



# Maryland

OPIOID OPERATIONAL  
COMMAND CENTER

## **Annual Report**

January 1, 2019 – December 31, 2019

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## MESSAGE FROM THE EXECUTIVE DIRECTOR

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Thank you for your interest in the Opioid Operational Command Center's (OCCC) 2019 Annual Report. This report provides important updates on the opioid crisis and Maryland's response efforts during calendar year 2019.

In 2019, Maryland's opioid fatality rate began to stabilize. The preliminary data presented in this report show us that, between January 1, 2019 and December 31, 2019, there were 2,090 opioid-related deaths in Maryland. This is 53 fewer deaths than the state experienced in 2018 and represents a 2.5 percent decline. While we have been fortunate to make progress in many areas of this struggle, this stabilization of our fatality rate is one of the most important yet. We are thankful for the progress that we have made and optimistic that the future will hold more of the same.

We are starting to turn the corner in our fight, but getting to this point has not been easy. Partners across the state – in both the public and the private sectors – have spent not just the past year, but *many* years, working collaboratively to make Maryland a healthier place. In 2019, the state supported programs that helped to prevent substance misuse, expand treatment options, and facilitate recovery. In the course of this work, we have met some of the greatest needs in the state, and we have worked with some of the greatest minds and the most dedicated people in the state.

Insights gained in 2019 enabled us to develop new tools that will support citizens struggling with substance use disorder in the future. Tools such as the *Opioid Use Disorder Program Inventory* and the state's *Inter-Agency Opioid Coordination Plan* are already assisting our partners in each of Maryland's 24 jurisdictions, where local-level progress works to the benefit of all. As we have witnessed this progress, it has become increasingly clear that its continuation will depend on more of the partnership and collaboration that were instrumental in the success of the past year.

While the developments of 2019 have given us hope that even more can be accomplished, we also understand that there is really only one way to ensure that we can achieve our next milestone – and that is to persevere *together*.

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 2019 was 2,358, a decrease of 2.0 percent from 2018. Opioids accounted for 88.6 percent of all such fatalities. Most drug- and alcohol-related fatalities involved more than one substance (polysubstance use), and fentanyl played a role in 81.3 percent of all intoxication-related fatalities.

The number of opioid-related deaths in Maryland in 2019 was 2,090. This was a decrease of 2.5 percent from 2018. This is the first annual decrease in fatalities since the opioid crisis began.

Among all opioids, fentanyl continues to be the leading cause of unintentional intoxication deaths. The number of fentanyl-related deaths in Maryland in 2019 was 1,916, a slight but disappointing increase of 1.5 percent from 2018. However, the rate of growth in this category was the lowest it has been since the beginning of the opioid crisis and was significantly lower than in 2018. In 2018, the number of fentanyl-related fatalities increased by 18.4 percent from the previous year, and in 2017, that measure grew by 42.4 percent. Fentanyl and its analogs were involved in approximately 91.7 percent of all opioid-related fatalities last year.

In 2019, the number of cocaine-related deaths in Maryland was 862, a decrease of 3.3 percent from 2018. Cocaine was the second-most prevalent drug involved in drug- and alcohol-related deaths. The rate of cocaine-related fatalities experienced its first decrease since 2010. This followed years of dramatic growth in the category, in large part due to cases in which cocaine was used in combination with opioids. In 2019, for example, approximately 90 percent of all cocaine-related fatalities were in combination with opioids.

Heroin-related fatalities in 2019 totaled 721, which was a 13.1 percent decrease from 2018. This is a continuation of a positive trend in the category that began in 2017.

In 2019, there were 399 alcohol-related deaths in Maryland, 83.7 percent of which (334) involved opioid use. There were 10.1 percent fewer alcohol-related intoxication deaths in 2019 than in 2018.

There were 366 prescription opioid-related deaths in Maryland in 2019, a 3.4 percent decrease since 2018. The decline in prescription opioid-related deaths in Maryland began in 2017, which coincides with a period of declining opioid prescriptions according to the Prescription Drug Monitoring Program (PDMP) maintained by the Behavioral Health Administration (BHA). According to the PDMP, there was nearly a 22.4 percent decrease in opioid prescriptions and a 9.0 percent increase in prescribers registered with the program between the years of 2017 and 2019.

There were 107 benzodiazepine-related fatalities in 2019, a decrease of approximately 15.7 percent from 2018. Nearly all benzodiazepine-related fatalities involved opioids. The number of fatalities related to benzodiazepine has declined sharply in the last two years.

There were 41 methamphetamine-related deaths in 2019, an increase of 28.1 percent from 2018. Of these cases, 78 percent was in combination with opioids. Although the total number of methamphetamine-related intoxication deaths remains relatively small when compared to other substances addressed in this report, the OOC is concerned about the rapid, multi-year increase in this category. Apart from fentanyl, methamphetamine was the only other major substance of misuse that

saw an increase in fatalities in 2019. The OOC will continue to monitor this emerging situation and will coordinate with our local and state partners accordingly.

All 24 local jurisdictions in Maryland experienced opioid-related fatalities in 2019. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities and accounted collectively for 64.2 percent of all opioid-related deaths in Maryland.

The Opioid Operational Command Center's (OOC) goals and objectives for combating the opioid epidemic were adopted as part of the *Inter-Agency Opioid Coordination Plan*, which was published in January 2020. All of the document's goals and objectives align with Governor Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*. The OOC led the coordination planning process, and with input from state partners and opioid intervention team (OIT) partners, identified nine goals and 30 accompanying strategies for addressing the opioid crisis in the upcoming year. This plan is important because it lays the foundation for the state's approach to the opioid crises and serves as a launch point for local strategic plans across Maryland.

The OOC works with approximately 20 state-governmental partners and tracks 22 high-priority state partner program metrics in its implementation of the statewide strategic plan. The most critical of these programs and their implementation status are summarized beginning on Page 16.

The OOC also works with all 24 local jurisdictions in Maryland to implement the statewide plan. The OOC tracks 129 local-level programs. The OOC monitors the extent to which OITs have implemented these high-priority programs and initiatives. All jurisdictions are making substantial progress in implementing these 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 \$962.4 million in fiscal year 2020. Total statewide spending includes all opioid-related spending by all agencies from all funding sources.

The state will provide financial support for nearly 120 statewide and local projects in fiscal year 2020. Of these grant projects, 54 fall into the area of *Prevention & Education*, 8 fall into the area of *Enforcement & Public Safety*, and 55 fall into the category of *Treatment & Recovery*.

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

## FATALITIES DATA

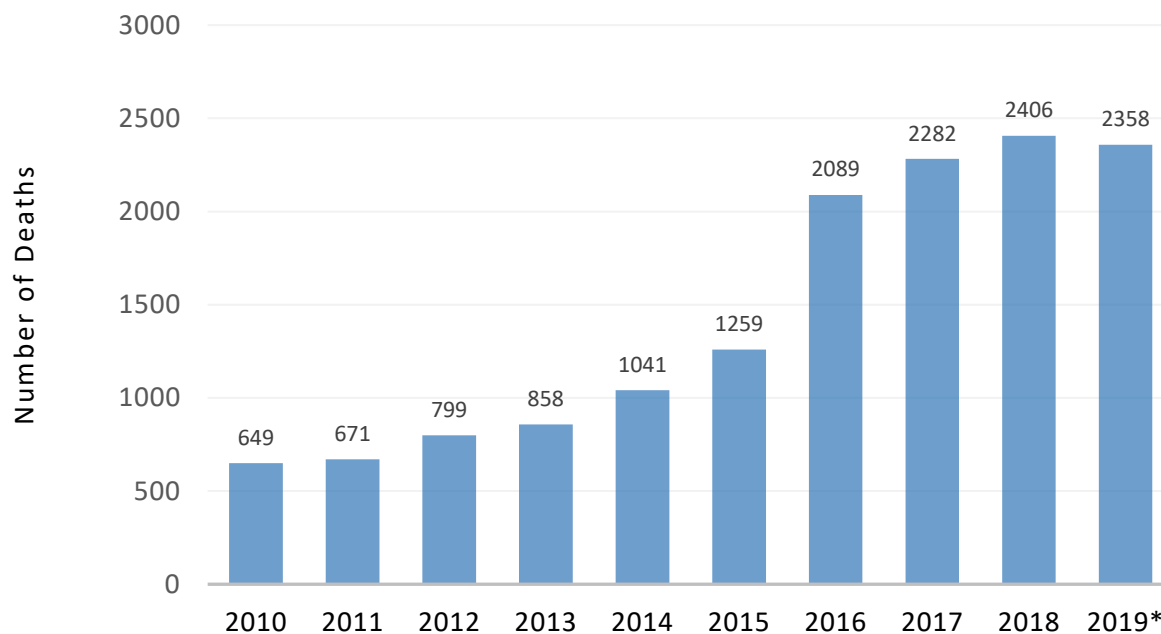
The following section summarizes the number of unintentional drug- and alcohol-related intoxication deaths in Maryland in 2019 according to data provided by the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH). Please note that the reported figures for 2019 are preliminary at this time. Final annual fatality counts are also shown for the years 2010 to 2018 to illustrate trends.

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, methamphetamines, and other prescribed and unprescribed drugs. Since an intoxication death may involve more than one substance, counts of deaths related to specific substances in this report do not total to the overall number of deaths.

### Total Intoxication Deaths

As Figure 1 shows, the total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in 2019 was 2,358. This was a 2.0 percent decrease from 2018, when there was a total of 2,406 unintentional intoxication deaths. Opioids accounted for 88.6 percent of all unintentional intoxication deaths in 2019, with 2,090 reported deaths.

**Figure 1. Total Number of Unintentional Intoxication Deaths Occurring in Maryland from January-December of Each Year\***



\* 2019 counts are preliminary.

Other causes of unintentional intoxication deaths accounted for in these statistics include cocaine, alcohol, benzodiazepines, and methamphetamine.

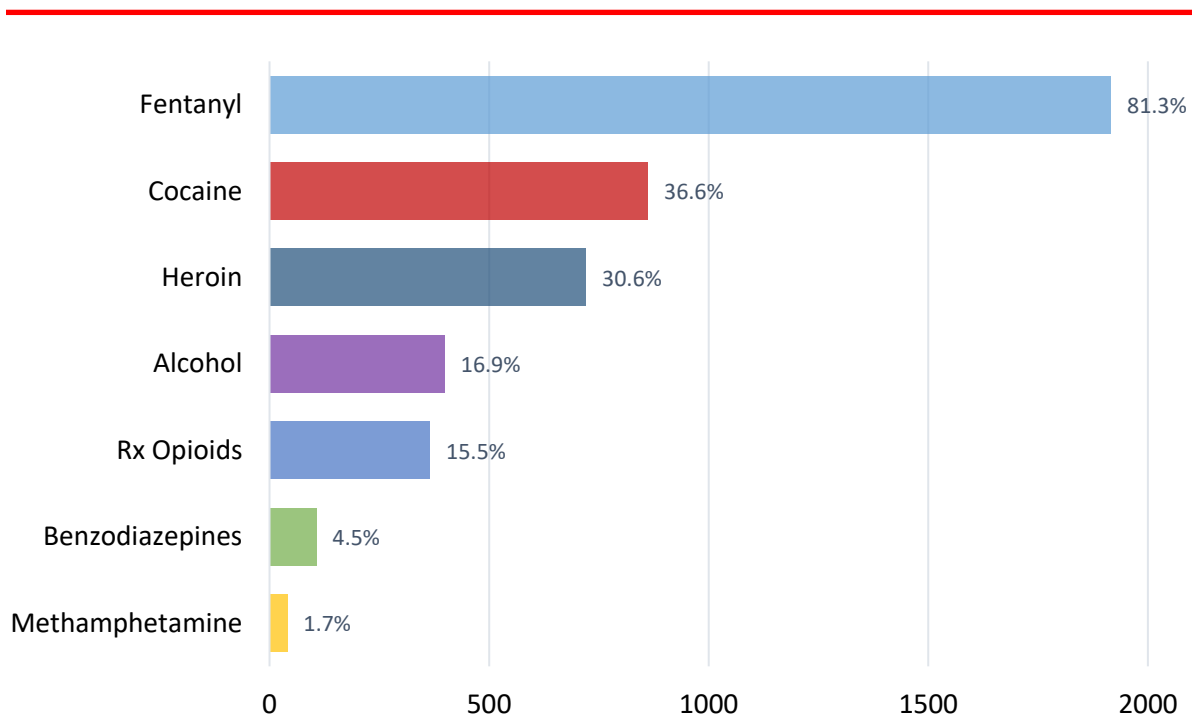
## Individual Substances

Fentanyl was the leading individual substance contributing to unintentional intoxication fatalities in 2019. There were 1916 reported fentanyl-related deaths, which represented 81.3 percent of all intoxication deaths. This is overwhelmingly due to fentanyl being used in combination with other substances. Cocaine was involved in 36.6 percent of drug- and alcohol-related fatalities, with 768 of the 862 cocaine-related deaths involving opioids. About one-third of drug- and alcohol-related fatalities involved heroin, and approximately 15.5 percent of fatalities involved prescription opioids.

Benzodiazepines and methamphetamine were involved in smaller proportions of intoxication deaths, accounting for 4.5 percent and 1.7 percent, respectively. Although the total number of methamphetamine-related fatalities remains relatively low, it was one of only two substance categories (the other being fentanyl) that increased in 2019.

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 in 2019\***

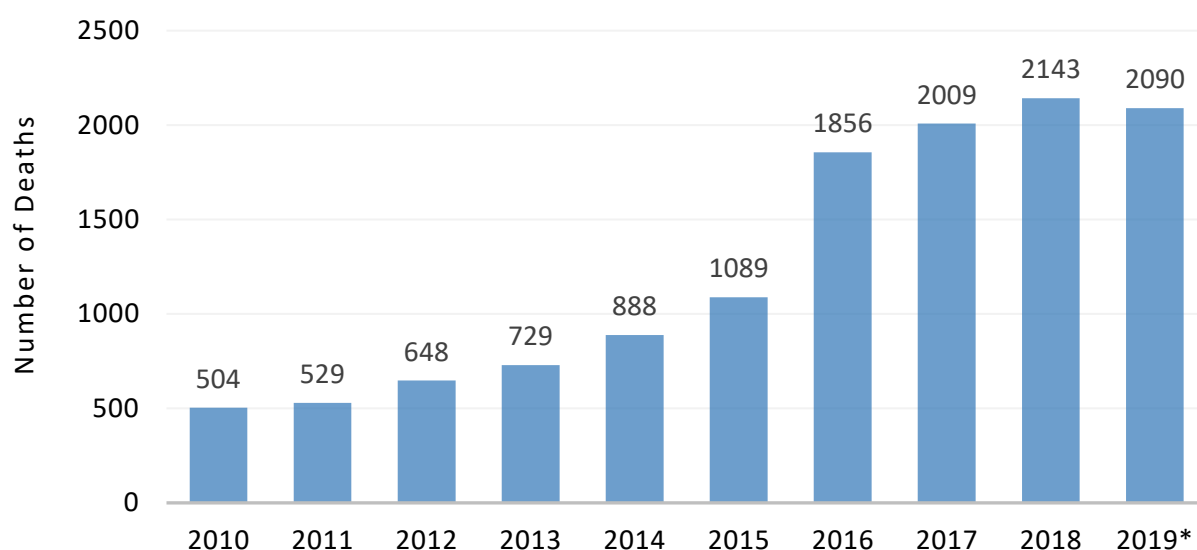


\* 2019 counts are preliminary. Percentages total more than 100 due to polysubstance use.

## Opioid-Related Deaths

In 2019, there were 2,090 opioid-related deaths reported in Maryland, which was a 2.5 percent decrease from 2018. *This was the first reported annual decrease in the number of opioid-related deaths in Maryland since the beginning of the opioid crisis.* This is due in large part to a decrease in the number of deaths involving heroin, especially cases in which heroin was mixed with fentanyl. While the number of fentanyl-related fatalities increased by 1.5 percent (totaling 1,916 in 2019), heroin-related deaths decreased by 13.1 percent, and cases involving heroin mixed with fentanyl decreased by 8.2 percent.

**Figure 3. Number of Opioid-Related Deaths Occurring in Maryland from January through December Each Year \***

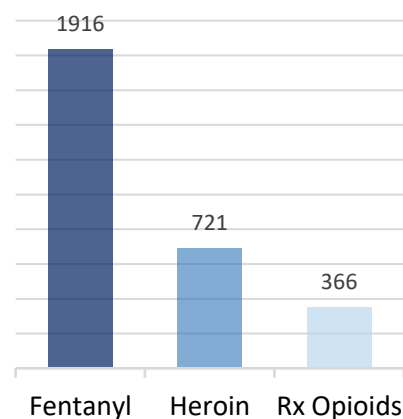


\* 2019 counts are preliminary.

In 2019, there were 1,916 unintentional fentanyl-related intoxication deaths. Fentanyl was involved in 91.7 percent of all opioid-related fatalities. There were 721 and 366 heroin- and prescription opioid-related fatalities, respectively. Heroin was involved in 34.5 percent of all opioid fatalities, and prescription opioids were involved in 17.5 percent.

The years between 2010 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

**Figure 4. Opioid-Related Fatalities by Type \***



\* 2019 counts are preliminary.

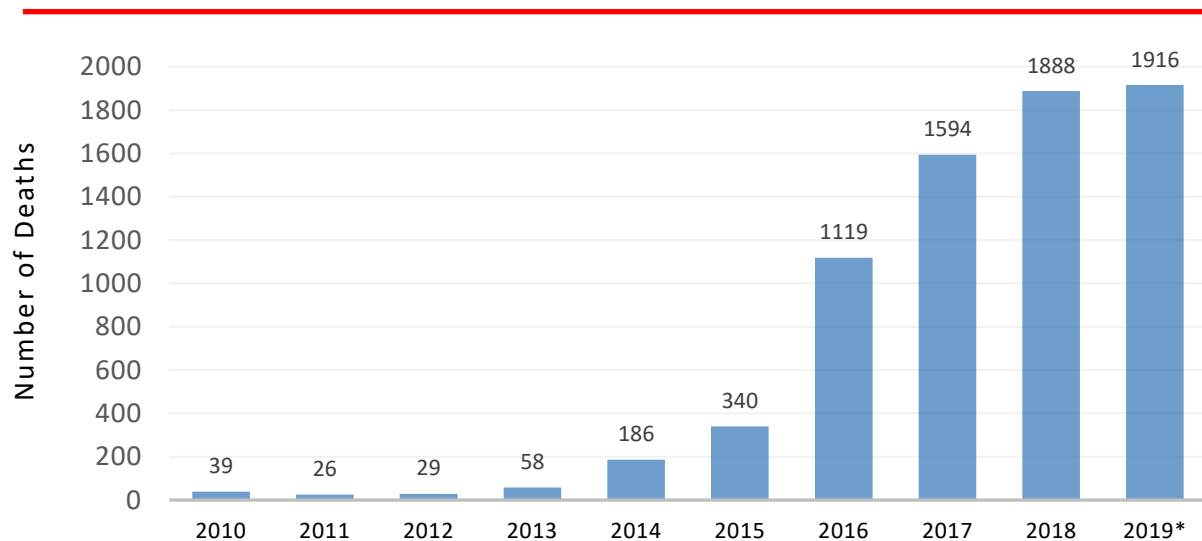


decline in 2019. Cases in which opioids (primarily fentanyl) were mixed with other substances remain of particular concern. Fatalities involving opioids combined with cocaine led this category with 768 cases. Furthermore, there were 659 cases in which heroin was combined with fentanyl, and there were 334 cases in which alcohol was combined with opioids.

## Fentanyl-Related Deaths

There were 1,916 fentanyl-related unintentional intoxication deaths in 2019. While this was unfortunately a slight increase of 1.5 percent since 2018, the slowing rate of growth in this category is encouraging. In 2018, for example, the number of fentanyl-related fatalities increased by 18.4 percent from the previous year, and in 2017, that number grew by 42.4 percent. Fentanyl was involved in 91.7 percent of all opioid-related fatalities in 2019. We remain alarmed by the high toxicity, portability, low detectability, price, and wide availability of synthetic opioids.

**Figure 5. Number of Fentanyl-Related Deaths Occurring in Maryland from January through December of Each Year\***



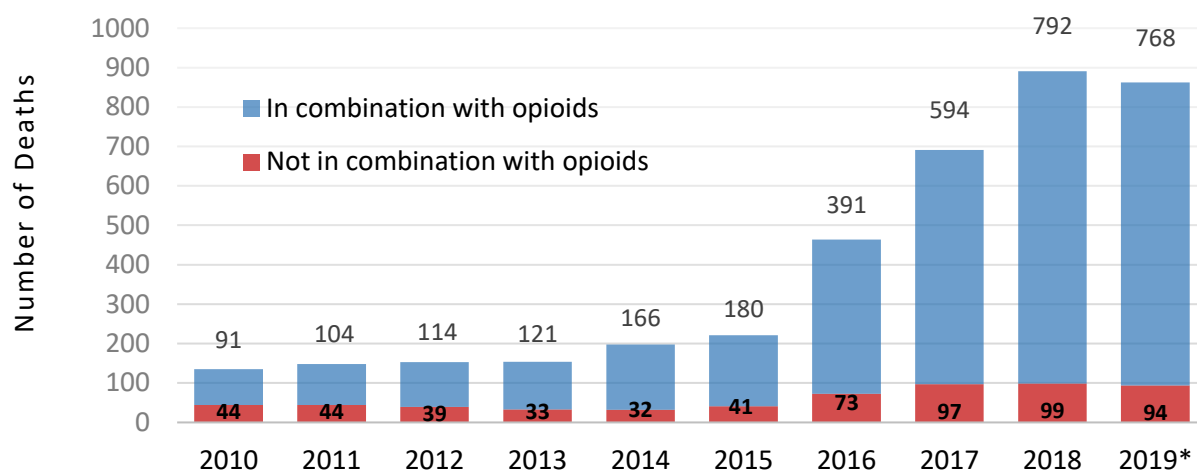
\* 2019 counts are preliminary.

## Cocaine-Related Deaths

As shown in Figure 6, there were 862 cocaine-related fatalities in 2019, a decrease of 3.3 percent from 2018. Cocaine was the second-most prevalent drug involved in unintentional intoxication deaths in Maryland last year. Cocaine use in combination with opioids was the most frequent category associated with fatalities, claiming responsibility for 768 deaths. Approximately 89 percent of all cocaine-related deaths in 2019 involved the simultaneous use of opioids.

Similar to overall opioid-related fatalities, the rate of cocaine-related deaths experienced its first decrease since 2010. This followed years of dramatic growth in the category, in large part due to cases in which cocaine was used in combination with opioids. Between 2015 and 2018, for example, the rate of cocaine-related intoxication deaths grew by 303.2 percent.

**Figure 6. Number of Cocaine-Related Deaths Occurring in Maryland from January through December of Each Year\***

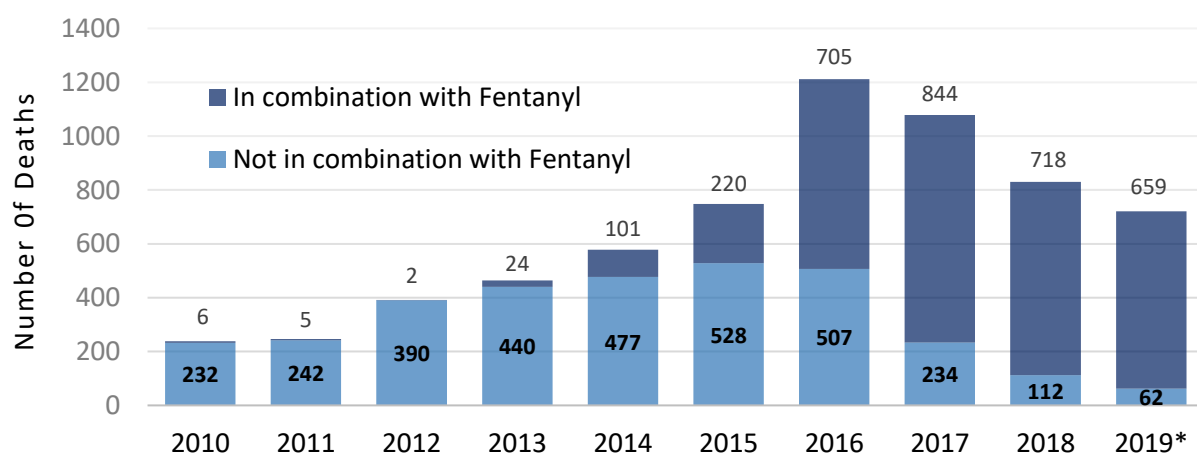


\* 2019 counts are preliminary.

## Heroin-Related Deaths

In 2019, the number of heroin-related fatalities fell to 721, down 13.1 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. Last year was the third consecutive year of sharply lower numbers of heroin-related fatalities. We are encouraged by recent declines in this category, although it must be acknowledged that this may be the result of the displacement of heroin by fentanyl.

**Figure 7. Number of Heroin-Related Deaths Occurring in Maryland from January through December of Each Year\***

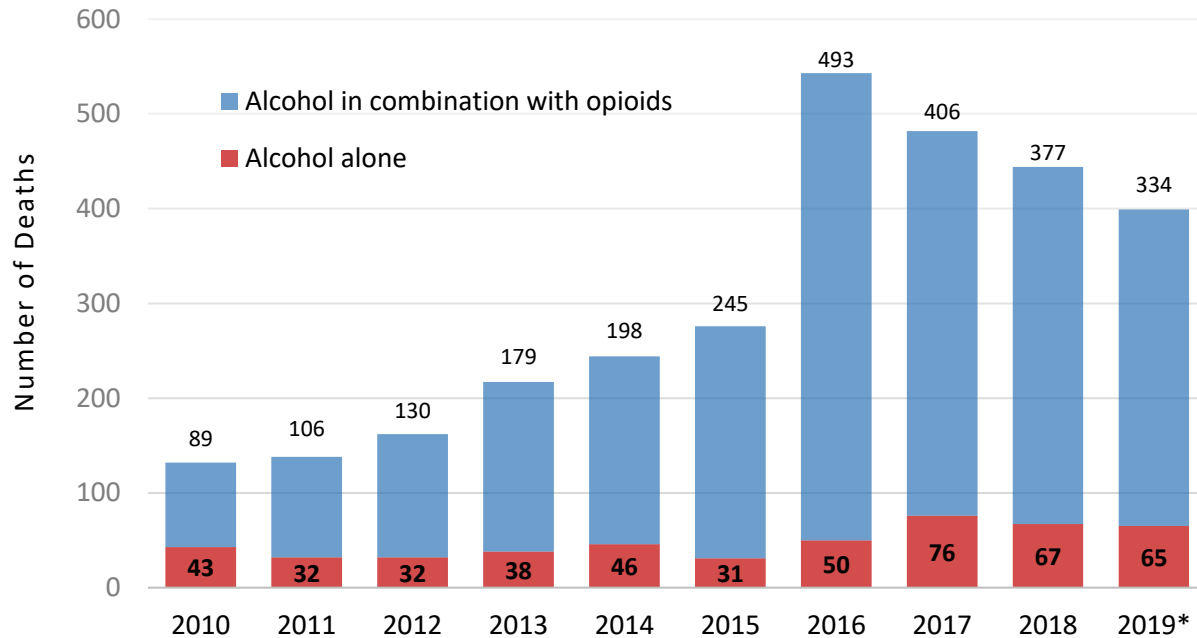


\* 2019 counts are preliminary.

## Alcohol-Related Deaths

In 2019, the total number of deaths from alcohol in combination with opioids was 334, a decrease of 11.4 percent from 2018. This is a continuation of a declining trend that began after 2016 when opioid-related alcohol fatalities reached a high of 493 deaths.

**Figure 8. Number of Alcohol-Related Deaths Occurring in Maryland from January through December of Each Year\***



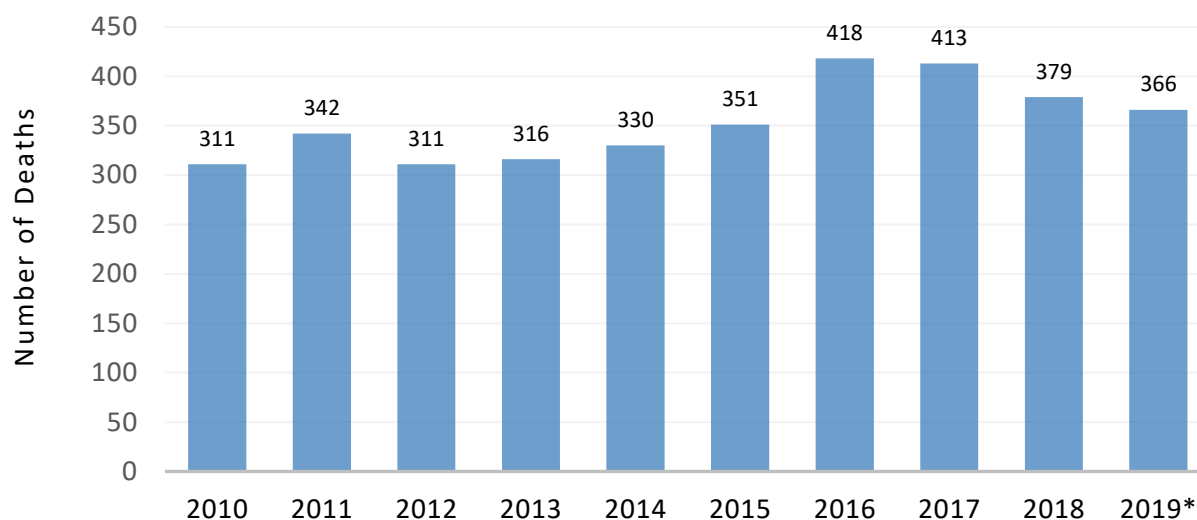
\* 2019 counts are preliminary.

## Prescription Opioid-Related Deaths

As shown in Figure 9, there were 366 prescription-opioid-related deaths in 2019, a decrease of 3.4 percent from the previous year. This is a continuation of a decline in the number of prescription-opioid-related deaths in Maryland that began in 2017.

The decline in unintentional prescription-opioid intoxication deaths coincides with a period of declining opioid prescriptions as measured in morphine milligram equivalents by the Prescription Drug Monitoring Program (PDMP) maintained by the Behavioral Health Administration (BHA). According to the PDMP, there was a nearly 22.4 percent decrease in opioid prescriptions and a 9.0 percent increase in prescribers registered with the program between the years of 2017 and 2019.

**Figure 9. Number of Prescription Opioid-Related Deaths Occurring in Maryland from January through December Each Year\***

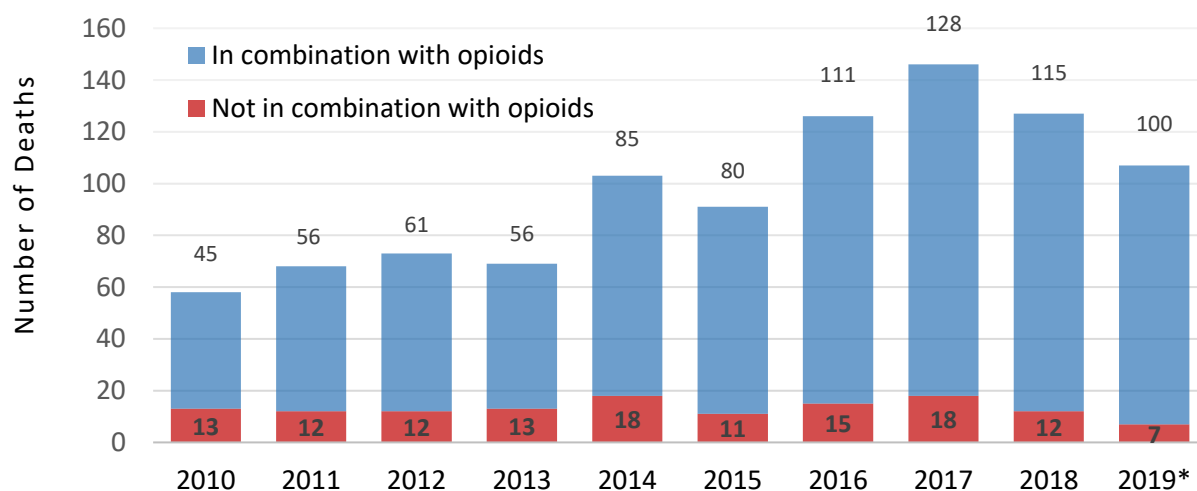


\* 2019 counts are preliminary.

### Benzodiazepine-Related Deaths

As shown in Figure 10, there were 107 benzodiazepine-related fatalities in 2019, a decrease of 15.7 percent when compared to 2018. Almost all (93.5 percent) benzodiazepine-related fatalities in 2019 were in combination with opioids.

**Figure 10. Number of Benzodiazepine-Related Deaths Occurring in Maryland from January through December of Each Year\***

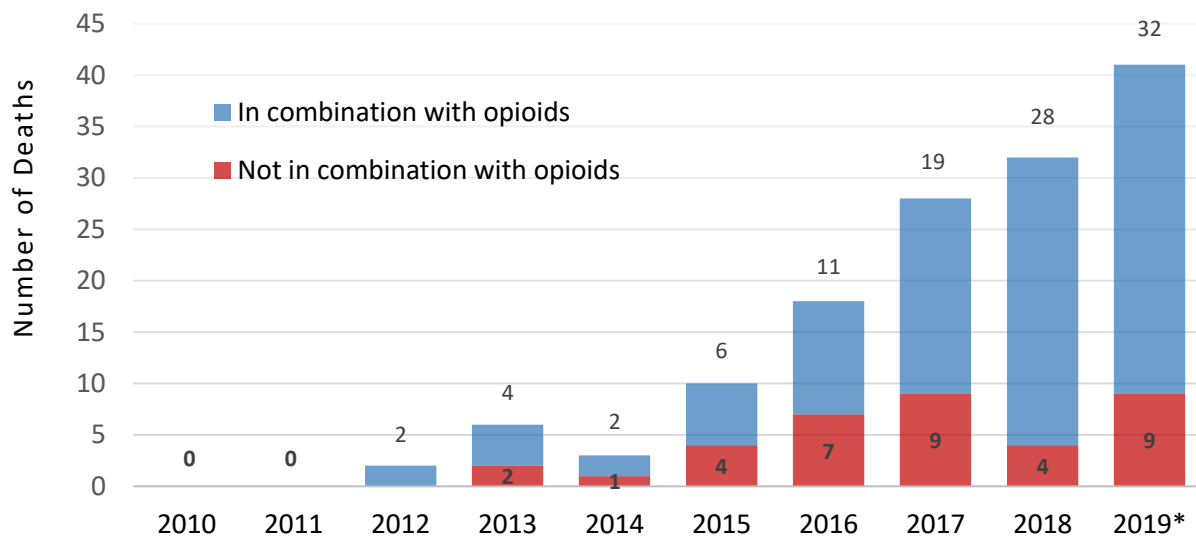


\* 2019 counts are preliminary.

## Methamphetamine-Related Deaths

In 2019, there were 41 reported methamphetamine-related fatalities in Maryland. This represents a 28.1 percent increase from the previous year and a continuation of concerning a trend in Maryland. Similar to other substances, instances in which methamphetamine was mixed with opioids were the most dangerous, accounting for 78 percent of methamphetamine-related fatalities. Methamphetamine was the only other substance beside fentanyl to show an increase in related fatalities in 2019. Although the total number of methamphetamine-related deaths remains low relative to those involving opioids, the OOC will continue to monitor this emerging situation and will coordinate with our local and state partners accordingly.

**Figure 11. Number of Methamphetamine-Related Deaths Occurring in Maryland from January through December Each Year\***



\* 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 2019. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities and accounted collectively for 64.2 percent of all opioid-related deaths in Maryland during this period.

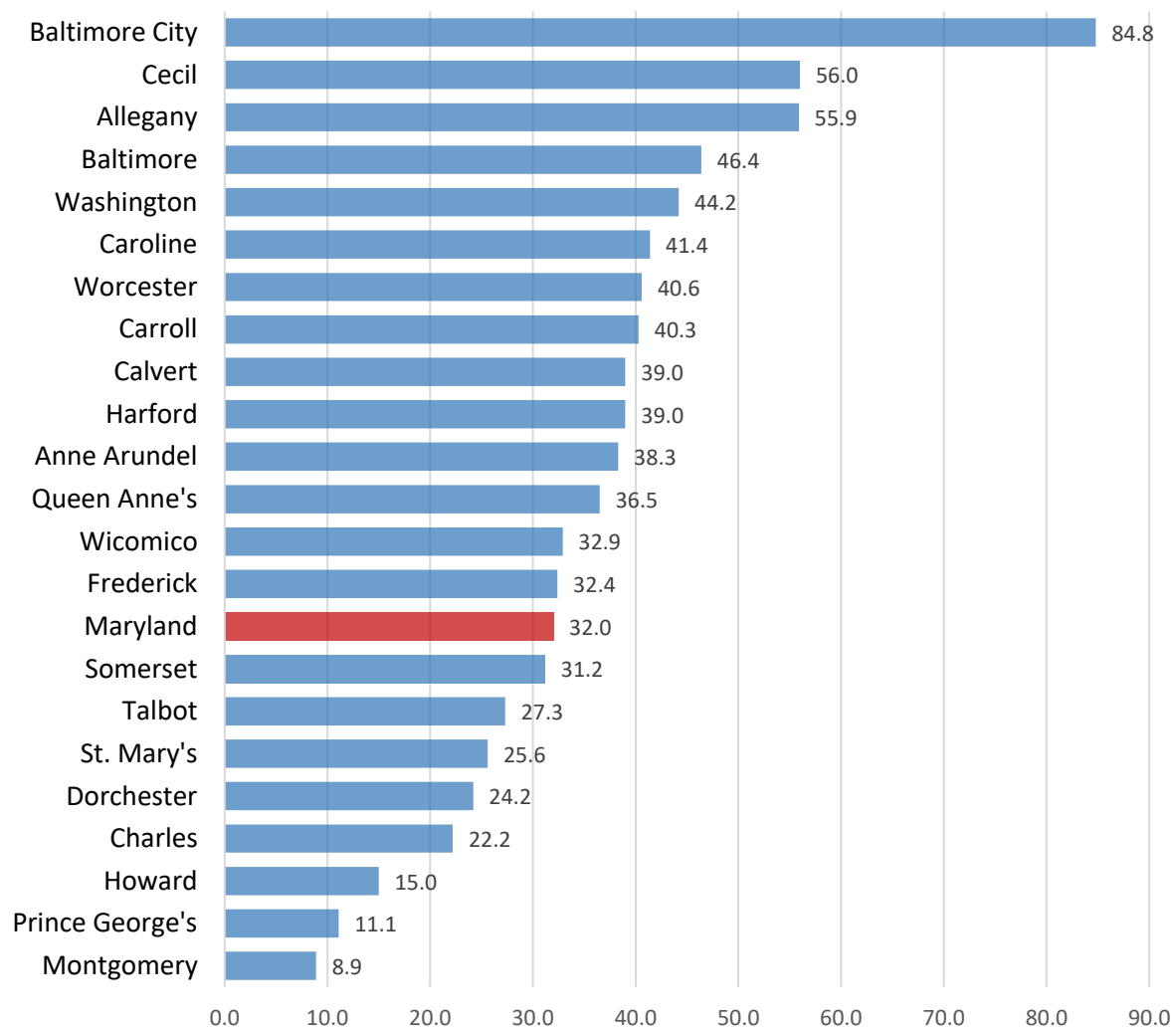
Of Maryland's 24 jurisdictions, 11 counties experienced a decline in the number of opioid-related fatalities when compared to 2018. Twelve counties experienced an increase, and one experienced no change in opioid-related fatalities. The eastern shore and the Maryland suburbs of Washington D.C. saw the most marked increases in this category.

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

<b>Opioid Deaths</b>				
<i>County</i>	<i>2018</i>	<i>2019</i>	<i>Difference</i>	<i>Percent Change</i>
<b>Allegany</b>	33	23	-10	-30.3%
<b>Anne Arundel</b>	218	181	-37	-17.0%
<b>Baltimore City</b>	814	845	27	3.8%
<b>Baltimore County</b>	352	316	-39	-10.2%
<b>Calvert</b>	25	25	0	0.0%
<b>Caroline</b>	7	11	4	57.1%
<b>Carroll</b>	68	51	-17	-25.0%
<b>Cecil</b>	58	52	-6	-10.3%
<b>Charles</b>	19	26	7	36.8%
<b>Dorchester</b>	6	10	4	66.7%
<b>Frederick</b>	70	59	-12	-15.7%
<b>Garrett</b>	3	6	2	100.0%
<b>Harford</b>	90	71	-19	-21.1%
<b>Howard</b>	36	33	-3	-8.3%
<b>Kent</b>	2	10	8	400.0%
<b>Montgomery</b>	64	86	22	34.4%
<b>Prince George's</b>	94	101	6	7.4%
<b>Queen Anne's</b>	16	10	-6	-37.5%
<b>Somerset</b>	8	9	1	12.5%
<b>St. Mary's</b>	27	31	4	14.8%
<b>Talbot</b>	10	13	3	30.0%
<b>Washington</b>	83	78	-5	-6.0%
<b>Wicomico</b>	30	29	-1	-3.3%
<b>Worcester</b>	10	14	4	40.0%
<b>Total</b>	<b>2143</b>	<b>2090</b>	<b>-53</b>	<b>-2.5%</b>

The following chart illustrates the age-adjusted mortality rates for unintentional opioid-related intoxication deaths on a county basis in Maryland from 2016 to 2018. This chart captures the 22 counties of Maryland's 24 for which this data was available. Baltimore City, Cecil County, Allegany County, and Baltimore County experienced the highest number of deaths on a population-adjusted basis between 2016 and 2018. The average mortality rate for the entire state was 32.0 unintentional opioid-related intoxication deaths per 100,000 residents. Of the counties listed, eight counties experienced opioid-related unintentional intoxications mortality rates below the state average for 2019, while 14 counties experienced rates above the state average.

**Figure 12. Age-Adjusted Mortality Rates for Unintentional Opioid-Related Intoxication Deaths by County 2016-2018\***



\* Age-adjusted to the 200 U.S. standard Population by the direct method.

\*\* Rates for jurisdictions with fewer than 20 deaths during this time period are not displayed due to instability.

## COORDINATION PLAN

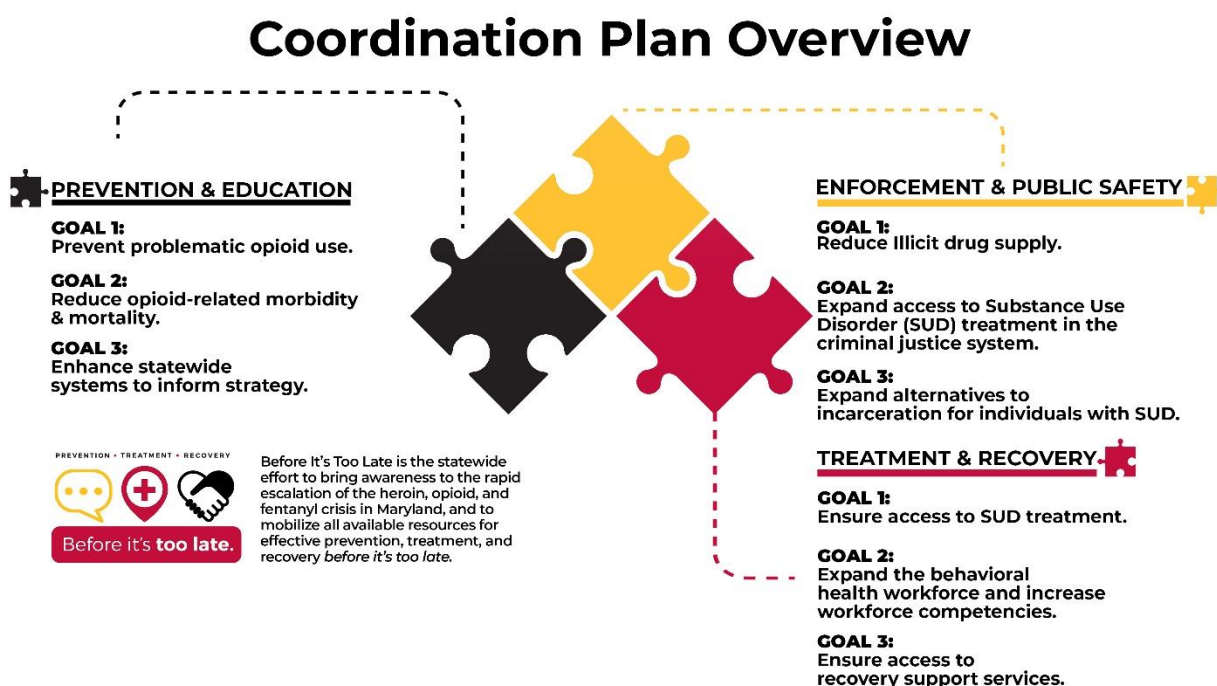
### Goals & Strategies

The Inter-Agency Heroin and Opioid Coordination Council (IACC), chaired by Lt. Governor Boyd Rutherford, and the OOC adopted the annual *Maryland Inter-Agency Opioid Coordination Plan* in January 2020. The coordination plan serves as the foundation for the state's response to addressing the opioid crisis.

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 OOC'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 13). Each of the identified goals has corresponding strategies and suggested implementation partners who are needed to help carry out these initiatives. Strategy implementation will be tracked and measured using data collected from local OITs and state partners beginning in 2020. The complete plan is available on the OOC's website at [BeforeItsTooLate.Maryland.gov/resources](https://BeforeItsTooLate.Maryland.gov/resources).

Figure 13. Maryland Inter-Agency Opioid Coordination Plan Goals





## STATE PARTNER PERFORMANCE MEASURES

The chart below summarizes the performance measures collected from our 20 state partners. These indicators are included in this report to show progress as it relates to addressing our policy priorities: *Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery.*

Since the OCCC began collecting aggregate data from multiple stakeholders in 2017, there has been marked progress in several strategies that have been executed to respond to the opioid crisis. For example, the PDMP has reported a nearly 22.4 percent decrease in opioid prescriptions and a 9.0 percent increase in prescribers registered with the program.

Calls to Maryland's Crisis Hotline, *211, Press 1* have increased dramatically since the Maryland Department of Health (MDH) began formally promoting this resource in 2018. There were 20,750 behavioral health crisis calls to *211, Press 1* in 2019.

MDH is also responsible for overseeing the administration of state-authorized Overdose Response Programs (ORPs). These programs educate individuals on how to recognize the signs and symptoms of an opioid overdose and equips them with the tools to respond, such as teaching laypersons how to use naloxone. Since 2017, there has been a 127 percent increase in the number of people trained through state-authorized ORPs, with 108,301 individuals being trained around the state in 2019.

The OCCC will continue to collect the metrics shown below to identify trends over time. Additionally, the OCCC has identified additional indicators that will be included in future reports to show progress related to the outcomes identified in the Inter-Agency Heroin and Opioid Coordination Plan.

**Table 2. State Partner Performance Measures**

Prevention & Education					
<i>Performance Measure</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>Percent Difference 2017-2019</i>	<i>Reporting Partner</i>
Number of prescribers registered with (PDMP)	30,172	32,365	32,943	9.2%	MDH
Number of opioid prescriptions (excluding buprenorphine)	3,678,709	3,155,945	2,856,164	-22.4%	MDH
Number of hospitals with single sign-on PDMP access	32	41	45	40.6%	MDH

Prevention & Education (cont'd)					
<i>Performance Measure</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>Percent Difference 2017-2019</i>	<i>Reporting Partner</i>
Pounds of prescription drugs collected	6,342	9,143	4,205	-33.7%	MSP
Number of Juvenile Services-involved youth receiving prevention education	2,390	2,465	3,428	43.4%	DJS
Enforcement & Public Safety					
<i>Performance Measure</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>Percent Change 2017-2019</i>	<i>Reporting Partner</i>
Kilograms of heroin seized	118.9 KG	137.1 KG	37.4 KG	-68.5%	W/B HIDTA
Kilograms of fentanyl seized	35.3 KG	60.4 KG	64.1 KG	81.6%	W/B HIDTA
Amount of counterfeit prescription drugs seized	2,641 pills	1,145 pills	2,400 pills	-9.1%	W/B HIDTA
Number of drug trafficking organizations (DTO) and money laundering organizations (MLO) successfully disrupted or dismantled	146	125	104	-28.8%	W/B HIDTA
Number of investigations for which HIDTA analysts provided analytical support <sup>1</sup>	280	357	339	21.1%	W/B HIDTA
Treatment & Recovery					
<i>Performance Measures</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>Percent Change 2017-2019</i>	<i>Reporting Partner</i>
Number of Crisis Hotline calls <sup>2</sup>	983	1,495	20,750	2010.9%	MDH

<sup>1</sup> Some Juveniles were seen for multiple sessions.

<sup>2</sup> MDH began its formal promotion of 211, Press 1 in 2018.

Treatment & Recovery (cont'd)					
<i>Performance Measures</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>Percent Change 2017-2019</i>	<i>Reporting Partner</i>
Number of new institutions trained in SBIRT	12	34	21	75.0%	MDH
Number of individuals who received SBIRT services <sup>3</sup>	27,675	46,831	256,910	828.3%	MDH
Number of individuals trained by state-authorized Overdose Response Program (ORP) training organizations	37,234	35,008	44,482	19.5%	MDH
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	108,301	127.5%	MDH
Number of layperson naloxone administrations reported to the state (Maryland Poison Control Center and/or other reports faxed to state)	724	988	630	-13.0%	MDH
Number of patients receiving naloxone from EMS providers	14,215	13,307	10,800	-24.0%	MIEMSS
Number of naloxone administrations by state troopers	129	112	113	-12.4%	MSP

<sup>3</sup> SBIRT figures reflect numbers from institutions being funded through MDH.

Treatment & Recovery (cont'd)					
<i>Performance Measures</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>Percent Change 2017-2019</i>	<i>Reporting Partner</i>
Number of certified recovery residences	172	252	215	25.0%	MDH
Number of beds/capacity of certified recovery residences	1,622	2,333	1,706	5.2%	MDH
Number of jurisdictions with Syringe Service Programs approved	1	4	8	700.0%	MDH

## 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 offered by our local partners. The chart below features the various programs and services and is organized by departmental partners. The chart illustrates 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). Please reference the chart key on Page 23.

**Table 3. Local Best Practices Matrix**

4th 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
<b>Public Health</b>																								
<b>1. Harm-Reduction Programs:</b>																								
Naloxone Distribution																								
Naloxone Training																								
Syringe-Service Program																								
Fentanyl Test-Strip Distribution																								
Wound-Care Program																								
<b>2. Information Campaigns (PSAs):</b>																								
211 Press 1																								
Access to Treatment																								
Anti-Stigma																								
Fentanyl																								
Good Samaritan																								
Naloxone																								
Safe-Disposal																								
Talk to Your Doctor																								
<b>3. Local Hotline to Access Treatment</b>																								
<b>4. Mobile-SUD Services (Non-Treatment)</b>																								
<b>5. Prescriber Education/Academic Detailing</b>																								
<b>6. Safe-Disposal Program/Drop Boxes</b>																								
<b>7. Employer-Education and Support Programs:</b>																								
Drug-Awareness Prevention																								
Information/Referral for Employees Seeking Treatment and Recovery																								
<b>Behavioral Health</b>																								
<b>8. Assertive Community Treatment (ACT) Program</b>																								
<b>9. SUD Crisis -Services Facilities (Outside of the ED)</b>																								
Assessment and Referral Center/Safe Station																								
Allow Walk-ins																								
23-Hour Stabilization Services																								
1-4 Day Stabilization Services																								
Mobile Crisis Team																								
24/7 Operation																								
<b>10. Mobile-Treatment Program (Dispensing, etc.)</b>																								
<b>11. Medication-Assisted Treatment Available in Jurisdiction:</b>																								
Vivitrol																								
Buprenorphine																								
Methadone																								

4th Quarter 2019 Responses	Allegany	Anne Arundel/Annapolis City	Baltimore City	Baltimore County	Calvert	Caroline	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
<b>Behavioral Health (cont'd)</b>																							
<b>12. Certified Peer-Recovery Specialist Support:</b>																							
DSS Service Center																							
Health Department																							
Hospital ER																							
Jail																							
Parole and Probation Offices																							
Walk-in Center																							
On-Call 24/7 Availability																							
Post-Incident Outreach																							
<b>13. Outpatient SUD Services in Jurisdiction:</b>																							
ASAM Level 0.5 Early Intervention																							
ASAM Level 1.0 for Adolescents and Adults																							
ASAM Level 2.1 Intensive Outpatient																							
<b>14. ASAM Level 2.5 Partial Hospitalization</b>																							
<b>15. SUD Residential-Treatment Programs:</b>																							
3.1 Licensed Clinically Managed Low-Intensity																							
3.3 Licensed Clinically Managed High-Intensity for Adults Only																							
3.5 Licensed Clinically Managed High-Intensity for Adults & Adolescents																							
3.7 Licensed Medically Monitored Intensive Inpatient																							
3.7 WM Licensed Medically Monitored Inpatient Withdrawal Mgmt																							
<b>16. Recovery-Support Programs</b>																							
Sober-Living/Recovery Housing																							
Wellness/Recovery Centers																							
<b>17. Recovery Oriented Systems of Care (ROSC)</b>																							
<b>Judiciary/States Attorney</b>																							
<b>18. Specialized Courts:</b>																							
Adult Drug Court																							
Adolescent Drug Court																							
<b>19. Public-Messaging Program</b>																							
<b>20. Prosecute for Distribution Leading to Death</b>																							
<b>21. Pre-Trial Referral-to-Treatment Protocol</b>																							
<b>22. Information Cards Provided by Commissioners</b>																							
<b>Corrections</b>																							
<b>23. Universal Substance-Use Screening During Intake</b>																							
<b>24. Pre-Trial Referral to Treatment</b>																							
<b>25. Drug-Treatment Programs While Incarcerated:</b>																							
Counseling																							
Methadone																							
Buprenorphine																							
Vivitrol																							
Outpatient (1.0)																							
Intensive Outpatient (2.1)																							
<b>26. Day-Reporting Center</b>																							
<b>27. Facilitated Re-Entry Programs:</b>																							
Employment-Transition Support																							
MAT Upon Release																							
Naloxone Provided at Release																							
Recovery-Housing Referral																							
Transportation Assistance																							
Treatment-Program Referral/Warm Hand-Off																							
<b>28. Provide State Inmates Access to Local Re-Entry Programs</b>																							
<b>29. Organized Planning for HB 116</b>																							
<b>30. Compassion-Fatigue Program</b>																							

4th 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
<b>Parole and Probation</b>																								
31. Screening and Referral to Treatment																								
32. Treatment Monitoring Program																								
33. SUD Services On-Site at Parole and Probation Offices																								
<b>Emergency Medical Services</b>																								
34. Post-Incident EMS Outreach after Overdose																								
35. Leave-Behind Information Cards																								
36. Leave-Behind Naloxone																								
37. Transport to Alternative Destination (Non-ED)																								
38. Compassion-Fatigue Program																								
<b>Police/Sheriff</b>																								
39. All Police Trained in Naloxone																								
40. All Police Carry Naloxone																								
41. Leave-Behind Information Cards																								
42. Post-Incident Police Outreach after Overdose																								
43. Community-Awareness SUD Programming																								
44. Organized Pre-Arrest SUD Diversion/Referral Program																								
45. Crisis Intervention Team-Trained Officers																								
46. Heroin/Overdose Coordinator																								
Use ODMAP																								
Recieve Spike Alerts																								
47. Compassion-Fatigue Program																								
<b>Social Services</b>																								
48. SUD Screening and Referral at Intake																								
Medicaid																								
SNAP																								
49. Support Program for Exposed Newborns/Families																								
50. DSS Staff Deployed in Schools																								
<b>Hospitals in Jurisdiction</b>																								
51. Dedicated Behavioral Health/SUD Emergency Room																								
52. Buprenorphine Induction																								
53. Warm Hand-Off to SUD Provider/Services																								
54. Naloxone Distribution at Discharge																								
55. Peer Specialists on Staff																								
56. Prescribing Guidelines for Staff																								
57. Prescribing Patterns Tracked																								
<b>Education</b>																								
58. Let's Start Talking Grade 3 -12 Prevention Education																								
59. Supplemental Drug-Awareness Education																								
60. Behavioral Health Professionals on Staff (Non-Special Ed.)																								
61. School Nurses Program:																								
Mental Health First-Aide Training																								
Naloxone in Health Room																								
Assist with Prevention Education																								
62. "Safe Place" Identified within the School																								
63. Mechanisms in Place to Identify Impacted Youth																								
64. Services for Students Impacted by SUD at Home																								
65. Handle with Care Implemented																								
66. School-Based Prevention Clubs (e.g, SADD)																								
67. Community-Awareness Programming (After School)																								

4th 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
Higher Education																								
68. Substance Misuse Information Campaigns for Students																								
69. Student Wellness/Recovery Center																								
70. SUD Student-Support Programing																								
71. Host SUD Events for Community																								
OIT																								
72. Full Membership																								
73. Organized in Manner Consistent with Governor's Order																								
74. OIT Meets at Least Bi-Monthly																								
75. Updated Strategic/Implementation Plan																								
76. Co-Chaired by Health Officer and Emergency Manager																								
77. Emergency Manager Is Cabinet-Level Officer																								
78. Elected Officials Participate Regularly in OIT Meetings																								
79. Elected Officials Engaged Regularly in SUD Programming																								
80. Full-Time Opioid Programming Coordinator																								
Total of Substantial Programming Implemented	63	43	65	59	29	55	60	40	3	35	48	25	90	54	67	21	23	37	46	61	72	77	50	37
Total of Some Programming Implemented	22	58	39	39	52	26	40	65	71	27	59	32	14	45	21	52	53	33	26	47	19	28	53	43
Total Programming in Development	5	21	17	28	36	7	9	11	18	36	13	25	19	17	21	9	17	22	15	11	3	10	9	12
Total of Programs Not to Be Planned	39	7	8	3	12	41	20	13	37	31	9	47	6	13	20	47	36	37	42	10	35	14	17	37

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



## 2019 OPIOID-RELATED LEGISLATION AND EXECUTIVE ORDERS

The OCCC monitors all opioid-related legislation introduced in the Maryland General Assembly and provides expertise to the Governor's Office and state agencies in evaluating opioid-related legislation. The governor signed an executive order and the General Assembly passed five significant opioid-related bills during 2019. The five bills were signed into law by Governor Hogan.

### Executive Order

On January 10, 2019, Governor Hogan signed Executive Order 01.01.2019.02, which establishes the Governor's Commission to Study Mental and Behavioral Health in Maryland. This commission is chaired by Lt. Gov. Boyd Rutherford. (Executive Order 01.01.2019.02 was amended via Executive Order 01.01.2019.06 on May 28, 2019.)

### Legislation

**HB 155/SB 164 - Maryland Department of Health - Capital and Grant Programs - State Grants (signed May 13, 2019, effective October 1, 2019):** This bill increases the percentage of eligible costs that a state grant may cover after federal funds have been applied within the Maryland Department of Health's (MDH) Community Health Facilities Grant Program and Federally Qualified Health Centers (FQHC) Grant Program. These programs support expansion of substance use disorder services.

**HB 116/SB 846 - Correctional Services - Opioid Use Disorder Examinations and Treatment (signed May 13, 2019, effective October 1, 2019):** This bill establishes programs for opioid use disorder screening, evaluation, and treatment in local correctional facilities and Baltimore Pre-trial Complex. As of January 1 2020, the bill's provisions apply to local detention centers in Howard, Montgomery, Prince George's, and St. Mary's counties. By October 1 2021, the bill's provisions will apply to six additional counties.

**HB 25/SB 195 - PDMP - Revisions (signed May 13, 2019, effective October 1, 2019):** This bill requires, rather than authorizes, the Maryland Prescription Drug Monitoring Program (PDMP) to review prescription monitoring data for indications of the possible misuse or abuse of a monitored prescription drug. The PDMP must report the possible misuse or abuse to the prescriber or dispense, and the PDMP is authorized to provide prescription monitoring data to the Office of Controlled Substances Administration for further investigation.

**HB 466/SB 342 - PDMP - Program Evaluations (signed April 30, 2019, effective June 1, 2019):** This bill repeals the termination date of the PDMP and the requirement that the Department of Legislative Services conduct an evaluation of the program.

**HB 1274 - Opioid Restitution Fund (signed May 13, 2019, effective October 1, 2019):** This bill establishes the Opioid Restitution Fund. This bill requires that all revenues are directed to the fund if they result from a judgment against or settlement with 1) opioid manufacturers or 2) others in the opioid industry if the judgment or settlement relate to claims made by the state to recover damages.

## OPIOID-RELATED STATE SPENDING

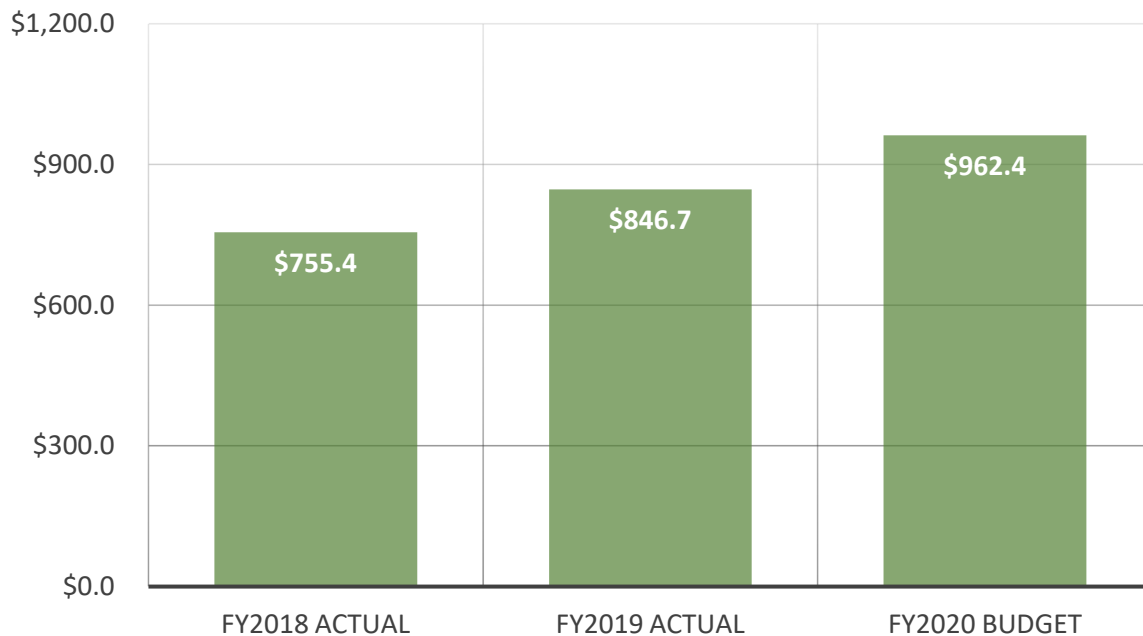
The State of Maryland has made a major budgetary commitment to combating the opioid epidemic. State funds support programs that address the opioid crisis from a variety of perspectives in categories including public health, law enforcement and public safety, education, the judiciary, and more. These funds are applied at the statewide and county levels.

### Total Statewide Spending

As shown in the chart below, total statewide opioid-related spending reached \$846.7 million in FY2019 and is budgeted to increase to \$962.4 million in FY2020. These figures are significantly higher than previous estimates.

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. This survey allowed the OCCC to make a more comprehensive estimate of all opioid-related spending throughout state government. In instances where state agencies were unable to identify spending information related specifically to opioids, spending on the broader category of substance use disorder was used.

**Figure 14. Total Statewide Opioid-Related Spending**  
(Dollars in Millions)



**Table 4. Total Statewide Opioid-Related Spending by Agency (FY2020)**

Agency Name	FY2020 Working Budget
Maryland Department of Health <sup>4</sup>	\$752,558,703
Maryland State Police	\$145,412,395
University System of Maryland	\$18,808,710
Opioid Operational Command Center <sup>5</sup>	\$10,802,308
Department of Public Safety and Correctional Services	\$7,726,720
Maryland Judiciary	\$6,997,119
Governor's Office of Crime Prevention, Youth, and Victim Services	\$8,463,547
Department of Human Services	\$3,526,408
Maryland Office of the Public Defender	\$2,791,825
Department of Juvenile Services	\$2,208,493
Department of Labor	\$1,312,542
Department of Housing and Community Development	\$1,000,000
Department of Natural Resources	\$320,977
Department of Transportation	\$196,280
Maryland Uninsured Employer Fund	\$180,000
Maryland Institute for Emergency Medical Services	\$41,043
Department of General Services	\$5,000
<b>Total</b>	<b>\$962,352,070</b>

### Statewide Opioid-Related Funding by Source

The charts below identify statewide opioid-related spending by funding source. As noted below, the fiscal year 2020 budget includes a 7.1 percent increase in state funds and a 13.7 percent increase in total state, federal, and other funds to address the crisis.

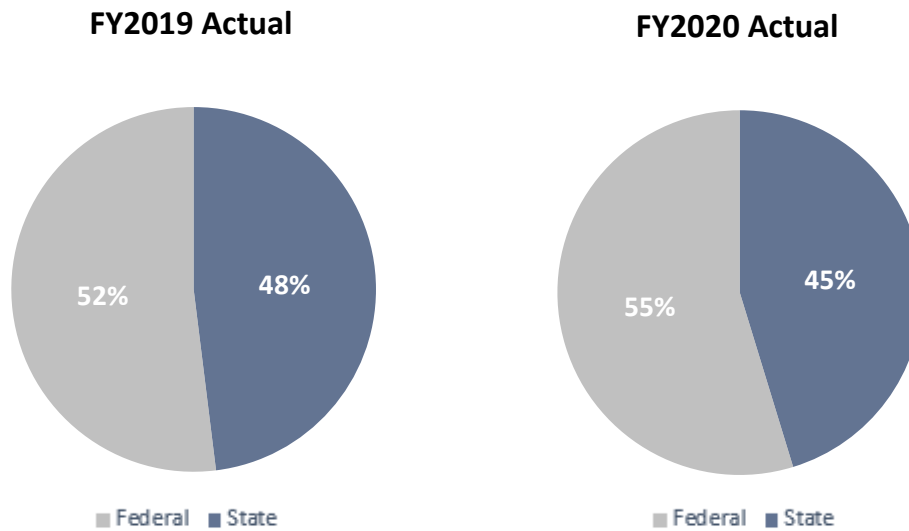
<sup>4</sup> Excludes OOC in FY2018 and FY2019.

<sup>5</sup> The OOC budget was included in the Department of Health's budget in FY2018 and FY2019 and is included in the Maryland Emergency Management Agency/Department of Military budget in FY2020.

**Table 5. Statewide Opioid-Related Funding by Source**

FY2018 Actual		FY2019 Actual		FY2020 Working Budget	
Dollars		Dollars	% Increase	Dollars	% Increase
State	\$369,794,690	\$406,563,945	9.9%	\$435,368,591	7.1%
Federal	\$385,288,755	\$439,746,737	14.1%	\$526,348,307	19.7%
Other <sup>6</sup>	\$358,000	\$410,626	14.7%	\$635,172	54.7%
<b>Total</b>	<b>\$755,441,445</b>	<b>\$846,721,308</b>	<b>12.1%</b>	<b>\$962,352,070</b>	<b>13.7%</b>

**Figure 15. Share of Statewide Opioid-Related Funding by Source**



<sup>6</sup> Other includes grants and contributions from private entities.

## OOCC GRANTS

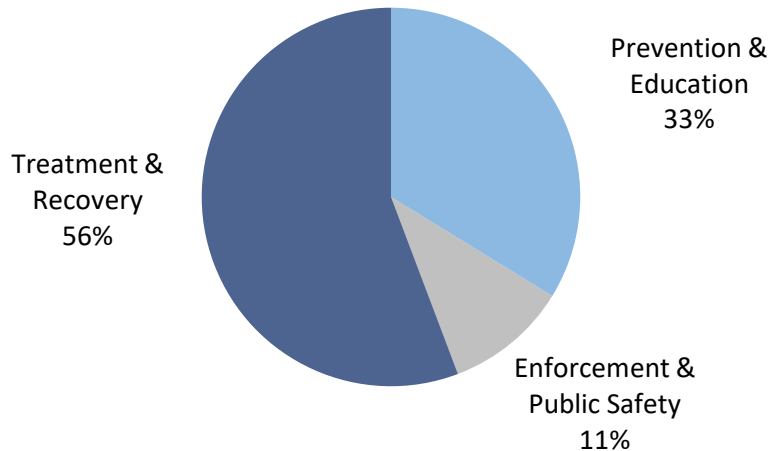
### OOCC Grants Summary

The OOCC distributes funding under two distinct grant programs: 1) the Block Grant Program for local OITs and 2) the Competitive Grant Program for statewide, local, and nongovernment grants. The purpose of the Block Grant Program is to provide a base level of flexible funding to all 24 local jurisdictions in order to combat the opioid crisis. The Block Grant Program is formula based, with half of the funds allocated by population and the other half allocated according to fatality rates. 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 coordination plan and that serve to meet the most pressing needs around the state.

### Overview of Combined Grant Programs

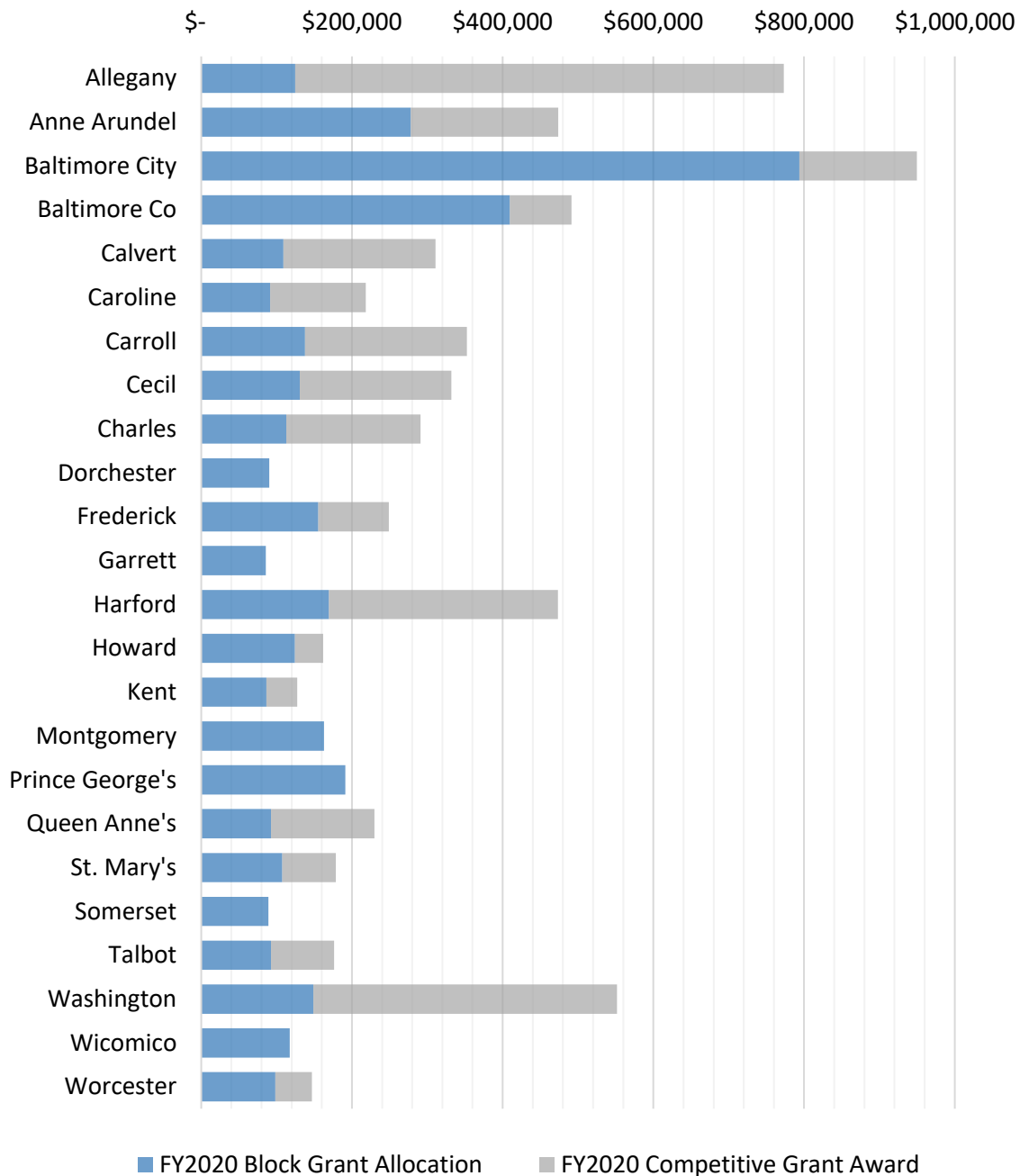
The chart below presents an overview of the combined grant programs for fiscal year 2020 and how these grant funds will be spent relative to Governor Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*. The fiscal year 2020 Competitive Grant Program included two rounds of award: a first round of the total program allocation (approximately \$6 million) and a second round to reallocate first-round awards that were returned and/or canceled (approximately \$700,000). Second-round award distributions are still in process as of the date of this report.

**Figure 16. OOCC FY2020 Block Grants and Competitive Grants by Priority**



As shown in Figure 17, Baltimore City and Allegany, Washington, and Baltimore counties will receive the greatest amount of grant funding in fiscal year 2020. The four jurisdictions are among the most-impacted jurisdictions in the state (see Figure 12 on Page 14). Grants benefitting multiple jurisdictions or the entire state are excluded from the below chart; those grants total \$1.9 million.

**Figure 17. FY2020 OCCC Block Grants and Competitive Grants by Jurisdiction**



### Grants by Jurisdiction

Table 6 below summarizes how the OCCC intends to allocate approximately \$10 million in block and competitive grant funding by jurisdiction in fiscal year 2020.

**Table 6. FY 2020 Block Grants and Competitive Grants Summary**

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

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



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

Award	Type	Project Description
Garrett County		
\$85,664	Block	Support Community Resource Team (CRT) to provide a bridge between identified potential clients and opioid-addiction services
		Support program to eliminate barriers to recovery
		Support drug prevention and education program in the school system
		Support for Opioid Intervention Team
Harford County		
\$169,552	Block	Support a central intake, navigation, and recovery team to enhance early identification and intervention for those with substance use disorder
\$59,000	Competitive	Support for parenting and family training sessions to increase resilience and reduce risk factors
\$126,000	Competitive	Support for a certified peer recovery specialist to partner with EMS
\$119,000	Competitive	Support recovery housing and support services
Howard County		
\$124,279	Block	Support SBIRT (screening, brief intervention, and referral to treatment) services and connection to treatment providers
\$37,000	Competitive	Support a peer counselor in the detention center
Kent County		
\$86,662	Block	Continue supporting peer specialist(s) for Opioid Community Intervention Project
\$41,000	Competitive	Develop an integrated process for planning, policy development, and services for inmates with addiction and mental health issues
Montgomery County		
\$162,894	Block	Support public-awareness campaign
		Host four or more community forums on opioid and substance misuse
		Continue supporting community and police access to naloxone
		Continue supporting Stop Triage Engage Educate Rehabilitate (STEER)
Prince George’s County		
\$191,190	Block	Support public-awareness campaign
		Support outreach efforts to overdose survivors and their families for service connection

Award	Type	Project Description
Queen Anne’s County		
\$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
Somerset County		
\$88,992	Block	Expand law enforcement support
		Support peer recovery support specialist
		Promote Somerset County Opioid United Team (SCOUT) initiative
St. Mary’s County		
\$107,634	Block	Support peer recovery support specialist program
		Support for Opioid Intervention Team coordination
		Support treatment services to persons with substance use disorder who are incarcerated
\$59,000	Competitive	Support a multi-faceted campaign for opioid prevention and awareness in the public school system
\$12,000	Competitive	Provide alternative pain-management training to clinicians
Talbot County		
\$92,654	Block	Support for Early Intervention Project to connect women during the prenatal period when drug use is identified/suspected with counseling and other support services
		Provide prevention and intervention for high-risk students and families
\$22,000	Competitive	Support opioid-education programming
\$62,000	Competitive	Provide a licensed social worker for students in the Bay Hundred area
Washington County		
\$148,913	Block	Continue supporting opioid crisis response team
		Support Washington Goes Purple, which educates youth and community about the dangers of prescription pain medication

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

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
<b>Multi-jurisdictional and Statewide</b>		
\$9,000	Competitive	Support Lower Shore Addiction Awareness Visual Arts Competition
\$20,000	Competitive	Train women who are incarcerated as certified peer recovery specialists
\$49,000	Competitive	Support anti-stigma campaign in four counties across each region of the state 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
\$129,000	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
\$581,000	Competitive	Increase monitoring and regulatory oversight of controlled-substances prescribers and dispensers