

PREVENTION • TREATMENT • RECOVERY



Before it's **too late.**

Opioid Operational Command Center
2019 Second Quarter Report
April 1, 2019 – June 30, 2019

September 1, 2019

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Message from the Executive Director

I am pleased to report that, in the first half of calendar year 2019, Maryland experienced its first six-month decline in the total number of opioid-related fatalities in at least a decade. The total number of opioid-related fatalities in Maryland fell to 1,060 during the first six months of 2019 versus 1,193 during the first half of 2018, a decline of 11.1 percent.

Furthermore, fatalities related to nearly all classes of opioids fell during the quarter, including heroin, fentanyl, prescription opiates, and also declined among cocaine and benzodiazepine-related deaths that occurred in combination with opioids. Methamphetamine in combination with opioids were the exception.

This decline follows two years in a row of significant decelerations in the rate of increase in the number of opioid-related fatalities in Maryland after the dramatic increases of 2016.

We are especially pleased to see the decline in fentanyl-related deaths, which were down 7.8 percent for the first six months. Fentanyl and its analogues were responsible for the sudden acceleration in the number of opioid-related fatalities that began in Maryland in late 2013.

We also are encouraged by the fact that 13 of Maryland's 24 local jurisdictions experienced declines in the number of opioid-related fatalities during the first half of 2019. We have never witnessed so many counties reporting declines in the number of opioid-related fatalities in a six-month period.

But the heroin and opioid crisis in Maryland is by no means over. More than 1,000 of our friends, family members, and neighbors lost their lives to opioid overdose during the first half of 2019. The number of opioid-related fatalities in Maryland continues near all-time highs. We remain in the midst of a public-health crisis of unprecedented magnitude.

But the combined efforts of federal, state, local, and community partners throughout Maryland are beginning to work. We have confidence that the right strategies are in place to advance Governor Hogan's policy priorities of Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery. We have begun the process of refining those strategies by convening stakeholder groups to share their perspectives on how best to continue our efforts to fight the epidemic in the years to come.

The Opioid Operational Command Center (OCCC) has completed its three-month-long process of visiting the Opioid Intervention Teams (OITs) in each local jurisdiction in the state. Based on what we have observed at these meetings, we are extremely impressed with the efforts of our local partners to confront the crisis. Every county has made excellent progress in implementing the more than 30 promising practices identified by the OCCC during previous planning exercises.

The OCCC recently announced the results of the OCCC competitive-grant process for fiscal year 2020. This \$5.6 million program will support 53 projects throughout the state. The competitive grant program is just one component of an overall opioid-crisis grant program representing \$63.7 million of the nearly \$750 million total in state-wide opioid-related spending for fiscal year 2020.

I would like to take this opportunity to thank everyone for their efforts to help turn the tide against this horrible epidemic.

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



Executive Summary

The total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in the first half of 2019 (January - June) was 1,182, a decrease of 11.3 percent as compared to the first six months of 2018. Opioids accounted for 89.7 percent of all such fatalities.

The number of opioid-related deaths in Maryland in the first half of 2019 was 1,060. This was a decrease of 11.1 percent from the same time period in 2018.

Heroin-related fatalities during the first six months of 2019 fell by 14.9 percent to 401. This decrease represents a continuation of a trend that began in 2017.

The number of fentanyl-related deaths in Maryland in the first half of 2019 was 962, a decrease of 7.8 percent as compared to the comparable period in 2018. This is the first six-month to six-month decline in the number of fentanyl-related fatalities since 2013. Fentanyl and its analogs accounted for approximately 90.8 percent of all opioid-related fatalities in the first half of 2019.

The number of prescription opioid-related deaths in Maryland also fell, continuing a trend that began in 2017. There were 195 prescription opioid-related deaths in Maryland during the first six months of 2019, a decline of 3.5 percent, as compared to the first half of 2018.

The number of cocaine-related deaths in Maryland decreased by 16.6 percent in the first half of 2019 as compared to the comparable period in 2018 to a total of 421. Approximately 90 percent of all cocaine-related fatalities during the first six months of 2019 was in combination with opioids.

There were 48 benzodiazepine-related fatalities in the first half of 2019, a decrease of approximately 35 percent as compared to the first half of 2018. Nearly all benzodiazepine-related fatalities in the first quarter of 2019 were in combination with opioids. While we are pleased to see a decline in benzodiazepine-related deaths, we are keeping our eye on increased use of both benzodiazepines as well as methamphetamine in various parts of the state.

There were 17 methamphetamine-related deaths in the first six months of 2019, an increase of about 42 percent compared to the first half of 2018. The vast majority of the methamphetamine deaths in the first quarter of 2019 were in combination with opioids.

All 24 local jurisdictions in Maryland experienced opioid-related fatalities in the first six months of 2019. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities, which collectively accounted for 66.8 percent of all opioid-related deaths in Maryland in the first half of 2019. Encouragingly, 13 of the 24 local jurisdictions in Maryland experienced a decline in the number of opioid-related fatalities in the first half of 2019.



Executive Summary (Cont.)

The OCCC's 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 OCCC works with approximately 20 governmental State Partners to implement the statewide plan. The OCCC tracks 175 state-level metrics (see page 21). Included in this report are the 31 most-important metrics, including nine Prevention & Education performance measures, seven Enforcement & Public Safety performance measures, and 15 Treatment & Recovery performance measures.

The OCCC also works with all 24 local jurisdictions in Maryland to implement the statewide plan. The OCCC tracks 36 local-level programs. This report highlights 34 of what we regard as the highest-priority programs and initiatives (see page 26), including 15 performance measures in the area of Prevention & Education, three in the area of Enforcement & Public Safety, and 16 in the area of Treatment & Recovery.

The OCCC monitors the extent to which OITs have implemented these high-priority programs and initiatives. All jurisdictions are making excellent progress in implementing these programs. All 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 \$674 million in FY19 and will increase to \$747 million in FY20. Total opioid-related spending has increased by nearly 68 percent since FY17. These figures do not include all opioid-related spending in Maryland.

Within the overall statewide budgetary commitment to combating the opioid epidemic is opioid crisis spending, which represents new funding streams that have been enacted since the governor initiated a state of emergency in March 2017. Opioid crisis funds were \$56.6 million in FY19 and are budgeted at \$63.7 million in FY20.

OCCC opioid crisis funds provide funding to support over 120 statewide and local projects. In FY20, 54 of these grant projects fell into the area of Prevention & Education, nine fell into the area of Enforcement & Public Safety, and 59 fell into the category of Treatment & Recovery.

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



Fatalities Data

Fatalities Data

This report contains counts of unintentional drug and alcohol-related intoxication deaths occurring in Maryland through the first half of 2019, the most recent period for which preliminary data are available. Final counts also are shown for January-December 2010-2017 and January-June 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 carfentanil), 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.

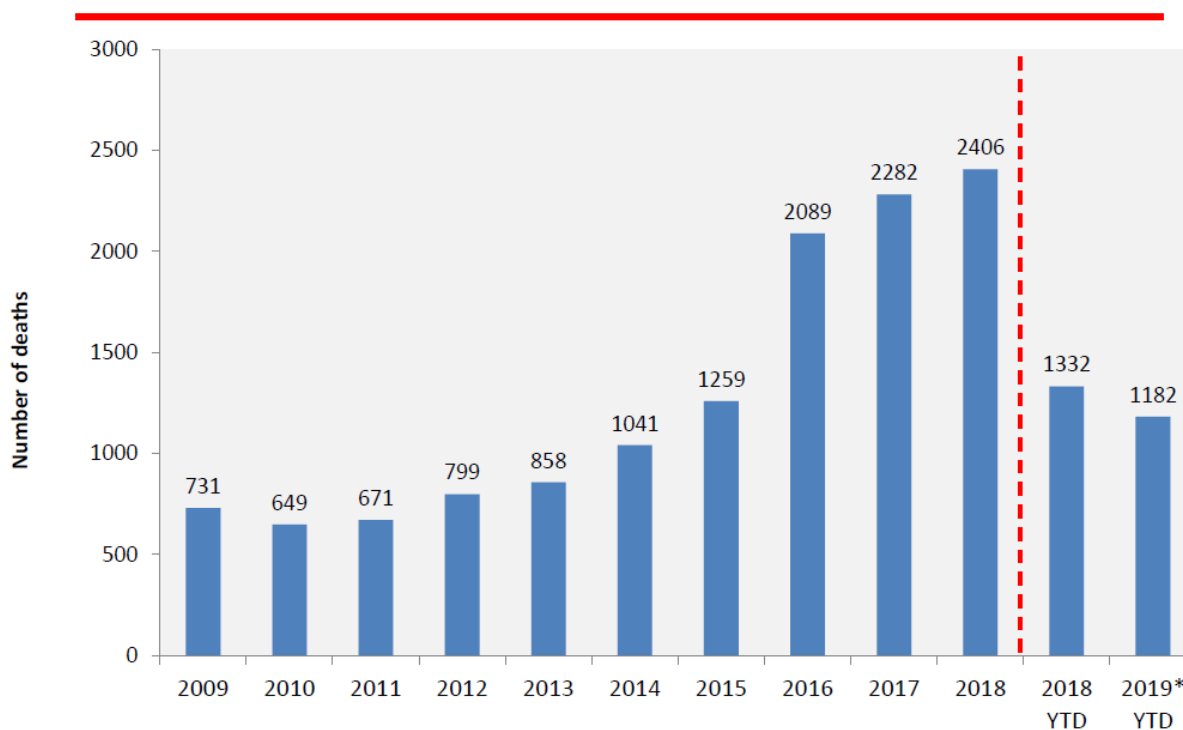
Note: The fatalities data presented herein are preliminary and subject to change.

Fatalities Data (cont.)

As shown in Figure 1, the total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in the first six months of 2019 decreased by 11.3 percent to a total of 1,182. Opioids accounted for 89.7 percent of all unintentional intoxication deaths in Maryland in the first half of 2019.

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

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



*2019 counts are preliminary.

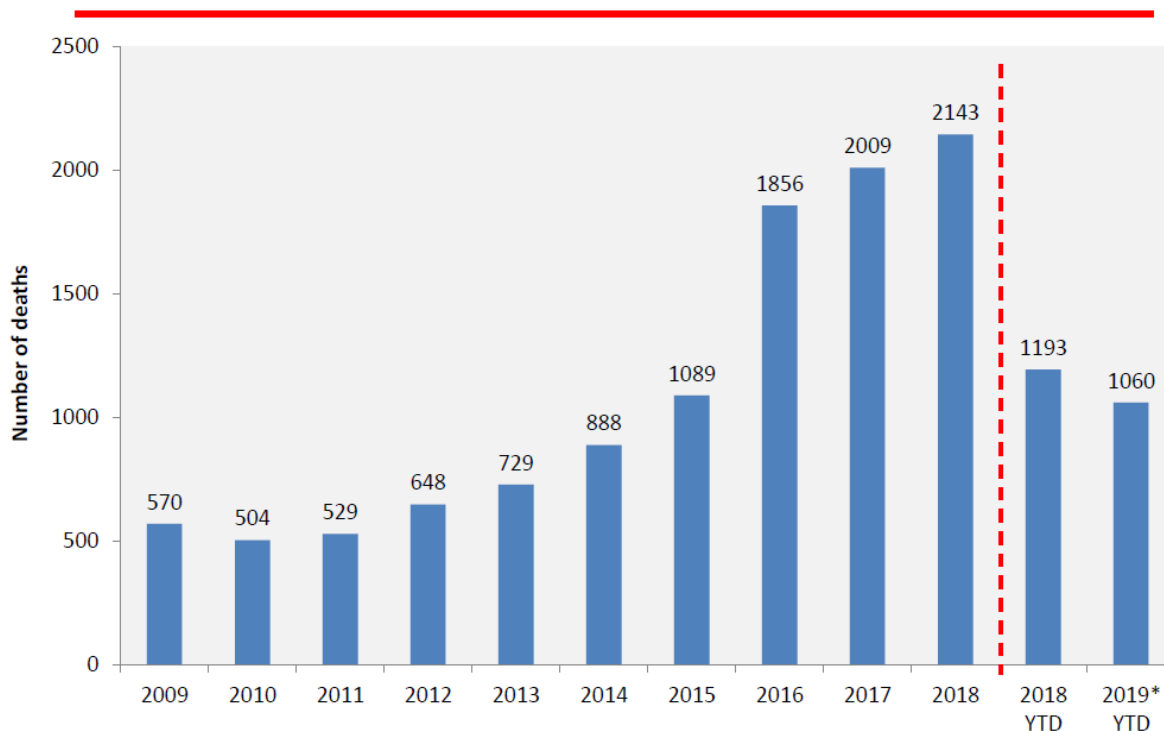
Fatalities Data (cont.)

As shown in Figure 2, the number of opioid-related deaths occurring in Maryland in the first six months of 2019 was 1,060. Opioid-related deaths in the first half of 2019 decreased by 11.1 percent as compared to the same time period in 2018.

The years 2009 through 2011 were 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 2017-2018 witnessed a plateauing in the rate of growth in fatalities followed by an actual decline in the first half of 2019.

Figure 2. Number of Opioid-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019.*



*2019 counts are preliminary.

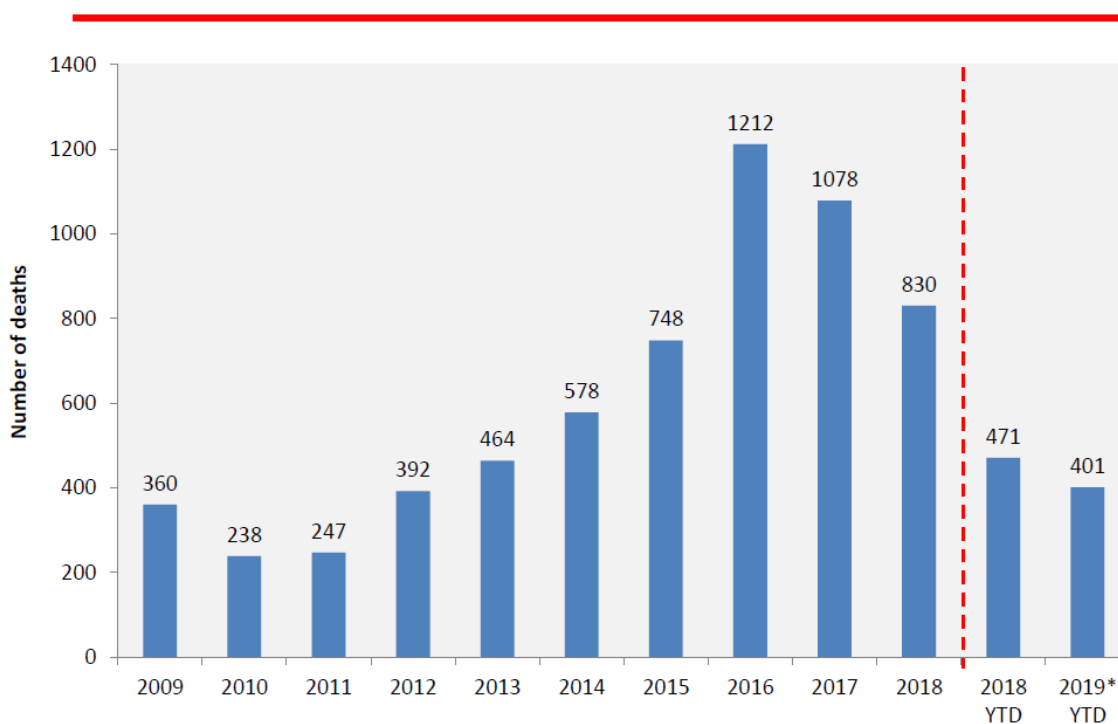
Fatalities Data (cont.)

As shown in Figure 4, the number of heroin-related fatalities fell to 401 in the first six months of 2019, down 14.9 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 availability of fentanyl.

Figure 4. Number of Heroin-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019.*



*2019 counts are preliminary.

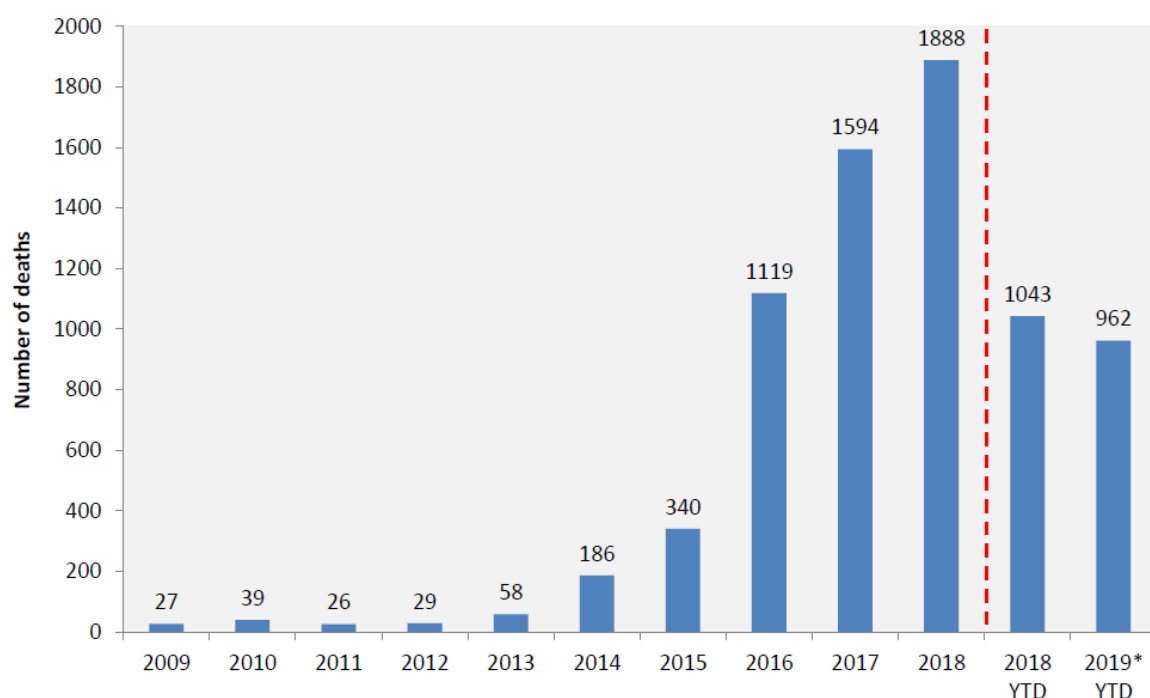
Fatalities Data (cont.)

As shown in Figure 5, the number of fentanyl-related deaths occurring in Maryland was 962 in the first six months of 2019, a decrease of 7.8 percent as compared to the first half of 2018.

Fentanyl accounted for 90.8 percent of all opioid-related fatalities in the first six months of 2019 versus only about 8 percent in 2013.

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

Figure 5. Number of Fentanyl-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019.*

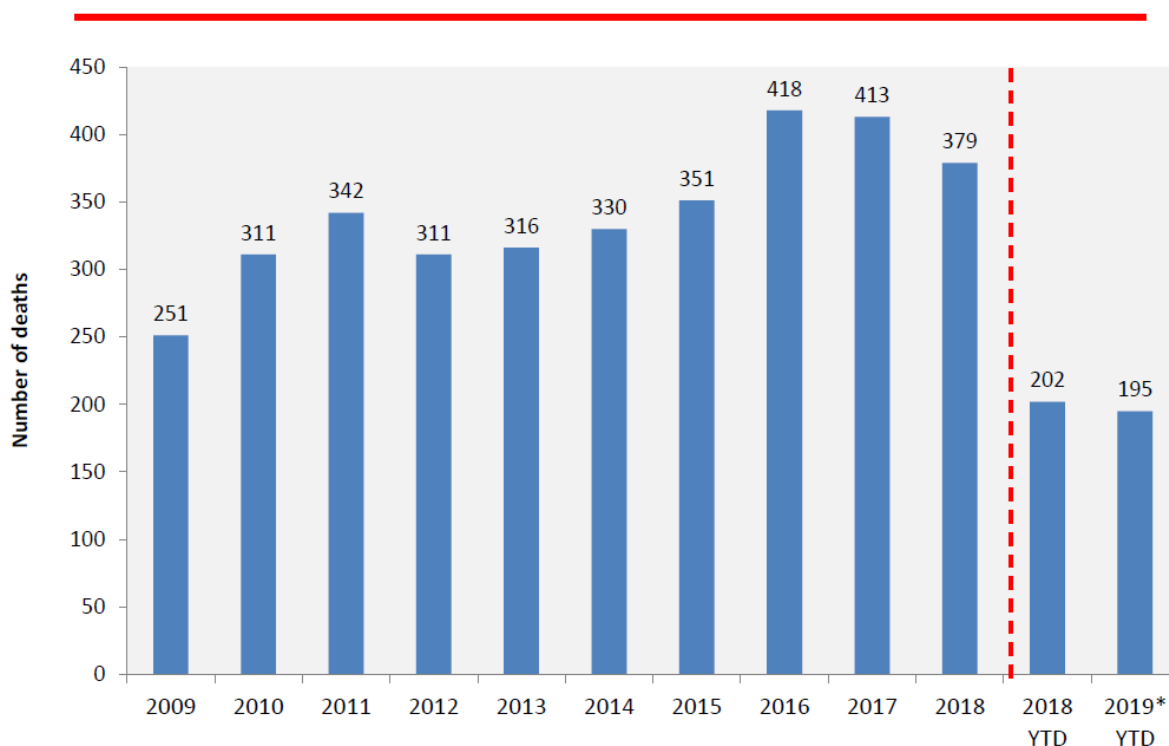


*2019 counts are preliminary.

Fatalities Data (cont.)

As shown in Figure 6, the number of prescription opioid-related deaths in Maryland fell to 195 in the first six months of 2019, a decrease of 3.5 percent as compared to the first half of 2018. January-June 2019 continued a declining trend in the number of prescription opioid-related deaths in Maryland that began in 2017.

Figure 6. Number of Prescription Opioid-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019.*



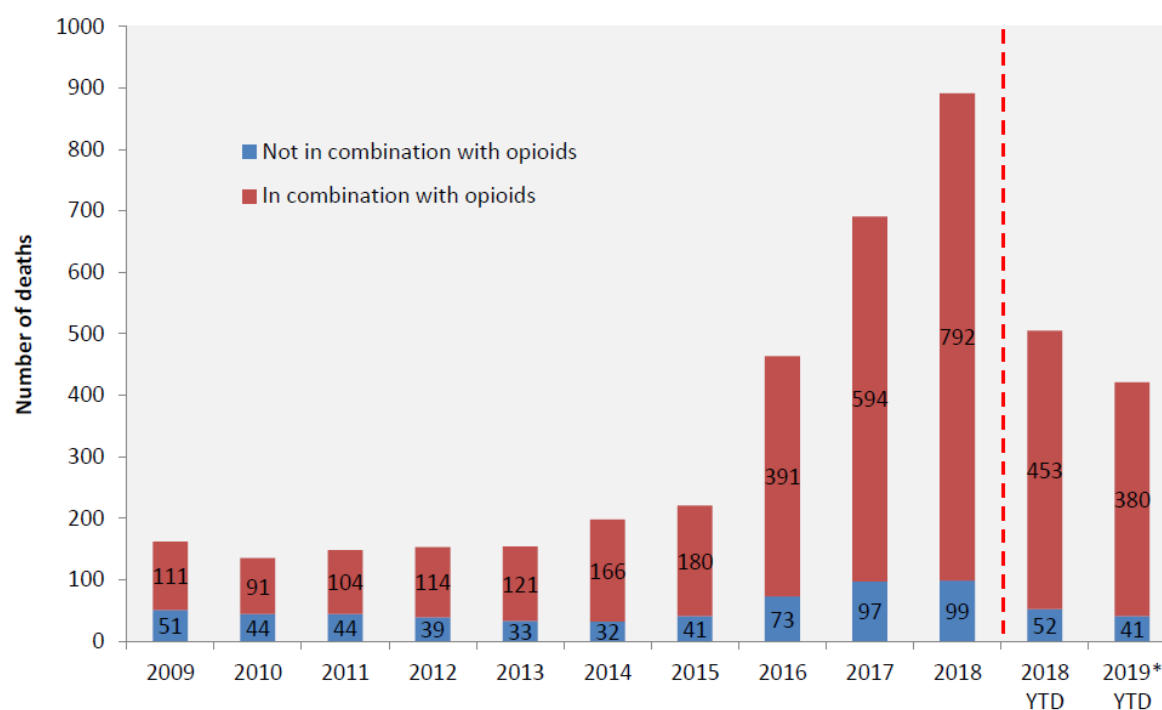
*2019 counts are preliminary.

Fatalities Data (cont.)

As shown in Figure 7, there were 421 cocaine-related fatalities in the first six months of 2019, a decrease of 16.6 percent as compared to the first half of 2018. This represents the first six-month over six-month decline in the number of cocaine-related fatalities since 2010.

The sharp increase in the number of cocaine-related fatalities in recent years was the result of mixing cocaine with fentanyl. Approximately 90 percent of all cocaine-related fatalities in the first half of 2019 was in combination with opioids.

Figure 7. Number of Cocaine-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019.*



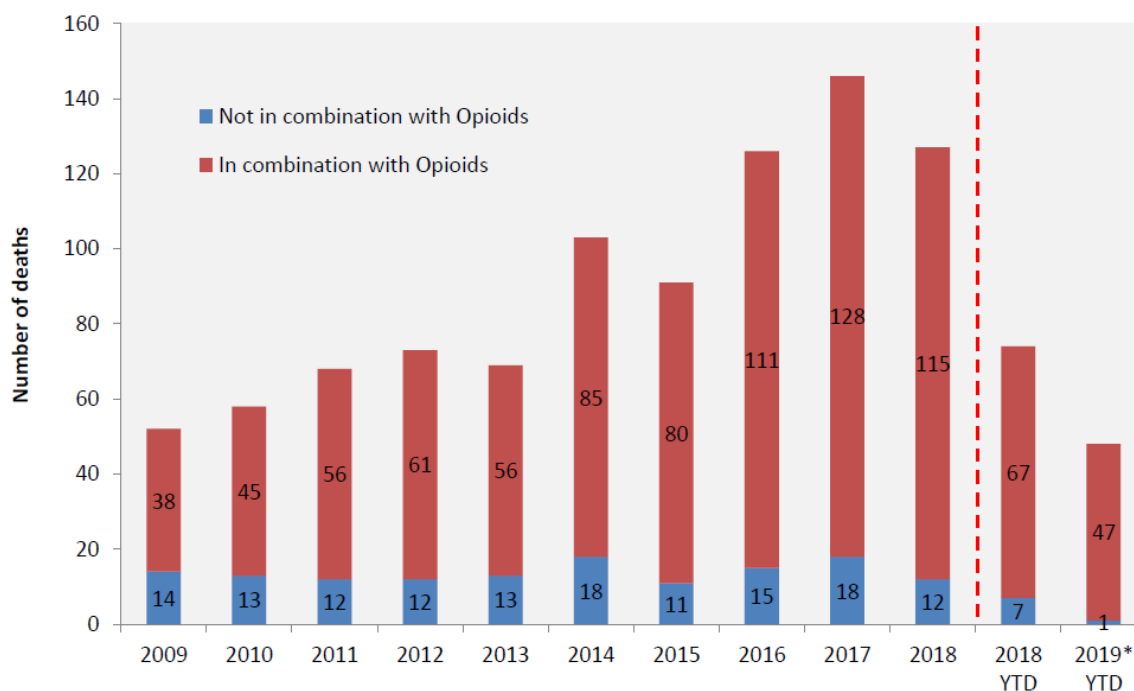
*2019 counts are preliminary.

Fatalities Data (cont.)

As shown in Figure 8, there were 48 benzodiazepine-related fatalities in the first half of 2019, a decrease of 35.1 percent as compared to the first six months of 2018.

Nearly all benzodiazepine-related fatalities in the first six 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-June 2018 and 2019.*



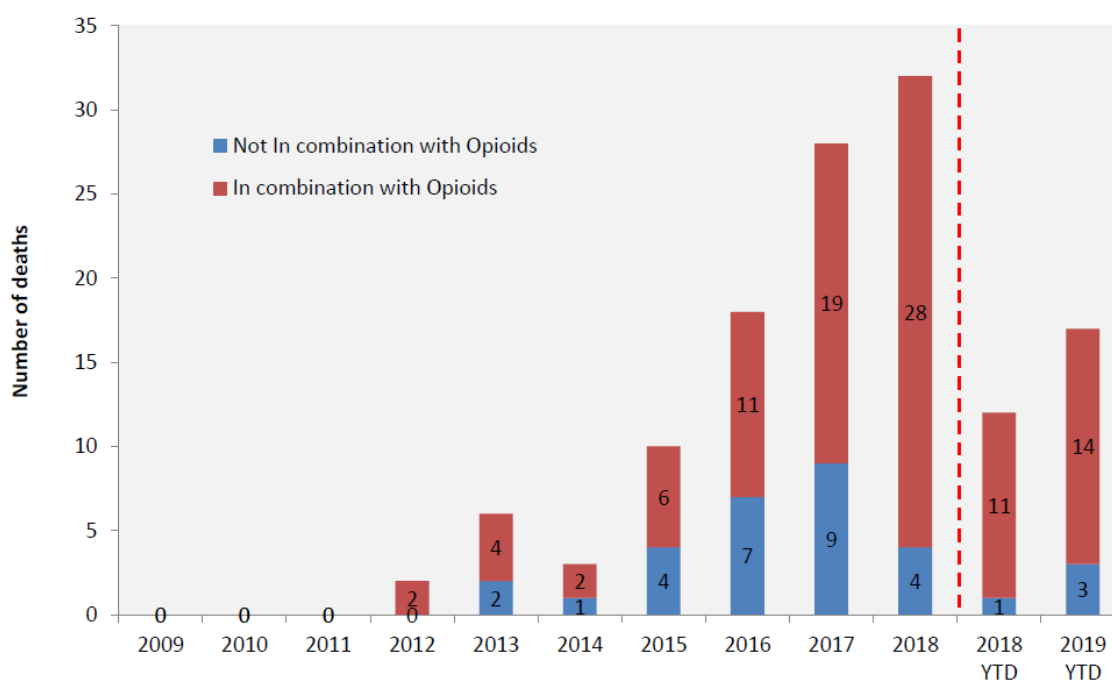
*2019 counts are preliminary.

Fatalities Data (cont.)

As shown in Figure 9, there were 17 Methamphetamine-Related fatalities in the first half of 2019, an increase of 41.7 percent as compared to the first six months of 2018.

82.4 percent of all Methamphetamine-related fatalities in the first six months of 2019 were in combination with opioids.

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



*2019 counts are preliminary.

Fatalities Data (cont.)

As shown in Table 1, every local jurisdiction in Maryland experienced opioid-related fatalities in the first half of 2019. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities, which collectively accounted for 66.8 percent of all opioid-related deaths in Maryland in the first half of 2019.

13 of Maryland's 24 jurisdictions experienced a decline in the number of opioid-related fatalities in 2018, 10 experienced an increase, and one experienced no change.

Table 1. Comparison of Opioid-Related Intoxication Deaths ^{1,2} by Place of Occurrence, Maryland, January-June, 2018 and 2019 ³ .			
Jurisdiction	Opioid Intoxication Deaths		2018 vs 2019
	January - June 2018	January - June 2019	# DIFFERENCE
Maryland Total	1193	1060	-133
Allegany	16	13	-3
Anne Arundel	132	91	-41
Baltimore City	444	449	5
Baltimore County	195	168	-27
Calvert	11	13	2
Caroline	3	7	4
Carroll	46	23	-23
Cecil	32	22	-10
Charles	8	12	4
Dorchester	4	5	1
Frederick	44	33	-11
Garrett	2	2	0
Harford	46	38	-8
Howard	21	14	-7
Kent	1	6	5
Montgomery	41	37	-4
Prince George's	52	37	-15
Queen Anne's	4	7	3
Somerset	5	1	-4
St. Mary's	17	11	-6
Talbot	3	9	6
Washington	44	38	-6
Wicomico	14	15	1
Worcester	8	9	1

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

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

³Counts for 2019 are preliminary.

Goals and Objectives

Goals and Objectives

The Inter-Agency Heroin and Opioid Coordination Plan, updated in October 2018, was developed by the OOC to outline the functions and processes that support Maryland's statewide coordination and collaboration efforts. The Coordination Plan does not supplant internal, partner-specific procedures, plans, and programs. Rather, the Coordination Plan ensures that partner strategic-planning efforts and program initiatives follow a common statewide vision.

The following chart aligns those goals and objectives under Governor Hogan's three-pillar approach to the response.

Prevention & Education	
Goals and Objectives	Activity Categories
Goal 1: Prevent new cases of opioid addiction and misuse <ul style="list-style-type: none"> • Reduce stigma and improve knowledge and understanding about opioid addiction • Increase patient, youth, public safety, and general public knowledge of opioid risk and benefits Goal 4: Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic	Community Awareness Programming Youth & Schools Programming Information Sharing Programming
Enforcement	
Goals and Objectives	Activity Categories
Goal 1: Prevent new cases of opioid addiction and misuse <ul style="list-style-type: none"> • Reduce illicit opioid supply • Reduce inappropriate or unnecessary opioid prescribing and dispensing Goal 4: Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic	Law Enforcement Programming Information Sharing Programming

Treatment & Recovery	
Goals and Objectives	Activity Categories
<p>Goal 2: Improve early identification and intervention of opioid addiction</p> <ul style="list-style-type: none"> • Build capacity of healthcare system to identify opioid use disorders and link patients to appropriate specialty care • Improve identification of and provision of services to youth at high-risk for opioid addiction and their families • Identify and connect individuals to treatment and recovery services at all points of contact with public health systems, public safety, hospitals, social services, and government services • Implement law enforcement diversion programs to connect low-level drug-involved offenders with treatment services <p>Goal 3: Expand access to services that support recovery and prevent death and disease progression</p> <ul style="list-style-type: none"> • Improve access to and quality of opioid addiction treatment in the community • Enhance criminal justice services for offenders who are opioid-addicted to prevent re-entry and recidivism into the criminal justice system • Expand access to treatment and recovery services for inmates with substance use disorders in correctional facilities • Transition inmates leaving incarceration with substance use disorders to outpatient treatment services • Make overdose education and naloxone distribution available to individuals at high risk for opioid overdose and their families/friends at all contact points with health, safety, and social service systems • Increase access to naloxone • Increase access to other harm reduction services for active opioid users (services that reduce the negative health impacts of opioid use) • Expand access to recovery support services <p>Goal 4: Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic</p>	<p>Criminal Justice Programming</p> <p>Crisis Intervention Systems Programming</p> <p>Harm Reduction Programming</p> <p>Access to Treatment & Recovery Programming</p> <p>Information Sharing Programming</p>

State Partner Performance Measures

State Partner Performance Measures

The OCCC tracks approximately 175 state-level metrics pertaining to opioid-related programs that are being implemented by our various state-government partners. This section presents 31 of what we regard as the highest-priority ongoing metrics. Accordingly, this section does not reflect all the efforts of our state-government partners. All metrics being followed by the OCCC were developed collaboratively with state partners to best capture departmental response efforts.

The state-level performance measures, including the data in this report, are managed by the following governmental state partners:

- Department of Aging (MDoA)
- Department of Disabilities (MDoD)
- Department of Environment (MDE)
- Department of Housing & Community Development (DHCD)
- Department of Human Services (DHS)
- Department of Juvenile Services (DJS)
- Department of Labor, Licensing, and Regulation (DLLR)
- Department of Public Safety & Correctional Services (DPSCS)
- Governor's Office of Community Initiatives - Interfaith Outreach (GOCI)
- Governor's Office of Crime Control & Prevention (GOCCP)
- Maryland Department of Health (MDH)
- Maryland Emergency Management Agency (MEMA)
- Maryland Higher Education Commission (MHEC)
- Maryland Insurance Administration (MIA)
- Maryland Institute for Emergency Medical Services Systems (MIEMSS)
- Maryland State Department of Education (MSDE)
- Maryland State Police (MSP)
- Washington/Baltimore High-Intensity Drug Trafficking Area (W/B HIDTA)

Unless otherwise noted, the chart below provides calendar year data for 2017, 2018 and quarter two (April 1-June 30) of 2019. When possible, percent changes were calculated comparing quarter two (Q2) of 2019 to baseline data from 2017.

Prevention & Education					
Performance Measure	2017	2018	Q2 2019	Percent Difference (Q2 '19 – CY 2017)	Reporting Partner
Number of Public Information Campaigns	18	21	6 ¹	-	MDH
Number of prescribers registered with Prescription Drug Monitoring Program (PDMP)	30,172	32,365	No update ²	-	MDH
Number of opioid prescriptions (excluding buprenorphine)	3,524,379	3,035,655	563,309	-	MDH
Number of buprenorphine prescriptions	318,052	383,659	107,421	-	MDH
Number of hospitals with single sign-on PDMP access	32	41	42	31%	MDH
Pounds of prescription drugs collected	6,342	9,143	3,448 ³	-	MSP
Number of officers, agents, analysts, and support staff who received supported training	781	2,060	1,957 ⁴	-	W/B HIDTA

¹ BHA reports that no public information campaigns were run in Q2. Campaigns will resume in Q3.

² PDMP recently underwent a vendor migration and Q2 data are not available.

³ Includes prescriptions collected as part of Drug Take Back Day.

⁴ HIDTA figures are YTD as of 8/20/19. Data are not a complete picture of the state. Seizure amount are from the entire Washington/Baltimore Region and submitted by HIDTA initiatives.

Number of Juvenile Services-involved youth receiving prevention education	2,390	2,465	1,026	-	DJS
Number of Local School Systems reporting implemented substance use/behavioral health programs and activities	22	24	24	-	MSDE
Enforcement & Public Safety					
Performance Measure	2017	2018	Q2 2019	Percent Change (Q2 '19 – CY 2017)	Reporting Partner
Number of Office of Controlled Substances Administration (OCSA) inspections to identify providers with inappropriate prescribing practices	649	1,347	438	-	MDH
Number of OCSA investigations based on red flags or complaints	106	254	23	-	MDH
Kilograms of heroin seized	146 kilograms	188 kilograms	37 ⁵ kilograms	-	W/B HIDTA
Kilograms/Dosage units of prescription narcotics seized	4.1 kilograms	2.1 kilograms	0 ⁵ kilograms	-	W/B HIDTA
Kilograms/Dosage units of fentanyl seized	40 kilograms	45 kilograms	15 ⁵ kilograms	-	W/B HIDTA

⁵ HIDTA figures are quarterly as of 6/30/2019. Data are not a complete picture of the State. Seizure amounts are from the entire Washington/ Baltimore Region and submitted by HIDTA initiatives

Number of drug trafficking organizations (DTOs) and money laundering organizations (MLOs) successfully disrupted or dismantled	146	125	24 ⁵	-	W/B HIDTA
Number of investigations for which HIDTA analysts provided analytical support	280	357	237 ⁴	-	W/B HIDTA
Treatment & Recovery					
Performance Measures	2017	2018	Q2 2019	Percent Change (Q2 '19 – CY 2017)	Reporting Partner
Number of SUD Crisis Hotline calls	983	1,495	293	-	MDH
Number of new institutions trained in SBIRT ⁶	12	34	2	-	MDH
Number of individuals who received SBIRT services ⁶	27,675	46,831	1,054	-	MDH
Number of SBIRT Brief Interventions (BI) provided by funded Peer Support Specialists ⁶	337,250	594,281	4,608	-	MDH
Number of individuals trained by state-authorized Overdose Response Program (ORP) training organizations	37,234	35,008	9,050	-	MDH
Number of Peer Support Specialists working within the public behavioral health system	235	308	338	44%	MDH
Number of individuals that received SUD residential	4,803	10,993	2,023	-	MDH

⁶ These data are preliminary.

treatment services under the Medicaid 1115 Waiver in accordance with legislation					
Number of naloxone doses dispensed to community members through state authorized ORP training organizations, including the Overdose Education and Naloxone Distribution (OEND) grant funding program	47,611	41,952	5,511	-	MDH
Number of layperson naloxone administrations reported to the state (Maryland Poison Control Center and/or other reports faxed to state)	724	988	172	-	MDH
Number of naloxone doses purchased with OIT Grants	7,949	39,546	697	-	MDH
Number of patients receiving naloxone from EMS providers	14,215	13,307	2,994	-	MIEMSS
Number of naloxone administrations by state troopers	129	112	37	-	MSP
Number of certified recovery residences	172	252	222	29%	MDH
Number of jurisdictions with Syringe Service Programs approved	1	4	7	600%	MDH
Number of beds/capacity of certified recovery residences	1,622	2,333	1,836	13%	MDH

Opioid Intervention Team (OIT) Performance Measures

OIT Performance Measures

The OCCC tracks 36 local-level programs and initiatives implemented by our various local partners through the Opioid Intervention Teams (OITs). This section presents 34 of what we regard as the highest-priority programs and initiatives. Accordingly, this section does not reflect all the efforts of our local partners. All metrics followed by the OCCC were developed collaboratively with our local partners to best capture local response efforts. Unless otherwise noted, the chart below provides baseline (prior to March 2017) data, calendar year 2018 data, and second quarter 2019 data, as well as percent change, where data points are available. For purposes of this report, baseline data include programming available prior to the emergency declaration on March 1, 2017. The information contained in this report was submitted through local OIT leadership and their partners. OIT leadership reported on the status of various programs in their jurisdiction as of June 30, 2019.

Prevention & Education				
Performance Measure	Baseline (as of March 2017)	2018 (year-end)	2019 (April-June)	Difference Q2 2019 vs. Baseline
Number of jurisdictions reporting implementing information campaigns aimed at prevention and stigma reduction	11	24	24	118%
Number of jurisdictions reporting implementing information campaigns that educate individuals on how to access resources available in the area	15	24	24	60%
Number of jurisdictions reporting implementing programs to encourage safe disposal of prescription medications	21	24	24	14%
Number of jurisdictions reporting implementing locally-led programs to educate prescribers about best practices in prescribing opioids or pain medications	7	18	19	171%

Number of jurisdictions reporting implementing programs to increase employer support for individuals seeking treatment and those in recovery	2	13	19	850%
Number of jurisdictions reporting implementing programs to address compassion fatigue with partners	3	15	17	467%
Number of jurisdictions reporting implementing evidence-based substance use addiction & prevention curriculum	17	24	24	41%
Number of school systems that identify and support youth who use substances	5	22	23	360%
Number of jurisdictions reporting implementing youth-focused substance use addiction & prevention programs outside of school hours	13	15	19	46%
Number of jurisdictions reporting implementing programs to support youth impacted by overdose or addiction in their homes	6	14	19	217%
Number of school systems that have a crisis response system in their local schools	n/a	n/a	23	0%
Number of school systems that train educators for mental health first aid	n/a	n/a	22	0%
Number of jurisdictions reporting processes to share information between local agencies to identify high-risk individuals	3	23	23	667%
Number of jurisdictions reporting processes to monitor and evaluate programs in jurisdiction	14	19	23	64%

Number of jurisdictions registered to receive Spike Alerts via ODMAP	20	20	20	0%
Enforcement & Public Safety				
Performance Measure	Baseline (as of March 2017)	2018 (year-end)	2019 (April -June)	Difference Q2 2019 vs. Baseline
Number of jurisdictions reporting implementing the heroin coordinator program	15	20	20	33%
Number of jurisdictions reporting implementing police-led programs where officers can refer individuals to care at various points along the sequential intercept	4	8	14	250%
Number of Jurisdictions reporting implementing programs to train law enforcement officers in mental health	n/a	n/a	21	0%
The majority of programs currently enable police referrals for non-fatal overdose victims. LEAD enables officers to make referrals when they engage someone in need, in lieu of arrest, during a well-being check, and following overdose or other injury.				
Treatment & Recovery				
Performance Measure	Baseline (as of March 2017)	2018 (year-end)	2019 (April-June)	Difference Q2 2019 vs. Baseline
Number of jurisdictions reporting implementing some level of pretrial substance abuse screening	7	19	23	214%
Number of jurisdictions reporting implementing at least one type of Medication-Assisted Treatment available in the correctional facility for individuals while incarcerated	12	17	18	50%

Number of jurisdictions reporting implementing at least one type of Medication-Assisted Treatment induction available upon release from a correctional facility	13	18	21	62%
Number of jurisdictions reporting other types of treatment available for individuals with substance use disorder within the corrections facility	19	19	24	26%
Number of jurisdictions reporting a facilitated approach to referral treatment upon release from a correctional facility	10	22	21	110%
Number of jurisdictions reporting programs to support transitions to recovery housing and employment services upon release from a correctional facility	10	19	23	130%
Number of jurisdictions implementing Drug/Problem Solving Courts	n/a	n/a	18	0%
Number of jurisdictions reporting implementing mobile crisis teams for substance use disorder	10	15	18	80%
Mobile Crisis services are defined as “community-based mobile crisis services that provide face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis to begin the process of assessment and definitive treatment.”				
Number of jurisdictions reporting implementing walk-in crisis services for substance use disorder	13	14	15	15%
Walk-In Crisis services are defined as a “program that provides assistance to individuals in crisis without an appointment or referral.”				
Number of jurisdictions reporting Crisis Stabilization outside of the Hospital ER	1	5	8	700%

Number of jurisdictions reporting having Peer Recovery Specialists in at least one of these areas: emergency departments, OSOP, OB/GYN offices, other healthcare settings, recovery centers, street outreach, crisis response, stabilization centers, partnering with law enforcement or corrections, schools, CBOs, Dept. of Health, Fire & Rescue, treatment centers, and/or Dept. of Social Services	18	24	24	33%
Number of jurisdictions reporting employment training and/or workforce development resources for individuals in recovery	8	11	15	88%
Number of jurisdictions reporting implementing naloxone training & distribution	19	23	24	26%
Number of jurisdictions reporting implementing harm reduction programs	8	12	24	200%
Number of jurisdictions reporting implementing EMS Leave Behind	n/a	10	17	70%
Number of jurisdictions reporting implementing case management support for individuals in treatment	16	21	24	50%

*The responses provided are self-reported from the local jurisdictions

Local Best Practices

Local Best Practices

This section describes and outlines current implementation at the local level of strategies and programs identified collaboratively with state and local partners as effective practices. OITs reported their current state of program implementation via the Best Practice Performance Measure Questionnaire process as of June 30, 2019. Each OIT's self-assessed program examines eight best-practice classifications with a focus on 34 programs. No local jurisdiction has implemented all 34 programs. Seventeen jurisdictions have implemented 28 or more of the practices, and seven jurisdictions have implemented fewer than 28 of the practices.

1. Community Awareness Programming

- a. Information campaigns aimed at prevention and stigma reduction (e.g., Going Purple, Good Samaritan Law information)
- b. Information campaigns to educate individuals on how to access resources available in the area
- c. Programs to encourage safe disposal of prescription medications (e.g., community take-back events, drop boxes, pill-disposal systems)
- d. Locally led programs to educate prescribers about best practices in prescribing opioids or pain medications (e.g., academic detailing)
- e. Employer-support programs for individuals seeking treatment and those in recovery (e.g., informational materials, employer seminars)
- f. Programs to address compassion fatigue with response partners (EMS, law enforcement, 911 call-takers, ED, & health) (e.g., first responders recognition events, visits/thank you messages from those in recovery, success stories)

2. Youth & Schools Programming

- a. Evidence-based substance-use addiction and prevention curriculum in the school system
- b. School-system programs to identify and support youth who use substances
- c. Youth-focused substance use addiction and prevention programs that take place outside of school hours
- d. Programs to support youth impacted by overdose or addiction in their homes (e.g., art or recreational programs, programs that alert educators when a student has seen/experienced substance-related trauma in the home)
- e. A crisis response system dedicated to respond to substance use crises within the jurisdiction's school system.
- f. Local school systems trained educators in mental health first aid

3. Law Enforcement Programming

- a. Participation in the Heroin Coordinator program
- b. Law enforcement diversion programs by which officers can refer an individual to treatment or resources rather than arrest
- c. Law enforcement officers trained in mental health



Local Best Practices (cont.)

4. Criminal Justice Programming

- a. Pretrial substance-use screening in correctional facilities
- b. Medication-Assisted Treatment programs in correctional facilities for individuals while incarcerated
- c. Medication-Assisted Treatment induction available upon release from a correctional facility
- d. Other types of treatment available for individuals with substance-use disorder within correctional facilities
- e. Facilitated approach to referral to treatment upon release from a correctional facility (e.g., care coordination)
- f. Programs to support transitions to recovery housing and employment services upon release from a correctional facility
- g. Drug and/or Problem Solving Court in the Circuit or District Court

5. Crisis Intervention Systems Programming

- a. Mobile crisis teams for substance-use disorder (community-based mobile crisis services that provide face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis to begin the process of assessment and definitive treatment)
- b. Walk-in crisis services for substance-use disorder (a program that provides assistance to individuals in crisis without an appointment or referral)
- c. Outside of the ED, a crisis stabilization center that includes medical stabilization for substance-use emergencies and linkages to treatment options
- d. Peer Recovery Specialists working in at least one of these areas: emergency departments, OSOP, OB/GYN offices, other healthcare settings, recovery centers, street outreach, crisis response, stabilization centers, partnering with law enforcement or corrections, schools, CBOs, LHD, Fire & Rescue, treatment centers, and/or Dept. of Social Services

6. Harm Reduction Programming

- a. Employment training/workforce development resources targeted at individuals in recovery (e.g., skills training, résumé assistance)
- b. Naloxone training and distribution in the community
- c. Other harm reduction programs
- d. EMS leave behind programs

Local Best Practices (cont.)

7. Access to Treatment & Recovery Programming

- a. Case management support for individuals in treatment (e.g., supporting transitions, connection with other services)

8. Information Sharing Programming

- a. Process to share information among local agencies to identify high-risk individuals (e.g., EMS sharing nonfatal refusals with LHDs / OSOPs)
- b. Process for monitoring and evaluating programs in the jurisdiction (e.g., regular reporting, data analysis and follow-up)
- c. Signed up to receive spike alerts via ODMaP

Local Best Practices Matrix

Local Best Practices (cont.)

Local OIT Best Practices 2nd Quarter 2019 Responses	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
1. Community Awareness Programming																								
a. Information Campaigns/Anti Stigma																								
b. Information Campaigns/ Access																								
c. Safe Disposal Programs																								
d. Prescriber Education																								
e. Employer Support Programs																								
f. Compassion/Fatigue Prevention																								
2. Youth & School Programming																								
a. Substance-Use and Prevention Curriculum																								
b. Youth Identification & Support Programs																								
c. After School Programs																								
d. Youth Impact Programs																								
e. Crisis Response Within Schools																								
f. Educators Trained for Mental Health																								
3. Law Enforcement Programming																								
a. Heroin Coordinator Programs																								
b. Law Enforcement Diversion																								
c. Officers Trained in Mental Health																								
4. Criminal Justice Programming																								
a. Pre-Trial Screening ¹																								
b. MAT While Incarcerated ²																								
c. MAT Upon Release ²																								
d. Other Treatment While Incarcerated																								
e. Facilitated Referral Upon Release ³																								
f. Recovery-Housing Transition Support																								
g. Drug/Problem Solving Court																								

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Local Best Practices (cont.)

Local OIT Best Practices 2nd Quarter 2019 Responses		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
5. Crisis Intervention Systems																									
a. Mobile Crisis Teams ⁴																									
b. Walk-In Crisis Services																									
c. Crisis Stabilization (outside ED)																									
d. Peer-Recovery Specialists																									
¹ For this practice, red indicates no screening, green indicates selective or full screening.																									
² Red is none, and green is at least one medication assisted treatment.																									
³ Red is none, green indicates some or all of the population has a facilitated referral.																									
⁴ Red is no team present, green is limited to full availability, yellow is in process of implementing.																									
6. Harm Reduction Programming																									
a. Employers Prevention Education																									
b. Naloxone Training and Distribution																									
c. Other Harm-Reduction Strategies																									
d. EMS Leave Behind Program																									
7. Access to Treatment & Recovery Programming																									
a. Case-Management Support																									
8. Information Sharing Programming																									
a. Local Agency Communication																									
b. Program Monitoring and Evaluation																									
c. Spike Alerts																									

	In process or fully implemented
	No plans to implement

Opioid-Related State Spending

Opioid-Related State Spending

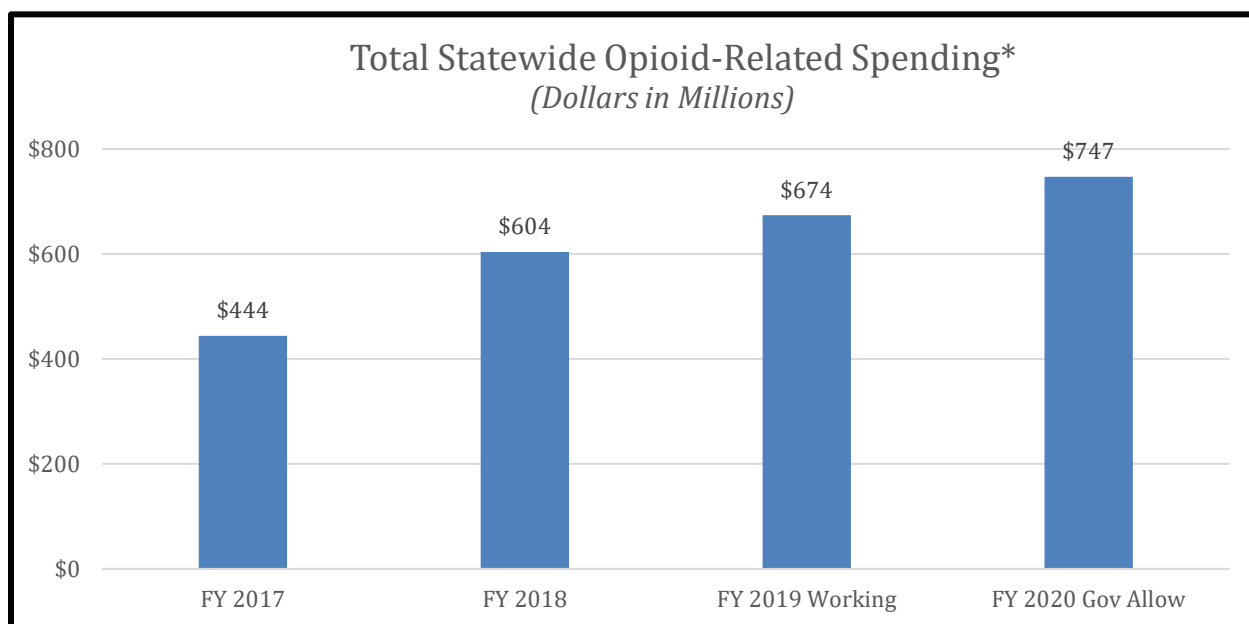
The State of Maryland has made a major budgetary commitment to combating the opioid epidemic. That commitment includes a dramatic expansion of existing programs and authorization of additional, incrementally distributed Opioid Crisis Funds. This funding supports a wide range of direct programs and services as well as grants to local jurisdictions in support of programs and services offered at the local level.

a. Total Statewide Spending

As shown in the chart below, total statewide opioid-related spending reached \$674 million in FY19 and is budgeted to increase to \$747 million in FY20. By FY20, total statewide opioid-related spending will have increased by 68 percent since FY17 when the governor declared a state of emergency related to heroin and opioids.

The figure for statewide spending includes programmatic and grant-making expenditures for MDH, DLLR, GOCCP and the OCCC. These figures do not include all of these agencies' opioid-related programs, nor does it include other agencies of state government that may also operate opioid-related programs.

The OCCC, in partnership with the Department of Budget Management, began an initiative in July 2019 to collect opioid-spending information from every state agency. The OCCC expects to have a more comprehensive estimate of all opioid-related spending throughout state government by early September 2019. This data collection process will continue on a quarterly basis.



*Source: Department of Budget and Management served as the source for MDH and OCCC data. DLLR and GOCCP funding were provided by their respective agencies, and further details pertaining to this funding is footnoted in the chart on pg. 40.

Opioid-Related State Spending (cont.)

b. Opioid Crisis Spending

When Governor Hogan initiated a state of emergency to address the opioid crisis in early 2017, he authorized the allocation of several new funding streams to address the crisis. These additional Opioid Crisis Funds will be distributed incrementally, and they will include the federal 21st Century Cures Act, state general funds that are allocated through the OCCC, and funding from GOCCP.

Opioid Crisis Funds were \$56.6 million in FY19 and are budgeted at \$63.7 million for fiscal year 2020.

Streams of Opioid Crisis Funding			
	FY2018	FY2019 Actual	FY2020 Appropriation
OCCC ⁷	\$10,513,712	\$10,900,981	\$10,802,308
GOCCP ⁸	\$2,181,489	\$1,168,900	\$1,400,000
MDH-Cures ⁹	\$10,036,845	\$10,036,784	-
MDH-SOR ¹⁰		\$33,169,407	\$50,169,407
DLLR ¹¹		\$1,312,543	\$1,312,543
Total	\$22,732,046	\$56,588,615	\$63,684,258

⁷ Excludes provider rate increase in FY2019 of \$5.3 million

⁸ In June 2018, GOCCP announced \$1.2 million in funding for the opioid crisis (includes Heroin Coordinators, LEAD, and Peer Specialist programs only). The Peer Specialist program was reduced from \$140,000 to \$86,900 later in the fiscal year. However, GOCCP funds other opioid-related programs that are not included in the definition of Opioid Crisis Funds. The FY2020 funding figure is an approximation of the cost of continuing these three programs in the next fiscal year. Both FY2019 and FY2020 funding amounts listed above are current as of the June 2019 OCCC quarterly report.

⁹ Cures funding only applied to FY18 and FY19.

¹⁰ The federal SOR grant award is \$33.2 million in years 1 and 2 (Year 1: September 30, 2018 - September 30, 2019). An additional \$17 million is anticipated for year 1 but has been designated for use in the state's 2020 fiscal year.

¹¹ The full DLLR opioid-related grant program is \$1,975,085 and \$650,000 for the award period of 07/01/2018 - 06/30/2020.

Opioid Crisis Fund Grants



Opioid Crisis Fund Grants

The table below presents the various programs that are being funded by Opioid Crisis Fund grants. This table is not all inclusive, but it includes awards related to the table on page 40. The grants are organized into the governor's three policy priorities of Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery.

OPIOID CRISIS GRANTS FY2019			
<u>Funding Amount</u>	<u>Funding Source</u>	<u>Initiative Overview</u>	<u>Implementing Partner</u>
PREVENTION & EDUCATION			
\$1,000,000	Federal Cures Grant	Continuation of public awareness campaigns to reduce stigma and increase patient-physician communication	Lead Agency: MDH; Supporting Partner: OCCC
\$700,000	Federal Cures Grant	Establishes harm reduction outreach teams	Lead Agency: MDH
\$200,000	Federal Cures Grant	Continuation of a program that creates school-based teams for early identification of the problems related to substance-use disorders	Lead Agency: MDH; Supporting Partner: MSDE
\$35,400	OCCC General Funds	Supports the Carroll County Drug and Violence Expo - Carroll County Chamber of Commerce	Lead Agency: OCCC; Supporting Partner: MDH and GOCCP

PREVENTION & EDUCATION (Cont.)			
\$30,741	OOCC General Funds	City of Annapolis OIT project that will support four opportunities and initiatives to combat substance use and disorder in the City of Annapolis	Lead Agency: OOCC; Supporting Partner: MDH
\$30,000	OOCC General Funds	Supports “Denial is Deadly” program in Anne Arundel County to raise awareness concerning the increase in opioid overdoses	Lead Agency: OOCC; Supporting Partner: MDH
\$2,000	OOCC General Funds	Supports purchase of locking medicine cases for the storage and disposal of medications at Calvert County senior centers	Lead Agency: OOCC; Supporting Partner: MDH
\$8,310	OOCC General Funds	Supports Calvert County’s Shatter the Stigma 5K to help reduce stigma. Increases awareness of recovery support activities, etc.	Lead Agency: OOCC; Supporting Partner: MDH
\$19,000	OOCC General Funds	Supports development of Behavioral Health Resource guides	Lead Agency: OOCC; Supporting Partner: MDH
\$2,000	OOCC General Funds	Supports development of Dorchester County Youth Action Council App	Lead Agency: OOCC; Supporting Partner: MDH
\$100,000	OOCC General Funds	Supports the Children & Parent Resource Group in providing screenings for middle-school and high-school students on the following interrelated programs designed to address and prevent substance use: Addicted2Life, Free2B, and Smart Driver/Cinema Drive	Lead Agency: OOCC; Supporting Partner: MDH and MEMA

PREVENTION & EDUCATION (Cont.)			
\$400,000	OOCC General Funds	Invites college students to compete in developing and proposing an innovative statewide media campaign that MHEC will implement and oversee to educate the general public about substance-use disorder, harm reduction, etc.	Lead Agency: OOCC; Supporting Partner: MDH
\$13,200	OOCC General Funds	Enhances St. Mary's County's Opioid-Associated Disease Prevention & Outreach Programs	Lead Agency: OOCC; Supporting Partner: MDH
\$36,135	OOCC General Funds	Supports Wicomico Goes Purple, a campaign that spreads awareness and education about the dangers of substance use	Lead Agency: OOCC; Supporting Partner: MDH
\$3,000	OOCC General Funds	Wicomico County educational course to help individuals in recovery with the goal of enriching themselves and becoming better/more effective parents	Lead Agency: OOCC; Supporting Partner: MDH
\$7,000	OOCC General Funds	Supports Washington Goes Purple, which focuses on the education in the school system and promotes discussion with students and their parents about prescription medications	Lead Agency: OOCC; Supporting Partner: MDH
\$5,000	OOCC General Funds	Supports the Somerset Goes Purple Campaign that focuses on education in the school system and promotes discussion among students and their parents about prescription medications	Lead Agency: OOCC; Supporting Partner: MDH

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PREVENTION & EDUCATION (Cont.)			
\$1,656,000	Federal SOR Grant ^a	Media campaign to improve doctor-patient communication regarding the harmful effects of opioid use	Lead Agency: MDH
\$54,973	Federal SOR Grant	Healthy Beginnings program to support pregnant women/children	Lead Agency: MDH
\$120,938	Federal SOR Grant	Adolescent Community Reinforcement Approach (A-CRA) - supports adolescents in recovery by increasing family, social, and education/vocational reinforcers	Lead Agency: MDH
\$87,844	Federal SOR Grant	Start Talking Teacher Training	Lead Agency: MDH
\$1,743,343	Federal SOR Grant	Project management funding (mandatory) for Substance Abuse and Mental Health Services Administration (SAMHSA)	Lead Agency: MDH
\$145,611	Federal SOR Grant	Student Assistance Program that creates school-based teams for early identification of the problems related to substance use disorders in partnership with the University of MD, School of Medicine	Lead Agency: MDH
\$911,214	OCCC General Funds	Prevention & Education efforts of all 24 OITs ^(d)	Lead Agency: OCCC; Supporting Partner: MDH

ENFORCEMENT & PUBLIC SAFETY			
\$897,000	GOCCP General Funds	Continuation of the Heroin Coordinator program, which helps to make the link between law enforcement and treatment	Lead Agency: GOCCP
\$146,816	OOCC General Funds	Expands law enforcement assisted diversion (LEAD) to treatment programs	Lead Agencies: GOCCP and OOCC; Supporting Partner: MDH
\$185,000	Federal: Byrne Justice Assistance Grant		
\$449,336	OOCC General Funds	Increases monitoring and regulatory oversight of controlled substances prescribers and dispensers	Lead Agency: OOCC; Supporting Partner: MDH
\$39,100	OOCC General Funds	Continuation of law-enforcement investigation support	Lead Agency: OOCC; Supporting Partner: W/B HIDTA and GOCCP
\$19,083	OOCC General Funds	Law enforcement investigation support for Baltimore County Police Department	Lead Agency: OOCC; Supporting Partner: MDH
\$8,000	OOCC General Funds	Law-enforcement investigation support for Worcester County Sheriff's Office	Lead Agency: OOCC; Supporting Partner: MDH
\$62,067	OOCC General Funds	Supports operation of MSP's DART-TOF/MS technology, which analyzes controlled dangerous substances	Lead Agency: OOCC; Supporting Partner: MSP
\$31,020	OOCC General Funds	Provides materials to ensure safety of MSP lab personnel which analyze controlled dangerous substances	Lead Agency: OOCC; Supporting Partner: MSP

ENFORCEMENT & PUBLIC SAFETY (Cont.)			
\$50,000	OOCC General Funds	Law enforcement investigation support for MSP	Lead Agency: OOCC; Supporting Partner: MSP
\$10,100	OOCC General Funds	Supports purchase of a K-9 drug dog for Somerset County	Lead Agency: OOCC; Supporting Partner: MDH
\$163,184	OOCC General Funds	Supports the Analytical Testing Initiative - Howard County Police Department	Lead Agency: OOCC; Supporting Partner: MDH GOCCP
\$71,800	OOCC General Funds	Supports Enforcement & Public Safety efforts for all 24 OITs ^(d)	Lead Agency: OOCC; Supporting Partner: MDH

TREATMENT & RECOVERY			
\$2,810,000	Federal Cures Grant	Expands access to crisis beds and residential-treatment services statewide	Lead Agency: MDH
\$3,803,947	Federal SOR Grant	Expands access to crisis beds in Allegany, Anne Arundel, Mid-Shore and Worcester Counties, and Baltimore City	Lead Agency: MDH
\$8,800,569	Federal SOR Grant	Supports crisis walk-in centers, including Anne Arundel, Calvert, Carroll, Cecil, Howard, Harford (adding peer support), Washington Counties, etc. and Baltimore City	Lead Agency: MDH
\$1,891,081	Federal SOR Grant	Supports Safe Stations in Anne Arundel, Mid-Shore and Worcester Counties	Lead Agency: MDH
\$1,143,000	OOCC General Funds	Improves access to naloxone statewide	Lead Agency: MDH and OOCC; Supporting Partner: MIEMSS
\$1,300,000	Federal Cures Grant		
\$2,690,820	Federal SOR Grant		
\$2,000,000	Federal Cures Grant	Supports implementation of 24-hour crisis stabilization center in Baltimore City	Lead Agency: MDH
\$663,700	OOCC General Funds	Supports peer support specialist and SBIRT services, with a focus on hospitals, correctional facilities, and other high-risk populations ^(b)	Lead Agency: MDH, GOCCP and OOCC Supporting Agencies: DPSCS, Maryland Hospital Association (MHA), Maryland Correctional Administrators Association (MCAA)
\$800,000	Federal Cures Grant		
\$86,900	GOCCP General Funds ^(c)		

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TREATMENT & RECOVERY (Cont.)			
\$363,000	OCCC General Funds	Supports Anne Arundel's WellMobile, which increases access to medications that support recovery from substance use disorders	Lead Agency: OCCC; Supporting Partner: MDH
\$900,000	Federal Cures Grant	Training and consultation/technical assistance for prescribers of medications that support recovery	Lead Agency: MDH
\$499,804	Federal SOR Grant		
\$2,174,714	Federal SOR Grant	Increases access to medications that support recovery from substance use. Focus areas include Baltimore, Calvert, Harford, Howard, Prince George's, Caroline, Queen Anne's, Cecil, and St. Mary's counties	Lead Agency: MDH
\$817,500	Federal SOR Grant	SBIRT services for K-12 schools (\$100,000), OB/GYN practices (\$682,500), and colleges (\$35,000)	Lead Agency: MDH
\$350,000	OCCC General Funds	Expands and improves the statewide crisis hotline	Lead Agency: OCCC; Supporting Partner: MDH
\$163,700	OCCC General Funds	Supports the Montgomery County school system recovery and academic program	Lead Agency: OCCC; Supporting Partner: MSDE
\$40,960	OCCC General Funds	Supports Brooke's House recovery house for women in Washington County	Lead Agency: OCCC; Supporting Partner: MDH

TREATMENT & RECOVERY (Cont.)			
\$58,000	OOCC General Funds	Supports the Project Realize! youth mentoring program - Horizon Goodwill Industries in Washington County	Lead Agency: OOCC; Supporting Partner: MDH, GOCCP
\$3,764	OOCC General Funds	Supports training in Calvert County to learn how to help someone experiencing a mental-health or substance-use emergency. Training also teaches signs/symptoms of an overdose, etc.	Lead Agency: OOCC; Supporting Partner: MDH
\$125,000	OOCC General Funds	Funds customized vehicle to expand Calvert County's Recovery Rapid Response team to a full mobile unit.	Lead Agency: OOCC; Supporting Partner: MDH
\$120,000	OOCC General Funds	Supports purchase of a mobile vehicle for Carroll County for use in provision of tele-medicine that includes behavioral health services	Lead Agency: OOCC; Supporting Partner: MDH
\$3,000	OOCC General Funds	Supports individual placement into a recovery and/or treatment service in Worcester County	Lead Agency: OOCC; Supporting Partner: MDH
\$6,000	OOCC General Funds	Provides medical care to homeless populations, including full medical assessment (substance-use problems, etc.) in Worcester County	Lead Agency: OOCC; Supporting Partner: MDH
\$2,500	OOCC General Funds	Raises awareness of Atlantic Club which provides resources and 24-hour access and recovery support in Worcester County	Lead Agency: OOCC; Supporting Partner: MDH

TREATMENT & RECOVERY (Cont.)			
\$6,675	OCCC General Funds	Supports purchase of tele-psychiatry equipment in two ED's in Harford County that will be utilized to provide rapid intervention for individuals presenting with substance-use and /or mental- health issues	Lead Agency: OCCC; Supporting Partner: MDH
\$160,000	OCCC General Funds	Purchase of Howard County mobile unit that can be used to provide community-based outreach to county residents	Lead Agency: OCCC; Supporting Partner: MDH
\$1,265,600	OCCC General Funds	Supports substance-use disorder residential treatment	Lead Agency: OCCC; Supporting Partner: MDH/BHA
\$2,863,250	Federal SOR Grant	Overdose Survivor Outreach Program expanded to nine hospitals	Lead Agency: MDH
\$138,999	Federal SOR Grant	Supports sign-language Interpreters to address gap in addiction services	Lead Agency: MDH
\$298,395	Federal SOR Grant	Recovery housing for transition-age youth	Lead Agency: MDH
\$1,536,395	Federal SOR Grant	Recovery housing for adults	Lead Agency: MDH
\$3,580,224	Federal SOR Grant	Harm reduction program	Lead Agency: MDH
\$265,000	Federal SOR Grant	Hospital pilot project that will engage patients with substance use disorders in MAT program	Lead Agency: MDH



TREATMENT & RECOVERY (Cont.)			
\$987,543	Federal WIA/ WIOA Dislocated Worker Nation Reserve Demonstration Grant ^(e)	Supporting treatment & recovery programs, including the Opioid Workforce Innovation Fund which will allow for monies to be available to organizations working on addressing the opioid crisis to seed innovative and promising programs	Lead Agency: DLLR
\$325,000	Federal WIA/ WIOA Dislocated Worker Nation Reserve Demonstration Grant ^(e)	Supporting treatment & recovery programs, including a program to provide funding to organizations that seek to serve women impacted by the opioid crisis	Lead Agency: DLLR
\$2,879,496	OCCC General Funds	Supports Treatment & Recovery efforts for all 24 Opioid Intervention Teams ^(d)	Lead Agency: OCCC; Supporting Partner: MDH

OTHER			
\$138,200	OCCC General Funds	Supports the administration of \$4 million in OIT grants ^(d)	Lead Agency: OCCC; Supporting Partner: MDH
\$807,896	OCCC General Funds	Supports OCCC Administrative Costs	Lead Agency: OCCC
\$270,000	Federal Cures Grant	Supports Cures administrative costs	Lead Agency: MDH

^(a) Applies to all Federal SOR Grants: September 30, 2018 through September 29, 2019.

^(b) SBIRT Hospital \$522,725; SBIRT Corrections \$141,000 (Reduced from initial budgeted amount of \$760,000).

^(c) Supports three peer specialists in Frederick, Washington, and Wicomico counties. Reduced from \$144,287.

^(d) More information about the Opioid Intervention Team (OIT) grants are contained in the jurisdiction breakdown on page 55.

^(e) The full grant award is \$1,975,085 and \$650,000 for the award period of 07/01/2018-06/30/2020.

Local Jurisdiction Grants

Local Jurisdiction Grants

The tables below provide information regarding OCCC grants to local jurisdictions for fiscal year 2019 and 2020.

FY2019 OCCC GRANTS BY JURISDICTION

	<u>Block Grants</u>	<u>Competitive Grants</u>	<u>Total</u>	<u>% of Total</u>
Allegany	\$ 115,759	\$0	\$115,759	1.1%
Anne Arundel (a)	\$ 289,613	\$423,741	\$713,355	7.0%
Baltimore City	\$ 854,732	\$0	\$854,732	8.4%
Baltimore Co	\$ 465,682	\$19,083	\$484,765	4.8%
Calvert	\$ 100,256	\$139,074	\$239,330	2.4%
Caroline	\$ 77,002	\$0	\$77,002	0.8%
Carroll	\$ 132,739	\$174,400	\$307,139	3.0%
Cecil	\$ 124,618	\$0	\$124,618	1.2%
Charles	\$ 107,270	\$0	\$107,270	1.1%
Dorchester	\$ 74,418	\$2,000	\$76,418	0.8%
Frederick	\$ 157,839	\$0	\$157,839	1.6%
Garrett	\$ 71,834	\$0	\$71,834	0.7%
Harford	\$ 171,496	\$6,675	\$178,171	1.8%
Howard	\$ 124,249	\$323,184	\$447,433	4.4%
Kent	\$ 73,311	\$0	\$73,311	0.7%
Montgomery	\$ 185,892	\$163,705	\$349,597	3.4%
Prince George's	\$ 198,442	\$0	\$198,442	2.0%
Queen Anne's	\$ 78,478	\$0	\$78,478	0.8%
Saint Mary's	\$ 73,680	\$13,200	\$86,880	0.9%
Somerset	\$ 93,981	\$15,100	\$109,081	1.1%
Talbot	\$ 78,848	\$0	\$78,848	0.8%
Washington	\$ 150,807	\$105,736	\$256,543	2.5%
Wicomico	\$ 110,222	\$39,135	\$149,357	1.5%
Worcester (b)	\$ 89,552	\$19,500	\$109,052	1.1%
Multi-Jurisdictional	\$0	\$4,700,677	\$4,700,677	46.3%
	<u>\$4,000,720</u>	<u>\$6,145,210</u>	<u>\$10,145,930</u>	<u>100.0%</u>

(a) Includes City of Annapolis

(b) Includes Ocean City

Local Jurisdiction Grants (Cont.)

The tables below provide information regarding OOCG grants to local jurisdictions.

FY2020 OOCG GRANTS BY JURISDICTION

	<u>Block Grant</u>	<u>Competitive Grant</u>	<u>Total</u>	<u>% of Total</u>
Allegany	\$124,612	\$648,521	\$773,133	8.0%
Anne Arundel (a)	\$278,074	\$188,550	\$466,624	4.9%
Baltimore City	\$793,719	\$156,043	\$949,762	9.9%
Baltimore Co	\$409,565	\$74,352	\$483,917	5.0%
Calvert	\$108,966	\$201,768	\$310,734	3.2%
Caroline	\$91,323	\$189,321	\$280,644	2.9%
Carroll	\$137,594	\$200,291	\$337,885	3.5%
Cecil	\$130,937	\$191,429	\$322,366	3.4%
Charles	\$112,960	\$177,978	\$290,938	3.0%
Dorchester	\$90,324	\$0	\$90,324	0.9%
Frederick	\$155,237	\$93,720	\$248,957	2.6%
Garrett	\$85,664	\$0	\$85,664	0.9%
Harford	\$169,552	\$293,100	\$462,652	4.8%
Howard	\$124,279	\$37,440	\$161,719	1.7%
Kent	\$86,662	\$115,033	\$201,695	2.1%
Montgomery	\$162,894	\$0	\$162,894	1.7%
Prince George's	\$191,190	\$0	\$191,190	2.0%
Queen Anne's	\$92,654	\$137,062	\$229,716	2.4%
Saint Mary's	\$107,634	\$70,800	\$178,434	1.9%
Somerset	\$88,992	\$0	\$88,992	0.9%
Talbot	\$92,654	\$81,811	\$174,465	1.8%
Washington	\$148,913	\$380,436	\$529,349	5.5%
Wicomico	\$117,288	\$45,720	\$163,008	1.7%
Worcester (b)	\$98,313	\$580,749	\$679,062	7.1%
Multi-Jurisdictional	\$0	\$1,753,310	\$1,753,310	18.2%
	<u>\$4,000,000</u>	<u>\$5,617,434</u>	<u>\$9,617,434</u>	<u>100.0%</u>

(a) Includes City of Annapolis

(b) Includes Ocean City



Local Jurisdiction Grants (Cont.)

Below is a summary of how each Opioid Intervention Team will be using FY2020 block-grant funding.

Allegany: \$124,612	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.
Anne Arundel: \$278,074	Expand public outreach programming to increase awareness and decrease morbidity and mortality from opioid overdoses, as well as reduce the stigma associated with opioid addiction.
	Continued support for Safe Stations.
	Support start-up funding for recovery center.
Baltimore City: \$793,719	Continued support for mobile 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.
Baltimore Co: \$409,565	Continued support for peer recovery services.
Calvert: \$108,966	Provide peer-recovery support in the local emergency department.
	Expand access to clinical services and medications that support recovery from substance-use disorders.
	Support medication assisted treatment (MAT) coordinator.
	Increase community awareness.
Caroline: \$91,323	Enhance data collection and analysis.
	Support treatment and recovery services.
	Decrease growth in opioid misuse by support of K-9 program
Carroll: \$137,594	Continuation of mobile crisis services.
Cecil: \$130,937	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.
Charles: \$112,960	Support for Opioid Intervention Team (OIT) 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.

Local Jurisdiction Grants (Cont.)

Dorchester: \$90,324	Support for Opioid Intervention Team (OIT) coordination.
	Continued support for drug-free fun and structured youth and young adult activities.
	Support peer-recovery services.
	Support SBIRT (screening, brief intervention and referral to treatment) services.
Frederick: \$155,237	Expand peer-recovery support services.
Garrett: \$85,664	Support Community Resource Team 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 (OIT).
Harford: \$169,552	Supports a central intake, navigation, and recovery team to enhance early identification and intervention for those with substance-use disorder
Howard: \$124,279	Support SBIRT (screening, brief intervention, and referral to treatment) services and connection to treatment providers.
Kent: \$86,662	Continue to support peer specialist(s) for Opioid Community Intervention Project.
Montgomery: \$162,894	Support public-awareness campaign.
	Host four or more community forums on opioid and substance misuse.
	Continue to increase community and police access to naloxone.
	Continued support for Stop Triage Engage Educate Rehabilitate (STEER).
Prince George's: \$191,190	Support public-awareness campaign.
	Support outreach efforts to overdose survivors and their families for service connection.
Queen Anne's: \$92,654	Support naloxone distribution and training program.
	Support Queen Anne's Go Purple Campaign.
	Support peer-recovery services.
	Support access to medications that support recovery from substance- use disorders.
Somerset: \$88,992	Expand law-enforcement support.
	Support peer-recovery support specialist.
	Promote Somerset County Opioid United Team (SCOUT) initiative.
St. Mary's: \$107,634	Support peer-recovery support specialist.
	Support for Opioid Intervention Team (OIT) coordination.
	Support treatment services to persons with substance-use disorder who are incarcerated.
Talbot: \$92,654	Support for Talbot's 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.

Local Jurisdiction Grants (Cont.)

Washington: \$148,913	Continued support of opioid crisis response team.
	Support Washington Goes Purple, which educates youth and community about the dangers of prescription pain medication.
Wicomico: \$117,288	Support Heroin and Opioid Coordinator for the Wicomico County Goes Purple campaign.
	Support for Opioid Intervention Team (OIT) coordination.
	Support First Responder's Appreciation Dinner.
	Reduce illicit supply of opioids through enforcement
	Support education and prevention campaign.
Worcester: \$98,313	Support peer-recovery specialist assignment in hospital ER.

Local Jurisdiction Grants (Cont.)

Below is a summary on how the OOC intends to allocate its \$ 5.6 million competitive grant funding in FY2020. While awards have been announced, documentation is still in process.

Prevention & Education

- \$440,000 to provide training and mentorship in a stress and trauma-relief model to educators, healthcare workers, and addiction and detention programs across Allegany County
- \$184,000 to expand law-enforcement-assisted diversion (LEAD) to treatment programs
- \$47,000 to provide prevention-focused programming in two Carroll County high schools, four Carroll County middle schools, as well as 4th and 5th grade students from five Westminster-area elementary schools
- \$14,000 to support mental & behavioral health counseling for children and families who are surviving victims of the opioid crisis.
- \$56,000 for Carroll County public school's opioid abuse prevention project
- \$295,000 to support statewide EMS education initiative for treating opiate overdoses
- \$8,000 to support Lower Shore Addiction Awareness Visual Arts Competition
- \$137,000 to support informational campaign, education and training, and enhanced data collection in Queen Anne's County
- \$59,000 to support a multi-faceted campaign for opioid prevention and awareness in the St. Mary's County public school system
- \$62,000 to provide a licensed social worker for students in the Bay Hundred area of Talbot County
- \$87,000 to support Washington Goes Purple activities to increase awareness of opioid addiction and to encourage students to get/stay involved in school
- \$49,000 to support Worcester Goes Purple awareness campaign
- \$66,000 to provide support for children whose parent(s) and other close relatives have experienced a fatal or nonfatal overdose in Anne Arundel County/Annapolis
- \$60,000 to provide health curriculum in Calvert County public school system focusing on mental- and emotional-health supports and substance-abuse prevention.
- \$56,000 to support substance abuse prevention groups in the Calvert County public school system
- \$97,000 to support prevention efforts in the Cecil County public schools system
- \$94,000 to support prevention programming for Cecil County youth
- \$59,000 for parenting and family training sessions in Harford County to increase resilience and reduce risk factors
- \$49,000 for an 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 to provide harm-reduction materials at Maryland senior centers
- \$20,000 to support opioid-education programming in Talbot County
- \$13,000 support drug-disposal boxes in Washington County
- \$15,000 to support high-intensity services for justice-involved youth and family members in Washington County

Local Jurisdiction Grants (Cont.)

Enforcement & Public Safety

- \$580,000 to increase monitoring and regulatory oversight of controlled substances prescribers and dispensers
- \$57,000 to support the Washington County Sheriff's Office day reporting center
- \$205,000 to support the Sheriff's Office efforts to educate community on opioids, etc. in Allegany County.
- \$62,000 to support a Heroin Coordinator in Caroline County, which helps to make the link between law enforcement and treatment

Treatment & Recovery

- \$380,000 to improve access to naloxone statewide, specifically EMS
- \$53,000 for peer-support services at the Jennifer Road Detention Center in Anne Arundel County
- \$59,000 to reduce barriers to treatment services in Baltimore City
- \$97,000 to help women in accessing treatment and recovery services in Baltimore City
- \$20,000 to support behavioral health services (addressing both substance use and mental health issues) in the Calvert County public school system
- \$9,000 for trauma-informed training for therapists and counselors in Caroline County
- \$97,000 to support three certified peer-recovery specialists in Carroll County
- \$109,000 to support recovery housing and support services in Harford County
- \$37,000 to support peer counselor in Howard County detention center
- \$74,000 to support expansion of Mission House in Kent County, MD Certified Recovery Residence
- \$41,000 to develop an integrated process for planning, policy development, and services for inmates with addiction and mental-health issues in Kent County
- \$88,000 to support a Family Peer Support Outreach Specialist for Maryland families who are struggling with substance-use disorders
- \$20,000 to train women who are incarcerated as certified peer recovery specialists
- \$12,000 to provide alternative pain-management training to clinicians in St. Mary's County
- \$209,000 to support a sober-living facility for women in Washington County
- \$532,000 to support a regional substance-use crisis-stabilization center for Worcester, Wicomico, and Somerset counties
- \$70,000 to expand recovery services in Anne Arundel County/Annapolis with Serenity Sistas
- \$61,000 to support a care coordinator and peer outreach associate to help individuals and families suffering from a substance-use disorder

Local Jurisdiction Grants (Cont.)

- \$66,000 to expand recovery services in Calvert County
- \$118,000 to support a psychiatrist in Caroline County
- \$178,000 to provide behavioral-health services in the Charles County detention center
- \$94,000 to expand outreach to families after an overdose death in Frederick County
- \$126,000 for a certified peer-recovery specialist in Harford County who will partner with EMS
- \$98,000 to support families impacted by substance use statewide
- \$46,000 to provide peer-recovery support in Wicomico County

