2020, intoxication-related deaths from all types of drugs and alcohol increased slightly in Maryland when compared to the first quarter of 2019. Opioid-related deaths increased 2.6 percent in the same period. While these figures are disappointing on their own, they are met with further indicators – including substantial increases in both cocaine-related and alcohol-related deaths – of a substance use crisis that has been worsened by societal upheaval.

Beyond the increases in fatality rates, other troubling signs have appeared. Opioid-related emergency department visits and EMS naloxone administrations were down substantially in the first quarter of 2020. Typically, these statistics would rise in correlation with fatalities, and their declines indicate disruptions in our broader response systems that may have lingering effects on people who use drugs. Additionally, it is still impossible to understand precisely when the pandemic first affected the substance use landscape and exactly what the earliest ramifications may have been.

What we can understand is the near certainty of an accelerated substance use crisis as we emerge from the coronavirus pandemic. We can also understand that now is the time to redouble our focus on solutions, both established and innovative. Everybody involved in addressing the opioid crisis – every clinician, every advocacy group, every concerned parent, and every citizen – needs to renew their dedication to addressing this problem.

The OCCC is working closely with partners across the state to tailor a response to a substance use crisis that has taken a new form. With the measures outlined in the plan, we hope to begin simultaneously stanching the immediate fallout from the pandemic and laying the groundwork for the months and years ahead, when the full effects of the pandemic on the substance use crisis are clearer.

The OCCC is here to help in the challenging period ahead, and we will focus on finding solutions together.

Steven R. Schuh



Executive Director  
Opioid Operational Command Center  
Office of the Governor

## EXECUTIVE SUMMARY

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According to preliminary data from the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH), there were increases in unintentional intoxication fatalities related to nearly all major drug categories in Maryland in the first calendar quarter of 2020. During this time, there was a total of 626 reported intoxication deaths from all types of drugs and alcohol. This was an increase of 0.8 percent from the 621 intoxication deaths reported in the first three months of 2019. Opioids accounted for 89.6 percent of all such fatalities. Fentanyl, in particular, was involved in 83.5 percent of all cases.

There were 561 opioid-related deaths in the first quarter of 2020, a 2.6 percent increase from the first quarter of 2019. This is a disappointing, though slight, reversal of last year, when reported opioid-related fatalities decreased by 2.5 percent annually. Last year's decline was the first annual decrease in opioid-related fatalities since the onset of the opioid crisis over a decade ago.

Among opioid-related fatalities, fentanyl was involved in the vast majority of cases. There were 523 fentanyl-related deaths in the first quarter of 2020, representing 93.2 percent of all opioid-related fatalities. Fentanyl-related deaths increased by 4.4 percent from this time last year, compared to a 1.5 percent annual increase in 2019. Other opioid categories saw decreases during the same timeframe. There were 142 heroin-related deaths in the first quarter of 2020, a decline of 28.6 percent from the first quarter of 2019, and there were 95 prescription opioid-related deaths, a decrease of 2.1 percent.

Maryland saw significant increases in the number of fatalities related to other substances in the first quarter of 2020. There were 230 cocaine-related intoxication deaths, a 15.0 percent increase from this time last year. There were 136 alcohol-related intoxication deaths in the same timeframe, a 25.9 percent increase from the first quarter of 2019. Lastly, there were 31 benzodiazepine-related intoxication deaths and 20 methamphetamine-related intoxication deaths, representing a 72.2 percent increase and a 53.8 percent increase, respectively.

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in the first three months of 2020. Baltimore City (205 deaths), Baltimore County (80 deaths), and Anne Arundel County (52 deaths) reported the most deaths, collectively accounting for 60.1 percent of all opioid-related deaths in Maryland. More detail on regional opioid trends can be found on pages 9 and 10 of this report.

In contrast to the increasing number of reported opioid-related fatalities, emergency department (ED) visits for non-fatal opioid overdoses decreased during the first quarter of 2020. There were 1,261 reported opioid-related ED visits during this time, according to MDH. This was a 23.3 percent decrease for the first quarter of 2019, when there were 1,643 opioid-related emergency department visits for non-fatal opioid overdoses.

Similar to ED visits, the number of naloxone administrations by emergency medical services (EMS) personnel also decreased in the first calendar quarter of 2020. According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), in the first 15 weeks of 2020, there were 2,489 reported administrations, a decrease of 19.3 percent from the same timeframe in 2019, when there were 3,086 administrations.

This is the first time the Opioid Operational Command Center (OCC) has included ED visits and naloxone administrations in our quarterly reports. There is an apparent contradiction between the

declining numbers of reported non-fatal ED visits and naloxone administrations and the increasing opioid-related fatalities. The OOC intends to coordinate with our state and local partners to identify any source of discrepancy in these statistics. They are nonetheless reported here to provide a more holistic picture of the current status of the opioid crisis in Maryland.

We do not know currently how the global outbreak of the novel coronavirus (commonly referred to as COVID-19) has impacted any of the statistics presented in this report or how it will continue to influence substance-use trends in the future. Many of the largest disruptions to everyday life in Maryland, such as mandated social distancing practices and travel restrictions, were not implemented until mid-to-late March, the end of the calendar quarter. For context, the Governor's stay-at-home order was not issued until March 30.

While the exact effects of the pandemic remain undetermined, general trends are now emerging. One of the most fundamental concerns is the availability of care for those struggling with substance use disorder (SUD). Increases in social isolation, disruptions to in-person treatment and counseling services, and the reconfiguration of daily routines could have profound impacts on those in crisis or recovery. We remain deeply concerned that the worst may be yet to come for those suffering from SUD. Of particular worry are disruptions to the supply of illicit narcotics, such as fentanyl. Any influx in the supply of fentanyl after an extended disruption due to border closures could lead to a sudden spike in overdoses. Additionally, any deep or sustained economic downturn has the potential to exacerbate despair among high-risk populations, potentially leading to new and worsening substance use.

In collaboration with the Maryland Department of Health, the OOC is leading the development of the state's cross-agency action plan to respond to what we anticipate will be an increasingly challenging environment to combat the substance-use crisis amidst the COVID-19 pandemic. The action plan will supplement the Interagency Heroin and Opioid Coordinating Council's *Annual Coordination Plan* and aims to address the social determinants of health that can protect individuals from negative health outcomes, including problematic substance use. We are coordinating with our partners across state government agencies, and we expect the plan to be finalized and released in June 2020.

To help combat the opioid crisis, the OOC consults regularly with the Opioid Intervention Team (OIT) in each of Maryland's 24 local jurisdictions. OITs are multiagency coordinating bodies that seek to enhance multidisciplinary collaboration to fight the opioid crisis at the local level. OITs are also responsible for administering OOC Block Grant funding (detailed below) to support programs that advance Governor Larry Hogan's three policy priorities of *Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery* as outlined in the *Interagency Opioid Coordination Plan* published in January, 2020. The OOC tracks 129 high-priority programs and initiatives being implemented by OITs that are detailed beginning on page 12 of this report.

The OOC administers two grant programs to fund statewide, local, and nongovernment organizations that help advance the Hogan Administration's policy priorities. Our Block Grant Program distributes \$4 million annually on a formula basis to each of Maryland's 24 local jurisdictions. Our Competitive Grant Program is designed to distribute funding to the highest-scoring proposals received from state and local governments and private, community-based partners. In Fiscal Year 2020, the OOC distributed approximately \$6 million through this program. A summary of our grant programs and the current status of Block Grant and Competitive Grant awards can be found beginning on page 16 of this report.

**Note: The fatalities data presented herein are preliminary and subject to change.**

## OPIOID-RELATED STATISTICS

The following section summarizes various opioid-related statistics in Maryland for the first calendar quarter (January through March) of 2020. The section includes information on the number of unintentional intoxication deaths related to opioids, alcohol, and various licit and illicit drugs according to data provided by the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH). This section also includes data on non-fatal opioid-related emergency department (ED) visits and naloxone administrations by emergency medical services (EMS) personnel.

### Intoxication Deaths

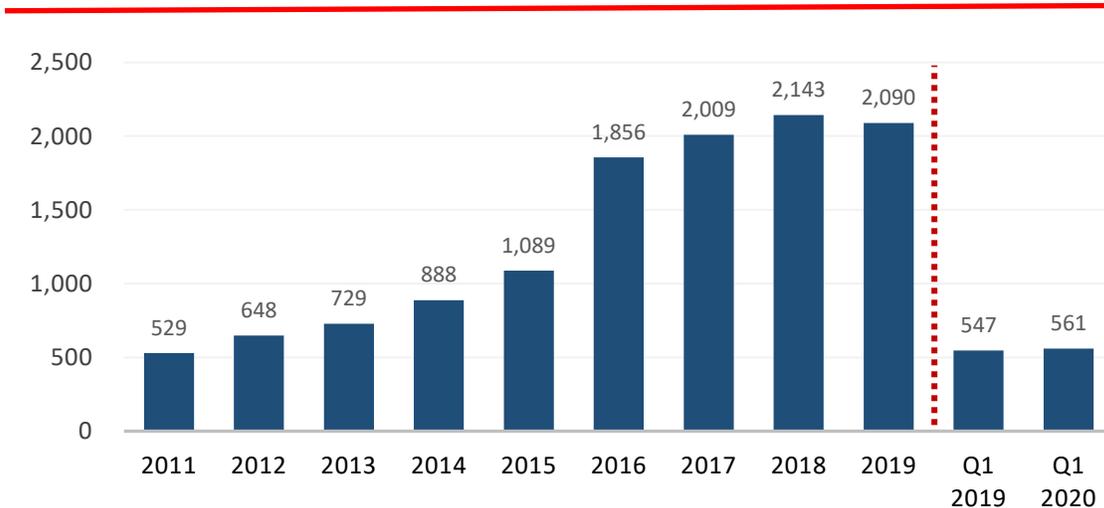
Unintentional intoxication deaths are fatalities resulting from the recent ingestion of or exposure to alcohol and other types of drugs. The substances included in this report are heroin, fentanyl, prescription opioids, cocaine, benzodiazepines, and methamphetamine. Most fatalities involve more than one substance. Subsequently, the sum total of deaths related to specific substance categories in this report does not equal the total number of deaths reported in the quarter. Please note that the fatalities data for 2019 and 2020 are preliminary at the time of this writing.

There were a total of 626 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland in the first calendar quarter of 2020. This was a 0.8 percent increase from the 621 intoxication deaths reported in the same period of 2019. Opioids accounted for 89.6 percent of all such fatalities, and fentanyl in particular was involved in 83.5 percent of all cases.

### Opioid-Related Fatalities

As shown in Figure 1 below, there were 561 opioid-related deaths in the first quarter of 2020, a 2.6 percent increase as compared to the same time last year. Though slight, this increase is disappointing when considering that opioid-related fatalities decreased by 2.5 percent on an annual basis between 2018 and 2019, marking the first such decrease since the beginning of the opioid crisis.

**Figure 1. Opioid-Related Fatalities**  
2011 Through the First Calendar Quarter, 2020\*



\*2019 and 2020 counts are preliminary.

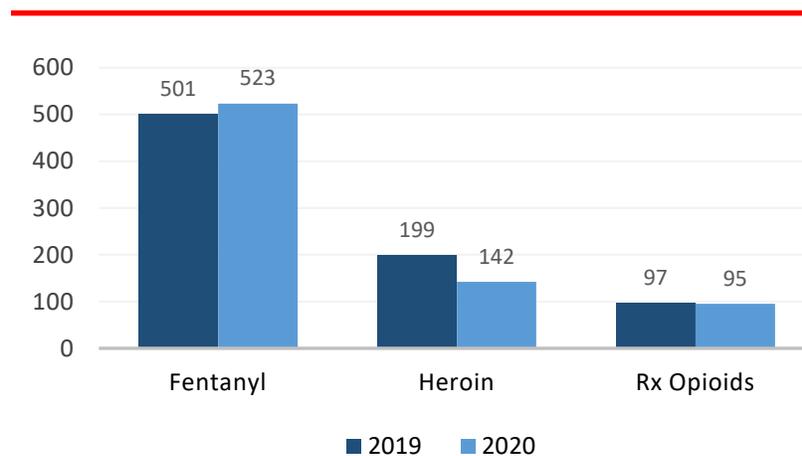


Fentanyl continues to be the deadliest drug in Maryland. Fentanyl was involved in 523 fatalities, accounting for 93.2 percent of all opioid-related deaths. Fentanyl-related deaths increased by 4.4 percent from this time last year, compared to a 1.5 percent annual increase in 2019. The growth rate of fentanyl-related fatalities had been decreasing in the last three years. In 2017, for example, the number of fentanyl-related fatalities increased by 42.4 percent from the previous year, and in 2018, that number grew by 18.4 percent. Much like the increased number of overall opioid-related fatalities, the increase in fentanyl-related deaths may be an anomaly in a broader downward trend but is still very concerning and warrants vigilant observation.

Other opioid categories, namely heroin and prescription opioids, saw decreases in the first quarter of 2020. There were 142 heroin-related fatalities, a 28.6 percent decline from this time last year. Considering that overall opioid-related fatalities increased during the same timeframe, this trend is likely due to continued changes in illicit drug markets. That is, fentanyl has been displacing heroin in the last several years. Heroin-related fatalities have decreased annually since 2016, when there was a peak of 1,212 annual reported deaths.

There were 95 prescription opioid-related deaths in the first quarter of 2020. This is a 2.1 percent decrease from the first quarter of 2019. Like heroin-related fatalities, prescription opioid-related fatalities have decreased every year since 2016, at which time there were 418 annual reported deaths.

**Figure 2. Intoxication Death by Opioid Type**  
*First Calendar Quarter, 2019 vs. 2020\**



### Non-Opioid Substances

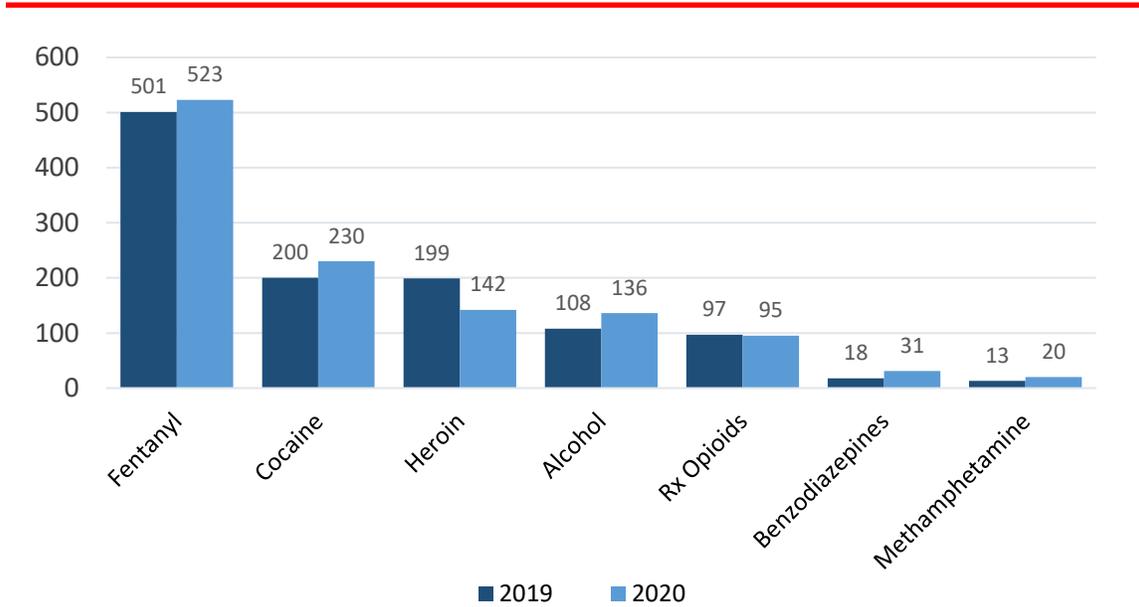
Maryland saw significant increases in the number of fatalities related to other, non-opioid substances in the first quarter of 2020. There were 230 cocaine-related deaths, a 15.0 percent increase from this time last year. Cocaine accounted for the most non-opioid-related fatalities and was the substance most commonly mixed with opioids. There were 136 alcohol-related deaths in the first quarter of 2020, a 13.0 percent increase from the first quarter of 2019. Additionally, there were 31 benzodiazepine-related deaths and 20 methamphetamine-related deaths in the first three months of 2020, representing a 72.2 percent and 58.3 percent increase, respectively. These increases are striking despite the relatively smaller number of cases involved. For reference, in 2019, benzodiazepine-related fatalities decreased by 15.7 percent annually while methamphetamine-related fatalities increased by 28.1 percent annually.

\*2019 and 2020 counts are preliminary.



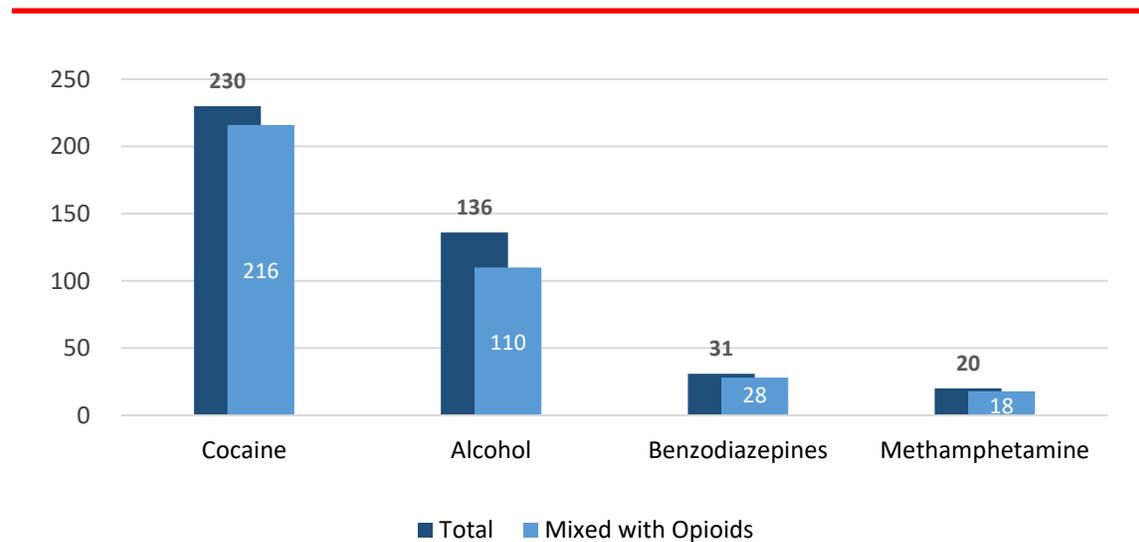
Total methamphetamine-related fatalities reported in the first quarter of 2020 alone account for nearly half of the annual total reported in 2019, indicating rapid acceleration in methamphetamine use.

**Figure 3. Intoxication Deaths by Substance**  
*First Calendar Quarter, 2019 vs. 2020\**



It is critical to note that the vast majority of fatalities involving non-opioid substances also involved combined use with opioids. Of the 417 instances in which a non-opioid was identified as a contributor to unintentional intoxication deaths, opioids were present 89.2 percent of the time.

**Figure 4. Deaths Involving Substances Mixed with Opioids**  
*First Calendar Quarter, 2020\**



\*2019 and 2020 counts are preliminary.



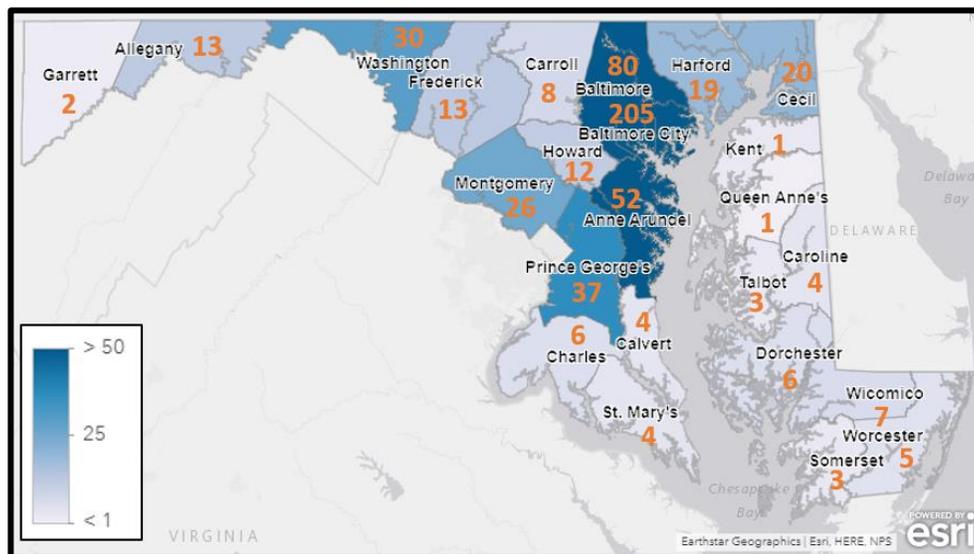
### Fatalities at the County-Level

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in the first quarter of 2020. Baltimore City (205 deaths), Baltimore County (80 deaths), and Anne Arundel County (52 deaths) experienced the highest number of fatalities, collectively accounting for 60.1 percent of all opioid-related deaths in Maryland. Other counties that reported high numbers of opioid-related fatalities included Prince George’s County, Washington County, and Montgomery County. These counties had 37, 30, and 26 fatalities, respectively.

**Table 1. Opioid-Related Intoxication Deaths by County**  
*First Calendar Quarter, 2020\**

County	2019	2020	Difference	County	2019	2020	Difference
Allegany	7	13	6	Harford	19	19	0
Anne Arundel	49	52	3	Howard	8	12	4
Baltimore City	239	205	(34)	Kent	3	1	(2)
Baltimore	76	80	4	Montgomery	19	26	7
Calvert	8	4	(4)	Prince George's	14	37	23
Caroline	5	4	(1)	Queen Anne's	4	1	(3)
Carroll	14	8	(6)	Somerset	1	3	2
Cecil	11	20	9	St. Mary's	4	4	0
Charles	3	6	3	Talbot	3	3	0
Dorchester	1	6	5	Washington	24	30	6
Frederick	20	13	(7)	Wicomico	8	7	(1)
Garrett	0	2	2	Worcester	7	5	(2)
<b>Statewide Total</b>					<b>547</b>	<b>561</b>	<b>14</b>

**Figure 5. Opioid-Related Intoxication Deaths in Maryland by County**  
*First Calendar Quarter, 2020\**



\*2019 and 2020 counts are preliminary.



Geographically, the most significant increases in opioid-related fatalities were seen in the Capital Region, which is made up of Montgomery County, Prince George’s County, and Frederick County. The Capital Region had 76 opioid-related fatalities in the first quarter of 2020, a 43.4 percent increase from the first quarter of 2019. The largest increase, both regionally and statewide, was observed in Prince George’s County, which had 23 additional fatal overdoses (37 in 2020 compared to 14 in 2019, a 164.3 percent increase).

Western Maryland, which includes Garrett County, Allegany County, and Washington County, saw a 45.2 percent regional increase, with 45 fatalities in the first quarter of 2020. Washington County led the region with 30 reported opioid-related fatalities, and Allegany County had an increase of 85.7 percent, with 13 fatalities.

The Eastern Shore saw a regional increase of 16.3 percent with 50 fatalities. The Eastern Shore is made up of Cecil, Caroline, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester counties. Cecil County, in particular, saw a significant increase, with 9 additional opioid-related fatalities. This was an 81.8 percent increase from the first quarter of 2019.

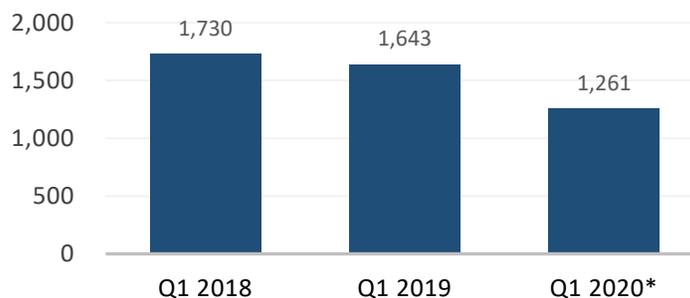
The largest decline in opioid-related fatalities was observed in Central Maryland, primarily resulting from a large decrease in Baltimore City. Central Maryland includes Anne Arundel County, Baltimore City, Baltimore County, Carroll County, Harford County, and Howard County. There were 29 fewer overdoses in Central Maryland, a decrease of 7.2 percent. Baltimore City had 34 fewer fatalities compared to this time last year, a 14.2 percent decrease.

Southern Maryland had 14 regional opioid-related fatalities, one fewer than last year, or a decrease of 6.7 percent. Southern Maryland includes Calvert County, Charles County, and St. Mary’s County.

### Emergency Department Visits

In apparent contradiction to the statistics on opioid-related fatalities reported above, the number of reported emergency department visits for non-fatal opioid overdoses decreased in the first calendar quarter of 2020. There were 1,261 such reported visits in the first three months of 2020, according to the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (“ESSENCE”) maintained by MDH. This is a 23.3 percent decrease from the first quarter of 2019, when there were 1,643 opioid-related ED visits for non-fatal opioid overdoses.

**Figure 6. Non-fatal Opioid Overdose  
Emergency Department Visits  
First Calendar Quarter, 2020\***



\*2020 counts are preliminary.

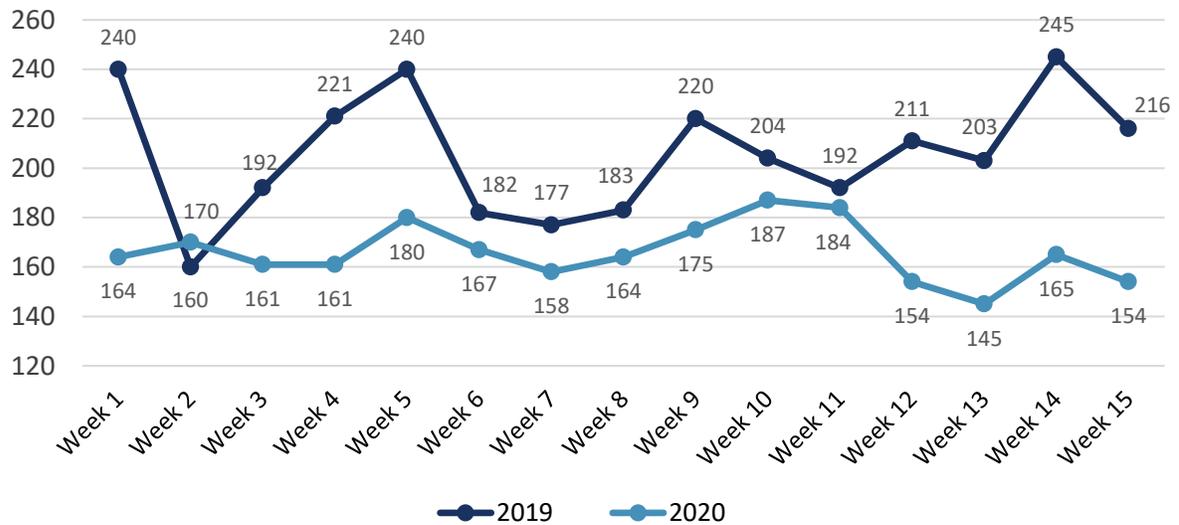


While we do not know for certain why reported opioid-related ED visits decreased while opioid-related fatalities increased during the same timeframe, it should be acknowledged that the coronavirus pandemic was likely a contributing factor. According to ESSENCE, total ED visits for all conditions began declining in mid-to-late March, likely the result of individuals avoiding EDs due to fear of contracting the virus or as to not overburden the healthcare system. This is the same timeframe in which social distancing measures and travel restrictions were adopted in Maryland as discussed in the Executive Summary of this report.

### Naloxone Administrations

As with non-fatal opioid-related ED visits, the number of naloxone administrations by emergency medical services personnel decreased in the first calendar quarter of 2020. According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), in the first 15 weeks of 2020, there were 2,489 naloxone administrations by EMS professionals in Maryland. This was a decrease of 19.3 percent from the same timeframe in 2019, when there were 3,086 administrations.

**Figure 7. Naloxone Administrations by EMS Personnel**  
*First Calendar Quarter, 2020\**



This is the first instance that the OOC has included ED visits and naloxone administrations in our quarterly reports. There is an apparent contradiction between the declining numbers of reported non-fatal ED visits and naloxone administrations and the increasing opioid-related fatalities. The OOC intends to coordinate with our state and local partners to identify any discrepancy in these statistics.

\*2020 and 2019 counts are preliminary.



## COVID-19 CROSS-AGENCY ACTION PLAN

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The global coronavirus pandemic has necessitated a sweeping response that has rewired the systems of the opioid crisis, from drug-supply chains, to drug-use behaviors, to the provision of treatment. We do not yet know exactly how the pandemic has impacted any of the drug-use statistics presented in this report or how it will continue to influence substance-use trends in the future. Many of the largest disruptions to everyday life in Maryland, such as mandated social-distancing practices and travel restrictions, were not implemented until the final weeks of the quarter. These actions were the first official signals of the pandemic; however, it is impossible to understand precisely when the pandemic first affected the substance use landscape.

While the exact effects of the pandemic remain undetermined, general trends are now emerging. One of the most fundamental concerns is the availability of care for those struggling with substance use disorder (SUD). Increases in social isolation, disruptions to in-person treatment and counseling services, and the reconfiguration of daily routines could have profound impacts on those in crisis or recovery. Expanded access to telemedicine and to medications, such as methadone and buprenorphine for opioid-treatment-program (OTP) patients, were important early accommodations, but they may prove to be only small components of what is needed in the future.

We remain deeply concerned that the worst may be yet to come for those suffering from SUD. Of particular worry are shortages in the supply of illicit narcotics, such as fentanyl. Any resurgence of the supply of fentanyl after an extended disruption due to border closures could lead to a sudden spike in overdoses. This phenomenon is widely observed among those who have recently been released from incarceration or who have relapsed after treatment. Those who resume using their regular dosage of opioids after an extended period of withdrawal or tapering are at higher risk for overdose due to decreased tolerance. Additionally, any deep or sustained economic downturn has the potential to exacerbate despair among high-risk populations, potentially leading to new and worsening opioid use.

In collaboration with the Maryland Department of Health, the OOC is leading the development of the state's new Cross-Agency Action Plan to respond to what we anticipate may be an increase in overdose fatalities following COVID-19. The plan will supplement the *Inter-Agency Opioid Coordination Plan* and will aim to address the social determinants of health, which can protect individuals from negative health outcomes, including problematic substance use.

The OOC has received input from state partner agencies including MDH, Maryland Department of Labor, MIEMSS, Maryland Department of Housing and Community Development (DHCD), Governor's Office for Crime Prevention Youth and Victim Services (GOCPYVS), Maryland Insurance Administration, High Intensity Drug Trafficking Area (HIDTA), and the Maryland State Police (MSP). Information gleaned from these partners is being incorporated into a plan that can be implemented quickly. We expect the plan to be released in June 2020.

## OPIOID INTERVENTION TEAMS UPDATE

The OCCC coordinates routinely with the Opioid Intervention Team (OIT) in each of Maryland’s 24 local jurisdictions. OITs are multiagency coordinating bodies that seek to enhance multidisciplinary collaboration to combat the opioid crisis at the local level. Each OIT is chaired by the local health officer and the emergency manager. OITs are also required to have representatives from various agencies and organizations, including law enforcement, social services, education, and various private community and faith-based groups. Each OIT is responsible for administering OCCC Block Grant funding (detailed beginning on page 16) to support local programs that advance Governor Hogan’s three policy priorities of *Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery* as outlined in the *Inter-Agency Opioid Coordination Plan* published in January, 2020.

**Important note:** Many OIT members are involved with the coronavirus pandemic response at the local level. Despite the incredible amount of time and resources each jurisdiction has devoted to the pandemic response, OITs are also continuing their work to address the ongoing and competing opioid crisis. Many OITs began meeting virtually during this time and are making additional adjustments to accommodate all mandated public health procedures in their activities.

### Local Best Practices

The OCCC has identified and tracks 129 high-priority programs and services supported by OITs around the state. The charts below illustrate the implementation of these activities by our local partners based on self-reported OIT data. Responses on implementation status range from “no programming planned” (red) to “substantial programming in place” (dark green).

**Table 2. Summary of Program Implementation by Jurisdiction**

OIT Program Inventory - Totals <i>First Calendar Quarter, 2020</i>	Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
<b>Total of Substantial Programming Implemented</b>	61	45	65	62	29	61	64	41	3	35	48	25	90	54	69	32	38	37	46	56	77	81	46	39
<b>Total of Some Programming Implemented</b>	22	57	39	43	53	21	40	68	71	27	59	38	14	46	20	54	45	33	26	51	18	24	59	43
<b>Subtotal of Substantial &amp; Some Programming</b>	83	102	104	105	82	82	104	109	74	62	107	63	104	100	89	86	83	70	72	107	95	105	105	82
<b>Total Programming in Development</b>	5	21	17	21	35	6	11	10	18	36	14	19	19	16	18	16	10	23	16	13	2	11	7	13
<b>Total of Programs Not Planned</b>	41	6	8	3	12	34	14	10	37	31	6	47	6	10	20	27	34	35	37	9	23	13	17	21

Of Maryland’s 24 local jurisdictions, 22 reported having at least 50 percent of the 129 high-priority programs substantially or partially implemented. Around half (11) of local jurisdictions reported having at least 75 percent of these programs substantially or partially implemented. While all counties reported plans to expand high-priority programming, no counties reported full or partial implementation of all 129 programs, and no counties reported having plans to implement all 129 programs. This analysis illustrates two important points. One, all of Maryland’s jurisdictions have made great progress in implementing high-priority programs in order to combat the substance-use crisis. However, there remains ample opportunity to expand programs and services in the future in every part of the state. Two, the substance-use crisis is a multifaceted issue with varying regional and statewide characteristics, and local officials should continue to prioritize programming based on their jurisdiction’s specific needs.



**Table 3. Full Local Best Practices Matrix**

OIT Program Inventory First Calendar Quarter, 2020	Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
	<b>Public Health</b>																							
<b>1. Harm-Reduction Programs:</b>																								
Naloxone Distribution																								
Naloxone Training																								
Syringe-Service Program																								
Fentanyl Test-Strip Distribution																								
Wound-Care Program																								
<b>2. Information Campaigns (PSAs):</b>																								
211 Press 1																								
Access to Treatment																								
Anti-Stigma																								
Fentanyl																								
Good Samaritan																								
Naloxone																								
Safe-Disposal																								
Talk to Your Doctor																								
<b>3. Local Hotline to Access Treatment</b>																								
<b>4. Mobile-SUD Services (Non-Treatment)</b>																								
<b>5. Prescriber Education/Academic Detailing</b>																								
<b>6. Safe-Disposal Program/Drop Boxes</b>																								
<b>7. Employer-Education and Support Programs:</b>																								
Drug-Awareness Prevention																								
Information/Referral for Employees Seeking Treatment/Recovery																								
<b>Behavioral Health</b>																								
<b>8. Assertive Community Treatment (ACT) Program</b>																								
<b>9. SUD Crisis -Services Facilities (Outside of ED)</b>																								
Assessment and Referral Center/Safe Station																								
Allow Walk-ins																								
23-Hour Stabilization Services																								
1-4 Day Stabilization Services																								
Mobile Crisis Team																								
24/7 Operation																								
<b>10. Mobile-Treatment Program (Dispensing, etc.)</b>																								
<b>11. Medication-Assisted Treatment Availability:</b>																								
Vivitrol																								
Buprenorphine																								
Methodone																								
<b>12. Certified Peer-Recovery Specialist Support:</b>																								
DSS Service Center																								
Health Department																								
Hospital ER																								
Jail																								
Parole and Probation Offices																								
Walk-in Center																								
On-Call 24/7 Availability																								
Post-Incident Outreach																								
<b>13. Outpatient SUD Services in Jurisdiction:</b>																								
ASAM Level 0.5 Early Intervention																								
ASAM Level 1.0 for Adolescents and Adults																								
ASAM Level 2.1 Intensive Outpatient																								



OIT Program Inventory First Calendar Quarter, 2020		Allegheny	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Gaithersburg	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
<b>Behavioral Health (cont'd)</b>																									
<b>14. ASAM Level 2.5 Partial Hospitalization</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>15. Licensed SUD Residential-Treatment Programs:</b>																									
3.1 Clinically Managed Low-Intensity		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.3 Clinically Managed High-Intensity for Adults Only		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.5 Clinically Managed High-Intensity for Adults & Adolescents		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.7 Medically Monitored Intensive Inpatient		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.7 Medically Monitored Inpatient Withdrawal Mgmt.		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>16. Recovery-Support Programs</b>																									
Sober-Living/Recovery Housing		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Wellness/Recovery Centers		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>17. Recovery Oriented Systems of Care (ROSC)</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>Judiciary/States Attorney</b>																									
<b>18. Specialized Courts:</b>																									
Adult Drug Court		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Adolescent Drug Court		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>19. Public-Messaging Program</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>20. Prosecute for Distribution Leading to Death</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>21. Pre-Trial Referral-to-Treatment Protocol</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>22. Information Cards Provided by Commissioners</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>Corrections</b>																									
<b>23. Universal Substance-Use Screening During Intake</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>24. Pre-Trial Referral to Treatment</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>25. Drug-Treatment Programs While Incarcerated:</b>																									
Counseling		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Methadone		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Buprenorphine		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Vivitrol		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Outpatient (1.0)		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Intensive Outpatient (2.1)		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>26. Day-Reporting Center</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>27. Facilitated Re-Entry Programs:</b>																									
Employment-Transition Support		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
MAT Upon Release		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Naloxone Provided at Release		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Recovery-Housing Referral		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Transportation Assistance		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Treatment-Program Referral/Warm Hand-Off		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>28. Provide State Inmates Access to Local Re-Entry Programs</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>29. Organized Planning for HB 116</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>30. Compassion-Fatigue Program</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>Parole and Probation</b>																									
<b>31. Screening and Referral to Treatment</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>32. Treatment Monitoring Program</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>33. SUD Services On-Site at Parole and Probation Offices</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>Emergency Medical Services</b>																									
<b>34. Post-Incident EMS Outreach after Overdose</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>35. Leave-Behind Information Cards</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>36. Leave-Behind Naloxone</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>37. Transport to Alternative Destination (Non-ED)</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>38. Compassion-Fatigue Program</b>		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■



OIT Program Inventory First Calendar Quarter, 2020	Allegheny	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
	<b>Law Enforcement</b>																							
39. All Police Trained in Naloxone																								
40. All Police Carry Naloxone																								
41. Leave-Behind Information Cards																								
42. Post-Incident Police Outreach after Overdose																								
43. Community-Awareness SUD Programming																								
44. Organized Pre-Arrest SUD Diversion/Referral Program																								
45. Crisis Intervention Team-Trained Officers																								
46. Heroin/Overdose Coordinator																								
Use ODMap																								
Receive Spike Alerts																								
47. Compassion-Fatigue Program																								
<b>Social Services</b>																								
48. SUD Screening and Referral at Intake																								
Medicaid																								
SNAP																								
49. Support Program for Exposed Newborns/Families																								
50. DSS Staff Deployed in Schools																								
<b>Hospitals in Jurisdiction</b>																								
51. Dedicated Behavioral Health/SUD Emergency Room																								
52. Buprenorphine Induction																								
53. Warm Hand-Off to SUD Provider/Services																								
54. Naloxone Distribution at Discharge																								
55. Peer Specialists on Staff																								
56. Prescribing Guidelines for Staff																								
57. Prescribing Patterns Tracked																								
<b>Education</b>																								
58. Let's Start Talking Grade 3 -12 Prevention Education																								
59. Supplemental Drug-Awareness Education																								
60. Behavioral Health Professionals on Staff (Non-Special Ed.)																								
61. School Nurses Program:																								
Mental Health First-Aide Training																								
Naloxone in Health Room																								
Assist with Prevention Education																								
62. "Safe Place" Identified within the School																								
63. Mechanisms in Place to Identify Impacted Youth																								
64. Services for Students Impacted by SUD at Home																								
65. Handle with Care Implemented																								
66. School-Based Prevention Clubs (e.g., SADD)																								
67. Community-Awareness Programming (After School)																								
<b>Higher Education</b>																								
68. Substance Misuse Information Campaigns for Students																								
69. Student Wellness/Recovery Center																								
70. SUD Student-Support Programing																								
71. Host SUD Events for Community																								
<b>OIT</b>																								
72. Full Membership																								
73. Organized in Manner Consistent with Governor's Order																								
74. OIT Meets at Least Bi-Monthly																								
75. Updated Strategic/Implementation Plan																								
76. Co-Chaired by Health Officer and Emergency Manager																								
77. Emergency Manager Is Cabinet-Level Officer																								
78. Elected Officials Participate Regularly in OIT Meetings																								
79. Elected Officials Engaged Regularly in SUD Programming																								
80. Full-Time Opioid Programming Coordinator																								



## OOCC GRANTS

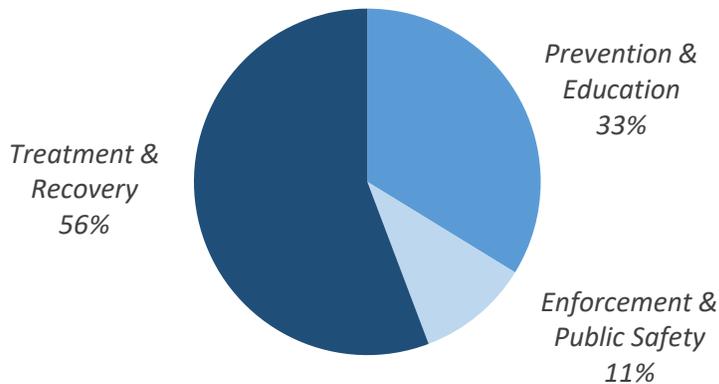
### OOCC Grants Summary

The OOCC distributes funding through two distinct grant programs: (i) our Block Grant Program for local OITs and (ii) our Competitive Grant Program for statewide, local, and nongovernment grants. The purpose of the Block Grant Program is to provide a base level of flexible funding to all 24 local jurisdictions in order to combat the opioid crisis. The Block Grant Program is formula-based, with \$2 million in funding distributed equally among all jurisdictions and an additional \$2 million allocated proportionately according to opioid-related mortality rates. The purpose of the Competitive Grant Program is to distribute funding to the highest-scoring proposals received from state and local governments and from private, community-based partners. Proposals are scored based on how well they align with the OOCC’s mission and the *Inter-Agency Opioid Coordination Plan* and how well they address the most pressing needs around the state.

### Overview of Combined Grant Programs

The chart below illustrates combined grant program funding for Fiscal Year 2020 (July 1, 2019 to June 30, 2020) relative to Governor Hogan’s policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*. The 2020 Competitive Grant Program included two rounds of awards: one round of the total program allocation (approximately \$6 million) and a second round to reallocate first-round awards that were returned and/or canceled (approximately \$700,000). The second-round award distributions are still being finalized as of this writing.

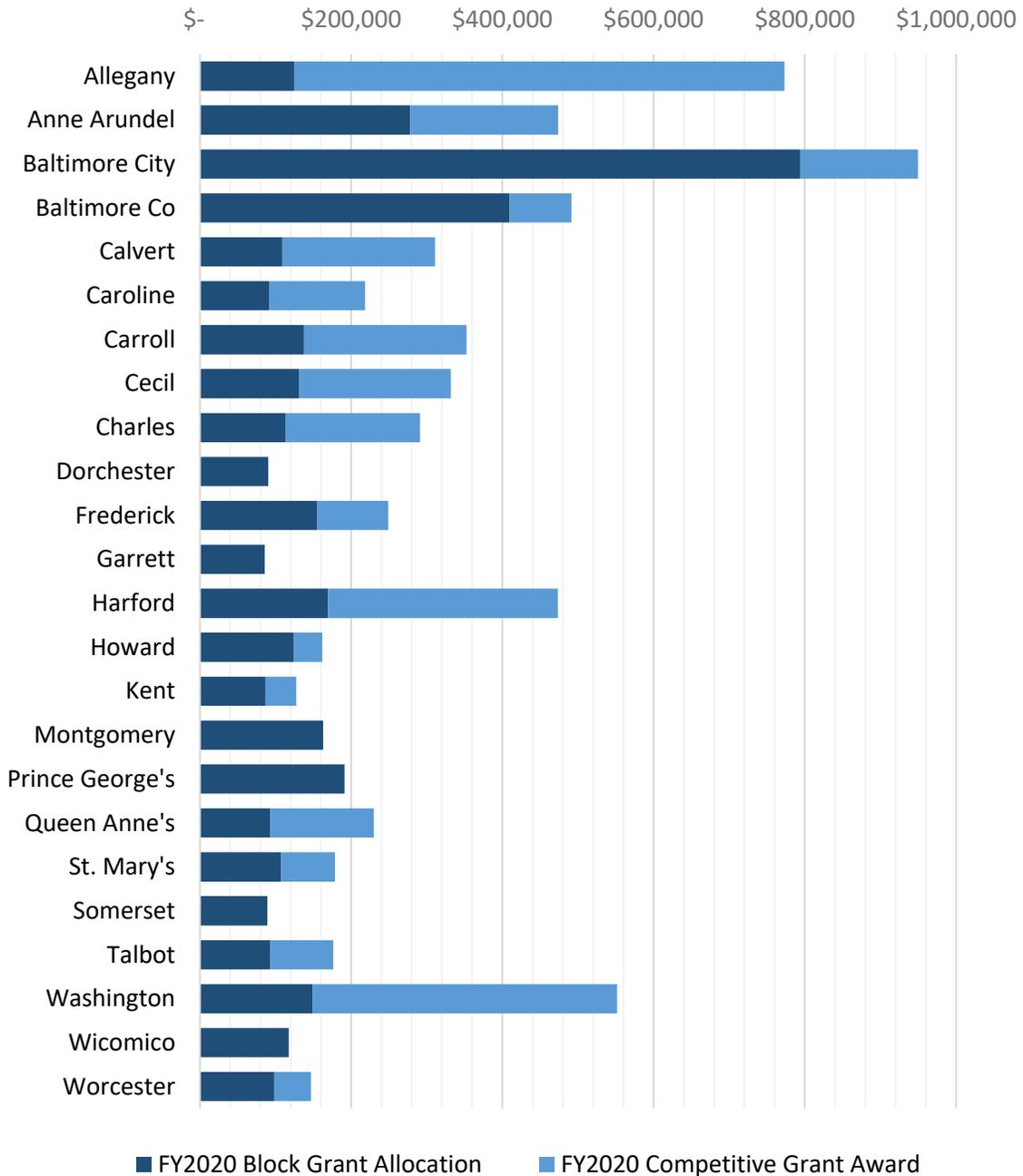
**Figure 8. OOCC FY2020 Block Grants and Competitive Grants by Priority Area**  
*First Calendar Quarter, 2020*



**Important note:** Due to the coronavirus pandemic, the OOCC is working with its grantees to adapt 2020 project implementation to accommodate all state and local public health considerations. For example, many grantees are working to provide trainings or information sessions virtually instead of in-person as originally planned. Additionally, the OOCC is coordinating with grantees in observance of these guidelines by conducting grant progress reviews and expenditure reviews through the use of virtual meetings.

As shown in Figure 9, Baltimore City, Allegany County, Washington County, and Baltimore County will receive the greatest amount of grant funding in Fiscal Year 2020. Grants benefitting multiple jurisdictions or the entire state are excluded from this chart; those grants total \$1.9 million.

**Figure 9. Fiscal Year 2020 OOCB Block Grants and Competitive Grant Funding by Jurisdiction**



## Grants by Jurisdiction

The following table summarizes how the OOC intends to allocate approximately \$10 million in Block and Competitive Grant funding by jurisdiction in Fiscal Year 2020.

**Table 3. FY 2020 Block Grants and Competitive Grants Summary**

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
<b>Allegany County</b>		
\$124,612	Block	Educate and provide outreach about the growing crisis of opioid prescription drugs and heroin misuse in the community
		Reduce illicit supply of opioids
		Support peer-recovery services
		Increase availability of naloxone for first responders
\$443,000	Competitive	Provide training and mentorship in a stress- and trauma-relief model to educators, healthcare workers, and addiction and detention programs
\$205,000	Competitive	Support efforts of the Sheriff’s Office to educate community on opioids
<b>Anne Arundel County</b>		
\$278,074	Block	Expand public-outreach programming to increase awareness and decrease morbidity and mortality from opioid overdoses and to reduce the stigma associated with opioid use disorder
		Continue supporting Safe Stations
		Support start-up funding for recovery center
\$66,000	Competitive	Support for children whose parent(s) and other close relatives have experienced a fatal or nonfatal overdose
\$53,000	Competitive	Support for peer support services at the county detention centers
\$77,000	Competitive	Expand recovery services
<b>Baltimore City</b>		
\$793,719	Block	Continue supporting mobile treatment clinic
		Support increased access to harm-reduction materials and community-outreach activities
		Support treatment program for access to medication-assisted treatment and care coordination, case management and health-literacy services
\$59,000	Competitive	Reduce barriers to treatment services
\$97,000	Competitive	Help women in accessing treatment and recovery services

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
<b>Baltimore County</b>		
\$409,565	Block	Continue supporting peer recovery services
\$67,000	Competitive	Support a care coordinator and peer outreach associate to help individuals and families suffering from substance use disorder
\$15,000	Competitive	Support mental and behavioral health counseling for children and families who are surviving victims of the opioid crisis
<b>Calvert County</b>		
\$108,966	Block	Provide peer recovery-support in the local emergency department
		Expand access to clinical services and medications that support recovery from substance use disorder
		Support medication-assisted treatment coordinator
		Increase community awareness
\$60,000	Competitive	Provide health curriculum in public school system focusing on mental- and emotional-health supports and substance use disorder prevention.
\$56,000	Competitive	Support substance misuse prevention groups in the public school system
\$20,000	Competitive	Support behavioral health services (addressing both substance misuse and mental health issues) in the public school system
\$66,000	Competitive	Expand recovery services
<b>Caroline County</b>		
\$91,323	Block	Enhance data collection and analysis
		Support treatment and recovery services
		Decrease growth in opioid misuse through support of K-9 program
\$9,000	Competitive	Support for trauma-informed training for therapists and counselors
\$118,000	Competitive	Support for medical director to provide behavioral health services
<b>Carroll County</b>		
\$137,594	Block	Continue supporting mobile crisis services
\$47,000	Competitive	Provide prevention-focused programming in two high schools, four middle schools, as well as 4 <sup>th</sup> - and 5 <sup>th</sup> -grade students from five Westminster-area elementary schools
\$62,000	Competitive	Support for opioid abuse prevention project in public schools
\$106,000	Competitive	Support three certified peer recovery specialists



<i>Award</i>	<i>Type</i>	<i>Project Description</i>
<b>Cecil County</b>		
\$130,937	Block	Support youth risk-prevention program
		Support over-the-counter medication safety training for youth
		Provide transportation assistance to those in treatment and recovery
		Support Drug-Free Cecil - Youth Leadership Project
		Expand peer recovery specialist services in the community
\$97,000	Competitive	Support prevention efforts in the public school system
\$104,000	Competitive	Support prevention programming for Cecil youth
<b>Charles County</b>		
\$112,960	Block	Support for Opioid Intervention Team coordination
		Expand peer recovery support services
		Support harm reduction programming
		Increase availability of naloxone for first responders
		Support and facilitate outreach and public-awareness events
\$178,000	Competitive	Provide behavioral health services in the detention center
<b>Dorchester County</b>		
\$90,324	Block	Support for Opioid Intervention Team coordination
		Continue supporting drug-free fun and structured activities for youth and young adults
		Support peer recovery services
		Ongoing support SBIRT (screening, brief intervention, and referral to treatment) services
<b>Frederick County</b>		
\$155,237	Block	Expand peer recovery support services
\$94,000	Competitive	Expand outreach to families after an overdose death
<b>Garrett County</b>		
\$85,664	Block	Support Community Resource Team (CRT) to provide a bridge between identified potential clients and opioid-addiction services
		Support program to eliminate barriers to recovery
		Support drug prevention and education program in the school system
		Support for Opioid Intervention Team



<i>Award</i>	<i>Type</i>	<i>Project Description</i>
<b>Harford County</b>		
\$169,552	Block	Support a central intake, navigation, and recovery team to enhance early identification and intervention for those with substance use disorder
\$59,000	Competitive	Support for parenting and family training sessions to increase resilience and reduce risk factors
\$126,000	Competitive	Support for a certified peer recovery specialist to partner with EMS
\$119,000	Competitive	Support recovery housing and support services
<b>Howard County</b>		
\$124,279	Block	Support SBIRT (screening, brief intervention, and referral to treatment) services and connection to treatment providers
\$37,000	Competitive	Support a peer counselor in the detention center
<b>Kent County</b>		
\$86,662	Block	Continue supporting peer specialist(s) for Opioid Community Intervention Project
\$41,000	Competitive	Develop an integrated process for planning, policy development, and services for inmates with addiction and mental health issues
<b>Montgomery County</b>		
\$162,894	Block	Support public-awareness campaign
		Host four or more community forums on opioid and substance misuse
		Continue supporting community and police access to naloxone
		Continue supporting Stop Triage Engage Educate Rehabilitate (STEER)
<b>Prince George's County</b>		
\$191,190	Block	Support public-awareness campaign
		Support outreach efforts to overdose survivors and their families for service connection
<b>Queen Anne's County</b>		
\$92,654	Block	Support naloxone distribution and training program
		Support Go Purple Campaign
		Support peer-recovery services
		Support access to medications that support recovery from SUD
\$137,000	Competitive	Support informational campaign, education and training, and enhanced data collection



<i>Award</i>	<i>Type</i>	<i>Project Description</i>
<b>Somerset County</b>		
\$88,992	Block	Expand law enforcement support
		Support peer recovery support specialist
		Promote Somerset County Opioid United Team (SCOUT) initiative
<b>St. Mary's County</b>		
\$107,634	Block	Support peer recovery support specialist program
		Support for Opioid Intervention Team coordination
		Support treatment services to persons with substance use disorder who are incarcerated
\$59,000	Competitive	Support a multi-faceted campaign for opioid prevention and awareness in the public school system
\$12,000	Competitive	Provide alternative pain-management training to clinicians
<b>Talbot County</b>		
\$92,654	Block	Support for Early Intervention Project to connect women during the prenatal period when drug use is identified/suspected with counseling and other support services
		Provide prevention and intervention for high-risk students and families
\$22,000	Competitive	Support opioid-education programming
\$62,000	Competitive	Provide a licensed social worker for students in the Bay Hundred area
<b>Washington County</b>		
\$148,913	Block	Continue supporting opioid crisis response team
		Support Washington Goes Purple, which educates youth and community about the dangers of prescription pain medication
\$87,000	Competitive	Support Washington Goes Purple campaign to increase awareness of opioid addiction and encourage students to get/stay involved in school
\$13,000	Competitive	Support purchase of drug-disposal boxes
\$16,000	Competitive	Support high-intensity services for justice-involved youth and families
\$57,000	Competitive	Support the Sheriff's Office day reporting center
\$230,000	Competitive	Support a sober-living facility for adult women.

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
<b>Wicomico County</b>		
\$117,288	Block	Support Heroin and Opioid Coordinator for the Wicomico County Goes Purple campaign
		Support for Opioid Intervention Team coordination
		Support First Responder's Appreciation Dinner
		Reduce illicit supply of opioids through enforcement
		Support education and prevention campaign
<b>Worcester County</b>		
\$98,313	Block	Support peer recovery specialist assignment in hospital ER
\$49,000	Competitive	Support of Worcester Goes Purple awareness campaign

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
<b>Multi-jurisdictional and Statewide</b>		
\$9,000	Competitive	Support Lower Shore Addiction Awareness Visual Arts Competition
\$20,000	Competitive	Train women who are incarcerated as certified peer recovery specialists
\$49,000	Competitive	Support anti-stigma campaign in four counties across each region of the state to create awareness of opioid use disorder and related stigma
\$50,000	Competitive	Provide harm reduction materials at Maryland senior centers
\$97,000	Competitive	Support a family peer support outreach specialist for Maryland families who are struggling with substance use disorders
\$108,000	Competitive	Support families impacted by substance use statewide through Families Strong programming
\$129,000	Competitive	Expand law-enforcement-assisted diversion (LEAD) programs to direct people in crisis to treatment
\$295,000	Competitive	Improve access to naloxone statewide, specifically EMS
\$532,000	Competitive	Support a regional crisis-stabilization center for Worcester, Wicomico, and Somerset counties
\$581,000	Competitive	Increase monitoring and regulatory oversight of controlled-substances prescribers and dispensers