



Maryland

OPIOID OPERATIONAL
COMMAND CENTER

2020 Second Quarter Report

April 1, 2020 – June 30, 2020

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Thank you for your interest in the Opioid Operational Command Center's (OCCC) report for the second calendar quarter of 2020 and for your interest in "the other public health crisis" plaguing our state and country today: the ongoing opioid crisis.

This report marks an inflection point in Maryland's response to the opioid crisis. With the knowledge afforded by the fatalities data in this report and additional information provided through our daily work, we are now clear in our understanding that the coronavirus pandemic has had significant and detrimental effects on substance use trends in Maryland.

During the second quarter of 2020, Maryland saw increases in fatalities related to almost every class of substance. The synthetic opioid fentanyl continues to present the most serious challenges as it plays an increasing role in the majority of not only opioid-related deaths but also all intoxication-related deaths in the state.

Equally concerning is the recent spike in deaths related to non-opioid substances such as alcohol. Alcohol was responsible for almost 35 percent more deaths in the first half of 2020 than it was in the first half of 2019. Such drastic increases in deaths related to alcohol and other non-opioid substances, including cocaine, are evidence of general increases in substance use, leading us to further understand that the despair wrought by the pandemic has been broad and far-reaching.

Other indicators of worsening opioid and substance use also continued to present themselves throughout the first half of this year. Unexpected trends in non-fatal opioid overdose emergency room visits and naloxone administration, which began to emerge during the first quarter of the year, have continued to indicate generally worsening substance use patterns in the second quarter.

In June of this year, the OCCC issued *Maryland's COVID-19 Inter-Agency Overdose Action Plan*. This plan has provided a framework for our immediate response to the pandemic's effects on substance use in the state. As we have continued to implement the strategies outlined in our Action Plan, we have also continued to strengthen the response capabilities in each of Maryland's local jurisdictions. At the end of August, the OCCC awarded nearly \$10 million in grant funding to support community-specific programs aimed at stopping substance use where it begins.

I am proud that our sustained commitment to this crisis has been supported at all levels of the state, and I once again call upon Marylanders to remain focused on the task at hand. Our collective support is needed to beat what is not just the other public health crisis, but what is a threat to the well-being of all Marylanders.

Steven R. Schuh



Executive Director
Opioid Operational Command Center
Office of the Governor

EXECUTIVE SUMMARY

According to preliminary data provided by the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH), there were significant increases in unintentional intoxication fatalities related to nearly all major drug categories in Maryland through the second calendar quarter of 2020. The COVID-19 pandemic has very likely contributed to and compounded these trends. Taken together, the associated social isolation, disruptions of support, impeded access to care, and economic distress have helped to create an extremely dangerous environment for those suffering from substance use disorder (SUD).

In the first six months of 2020, there was a total of 1,326 reported unintentional intoxication deaths from all types of drugs and alcohol in Maryland. This represents an increase of 9.1 percent from the 1,215 intoxication deaths reported in the first half of 2019. Opioids were involved in 89.5 percent of all fatalities, and fentanyl, in particular, was involved in 83.0 percent of all cases.

Opioids were involved in 1,187 intoxication deaths during this timeframe, an increase of 9.4 percent as compared to the same time last year. As with other intoxicants, the growth in the rate of opioid-related fatalities increased significantly in the second quarter of 2020. For reference, opioid-related deaths increased by 2.6 percent in the first calendar quarter of 2020 compared to the same time frame in 2019. This followed a 1.7 percent annual decrease in 2019, the first annual decrease in opioid-related fatalities since the beginning of the opioid crisis over a decade ago.

Fentanyl continues to be involved in a vast majority of opioid-related fatalities. There were 1,100 deaths involving fentanyl through the second quarter of 2020, accounting for 92.7 percent of all opioid-related deaths. Fentanyl-related deaths increased by 11.9 percent compared to the same time last year. There was also an increase in deaths involving prescription opioids in the first two quarters of 2020. There were 214 such fatalities as compared to the 198 reported during this time in 2019, an increase of 8.1 percent.

In contrast to fentanyl and prescription opioids, heroin-related deaths continued to decrease in the first half of 2020. There were 288 such fatalities, 30.4 percent fewer than in the same time frame last year. For reference, heroin-related fatalities decreased by 28.6 percent in the first quarter of 2020 and by 12.5 percent annually in 2019.

Maryland saw significant increases in the number of fatalities related to other, non-opioid substances in the first six months of 2020. There were 486 cocaine-related intoxication deaths, a 13.3 percent increase from this time last year. There were 287 alcohol-related deaths in the same time frame, a drastic increase of 34.7 percent from the 213 such deaths reported in the first half of 2019. Alcohol-related fatalities saw the largest numerical increase (74) of all non-opioid substances. There were 62 benzodiazepine-related deaths in the first two quarters of 2020, representing a 24.0 percent increase compared to the same time in 2019. Methamphetamine-related deaths more than doubled with 40 fatalities in the same time frame, an increase of 122.2 percent. Lastly, there were 32 phencyclidine (PCP)-related deaths through the second quarter of 2020, a decrease of 8.6 percent from the same time frame in 2019.

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in the first six months of 2020. Baltimore City (427 deaths), Baltimore County (176 deaths), and Anne Arundel County (101

deaths) experienced the highest number of fatalities, collectively accounting for 59.3 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities include Prince George's County (87 deaths), Washington County (57 deaths), Montgomery County (51 deaths), and Cecil County (43 deaths).

Maryland continued to see significantly fewer hospital emergency department (ED) visits for non-fatal opioid overdoses through the second quarter of 2020. There were 2,574 such reported visits in the first two quarters of 2020 according to the Electronic Surveillance System for the Early Notification of Community-Based Epidemics ("ESSENCE") maintained by MDH. This is a 26.6 percent decrease from the first half of 2019. This decrease is likely another result of the COVID-19 pandemic as individuals are continuing to avoid EDs for all types of conditions.

In contrast to ED visits, the number of reported naloxone administrations by EMS personnel in Maryland began to increase in the second quarter of 2020 according to the Maryland Institute for Emergency Medical Services Systems (MIEMSS). There were 2,721 total naloxone administrations in the second quarter, which is 6.9 percent fewer compared to the second quarter of 2019 but 25.4 percent more compared to the first quarter of 2020. Naloxone administrations decreased substantially following the onset of social distancing measures in response to the COVID-19 pandemic in mid-to-late March. However, in the last four weeks of the second quarter, administrations have surpassed the levels observed in 2019.

To respond to the extreme challenges that COVID-19 has presented for people with substance use disorder, the OCCC is continuing its work with the Maryland Department of Health and other state agencies to maximize access to substance-use resources. In June 2020, the OCCC developed and released Maryland's *COVID-19 Inter-Agency Overdose Action Plan* to establish a comprehensive strategy to help guide the state's response efforts. A progress update on these efforts is outlined on page 13 of this report.

The OCCC also consults regularly with Opioid Intervention Teams (OITs) in each of Maryland's 24 local jurisdictions to help coordinate local actions taken to combat the opioid crisis. 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 OCCC 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 *Inter-Agency Opioid Coordination Plan* published in January 2020. The OCCC tracks 129 high-priority programs and initiatives being implemented by OITs, which are detailed beginning on page 15 of this report.

The OCCC administers two grant programs to fund statewide, local, and nongovernmental organizations that help advance the Hogan Administration's policy priorities. Our Block Grant Program distributes \$4.0 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 2021, the OCCC plans to distribute approximately \$5.6 million through this program. A summary of our grant programs and the current status of Block Grant and Competitive Grant awards can be found on page 19 of this report.

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

SUBSTANCE USE-RELATED STATISTICS

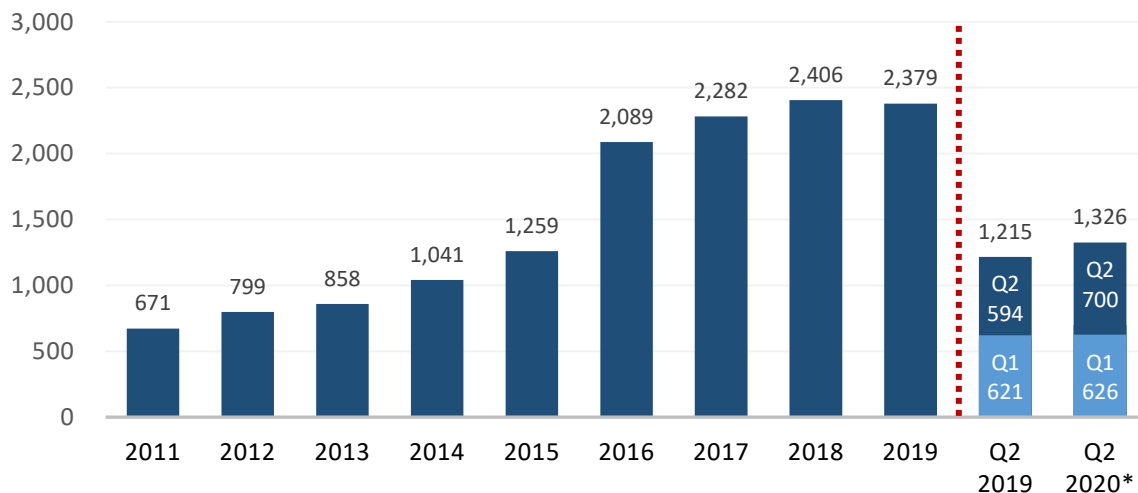
This section details various opioid-related statistics in Maryland for the first six months of 2020 and includes updates on the number of unintentional intoxication deaths related to opioids, alcohol, and various licit and illicit drugs according to data provided by the Vital Statistics Administration (VSA) and the Office of the Chief Medical Examiner (OCME). This section also includes data on non-fatal opioid-related emergency department (ED) visits and naloxone administrations by emergency medical services (EMS) personnel.

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, benzodiazepine, methamphetamine, and phencyclidine (PCP). Most fatalities involve the simultaneous use of more than one substance. Accordingly, the sum total of deaths related to specific substance categories does not equal the total number of reported fatalities. Please note that the fatalities data for 2020 are preliminary and subject to change at the time of this writing.

All Substances

There were a total of 1,326 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland in the first and second calendar quarters of 2020. This was a 9.1 percent increase from the 1,215 intoxication deaths reported in the same period of 2019. Opioids were involved in 89.5 percent of all such fatalities.

Figure 1. Unintentional Intoxication Fatalities, All Substances
2011 through the Second Calendar Quarter, 2020*



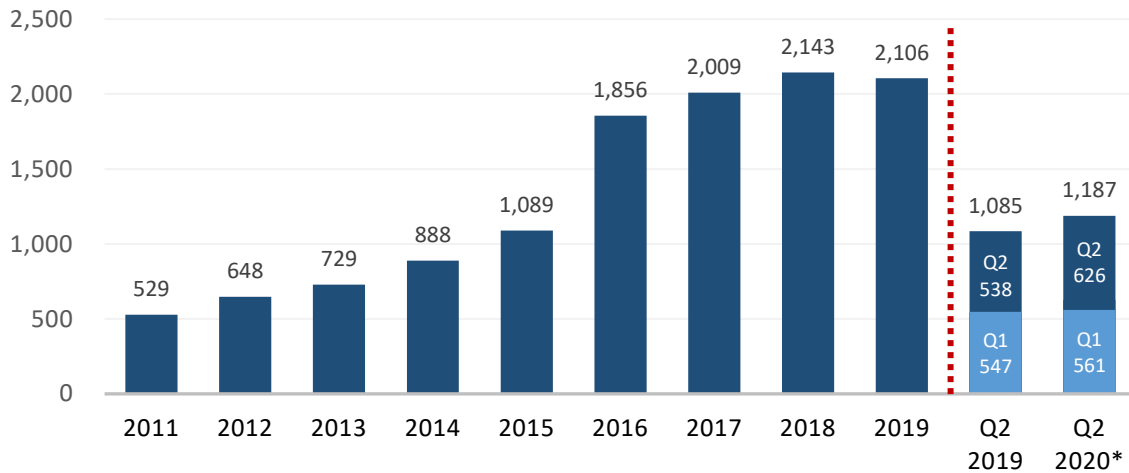
Opioids

As shown in Figure 2 below, there were 1,187 opioid-related deaths in the first half of 2020, a 9.4 percent increase as compared to the same time frame last year. This large increase is very likely related to the significant societal consequences of the COVID-19 pandemic. For reference, opioid-related fatalities increased by only 2.6 percent in the first calendar quarter of 2020 as compared to the first

*2020 data are preliminary and subject to change.

quarter of 2019. This followed a 1.7 percent annual decrease in 2019, the first annual decrease in opioid-related fatalities since the beginning of the opioid crisis over a decade ago.

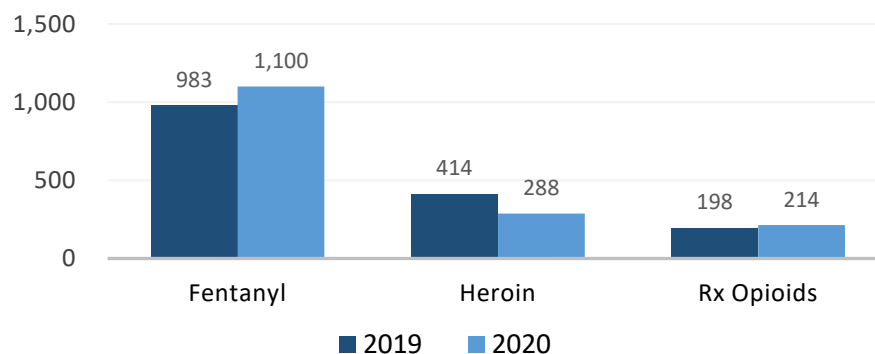
Figure 2. Opioid-Related Fatalities
*2011 through the Second Calendar Quarter, 2020**



Fentanyl was involved in 1,100 fatalities through the second quarter of 2020, an increase of 11.9 percent from the same time in 2019. Fentanyl accounted for 92.7 percent of all opioid-related deaths and 83.0 percent of all unintentional intoxication deaths. Prescription opioid-related deaths also increased significantly in the first two quarters of 2020, accounting for 214 fatalities. This was an 8.1 percent increase from the first six months of 2019. This metric is particularly concerning considering that prescription opioid-related deaths decreased in the first quarter of 2020 (by 2.1 percent) and every year since 2016 on an annual basis.

In contrast to fentanyl and prescription opioids, heroin-related deaths continued to decrease in the first six months of 2020. There were 288 such fatalities, a decrease of 30.4 percent from the same time last year. This is a continuation and apparent acceleration of a trend that began in 2017. For reference, heroin-related fatalities decreased by 28.6 percent in the first quarter of 2020 and by 12.5 percent annually in 2019.

Figure 3. Intoxication Death by Opioid Type
*Through Second Calendar Quarter, 2019 vs. 2020**



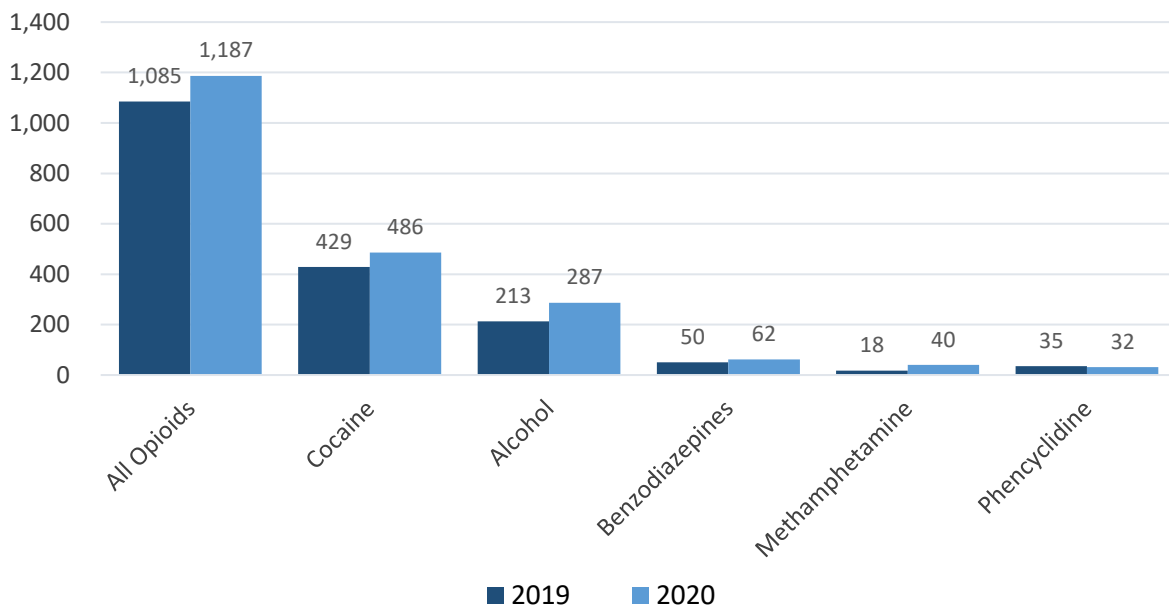
*2020 data are preliminary and subject to change.

Non-Opioid Substances

There were significant increases in the number of unintentional intoxication deaths involving non-opioid substances through the second quarter of 2020, although the vast majority of these fatalities also involved opioids. There were 486 cocaine-related deaths, a 13.3 percent increase from this time last year. Cocaine continues to be the non-opioid substance most frequently involved in substance use fatalities and is the substance most commonly mixed with opioids. There were 287 alcohol-related deaths in the first two quarters of 2020, a dramatic increase of 34.7 percent from the 213 such fatalities reported in the first half of 2019. For reference, alcohol-related fatalities increased by 25.9 percent in the first quarter of 2020 (compared to the first quarter of 2019) following a 10.4 percent annual decrease in 2019. Alcohol-related fatalities also saw the largest numerical increase (74) of all non-opioid substances.

There were 62 benzodiazepine-related deaths in the first six months of 2020, representing a 24.0 percent increase as compared to the same time in 2019. Methamphetamine-related deaths more than doubled using the same metric; there were 40 such fatalities in the first two quarters of 2020, an increase of 122.2 percent. Lastly, there were 32 PCP-related deaths in the first half of 2020, a decrease of 8.6 percent from the same time frame in 2019.

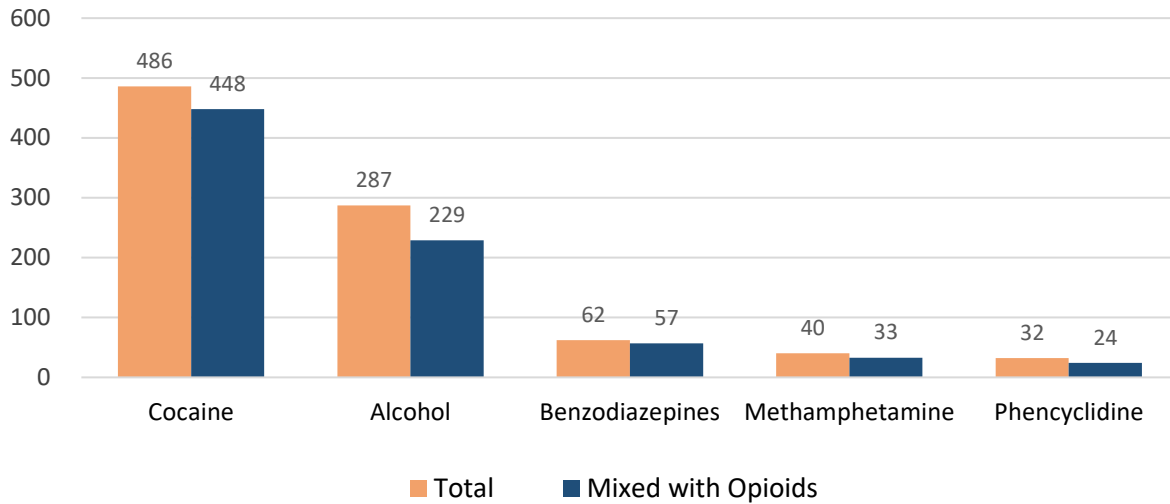
Figure 4. Intoxication Deaths by Substance
Through Second Calendar Quarter, 2019 vs. 2020*



As mentioned previously, opioids were involved in a vast majority of intoxication deaths in Maryland through the second quarter of 2020. This trend is primarily the result of polysubstance use; relatively few intoxication deaths involved the use of just one substance. Of the 907 instances in which a non-opioid was involved in a fatality, opioids were also present 87.2 percent of the time. Over 90 percent of all cocaine-related fatalities are nearly 80 percent of all alcohol-related fatalities also involved opioids.

* 2020 data are preliminary and subject to change.

Figure 5. Deaths Involving Substances Mixed with Opioids
*Through Second Calendar Quarter, 2020**



Fatalities at the County-Level

While all 24 of Maryland's local jurisdictions reported opioid-related intoxication fatalities in the first half of 2020, the substantial growth in fatalities was not experienced evenly throughout the state. Many jurisdictions and regions reported large increases while others saw significant decreases. Baltimore City (427 deaths), Baltimore County (176 deaths), and Anne Arundel County (101 deaths) experienced the highest number of fatalities, collectively accounting for 59.3 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George's County, Washington County, Montgomery County, and Cecil County. These jurisdictions had 87, 57, 51, and 43 fatalities, respectively.

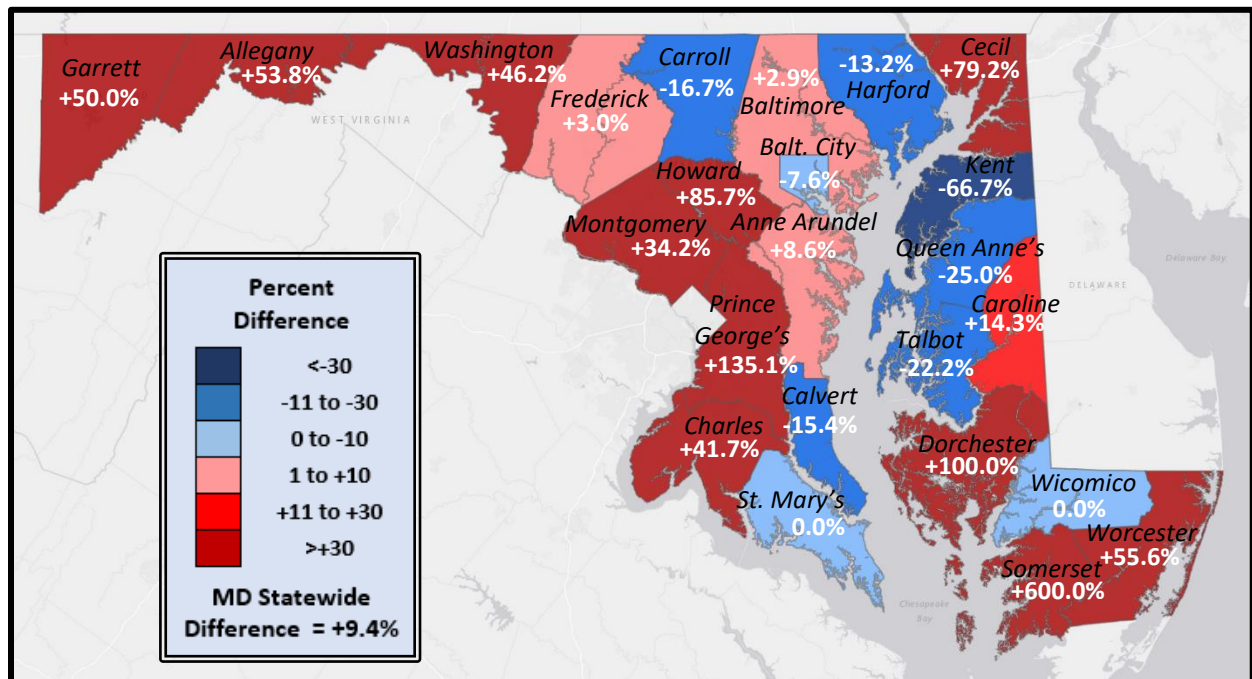
Prince George's County, in particular, reported dramatic growth in opioid-related fatalities with the largest numerical increase of any county in the first six months of 2020 as compared to the same time frame last year. The 87 total opioid-related fatalities reported in Prince George's County represent an increase of 50, or 135.1 percent. In contrast, Baltimore City continued its recent trend of decreasing opioid-related fatalities with 35 fewer deaths (7.6%) in the first half of 2020 compared to the first six months of 2019.

*2020 data are preliminary and subject to change.

Table 1. Opioid-Related Intoxication Deaths by County
Through Second Calendar Quarter, 2020*

County	2019	2020	Difference	Percent Difference	County	2019	2020	Difference	Percent Difference
Allegany	13	20	7	53.8%	Harford	38	33	(5)	(13.2%)
Anne Arundel	93	101	8	8.6%	Howard	14	26	12	85.7%
Baltimore City	462	427	(35)	(7.6%)	Kent	6	2	(4)	(66.7%)
Baltimore Co.	171	176	5	2.9%	Montgomery	38	51	13	34.2%
Calvert	13	11	(2)	(15.4%)	Prince George's	37	87	50	135.1%
Caroline	7	8	1	14.3%	Queen Anne's	8	6	(2)	(25.0%)
Carroll	24	20	(4)	(16.7%)	Somerset	1	7	6	600.0%
Cecil	24	43	19	79.2%	St. Mary's	12	12	0	0.0%
Charles	12	17	5	41.7%	Talbot	9	7	(2)	(22.2%)
Dorchester	5	10	5	100.0%	Washington	39	57	18	46.2%
Frederick	33	34	1	3.0%	Wicomico	15	15	0	0.0%
Garrett	2	3	1	50.0%	Worcester	9	14	5	55.6%
Statewide Total						1,085	1,187	102	9.4%

Figure 6. Opioid-Related Intoxication Deaths by County
Through Second Calendar Quarter, 2020*



*2020 data are preliminary and subject to change.

Geographically, the most significant increases in opioid-related fatalities were seen in the Capital Region, which is made up of Montgomery, Prince George's, and Frederick Counties. The Capital Region had 172 opioid-related fatalities through the second quarter of 2020, a 59.3 percent increase from the first half of 2019. This was in large part due to the increase in Prince George's County as detailed above. Montgomery County also reported a significant increase with 34.2 percent more opioid-related fatalities as compared to the first half of last year.

Western Maryland, which includes Garrett, Allegany, and Washington Counties, reported a 48.1 percent regional increase, with 80 fatalities in the first six months of 2020. Washington County led the region with 57 reported opioid-related deaths. All three counties in the region experienced similar growth rates, ranging from a 46.2 percent increase to a 53.8 percent increase.

The Eastern Shore saw a regional increase of 33.3 percent with 112 total fatalities. The Eastern Shore is made up of Cecil, Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties. Cecil County led the region with 43 reported deaths, accounting for 38.4 percent of the region's opioid-related fatalities in the first two quarters of 2020.

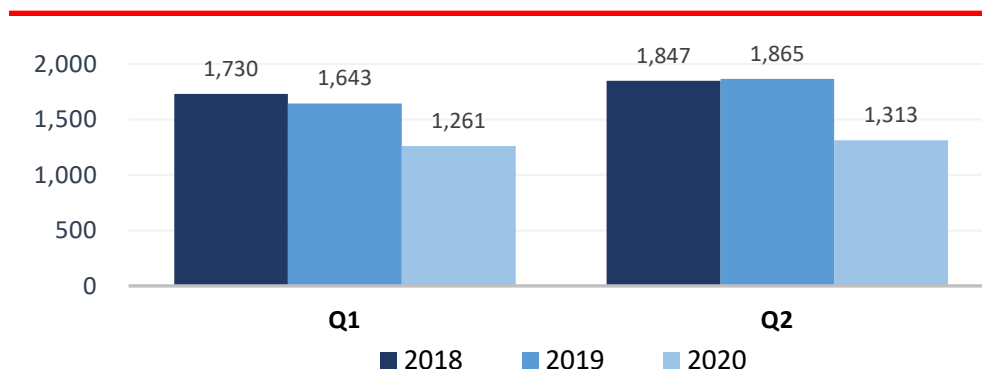
Southern Maryland reported 40 regional opioid-related fatalities, up 8.1 percent from the first half of 2020. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. For context, opioid-related fatalities in the region decreased by 6.7 percent in the first quarter of 2020 compared to the same time frame in 2019, evidencing a sharp acceleration in the second quarter.

The only region that reported a decrease in opioid-related fatalities in the first half of 2020 was Central Maryland. With 783 reported fatalities, the region had 2.4 percent fewer opioid-related deaths when compared to the same time in 2019, largely due to the substantial decrease in Baltimore City. Central Maryland includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties.

Emergency Department Visits

Maryland saw significantly fewer hospital emergency department (ED) visits for non-fatal opioid overdoses in the first half of 2020. There were 2,574 such visits through the end of the second quarter of 2020 according to the Electronic Surveillance System for the Early Notification of Community-Based Epidemics ("ESSENCE") maintained by Maryland Department of Health. This is a 26.6 percent decrease from the first half of 2019, when there were 3,508 opioid-related ED visits.

Figure 7. Non-fatal Opioid-Related ED Visits
*First and Second Calendar Quarters, 2018 through 2020**



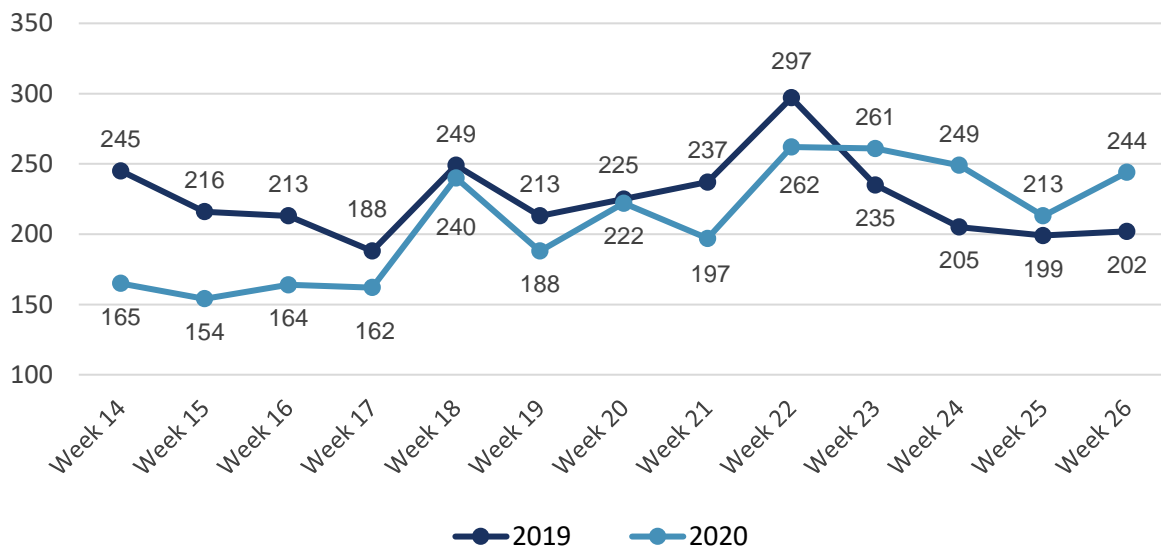
*2020 data are preliminary and subject to change.

As we indicated in our previous quarterly report, the decrease in ED visits for non-fatal opioid overdoses may be the result of the COVID-19 pandemic. According to ESSENCE, total ED visits for all conditions began declining in mid-to-late March, likely due to individuals avoiding EDs for fear of contracting the virus or as to not overburden the healthcare system. This is the same timeframe in which social distancing measures, such as prohibitions on large gatherings and travel restrictions, were adopted in Maryland. These measures remained largely in effect through the second quarter, though various businesses were allowed to begin reopening at half capacity on June 10th when Maryland moved into Phase Two of its reopening plan.

Naloxone Administrations

According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), there were 2,721 total naloxone administrations by EMS personnel in Maryland in the second quarter of 2020. This was a decrease of 6.9 percent from the second quarter of 2019 when there were 2,924 such cases. Similar to opioid-related ED visits, it appears that COVID-19 significantly impacted the total number of naloxone administrations in the first quarter of 2020 (administrations decreased by 17.3 percent compared to the same time in 2019). As the chart below indicates, however, the number of naloxone administrations has since increased along with the increase in opioid-related fatalities, surpassing the total of weekly naloxone administrations in 2019 in the last four weeks of the second quarter. Naloxone administrations increased by 25.4 percent from the first quarter to the second quarter of 2020.

Figure 8. Naloxone Administrations by EMS Personnel
*Second Calendar Quarter, 2020**

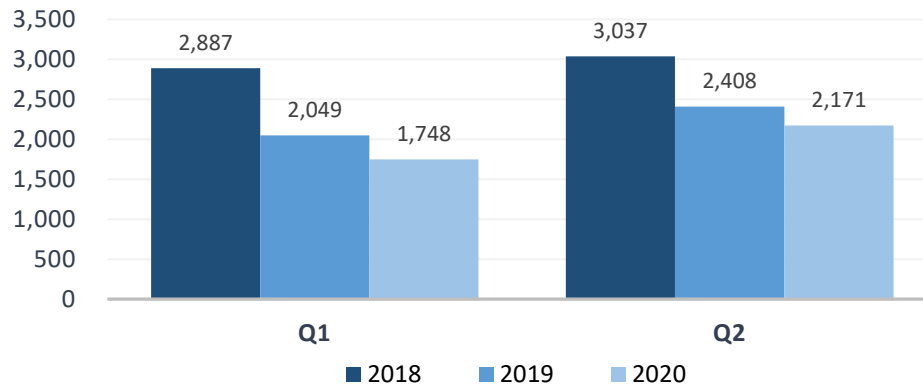


Another metric by which we can assess the rate of non-fatal opioid overdoses is cases in which naloxone administered by EMS personnel had a positive result. This measure is potentially a more precise approximation of the opioid overdose rate because cases with positive results (improved health effects) will confirm the presence of opioids as opposed to cases where opioid use was merely suspected. It should be noted, however, that this metric will not account for cases in which an individual died from an opioid overdose even after naloxone was administered, though these instances will be captured by

*2020 data are preliminary and subject to change.

other data in this report. With that said, the trend in cases in which naloxone administrations had a positive result was similar to total naloxone administrations. There was a large decrease in the first quarter of 2020 (14.7 percent) and a smaller decrease (9.8 percent) in the second quarter as compared to the same respective time frames in 2019. There were also 24.2 percent more administrations with a positive result in the second quarter of 2020 compared to the first quarter of 2020, mirroring the increases in intoxication deaths detailed above.

Figure 9. Naloxone Administrations (Positive Result)
*First and Second Quarters, 2018 through 2020**



*2020 data are preliminary and subject to change.

COVID-19 INTER-AGENCY ACTION PLAN UPDATE

As the data in this report show, our fears that the COVID-19 pandemic would disproportionately impact vulnerable populations, such as people who use drugs, the hardest and lead to an increase in overdose rates were fully realized. The associated social isolation, the disruption of support systems, impeded access to care, and extreme economic stress together have created an extremely challenging environment for those suffering from substance use disorder and, thereby, a tragic increase in overdose fatalities. To respond to these challenges, the OOC is continuing to coordinate the efforts of Maryland state agencies to help maximize access to substance use resources. In June 2020, in collaboration with numerous state agencies, the OOC developed and released Maryland's *COVID-19 Inter-Agency Overdose Action Plan* to lay out a comprehensive strategy to help guide response efforts.

Systems Response

To track trends, MDH and the OOC are using multiple data sources to monitor overdose-related events and other indicators of the social determinants of health. In addition to the data presented in this report, these indicators include suicide deaths, emergency department visits, and opioid prescription data. The Behavioral Health Administration uses these sources and data points to identify localized trends and hotspots. In the future, BHA will use this information in concert with ODMAP, which serves as a near-real-time suspected-overdose surveillance system and will inform state and local behavioral health authorities how to better direct resources to those areas with the most need.

Programmatic Response

BHA continues to meet regularly with recovery residences, residential rehabilitation programs and substance use programs, crisis service providers, and Opioid Treatment Programs (OTPs) to coordinate and share information. Through these interactions, BHA has developed and distributed guidance documents to help providers adapt their services to changing pandemic conditions. The documents recommend actions such as implementing contactless postal delivery of harm reduction materials and facilitating access to medication assisted treatment. BHA is also working to divert any unspent funds to COVID-19 prevention supplies, such as soap and antibacterial products, for people who use drugs and are experiencing homelessness. Additionally, BHA was able to secure PPE for State Opioid Response (SOR)-funded providers. MDH continues to make all providers a priority in their PPE distribution and has encouraged systems managers to coordinate with their local emergency managers and local health departments. Additionally, BHA has developed an interactive map that provides information on the availability of telehealth services across the state. The Center for Harm Reduction Services (CHRS) is working to promote access to harm reduction and life-saving supplies, such as fentanyl test strips and naloxone. CHRS is also disseminating information to help individuals with SUD find nearby services and to help individuals obtain naloxone at local pharmacies or through the mail.

Taken together, we believe these actions can help reduce the impact of COVID-19 on people who use drugs. However, even as Maryland has made tremendous progress in decreasing the spread of the virus and as societal restrictions continue to ease, the full extent of the impact that COVID-19 has had on vulnerable populations will not be seen until the pandemic is behind us. We remain deeply concerned that a prolonged economic slowdown could continue to exacerbate these challenges well into the future. We will thus continue to monitor the situation vigilantly and will update the *Inter-Agency Action Plan* as needed to help direct action and resources to the areas of greatest need.

2020 LEGISLATIVE UPDATE

The OCCC monitors all opioid-related legislation introduced in the Maryland General Assembly and provides expertise to the Governor's Office and state agencies in evaluating opioid-related legislation. The Maryland General Assembly's 2020 legislative session was adjourned early on March 18, 2020 due to safety concerns related to the coronavirus pandemic. As a result of the 2020 session's early adjournment, several bills became law without the governor's signature, including the following substance use-related bills:

HB 332/SB 441 - Mental Health – Confidentiality of Medical Records and Emergency Facilities List (effective October 1, 2020): This bill authorizes the Maryland Department of Health (MDH), in the list of emergency facilities published annually related to emergency mental health evaluations, to include (1) comprehensive crisis response centers; (2) crisis stabilization centers; (3) crisis treatment centers; and (4) outpatient mental health clinics. This bill should effectively expand the availability in Maryland of crisis services, which have been shown to significantly reduce preventable behavioral health crises and offer earlier intervention to stabilize crises more quickly and at the lowest level of care appropriate.

SB 305 - Public Safety – Crisis Intervention Team Center of Excellence (effective October 1, 2020): This bill establishes a Crisis Intervention Team Center of Excellence (CITCE) in the Governor's Office of Crime Prevention, Youth, and Victim Services to provide technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers and develop and implement a "crisis intervention model program." Crisis intervention programs support individuals with a variety of behavioral health diagnoses, including substances use disorders.

SB 334/HB 455 - Health Insurance – Mental Health Benefits and Substance Use Disorder Benefits – Reports on Nonquantitative Treatment Limitations and Data (effective October 1, 2020): This bill requires insurers, nonprofit health service plans, health maintenance organizations, and any other person or organization that provides health benefit plans in the state (collectively known as carriers) to submit two reports to the Insurance Commissioner demonstrating compliance with the federal Mental Health Parity and Addiction Equity Act. This bill should effectively ensure more consistent insurance coverage for substance use disorders and other behavioral health diagnoses.

Regulatory Actions Related to the Coronavirus Pandemic

On March 16, 2020, the United States Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA), in coordination with the U.S. Drug Enforcement Administration (DEA), issued guidance providing more flexibility for licensed OTPs to prescribe patients with take-home doses of medications for opioid use disorder, including buprenorphine and methadone, and to provide buprenorphine induction via telehealth services for the duration of the national health emergency. BHA has adopted these flexibilities at the state level in Maryland as well. The state is also reviewing the feasibility of continuing to provide expanded access in Maryland on a long-term basis. Furthermore, Governor Hogan signed an executive order on April 1, 2020 expanding telehealth capabilities, including for those enrolled in medication assisted treatment. This executive order authorized licensed clinicians to provide audio-only counseling support services.

OPIOID INTERVENTION TEAMS UPDATE – SECOND QUARTER, 2020

The OCCC consults routinely with the Opioid Intervention Teams (OITs) 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 private community and faith-based groups. Each OIT is responsible for administering funds received through the OCCC's Block Grant Program, which is detailed beginning on page 19 of this report.

Since the beginning of the COVID-19 pandemic, OITs around the state have been working diligently to adapt their programming to the related public health challenges. For example, while some programs were suspended initially due to the risks associated with in-person activities, OITs have been working to resume certain functions virtually or with appropriate social distancing measures and with stringent safety precautions. This work is especially important now in light of the recent increases in opioid-related fatalities.

Local Best Practices

The OCCC has identified and tracks 129 high-priority programs and services supported by Maryland's OITs. 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>Second 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
Total of Substantial Programming Implemented	65	46	65	71	30	65	64	42	3	38	51	28	90	56	69	34	38	44	46	57	78	81	47	39
Total of Some Programming Implemented	22	57	40	44	52	20	39	67	72	27	58	37	14	47	20	53	44	31	26	53	19	24	58	43
Subtotal of Substantial & Some Programming	87	103	105	115	82	85	103	109	75	65	109	65	104	103	89	87	82	75	72	110	97	105	105	82
Total Programming in Development	4	21	16	13	36	6	11	10	18	34	13	18	19	14	17	16	10	21	16	11	2	11	6	13
Total of Programs Not Planned	38	5	8	1	10	38	15	10	36	30	6	45	6	9	20	26	36	32	37	8	29	13	18	21

Since the beginning of this year, OITs have made substantial progress toward implementing high-priority programs. All jurisdictions (two more than in the first quarter) reported having at least 50 percent of the 129 high-priority programs either substantially or partially implemented as of the second quarter of 2020. Half of the 24 jurisdictions (two more than at the end of last year) reported having at least 75 percent of these programs substantially or partially implemented. There was a 7.5 percent increase in the number of programs that were substantially implemented and a 4.2 percent increase in the number of programs that were at least partially implanted across the board since the end of last year.

All counties reported plans to expand high-priority programming, no counties reported full or partial implementation of all programs, and no counties reported having plans to implement all programs. Thus, ample opportunities remain for program expansion across all jurisdictions.

Table 3. Full Local Best Practices Matrix

OIT Program Inventory Second 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
Public Health																									
1. Harm-Reduction Programs:																									
Naloxone Distribution																									
Naloxone Training																									
Syringe-Service Program																									
Fentanyl Test-Strip Distribution																									
Wound-Care Program																									
2. Information Campaigns (PSAs):																									
211 Press 1																									
Access to Treatment																									
Anti-Stigma																									
Fentanyl																									
Good Samaritan																									
Naloxone																									
Safe-Disposal																									
Talk to Your Doctor																									
3. Local Hotline to Access Treatment																									
4. Mobile-SUD Services (Non-Treatment)																									
5. Prescriber Education/Academic Detailing																									
6. Safe-Disposal Program/Drop Boxes																									
7. Employer-Education and Support Programs:																									
Drug-Awareness Prevention																									
Information/Referral for Employees Seeking																									
Behavioral Health																									
8. Assertive Community Treatment (ACT) Program																									
9. SUD Crisis -Services Facilities (Outside of ED)																									
Assessment and Referral Center/Safe Station																									
Allow Walk-ins																									
23-Hour Stabilization Services																									
1-4 Day Stabilization Services																									
Mobile Crisis Team																									
24/7 Operation																									
10. Mobile-Treatment Program (Dispensing, etc.)																									
11. Medication-Assisted Treatment Availability:																									
Vivitrol																									
Buprenorphine																									
Methadone																									
12. Certified Peer-Recovery Specialist Support:																									
DSS Service Center																									
Health Department																									
Hospital ER																									
Jail																									
Parole and Probation Offices																									
Walk-in Center																									
On-Call 24/7 Availability																									
Post-Incident Outreach																									
13. Outpatient SUD Services in Jurisdiction:																									
ASAM Level 0.5 Early Intervention																									
ASAM Level 1.0 for Adolescents and Adults																									
ASAM Level 2.1 Intensive Outpatient																									

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

OIT Program Inventory Second 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
Law Enforcement																								
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																								
Social Services																								
48. SUD Screening and Referral at Intake																								
Medicaid																								
SNAP																								
49. Support Program for Exposed Newborns																								
50. DSS Staff Deployed in Schools																								
Hospitals in Jurisdiction																								
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																								
Education																								
58. Let's Start Talking Grade 3 -12 Prevention Education																								
59. Supplemental Drug-Awareness Education																								
60. Behavioral Health Specialists on Staff (Non-Sp.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)																								
Higher Education																								
68. Substance Misuse Information Campaigns for Students																								
69. Student Wellness/Recovery Center																								
70. SUD Student-Support Programing																								
71. Host SUD Events for Community																								
OIT																								
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 grant programs to help advance Governor Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*. The Block Grant Program is designed 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 half of the available funds distributed evenly to each jurisdiction and the other half allocated according to local opioid-related fatality rates. The purpose of the Competitive Grant Program is to distribute funds to the highest-scoring proposals received from state and local governments and from private, community-based partners. These proposals are scored based on how well they align with the OOCC's mission and coordination plan and how well they meet the most pressing needs around the state.

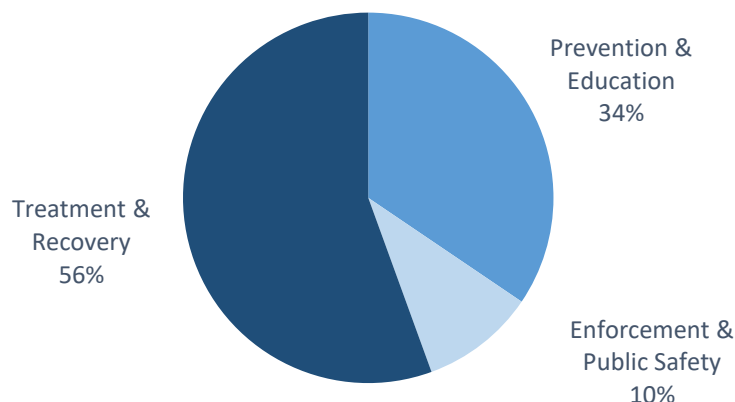
All OOCC grants are funded on a reimbursement basis. While projects are eligible to receive the full amount of their original grant award, the award totals listed below do not represent the total amount reimbursed to date.

Overview of Combined Grant Program Funding – Fiscal Year 2020

The charts below provide an overview of the combined allocation of OOCC Block Grant and Competitive Grant funding for fiscal year 2020, which ended on June 30, 2020. The Competitive Grant Program included two rounds of awards: a first 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).

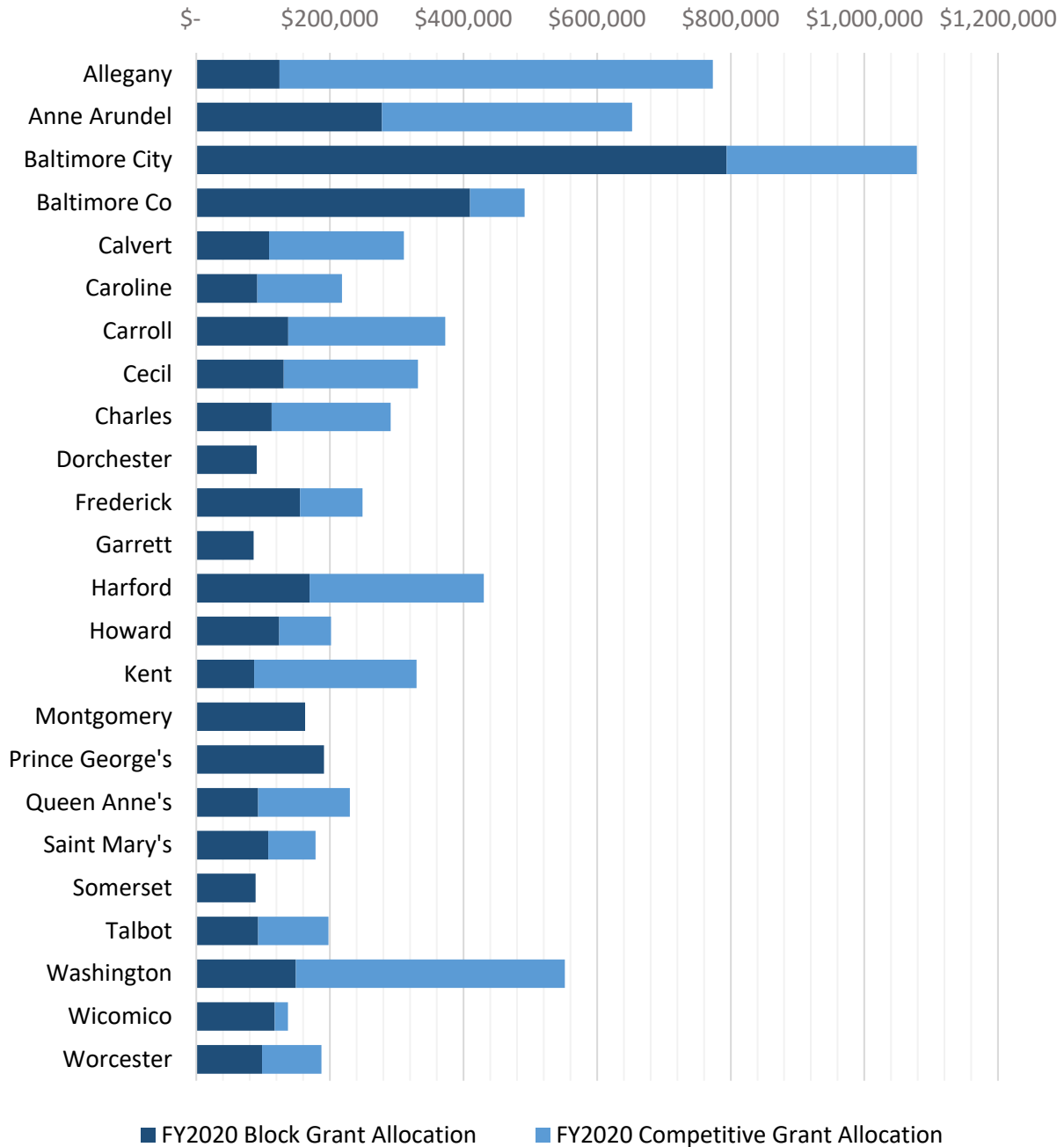
Due to the COVID-19 pandemic, the OOCC worked with many grantees to adapt project implementation to accommodate all state and local public health considerations. For example, many grantees worked to provide trainings or information sessions virtually instead of in person as originally planned. Regardless, many grantees were not able to spend the full award amount.

Figure 10. OOCC FY2020 Block Grants and Competitive Grants by Priority Area
Fiscal Year 2020



As shown in Figure 11, Baltimore City, Allegany County, Washington County, and Baltimore County received 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 totaled \$1.9 million.

Figure 11. Fiscal Year 2020 OOCB Block Grants and Competitive Grant Funding by Jurisdiction



Fiscal Year 2020 Grants by Jurisdiction

The following table summarizes the programs that were funded through OOC grant programs in fiscal year 2020 by local jurisdiction. Collectively, approximately \$10 million was awarded through the Block and Competitive Grant programs.

Table 4. FY 2020 Block Grants and Competitive Grants Summary

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
Allegany County		
\$124,612	Block	Educate and provide outreach about the growing crisis of opioid prescription drugs and heroin misuse in the community.
		Support for drug interdiction activities.
		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	Decrease growth in opioid misuse through enforcement operations.
Anne Arundel County		
\$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) or 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.
\$179,000	Competitive	Support expansion of WellMobile services to the Annapolis area to provide buprenorphine and treatment support services.
Baltimore City		
\$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.

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
Baltimore City (cont'd)		
\$97,000	Competitive	Help women in accessing treatment and recovery services.
\$49,000	Competitive	Support youth prevention programming.
\$80,000	Competitive	Provide harm-reduction-based case management services for individuals with substance use disorder in Baltimore City.
Baltimore County		
\$409,565	Block	Continue supporting peer recovery services.
\$67,000	Competitive	Support 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.
Calvert County		
\$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 peer recovery services.
Caroline County		
\$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.

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
Carroll County		
\$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 th and 5 th grade students from five Westminster-area elementary schools.
\$62,000	Competitive	Support for opioid misuse prevention project in public schools.
\$106,000	Competitive	Support three certified peer recovery specialists and related needs for recovery program.
\$20,000	Competitive	Support Camp Thrive virtual camp for students who have been or are currently impacted by addiction or SUD-related loss.
Cecil County		
\$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.
Charles County		
\$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.
Dorchester County		
\$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.

Award	Type	Project Description
Frederick County		
\$155,237	Block	Expand peer recovery support services.
\$94,000	Competitive	Expand outreach to families after an overdose death.
Garrett County		
\$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.
Harford County		
\$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.
Howard County		
\$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.
\$40,000	Competitive	Support mobile unit for transporting clients receiving substance use disorder services.
Kent County		
\$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.
\$202,000	Competitive	Supports improvements for the Crisis Unit of The A. F. Whitsitt Center.

Award	Type	Project Description
Montgomery County		
\$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).
Prince George’s County		
\$191,190	Block	Support public-awareness campaign.
		Support outreach efforts to overdose survivors and their families for service connection.
Queen Anne’s County		
\$92,654	Block	Support naloxone distribution and a 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.
Somerset County		
\$88,992	Block	Expand law enforcement support.
		Support peer recovery support specialist.
		Promote Somerset County Opioid United Team (SCOUT) initiative.
St. Mary’s County		
\$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.

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
Talbot County		
\$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 for youth in Talbot County.
\$62,000	Competitive	Provide a licensed social worker for students in the Bay Hundred area.
\$22,000	Competitive	Support placement of an adolescent, addictions, education, prevention and intervention specialist at Talbot County Public Schools.
Washington County		
\$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 school-based opioid addiction awareness campaign.
\$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.
Wicomico County		
\$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.
\$20,000	Competitive	Supports Wicomico Goes Purple awareness campaign.
Worcester County		
\$98,313	Block	Support peer recovery specialist assignment in hospital ER.
\$49,000	Competitive	Support Worcester Goes Purple awareness campaign.
\$41,00	Competitive	Support purchase of mobile units for peer recovery specialists.

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
Multi-jurisdictional and Statewide		
\$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.
\$51,000	Competitive	Supports a public awareness campaign organized by college and university students.
\$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.

Note: Between December 2019 and January 2020, the OOC began finalizing our Block Grant Program allocations and our Competitive Grant Program scoring process for fiscal year 2021. In June, we formally allocated \$4 million in Block Grant funds to each of Maryland's 24 OITs.

In March 2020, the OOC released a Request for Proposals for the fiscal year 2021 Competitive Grant Program, through which we plan to distribute approximately \$5.6 million in available funding. We received 86 applications totaling \$13.4 million. Between July and August 2020, the OOC convened a scoring committee composed of OOC staff members and subject matter experts from multiple state agencies and private, community-based organizations to assist in scoring each proposal. The scoring process was finalized in early August 2020, and award letters were distributed to 45 Competitive Grant Program award recipients.

All projects that will be funded through the OOC's fiscal year 2021 OOC grant programs will be detailed by jurisdiction in the OOC's next quarterly report, which will be released in November 2020.