



# Maryland

OPIOID OPERATIONAL  
COMMAND CENTER

**Opioid Operational Command Center  
2019 Third Quarter Report  
July 1, 2019 – September 30, 2019**

December 30, 2019

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## Message from the Executive Director

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I am pleased to share the Opioid Operational Command Center's (OCCC) 2019 Third Quarter (Q3) Report. This report outlines Maryland's most recent intoxication fatalities data, and it provides updates on key elements of our response to the heroin and opioid crisis that is devastating our state.

Between January and September 2019, there were 1,574 opioid-related fatalities in Maryland. These fatalities accounted for 88.7 percent of the 1,774 total intoxication deaths in the same nine-month period. While these figures indicate that there was a 4.8 percent decline in the number of opioid-related fatalities when comparing the first nine months of 2019 to the same period in 2018, the decline was not as sharp as the 11.1 percent decline that the state experienced when comparing the first halves of the same years. This reminds us that we are engaged in a battle with an opponent that will only be defeated through sustained and aggressive action. Put simply, we must continue our work.

This report highlights important milestones of that work, including the *Maryland Inter-Agency Opioid Coordinating Plan*, which is the annual strategic plan guiding the state's response to the opioid crisis. The coordinating plan provides an overview of the opioid crisis, its effect on Maryland, and our state's response. Most importantly, the plan outlines the goals, strategies, and objectives that will guide our response to the opioid epidemic in the coming year.

The OCCC has also cataloged over 129 model programs from across the state in the *Opioid Use Disorder Program Inventory*. This document serves as a "best of" guide to the work that local jurisdictions are implementing to mitigate the threat that opioids pose to our communities.

This is a fight that we are determined to win.

Steven R. Schuh  
Executive Director  
Opioid Operational Command Center  
Office of the Governor

## Executive Summary

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The total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in between January and September was 1,774, a decrease of 4.0 percent when compared to the first nine months of 2018. Opioids accounted for 88.7 percent of all such fatalities. Most drug- and alcohol-related fatalities involved more than one substance. Fentanyl played a role in 81 percent of all intoxication-related fatalities.

The number of opioid-related deaths in Maryland in the first nine months of 2019 was 1,574. This was a decrease of 4.8 percent from the same time period in 2018.

The number of fentanyl-related deaths in Maryland in the first nine months of 2019 was 1,436, a decrease of 1.1 percent as compared to the same period in 2018. Fentanyl and its analogs accounted for approximately 91 percent of all opioid-related fatalities in the first nine months of 2019.

The number of cocaine-related deaths in Maryland decreased by 8.0 percent in the first nine months of 2019 when compared to the same period in 2018. The total number of cocaine-related deaths in the first nine months of 2019 was 643, making cocaine the second-most prevalent drug involved in drug- and alcohol-related deaths. Approximately 90 percent of all cocaine-related fatalities during the first nine months of 2019 were in combination with opioids.

Heroin-related fatalities during the first nine months of 2019 totaled 571, which represented a 12.7 percent decrease when compared to the same period in 2018. This decrease was a continuation of a trend that began in 2017.

There were 278 prescription opioid-related deaths in Maryland in the first nine months of 2019. This is a 2.5 percent decline when compared to the same period in 2018. The decline in prescription opioid-related deaths in Maryland began in 2017.

There were 82 benzodiazepine-related fatalities in the first nine months of 2019, a decrease of approximately 18 percent as compared to the same period in 2018. Nearly all benzodiazepine-related fatalities in the first nine months of 2019 were in combination with opioids. While we are pleased to see a decline in benzodiazepine-related deaths, we are monitoring the increased use of both benzodiazepines as well as methamphetamine in various parts of the state.

There were 29 methamphetamine-related deaths in the first nine months of 2019, an increase of 26.1 percent compared to the first nine months of 2018. The vast majority of the methamphetamine deaths in the first nine months of 2019 were in combination with opioids.

All 24 local jurisdictions in Maryland experienced opioid-related fatalities in the first nine months of 2019. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities, which collectively accounted for 64.9 percent of all opioid-related deaths in Maryland in the first nine months of 2019.

The Opioid Operational Command Center's (OCCC) goals and objectives for combating the opioid epidemic were adopted as part of the *Inter-Agency Heroin and Opioid Coordinating Plan* of October 2018. All goals and objectives align with the governor's three policy priorities of *Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery*.

The OOCC works with approximately 20 state-governmental partners and tracks 129 programs in its implementation of the statewide strategic plan. These programs and their implementation status are summarized beginning on Page 16.

The OOCC also works with all 24 local jurisdictions in Maryland to implement the statewide plan. The OOCC tracks 129 local-level programs, and this programming has been organized into groups that reflect the governor’s policy priorities. The OOCC monitors the extent to which opioid intervention teams (OITs) have implemented these high-priority programs and initiatives. All jurisdictions are making progress in implementing these programs. 20 of 24 local jurisdictions have implemented at least half of these critical programs.

The State of Maryland has made a major budgetary commitment to combating the opioid epidemic. Total statewide opioid-related spending reached \$846.7 million in fiscal year 2019 and is projected to increase to \$958.1 million in fiscal year 2020. Total statewide spending includes all opioid-related spending by all agencies from all funding sources. These figures are based on agencies’ reports on resources that have been devoted to opioid-related issues.

One component of the overall statewide budgetary commitment to the opioid epidemic is “opioid crisis spending,” which represents *only* those new funding streams that have been established since March 2017 (including Governor Hogan’s March 2017 commitment of \$50 million over five years beginning in fiscal year 2018). These Opioid Crisis Funds were \$51.6 million in fiscal year 2019 and are budgeted at \$93.5 million in fiscal year 2020, an increase of 81.3 percent. OOCC Opioid Crisis Funds provide financial support for nearly 120 statewide and local projects. In fiscal year 2020, 55 of these grant projects fell into the area of *Prevention & Education*, eight fell into the area of *Enforcement & Public Safety*, and 56 fell into the category of *Treatment & Recovery*.

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

## Fatalities Data

This report contains counts of unintentional drug and alcohol-related intoxication deaths occurring in Maryland through the first nine months of 2019, the most recent period for which preliminary data are available. Final counts also are shown for January-December 2009-2018 and January-September 2018 to allow for review of trends over time.

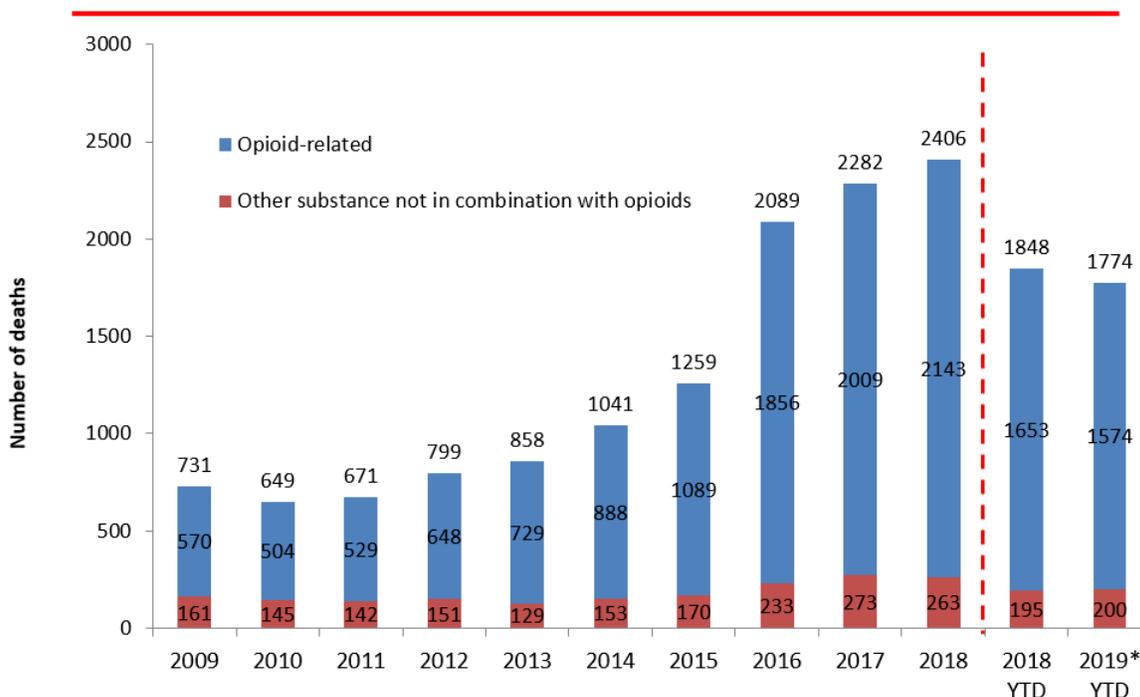
Unintentional intoxication deaths are fatalities resulting from recent ingestion or exposure to alcohol or other types of drugs, including heroin, prescription opioids, prescribed and illicit forms of fentanyl (including carfentanyl), cocaine, benzodiazepines, phencyclidine (PCP), methamphetamines, and other prescribed and unprescribed drugs. Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not total to the overall number of deaths.

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

### Total Intoxication Deaths

As shown in Figure 1, the total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in the first nine months of 2019 totaled 1,774. Opioids accounted for 88.7 percent of all unintentional intoxication deaths in Maryland in the first nine months of 2019.

**Figure 1. Total Number of Unintentional Intoxication Deaths in Maryland from January-December 2009-2018 and from January-September 2018 and 2019.\***



\*2019 counts are preliminary.

Other causes of unintentional intoxication deaths included alcohol, cocaine, benzodiazepines, methamphetamine, and other drugs.

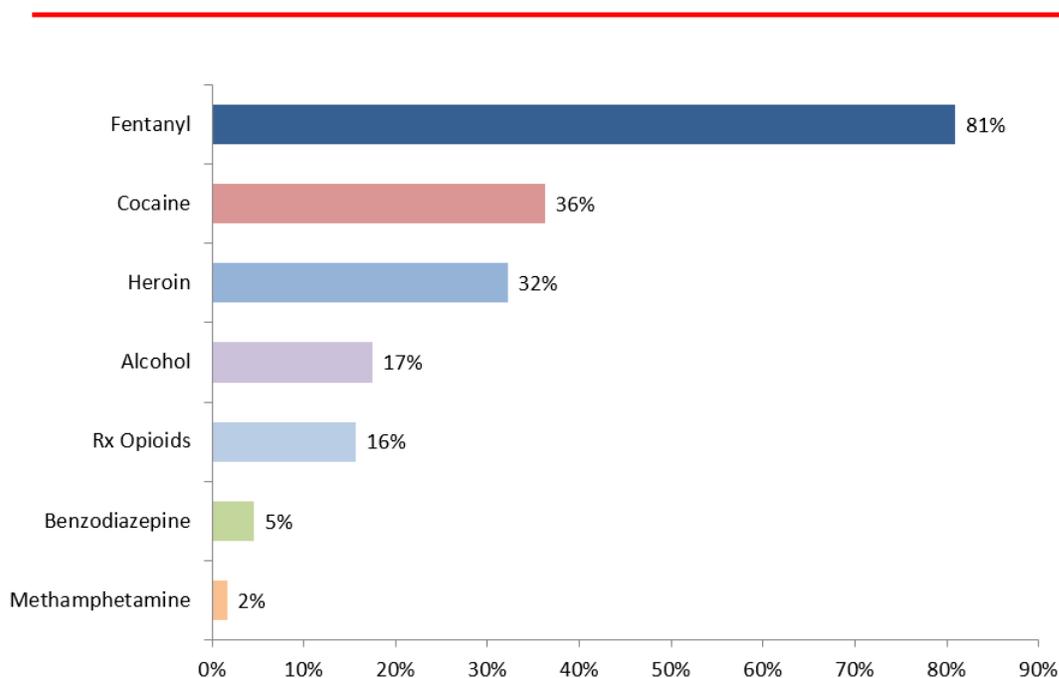
## Individual Substances

When looking at the proportion of individual substances as contributors to drug- and alcohol-related fatalities, fentanyl remains the substance most frequently involved. As shown in Figure 2, fentanyl was involved in 81 percent of drug- and alcohol-related fatalities. Cocaine was involved in 36 percent of drug- and alcohol-related fatalities, mostly in combination with opioids. About one-third of drug and alcohol fatalities involved heroin, and approximately 15 percent of fatalities involved prescription opioids.

Benzodiazepines and methamphetamine were involved in smaller proportions of drug- and alcohol-related fatalities at 4.6 percent and 1.6 percent, respectively.

While fentanyl and other opioids remain the substances most frequently involved in drug- and alcohol-related fatalities, we are aware that most fatalities involve more than one substance. Understanding the complexities of polysubstance use is important as our strategy evolves for turning the tide on substance-involved fatalities.

**Figure 2. Percent of Total Unintentional Drug Intoxication Deaths Attributable to Select Substances from January-September 2019.\***



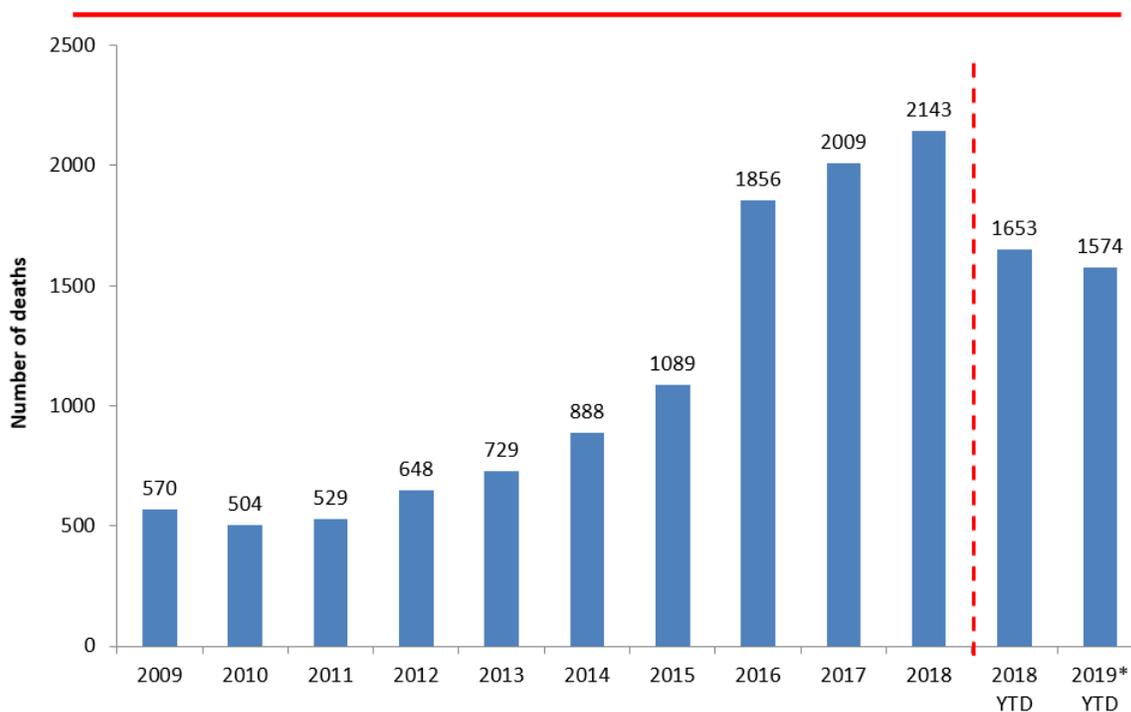
\*2019 counts are preliminary.

## Opioid-Related Deaths

As shown in Figure 3, the number of opioid-related deaths occurring in Maryland in the first nine months of 2019 was 1,574. Opioid-related deaths in the first nine months of 2019 decreased by 4.8 percent as compared to the same time period in 2018.

The years between 2009 and 2011 represented a period of relative stability with respect to the number of opioid-related fatalities in Maryland. The number of fatalities began to increase significantly in 2012 and 2013 as a result of a resurgence in heroin use. The number of fatalities began to accelerate even more rapidly in the 2014 to 2016 timeframe with the increased availability of synthetic opioids, including fentanyl and its analogs. The period of 2017-2018 witnessed a plateauing in the rate of growth in fatalities followed by a slight decline in the first nine months of 2019.

**Figure 3. Number of Opioid-Related Deaths in Maryland from January-December 2009-2018 and from January-September 2018 and 2019.\***

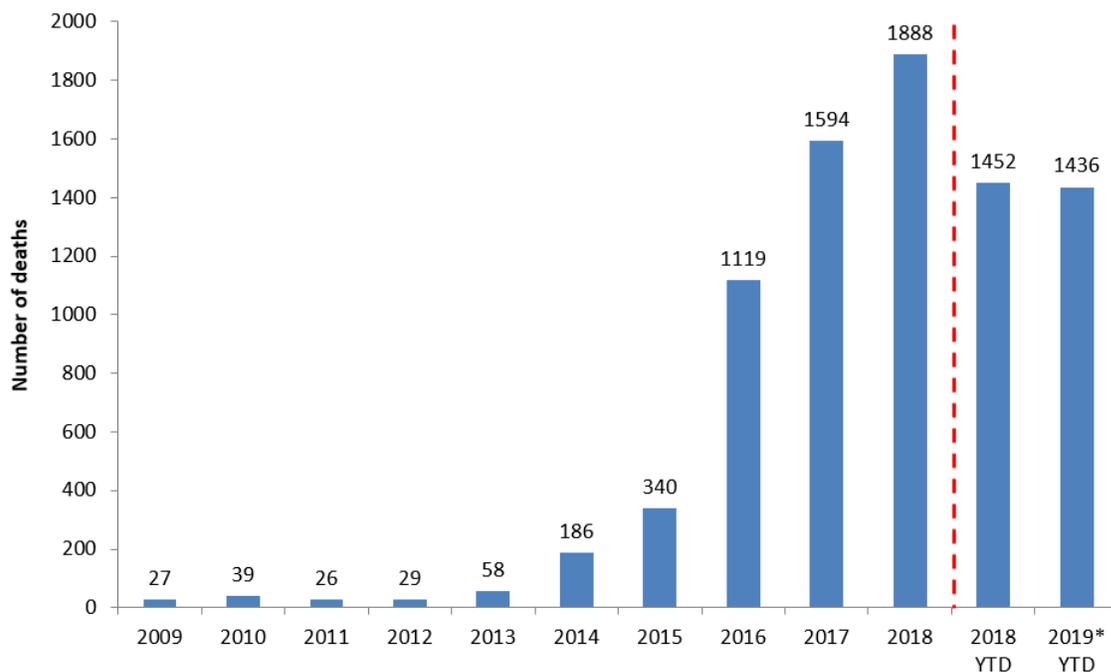


\*2019 counts are preliminary.

## Fentanyl-Related Deaths

As shown in Figure 4, the number of fentanyl-related deaths occurring in Maryland was 1,436 in the first nine months of 2019, a decrease of 1.1 percent when compared to the first nine months of 2018. Fentanyl accounted for 91.2 percent of all opioid-related fatalities in the first nine months of 2019; fentanyl accounted for only about 8 percent in 2013.

**Figure 4. Number of Fentanyl-Related Deaths in Maryland from January-December 2009-2018 and from January-September 2018 and 2019.\***



\*2019 counts are preliminary.

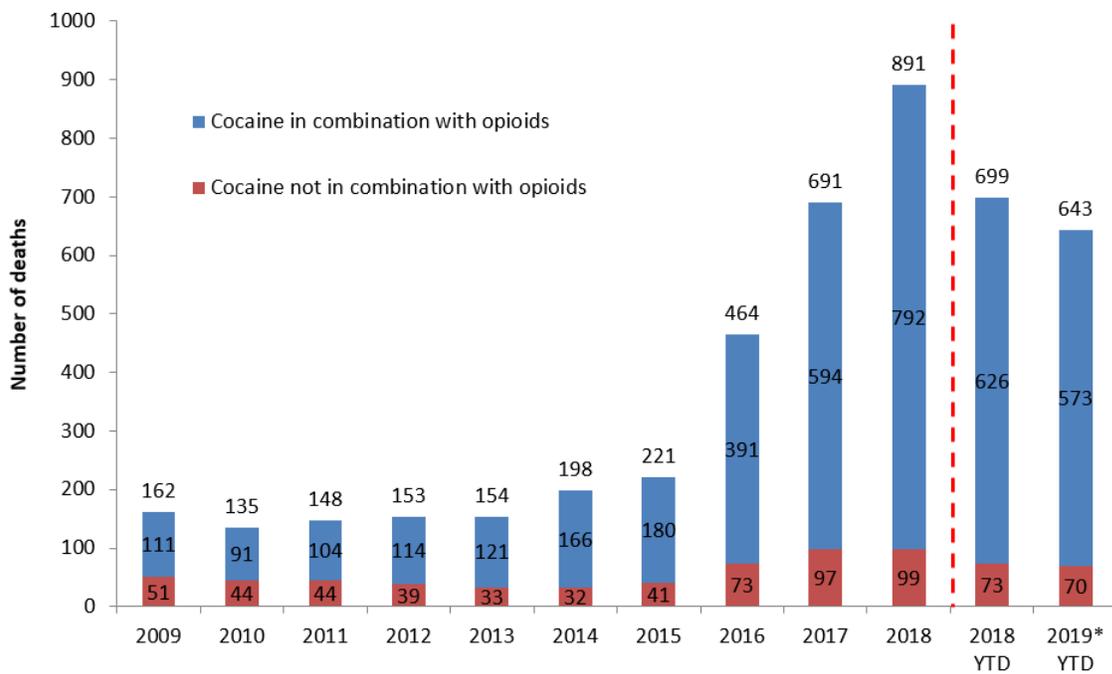
While we are encouraged by the slight decline in the number of fentanyl-related fatalities, we remain alarmed by the high toxicity and portability, low detectability and price, and wide availability of synthetic opioids.

## Cocaine-Related Deaths

As shown in Figure 5, there were 643 cocaine-related fatalities in the first nine months of 2019, a decrease of 8.0 percent as compared to the first nine months of 2018.

Cocaine is now the second-most prevalent drug involved in intoxication deaths in Maryland. The sharp increase in the number of cocaine-related fatalities in recent years was the result of mixing cocaine with opioids. Approximately 90 percent of all cocaine-related fatalities in the first nine months of 2019 were in combination with opioids.

**Figure 5. Number of Cocaine-Related Deaths in Maryland from January-December 2009-2018 and from January-September 2018 and 2019.\***



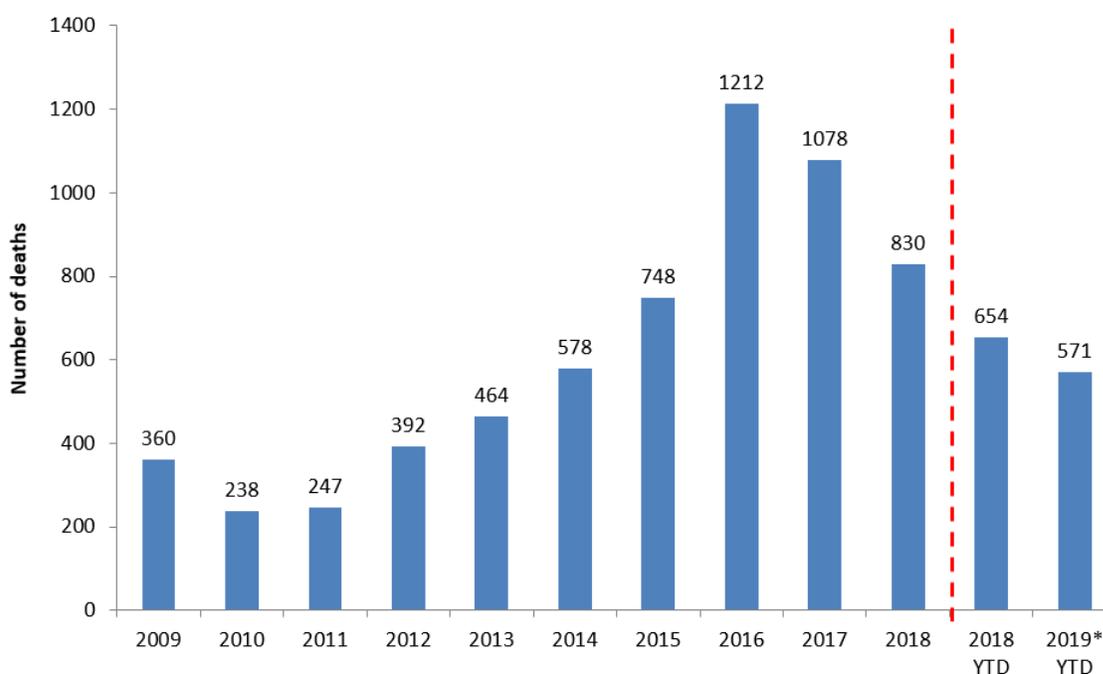
\*2019 counts are preliminary.

## Heroin-Related Deaths

As shown in Figure 6, the number of heroin-related fatalities fell to 571 in the first nine months of 2019, down 12.7 percent from 2018. The number of heroin-related fatalities began to surge in 2012 and accelerated dramatically in 2016 with the increasingly widespread practice of mixing heroin with synthetic opioids.

We are encouraged by recent declines in the number of heroin-related fatalities, although it must be acknowledged that this may be the result of displacement of heroin due to the widespread availability of fentanyl.

**Figure 6. Number of Heroin-Related Deaths in Maryland from January-December 2009-2018 and from January-September 2018 and 2019.\***

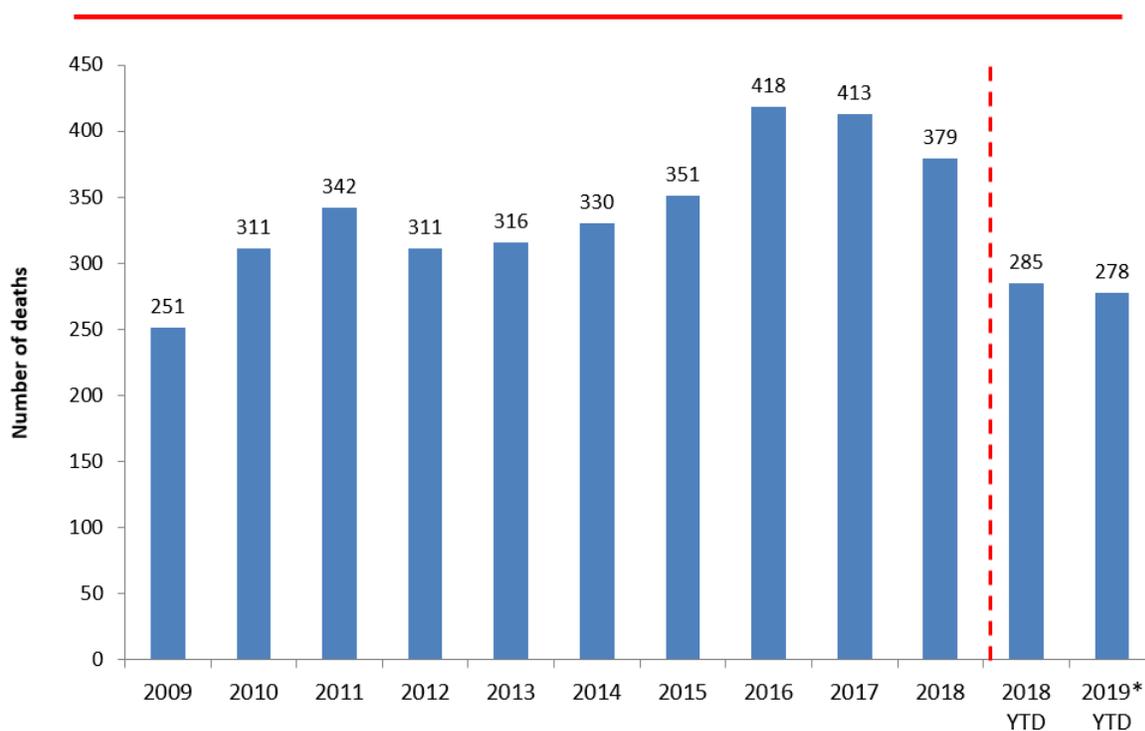


\*2019 counts are preliminary.

## Prescription Opioid-Related Deaths

As shown in Figure 7, the number of prescription opioid-related deaths in Maryland fell to 278 in the first nine months of 2019, a decrease of 2.5 percent as compared to the first nine months of 2018. January-September 2019 continued a declining trend in the number of prescription opioid-related deaths in Maryland that began in 2017.

**Figure 7. Number of Prescription Opioid-Related Deaths in Maryland from January-December 2009-2018 and from January-September 2018 and 2019.\***

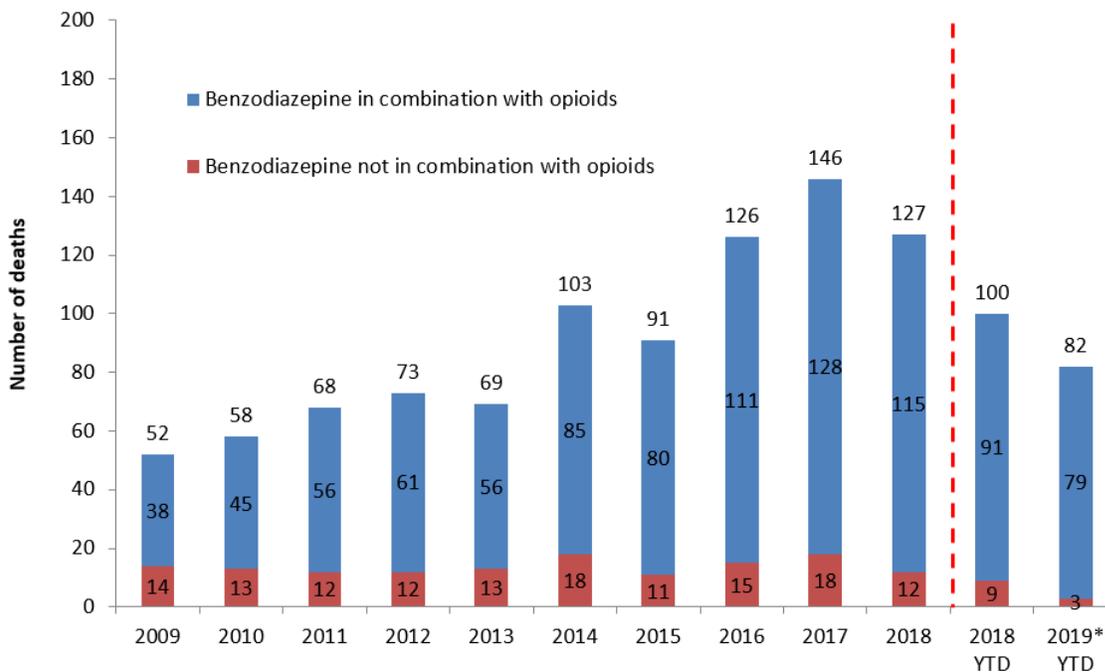


\*2019 counts are preliminary.

## Benzodiazepine-Related Deaths

As shown in Figure 8, there were 82 benzodiazepine-related fatalities in the first nine months of 2019, a decrease of 18.0 percent when compared to the first nine months of 2018. Nearly all benzodiazepine-related fatalities in the first nine months of 2019 were in combination with opioids.

**Figure 8. Number of Benzodiazepine-Related Deaths in Maryland from January-December 2009-2018 and from January-September 2018 and 2019.\***

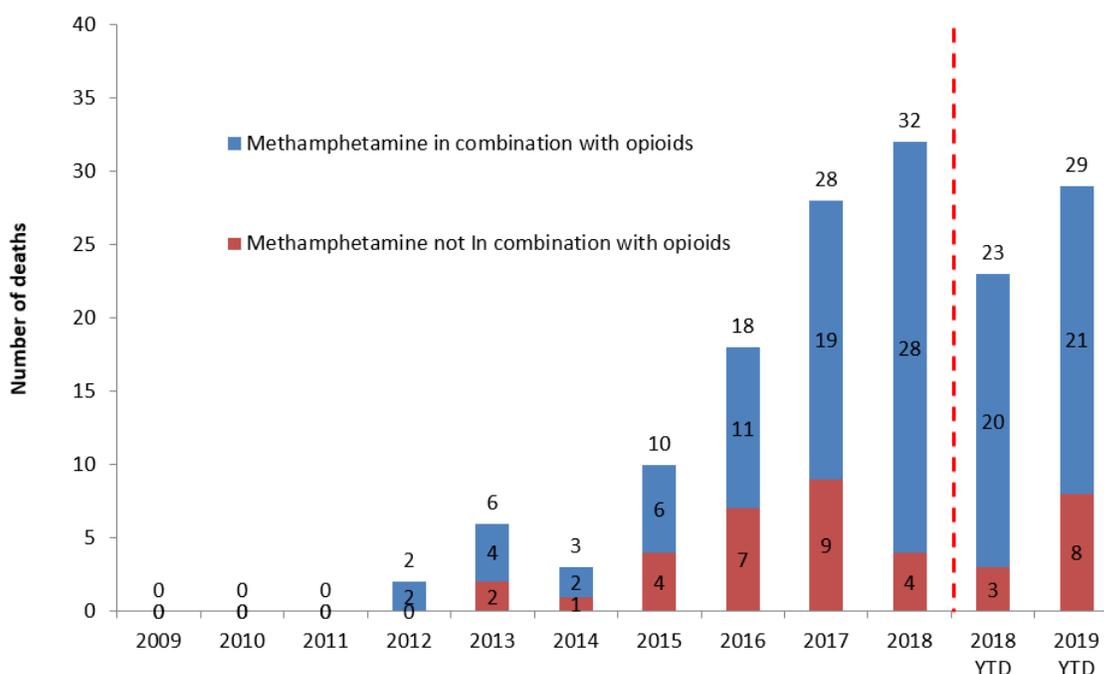


\*2019 counts are preliminary.

## Methamphetamine-Related Deaths

As shown in Figure 9, there were 29 methamphetamine-related fatalities in the first nine months of 2019, an increase of 26.1 percent when compared to the first nine months of 2018. In the first nine months of 2019, 72.4 percent of methamphetamine-related fatalities were a result of methamphetamine in combination with opioids. Methamphetamine was the only major class of illicit drugs to show an increase in fatalities during the first nine months of 2019.

**Figure 9. Number of Methamphetamine-Related Deaths in Maryland from January-December 2009-2018 and from January-September 2018 and 2019.\***



\*2019 counts are preliminary.

## Fatalities at the County Level

As shown in Table 1 below, every local jurisdiction in Maryland experienced opioid-related fatalities in the first nine months of 2019. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities, which collectively accounted for 64.9 percent of all opioid-related deaths in Maryland during this period.

11 of Maryland's 24 jurisdictions experienced a decline in the number of opioid-related fatalities when compared to the same period in 2018, ten experienced an increase, and three experienced no change.

**Table 1. Comparison of Opioid-Related Intoxication Deaths by Place of Occurrence, Maryland, January-September, 2019 and 2018**

Jurisdiction	Opioid Intoxication Deaths		2019 vs 2018
	Jan. - Sep. 2019	Jan. - Sep. 2018	# DIFFERENCE
<b>Maryland Total</b>	1574	1653	-79
Allegany	18	29	-11
Anne Arundel	137	178	-41
Baltimore City	639	609	30
Baltimore County	246	269	-23
Calvert	17	16	1
Caroline	10	5	5
Carroll	34	56	-22
Cecil	41	44	-3
Charles	20	13	7
Dorchester	8	5	3
Frederick	47	59	-12
Garrett	4	3	1
Harford	49	73	-24
Howard	23	27	-4
Kent	7	1	6
Montgomery	66	57	9
Prince George's	65	67	-2
Queen Anne's	9	12	-3
Somerset	7	7	0
St. Mary's	22	22	0
Talbot	12	6	6
Washington	57	62	-5
Wicomico	24	24	0
Worcester	12	9	3

<sup>1</sup>Includes deaths that were the result of recent ingestion or exposure to any opioid, prescribed or illicit.

<sup>2</sup>Includes only deaths for which the manner of death was classified as accidental or undetermined.

<sup>3</sup>Counts for 2019 are preliminary.

## Coordination Plan

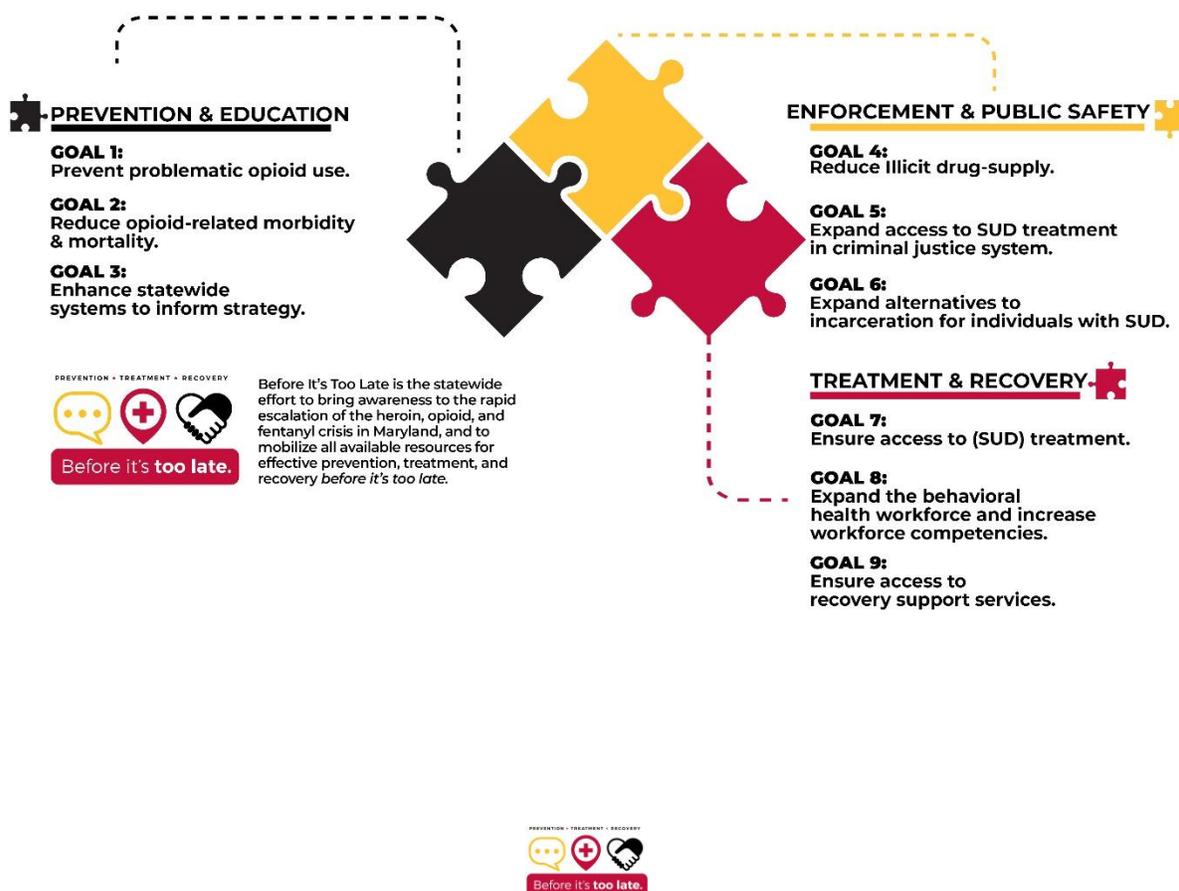
### Goals & Strategies

The Inter-Agency Opioid Coordination Council (IACC), chaired by Lt. Governor Boyd Rutherford, and the OCCC have drafted in partnership the annual *Maryland Inter-Agency Opioid Coordination Plan*. The coordination plan serves as the foundation for the state's response to addressing the opioid crisis and will be released in December 2019.

Using Governor Hogan's policy priorities as the foundation, goals and strategies for the plan were identified by reviewing the Centers for Disease Control and Prevention's *Evidence-Based Strategies for Preventing Opioid Overdose* guide and the OCCC's *Opioid Use Disorder Program Inventory*. These goals and strategies were presented to leaders of state agencies, community-based organizations and local opioid intervention teams (OITs) during two coordination planning sessions. During these planning sessions, partners provided critical feedback on language, feasibility, and historical context for each of the proposed strategies. Goals and strategies were finalized and agreed upon based on meetings with subject-matter experts from the public health, behavioral health, and criminal justice sectors.

Based on input from our partners, the coordination plan includes nine goals that address Governor Hogan's priority policy areas for addressing the opioid crisis (see Figure 10). Each of the identified goals has corresponding strategies and suggested implementation partners, who are needed to help successfully carry out these initiatives. Strategy implementation will be tracked and measured using data collected from local OITs and state partners.

**Figure 10. Maryland Inter-Agency Opioid Coordination Plan Goals**



## Local Best Practices

The OCCC regularly visits the state’s 24 local jurisdictions to observe and document their programs and initiatives. These visits yielded a comprehensive list of 129 programs and services that are being offered by our local partners. The chart below features the various programs and services, and it is organized by departmental partners. The chart was populated according to each jurisdiction’s self-reported data and indicates their programs’ stages of implementation. Responses on implementation status range from “no programming planned” (red) to “substantial programming in place” (dark green). (See the key on Page 20.)

**Table 2. Local Best Practices Matrix**

3rd Quarter 2019 Responses Opioid Program Inventory		Allegany	Anne Arundel/Annapolis City	Baltimore City	Baltimore County	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>Harm-Reduction Programs:</b>																										
1	Naloxone Distribution	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
2	Naloxone Training	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
3	Syringe-Service Program	Red	Yellow	Dark Green	Yellow	Red	Dark Green	Yellow	Dark Green	Red	Dark Green	Red	Dark Green	Red	Dark Green	Red	Dark Green	Yellow	Dark Green	Red						
4	Fentanyl Test-Strip Distribution	Red	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
5	Wound-Care Program	Red	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
<b>Information Campaigns (PSAs):</b>																										
6	211 Press 1	Red	Dark Green	Yellow	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
7	Access to Treatment	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
8	Anti-Stigma	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
9	Fentanyl	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
10	Good Samaritan	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
11	Naloxone	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
12	Safe-Disposal	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
13	Talk to Your Doctor	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
14	Local Hotline to Access Treatment	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
15	Mobile-SUD Services (Non-Prescribing)	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
16	Prescriber Education/Academic Detailing	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
17	Safe-Disposal Program/Drop Boxes	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
<b>Employer-Education and Support Programs:</b>																										
18	Drug-Awareness Prevention	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
19	Info/Referral for Employees Seeking Treatment and Recovery	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
<b>Behavioral Health</b>																										
20	Assertive Community Treatment (ACT) Program	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
<b>SUD Crisis -Services Facilities (Outside of the ED):</b>																										
21	Assessment and Referral Center (incl. Safe Station)	Red	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
22	Allow Walk-ins	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
23	23-Hour Stabilization Services	Red	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
24	1-4 Day Stabilization Services	Red	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
25	Mobile Crisis Team	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
26	24/7 Operation	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
27	Mobile-Treatment Program (Prescribing, etc.)	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
<b>Medication-Assisted Treatment Available in Jurisdiction:</b>																										
28	Vivitrol	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
29	Buprenorphine	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
30	Methadone	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green

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<b>Behavioral Health (cont'd)</b>																									
<b>Certified Peer-Recovery Specialist Support:</b>																									
31	DSS Service Center	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
32	Health Department	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
33	Hospital ER	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
34	Jail	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
35	Parole and Probation Offices	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
36	Walk-in Center	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
37	On-Call 24/7 Availability	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
38	Post-Incident Outreach	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>Outpatient SUD Services in Jurisdiction:</b>																									
39	ASAM Level 0.5 Early Intervention	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
40	ASAM Level 1.0 for Adolescents and Adults	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
41	ASAM Level 2.1 Intensive Outpatient	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
42	ASAM Level 2.5 Partial Hospitalization	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>SUD Residential-Treatment Programs:</b>																									
43	3.1 Clinically Managed Low-Intensity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
44	3.3 Clinically Managed High-Intensity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
45	3.5 Clinically Managed High-Intensity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
46	3.7 Medically Monitored Intensive Inpatient	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
47	3.7 Medically Monitored Inpatient Withdrawal Mgmt	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>Recovery-Support Programs:</b>																									
48	Sober-Living/Recovery Housing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
49	Wellness/Recovery Centers	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
50	Recovery Oriented Systems of Care (ROSC)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>Judiciary/States Attorney</b>																									
<b>Specialized Courts:</b>																									
51	Adult Drug Court	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
52	Adolescent Drug Court	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
53	Public-Messaging Program	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
54	Prosecute for Distribution Leading to Death	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
55	Pre-Trial Referral-to-Treatment Protocol	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
56	Information Cards Provided by Commissioners	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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<b>Corrections</b>																									
57	Universal Substance-Use Screening During Intake	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
58	Pre-Trial Referral to Treatment	Red	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>Drug-Treatment Programs While Incarcerated:</b>																									
59	Counseling	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
60	Methadone	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
61	Buprenorphine	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
62	Vivitrol	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
63	Outpatient (1.0)	Red	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
64	Intensive Outpatient (2.1)	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
65	Day-Reporting Center	Red	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>Facilitated Re-Entry Programs:</b>																									
66	Employment-Transition Support	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
67	MAT Upon Release	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
68	Naloxone Provided at Release	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
69	Recovery-Housing Referral	Red	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
70	Transportation Assistance	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
71	Treatment-Program Referral/Warm Hand-Off	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
72	Provide State Inmates Access to Local Re-Entry Srv.	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
73	Organized Planning for HB 116	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
74	Compassion-Fatigue Program	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>Parole and Probation</b>																									
75	Screening and Referral to Treatment	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
76	Treatment Monitoring Program	Red	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
77	SUD Peer Services On-Site at Parole and Probation Offices	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>Emergency Medical Services</b>																									
78	Post-Incident EMS Outreach After Overdose	Red	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
79	Leave-Behind Information Cards	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
80	Leave-Behind Naloxone	Red	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
81	Transport to Alternative Destination (Non-ED)	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
82	Compassion-Fatigue Program	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

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<b>Police/Sheriff</b>																										
83	All Police Trained in Naloxone																									
84	All Police Carry Naloxone																									
85	Leave-Behind Information Cards																									
86	Post-Incident Police Outreach after Overdose																									
87	Community-Awareness SUD Programming																									
88	Org. Pre-Arrest SUD Diversion/Referral Program																									
89	Crisis Intervention Team-Trained Officers																									
90	Heroin/Overdose Coordinator:																									
91	Use ODMAP																									
92	Receive Spike Alerts																									
93	Compassion-Fatigue Program																									
<b>Social Services</b>																										
SUD Screening and Referral at Intake:																										
94	Medicaid																									
95	SNAP																									
96	Support Program for Exposed Newborns/Families																									
97	DSS Staff Deployed in Schools																									
<b>Hospitals in Jurisdiction</b>																										
98	Dedicated Behavioral Health/Emergency Room																									
99	Buprenorphine Induction																									
100	Warm Hand-Off to SUD Provider/Services																									
101	Naloxone Distribution at Discharge																									
102	Peer Specialists on Staff																									
103	Prescribing Guidelines for Staff																									
104	Prescribing Patterns Tracked																									
<b>Education</b>																										
105	Let's Start Talking Grade 3-12 Prevention Education																									
106	Supplemental Drug-Awareness Education																									
107	Behavioral Health Professionals on Staff for SUD																									
<b>School Nurses Program:</b>																										
108	Mental Health First-Aide Training																									
109	Naloxone in Health Room																									
110	Assist with Prevention Education																									
111	"Safe Place" Identified within the School																									

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<b>Education</b>																									
112	Mechanisms in Place to Identify Impacted Youth																								
113	Services for Students Impacted by SUD at Home																								
114	Handle with Care Implemented																								
115	School-Based Prevention Clubs (e.g, SADD)																								
116	Community-Awareness Programming (After School)																								
<b>Higher Education</b>																									
117	Substance Misuse Info Campaigns for Students																								
118	Student Wellness/Recovery Center																								
119	SUD Student-Support Programing																								
120	Host SUD Events for Community																								
<b>OIT</b>																									
121	Full Membership																								
122	Organized in Manner Consistent with Governor's Order																								
123	OIT Meets at Least Bi-Monthly																								
124	Updated Strategic/Implementation Plan																								
125	Co-Chaired by Health Officer and Emergency Manager																								
126	Emergency Manager Is Cabinet-Level Officer																								
127	Elected Officials Participate Regularly in OIT Meetings																								
128	Elected Officials Engaged Regularly in SUD Programming																								
129	Full-Time Opioid Programming Coordinator																								
Total of Substantial Programming Implemented		61	38	33	54	18	42	59	39	3	31	46	25	92	40	67	21	10	37	27	2	66	44	47	27
Total of Some Programming Implemented		25	60	53	36	36	25	31	66	69	22	59	37	12	45	20	53	71	33	30	93	20	39	53	48
Total Programming in Development		6	20	14	36	20	4	17	11	17	41	15	21	19	19	22	9	7	22	18	12	2	16	10	11
Total of Programs Not to Be Planned		37	11	29	3	55	58	22	13	40	35	9	46	6	25	20	46	41	37	54	22	41	30	19	43

Key	
Substantial Programming in Place	
Some Programming in Place	
Programing in Development	
No Programming Planned	

## OOCC Grants

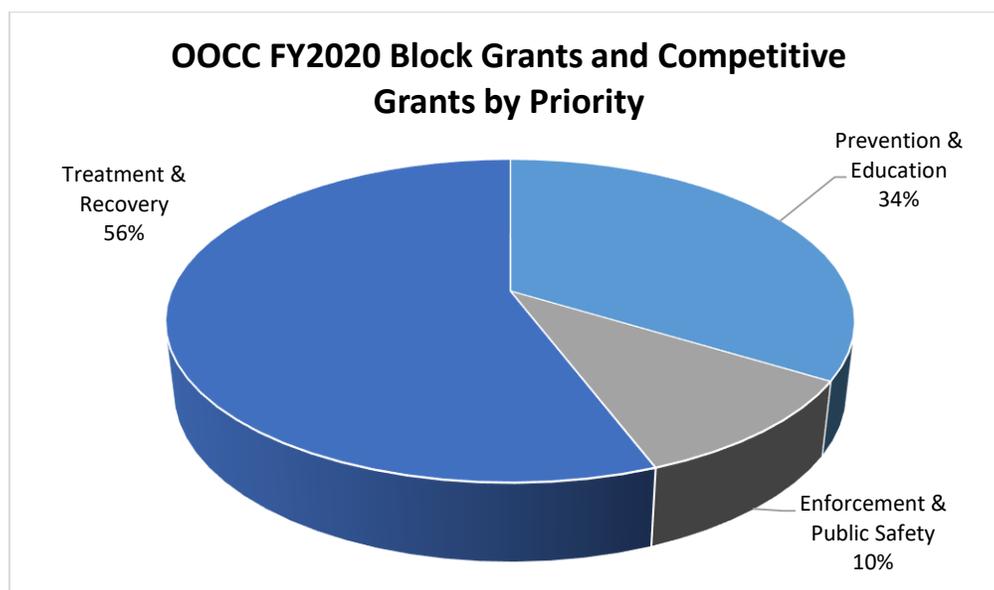
### OOCC Grants Summary

The OOCC distributes funding under two distinct grant programs: (i) the Block Grant Program for local OITs and (ii) the Competitive Grant Program for statewide, local, and nongovernment grants. The purpose of the Block Grant Program is to provide a base level of funding to all 24 local jurisdictions in order to combat the opioid crisis. The purpose of the Competitive Grant Program is to distribute grant funding to the highest-scoring proposals received from state and local governments and from private, community-based partners that align with the OOCC's mission and coordinating plan and that serve to meet the most pressing needs around the state.

### Overview of Combined Grant Programs

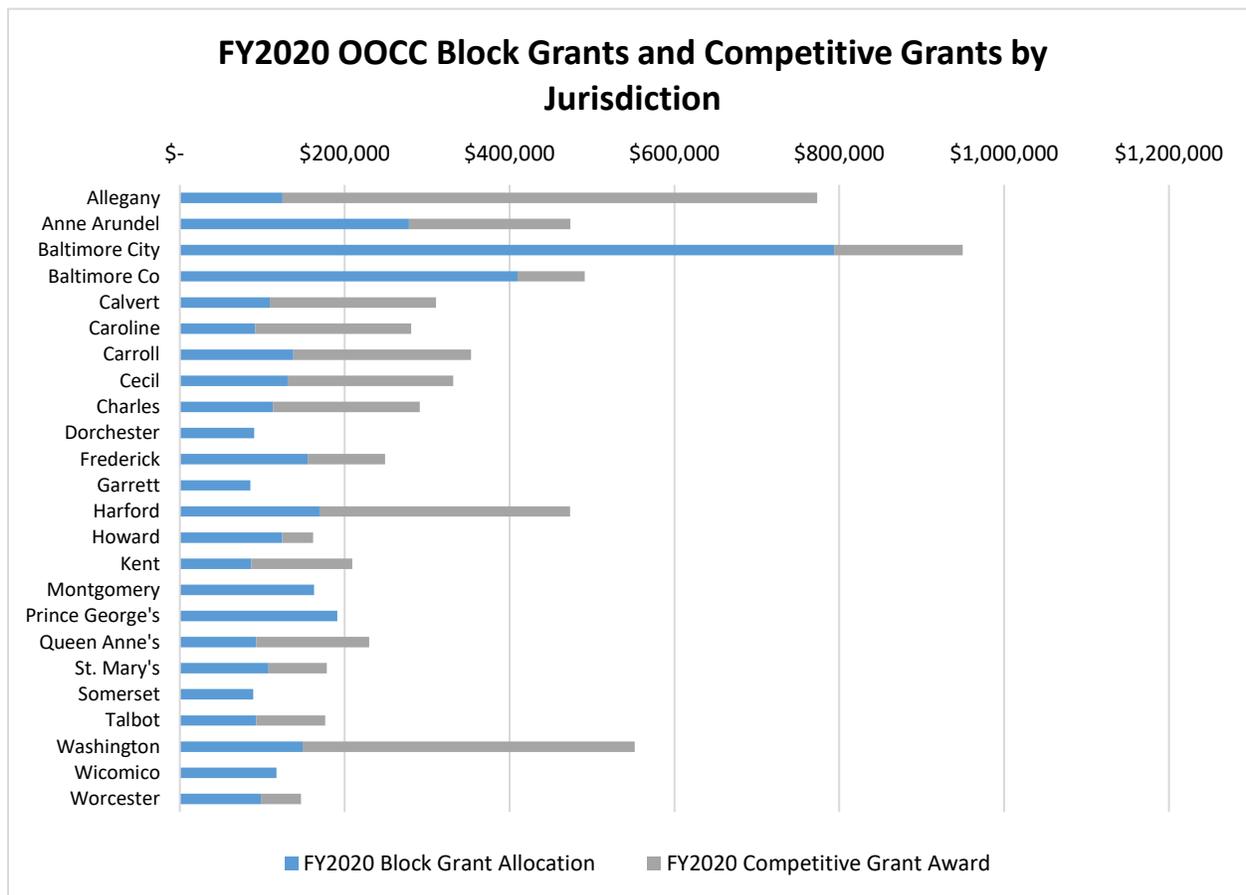
The chart below presents an overview of the combined grant programs and how these grant funds will be spent relative to Governor Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*. As previously noted, grants related to the OOCC's fiscal year 2020 Competitive Grant Program are still being finalized.

**Figure 14. FY 2020 Block Grants and Competitive Grants by Priority**



As shown in Figure 15, Baltimore City and Allegany, Washington, and Baltimore counties, which are among the most-impacted jurisdictions in the state on a population-adjusted basis (a method of comparison that accounts for significant variations in populations' average ages). These jurisdictions will receive the greatest amount of grant funding in fiscal year 2020. Grants benefitting multiple jurisdictions or the entire state are excluded from the below chart; those grants total \$1.9 million.

**Figure 15. FY 2020 OCCC Block Grants and Competitive Grants by Jurisdiction**



**Grants Summary Table**

Table 7 below is a summary on how the OCCC intends to allocate approximately \$10 million in block and competitive grant funding in fiscal year 2020. While competitive grant awards have been announced, documentation is still in process. Please note that the funding amounts below include all indirect costs.

**Table 7. FY 2020 Block Grants and Competitive Grants Summary**

<b>Award</b>	<b>Type</b>	<b>Description</b>
<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.
\$440,000	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 misuse.
		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 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.

Award	Type	Description
<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 misuse 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 by support of K-9 program.
\$62,000	Competitive	Support a heroin coordinator 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.

Award	Type	Description
<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 4th and 5th grade students from five Westminster-area elementary schools.
\$62,000	Competitive	Support for opioid abuse prevention project in public schools.
\$107,000	Competitive	Support three certified peer recovery specialists.
<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.

Award	Type	Description
<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.
		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.
<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.

Award	Type	Description
<b>Kent County</b>		
\$86,662	Block	Continue supporting peer specialist(s) for Opioid Community Intervention Project.
\$82,000	Competitive	Support expansion of Mission House, a MD certified recovery residence.
\$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 increased 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 substance use disorders.
\$137,000	Competitive	Support informational campaign, education and training, and enhanced data collection.
<b>Somerset County</b>		
\$88,992	Block	Expand law enforcement support.
		Support peer recovery support specialist.
		Promote Somerset County Opioid United Team (SCOUT) initiative.

Award	Type	Description
<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 activities to increase awareness of opioid addiction and to 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 family members.
\$57,000	Competitive	Support the Sheriff's Office day reporting center.
\$230,000	Competitive	Support a sober-living facility for adult women.

Award	Type	Description
<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.
<b>Multi-Jurisdictional/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 that will 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.
\$184,000	Competitive	Expand law-enforcement-assisted diversion (LEAD) to treatment programs.
\$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.
\$580,000	Competitive	Increase monitoring and regulatory oversight of controlled-substances prescribers and dispensers.