



Maryland

OPIOID OPERATIONAL
COMMAND CENTER

2020

Third Calendar Quarter Report

July 1, 2020 – September 30, 2020

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Thank you for your interest in the Opioid Operational Command Center's report for the third calendar quarter of 2020.

This report comes at a time of increasing challenges for our country and our state. As the coronavirus pandemic has continued to cast its shadow and complicate nearly every aspect of our lives, it has spared almost no one. Those who suffer from addiction and substance use disorders have faced some of the most intense struggles. These vulnerable Marylanders, who last year faced one test, now face two – each one more complex than the other.

The pandemic has made support systems less accessible, economic opportunity more difficult to attain, and despair and uncertainty mounting concerns. These circumstances have caused our state to experience 2,025 unintentional intoxication-related deaths during the first nine months of 2020 – 12 percent more than during the same period last year. Opioids continue to be the primary culprit, bearing responsibility for over 90 percent of intoxication-related deaths in the state.

We do not yet know when we will turn a corner toward that brighter reality, but we must not forget that we have been successful in flattening the opioid fatalities curve in our state before. That experience provided us with an entire inventory of programs that we are adapting to our new realities. We have a community of treatment professionals and advocates who stand for the interests of those who are suffering. And we have the knowledge and will to bring these elements together as we continue to respond to the situation at hand.

Make no mistake – we have a long road ahead of us and much work to do. We must be more agile than ever to stay ahead of not one but two cunning, baffling opponents. However, like so many who have adapted to walk the path of recovery, we have resolved that success is the only option.

I look forward to that success – and I know you do, too.

Steven R. Schuh



Executive Director
Opioid Operational Command Center
Office of the Governor

EXECUTIVE SUMMARY

Based on preliminary data provided by the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH), there were 2,025 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland through the third calendar quarter of 2020. This represents a 12.1 percent increase from the same time frame in 2019, when there were 1,806 such fatalities.

In calendar year 2019, Maryland saw a decline in opioid-related deaths when compared to the previous year. We believe that the increases thus far in 2020 are the result of the coronavirus pandemic and a continuation of a trend that began in the second calendar quarter of 2020. The burdens associated with COVID-19, such as social isolation and economic hardship, have hit Maryland's vulnerable populations the hardest. Those affected include people who use drugs, a group for whom the pandemic has created extreme challenges, including disrupted support systems and impeded access to much-needed treatment.

Maryland is not the only state experiencing an increase in opioid-related fatalities in 2020. According to the most recent data available from the Centers for Disease Control and Prevention (CDC), there was an increase of 16.9 percent in reported fatalities from all types of drugs between May 2019 and May 2020. CDC officials have indicated that this figure may continue to increase as toxicology reports confirm more cases. Officials also noted that these increases have accelerated across the country as pandemic conditions worsened.¹

Opioids were involved in 90.3 percent of all substance use-related intoxication fatalities during this period. There was a total of 1,829 opioid-related deaths from January through September of 2019, an increase of 14.5 percent as compared to the same time last year. There were 1,702 deaths involving fentanyl during this time, an increase of 16.7 percent. Fentanyl was involved in 93.1 percent of all opioid-related deaths. There was also an increase in deaths involving prescription opioids in the first three quarters of 2020. There were 320 such fatalities as compared to the 285 reported during the same period in 2019, an increase of 12.3 percent.

Heroin was the only major substance category that saw a decrease in the first nine months of 2020. Heroin-related deaths decreased by 29.0 percent, from 579 deaths at this point in 2019 to 411 in 2020. This is a continuation of a trend that began in 2017.

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities from January through September, 2020. Baltimore City (685 deaths), Baltimore County (266 deaths), and Anne Arundel County (157 deaths) experienced the highest number of fatalities, collectively accounting for 60.6 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities include Prince George's County (119 deaths), Washington County (78 deaths), Montgomery County (78 deaths), and Cecil County (61 deaths).

For the first time in our quarterly reports, the OOC has included a demographic analysis of opioid-related, unintentional intoxication fatalities. Included herein are data regarding race/ethnicity, age, and gender. The OOC recognizes the importance of highlighting these data in light of increasing racial disparities in deaths involving opioids. For example, from 2017 to 2019, opioid-related deaths decreased

¹ "Overdose Deaths Accelerating During COVID-19." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 18 Dec. 2020, www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html.

by 11.5 percent among non-Hispanic Whites while increasing by 40.4 percent among non-Hispanic Blacks and by 35.9 percent among Hispanics. January through September of 2020 marked a deviation from this trend as opioid-related deaths increased by 15.8 percent among non-Hispanic Whites, by 13.1 percent among non-Hispanic Blacks, and by 27.3 percent among Hispanics. Although we do not know if this deviation is an aberration (potentially due to COVID-19) or a lasting change, the recent trends warrant more attention, and we will continue to monitor these disparities going forward.

The State of Maryland is currently supporting a variety of organization that are focused on addressing these disparities head on. These organizations are working to provide a wide variety of services specifically to historically underserved communities, such as mobile health clinics, nutritional assistance, and case management, and distributing naloxone and harm reduction supplies. Much of their work is focused on meeting people who use drugs wherever they might be with the goal of building trust as a bridge to treatment and recovery services.

To respond to the extreme challenges that COVID-19 has presented for people with substance use disorder (SUD), the OOC is continuing to work with MDH and other state agencies to maximize access to SUD-resources. In June 2020, the OOC released Maryland's *COVID-19 Inter-Agency Overdose Action Plan* to establish a comprehensive strategy to help guide the state's response efforts. An update on the progress of these efforts is provided beginning on page 14 of this report. The Behavioral Health Administration (BHA) has also provided an update on their activities to address COVID-19-related challenges, which can be found on page 16 of this report.

To help respond to the opioid crisis in all parts of Maryland, the OOC consults regularly with Opioid Intervention Teams (OITs) in each of Maryland's 24 local jurisdictions to coordinate local actions taken to combat the opioid crisis. OITs are multiagency coordinating bodies that seek to enhance collaboration to fight the opioid crisis at the local level. OITs are also responsible for administering OOC Block Grant funding (detailed below) to support programs that advance Governor Larry Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery* as outlined in the *Inter-Agency Opioid Coordination Plan* published in January 2020. The OOC tracks 145 high-priority programs and initiatives being implemented by OITs. These programs are detailed beginning on page 19 of this report.

The OOC also administers two grant programs to fund statewide, local, and non-governmental organizations that help advance the Hogan Administration's policy priorities in response to the opioid crisis. The OOC's Block Grant Program distributes \$4.0 million annually on a formula basis to each of Maryland's 24 local jurisdictions. The Competitive Grant Program distributes funding to the highest-scoring proposals received from state and local governments and private, community-based partners. In fiscal year 2021 (August 1, 2020 to July 21, 2021) the OOC plans to distribute approximately \$5.6 million through this program. A summary of our grant programs and the current status of Block Grant and Competitive Grant awards can be found beginning on page 24 of this report.

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

SUBSTANCE USE-RELATED STATISTICS

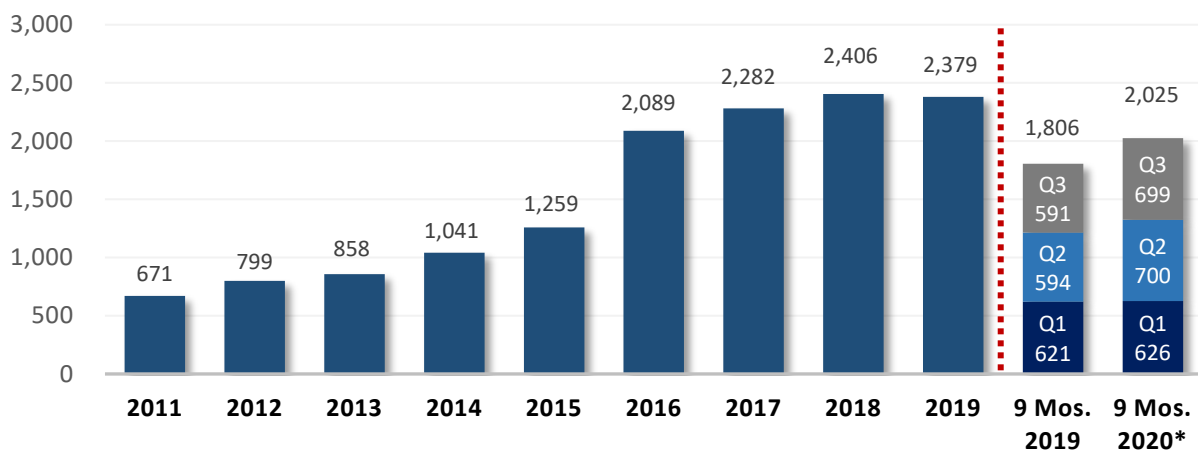
This section details various opioid and substance use-related statistics in Maryland for the first nine months of 2020 and includes updates on the number of unintentional intoxication deaths related to opioids, alcohol, and various licit and illicit drugs according to data provided by the Vital Statistics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

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

All Substances

As shown in Figure 1 below, there were a total of 2,025 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland from January through September, 2020. This represents a 12.1 percent increase from the same time frame last year, when there were 1,806 such fatalities. Opioids were involved in 90.3 percent of all substance use-related deaths.

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

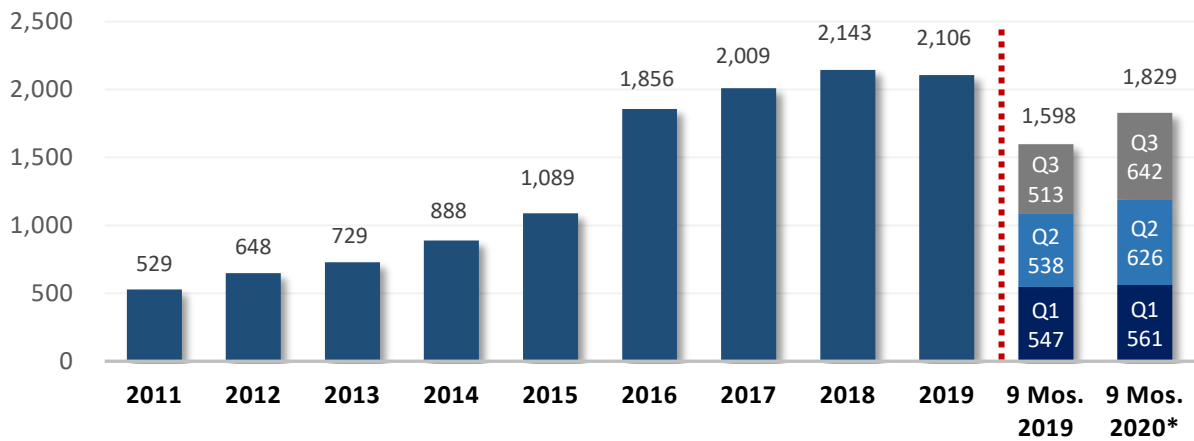


Opioids

As shown in Figure 2 below, there were 1,829 opioid-related deaths through the third calendar quarter of 2020, a 14.5 percent increase as compared to the same time in 2019.

*2020 data are preliminary and subject to change.

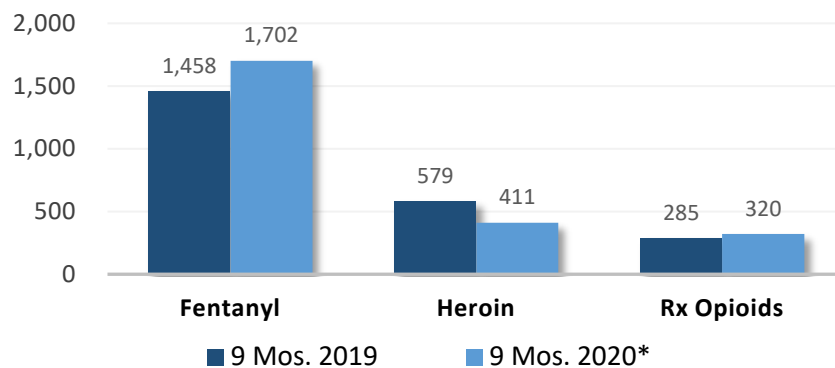
Figure 2. Opioid-Related Fatalities
2011 through the Third Calendar Quarter, 2020*



As shown in Figure 3 below, fentanyl was involved in 1,702 intoxication deaths in the first three quarters of 2020, an increase of 16.7 percent from the same time in 2019. Fentanyl accounted for 93.1 percent of all opioid-related deaths and 84.0 percent of all unintentional intoxication deaths. Prescription opioid-related deaths also increased significantly during this time frame, accounting for 320 fatalities. This was a 12.3 percent increase from the first nine months of 2019. This metric is particularly concerning considering that prescription opioid-related deaths decreased by 2.6 percent annually in 2019.

Heroin was the only major substance category that saw a decrease through the third quarter of 2020. Heroin-related deaths decreased by 29.0 percent, from 579 deaths at this point in 2019 to 411 through September of this year. This is a continuation of a trend that began in 2017 as fentanyl rapidly displaces heroin in illicit drug markets.

Figure 3. Intoxication Death by Opioid Type
January through September, 2019 vs. 2020*



Non-Opioid Substances

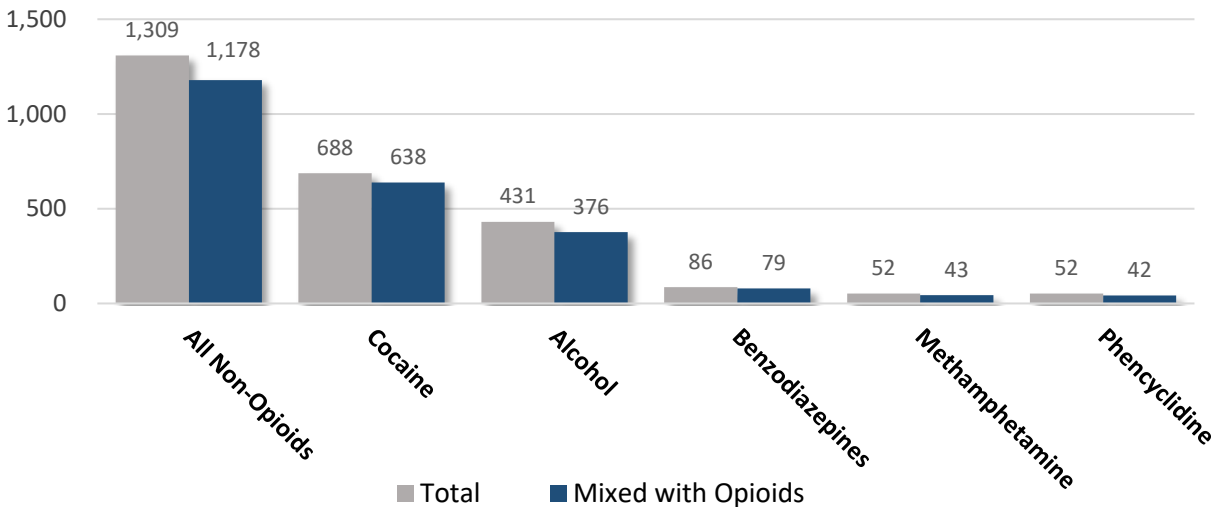
There were significant increases in the number of unintentional intoxication deaths involving non-opioids from January through September, 2020. There were 688 cocaine-related deaths, a 5.8 percent increase from this time last year. Cocaine accounted for the most non-opioid-related fatalities and was the substance most commonly mixed with opioids. There were 431 alcohol-related deaths during this

*2020 data are preliminary and subject to change.

time frame, an increase of 37.3 percent from 2019. There were 86 benzodiazepine-related deaths in the first three quarters of 2020, representing a 3.6 percent increase as compared to the same time in 2019. Methamphetamine-related deaths increased by 79.3 percent, with 52 such fatalities. Lastly, there were also 52 PCP-related deaths during the same time frame, representing an increase of 6.1 percent.

Opioids were involved in the vast majority of non-opioid-related fatalities in Maryland in the first nine months of 2020. This trend is primarily the result of increasing polysubstance use; relatively few intoxication deaths involved the use of just one substance. Of the 1,309 instances in which a non-opioid was involved in a fatality, opioids were also present 90.0 percent of the time. Over 90.0 percent of all cocaine-related fatalities and 87.2 percent of all alcohol-related fatalities also involved opioids.

Figure 4. Deaths Involving Substances Mixed with Opioids
*January through September, 2020**



Fatalities at the County Level

While all 24 of Maryland's local jurisdictions reported opioid-related intoxication fatalities during the first nine months of 2020, the large growth in fatalities was not experienced evenly throughout the state. Many jurisdictions reported large increases, while some saw slight decreases. As shown in Table 1 below, Baltimore City (685 deaths), Baltimore County (266 deaths), and Anne Arundel County (157 deaths) experienced the highest number of fatalities, collectively accounting for 60.6 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George's County, Washington County, Montgomery County, and Cecil County. These jurisdictions had 119, 78, 78, and 61 fatalities, respectively.

Prince George's County reported the largest numerical increase (54) in opioid-related intoxication fatalities of any county from January through September, 2020, when compared to the same time frame last year, with a total of 119 deaths. Allegany County saw the largest percent increase (111.1 percent), with 32 opioid deaths, a figure more than double the total reported at this point in 2019. Also of note, Baltimore City saw a 5.5 percent increase in opioid-related fatalities during the first nine months of 2020. This is an unfortunate reversal of recent trends. For reference, opioid-related intoxication fatalities decreased by 7.6 percent in the first half of 2020 compared to the same time frame in 2019.

* 2020 data are preliminary and subject to change.

Table 1. Opioid-Related Intoxication Deaths by County
January through September, 2020*

County	2019	2020	Difference	Percent Difference	County	2019	2020	Difference	Percent Difference
Allegany	18	38	20	111.1%	Harford	49	46	(3)	(6.1%)
Anne Arundel	142	157	15	10.6%	Howard	24	37	13	54.2%
Baltimore City	649	685	36	5.5%	Kent	7	5	(2)	(28.6%)
Baltimore Co.	248	266	18	7.3%	Montgomery	68	78	10	14.7%
Calvert	17	17	0	0.0%	Prince George's	65	119	54	83.1%
Caroline	10	12	2	20.0%	Queen Anne's	9	10	1	11.1%
Carroll	36	31	(5)	(13.9%)	Somerset	7	11	4	57.1%
Cecil	41	61	20	48.8%	St. Mary's	22	25	3	13.6%
Charles	20	29	9	45.0%	Talbot	12	11	(1)	(8.3%)
Dorchester	8	14	6	75.0%	Washington	57	78	21	36.8%
Frederick	48	47	(1)	(2.1%)	Wicomico	25	28	3	12.0%
Garrett	4	5	1	25.0%	Worcester	12	19	7	58.3%
Statewide Total						1,598	1,829	231	14.5%

Fatalities at the Regional Level

All Maryland regions saw increases in opioid-related intoxication fatalities in the first three calendar quarters of 2020. The largest numerical increase was observed in Central Maryland, which reported 74 more opioid-related deaths than at this point in 2019. With 1,222 regional deaths, this represents a 6.4 percent increase. Central Maryland consists of Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. More than half of these fatalities (685) occurred in Baltimore City alone, while Carroll County reported the largest decrease, with 5 (or 13.9 percent) fewer than in 2019.

The largest regional percent increase in opioid-related fatalities through the third quarter of 2020 was observed in Western Maryland, which includes Garrett, Allegany, and Washington Counties. Western Maryland reported 121 regional deaths through the first three quarters of 2020, a 53.2 percent increase compared to this point last year. With 78 fatalities, Washington County accounted for 64.4 percent of the regional opioid-related deaths.

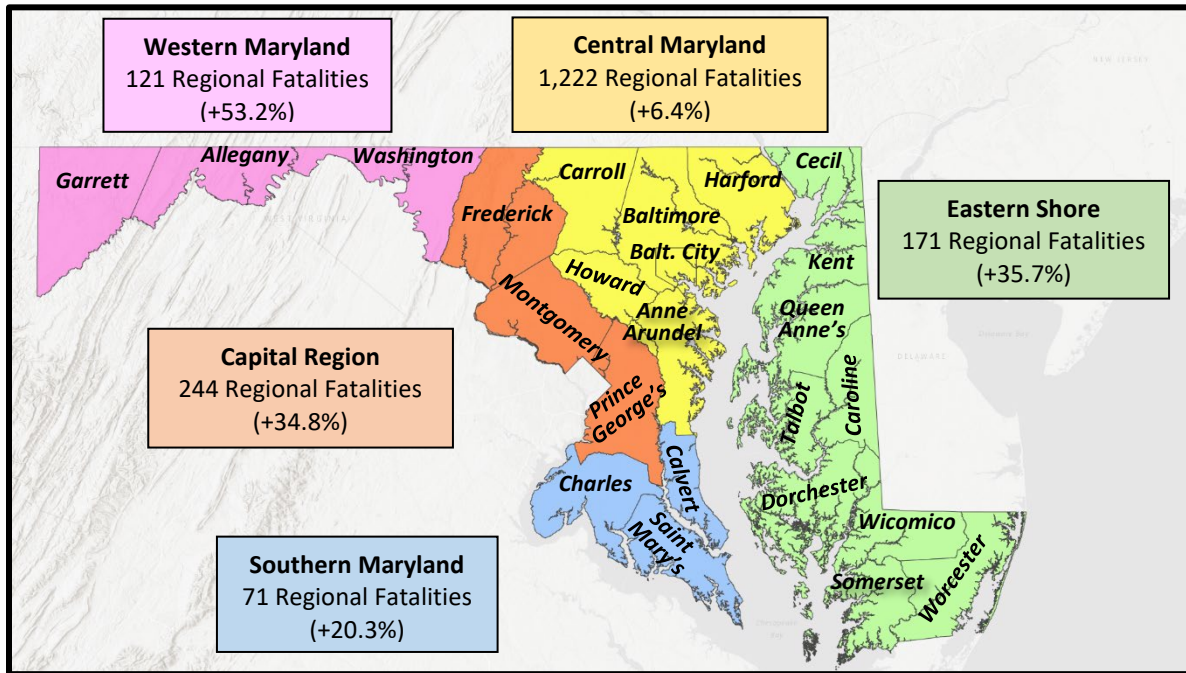
The Capital Region, which is made up of Montgomery, Prince George's, and Frederick Counties, reported 244 opioid-related fatalities. The region's total – 63 more fatalities than at the point in 2019 – represents an increase of 34.8 percent. Prince George's led the growth in opioid-related fatalities with 54 additional fatal overdoses, 83.1 percent more than in the same time frame in 2019.

The Eastern Shore saw a regional increase of 30.5 percent with 171 total fatalities. The Eastern Shore is made up of Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties. Cecil County reported 61 deaths, accounting for more than a third (35.7 percent) of the region's opioid-related fatalities from January through September, 2020.

*2020 data are preliminary and subject to change.

Southern Maryland reported 71 regional opioid-related fatalities, up 20.3 percent from the first nine months of 2020. Southern Maryland includes Calvert, Charles, and St. Mary's Counties.

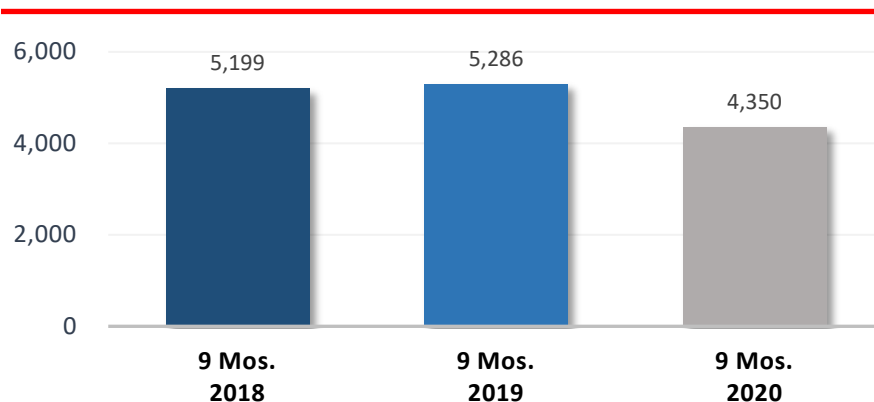
Figure 5. Percent Change in Opioid-Related Intoxication Deaths by Region
*January through September, 2020**



Emergency Department Visits

Maryland saw fewer hospital emergency department (ED) visits for non-fatal opioid overdoses through the end of September of 2020. As shown in Figure 6 below, there were 4,350 such visits through the end of the third quarter, according to the Electronic Surveillance System for the Early Notification of Community-Based Epidemics ("ESSENCE") maintained by MDH. This is a 17.7 percent decrease from the same time frame of 2019, when there were 5,286 opioid-related ED visits.

Figure 6. Non-Fatal Opioid-Related ED Visits
*January through September, 2018 through 2020**



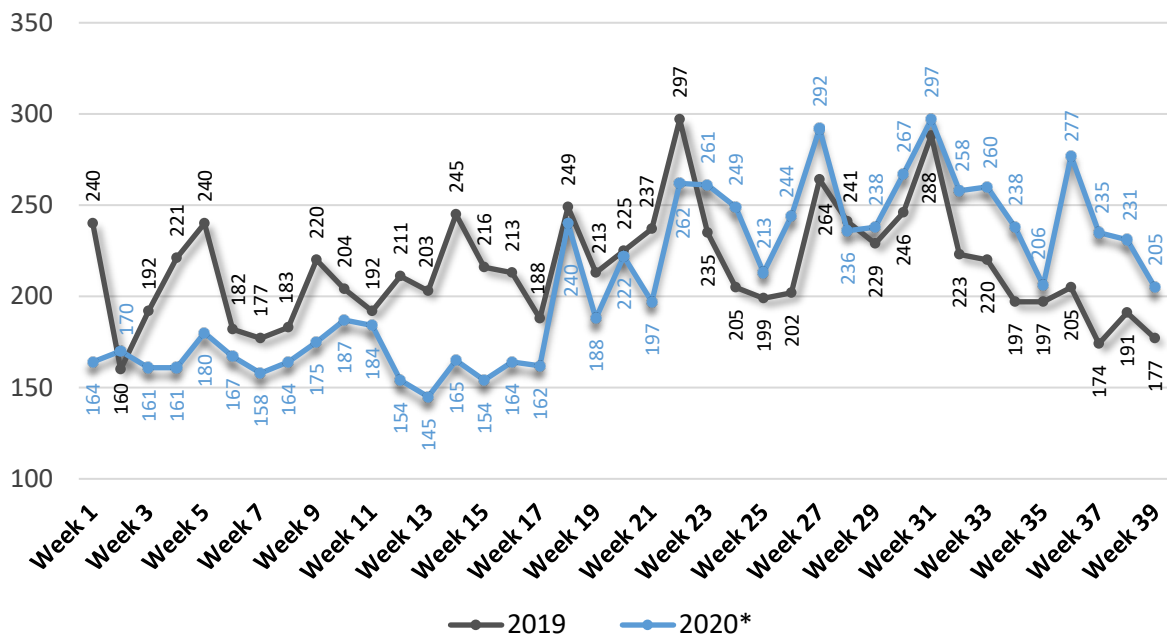
*2020 data are preliminary and subject to change.

This decrease is another likely result of the COVID-19 pandemic. According to ESSENCE, total ED visits for all conditions began declining in mid-to-late March. As the spread of COVID-19 cases diminished during the summer months, however, opioid-related ED visits increased. There were 1,313 ED visits from April through June of this year, and 1,776 from July through September, an increase of 35.3 percent.

Naloxone Administrations

According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), there were 8,131 total naloxone administrations by EMS personnel in Maryland during the first nine months of 2020, a decrease of 3.2 percent from the same period of 2019, when there were 8,401 such cases. This decrease largely occurred in the first and second quarters of 2020, which saw a combined decrease of 11.9 percent from the first half of 2019. However, beginning the final weeks of the second quarter through the end of the third quarter of 2020, naloxone administrations largely outpaced administrations during the same timeframe in 2019. Similar to opioid-related ED visits, it appears that COVID-19 significantly impacted the total number of naloxone administrations in the first part of 2020. However, as shown in Figure 7 below, that number increased along with the increase in opioid-related fatalities, far surpassing the total during the third quarter of last year.

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

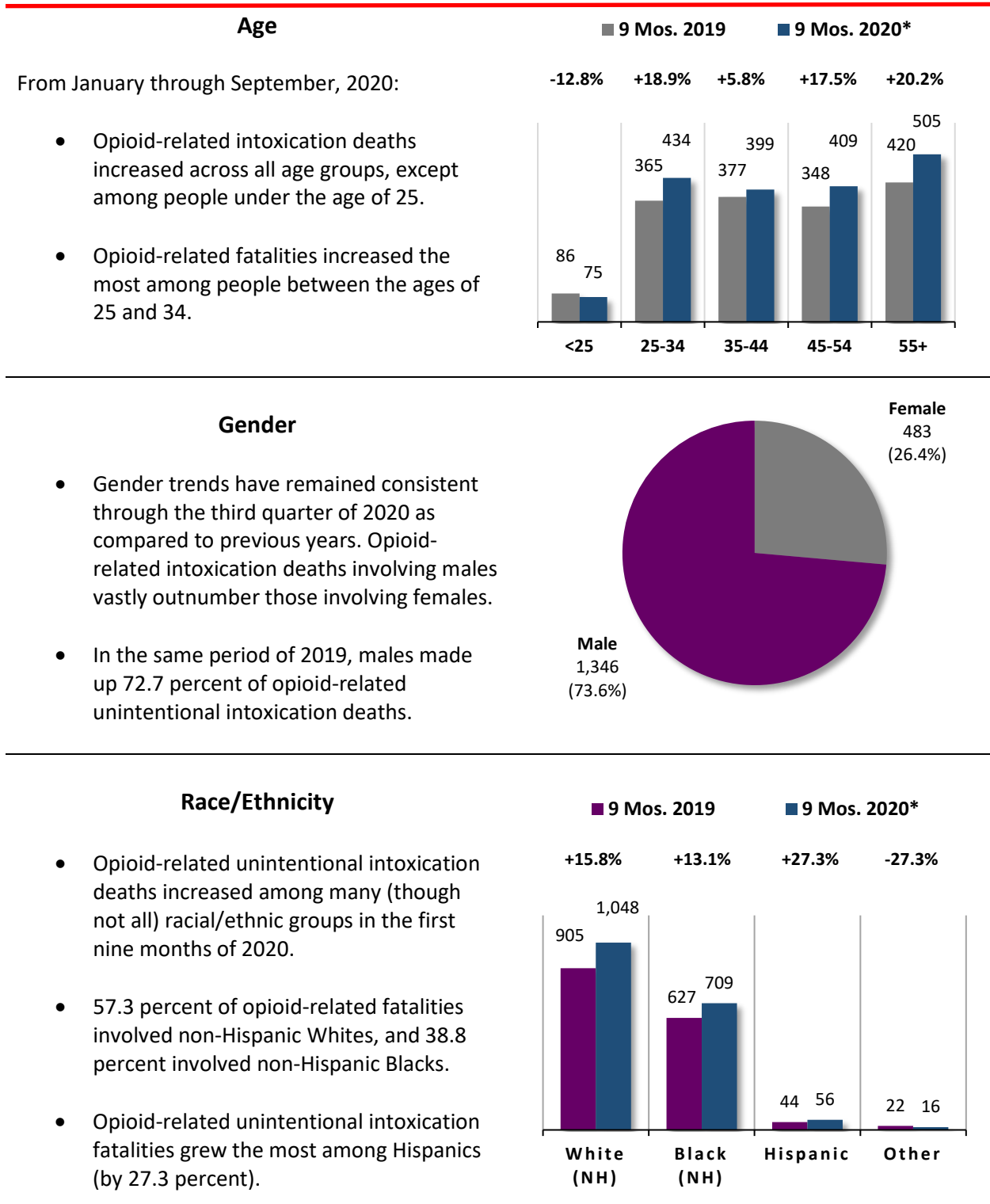


Opioid-Related Fatality Demographics

Figure 8, below, illustrates demographic trends in opioid-related unintentional intoxication fatalities in the first nine months of 2020 and includes the number of fatalities by age, gender, and race/ethnicity. Opioid-related unintentional intoxication deaths increased among most (but not all) demographic groups during this time frame as compared to the first nine months of 2019.

*2020 data are preliminary and subject to change.

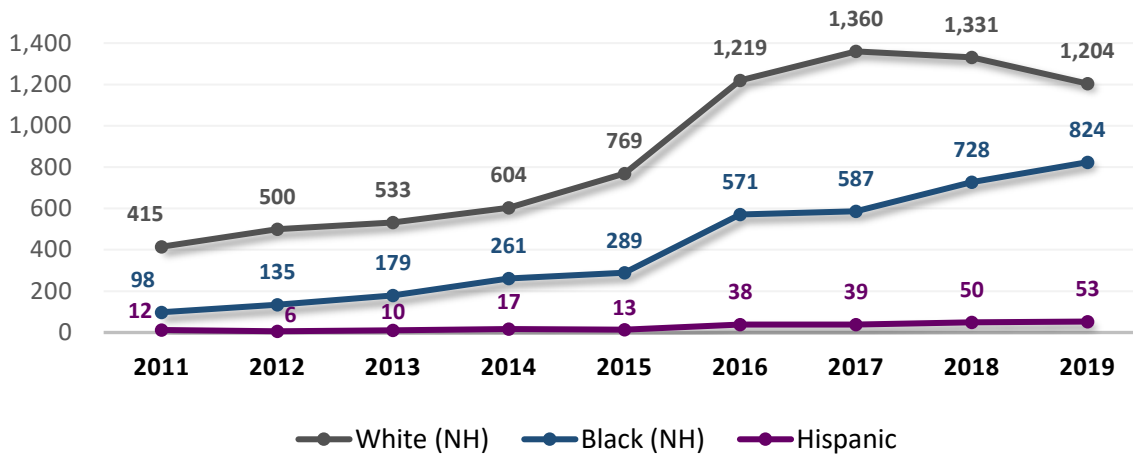
Figure 8: Opioid-Related Unintentional Intoxication Fatality Demographics
by Age, Gender, and Race/Ethnicity
January through September, 2020*



*2020 data are preliminary and subject to change.

The information on race/ethnicity illustrated above represents a deviation from a recent trend of increasing racial disparity in opioid-related intoxication fatalities. Specifically, from 2017 to 2019, opioid-related fatalities decreased by 11.5 percent among non-Hispanic Whites while increasing by 40.4 percent among non-Hispanic Blacks and by 35.9 percent among Hispanics. These trends are illustrated in Figure 9 below.

Figure 9. Opioid-Related Intoxication Fatalities by Race/Ethnicity
2011 through 2019



In 2010, near the beginning of the opioid crisis in Maryland, non-Hispanic Whites accounted for a vast majority (75.4 percent) of opioid-related intoxication fatalities. However, as shown in Table 2 below, since that time, the proportion of substance-related intoxication deaths involving non-Hispanic Blacks has trended up, while the proportion of such deaths involving non-Hispanic Whites has trended down. For context, according to VSA estimates, as of 2018, Maryland's population was 51.5 percent non-Hispanic White, 30.7 percent non-Hispanic Black, and 10.4 percent Hispanic.

Table 2. Opioid-Related Unintentional Intoxication Fatalities by Race/Ethnicity
2010 – 2019

Year	White (NH)	Percent of Total	Black (NH)	Percent of Total	Hispanic	Percent of Total	Other	Percent of Total
2010	380	75.4%	109	21.6%	11	2.2%	4	0.8%
2011	415	78.4%	98	18.5%	12	2.3%	4	0.8%
2012	500	77.2%	135	20.8%	6	0.9%	7	1.1%
2013	533	73.1%	179	24.6%	10	1.4%	7	1.0%
2014	604	68.0%	261	29.4%	17	1.9%	6	0.7%
2015	769	70.6%	289	26.5%	13	1.2%	18	1.7%
2016	1,219	65.7%	571	30.8%	38	2.0%	28	1.5%
2017	1,360	67.7%	587	29.2%	39	1.9%	23	1.1%
2018	1,331	62.1%	728	34.0%	50	2.3%	34	1.6%
2019	1,204	57.2%	824	39.1%	53	2.5%	25	1.2%

The OOC has funded several programs in the most recent fiscal year designed to mitigate the disproportionate effects of the opioid crisis on different demographic groups. Examples include Paul's Place, an organization that runs a community outreach center in southeast Baltimore City. This program aims to reach underserved communities by building personal relationships and trust with community members as a bridge to SUD treatment and recovery services. They do this by offering grab-and-go assistance (such as food and clothing) and using street-based outreach teams that meet people who use drugs wherever they might be.

Another such organization is the Charm City Care Connection, which also operates in Baltimore City. This group provides a wide variety of services, such as case management, naloxone and harm reduction supply distribution, and food assistance at critical locations around the city frequented by people who use drugs.

The SPARC Center is another entity that is specifically serving underserved communities, focusing on harm reduction and preventing the spread of HIV and hepatitis-C among vulnerable populations, along with overdose prevention training and naloxone distribution. They offer a mobile health clinic, psychiatric services via telemedicine, and home delivery for harm reduction supplies.

COVID-19 INTER-AGENCY ACTION PLAN UPDATES

In June 2020, in collaboration with numerous state agencies, the OOC developed and released Maryland's *COVID-19 Inter-Agency Overdose Action Plan* to lay out a comprehensive strategy to help guide statewide substance use disorder response efforts. The OOC is continuing to coordinate the efforts of Maryland state agencies to help maximize access to substance use resources and to reduce the impact of COVID-19 on those struggling with substance use disorder to the greatest extent possible.

Harm Reduction Services

In order to ensure that individuals at the greatest risk of overdose have access to essential harm reduction services, the Center for Harm Reduction Services (CHRS) of MDH actively encourages local overdose response programs (ORPs) to use creative delivery models. This includes utilizing the United States Postal System (USPS) to deliver the life-saving drug naloxone by mail. CHRS is also working to promote access to harm reduction and life-saving supplies, such as fentanyl test strips, and is disseminating information to help individuals with SUD find nearby services and to help individuals obtain naloxone at local pharmacies or through the mail.

Telehealth

Maryland continues to authorize relaxed restrictions for delivering telehealth services for individuals with behavioral health needs during the coronavirus pandemic. Individuals enrolled in medication assisted treatment (MAT) are currently able to receive audio-only counseling, and prescribers are able to initiate buprenorphine treatment using telehealth. Both actions enable patients to receive life-saving treatment while avoiding the risks associated with in-person care.

SOR II Grant

Maryland was recently awarded nearly \$51 million through SAMHSA's State Opioid Response (SOR) II funding to support prevention, treatment, and recovery resources for people with opioid and stimulant use disorder. Initiatives that will be funded through SOR II include expanding crisis, treatment and recovery services for youth and young adults, to increase access to medication-assisted treatment (MAT), expanding the behavioral health workforce through partnerships with Historically Black Colleges and Universities (HBCUs) and the University Of Maryland School Of Social Work, expanding harm reduction services to areas of high need, and enhancing the technology supporting Maryland's helpline, 211, PRESS 1. More information on SOR allocations can be found on page 16 in the Departmental Updates section.

Support to Communities Grant

In September, the Maryland Department of Labor was awarded \$4,589,064 from the United States Department of Labor as part of the Support to Communities: Fostering Opioid Recovery through Workforce Development grant. The Department of Labor will distribute funding to seven local workforce areas (LWA) representing 14 jurisdictions across the state that have experienced negative social and economic impacts as a result of the opioid crisis. Individuals receiving services through the LWA will receive services based on individual treatment plans, including occupational training, career and supportive services, and outpatient recovery care. Workforce development is a critical piece for

promoting recovery for individuals with substance use disorder, and Maryland is grateful for these additional resources to support individuals impacted by the opioid crisis.

National Governors Association Collaboration

Maryland recently engaged the National Governors Association (NGA) to help study and address adverse childhood experiences (ACEs). NGA will assist the state with the development of a cross-agency strategic plan to help limit ACEs for Maryland residents across their lifespans. The partnership with the NGA will continue through the middle of 2021, and as part of the collaboration, Maryland will enter into a learning collaborative with Delaware, Pennsylvania, and Virginia to identify best practices and discuss strategies related to ACEs.

Taken together, we believe these actions and resources can help reduce the impact of COVID-19 on people who use drugs. Although Maryland has made tremendous progress in decreasing the spread of the virus, the cold months of fall and winter have brought new challenges in slowing the virus' spread, and the full extent of the impact that COVID-19 will have on vulnerable populations may not be known until the pandemic is behind us. We remain concerned that any economic slowdown, regardless of its length, could exacerbate behavioral health challenges in the future. We will thus continue to monitor the situation vigilantly and update the *COVID-19 Inter-Agency Overdose Action Plan* as needed to help direct attention and resources to the areas of greatest need.

DEPARTMENTAL UPDATES

SOR II Grant

The Maryland Department of Health (MDH) received more than \$50 million in new grant funding to support and advance substance use disorder (SUD) treatment, prevention, and recovery support initiatives in communities statewide through the State Opioid Response (SOR) II grant. The purpose of SOR funds are: to increase access to medication assisted treatment (MAT) using the three Food and Drug Administration (FDA) approved medications (buprenorphine, methadone, and Vivitrol) for the treatment of opioid use disorder; to reduce unmet treatment; and to reduce opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs).

The programs for SOR II were chosen based on evidence that they could reduce the number of unintentional opioid overdoses by leveraging existing projects/grant dollars and further Maryland's coordinated opioid-response plan and harm-reduction initiatives. SOR II program inclusion was also based on the need to expand the behavioral health workforce and increase workforce competencies; to bridge gaps in treatment and recovery supports for offenders and, thereby help to reduce recidivism; to integrate somatic and behavioral health practices; and to connect those in need with the resources available in their local jurisdiction.

SOR II includes more than \$12 million in funding for new grant initiatives, including: crisis stabilization for young adults and adolescents with opioid use disorders; training and capacity building through Historically Black Colleges and Universities (HBCUs) and other higher-education institutions to support students enrolled in behavioral health-related programs; initiatives for American Indians and Tribes to provide culturally relevant and evidence-based community prevention efforts; expanded residential substance use treatment programs for women with children; developing a centralized crisis call center for 24/7 opioid and mental health crises; and a Baltimore City opioid treatment pilot program to improve medication adherence and safety using a smart pill electronic dispenser.

SOR II continues to support other programs started in SOR I, including crisis services (stabilization centers, crisis beds, safe stations, and mobile crisis units), medication assisted treatment in detention centers, public awareness, harm reduction and naloxone distribution, Hub & Spoke, Screening, brief intervention and referral to treatment (SBIRT), intensive care coordination, healthy beginnings, medical patient engagement, Maryland Addiction Consultation Services, outreach sign language, Recovery Residences for Adults, and Workforce Development for Persons in Recovery.

To carry on the work begun in SOR I that was incomplete at the end of the grant period, September 29, 2020, BHA requested a No Cost Extension (NCE) and received funding in the amount of \$33 million. In addition to the programs above from SOR I, the NCE also supports the following programs: expansion program for adolescents and young adults (EBTs, SBIRT, and consultation), adolescent clubhouses, young adult recovery housing, Adolescent Community Reinforcement Approach, Student Assistance Program, Start Talking Teacher Training, Minority Outreach & Technical Assistance, and Workforce Development – Medication Assisted Treatment and Trauma Informed Care Training.

Provider Meetings and Guidance

BHA continues to meet regularly with recovery residences, residential-rehabilitation programs and substance use programs, crisis service providers, and opioid treatment programs (OTPs) to coordinate and share information. Through these interactions, BHA has developed and distributed guidance documents to help providers adapt their services to changing pandemic conditions. The documents recommend actions such as implementing contactless postal delivery of harm-reduction materials and facilitating access to medication assisted treatment. Recovery Residence and Residential Rehabilitation Programs meetings are focused on what providers are doing during the pandemic to keep their program safe and operational. Topics also covered during meetings were holiday plans, quarantine, and staff coverage. BHA also provided targeted outreach to construction industry workers to help address increased levels of anxiety and stress as a result of COVID 19, in addition to providing measures to remain safe.

COVID-19 Reporting

BHA developed a protocol and reporting form to report positive client and staff COVID-19 test results to BHA, designated only for OTPs and residential/congregate living facilities. This form was designed to help improve communications and coordination of a rapid response between a provider, their local health department and behavioral health authority, and BHA, with an ultimate goal of minimizing the spread of COVID-19 in programs at greatest risk to be impacted by client/staff disease.

Opioid-Focused Workgroups — A Multi-Agency Opioid Overdose Prevention Strategy workgroup and a BHA Opioid Overdose Prevention Clinical Advisory workgroup, which includes representatives from MDH, OOC and local jurisdictions, were formed to address overdose prevention, and more specifically focus on sharing information with and hearing from the Local Behavioral Health Authorities who are seeing a rise in overdose deaths in their respective jurisdictions.

Spike Identification and Surveillance

BHA has developed and recently implemented an opioid overdose spike identification and surveillance system to aid in detecting jurisdictions across the state that are experiencing uncharacteristic increases in opioid overdose deaths. The methodology uses overdose death data in each jurisdiction to identify spike thresholds that are based on each jurisdiction's average number of opioid overdose deaths. Jurisdictions identified as “spiking” are informed of their current status and invited to participate in a monthly multi-agency opioid strategy meeting. This data is updated and shared with the jurisdictions on a monthly basis.

Webinar Series

Additionally, to emphasize the importance of self-care to continue the important work that we do, the Behavioral Health Administration (BHA) and MedChi began a new webinar series on October 29, titled the BHA/MedChi Behavioral Health Webinar Series: *Helping the Helpers and Those They Serve*. These webinars are ongoing and are for the State's healthcare provider workforce from all disciplines, designed to enhance both provider self-care and resultantly the care they provide, as they combat numerous stressors including the COVID-19 pandemic, social justice issues, and other stressors that can potentially impact delivered care. In addition, BHA initiated weekly webinars in partnership with Maryland's Primary Care and Public Health to provide a platform to share uniformed messages on

COVID 19 safety guidelines and respond to provider questions and concerns related to the COVID 19 pandemic.

Other Initiatives

BHA is also working to divert any unspent funds to COVID-19 infection prevention supplies, such as soap and antibacterial products, for people who use drugs and are experiencing homelessness. Additionally, BHA was able to secure PPE for State Opioid Response (SOR)-funded providers. MDH continues to make all providers a priority in their PPE distribution and has encouraged systems managers to coordinate with their local emergency managers and local health departments. BHA has developed an interactive map that provides information on the availability of telehealth services across the state.

OPIOID INTERVENTION TEAMS UPDATE – THIRD QUARTER, 2020

The OCCC consults routinely with the Opioid Intervention Teams (OITs) in each of Maryland's 24 local jurisdictions. OITs are multiagency coordinating bodies that seek to enhance multidisciplinary collaboration to combat the opioid crisis at the local level. Each OIT is chaired by the local health officer and the local emergency manager. OITs are also required to have representatives from various agencies and organizations, including law enforcement, social services, education, and community groups. Each OIT is responsible for administering funds received through the OCCC's Block Grant Program.

OIT Program Inventory

The OCCC has identified and tracks 145 high-priority opioid programs and services supported by Maryland's OITs. Each of these initiatives was chosen as a model based on its past success in other jurisdictions. The charts below illustrate the implementation of these activities by our local partners based on self-reported OIT data. Responses on implementation status range from "no programming planned" (red) to "substantial programming in place" (dark green). Other programs were not applicable for a particular jurisdiction and were not color-coded.

We evaluate and update this list regularly, and in the third calendar quarter of 2020, we included 16 additional programs. Recent additions to our Program Inventory include: various recovery support programs, such as workforce development, housing assistance, transportation assistance, and nutrition assistance; certified peer recovery specialist support for county commissioners' offices and on mobile crisis response teams; pre-trial services programs; screening, brief intervention, and referral to treatment (SBIRT) in local hospitals and the corrections system; protocols for referral to treatment and requesting a special condition within the Office of Parole & Probation; and SUD screening and referral to treatment during enrollment for temporary cash assistance.

Table 3. Summary of Program Implementation by Jurisdiction – As of September 30, 2020

OIT Program Inventory - Totals <i>Third Calendar Quarter, 2020</i>	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
Substantial Programming Implemented	90	79	69	84	30	78	84	65	54	59	67	50	115	98	84	37	103	61	65	64	79	85	72	49
Some Programming Implemented	14	46	47	45	58	12	33	52	38	31	52	37	15	29	21	56	12	33	8	49	22	24	45	33
Subtotal - Substantial & Some Programming	104	125	116	129	88	90	117	117	92	90	119	87	130	127	105	93	115	94	73	113	101	109	117	82
Programming in Development	7	6	12	13	39	6	10	13	11	14	9	8	9	13	10	20	19	8	5	22	11	17	2	11
Programs Not Planned	29	12	6	0	11	27	17	13	32	35	9	48	5	4	29	29	9	32	63	9	32	17	25	25

As shown in Table 3 above, all local jurisdictions reported having at least 50 percent of high-priority programs in place or at some stage of development, and 6 counties reported having above 90 percent of these programs in place or at some stage of development. 12 jurisdictions reported having at least 75 percent of these programs substantially or partially implemented, and only one county (Harford) report having above 75 percent of high-priority programs substantially implemented. Although all counties reported plans to expand high-priority programming, no counties reported having plans to implement all 145 programs. Thus, ample opportunities remain for program expansion across all jurisdictions.

Table 4. Full Local Best Practices Matrix – As of September 30, 2020

OIT Program Inventory Third Calendar Quarter, 2020	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
Public Health																								
1. Harm-Reduction Programs:																								
Naloxone Distribution																								
Naloxone Training																								
Syringe-Service Program																								
Fentanyl Test-Strip Distribution																								
Wound-Care Program																								
2. Information Campaigns (PSAs):																								
211 Press 1																								
Access to Treatment																								
Anti-Stigma																								
Fentanyl																								
Good Samaritan																								
Naloxone																								
Safe-Disposal																								
Talk to Your Doctor																								
3. Local Hotline to Access Treatment																								
4. RV/Truck-based SUD Support Services (Non-Treatment)																								
5. Prescriber Education/Academic Detailing																								
6. Safe-Disposal Program/Drop Boxes																								
7. Employer-Education and Support Programs																								
Behavioral Health																								
8. Assertive Community Treatment (ACT) Program																								
9. SUD Crisis -Services Facilities (Outside of the ED)																								
Assessment and Referral Center																								
Allow Walk-ins																								
23-Hour Stabilization Services																								
1-4 Day Stabilization Services																								
Mobile Crisis Team																								
24/7 Operation																								
10. RV/Truck-based Treatment Program (Dispensing, etc.)																								
11. Medication-Assisted Treatment Available in Jurisdiction:																								
Naltrexone																								
Buprenorphine																								
Methadone																								
12. Certified Peer-Recovery Specialist Support:																								
Commissioner's Office																								
DSS Service Center																								
Health Department																								
Hospital ER																								
Jail																								
Parole & Probation Offices																								
Mobile Crisis Response																								
Walk-in Center																								
On-Call 24/7 Availability																								
Post-Incident Outreach																								

OIT Program Inventory Third Calendar Quarter, 2020	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
	Behavioral Health (cont'd)																							
13. Outpatient SUD Services in Jurisdiction:																								
ASAM Level 0.5 Early Intervention																								
ASAM Level 1.0 for Adolescents and Adults																								
ASAM Level 2.1 Intensive Outpatient																								
14. ASAM Level 2.5 Partial Hospitalization																								
15. SUD Residential and Inpatient Treatment Programs:																								
3.1 Lic. Clinically Managed Low-Intensity																								
3.3 Lic. Clinically Managed High-Intensity for Adults Only																								
3.5 Lic. Clinically Managed High-Intensity for Adults &																								
3.7 Lic. Medically Monitored Intensive Inpatient																								
3.7 WM Lic. Medically Monitored Inpatient Withdrawal																								
16. Recovery-Support Programs:																								
Sober-Living/Recovery Housing																								
Wellness/Recovery Centers																								
Workforce Development																								
Care Coordination																								
Housing Assistance																								
Transportation Assistance																								
Nutrition Assistance																								
17. Recovery Oriented Systems of Care (ROSC)																								
Judiciary/States Attorney																								
18. Specialized Courts:																								
Adult Drug Court																								
Adolescent Drug Court																								
19. Public-Messaging Program																								
20. Pre-Trial Services Program																								
21. Pre-Trial Referral-to-Treatment Protocol																								
22. Information Cards Provided by Commissioners																								
23. State's Attorney Is Engaged in the OIT																								
Corrections																								
24. Screening, Brief Intervention, and Referral to Treatment																								
25. Universal Substance-Use Screening During Intake																								
26. Pre-Trial Referral to Treatment																								
27. Drug-Treatment Programs While Incarcerated:																								
Methadone - available for all inmates																								
Buprenorphine - available for all inmates																								
Naltrexone - available for all inmates																								
Outpatient (1.0) or equivalent																								
Intensive Outpatient (2.1) or equivalent																								
28. Day-Reporting Center																								
29. Facilitated Re-Entry Programs:																								
Employment-Transition Support																								
Naloxone Provided at Release																								
Recovery-Housing Referral																								
Treatment-Program Referral/Warm Hand-Off																								

OIT Program Inventory Third Calendar Quarter, 2020	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
Corrections (cont'd)																								
30. Access to Local Re-Entry Programs for State Inmates																								
31. Organized Planning for HB 116																								
32. Department of Corrections Is Engaged in the OIT																								
Parole and Probation																								
33. Universal Screening for SUD at Intake																								
34. Protocol for Referral to Treatment																								
35. Protocol for Requesting a Special Condition																								
36. Treatment Monitoring Program																								
37. SUD Services On-Site at Parole & Probation Offices																								
38. Parole & Probation Is Engaged in the OIT																								
Emergency Medical Services																								
39. Post-Incident EMS Outreach after Overdose																								
40. Leave-Behind Information Cards																								
41. Leave-Behind Naloxone																								
42. Transport to Alternative Destination (Non-ED)																								
43. EMS Is Engaged in the OIT																								
Police/Sheriff																								
44. All Police Trained in Naloxone																								
45. All Police Carry Naloxone																								
46. Leave-Behind Information Cards																								
47. Post-Incident Police Outreach after Overdose																								
48. Community-Awareness SUD Programming																								
49. Organized Pre-Arrest SUD Diversion/Referral Program																								
50. Crisis Intervention Team (CIT) Trained Officers																								
51. Heroin/Overdose Coordinator																								
Use ODMAP																								
Receive Spike Alerts																								
52. Heroin Coordinator Is Engaged in the OIT																								
Social Services																								
53. SUD Screening and Referral Protocol at Enrollment:																								
SNAP (Food Stamps)																								
TCA (Temporary Cash Assistance)																								
Medicaid																								
54. Support Program for Exposed Newborns/Families																								
55. DSS Staff Deployed in Schools																								
56. DSS Is Engaged in the OIT																								
Hospitals in Jurisdiction																								
57. Screening, Brief Intervention, & Referral to Treatment																								
Emergency Department																								
Inpatient Settings																								
58. Dedicated Behavioral Health/SUD Emergency Room																								
59. Dedicated SUD Inpatient Unit																								
60. Buprenorphine Induction																								
Emergency Department																								
Inpatient Settings																								

OIT Program Inventory Third Calendar Quarter, 2020	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
Hospitals in Jurisdiction (cont'd)																								
61. Warm Hand-Off to SUD Providers/Services																								
Emergency Department																								
Inpatient Settings																								
62. Naloxone Distribution at Discharge																								
63. Peer Specialists on Site																								
Emergency Department																								
Inpatient Settings																								
64. Prescribing Guidelines for Staff																								
65. Prescribing Patterns Tracked																								
66. Hospital Is Engaged in the OIT																								
Education																								
67. Let's Start Talking Grade 3 -12 Prevention Education																								
68. Supplemental Drug-Awareness Education																								
69. Behavioral Health Professionals on Staff (Non-Sp. Ed.)																								
70. School Nurses Program:																								
Mental Health First-Aid Training																								
Naloxone Available in Health Room																								
Assist with Prevention Education																								
71. "Safe Place" Identified within the School																								
72. Mechanisms in Place to Identify/Serve Impacted Youth																								
Services for Students Impacted by SUD at Home																								
Handle with Care Implemented																								
73. School-Based Prevention Clubs (e.g. SADD)																								
74. Community-Awareness Programming (After School)																								
75. Department of Education Is Engaged in the OIT																								
Higher Education																								
76. Substance Misuse Information Campaigns for Students																								
77. Student Wellness/Recovery Center																								
78. Host SUD Events for Community																								
79. The Local College Is Engaged in the OIT																								
OIT																								
80. Organized in Manner Consistent with Governor's Order																								
81. OIT Meets at Least Bi-Monthly																								
82. Updated Strategic/Implementation Plan																								
83. Co-Chaired by Health Officer and Emergency Manager																								
84. Emergency Manager Is Cabinet-Level Officer																								
85. Elected Officials Participate Regularly in OIT Meetings																								
86. Dedicated SUD Programming Coordinator																								

OOCC GRANTS

OOCC Grants Summary

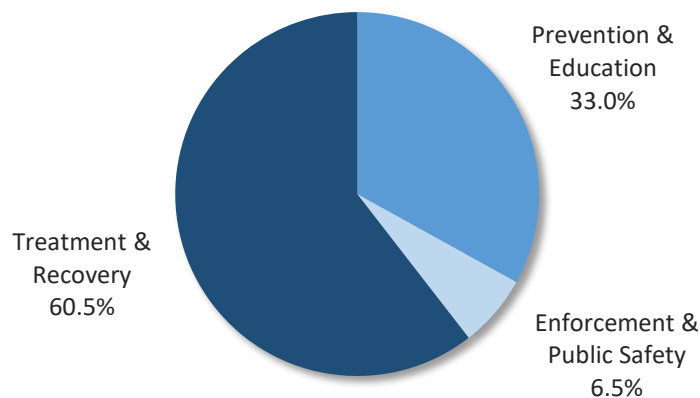
The OOCC distributes funding under two distinct grant programs: 1) the Block Grant Program for local OITs and 2) the Competitive Grant Program for statewide, local, and non-government grants. The purpose of the Block Grant Program is to provide a base level of flexible funding to all 24 local jurisdictions 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.

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

Overview of Combined Grant Program Funding – Fiscal Year 2021

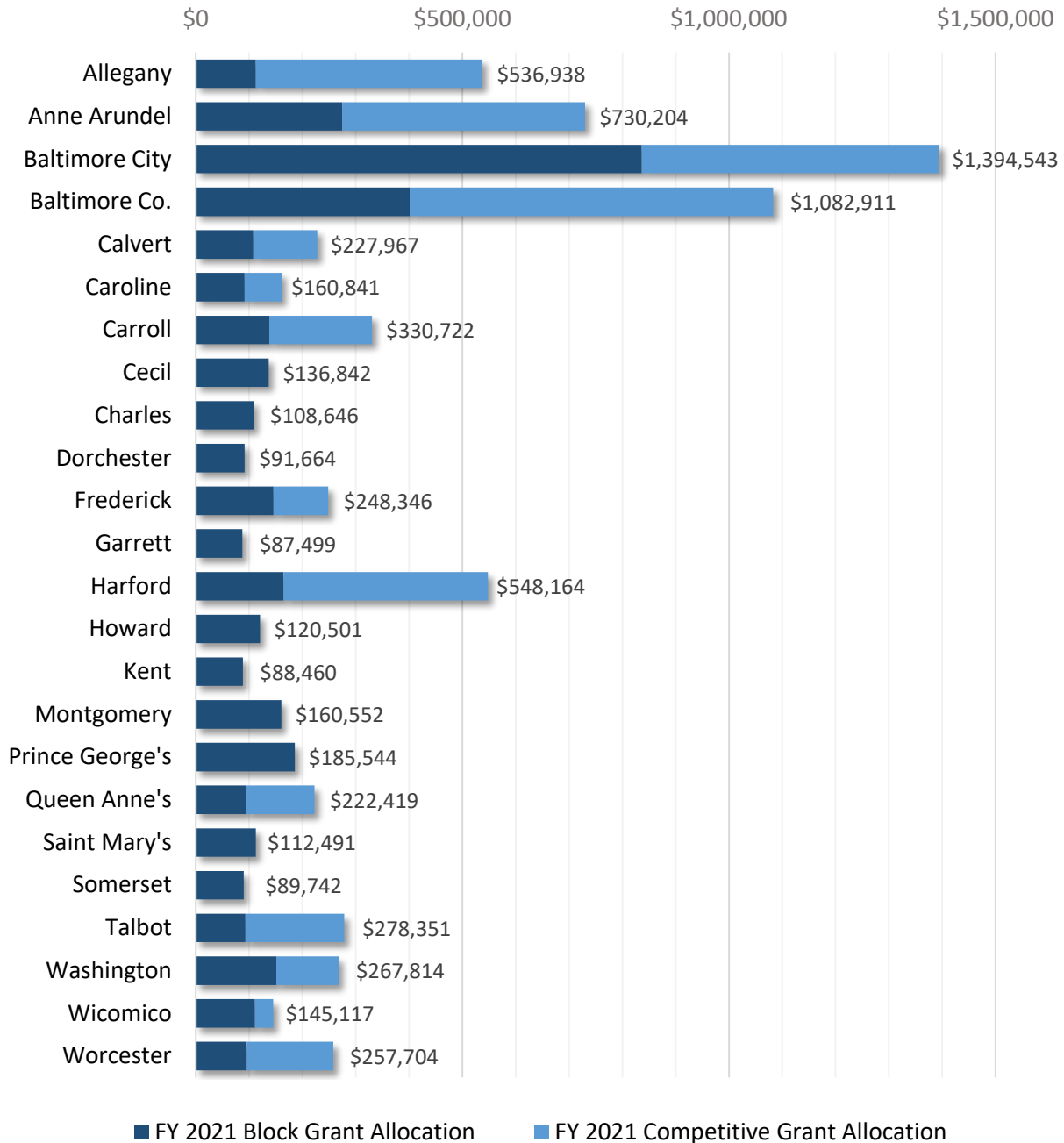
Figure 10, below, presents an overview of the combined grant programs for fiscal year 2021 and how these grant funds will be spent relative to Governor Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*.

Figure 10. OOCC FY2021 Block Grants and Competitive Grants by Priority Area



As shown in Figure 11 below, Baltimore City and Baltimore and Anne Arundel Counties will receive the greatest amount of grant funding in fiscal year 2021. Grants benefitting multiple jurisdictions or the entire state are excluded from the below chart; those grants total \$2.0 million.

Figure 11. Fiscal Year 2021 OOCB Block Grants and Competitive Grant Funding by Jurisdiction



Fiscal Year 2021 Grants by Jurisdiction

The following table summarizes how the OOC intends to allocate approximately \$10 million in block and competitive grant funding by jurisdiction in fiscal year 2021.

Table 5. FY 2021 Block Grants and Competitive Grants Summary

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
Allegany County		
\$112,811	Block	Support law enforcement drug interdiction operations.
		Support peer recovery services.
		Expand the availability of naloxone for first responders.
\$125,400	Competitive	Support pre-employment and job placement services for individuals transitioning to employment who need substance recovery support.
\$298,700	Competitive	Continued support for a stress- and trauma-relief training and mentorship model for educators, healthcare workers, and addiction and detention programs.
Anne Arundel County		
\$274,618	Block	Support a community-based naloxone training program targeting areas with high-risk populations.
		Continued support for Safe Stations.
		Support for community- and faith-based organizations.
\$8,000	Competitive	Support training program for incarcerated women to be certified as peer recovery specialists.
\$205,400	Competitive	Support for increasing access to treatment and recovery services for individuals with opioid use disorder who present at the Anne Arundel Medical Center emergency department.
\$250,200	Competitive	Support for the expansion of WellMobile services to the Annapolis area and provide a low-threshold model of buprenorphine and treatment support services.
Baltimore City		
\$836,618	Block	Provide integrated healthcare services for people who use drugs, including buprenorphine/naloxone therapy.
		Support for increasing access to harm-reduction materials and community outreach activities.
		Support a treatment program for access to medication assisted treatment with a focus on buprenorphine.

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
Baltimore City (continued)		
\$26,400	Competitive	Support youth prevention programming.
\$69,900	Competitive	Support peer recovery advocates to reduce barriers to substance use treatment, promote wrap-around case management and health services, and assist individuals entering treatment.
\$116,500	Competitive	Support a recovery center to refer individuals to treatment programs, medical/mental health treatment, and housing and employment assistance.
\$150,000	Competitive	Provide harm reduction-based case management services for individuals with substance use disorder and assistance in accessing healthcare and social services through street-based outreach.
\$195,000	Competitive	Support a drop-in center and outreach program offering a variety of services, including harm reduction tools and prevention education to women who use drugs.
Baltimore County		
\$400,860	Block	Continued support for peer recovery services.
\$73,000	Competitive	Support MAT services at Baltimore County's detention center.
\$143,800	Competitive	Support medication assisted treatment services for individuals with substance use disorder at county health centers.
\$465,200	Competitive	Support the creation of an addiction clinic to provide services to individuals with co-occurring addiction and mental health needs.
Calvert County		
\$108,005	Block	Support access to substance use treatment and medication assisted treatment services.
		Provide peer recovery support in the local emergency department.
		Support medication assisted treatment coordinator.
		Support a community substance use awareness campaign.
\$21,500	Competitive	Provide behavioral health services for students in Calvert County's public schools who are uninsured, underinsured, or cost-prohibited.
\$41,200	Competitive	Support expansion of peer recovery support services at Calvert County's drug court.
\$57,300	Competitive	Support substance misuse prevention groups in the Calvert County public school system.

Award	Type	Project Description
Caroline County		
\$91,664	Block	Support physician recruitment and retention at Caroline County Behavioral Health.
\$9,300	Competitive	Provide clinical trauma training to staff at Caroline County behavioral health center.
\$10,000	Competitive	Support children and adults who lack sufficient insurance to receive mental health and substance use disorder treatment.
\$49,900	Competitive	Provide support to individuals who require outpatient substance use disorder treatment upon release from the county detention center.
Carroll County		
\$137,803	Block	Continued support for mobile crisis services.
\$85,000	Competitive	Provide prevention-focused programming at Sykesville Middle School.
\$108,000	Competitive	Support Carroll County Public Schools’ opioid abuse prevention project involving a partnership with the Carroll County Health Department and Carroll County State's Attorney's Office.
Cecil County		
\$136,842	Block	Support a youth risk-prevention program.
		Support transportation assistance to those in treatment and recovery.
		Support Drug Free Cecil – Youth Leadership Project.
		Support expansion of peer recovery specialist services in the community.
Charles County		
\$108,646	Block	Support OIT coordination.
		Support community outreach and education events.
		Expand peer recovery support services.
		Support targeted public awareness materials.
		Support and facilitate outreach and public-awareness events.
		Support mobile substance-use education services.
Dorchester County		
\$91,664	Block	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.

Award	Type	Project Description
Frederick County		
\$145,813	Block	Support the expansion of peer recovery support services.
\$102,500	Competitive	Support outreach efforts and service connection for overdose survivors and their families.
Garrett County		
\$87,499	Block	Support the Community Resource Team to provide a bridge between identified potential clients and opioid use disorder services.
		Support a drug prevention and education program in schools.
		Support OIT coordination.
Harford County		
\$164,718	Block	Support a central intake, navigation, and recovery team to enhance early identification and interaction for those with substance use disorder.
\$58,800	Competitive	Support parenting and family training sessions to increase resilience and reduce risk factors.
\$143,200	Competitive	Support peer recovery specialists to work alongside EMS for overdose or substance use calls.
\$181,500	Competitive	Provide peer recovery support personnel at UM Harford Memorial Hospital, UM Upper Chesapeake Medical Center, and UM Harford Crisis Center to assist in screening, intervention, and links to treatment.
Howard County		
\$120,501	Block	Support SBIRT (screening, brief intervention, and referral to treatment) services and connection to treatment providers.
Kent County		
\$88,460	Block	Support peer recovery support services.
Montgomery County		
\$160,552	Block	Support public-awareness campaigns.
		Support community forums on opioid and substance misuse.
		Continued support to increase community and police access to naloxone.
		Continued support for Stop Triage Engage Educate Rehabilitate (STEER).
		Develop a centralized database for treatment and peer support services.
Prince George’s County		
\$185,544	Block	Support public-awareness campaigns, overdose coordinator, and the purchase of medical supplies.

Award	Type	Project Description
Queen Anne’s County		
\$93,586	Block	Support peer support services, medication assisted treatment, the purchase of naloxone.
		Support Queen Anne’s Go Purple campaign.
\$128,800	Competitive	Support prevention-focused programming in Queen Anne's County public schools.
Somerset County		
\$89,742	Block	Expand support to law enforcement to increase information sharing.
		Support a peer recovery support specialist.
		Promote Somerset County Opioid United Team (SCOUT) initiative.
St. Mary’s County		
\$112,491	Block	Support a peer recovery support specialist.
		Support OIT coordination.
Talbot County		
\$93,266	Block	Support a substance use case manager at community health center.
		Support social services for children from families impacted by opioid use.
\$61,700	Competitive	Provide a licensed social worker for students in three Talbot County elementary schools.
\$61,700	Competitive	Provide an Addiction, Education, and Prevention and Intervention specialist for middle and high school students.
\$61,700	Competitive	Provide a licensed social worker for students in the Bay Hundred area.
Washington County		
\$151,260	Block	Continued support for opioid crisis response team.
		Support Washington Goes Purple to educate youth and the community about the dangers of prescription pain medication.
\$30,000	Competitive	Support the Washington County Sheriff’s Office Day Reporting Center, a minimum-security alternative to incarceration that combines community supervision, substance use disorder treatment, and intensive case management for offenders.
\$86,600	Competitive	Support Washington Goes Purple to increase awareness of opioid addiction and to encourage students to get and stay involved in school.

Award	Type	Project Description
Wicomico County		
\$111,209	Block	Support a heroin and opioid coordinator.
		Support a First Responder's Appreciation Dinner.
		Support an education and prevention campaign.
		Support Wicomico County Goes Purple campaign.
\$33,900	Competitive	Purchase a narcotics analyzer for the Wicomico County Narcotics Task Force to assist in identifying illicit substances and enhance officer safety.
Worcester County		
\$95,829	Block	Support a peer recovery specialist in hospital emergency department.
\$65,500	Competitive	Support Worcester Goes Purple awareness campaign.
\$96,400	Competitive	Support a peer support program for first responders.
Multi-jurisdictional and Statewide		
\$8,000	Competitive	Support the Lower Shore Addiction Awareness Visual Arts Competition in Dorchester, Somerset, Wicomico, and Worcester Counties.
\$32,000	Competitive	Provide drug prevention curricula for over 18,000 D.A.R.E. students in 16 jurisdictions across the state.
\$107,400	Competitive	Develop a communications plan for health care providers across the state to address education and enforcement of prescribing and dispensing of controlled dangerous substances.
\$144,900	Competitive	Provide family peer support and navigation services for individuals who care for someone with substance use disorder in Baltimore City and on the Eastern Shore.
\$178,700	Competitive	Support a behavioral health coordinator, youth outreach coordinator, and two Safe Stations sites on the Eastern Shore.
\$179,100	Competitive	Support improvements of behavioral health treatment services provided to vulnerable, low-income individuals with opioid use disorder in Anne Arundel and Baltimore Counties and Baltimore City.
\$183,700	Competitive	Support the legal needs of children and families impacted by the opioid crisis on the Eastern Shore by assisting caregivers whose parents are unable to care for them due to opioid misuse.
\$200,000	Competitive	Implement SBIRT (screening, brief intervention, and referral to treatment) services in primary care practices across the state.
\$203,700	Competitive	Support increased access to comprehensive health care services for individuals with substance use disorder by establishing telemedicine at harm reduction programs across the state.

<i>Award</i>	<i>Type</i>	<i>Project Description</i>
Multi-jurisdictional and Statewide (continued)		
\$270,700	Competitive	Provide assistance to outpatient mental health clinics (OMHCs) to become comprehensive crisis stabilization centers.
\$479,800	Competitive	Increase monitoring and regulatory oversight of controlled substance prescribers and dispensers across the state.