

PREVENTION • TREATMENT • RECOVERY



Before it's **too late.**

Opioid Operational Command Center
Annual Report
January 1, 2018 – December 31, 2018

May 9, 2019

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Message from the Executive Director

Since Governor Hogan declared a state of emergency in response to the opioid crisis in March 2017, Maryland has made tremendous progress in implementing prevention and educational programs, stepping up enforcement, and expanding treatment and recovery programs throughout the state. The Opioid Operational Command Center (OCCC) monitors more than 200 measures pertaining to programs and best practices, and, as you will see in this report, virtually all of those measures are moving in a positive direction.

We have found that the rate of increase in the overall number of opioid-related fatalities has slowed for two years in a row to the slowest rate of growth since 2011. We are seeing sharp declines in the number of heroin-related and prescription opioid-related fatalities.

Despite these encouraging trends, fatalities continue to increase in Maryland. In 2018, 2,114 of our family members, friends, and neighbors died from opioid overdose. The vast majority of these fatalities were caused by fentanyl and its analogs. Fentanyl is a synthetic, heroin-like substance that is immensely powerful and very deadly, and is being mixed with other drugs, like heroin and cocaine.

The OCCC works closely with the opioid intervention teams (OITs) in each of Maryland's 24 local jurisdictions. I am pleased to report that our local partners have made extraordinary progress in adopting best practices.

Working closely with the Maryland Department of Health (MDH), the Governor's Office of Crime Control and Prevention (GOCCP), the Maryland State Department of Education (MSDE), and other state agencies, the OCCC is budgeted to award approximately \$56 million in opioid crisis grants in Fiscal Year 2019. The OCCC and these State Partner agencies will support over 100 statewide and local projects in FY19.

Significant opioid-related legislation was passed during the 2018 session of the Maryland General Assembly, including the *Overdose Data Reporting Act* and the *Controlled Dangerous Substances - Volume Dealers Act* as discussed in section VIII of this report.

The governor signed [Executive Order 01.01.2018.30](#) in December 2018. This Executive Order reaffirmed the OCCC's lead role in coordinating the statewide response to the opioid epidemic. The Executive Order also requires all state agencies to remain at the highest level of alert and engagement with respect to the crisis.

With our state partners, local OITs, advocates, and providers throughout the state, we will keep working every day to save the lives of Marylanders.

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



Executive Summary

The total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in 2018 was 2,385, an increase of 4.5 percent as compared to 2017. Opioids accounted for 88.6 percent of all such fatalities.

The number of opioid-related deaths in Maryland in 2018 was 2,114. This was the second consecutive year in which opioid-related fatalities exceeded 2,000. The rate of increase from 2017 to 2018 was 5.2 percent. This is the second year in a row that the rate of increase in opioid-related fatalities was less than 10 percent.

Heroin-related fatalities in 2018 fell by 23.7 percent. 2018 was also the second year in a row that heroin-related fatalities declined in Maryland.

The number of fentanyl-related deaths in Maryland in 2018 was 1,866, an increase of 17.1 percent. Fentanyl and its analogs accounted for approximately 88.3 percent of all opioid-related fatalities in 2018. The rate of increase in the number of fentanyl-related deaths decelerated for the second year in a row.

The number of prescription opioid-related deaths in Maryland also fell for the second year in a row. There were 371 prescription opioid-related deaths in Maryland 2018, a decline of 10.2 percent.

The number of cocaine-related deaths in Maryland increased by 27.9 percent to a total of 784. This is the third straight year of significant increases in the number of cocaine-related fatalities. Approximately 88.7 percent of all cocaine-related fatalities in 2018 was in combination with fentanyl.

Every jurisdiction experienced opioid-related fatalities in 2018. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities, which collectively accounted for 64.5 percent of all opioid-related deaths in Maryland in 2018. Encouragingly, 13 of the 24 local jurisdictions in Maryland experienced a decline in the number of opioid-related fatalities in 2018.

On a population-adjusted basis, the three most heavily impacted jurisdictions in Maryland in 2018 were Baltimore City, Cecil County and Allegany County. The state average was 20.7 fatalities per 100,000 population.

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



Executive Summary

The OCCC works with approximately 20 governmental State Partners to implement the statewide plan. The OCCC tracks 174 state-level metrics (see page 19). Included in this report are the 32 most important metrics, including nine Prevention & Education performance measures, seven Enforcement performance measures, and 16 Treatment & Recovery performance measures.

The OCCC also works with all 24 local jurisdictions in Maryland to implement the statewide plan. The OCCC tracks 36 local-level programs. This report highlights 30 of what we regard as the highest-priority programs and initiatives, including 10 performance measures in the area of Prevention & Education, two in the area of Enforcement, and 18 in the area of Treatment & Recovery.

The OCCC monitors the extent to which OITs have implemented these high-priority programs and initiatives. All jurisdictions are making excellent progress in implementing these programs. All 24 local jurisdictions have implemented at least half of these critical programs.

Two significant opioid-related bills were passed by the Maryland General Assembly during the 2018 legislative session. Those bills were the *Overdose Data Reporting Act*, which led to the creation of the Overdose Map program, and the *Controlled Dangerous Substances -- Volume Dealers Act*, which expands the volume dealer statute to include fentanyl and enables more effective prosecution of high-level drug traffickers.

The State of Maryland has made a major budgetary commitment to combating the opioid epidemic. Total statewide opioid-related spending reached \$672 million in FY19 and is proposed to increase to \$747 million in FY20. Total opioid-related spending increased by 68 percent since FY17. These figures may not include all opioid-related spending in Maryland.

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

Opioid crisis funds provide funding to support over 100 statewide and local projects. Thirty-six of these grant projects fell into the area of Prevention & Education, nine fell into the area of Enforcement, and 57 fell into the category of Treatment & Recovery.

Of the \$56.6 million in fiscal year 2019 opioid crisis spending, \$20.9 million was granted to Maryland's 24 local jurisdictions. This figure is preliminary and does not include the federal State Opioid Response (SOR) Grant and other grants that are still in the process of being allocated to sub-recipients.

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



Fatalities Data

Fatalities Data

This report contains counts of unintentional drug and alcohol-related intoxication deaths occurring in Maryland through the fourth quarter of 2018, the most recent period for which preliminary data are available. Counts also are shown for the same period of 2009-2017 to allow for review of trends over time.

Unintentional intoxication deaths are fatalities resulting from recent ingestion or exposure to alcohol or other types of drugs, including heroin, prescription opioids, prescribed and illicit forms of fentanyl (including carfentanil), cocaine, benzodiazepines, phencyclidine (PCP), methamphetamines, and other prescribed and unprescribed drugs.

Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not total to the overall number of deaths.

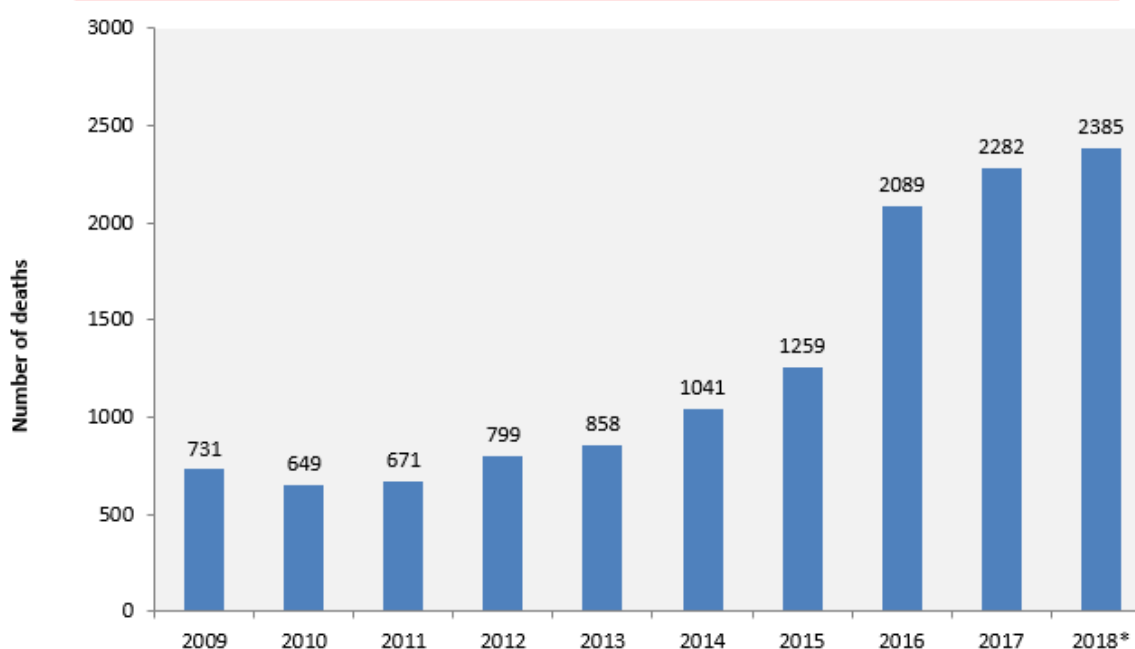
Note: The fatalities data presented herein are preliminary and subject to change.

Fatalities Data (cont.)

As shown in Figure 1, the total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in 2018 increased by 4.5 percent to a total of 2,385. Opioids accounted for 88.6 percent of all unintentional intoxication deaths in Maryland in 2018.

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

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



*2018 counts are preliminary.

Fatalities Data (cont.)

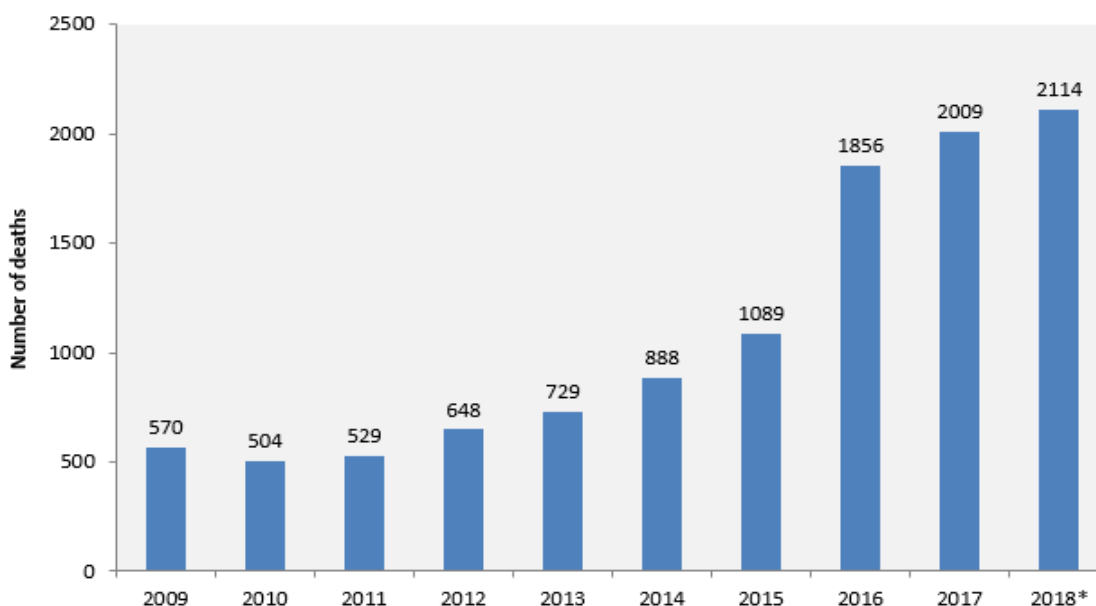
As shown in Figure 2, the number of opioid-related deaths occurring in Maryland in 2018 was 2,114. 2018 was the second year in a row in which opioid-related intoxication deaths exceeded 2,000.

Opioid-related deaths in 2018 increased by 5.2 percent as compared to 2017. This rate of increase was significantly lower than the 8.2 percent rate of increase in 2017 and dramatically lower than the 70.4 percent rate of increase in 2016.

The 2009 to 2011 timeframe was 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.

Figure 2. Number of Opioid-Related Deaths Occurring in Maryland from January through December of Each Year*



*2018 counts are preliminary.

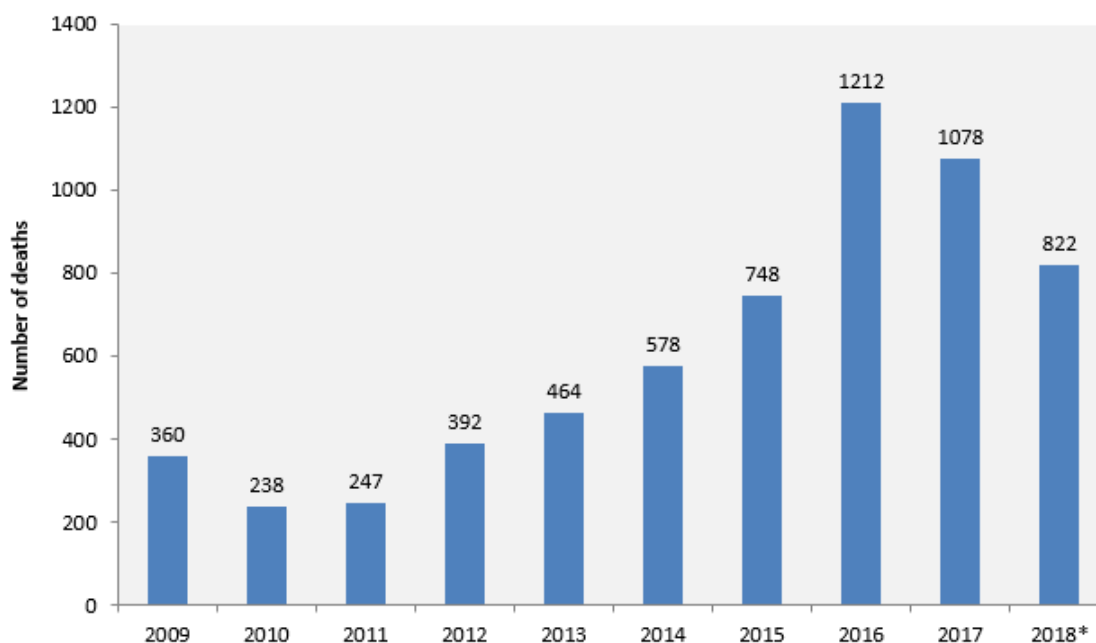
Fatalities Data (cont.)

As shown in Figure 3, the number of heroin-related fatalities fell to 822 in 2018, down 23.7 percent from 2017. 2018 was the second consecutive year of sharp declines in the number of heroin-related deaths.

As noted above, the number of heroin-related fatalities began to surge in 2012 and accelerated dramatically in 2015 and 2016 with the increasingly widespread practice of mixing heroin with synthetic opioids.

We are encouraged by recent declines in the number of heroin-related fatalities, although it must be acknowledged that this may be the result of displacement of heroin for fentanyl as the drug of choice for many users.

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



*2018 counts are preliminary.

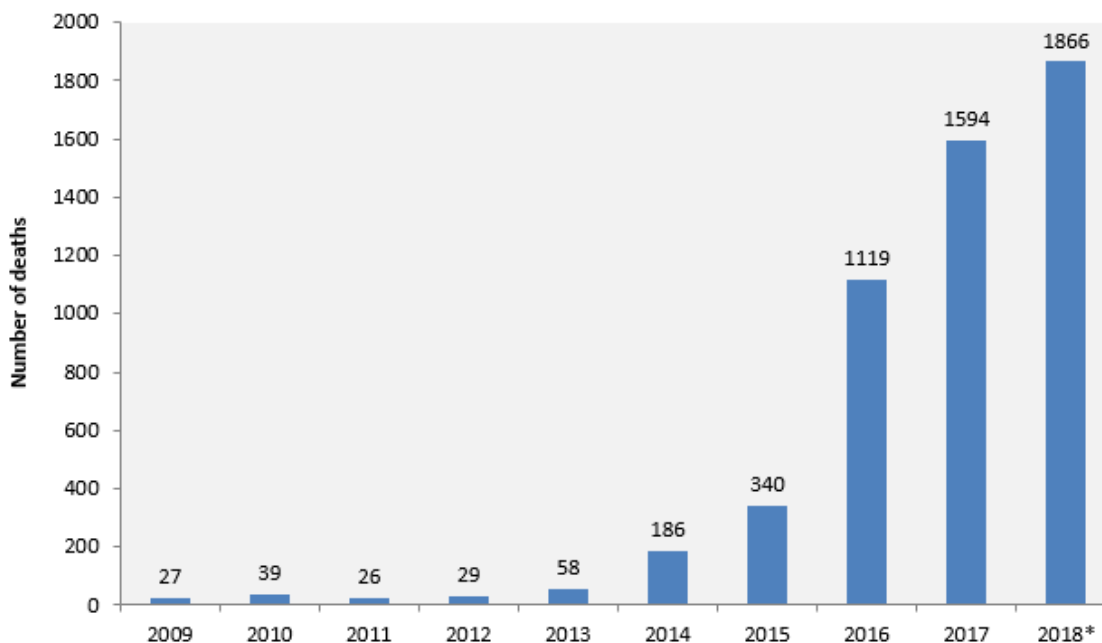
Fatalities Data (cont.)

As shown in Figure 4, the number of fentanyl-related deaths occurring in Maryland was 1,866 in 2018, an increase of 17.1 percent as compared to 2017. This rate of increase represented a deceleration from the prior years' increases of 42.5 percent in 2017 and 229.1 percent in 2016.

Fentanyl accounted for 88.3 percent of all opioid-related fatalities in 2018 versus only 8.0 percent in 2013.

While we are encouraged by what appears to be a slowing in the rate of increase in fentanyl-related fatalities, we remain alarmed by the high toxicity, portability, difficulty of detection, low price, and wide availability of synthetic opioids.

Figure 4. Number of Fentanyl-Related Deaths Occurring in Maryland from January through December of Each Year*



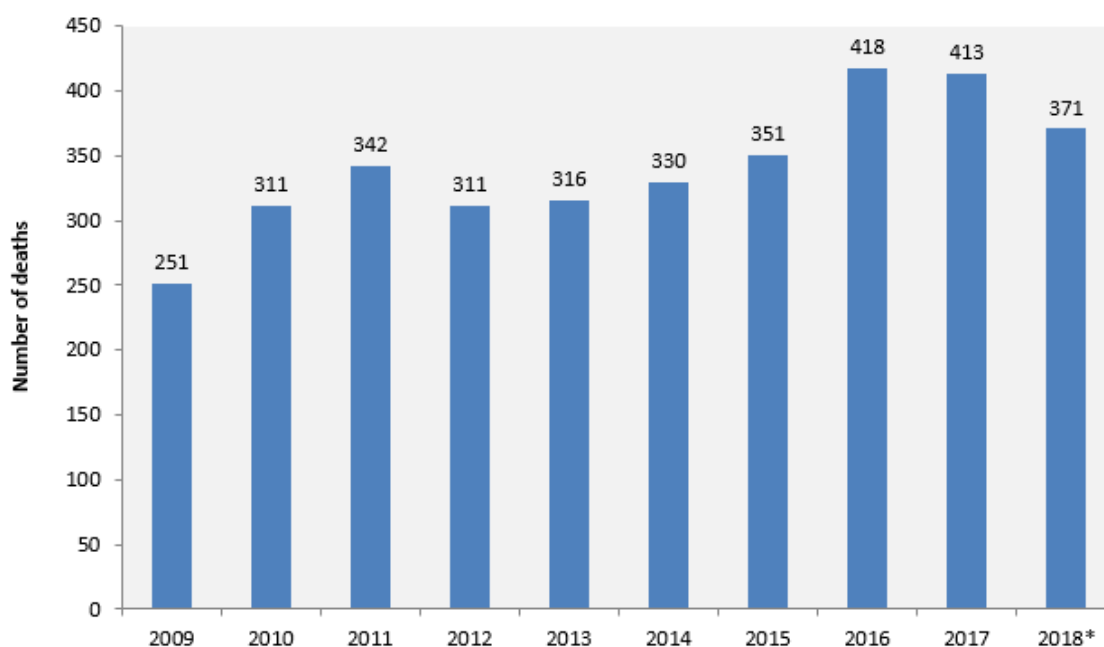
*2018 counts are preliminary.

Fatalities Data (cont.)

As shown in Figure 5, the number of prescription opioid-related deaths in Maryland fell to 371 in 2018, a decrease of 10.2 percent as compared to 2017. 2018 was the second year in a row that the number of prescription opioid-related deaths declined in Maryland.

Despite the declines of the last two years, prescription opioid-related deaths remain at record highs.

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



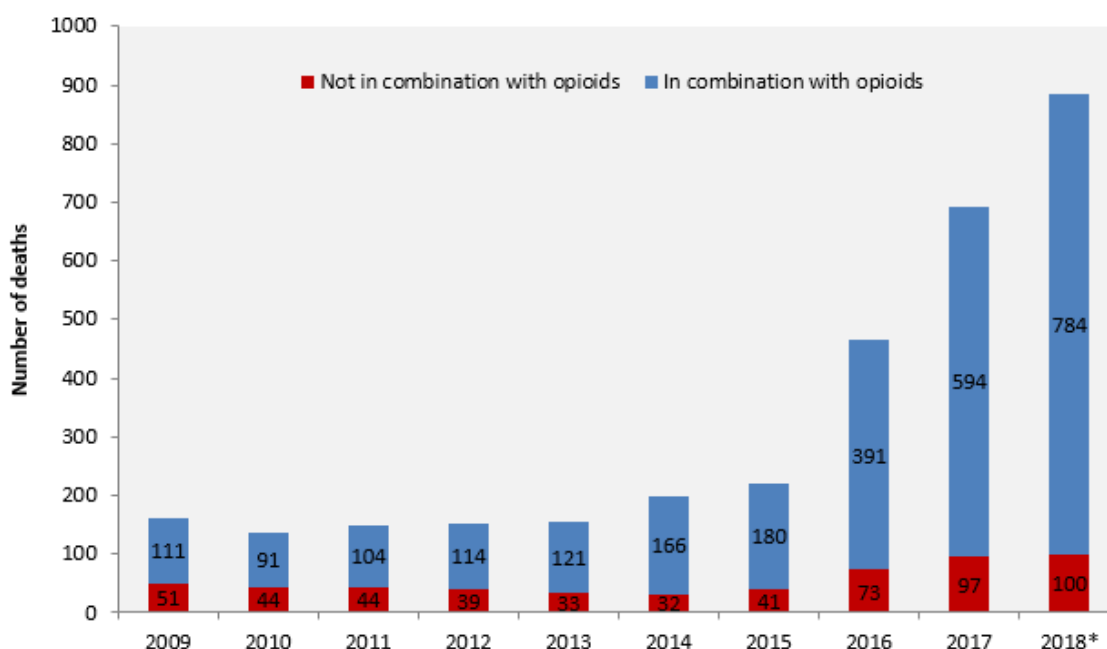
*2018 counts are preliminary.

Fatalities Data (cont.)

As shown in Figure 6, the number of cocaine-related deaths in Maryland has accelerated dramatically in the last three years. There were 884 cocaine-related fatalities in 2018, an increase of 27.9 percent as compared to 2017. This rate of increase represented a deceleration from a 48.9 percent increase in 2017 and a 110.0 percent increase in 2016.

The sharp increase in the number of cocaine-related fatalities in recent years was the result of mixing cocaine with fentanyl. Approximately 88.7 percent of all cocaine-related fatalities in 2018 was in combination with fentanyl.

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



*2018 counts are preliminary.

Fatalities Data (cont.)

As shown in Table 1, every local jurisdiction in Maryland experienced opioid-related fatalities in 2018. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities, which collectively accounted for 64.5 percent of all opioid-related deaths in Maryland in 2018.

Thirteen of Maryland's 24 jurisdictions experienced a decline in the number of opioid-related fatalities in 2018, 10 experienced an increase, and one experienced no change. This was the largest number of counties experiencing a decrease in the number of fatalities in any reporting period since the OOC began tracking this data.

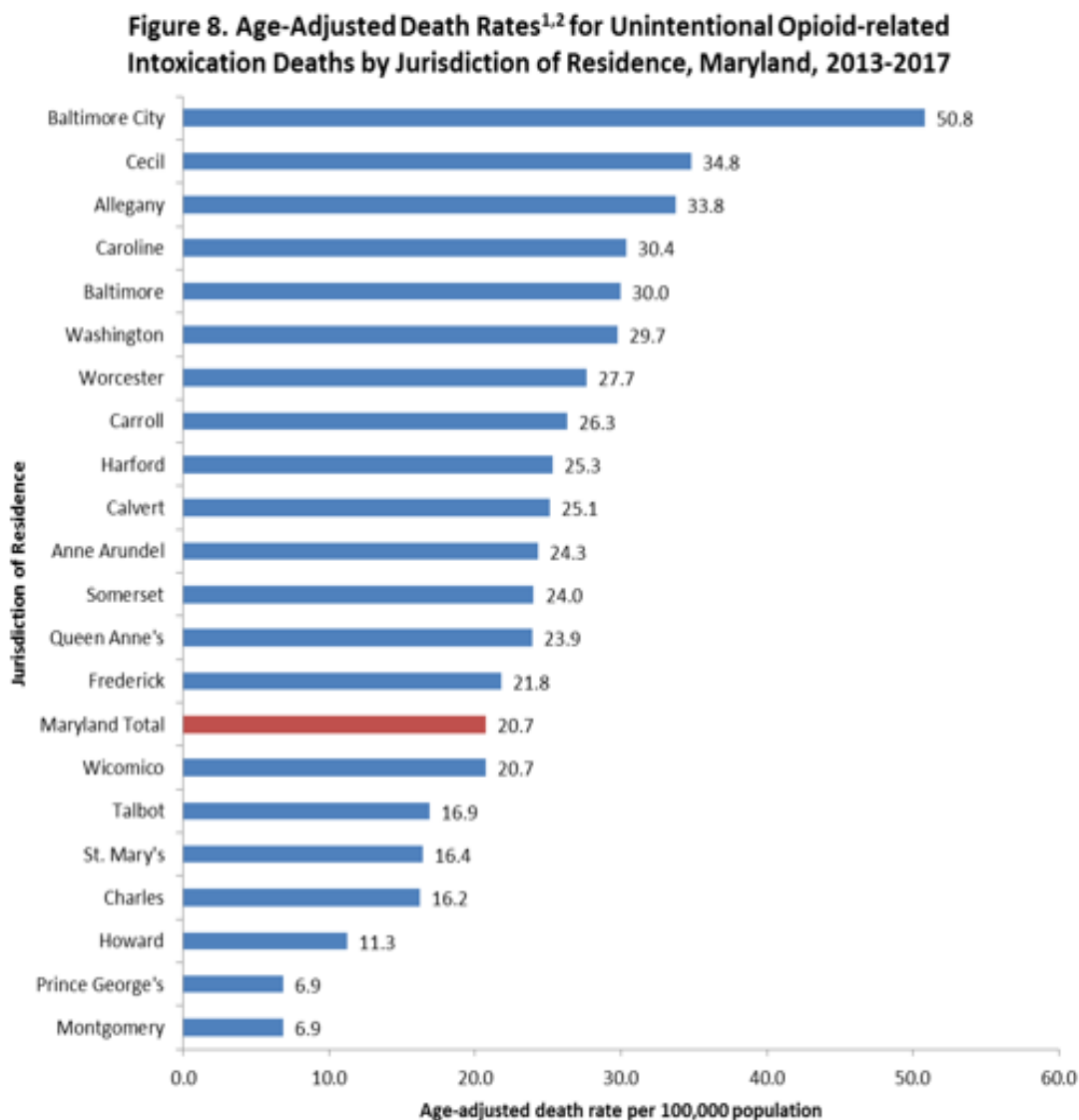
Table 1. Comparison of Unintentional Opioid-Related Intoxication Deaths by Place of Occurrence, Maryland, 2017 and 2018*.

Jurisdiction	Opioid-Related Intoxication Deaths		2017 vs 2018
	2017	2018	# DIFFERENCE
Maryland Total	2009	2114	105
Allegany	36	33	-3
Anne Arundel	198	217	19
Baltimore City	692	798	106
Baltimore County	323	348	25
Calvert	27	24	-3
Caroline	8	7	-1
Carroll	51	67	16
Cecil	57	57	0
Charles	34	19	-15
Dorchester	10	6	-4
Frederick	66	70	4
Garrett	4	3	-1
Harford	93	90	-3
Howard	47	37	-10
Kent	4	2	-2
Montgomery	91	64	-27
Prince George's	124	92	-32
Queen Anne's	6	16	10
Somerset	3	8	5
St. Mary's	33	27	-6
Talbot	8	10	2
Washington	51	80	29
Wicomico	28	29	1
Worcester	15	10	-5

*Counts for 2018 are preliminary.

Fatalities Data (cont.)

As shown in Figure 8, Baltimore City, Cecil County, and Allegany County experienced the highest number of deaths on a population-adjusted basis during the 2013-2017. Baltimore City's population-adjusted death rate for unintentional opioid-related intoxication deaths was 50.8 per 100,000 population, Cecil County's was 34.8, and Allegany County's was 33.8 per 100,000 population. Caroline County and Baltimore County also exceeded 30 deaths per 100,000 population. The average for the State of Maryland was 20.7.



¹ Age-adjusted to the 2000 U.S. standard population by the direct method.

² Jurisdictions with < 20 deaths over the period are not displayed due to rate instability.

Goals and Objectives

Goals and Objectives

The Inter-Agency Heroin and Opioid Coordination Plan, updated in October 2018, was developed by the OCCC to outline the functions and processes that support Maryland's statewide coordination and collaboration of efforts. The Coordination Plan does not supplant internal, partner-specific procedures, plans, and programs. Rather, the Coordination Plan ensures that partner strategic-planning efforts and program initiatives follow a common statewide vision. The OCCC's original four goals and 16 objectives, developed in collaboration with state and local partners, serve as a framework for the statewide response, strategic planning, analysis, and evaluation.

To accommodate changes to the framework, enable clear reporting, and reflect emerging best practices, the following chart aligns those goals and objectives under Governor Hogan's three-pillar approach to the response.

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

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

State Partner Performance Measures

State Partner Performance Measures

The OCCC tracks 174 state-level metrics pertaining to programs that are being implemented by our various state government partners. Thirty of these programs are complete and 10 are in development. This section presents 32 of what we regard as the highest-priority ongoing metrics. Accordingly, this section does not reflect all the efforts of our state government partners. All metrics being followed by the OCCC were developed collaboratively with state partners to best capture departmental response efforts. The state-level performance measures, including the data in this report, are managed by the following governmental state partners:

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

Unless otherwise noted, the chart below provides calendar year 2017 and 2018 data, as well as percent change, where both years' data are available.

Prevention & Education				
Performance Measure	2017	2018	Percent Change	Reporting Partner
Number of Public Information Campaigns	18	21	17%	MDH
Number of prescribers registered with Prescription Drug Monitoring Program (PDMP)	40,687	49,579 ¹	22%	MDH

¹ In 2018, 87.43% of total prescribers were PDMP registered.

Number of opioid prescriptions (excluding buprenorphine)	3,524,379	3,035,655	-14%	MDH
Number of buprenorphine prescriptions	318,052	383,659	20%	MDH
Number of hospitals with single sign-on PDMP access	32	41	28%	MDH
Pounds of prescription drugs collected	6,342 ²	9,143	44%	MSP
Number of officers, agents, analysts, and support staff who received supported training	781	2,060	164%	W/B HIDTA ³
Number of Juvenile Services-involved youth receiving prevention education	2,390 ⁴	2,465 ⁴	3%	DJS
Number of Local School Systems reporting implemented substance use/behavioral health programs and activities ⁵	22 ⁶	24 ⁷	9%	MSDE

² Based on partial records from July to December 2017.

³ W/B HIDTA includes 15 counties and 16 cities in Maryland, Virginia, West Virginia and the District of Columbia.

⁴ This total may contain duplicates. Some youth may attended multiple educational events.

⁵ In January 2017, the Maryland State Department of Education (MSDE) gathered information on strategies that local school systems (LSSs) were doing to address the opioid and heroin epidemic across the state. Each local school system was asked to complete information in three categories: Opioid Use Prevention, Opioid Use Intervention, and Opioid Use Postvention. In May 2017, Governor Hogan approved Senate Bill 1060, Heroin and Opioid Education and Community Action Act of 2017, the Start Talking Maryland Act. Senate Bill 1060 required the establishment of a workgroup for behavioral and substance use disorder programs in public schools in Maryland. A major task of the workgroup was to evaluate programs and services that provide behavioral and substance use services in public schools in Maryland. A survey was created to evaluate programs.

⁶ MSDE reports based on school year. The 2017 measure includes the 2016-2017 school year, and the 2018 includes the 2017-2018 school year.

⁷ All 24 LSSs reported having at least one substance use/behavioral health program being implemented in their jurisdiction. The Start Talking Maryland Report identified 52 substance use/behavioral health programs being implemented throughout Maryland schools.

Enforcement				
Performance Measure	2017	2018	Percent Change	Reporting Partner
Number of Office of Controlled Substances Administration (OCSA) inspections to identify providers with inappropriate prescribing practices	649	1,347	108%	MDH
Number of OCSA investigations based on red flags or complaints	106	254	140%	MDH
Kilograms of heroin seized	146	188 ⁸	29%	W/B HIDTA
Kilograms/Dosage units of fentanyl seized	40 kilograms 116 dosage units	45 kilograms 3,097 dosage units ⁸	45% 2,570%	W/B HIDTA
Kilograms/Dosage units of prescription narcotics seized	4.1 kilograms 3,409 dosage units	2.1 kilograms 1,957 dosage units ⁸	-49% -43%	W/B HIDTA
Number of drug trafficking organizations (DTOs) and money laundering organizations (MLOs) successfully disrupted or dismantled	146	125 ⁸	-14%	W/B HIDTA
Number of investigations for which HIDTA analysts provided analytical support	280	357 ⁸	28%	W/B HIDTA

⁸ W/B HIDTA 2018 numbers are preliminary.

Treatment & Recovery				
Performance Measures	2017	2018	Percent Change	Reporting Partner
Number of Crisis Hotline calls	983 ⁹	1,495 ⁹	52%	MDH
Number of new institutions trained in SBIRT ¹⁰	12	34	183%	MDH
Number of individuals who received SBIRT services	27,675	46,831	69%	MDH
Number of SBIRT Brief Interventions (BI) provided by funded Peer Support Specialists	337,250	594,281	76%	MDH
Number of Peer Support Specialists working within the public behavioral health system	235	308	31%	MDH
Number of individuals trained by state-authorized Overdose Response Program (ORP) training organizations	37,234	35,008	-6%	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	-12%	MDH

⁹ These are for fiscal years 2017 and 2018 and include only Maryland Crisis Hotline calls. 2-1-1, press 1 figures are not included here.

¹⁰ SBIRT stands for Screening, Brief Intervention, Referral to Treatment.

Number of layperson naloxone administrations reported to the state (Maryland Poison Control Center and/or other reports faxed to state)	724	988	37%	MDH
Number of naloxone doses purchased with OIT Grants ¹¹	7,949	39,546	398%	MDH
Number of patients receiving naloxone from EMS providers ¹²	14,215	13,307	-6%	MIEMSS
Number of naloxone administrations by state troopers	129	112	-13%	MSP
Number of individuals served by state- and federally-supported crisis treatment centers and residential crisis service providers ¹³	594	2,092	252%	MDH
Number of certified recovery residences	172	252	47%	MDH
Number of beds/capacity of certified recovery residences	1,622	2,333	44%	MDH
Number of individuals that received SUD residential treatment services under the Medicaid 1115 Waiver in accordance with legislation	4,803	10,993	129%	MDH
Number of jurisdictions with Syringe Service Programs approved	1	4	300%	MDH

¹¹ OIT funding began in Fiscal Year 2018.

¹² If an EMS patient received multiple administrations, the patient is counted only once.

¹³ Counts for 2017 and 2018 are fiscal year.

Opioid Intervention Team (OIT) Performance Measures

OIT Performance Measures

The OCCC tracks 36 local-level programs and initiatives implemented by our various local partners through the Opioid Intervention Teams (OITs). This section presents 30 performance measures that we regard as the highest priority programs and initiatives. Accordingly, this section does not reflect all the efforts of our local partners. All metrics followed by the OCCC were developed collaboratively with our local partners to best capture local response effort. Unless otherwise noted, the chart below provides baseline and 2018 data, as well as percent change, where data points are available. For purposes of this report, baseline data includes programming available prior to the emergency declaration on March 1, 2017. The information contained in this report was submitted through local OIT leadership and their partners. OIT leadership reported on the status of various programs in their jurisdiction as of as of December 10, 2018.

Prevention Education			
Performance Measure	Baseline (prior to March 2017)	12/31/2018	Percent Change
Number of jurisdictions reporting implementing information campaigns aimed at prevention and stigma reduction	11	24	118.18%
Number of jurisdictions reporting implementing information campaigns that educate individuals on how to access resources available in the area	15	24	60%
Number of jurisdictions reporting implementing programs to encourage safe disposal of prescription medications	21	24	14.29%
Number of jurisdictions reporting implementing locally-led programs to educate prescribers about best practices in prescribing opioids or pain medications	7	18	157.14%
Number of jurisdictions reporting implementing programs to increase employer support for individuals seeking treatment and those in recovery	2	13	550%

Number of jurisdictions reporting implementing programs to address to compassion fatigue with partners	3	15	400%
Number of jurisdictions reporting implementing evidence-based substance use addiction & prevention curriculum	17	24	41.18%
Number of school systems that identify and support youth who use substances	5	22	340%
Number of jurisdictions reporting implementing youth-focused substance use addiction & prevention programs outside of school hours	13	15	15.38%
Number of jurisdictions reporting implementing programs to support youth impacted by overdose or addiction in their homes	6	14	133.33%
Number of jurisdictions reporting processes to share information between local agencies to identify high-risk individuals	3	23	666.67%
Number of jurisdictions reporting processes to monitor and evaluate programs in jurisdiction	14	19	35.71%
Number of jurisdictions registered to receive Spike Alerts via ODMAP	20	20	0%
Law Enforcement Programming			
Performance Measure	Baseline (prior to March 2017)	12/31/2018	Percent Change
Number of jurisdictions reporting implementing the heroin coordinator program	15	20	33.33%

Number of jurisdictions reporting implementing police-led programs where officers can refer individuals to care at various points along the sequential intercept	4	8	100%
Treatment and Recovery Programming			
Performance Measure	Baseline (prior to March 2017)	12/31/2018	Percent Change
Number of jurisdictions reporting implementing some level of pretrial substance abuse screening	7	19	171.43%
Number of jurisdictions reporting implementing at least one type of Medication-Assisted Treatment available in the correctional facility for individuals while incarcerated	12	17	41.67%
Number of jurisdictions reporting implementing at least one type of Medication-Assisted Treatment induction available upon release from a correctional facility	13	18	38.46%
Number of jurisdictions reporting other types of treatment available for individuals with substance use disorder within the correction facility	19	19	0%
Number of jurisdictions reporting a facilitated approach to referral treatment upon release from a correctional facility	10	22	120%
Number of jurisdictions reporting programs to support transitions to recovery housing and employment services upon release from a correctional facility	10	19	90%

Number of jurisdictions reporting implementing mobile crisis teams for substance use disorder	10	16	60%
Number of jurisdictions reporting implementing walk-in crisis services for substance use disorder	13	14	7.69%
Number of jurisdictions reporting Crisis Stabilization outside of the Hospital ER	1	5	400%
Number of jurisdictions reporting having Peer Recovery Specialists in at least one of these areas: emergency departments, OSOP, OB/GYN offices, other healthcare settings, recovery centers, street outreach, crisis response, stabilization centers, partnering with law enforcement or corrections, schools, CBOs, Dept. of Health, Fire & Rescue, treatment centers, and / or Dept. of Social Services	18	24	33.33%
Number of jurisdictions reporting employment training and/or workforce development resources for individuals in recovery	8	11	38%
Number of jurisdictions reporting implementing naloxone training & distribution	19	23	21.05%
Number of jurisdictions reporting implementing harm reduction programs	8	12	50%
Number of jurisdictions reporting implementing EMS Leave Behind	n/a	10	n/a
Number of jurisdictions reporting implementing case management support for individuals in treatment	16	21	31.25%

Local Best Practices

Local Best Practices

This section describes and outlines current implementation at the local level of research-based strategies and programs identified collaboratively with state and local partners as effective practices. OITs reported their current state of program implementation via the Situation Report process as of December 31, 2018. The OITs self-assessed program implementation under the following eight program areas and 30 programs. No local jurisdiction has implemented all 30 programs. Ten jurisdictions have implemented more than 22 of the practices, and 14 jurisdictions have implemented 22 or fewer of the practices.

1. Community Awareness Programming
 - a. Information campaigns aimed at prevention and stigma reduction (e.g., Going Purple, Good Samaritan Law information)
 - b. Information campaigns to educate individuals on how to access resources available in your area
 - c. Programs to encourage safe disposal of prescription medications (e.g., community take-back events, drop boxes, pill disposal systems)
 - d. Locally-led programs to educate prescribers about best practices in prescribing opioids or pain medications (e.g., academic detailing)
 - e. Increase employer support for individuals seeking treatment and those in recovery (e.g., informational materials, employer seminars)
 - f. Programs to address compassion fatigue with response partners (EMS, law enforcement, 911 call-takers, ED, & health) (e.g., first responders recognition events, visits/thank you messages from those in recovery, success stories)
2. Youth & Schools Programming
 - a. Evidence-based substance use addiction and prevention curriculum in the school system
 - b. School system programs to identify and support youth who use substances
 - c. Youth-focused substance use addiction and prevention programs that take place outside of school hours
 - d. Programs to support youth impacted by overdose or addiction in their homes (e.g., art or recreational programs, programs that alert educators when a student has seen/experienced substance-related trauma in the home, other school services)
3. Law Enforcement Programming
 - a. Participation in the Heroin Coordinator program
 - b. Law enforcement has a diversion program by which officers can refer an individual to treatment or resources rather than arrest
4. Criminal Justice Programming
 - a. Pretrial substance abuse screening through your correctional facility
 - b. Medication-Assisted Treatment programs in correctional facilities for individuals while incarcerated
 - c. Medication-Assisted Treatment induction available upon release from a correctional facility

Local Best Practices (cont.)

- a. Other types of treatment available for individuals with substance use disorder within correctional facilities
 - b. Facilitated approach to referral to treatment upon release from a correctional facility (e.g., care coordination)
 - c. Programs to support transitions to recovery housing and employment services upon release from a correctional facility
- 5. Crisis Intervention Systems Programming
 - d. Mobile crisis teams for substance use disorder (community-based mobile crisis services that provide face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis to begin the process of assessment and definitive treatment)
 - e. Walk-in crisis services for substance use disorder (a program that provides assistance to individuals in crisis without an appointment or referral)
 - f. Outside of the ED, a crisis stabilization center that includes medical stabilization for substance use emergencies and linkages to treatment options
 - g. Peer Recovery Specialists working in at least one of these areas: emergency departments, OSOP, OB/GYN offices, other healthcare settings, recovery centers, street outreach, crisis response, stabilization centers, partnering with law enforcement or corrections, schools, CBOs, LHD, Fire & Rescue, treatment centers, and/or Dept. of Social Services
- 6. Harm Reduction Programming
 - a. Employment training/workforce development resources targeted at individuals in recovery (e.g., skills training, resume assistance)
 - b. Naloxone training and distribution in your community
 - c. Other harm reduction programs
 - d. EMS Leave Behind Program
- 7. Access to Treatment & Recovery Programming
 - a. Case management support for individuals in treatment (e.g., supporting transitions, connection with other services)
- 8. Information Sharing Programming
 - a. Process to share information between local agencies to identify high-risk individuals (e.g., EMS sharing nonfatal refusals with LHDs / OSOPs)
 - b. Process for monitoring and evaluating programs in your jurisdiction (e.g., regular reporting, data analysis & follow-up)
 - c. Signed up to receive spike alerts via ODMaP

	Allegany	Anne Arundel/Annapolis	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garret	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
1. Community Awareness Programming																								
a. Information Campaigns/Anti Stigma																								
b. Information Campaigns/ Access																								
c. Safe Disposal Programs																								
d. Prescriber Education																								
e. Employer Support Programs																								
f. Compassion/Fatigue Prevention																								
2. Youth & School Programming																								
a. Substance-Use and Prevention Curriculum																								
b. Youth Identification & Support Programs																								
c. Safe Disposal Programs																								
d. Youth Impact Programs																								
3. Law Enforcement Programming																								
a. Heroin Coordinator Programs																								
b. Law Enforcement Diversion																								
4. Criminal Justice Programming																								
a. Pre-Trial Screening ¹																								
b. MAT While Incarcerated ²																								
c. MAT Upon Release ²																								
d. Other Treatment While Incarcerated																								
e. Facilitated Referral Upon Release ³																								
f. Recovery-Housing Transition Support																								

¹For this practice, red indicates no screening, light green indicates selective, and dark green is universal.

²Red is none, and green is at least one medication assisted treatment.

³Red is none, light green indicates yes, unless released pretrial, and dark green is yes, for all inmates including those released pretrial.

5. Crisis Intervention Systems

	Allegany	Anne Arundel/Annapolis	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garret	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worchester
a. Mobile Crisis Teams ⁴	Dark Green	Dark Green	Light Green	Light Red	Light Red	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Red	Dark Green	Light Red	Dark Green	Dark Green	Dark Green	Light Green	Light Green	Light Red	Light Green	Light Green	Light Green	Light Red
b. Walk-In Crisis Services	Dark Green	Dark Green	Dark Green	Light Red	Light Red	Light Green	Light Red	Light Red	Light Green	Light Green	Light Green	Light Green	Dark Green	Light Green	Light Green	Light Red	Light Red	Light Green	Light Red	Light Green	Light Green	Light Red	Light Red	Light Green
c. Crisis Stabilization (outside ED)	Dark Green	Dark Green	Dark Green	Light Red	Light Red	Light Green	Light Red	Light Red	Light Red	Light Red	Light Red	Light Red	Dark Green	Light Red	Dark Green	Light Red	Light Red	Light Red	Light Red	Light Red	Light Red	Light Red	Light Red	Light Red
d. Peer-Recovery Specialists	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green

6. Harm Reduction Programming

a. Employment Training	Light Red	Light Green	Light Red	Light Red	Dark Green	Light Green	Light Green	Dark Green	Light Red	Light Red	Light Green	Light Red	Light Red	Light Red	Dark Green	Light Green	Light Green	Light Red	Light Red	Light Red	Light Green	Dark Green	Light Red	Light Red
b. Naloxone Training and Distribution	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Light Red	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
c. Other Harm-Reduction Strategies	Light Red	Light Red	Dark Green	Dark Green	Dark Green	Dark Green	Light Green	Light Red	Light Green	Light Red	Light Green	Light Red	Light Red	Light Green	Light Red	Light Red	Light Red	Light Red	Light Red	Light Red	Light Green	Dark Green	Light Red	Light Green
d. EMS Leave Behind Program	Dark Green	Dark Green	Dark Green	Light Red	White	Light Red	Light Red	Light Red	Light Green	Light Green	White	Light Red	Light Red	Dark Green	Dark Green	Dark Green	Light Red	Light Red	Light Green	Light Red	Dark Green	Dark Green	Light Red	Light Green

7. Access to Treatment & Recovery

Case-Management Support	Light Red	Light Green	Dark Green	Light Green	Dark Green	Light Green	Light Red	Dark Green	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Light Red	Dark Green	Light Green	Dark Green	Dark Green
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8. Information Sharing Programming

a. Local Agency Communication	Dark Green	Light Green	Light Red	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
b. Program Monitoring and Evaluation	Dark Green	Light Green	Dark Green	Light Green	Dark Green	Light Green	Light Green	Dark Green	Light Red	Light Red	Light Red	Light Red	Light Red	Dark Green	Light Green	Light Red	Light Red	Light Red	Light Red	Light Green	Dark Green	Light Green	Dark Green	Dark Green
c. Spike Alerts	Dark Green	Dark Green	Dark Green	Dark Green	Light Red	Dark Green	Dark Green	Dark Green	Light Red	Light Red	Light Red	Light Red	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green

Legend

Dark Green	Yes, fully implemented
Light Green	Yes, beginning to implement
Light Red	No, but planning to implement
Light Red	No, no plans to implement
White	No answer provided

⁴Red is no team present, light red is no team present, but planning to implement, light green is yes with limited hours, and dark green is yes with 24/7 coverage.

2018 Opioid-Related Legislation

Opioid-Related Legislation

The OCCC monitors all opioid-related legislation under consideration by the General Assembly, assists state agencies in developing opioid-related legislation, and provides testimony in connection with such legislation.

Two significant opioid-related bills were passed by the Maryland General Assembly during the 2018 Legislative Session, and both bills were signed into law by Governor Hogan. The bills were as follows:

The [Overdose Data Reporting Act](#) allows EMS providers and law enforcement officials to input and share data about opioid overdoses. This enables first responders to track this information and allocate resources, including naloxone, in near real-time to respond to an extremely potent batch of opioids in a specific area. The legislation makes Maryland one of 27 states and nearly 300 agencies to use this technology to inform first responders, identify national trends, and prevent overdose deaths.

The [Controlled Dangerous Substances – Volume Dealers Act](#) expands the volume dealer statute to include fentanyl and its analogs and allows for more effective prosecution of high-level drug traffickers who deal in large quantities of controlled substances. It also amends how the existing volume dealer statute deals with mixtures containing heroin.

Additionally, in December 2018, the governor signed [Executive Order 01.01.2018.30](#), which named Lt. Governor Boyd Rutherford as chair of the Inter-Agency Heroin and Opioid Coordinating Council, formalized the structure of the OCCC and established it within MEMA, and designated the 24 OITs that have been developed in each jurisdiction as the mechanism for distributing funds provided through the OCCC.

Opioid-Related State Spending

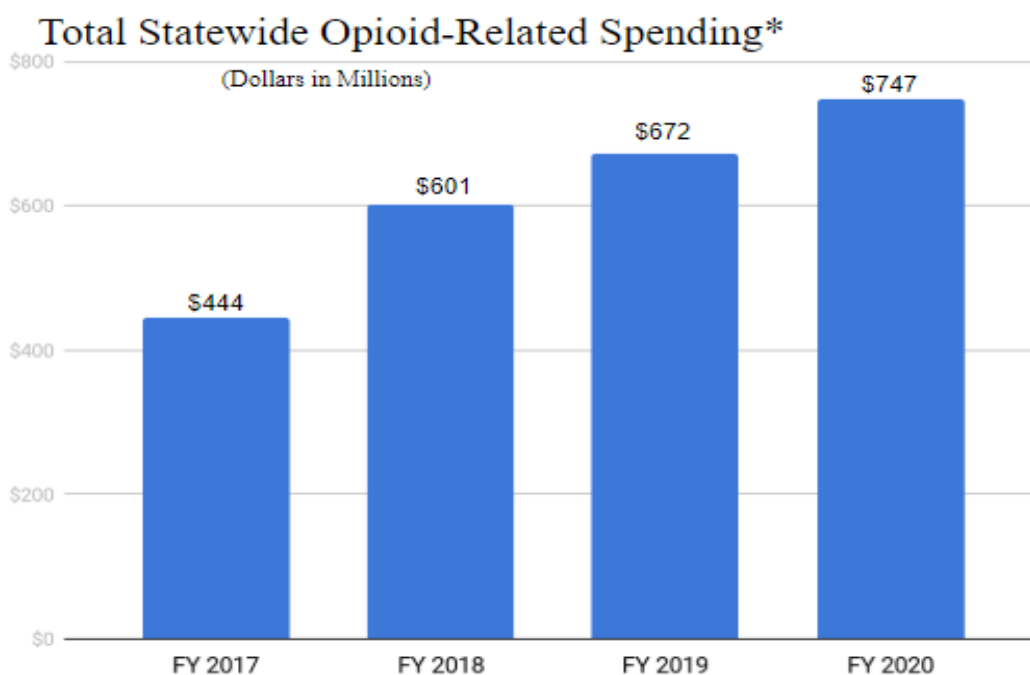
Opioid-Related State Spending

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

a. Total Statewide Spending

As shown in the chart below, total statewide opioid-related spending reached \$672 million in FY19 and is proposed to increase to \$747 million in FY20. By FY20, total statewide opioid-related spending will have increased by 68 percent since FY17 when the governor declared a state of emergency related to heroin and opioids.

The figure for statewide spending includes programmatic and grant-making expenditures for MDH, GOCCP, and the OOC. These figures do not include other agencies of state government that may also operate opioid-related programs. One of the goals for the OOC in the coming year is to develop a comprehensive estimate of all opioid-related spending throughout state government.



*Source: Department of Budget and Management

Opioid-Related State Spending (cont.)

b. Opioid Crisis Spending

When Governor Hogan initiated a state of emergency pertaining to opioids in early 2017, he authorized the allocation of several new funding streams to address the crisis. Those incremental opioid crisis funding streams include the federal 21st Century Cures Act, state general funds that are allocated through the OCCC, and funding from GOCCP.

Opioid crisis funds are budgeted at \$56.6 million in FY19 and are proposed at \$63.7 million for fiscal year 2020.

Streams of Opioid Crisis Funding			
	FY2018	FY2019 Working	FY2020 Proposed
OCCC ¹⁴	\$10,513,712	\$10,900,981	\$10,805,547
GOCCP ¹⁵	\$2,181,489	\$1,168,900	\$1,400,000
MDH-Cures ¹⁶	\$10,036,845	\$10,036,784	
MDH-SOR ¹⁷		\$33,169,407	\$50,169,407
DLLR ¹⁸		\$1,312,543	\$1,312,543
Total	\$22,732,046	\$56,588,615	\$63,687,497

¹⁴ Excludes provider rate increase in FY2019 of \$5.3 million.

¹⁵ In June 2018, GOCCP announced \$1.2 million in funding for the opioid crisis (includes Heroin Coordinators, LEAD and Peer Specialist programs only). The Peer Specialist program was reduced from \$140,000 to \$86,900 later in the fiscal year. However, GOCCP funds other opioid-related programs that would not be included in the definition of "opioid crisis funding" as was previously explained. The FY2020 funding figure is an approximation of the cost of continuing these three programs in the next fiscal year.

¹⁶ Cures funding only applied to FY18 and FY19

¹⁷ SOR grant award is \$33.2 million in years 1 and 2 (Year 1: September 30, 2018 - September 30, 2019). An additional \$17 million is anticipated for year 1, but has been designated for use in FY2020.

¹⁸ Full grant award is \$1,975,085 and \$650,000 for the award period of 07/01/2018 - 06/30/2020.

Opioid Crisis Grants

Opioid Crisis Grants

The table below presents the various programs that are being funded by opioid crisis grants. The grants are organized into the governor's three policy priorities of Prevention & Education, Enforcement, and Treatment & Recovery. The OCCC will also be making several new grant awards with repurposed funds prior to the close of FY2019.

OPIOID CRISIS GRANTS FY2019			
<u>Funding Amount</u>	<u>Funding Source (1)</u>	<u>Initiative Overview</u>	<u>Implementing Partner</u>
PREVENTION & EDUCATION			
\$1,000,000	Federal Cures Grant	Continuation of public awareness campaigns to reduce stigma and increase patient-physician communication	MDH, OCCC
\$700,000	Federal Cures Grant	Establishes harm reduction outreach teams	Lead Agency: MDH
\$200,000	Federal Cures Grant	Continuation of a program that creates school-based teams for early identification of the problems related to substance use disorders ^(b)	Lead Agency: MDH; Supporting Partner: MSDE
\$35,400	OCCC General Funds	Supports the Carroll County Drug and Violence Expo - Carroll County Chamber of Commerce ^(b)	Lead Agency: Carroll County Chamber of Commerce; Supporting Partners: GOCCP
\$10,000	OCCC General Funds	Supports faith-based education and stigma reduction initiatives - Maryland Faith Health Network ^(b)	Lead Agency: Maryland Faith Health Network; Supporting Partners: OCCC, Governor's Office of Community Initiatives - Interfaith Outreach

\$1,656,000	Federal SOR Grant	Media campaign to improve doctor-patient communication regarding the harmful effects of opioid drug use	Lead Agency: MDH
\$54,973	Federal SOR Grant	Healthy Beginnings program to support pregnant women/children	Lead Agency: MDH
\$120,938	Federal SOR Grant	Adolescent Community Reinforcement Approach (A-CRA) - intervention that support adolescents in recovery by increasing family, social, and education/vocational reinforcers	Lead Agency: MDH
\$87,844	Federal SOR Grant	Start Talking Teacher Training	Lead Agency: MDH
\$1,743,343	Federal SOR Grant	Project management funding (mandatory) for Substance Abuse and Mental Health Services Administration (SAMHSA)	Lead Agency: MDH
\$145,611	Federal SOR Grant	Student Assistance Program that creates school-based teams for early identification of the problems related to substance use disorders in partnership with the University of MD, School of Medicine	Lead Agency: MDH
\$965,083	OCCC General Funds	Prevention & education efforts of all 24 OITs ^(e)	Lead Agency: OCCC; Supporting Partner: MDH

ENFORCEMENT			
\$897,000	GOCCP General Funds	Continuation of the heroin coordinator program, which helps to make the link between law enforcement and treatment	Lead Agency: GOCCP
\$162,500	OOCC General Funds	Expands the Heroin Coordinator Program statewide	Lead Agency: GOCCP; Supporting Partners: Local jurisdiction law enforcement
\$195,000	OOCC General Funds	Expands law enforcement assisted diversion (LEAD) to treatment programs ^(b)	Lead Agency: GOCCP
\$185,000	Federal: Byrne Justice Assistance Grant		Lead Agency: GOCCP Lead Agency: MDH
\$370,000	OOCC General Funds		
\$39,000	OOCC General Funds	Continuation of law enforcement investigation support ^(b)	Lead Agency: W/B HIDTA; Supporting Partners: GOCCP,(MSP)
\$163,184	OOCC General Funds	Supports the Analytical Testing Initiative - Howard County Police Department ^(b)	Lead Agency: Howard County Police Department; Supporting Partner: GOCCP

\$71,800	OOCC General Funds	Supports Enforcement efforts for all 24 OITs ^(e)	Lead Agency: OOCC; Supporting Partner: MDH
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TREATMENT & RECOVERY			
\$2,810,000	Federal Cures Grant	Expands access to crisis beds and residential treatment services statewide	Lead Agency: MDH
\$3,803,947	Federal SOR Grant	Expands access to crisis beds in Allegany, Anne Arundel, Baltimore City, Mid-Shore and Worcester Counties	Lead Agency: MDH
\$8,800,569	Federal SOR Grant	Crisis walk-in centers, including Anne Arundel, Baltimore City, Calvert, Carroll, Cecil, Howard, Harford (adding peer support), Washington County, etc.	Lead Agency: MDH
\$1,891,081	Federal SOR Grant	Safe Stations in Anne Arundel, Mid-Shore and Worcester Counties	Lead Agency: MDH
\$920,000	OOCC General Funds	Improves access to naloxone statewide	Lead Agency: MDH; Supporting Partner: MIEMSS
\$1,300,000	Federal Cures Grant		
\$2,690,820	Federal SOR Grant		
\$2,000,000	Federal Cures Grant	Supports implementation of 24-hour crisis stabilization center in Baltimore City	Lead Agency: MDH

\$660,000	OCCC General Funds	Supports peer support specialist and SBIRT services, with a focus on hospitals, correctional facilities, and other high-risk populations ^(c)	Lead Agency: MDH; Supporting Agencies: DPSCS, Maryland Hospital Association (MHA), Maryland Correctional Administrators Association (MCAA)
\$800,000	Federal Cures Grant		
\$86,900	GOCCP General Funds ^(d)		
\$613,100	OCCC General Funds	Increases access to medications that support recovery from substance use disorders (\$250,000 to Correctional Facilities; \$363,100 to WellMobile) ^(b)	Lead Agency: MDH
\$900,000	Federal Cures Grant	Training and consultation/technical assistance for prescribers of medications that support recovery	Lead Agency: MDH
\$499,804	Federal SOR Grant		
\$2,174,714	Federal SOR Grant	Increase access to medications that support recovery from substance use. Focus areas include Baltimore County, Calvert, Harford, Howard, Prince George's, Caroline, Queen Anne's, Cecil, and St. Mary's	Lead Agency: MDH
\$817,500	Federal SOR Grant	SBIRT services for K-12 (\$100,000), OB/GYN (\$682,500), and College (\$35,000)	Lead Agency: MDH
\$350,000	OCCC General Funds	Expands and improves the statewide crisis hotline	Lead Agency: MDH

\$200,000	OOCC General Funds	Supports the Montgomery County School System recovery and academic program ^(g)	Lead Agency: MSDE
\$750,000	OOCC General Funds	Supports the Farming4Hunger Food Center in Caroline County ^(b)	Lead Agency: Farming4Hunger; Supporting Partner: GOCCP
\$250,000	OOCC General Funds	Supports Brooke's House recovery house for women in Washington County ^{(b)(g)}	Lead Agency: Brooke's House; Supporting Partners: OOCC, MDH
\$80,922	OOCC General Funds	Supports the Project Realize! youth mentoring program - Horizon Goodwill Industries in Washington County ^(b)	Leading Agency: Horizon Goodwill Industries; Supporting Partner: GOCCP
\$75,310	OOCC General Funds	Supports the CrossRoads Freedom Center Addiction Wellness Program in Frederick County ^(b)	Leading Agency: CrossRoads Freedom Center; Supporting Partner: GOCCP
\$2,863,250	Federal SOR Grant	Overdose Survivor Outreach Program expanded to nine hospitals	Lead Agency: MDH
\$138,999	Federal SOR Grant	Supports sign Language Interpreters to address gap in addiction services	Lead Agency: MDH
\$298,395	Federal SOR Grant	Recovery housing for transition-age youth	Lead Agency: MDH
\$1,536,395	Federal SOR Grant	Recovery housing for adults	Lead Agency: MDH
\$3,580,224	Federal SOR Grant	Harm reduction program	Lead Agency: MDH
\$265,000	Federal SOR Grant	Hospital pilot project that will engage patients with substance use disorders in MAT program	Lead Agency: MDH

\$987,543	Federal WIA/ WIOA Dislocated Worker Nation Reserve Demonstration Grant ^(f)	Supporting treatment & recovery programs, including the Opioid Workforce Innovation Fund which will allow for monies to be available to organizations working on addressing the opioid crisis to seed innovative and promising programs	Lead Agency: DLLR
\$325,000	Federal WIA/ WIOA Dislocated Worker Nation Reserve Demonstration Grant ^(f)	Supporting treatment & recovery programs, including a program to provide funding to organizations that seek to serve women impacted by the opioid crisis	Lead Agency: DLLR
\$2,819,097	OCCC General Funds	Supports Treatment & Recovery efforts for all 24 Opioid Intervention Teams ^(e)	Lead Agency: OCCC; Supporting Partner: MDH

OTHER			
\$144,740	OCCC General Funds	Supports the administration of \$4 million in OIT grants ^(e)	Lead Agency: OCCC; Supporting Partner: MDH
\$950,000	OCCC General Funds	Supports OCCC Administrative Costs	Lead Agency: OCCC
\$270,000	Federal Cures Grant	Supports Cures Administrative Costs	Lead Agency: MDH

^(a) Federal SOR Grant: September 30, 2018 through September 29, 2019

^(b) Projects pending (approved by OCCC, but grant funds have not yet been disbursed)

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

^(d) Supports 3 peer specialist in Frederick, Washington and Wicomico. Reduced from \$144,287.

^(e) More information about the Opioid Intervention Team (OIT) grants are contained in the jurisdiction breakdown. Garrett County's OIT allocation of \$65,304 was allocated to Prevention & Education until confirmation of breakdown is obtained.

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

^(g) Assumes OCCC is able to encumber the balance of the award in FY2019.

****Other Youth Focused Prevention of \$733,363 excluded from the above table. This is an unapproved project funded out of the federal Cures grant.**



Local Jurisdiction Grants

Local Jurisdiction Grants

The table below provides preliminary information regarding grants to local jurisdictions. The figures include certain opioid-related funding that is over and above opioid crisis funds. The figures do not include federal SOR grants and other grants that are still in the process of being allocated to sub-recipients.

SUMMARY OF OPIOID CRISIS SPENDING BY JURISDICTION

Jurisdiction	Amount	% of Total
Allegany County	\$ 845,765	3.9%
Anne Arundel County/City of Annapolis	\$ 2,840,271	13.0%
Baltimore City	\$ 6,015,237	27.5%
Baltimore County	\$ 979,510	4.5%
Calvert County	\$ 344,830	1.6%
Caroline County	\$ 1,578,959	7.2%
Carroll County	\$ 556,881	2.5%
Cecil County	\$ 696,579	3.2%
Charles County	\$ 190,636	0.9%
Dorchester County	\$ 422,892	1.9%
Frederick County	\$ 721,138	3.3%
Garrett County	\$ 92,307	0.4%
Harford County	\$ 589,121	2.7%
Howard County	\$ 467,045	2.1%
Kent County	\$ 386,721	1.8%
Montgomery County	\$ 558,808	2.6%
Prince George's County	\$ 843,162	3.8%
Queen Anne's County	\$ 88,988	0.4%
Somerset County	\$ 136,538	0.6%
St. Mary's County	\$ 141,738	0.6%
Talbot County	\$ 159,344	0.7%
Washington County	\$ 1,172,564	5.4%
Wicomico County	\$ 814,928	3.9%
Worcester County/Ocean City	\$ 295,186	1.3%
TOTAL	\$ 20,939,148	

Below is a more detailed summary of the breakdown of preliminary heroin and opioid grant funds by jurisdiction.

ALLEGANY COUNTY

Amount	Project Title	Project Description	Funding Source
State OIT Grant Funding			
\$ 115,759	Reduce Illicit Supply of Opioids	Allegany Co. Sheriff's Office, Cumberland Police, and MSP will coordinate and implement drug interdiction events in order to reduce the supply of illicit opioids	OOCC
	Increase community supply of Naloxone	Funding to purchase Naloxone for first responders	
	Outreach and Education	Prescribe Change Allegany campaign to educate on opioid addiction, naloxone, proper storage and disposal of medication, addiction treatment resources, and overdose deaths. Will involve public website, community events, radio ads, billboards	
	Supporting Recovery Services	Support and connect those in need with opioid-related recovery services at Fort Recovery	
	Staff Training	Send three Allegany Co. Health Department staff to National Rx Drug Abuse and Heroin Summit	
OTHER STATE AND EMERGENCY FUNDING			
\$ 8,024	Correctional Facility SBIRT	Integrate SBIRT into Allegany County Detention Center processes to identify individuals at risk for substance use in the criminal justice system and connect them with treatment resources	OOCC/MDH

\$ 32,989	Peer Recovery Support Specialists	Peer Recovery Specialist programs to support and connect individuals to appropriate resources	Cures
\$ 61,544	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 164,447	3.1 Crisis Treatment Expansion	Continuation from 2018	Cures
\$ 111,616	3.7D Crisis Treatment Expansion	Continuation from 2018	Cures
\$ 3,400	Law Enforcement Investigation Support		OOCC/HIDTA
\$ 56,066	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
\$ 286,404	MD Criminal Intelligence Network	Coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
Total \$ 845,765			

ANNE ARUNDEL COUNTY

State OIT Grant Funding			
\$ 289,613	Sustaining Expanded Mobile Crisis Response- Continued Support of Safe Stations Program	Funds will be used to provide continued support and expand MCTs and Safe Station Program	OOCC
	Sustaining Existing and Developing New Prevention and Outreach Campaigns	Enhance and sustain public awareness campaigns Denial is Deadly, Not My Child, and the D.A.R.E program	
Other State and Emergency Funding			
\$ 55,024	Corrections SBIRT	Continuation from FY18	OOCC/MDH
\$ 20,220	Police-led Youth Prevention Program		OOCC
\$ 43,682	Peer Recovery Support Specialists	Peer Recovery Specialist programs to support and connect individuals to appropriate resources	Cures
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 363,110	WellMobile	Continuation from FY18	OOCC
\$ 150,000	3.1 Crisis Bed Expansion	Continuation from FY18	Cures
\$ 726,641	3.7D Crisis Bed Expansion	Continuation from FY18	Cures
\$ 199,005	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts	Cures/OOCC/BHA
\$ 80,000	Harm Reduction Outreach Teams	Establish capacity of harm reduction outreach teams to reach people at high risk for overdose to identify appropriate referrals to crisis centers and SUD treatment	Cures

\$ 70,800	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
\$ 836,660	MD Criminal Intelligence Network (MCIN)	Coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
Total \$ 2,840,271			

BALTIMORE CITY

State OIT Grant Funding			
\$ 854,732	Hub & Spokes Network of Buprenorphine Treatment	Funds will be used to expand and enhance services to allow walk-in intake on weekends as well as offering buprenorphine treatment to walk-in STD patients	OOCC
	Levels of Care for Baltimore City Hospitals	Funds will be used to support a part-time consultant who will assist with the development of the Levels of Care and provide technical assistance to hospital systems in developing opioid-related protocols	
	Street Outreach and Overdose Spike Response	Funding to support 2.5 peer recovery specialists and a supervisor	
Other State and Emergency Funding			
\$ 1,678,917	Crisis Treatment Center (Tuerk House)		Cures
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral	Cures
\$ 87,500	Hospital SBIRT	St. Agnes Hospital	OOCC
\$ 55,556	Peer Support Specialists	Peer Recovery Specialist programs to support and connect individuals to appropriate resources	Cures
\$ 577,774	3.7D Crisis Treatment Expansion	Continued from FY18	Cures
\$ 589,137	Harm Reduction Outreach Teams	Establish capacity of harm reduction outreach teams to reach people at high risk for overdose to identify appropriate referrals to crisis centers and SUD treatment	Cures
\$ 183,678	Law Enforcement Assisted Diversion (LEAD)	GOCCP supports Baltimore City LEAD	GOCCP

\$ 963,391	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts. (\$722,605 to Health Dpt., \$240,786 to BHS-B)	Cures/OOCC/BHA
\$ 3,400	Law Enforcement Investigation Support		OOCC/HIDTA
\$ 859,394	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
\$ 87,542	HITDA Heroin Coordinator		University of Baltimore, College of Public Affairs
\$ 68,700	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
Total \$ 6,015,237			

BALTIMORE COUNTY

State OIT Grant Funding			
\$ 465,682	Media Campaign - Public Health Issues Related to Opioid Epidemic	Increase media campaign outreach efforts regarding opioid use and misuse to include social media activities, media campaigns, web content, education, and outreach events	OOCC
	Expansion of Peer Recovery Support Services	Funding to continue support and enhance Peer Recovery Support Services for overnights, weekends, and evenings	
Other State and Emergency Funding			
\$ 175,000	Hospital SBIRT OSOP	Continuation of FY18	OOCC/SAMSHA
\$ 70,304	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 3,400	Law Enforcement Investigation Support		OOCC/HIDTA
\$ 42,608	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health	GOCCP
\$ 217,000	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
Total \$ 979,510			

CALVERT COUNTY

State OIT Grant Funding			
\$ 100,256	Calvert County Expanded Access to Clinical Services and MAT	Funding for retention of psychiatric nurse at Calvert County Behavioral Health Center and support access to substance use and medication assisted treatment	OOCC
	Calvert County Peer Recovery Specialist Program	Funding to expand peer recovery support program	
	MAT/Crisis Coordination Initiative	Funding to support a MAT coordinator	
	Calvert County Opioid Abuse Awareness and Health Promotion Campaign	Increase community awareness of opioid use, misuse, diversion, overdose prevention, response, and services that aid in preventing opioid use. Will include a mixture of traditional and social media outputs, advertisements, PSAs, and website	
Other State and Emergency Funding			
\$ 103,717	Peer Recovery Support Specialists	Peer Recovery Specialist programs to support and connect individuals to appropriate resources	Cures
\$ 84,966	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 3,400	Law Enforcement Investigation Support		OOCC/HIDTA
\$ 46,975	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug	GOCCP

PREVENTION • TREATMENT • RECOVERY



Before it's too late.

		supply reduction, and public health	
Total \$ 344,830			

CAROLINE COUNTY

State OIT Grant Funding			
\$ 77,002	Enhanced Data for Enhanced Response	Funding to hire statistician to work with community stakeholders to improve accuracy of data collection and analysis	OOCC
	Decrease Opioid Growth / Continuation from FY18 and Illicit Opiate Program	Funding to purchase two K9 first aid kits & Kevlar vests. Additional funding for drug-related tips for possession and distribution of opiates	
	Treatment Pays	If individuals within the buprenorphine program samples are deemed acceptable, they will be provided a fifty-dollar Walmart gift card - an incentive based buprenorphine program	
Other State and Emergency Funding			
\$ 750,000	Farming 4 Hunger	Provide job training in crop production and agricultural management to inmates who have qualified for work release. (Grant approved/pending)	OOCC/BHA
\$ 286,002	Local Addiction Authority	General funds, \$5,000 specifically dedicated to Local Drug & Alcohol Abuse Council activities.	BHA
\$ 48,179	General Funds Service Grant	General funds, including Buprenorphine Initiative (\$20,080) and Halfway House (\$5,590).	BHA
\$ 49,355	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 368,421	MAT Community Provider		BHA/SOR
Total \$ 1,578,959			

CARROLL COUNTY

State OIT Grant Funding			
\$ 132,739	Mobile Crisis and Crisis Stabilization Services	Increase Mobile Crisis Services from 8 hours to a minimum of 14 hours. Add requirements for vendor to be a provider of services in the Public Behavioral Health System	OOCC
Other State and Emergency Funding			
\$ 91,825	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 35,400	Carroll County Chamber of Commerce Drug and Violence Expo	A community opportunity to learn about various issues and available resources	OOCC
\$ 291,401	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
Total \$ 556,881			

PREVENTION • TREATMENT • RECOVERY



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CECIL COUNTY

State OIT Grant Funding			
\$ 124,618	Peer Recovery Specialist Expansion for Hospital and Overdose Outreach	Expansion of peer recovery program - hiring of one full time peer recovery specialist and additional hours for services	OCCC
	Drug Free Cecil - Youth Leadership Project	Funding to support the two-day Leadership Summit and one day dialogue event. Funding will also support development, advertising, promotion of student created PSAs	
	Transportation Assistance to Reduce Barriers and Expand Access to Services	Funding for transportation vouchers for low income individuals with behavioral health needs, those in recovery, and those who are opioid dependent	
	Cecil County Consultant to Guide Behavioral Health Crisis Response Systems	Consultant to develop plan of action for coordinating and expanding local community behavioral health crisis response systems	
Other State and Emergency Funding			
\$ 91,836	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OCCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 51,504	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP

\$ 20,680	Correctional Facility MAT	Continuation from FY18	GOCCP/OOCC
\$ 402,425	Mobile Crisis Team Support	To serve adults under the influence of drugs/alcohol or recently revived from an overdose and does not need emergency medical care and can be safely served in a community setting.	SOR/BHA
Total \$ 696,579			

CHARLES COUNTY

State OIT Grant Funding			
\$ 107,270	Opioid Outreach and Awareness Public Events	Funding will be used to support and facilitate 6 opioid outreach events to educate community on substance use disorders and how to get involved	OOCC
	Staff Supervision	Funding to provide training and supervision of already established peer recovery specialists and alcohol/drug counselors	
	Charles County Welcome Wagon	Development of welcome wagon that canvasses vulnerable communities and educates people on high risk behaviors. Welcome Wagon will provide supplies and educational materials that assist those with substance use disorders	
	First Responder Narcan Availability	Funding to purchase and procure doses for Narcan for Charles Co. first responders and other Charles Co. agencies and organizations	
	Charles County Increased Overdose Response Capacity	Provide funding support for Charles County Dept. of Health And Hospice of Charles County partnership to provide grief counseling to children and those affected by opioid overdose	
	Charles County Increased Overdose Response Capacity	Hire an additional alcohol and drug counselor at the Charles County Dept. of Health's Substance Use Services Clinic	

Other State and Emergency Funding			
\$ 24,450	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 3,400	Law Enforcement Investigation Support		OOCC/HIDTA
\$ 50,000	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
Total \$ 190,636			

DORCHESTER COUNTY

State OIT Grant Funding			
\$ 74,418	Youth Action Council Play Days	Funding to host, facilitate, and support ten Play Days throughout Dorchester County. These Play Days provide drug-free, fun, challenging, and structured activities to youth and young adults	OOCC
	OIT Coordinator	Hire an OIT coordinator/analyst to assist coordinating local partners and improve opioid-related efforts and initiatives	
	Wellness in the Storm	Anti-stigma and public awareness art project targeting any individual affected by opioid/substance use, trauma, mental health, and poverty	
	Peer Recovery Support Services	Funding for Overdose Victims Support Program that will respond to overdose emergencies during off work hours and offer treatment and recovery services to individuals of overdose, family members, and significant others	
Other State and Emergency Funding			
\$ 83,198	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 47,000	Correctional SBIRT & Case Manager	SBIRT and case manager, continuation of FY18	Cures
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	GOCCP

\$ 48,700	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
\$ 164,060	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
Total \$ 422,892			

FREDERICK COUNTY

State OIT Grant Funding			
\$ 157,839	Frederick County Peer Support Expansion Continuation	Funding to continue support and expand peer support services	OOCC
Other State and Emergency Funding			
\$ 45,100	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community Naloxone efforts.	Cures/OOCC/BHA
\$ 75,383	3.1 Crisis Treatment Expansion	Continuation from FY18	Cures
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	GOCCP
\$ 26,102	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
\$ 247,469	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	OOCC
\$ 75,310	CrossRoads Freedom Center Addiction Wellness Program	Enhances traditional recovery practices by integrating wellness therapies to support emotional, psychological, and physical health outcomes for clients. (Grant approved/pending)	GOCCP

\$ 38,419	Correctional MAT	These programs are a partnership between local Detention Centers and Public Health Agencies which incorporates Vivitrol as a tool in a Medication Assisted Treatment program for persons leaving Detention Centers. A Vivitrol injection is administered approximately 10 days prior to release from incarceration and the person is assigned to counseling and wrap around services. A schedule for the monthly injections is also implemented.	GOCCP
\$ 50,000	Peer Specialist	Screening, Brief Intervention, and Referral to Treatment services, with a focus on hospitals, correctional facilities, and other high-risk populations	
Total \$ 721,138			

GARRETT COUNTY

State OIT Grant Funding			
\$ 71,834	Garrett County Opioid and Drug Abuse Call to Action	Funding to host and support a Call to Action event and subsequent speakers	OOCC
	Mini-SBIRT and Treatment Resources Training	Funding for training of medical offices in 'mini' SBIRT training	
	ER Based Naloxone Education and Distribution	Funding provides education to patients and family members presenting in Garrett Regional Medical Center ER. They will also receive Naloxone. Hospital staff will be taught how to train the lay person for response to overdose	
Other State and Emergency Funding			
\$ 14,957	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
Total \$ 92,307			

HARFORD COUNTY

State OIT Grant Funding			
\$ 171,496	Harford County's Central Intake, Navigation and Recovery Team (CINRT)	Funding for peer specialists and healthcare professionals that provide screening to individuals in crisis, assist with navigation through the treatment system, and follow up with recovery support and care coordination. Will eventually lead to a community-based crisis center.	OOCC
Other State and Emergency Funding			
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 87,500	Hospital SBIRT OSOP	Continuation from FY18	OOCC
\$ 185,145	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 78,646	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
\$ 60,818	Correctional Facility MAT	Vivitrol treatment and pre-reentry case manager	GOCCP- OOCC
Total \$ 589,121			

HOWARD COUNTY

State OIT Grant Funding			
\$ 124,249	Howard County SUD Screening Portal	Funding to provide continued support and expand Grassroots staffing capacity to strengthen SUD screening, referral, and warm handoff process for those who need SBIRT	OOCC
Other State and Emergency Funding			
\$ 33,709	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 163,184	Howard County Police Department	Fight against heroin use through analytical testing (Grant approved/pending)	OOCC
\$ 66,130	Correctional MAT	These programs are a partnership between local Detention Centers and Public Health Agencies which incorporates Vivitrol as a tool in a Medication Assisted Treatment program for persons leaving Detention Centers. A Vivitrol injection is administered approximately 10 days prior to release from incarceration and the person is assigned to counseling and wrap around services. A schedule for the monthly injections is also implemented.	GOCCP
\$ 74,257	Heroin Coordinators	Continuation from FY18	GOCCP
Total \$ 467,045			

KENT COUNTY

State OIT Grant Funding			
\$ 73,311	Opioid Community Intervention Project	Funding to retain two full time peer recovery specialists and their certifications.	OOCC
Other State and Emergency Funding			
\$ 285,394	3.7 Crisis Bed Expansion	Continuation from FY18	Cures
\$ 22,500	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
Total \$ 386,721			

MONTGOMERY COUNTY

State OIT Grant Funding			
\$ 185,892	Save a Life Montgomery: Opioid and Substance Abuse Community Forums	Funding to provide 3-5 community forums in distinct geographic areas to address unique issues among parents, caregivers, and youth participants	OOCC
	Public Awareness Campaign (focus on Opioid Prevention to Adults)	Funding to expand the public awareness campaign tailored to Montgomery County. Project will provide advertisement in several locations for website	
	Police, Fire & Rescue & Targeted Community Access to Naloxone and other Harm Reduction activities	Funding to support identification and distribution of Narcan in high-risk communities. Funding will also be used to explore other health safety activities like needle exchange, safe medication disposal, and street outreach	
	Stop Triage Engage Educate Rehabilitate (STEER) - Supervision	Funding will be used to expand STEER program and outreach teams to provide services 24 hours a day, 7 days a week.	
Other State and Emergency Funding			
\$ 50,000	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 60,000	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP

\$ 257,400	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
Total \$ 558,808			

PRINCE GEORGE'S COUNTY

State OIT Grant Funding			
\$ 198,442	Community Outreach	Funding to provide continued support of partnership between Health Dept. and Community Police Division for community outreach and follow up on houses that had been dispatched for overdose	OOCC
	Educational and Stigma Reduction Campaign	Funding for continued support of campaign that promotes recovery from prescription drug and illicit drug misuse. Plan also includes opioid overdose risk education materials, treatment cards, and information packets	
	Increase Police and Community Naloxone Training and Distribution	Funds to provide continued training and distribution of Naloxone to peer recovery specialists and law enforcement	
Other State and Emergency Funding			
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 50,128	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 6,800	Law Enforcement Investigation Support		OOCC/HIDTA
\$ 582,276	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
Total \$ 843,162			

QUEEN ANNE'S COUNTY

State OIT Grant Funding			
\$ 78,478	Peer Support Specialist/Services	Funding for hiring, training, and certification of peer recovery specialist	OOCC
Other State and Emergency Funding			
\$ 4,994	Correctional Facility MAT	Vivitrol treatment and pre-reentry case manager	GOCCP/OOCC
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
Total \$ 88,988			

SOMERSET COUNTY

State OIT Grant Funding			
\$ 93,981	Peer Recovery Support Specialist	Funding to retain peer recovery support specialist	OOCC
	Somerset County Opioid United Team (SCOUT) Initiative	Funding for mailing, advertising, and printing of materials. It will also fund educational events and educational resource materials for opioid issues	
	Law Enforcement Support	Funding will provide continued support for law enforcement agencies to expand their current capacity in investigations and enforcement	
Other State and Emergency Funding			
\$ 37,041	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
Total \$ 136,538			

ST. MARY'S COUNTY

State OIT Grant Funding			
\$ 73,680	Encouraging treatment to those experiencing nonfatal opioid overdose	Funding to provide continued outreach to those discharged from hospital that experienced non-fatal opioid overdose but refused substance use services	OOCC
	Level 3.5 treatment services for St. Mary's County Detention Center	Funding to provide continued assurance that those incarcerated have access to level 3.5 substance use treatment regardless of health insurance coverage	
	Increasing Local Capacity for Non-Opioid Pain Management	Funding to provide training for local healthcare providers on non-opioid pain management modalities and establishing referral mechanisms	
Other State and Emergency Funding			
\$ 50,892	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 3,400	Law Enforcement Investigation Support		OOCC/HIDTA
\$ 8,250	Correctional Facility MAT		GOCCP/OOCC
Total \$ 141,738			

TALBOT COUNTY

State OIT Grant Funding			
\$ 78,848	Strengthening Recovery	Funding to provide temporary safe housing and support for those after opioid detoxification	OOCC
	Building a Volunteer Recovery Network	Funding to enhance linkage of clients with long term peer support including transportation to center	
	Prevention and Intervention for High Risk students/families	Funding to provide social worker to engage in identified high risk students and their families for comprehensive support	
	Naloxone Access	Funding for Narcan training and distribution in community	
Other State and Emergency Funding			
\$ 22,956	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 8,024	Corrections SBIRT	Continuation from FY18 (Talbot County Detention Center; SBIRT only)	OOCC/MDH
\$ 44,000	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
Total \$ 159,344			

WASHINGTON COUNTY

State OIT Grant Funding			
\$ 150,087	Community Overdose Response for Direct Services	Funds to provide continued support of opioid crisis response team that include peer support, law enforcement, and local medical providers	OOCC
	Washington Goes Purple	Funding to support projects in community that focus on education in school system and promoting discussion with students and their parents about prescription medication. Modeled after 'Talbot Goes Purple' initiative	
Other State and Emergency Funding			
\$ 87,500	Hospital SBIRT OSOP	Continuation from FY2018	OOCC
\$ 64,541	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 100,000	3.1 Crisis Treatment Expansion	Continuation from FY2018	Cures
\$ 153,998	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
\$ 270,000	Adult Day Reporting Center	The Washington County Sheriff's Office Adult Day Reporting Center offers a minimum-security alternative to traditional incarceration for offenders who meet the criteria for the program. The program provides community based	GOCCP

		services and treatment to offenders under probation, pretrial supervision, and those sentenced directly to the Day Reporting Center. It also provides Cognitive Behavioral Therapy in group and individual settings along with Medication Assisted Treatment incorporating Vivitrol in order to reduce recidivism, jail population and corrections related costs.	
\$ 80,922	Horizon Goodwill Industries PROJECT REALIZE!	A mentoring program for youth involved in the justice system. (Grant approved/pending)	OOCC
\$ 250,000	Brooke's House	Long-term sober living facility for women in Washington County (Grant approved/pending)	OOCC
\$ 10,000	Peer Specialist	Screening, Brief Intervention, and Referral to Treatment services, with a focus on hospitals, correctional facilities, and other high-risk populations	GOCCP
Total \$1,172,564			

WICOMICO COUNTY

State OIT Grant Funding			
\$ 110,222	Education, Training and Informational Campaign	Funding to provide continued opioid forums throughout county to provide education to public and solicit feedback, naloxone trainings, and distribution of resource guides	OOCC
	Wicomico Opioid Coordinator	Funding to retain opioid coordinator	
Other State and Emergency Funding			
\$ 74,865	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 47,000	Corrections SBIRT	Continuation from FY18	OOCC-MDH
\$ 40,662	Heroin Coordinators	One individual from a law enforcement agency responsible for local consolidation and analysis of drug overdose information for targeted prosecution, drug supply reduction, and public health coordination	GOCCP
\$ 431,786	MD Criminal Intelligence Network (MCIN)	A coalition of criminal justice agencies that collaborates and coordinates tactics, resources, and intelligence through data sharing, partnerships, policies, and technologies	GOCCP
\$ 78,000	Medically Assisted Treatment (MAT)	Partnership between local Detention Centers and Public Health Agencies which incorporates Vivitrol as a tool in MAT program for persons leaving Detention Centers.	GOCCP

\$ 26,877	Peer Specialist	Screening, Brief Intervention, and Referral to Treatment services, with a focus on hospitals, correctional facilities, and other high-risk populations	GOCCP
Total \$ 814,928			

WORCESTER COUNTY

State OIT Grant Funding			
\$ 89,552	Placement of Recovery Specialists in Hospital Emergency Department	Peer recovery specialist assignment in hospital ERs to serve as treatment resource. They will also assist in development and monitoring of Naloxone distribution	OOCC
Other State and Emergency Funding			
\$ 103,962	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution	Cures/OOCC/BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment	Cures
\$ 45,541	3.1 Crisis Treatment Expansion	Continuation from FY2018	Cures
\$ 50,615	Heroin Coordinators	Continuation from FY2018	GOCCP
Total			
\$ 295,186			

