

PREVENTION • TREATMENT • RECOVERY



Before it's **too late.**

Opioid Operational Command Center
2019 First Quarter Report
January 1, 2019 – March 31, 2019

June 6, 2019

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Message from the Executive Director

I am pleased to report that, in the first quarter of calendar year 2019, Maryland experienced its first decline in the total number of opioid-related fatalities in at least a decade. The total number of opioid-related fatalities in Maryland fell to 515 during the first quarter of 2019 versus 601 during the first quarter of 2018, a decline of 14.3 percent.

Furthermore, fatalities related to all classes of opioids fell during the quarter, including heroin, fentanyl, prescription opiates, and cocaine and benzodiazepines in combination with opioids.

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

We are especially pleased to see the decline in fentanyl-related deaths, which were down 8.3 percent for the quarter. Fentanyl and its analogues were responsible for the sudden acceleration in the number of opioid-related fatalities that began in Maryland in 2014.

We also are encouraged by the fact that 16 of Maryland's 24 local jurisdictions experienced declines in the number of opioid-related fatalities during the first quarter of 2019. We have never witnessed so many counties reporting declines in the number of opioid-related fatalities.

But the heroin and opioid crisis in Maryland is by no means over. More than 500 of our friends, family members, and neighbors lost their lives to opioid use disorder during the first quarter of 2019. The number of opioid-related fatalities in Maryland continues near all-time highs. We remain in the midst of a public health crisis of unprecedented magnitude.

But the combined efforts of federal, state, local, and community partners throughout Maryland are beginning to work. We have confidence that the right strategies are in place to advance Governor Hogan's policy priorities of prevention & education, enforcement, and treatment & recovery. We will begin the process of refining those strategies this summer by convening stakeholder groups to share their perspectives on how best to continue our efforts to fight the epidemic in the years to come.

The Opioid Operational Command Center (OCCC) has also begun its three-month-long process of visiting the Opioid Intervention Teams (OITs) in each local jurisdiction in the state. Based on the meetings conducted thus far, we are extremely impressed with the efforts of our local partners to confront the crisis. Every county has made excellent progress in implementing the 30 best practices identified by the OCCC.

Significant opioid-related legislation was passed during the 2019 Session of the Maryland General Assembly, and all such legislation was signed into law by Governor Hogan. These bills will facilitate grant-making by the Maryland Department of Health, expand medication-assisted treatment in jails and prisons, improve the functionality of the Prescription Drug Monitoring Program, and assure that any legal settlements from opioid-related litigation are used to support treatment programs.

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

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



Executive Summary

The total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in the first quarter of 2019 (January - March) was 577, a decrease of 14.6 percent as compared to the first quarter of 2018. Opioids accounted for 89.3 percent of all such fatalities.

The number of opioid-related deaths in Maryland in the first quarter of 2019 was 515. This was a decrease of 14.3 percent from the same time period in 2018.

Heroin-related fatalities in the first quarter of 2019 fell by 23.3 percent to 188. This decrease represents a continuation of a trend that began in 2017.

The number of fentanyl-related deaths in Maryland in the first quarter of 2019 was 474, a decrease of 8.3 percent as compared to the comparable period in 2018. This is the first quarter-over-quarter decline in the number of fentanyl-related fatalities since 2013. Fentanyl and its analogs accounted for approximately 92 percent of all opioid-related fatalities in the first quarter of 2019.

The number of prescription opioid-related deaths in Maryland also fell, continuing a trend that began in 2018. There were 89 prescription opioid-related deaths in Maryland in the first quarter of 2019, a decline of 16.0 percent, as compared to the first quarter of 2018.

The number of cocaine-related deaths in Maryland decreased by 21.2 percent in the first quarter of 2019 as compared to the comparable period in 2018 to a total of 186. Approximately 89 percent of all cocaine-related fatalities in the first quarter of 2019 was in combination with opioids.

There were 17 benzodiazepine-related fatalities in the first quarter of 2019, a decrease of 59.5 percent as compared to the first quarter of 2018. Nearly all benzodiazepine-related fatalities in the first quarter of 2019 were in combination with opioids.

Twenty-one of 24 jurisdictions experienced opioid-related fatalities in the first quarter of 2019. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities, which collectively accounted for 66.2 percent of all opioid-related deaths in Maryland in the first quarter of 2019. Encouragingly, 16 of the 24 local jurisdictions in Maryland experienced a decline in the number of opioid-related fatalities in the first quarter of 2019.

The OOC'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 20). 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 13 performance measures in the area of Prevention & Education, two in the area of Enforcement, and 15 in the area of Treatment & Recovery.

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

The 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. Five significant opioid-related bills were passed by the Maryland General Assembly during the 2019 Legislative Session, and all were signed into law by Governor Hogan (see page 38).

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.

OCCC opioid crisis funds provide funding to support over 100 statewide and local projects. Forty-one of these grant projects fell into the area of Prevention & Education, 13 fell into the area of Enforcement, and 51 fell into the category of Treatment & Recovery.

Of the \$56.6 million in fiscal year 2019 opioid crisis spending, \$20.7 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 first quarter of 2019, the most recent period for which preliminary data are available. Final counts also are shown for January-December 2010-2017 and preliminary counts for January-March 2018 to allow for review of trends over time.

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

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

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

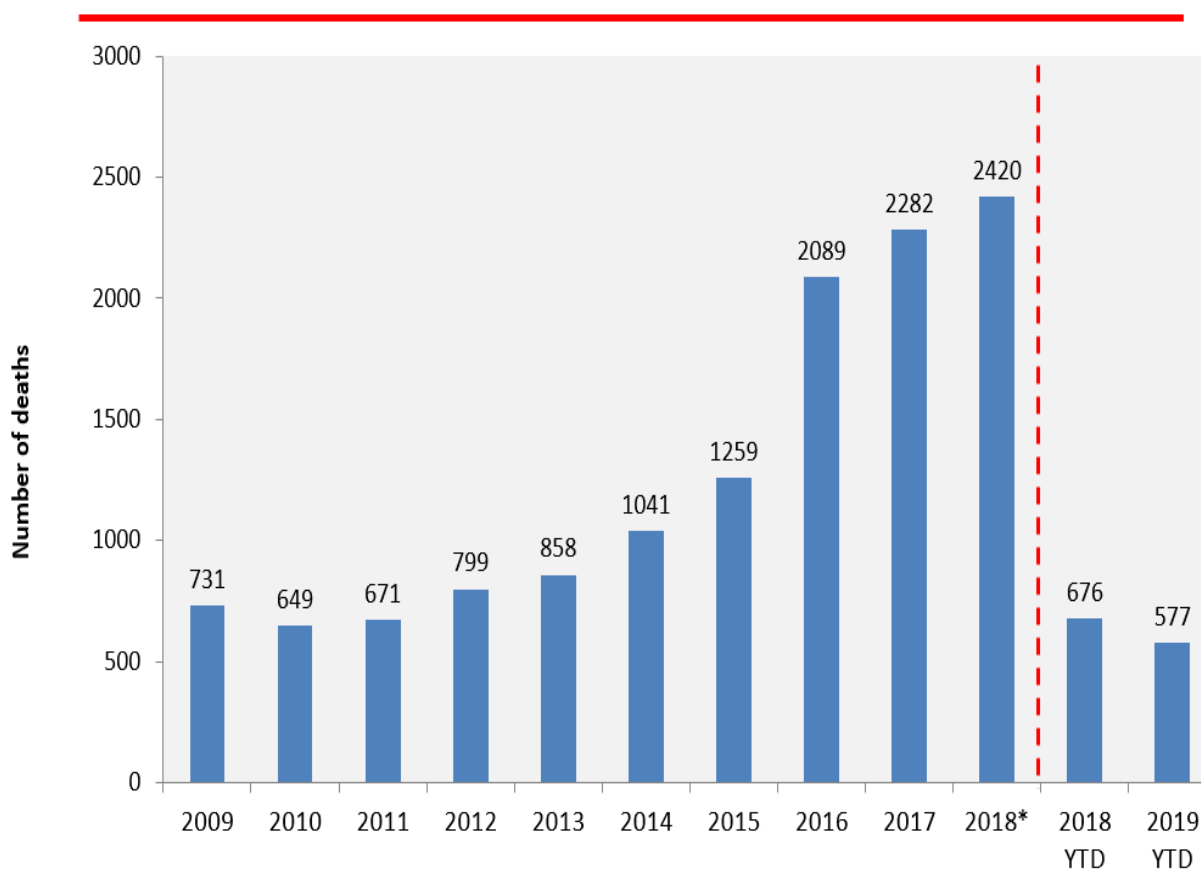


Fatalities Data (cont.)

As shown in Figure 1, the total number of unintentional intoxication deaths from all types of drugs and alcohol in Maryland in the first quarter of 2019 decreased by 14.6 percent to a total of 577. Opioids accounted for 89.3 percent of all unintentional intoxication deaths in Maryland in the first quarter of 2019.

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

Figure 1. Total Number of Unintentional Intoxication Deaths in Maryland from January-December 2009-2017 and from January-March 2018 and 2019.*



*2018 and 2019 counts are preliminary.



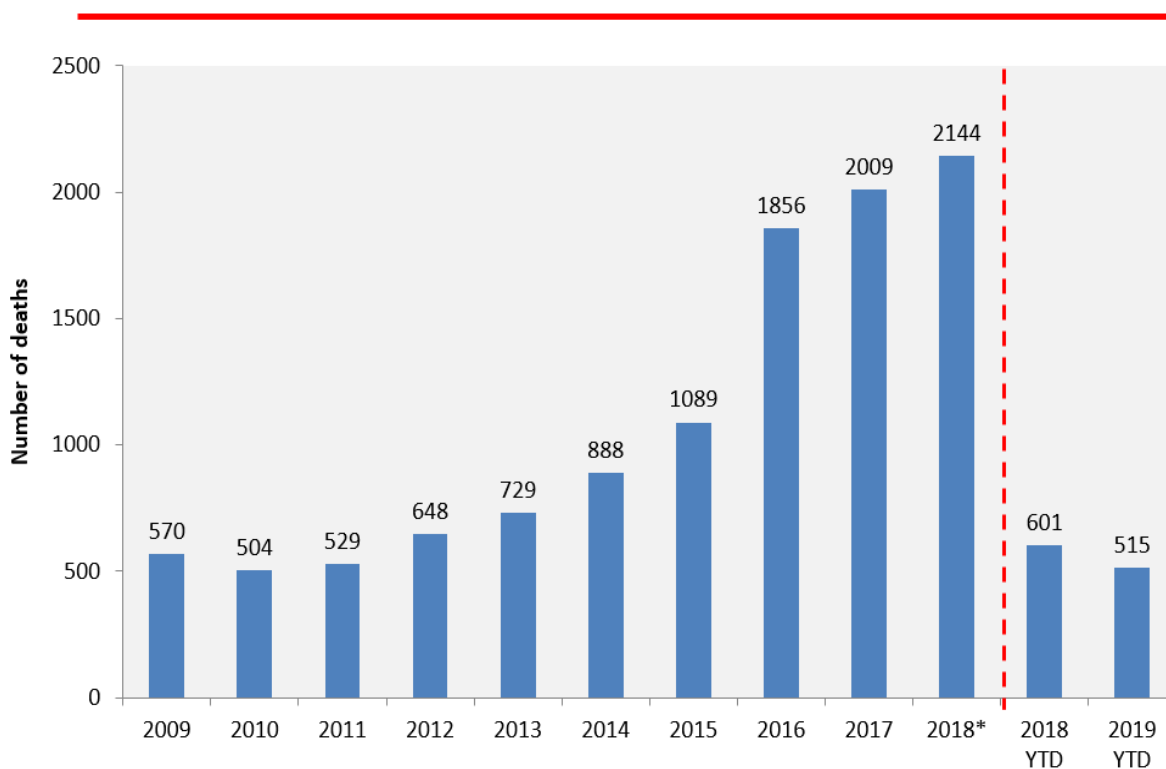
Fatalities Data (cont.)

As shown in Figure 2, the number of opioid-related deaths occurring in Maryland in the first quarter of 2019 was 515. Opioid-related deaths in the first quarter of 2019 decreased by 14.3 percent as compared to the same time period in 2018.

The years 2009 through 2011 were a period of relative stability with respect to the number of opioid-related fatalities in Maryland. The number of fatalities began to increase significantly in 2012 and 2013 as a result of a resurgence in heroin use.

The number of fatalities began to accelerate even more rapidly in the 2014 to 2016 timeframe with the increased availability of synthetic opioids, including fentanyl and its analogs. The period 2017-2018 witnessed a plateauing in the rate of growth in fatalities followed by an actual decline in the first quarter of 2019.

Figure 2. Number of Opioid-Related Deaths in Maryland from January-December 2009-2017 and from January-March 2018 and 2019.*



*2018 and 2019 counts are preliminary.



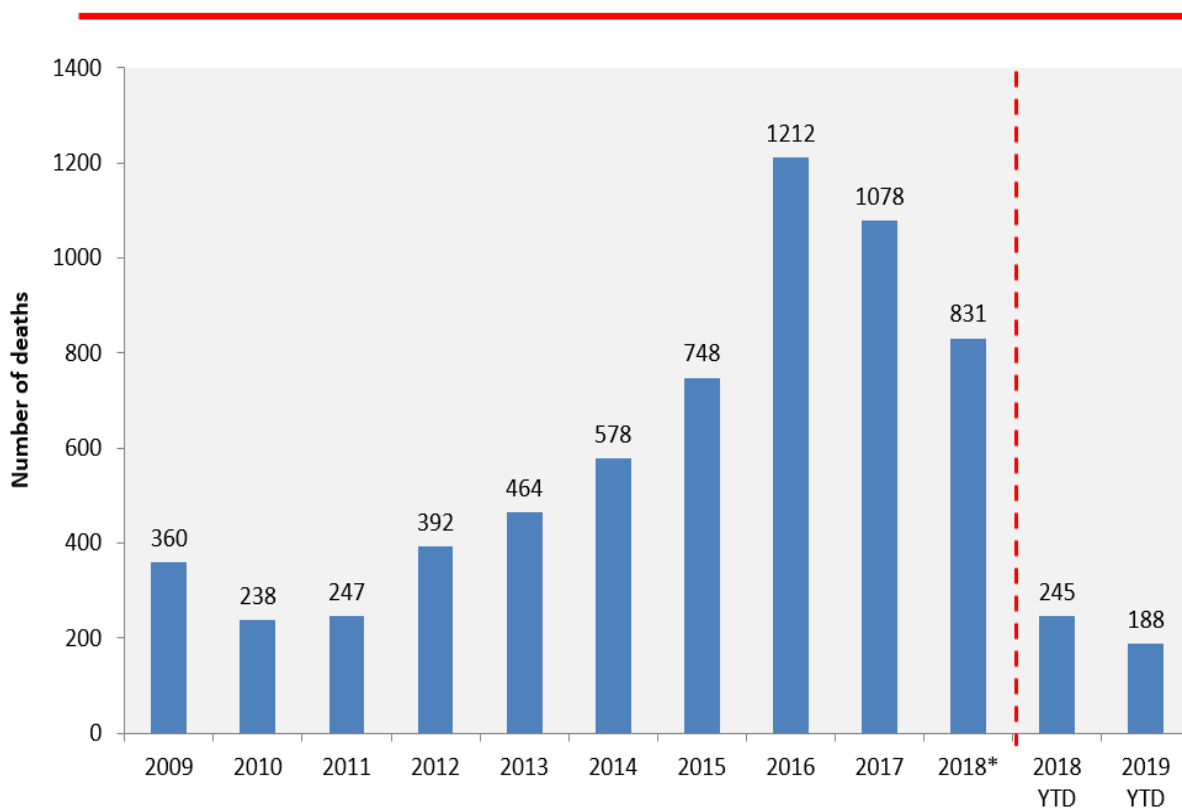
Fatalities Data (cont.)

As shown in Figure 4, the number of heroin-related fatalities fell to 188 in the first quarter of 2019, down 23.3 percent from 2018.

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

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

Figure 4. Number of Heroin-Related Deaths in Maryland from January-December 2009-2017 and from January-March 2018 and 2019.*



*2018 and 2019 counts are preliminary.

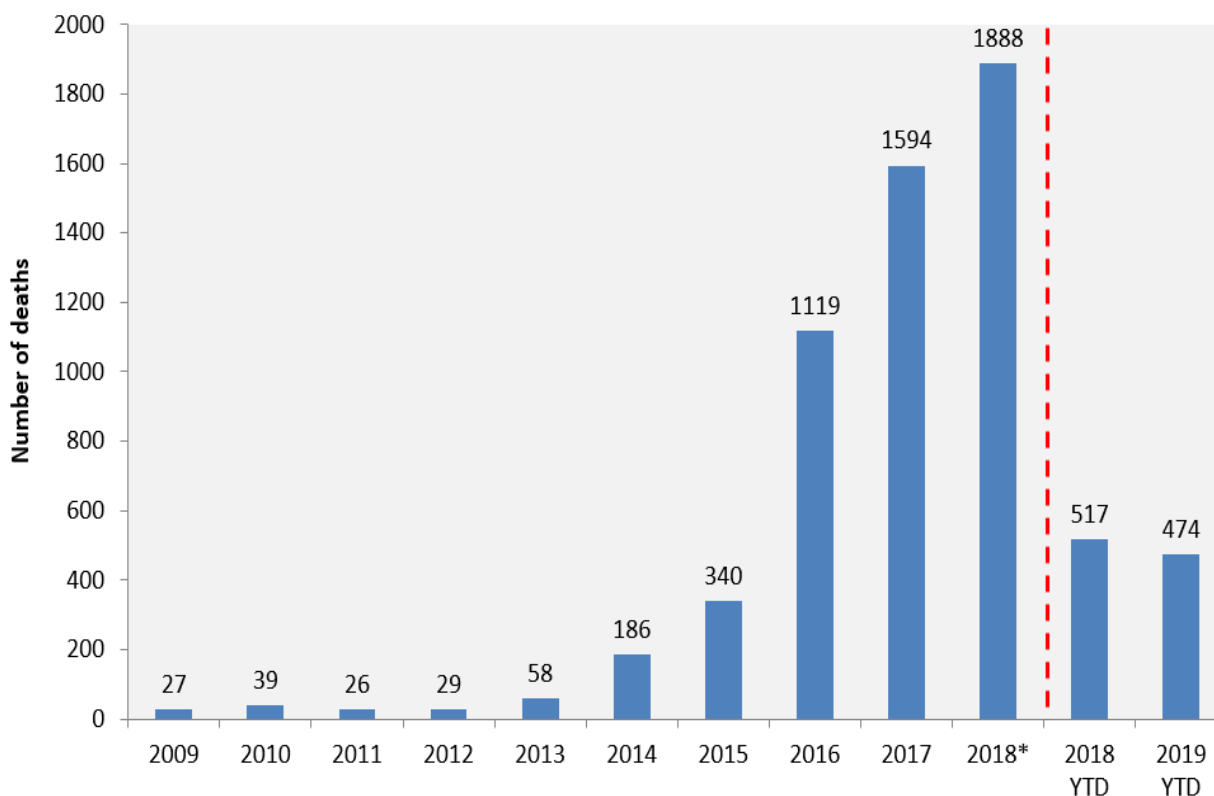
Fatalities Data (cont.)

As shown in Figure 5, the number of fentanyl-related deaths occurring in Maryland was 474 in the first quarter of 2019, a decrease of 8.3 percent as compared to the first quarter of 2018.

Fentanyl accounted for 92.0 percent of all opioid-related fatalities in the first quarter of 2019 versus only about 8 percent in 2013.

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

Figure 5. Number of Fentanyl-Related Deaths in Maryland from January-December 2009-2017 and from January-March 2018 and 2019.*



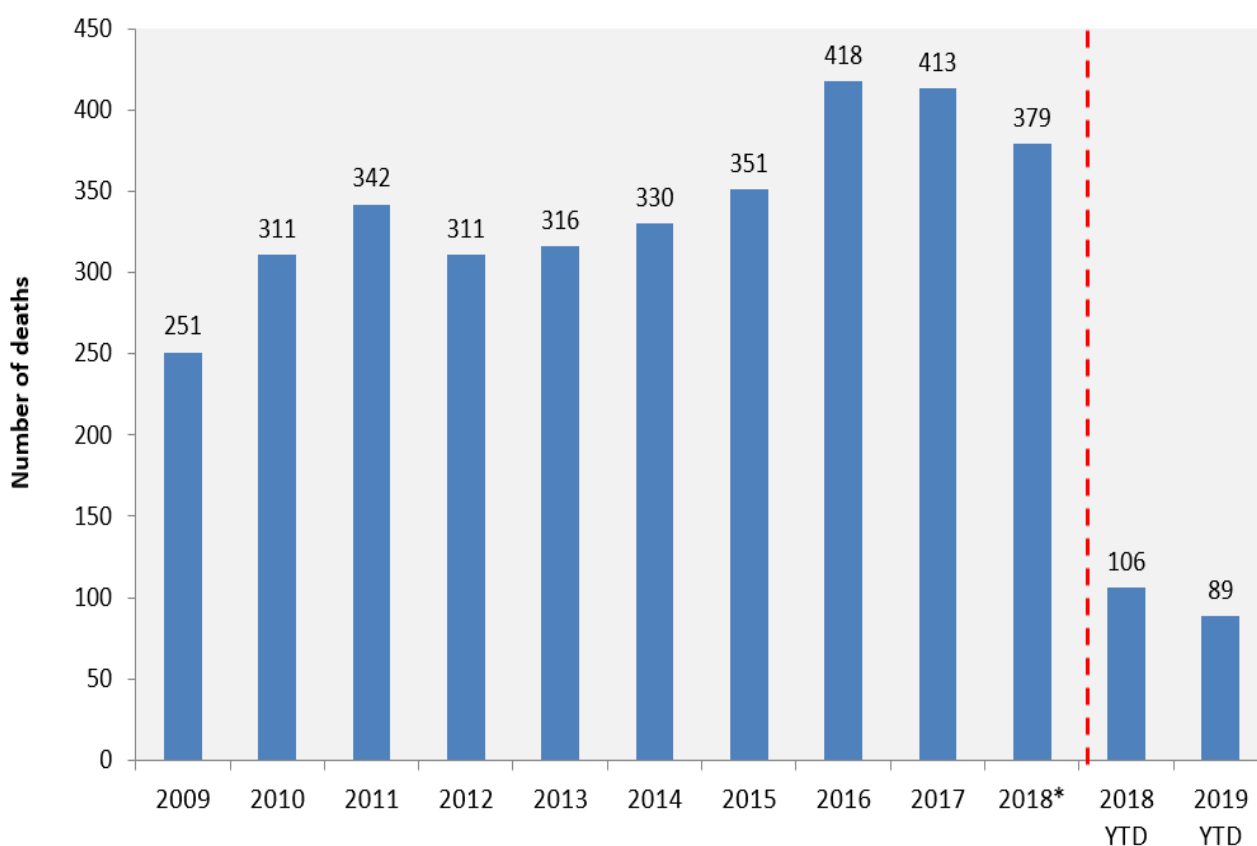
*2018 and 2019 counts are preliminary.



Fatalities Data (cont.)

As shown in Figure 6, the number of prescription opioid-related deaths in Maryland fell to 89 in the first quarter of 2019, a decrease of 16.0 percent as compared to the first quarter of 2018. January-March 2019 continued a declining trend in the number of prescription opioid-related deaths in Maryland that began in 2018.

Figure 6. Number of Prescription Opioid-Related Deaths in Maryland from January-December 2009-2017 and from January-March 2018 and 2019.*



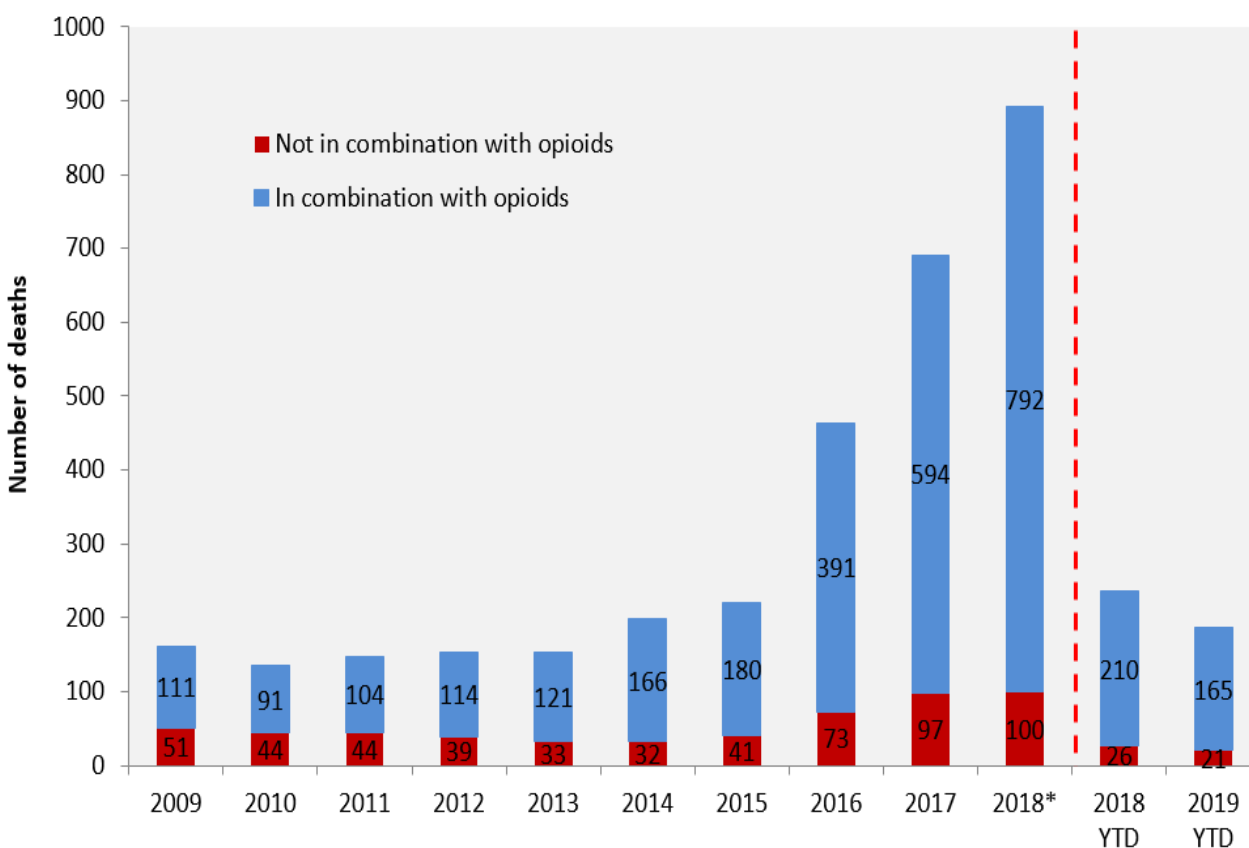
*2018 and 2019 counts are preliminary.

Fatalities Data (cont.)

As shown in Figure 7, there were 186 cocaine-related fatalities in the first quarter of 2019, a decrease of 21.2 percent as compared to the first quarter of 2018. This represents the first quarter over quarter decline in the number of cocaine-related fatalities since 2010.

The sharp increase in the number of cocaine-related fatalities in recent years was the result of mixing cocaine with fentanyl. Approximately 87 percent of all cocaine-related fatalities in the first quarter of 2019 was in combination with opioids.

Figure 7. Number of Cocaine-Related Deaths in Maryland from January-December 2009-2017 and from January-March 2018 and 2019.*



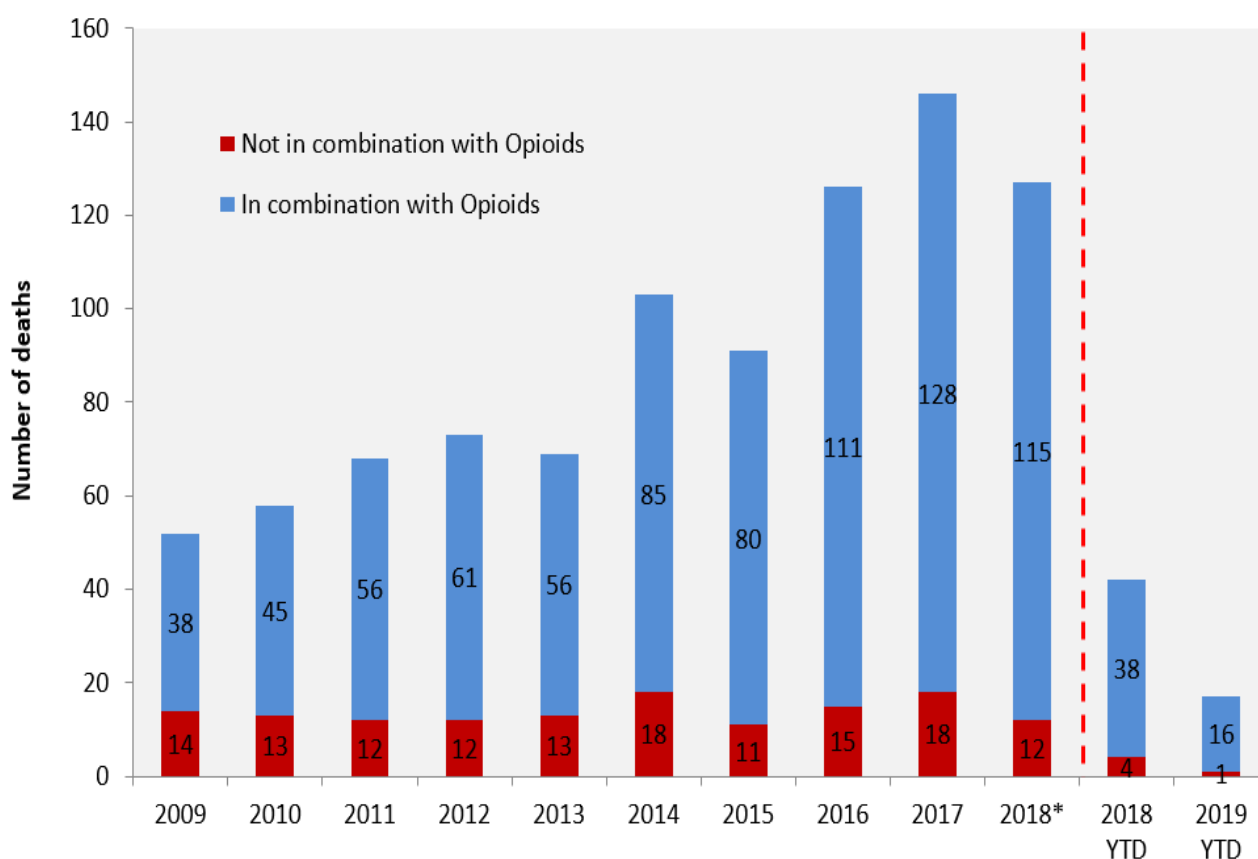
*2018 and 2019 counts are preliminary.

Fatalities Data (cont.)

As shown in Figure 8, there were 17 benzodiazepine-related fatalities in the first quarter of 2019, a decrease of 59.5 percent as compared to the first quarter of 2018.

Nearly all benzodiazepine-related fatalities in the first quarter of 2019 were in combination with opioids.

Figure 8. Number of Benzodiazepine-Related Deaths in Maryland from January-December 2009-2017 and from January-March 2018 and 2019.*



*2018 and 2019 counts are preliminary.

Fatalities Data (cont.)

As shown in Table 1, every local jurisdiction in Maryland, except Dorchester, Garrett, and Somerset counties, experienced opioid-related fatalities in the first quarter of 2019. Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of fatalities, which collectively accounted for 66.2 percent of all opioid-related deaths in Maryland in the first quarter of 2019.

Sixteen of Maryland's 24 jurisdictions experienced a decline in the number of opioid-related fatalities in 2018, six experienced an increase, and two experienced no change. This is the largest number of local jurisdictions to report a decline in opioid overdose-related fatalities that we have recorded.

Table 1. Comparison of Opioid-Related Intoxication Deaths^{1,2} by Place of Occurrence, Maryland, January-March, 2018 and 2019³.

Jurisdiction	Opioid Intoxication Deaths		2018 vs 2019
	Jan. - Mar. 2018	Jan. - Mar. 2019	# DIFFERENCE
Maryland Total	601	515	-86
Allegany	7	7	0
Anne Arundel	68	45	-23
Baltimore City	225	224	-1
Baltimore County	103	72	-31
Calvert	1	8	7
Caroline	0	4	4
Carroll	27	13	-14
Cecil	19	10	-9
Charles	4	3	-1
Dorchester	1	0	-1
Frederick	23	20	-3
Garrett	2	0	-2
Harford	28	18	-10
Howard	10	8	-2
Kent	0	3	3
Montgomery	20	19	-1
Prince George's	20	14	-6
Queen Anne's	3	4	1
Somerset	3	0	-3
St. Mary's	5	4	-1
Talbot	2	2	0
Washington	16	23	7
Wicomico	9	7	-2
Worcester	5	7	2

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

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

³Counts for 2018, 2019 are preliminary.

Goals and Objectives



Goals and Objectives

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

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

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

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

State Partner Performance Measures



State Partner Performance Measures

The OOC tracks 174 state-level metrics pertaining to opioid-related programs that are being implemented by our various state-government partners. 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 OOC were developed collaboratively with state partners to best capture departmental response efforts.

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

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

Unless otherwise noted, the chart below provides calendar year data for 2017, 2018 and quarter one (Q1) of 2019. When possible, percent changes were calculated comparing Q1 of 2019 to baseline data from 2017.



Prevention & Education					
Performance Measure	2017	2018	Q1 2019	Percent Difference (Q1 '19 – CY 2017)	Reporting Partner
Number of Public Information Campaigns	18	21	21	16.6%	MDH
Number of prescribers registered with Prescription Drug Monitoring Program (PDMP)	30,172	32,365	32,001 ¹	6%	MDH
Number of opioid prescriptions (excluding buprenorphine)	3,524,379	3,035,655	554,254 ²	-	MDH
Number of buprenorphine prescriptions	318,052	383,659	97,003 ³	-	MDH
Number of hospitals with single sign-on PDMP access	32	41	41	28%	MDH
Pounds of prescription drugs collected	6,342 ⁴	9,143	749.45	-	MSP
Number of officers, agents, analysts, and support staff who received supported training	781	2,060	No update	-	W/B HIDTA ⁵

¹ Based on data pulled 5/2/19.

² Based on data pulled 4/10/19; calculated by subtracting buprenorphine prescriptions from total opioid prescriptions.

³ Based on data pulled 4/10/19.

⁴ Based on partial records from July to December 2017.

⁵ W/B HIDTA includes 15 counties and 16 cities in Maryland, Virginia, West Virginia and the District of Columbia.

Number of Juvenile Services-involved youth receiving prevention education	2,390 ⁶	2,465 ⁴	2,957	23.7%	DJS
Number of Local School Systems reporting implemented substance use/behavioral health programs and activities ⁷	22 ⁸	24 ⁹	24	9%	MSDE
Enforcement					
Performance Measure	2017	2018	Q1 2019	Percent Change (Q1 '19 – CY 2017)	Reporting Partner
Number of Office of Controlled Substances Administration (OCSA) inspections to identify providers with inappropriate prescribing practices	649	1,347	326	-	MDH
Number of OCSA investigations based on red flags or complaints	106	254	64	-	MDH

⁶ This total may contain duplicates. Some youth may attended multiple educational events.

⁷ In January 2017, the Maryland State Department of Education (MSDE) gathered information on strategies that local school systems (LSSs) were implementing 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.

⁸ MSDE reports based on school year. The 2017 measure includes the 2016-2017 school year, and the 2018 measure includes the 2017-2018 school year.

⁹ 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.

Kilograms of heroin seized	146	188 ¹⁰	8.4	-	W/B HIDTA
Kilograms/Dosage units of fentanyl seized	40 kilograms <hr/> 116 dosage units	45 kilograms <hr/> 3,097 dosage units ⁸	11.6 kilograms	-	W/B HIDTA
Kilograms/Dosage units of prescription narcotics seized	4.1 kilograms <hr/> 3,409 dosage units	2.1 kilograms <hr/> 1,957 dosage units ⁸	6.0 kilograms <hr/> 195 dosage units	-	W/B HIDTA
Number of drug trafficking organizations (DTOs) and money laundering organizations (MLOs) successfully disrupted or dismantled	146	125 ⁸	15	-	W/B HIDTA
Number of investigations for which HIDTA analysts provided analytical support	280	357 ⁸	53	-	W/B HIDTA
Treatment & Recovery					
Performance Measures	2017	2018	Q1 2019	Percent Change (Q1 '19 – CY 2017)	Reporting Partner
Number of Crisis Hotline calls	983 ¹¹	1,495 ⁹	302	-	MDH
Number of new institutions trained in SBIRT ¹²	12	34	0	-	MDH

¹⁰ W/B HIDTA 2018 numbers are preliminary.

¹¹ 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.

¹² SBIRT stands for Screening, Brief Intervention, Referral to Treatment.



Number of individuals who received SBIRT services	27,675	46,831	1,815	-	MDH
Number of SBIRT Brief Interventions (BI) provided by funded Peer Support Specialists	337,250	594,281	8,282	-	MDH
Number of Peer Support Specialists working within the public behavioral health system	235	308	No update ¹³	-	MDH
Number of individuals trained by state-authorized Overdose Response Program (ORP) training organizations	37,234	35,008	7,587	-	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	8,382	-	MDH
Number of layperson naloxone administrations reported to the state (Maryland Poison Control Center and/or other reports faxed to state)	724	988	154	-	MDH
Number of naloxone doses purchased with OIT Grants ¹⁴	7,949	39,546	726	-	MDH
Number of patients receiving naloxone from EMS providers ¹⁵	14,215	13,307	908	-	MIEMSS
Number of naloxone administrations by state troopers	129	112	19	-	MSP

¹³ Metric to be collected 7/19

¹⁴ OIT funding began in Fiscal Year 2018.

¹⁵ If an EMS patient received multiple administrations, the patient is counted only once.

Number of individuals served by state and federally supported crisis treatment centers and residential services providers	594	2,092	575	-	MDH
Number of certified recovery residences	172	252	207	20.3%	MDH
Number of beds/capacity of certified recovery residences	1,622	2,333	1,986	22.4%	MDH
Number of individuals that received SUD residential treatment services under the Medicaid 1115 Waiver in accordance with legislation	4,803	10,993	868	-	MDH
Number of jurisdictions with Syringe Service Programs approved	1	4	7	600%	MDH

Opioid Intervention Team (OIT) Performance Measures



OIT Performance Measures

The OOC tracks 36 local-level programs and initiatives implemented by our various local partners through the Opioid Intervention Teams (OITs). This section presents 30 of what we regard as the highest-priority programs and initiatives. Accordingly, this section does not reflect all the efforts of our local partners. All metrics followed by the OOC were developed collaboratively with our local partners to best capture local response efforts. Unless otherwise noted, the chart below provides baseline (prior to March 2017) data, calendar year 2018 data, and first quarter 2019 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 March 31, 2019.

Prevention Education				
Performance Measure	Baseline (as of March 2017)	2018	2019	Difference Q1 2019 vs. Baseline
Number of jurisdictions reporting implementing information campaigns aimed at prevention and stigma reduction	11	24	24	118%
Number of jurisdictions reporting implementing information campaigns that educate individuals on how to access resources available in the area	15	24	24	60%
Number of jurisdictions reporting implementing programs to encourage safe disposal of prescription medications	21	24	24	14%
Number of jurisdictions reporting implementing locally-led programs to educate prescribers about best practices in prescribing opioids or pain medications	7	18	19	171%

Number of jurisdictions reporting implementing programs to increase employer support for individuals seeking treatment and those in recovery	2	13	15	650%
Number of jurisdictions reporting implementing programs to address to compassion fatigue with partners	3	15	15	400%
Number of jurisdictions reporting implementing evidence-based substance use addiction & prevention curriculum	17	24	24	41%
Number of school systems that identify and support youth who use substances	5	22	23	360%
Number of jurisdictions reporting implementing youth-focused substance use addiction & prevention programs outside of school hours	13	15	19	46%
Number of jurisdictions reporting implementing programs to support youth impacted by overdose or addiction in their homes	6	14	20	233%
Number of jurisdictions reporting processes to share information between local agencies to identify high-risk individuals	3	23	23	667%
Number of jurisdictions reporting processes to monitor and evaluate programs in jurisdiction	14	19	22	57%
Number of jurisdictions registered to receive Spike Alerts via ODMAP	20	20	20	0%

Law Enforcement Programming				
Performance Measure	Baseline (as of March 2017)	2018	2019	Difference Q1 2019 vs. Baseline
Number of jurisdictions reporting implementing the heroin coordinator program	15	20	16	60%
Number of jurisdictions reporting implementing police-led programs where officers can refer individuals to care at various points along the sequential intercept	4	8	8	100%
The majority of programs currently enable police referrals for non-fatal overdose victims. LEAD enables officers to make referrals when they engage someone in need, in lieu of arrest, during a well-being check, and following overdose or other injury.				
Treatment and Recovery Programming				
Number of jurisdictions reporting implementing some level of pretrial substance abuse screening	7	19	22	214%
Number of jurisdictions reporting implementing at least one type of Medication-Assisted Treatment available in the correctional facility for individuals while incarcerated	12	17	18	50%
Number of jurisdictions reporting implementing at least one type of Medication-Assisted Treatment induction available upon release from a correctional facility	13	18	21	62%
Number of jurisdictions reporting other types of treatment available for individuals with substance use disorder within the correction facility	19	19	24	26%

Number of jurisdictions reporting a facilitated approach to referral treatment upon release from a correctional facility	10	22	22	120%
Number of jurisdictions reporting programs to support transitions to recovery housing and employment services upon release from a correctional facility	10	19	23	130%
Number of jurisdictions reporting implementing mobile crisis teams for substance use disorder	10	15	18	80%
Mobile Crisis services are defined as “community-based mobile crisis services that provide face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis to begin the process of assessment and definitive treatment.”				
Number of jurisdictions reporting implementing walk-in crisis services for substance use disorder	13	14	16	23%
Walk-In Crisis services are defined as a “program that provides assistance to individuals in crisis without an appointment or referral.”				
Number of jurisdictions reporting Crisis Stabilization outside of the Hospital ER	1	5	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	24	33%
Number of jurisdictions reporting employment training and/or workforce development resources for individuals in recovery	8	11	15	86%

Number of jurisdictions reporting implementing naloxone training & distribution	19	23	24	26%
Number of jurisdictions reporting implementing harm reduction programs	8	12	18	125%
Number of jurisdictions reporting implementing EMS Leave Behind	n/a	10	14	
Number of jurisdictions reporting implementing case management support for individuals in treatment	16	21	24	50%

Local Best Practices



Local Best Practices

This section describes and outlines current implementation at the local level of strategies and programs identified collaboratively with state and local partners as effective practices. OITs reported their current state of program implementation via the Best Practice Performance Measure Questionnaire process as of March 31, 2019. Each OIT's self-assessed program examines eight best-practice classifications with a focus on 30 programs. No local jurisdiction has implemented all 30 programs. Twenty-one jurisdictions have implemented 23 or more of the practices, and three jurisdictions have implemented fewer than 23 of the practices.

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



Local Best Practices (cont.)

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

Local Best Practices Matrix



Local Best Practices (cont.)

Local OIT Best Practices 1st Quarter 2019 Responses

1. Community Awareness Programming

	Allegany	Anne Arundel/Annapolis City	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
a. Information Campaigns/Anti Stigma	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
b. Information Campaigns/ Access	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
c. Safe Disposal Programs	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
d. Prescriber Education	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Red	Green	Green	Green	Red	Red	Red	Red	Green	Green	Green	Green	Green	
e. Employer Support Programs	Green	Red	Red	Green	Green	Green	Green	Green	Green	Red	Red	Green	Green	Green	Green	Red	Red	Red	Red	Green	Green	Red	Red	
f. Compassion/Fatigue Prevention	Red	Green	Green	Green	Green	Green	Green	Green	Green	Red	Red	Green	Green	Red	Red	Red	Red	Red	Green	Green	Green	Green	Red	

2. Youth & School Programming

a. Substance-Use and Prevention Curriculum	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
b. Youth Identification & Support Programs	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red
c. After School Programs	Green	Red	Red	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Red	Green
d. Youth Impact Programs	Green	Green	Green	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Red	Green	Green	Green	Green	Green	Green

3. Law Enforcement Programming

a. Heroin Coordinator Programs	Green	Red	Green	Green	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Red	Red	Red	Green	Green	Red	Green
b. Law Enforcement Diversion	Green	Red	Green	Red	Red	Red	Green	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Green	Green	Green	Red	Red

4. Criminal Justice Programming

a. Pre-Trial Screening ¹	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green
b. MAT While Incarcerated ²	Red	Green	Green	Green	Green	Red	Green	Green	Green	Green	Red	Green	Green	Green	Red	Green	Red	Green	Green	Green	Green	Red	Green
c. MAT Upon Release ²	Red	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green
d. Other Treatment While Incarcerated	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
e. Facilitated Referral Upon Release ³	Green	Red	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
f. Recovery-Housing Transition Support	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Local Best Practices (cont.)

Local OIT Best Practices 1st Quarter 2019 Responses

5. Crisis Intervention Systems

	Allegany	Anne Arundel/Annapolis City	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	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
b. Walk-In Crisis Services	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
c. Crisis Stabilization (outside ED)	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
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

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.

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.

6. Harm Reduction Programming

a. Employment Training	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
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	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
c. Other Harm-Reduction Strategies	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
d. EMS Leave Behind Program	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green

7. Access to Treatment & Recovery Programming

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

a. Local Agency Communication	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
b. Program Monitoring and Evaluation	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
c. Spike Alerts	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	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	No, but planning to implement
Light Green	Yes, beginning to implement	Red	No, no plans to implement
White	No answer provided		

2019 Opioid-Related Legislation



Opium-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.

Five significant opioid-related bills were passed by the Maryland General Assembly during the 2019 Legislative Session, and all were signed into law by Governor Hogan. The bills were as follows:

[House Bill 155/Senate Bill 164 – Maryland Department of Health - Capital and Grant Programs - State Grants](#) increased the percentage of eligible costs that a State grant may cover within the Maryland Department of Health's (MDH) Community Health Facilities Grant Program and Federally Qualified Health Centers (FQHC) Grant Program, after federal funds have been applied from 50 percent to 75 percent and from 75 percent to 90 percent for specified projects eligible for poverty-area funding.

[House Bill 116 – Public Health—Correctional Services – Opioid Use Disorder Examinations and Treatment](#) put Maryland at the forefront of opioid-addiction treatment for inmates. The bill required correctional facilities to offer all three FDA-approved forms of medication-assisted treatment to inmates diagnosed with opioid use disorder. The legislation also calls for mental-health and substance-use status screenings for each inmate.

[House Bill 25 – Prescription Drug Monitoring Program \(PDMP\) - Revisions](#) required the PDMP to review prescription monitoring data for indications of a possible misuse or abuse of a monitored prescription drug. The PDMP must report the possible misuse or abuse to the prescriber or dispenser of the monitored prescription drug and provide certain education to the prescriber or dispenser. The bill also authorized the PDMP to provide prescription monitoring data to the Office of Controlled Substances Administration for further investigation.

[House Bill 466 – Prescription Drug Monitoring Program \(PDMP\) - Program Evaluations](#) required that the PDMP must provide prescription monitoring data to authorized users, rather than the authorized administrator, of another state's prescription drug monitoring program. The bill also repealed the termination date of the program and the requirement that the Department of Legislative Services conduct an evaluation of the program.

[House Bill 1274 – Opioid Restitution Fund](#) established the Opioid Restitution Fund and requires that all revenues resulting from a judgment against or settlement with opioid manufacturers or others in the opioid industry related to claims made by the state to recover damages are directed to the fund. The fund may only be used for purposes prescribed in the bill.



Opioid-Related State Spending



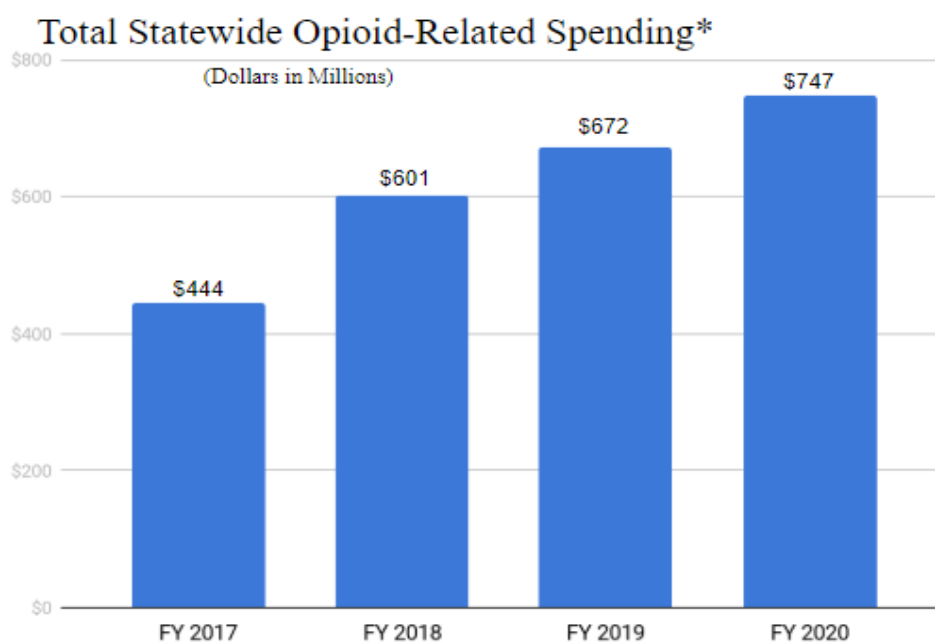
Opioid-Related State Spending

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 Funds include the federal 21st Century Cures Act, state general funds that are allocated through the OOCC, 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
OOCC ¹⁶	\$10,513,712	\$10,900,981	\$10,805,547
GOCCP ¹⁷	\$2,181,489	\$1,168,900	\$1,400,000
MDH-Cures ¹⁸	\$10,036,845	\$10,036,784	-
MDH-SOR ¹⁹		\$33,169,407	\$50,169,407
DLLR ²⁰		\$1,312,543	\$1,312,543
Total	\$22,732,046	\$56,588,615	\$63,687,497

¹⁶ Excludes provider rate increase in FY2019 of \$5.3 million.

¹⁷ In June 2018, GOCCP announced \$1.2 million in funding for the opioid crisis (includes Heroin Coordinators, LEAD and Peer Specialist programs only). The Peer Specialist program was reduced from \$140,000 to \$86,900 later in the fiscal year. However, GOCCP funds other opioid-related programs that are not included in the definition of Opioid Crisis Funds. The FY2020 funding figure is an approximation of the cost of continuing these three programs in the next fiscal year.

¹⁸ Cures funding only applied to FY18 and FY19.

¹⁹ 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.

²⁰ The full grant award is \$1,975,085 and \$650,000 for the award period of 07/01/2018 - 06/30/2020.



Opioid Crisis Fund Grants



Opioid Crisis Fund Grants

The table below presents the various programs that are being funded by Opioid Crisis Fund grants. 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</u>	<u>Initiative Overview</u>	<u>Implementing Partner</u>
PREVENTION & EDUCATION			
\$1,000,000	Federal Cures Grant	Continuation of public awareness campaigns to reduce stigma and increase patient-physician communication	Lead Agency: MDH; Supporting Partner: OCCC
\$700,000	Federal Cures Grant	Establishes harm reduction outreach teams	Lead Agency: MDH
\$200,000	Federal Cures Grant	Continuation of a program that creates school-based teams for early identification of the problems related to substance use disorders	Lead Agency: MDH; Supporting Partner: MSDE
\$35,400	OCCC General Funds	Supports the Carroll County Drug and Violence Expo - Carroll County Chamber of Commerce	Lead Agency: 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	Lead Agency: Maryland Faith Health Network; Supporting Partners: OCCC, Governor's Office of Community Initiatives - Interfaith Outreach



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

\$400,000	OOCC General Funds	Invites college students to compete in developing and proposing an innovative statewide media campaign that MHEC would implement and oversee to educate the general public about substance use disorder, harm reduction, etc. ^(b)	Lead Agency: OOCC; Supporting Partner: MDH
\$750,000	OOCC General Funds	Public Service Announcements (PSAs) produced by MPT as part of the OOCC's media campaign to educate the public of the dangers regarding the misuse of opioids. ^(b)	Lead Agency: OOCC; Supporting Partner: MPT
\$13,200	OOCC General Funds	Enhances St. Mary's County Opioid-Associated Disease Prevention & Outreach Programs	Lead Agency: OOCC; Supporting Partner: MDH
\$36,135	OOCC General Funds	Supports Wicomico Goes Purple, a campaign that spreads awareness and education about the dangers of substance use	Lead Agency: OOCC; Supporting Partner: MDH
\$3,000	OOCC General Funds	Wicomico County educational course to help individuals in recovery with the goal of enriching themselves and become better/more effective parents	Lead Agency: OOCC; Supporting Partner: MDH
\$7,000	OOCC General Funds	Supports Washington Goes Purple that focuses on education in school system and promoting discussion with students and their parents about prescription medication	Lead Agency: OOCC; Supporting Partner: MDH

\$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
\$911,214	OCC General Funds	Prevention & education efforts of all 24 OITs ^(e)	Lead Agency: OCC; 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
\$175,600	OCC General Funds	Expands law enforcement assisted diversion (LEAD) to treatment programs	Lead Agency: GOCCP
\$185,000	Federal: Byrne Justice Assistance Grant		
\$370,000	OCC General Funds	Increases monitoring and regulatory oversight of controlled substances prescribers and dispensers	Lead Agency: MDH
\$39,000	OCC General Funds	Continuation of law enforcement investigation support	Lead Agency: W/B HIDTA; Supporting Partners: GOCCP
\$19,083	OCC General Funds	Law enforcement investigation support for Baltimore County Police Department	Lead Agency: OCC; Supporting Partner: MDH
\$8,000	OCC General Funds	Law enforcement investigation support for Worcester County Sheriff's Office	Lead Agency: OCC; Supporting Partner: MDH
\$62,067	OCC General Funds	Supports operation of MSP's DART-TOF/MS technology that analyzes controlled dangerous substances	Lead Agency: OCC; Supporting Partner: MSP
\$31,020	OCC General Funds	Provides materials to ensure safety of MSP lab personnel that analyze controlled dangerous substances	Lead Agency: OCC; Supporting Partner: MSP

\$50,000	OCCC General Funds	Law enforcement investigation support for MSP	Lead Agency: OCCC; Supporting Partner: MSP
\$10,100	OCCC General Funds	Supports purchase of a K-9 drug dog for Somerset County	Lead Agency: OCCC; Supporting Partner: MDH
\$163,184	OCCC General Funds	Supports the Analytical Testing Initiative - Howard County Police Department	Lead Agency: Howard County Police Department; Supporting Partner: GOCCP
\$71,800	OCCC General Funds	Supports Enforcement efforts for all 24 OITs ^(e)	Lead Agency: OCCC; Supporting Partner: MDH
TREATMENT & RECOVERY			
\$2,810,000	Federal Cures Grant	Expands access to crisis beds and residential treatment services statewide	Lead Agency: MDH
\$3,803,947	Federal SOR Grant	Expands access to crisis beds in Allegany, Anne Arundel, 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

\$922,600	OOCC General Funds		
\$1,300,000	Federal Cures Grant	Improves access to naloxone statewide	Lead Agency: MDH; Supporting Partner: MIEMSS
\$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	OOCC 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)		
\$363,100	OOCC General Funds	Supports Anne Arundel's WellMobile that increases access to medications that support recovery from substance use disorders	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
\$163,700	OCCC General Funds	Supports the Montgomery County School System recovery and academic program	Lead Agency: MSDE
\$40,900	OCCC General Funds	Supports Brooke's House recovery house for women in Washington County	Lead Agency: Brooke's House; Supporting Partners: OCCC, MDH
\$58,000	OCCC General Funds	Supports the Project Realize! youth mentoring program - Horizon Goodwill Industries in Washington County	Lead Agency: Horizon Goodwill Industries; Supporting Partner: GOCCP
\$3,764	OCCC General Funds	Supports training in Calvert County to learn how to help someone experiencing a mental health or substance use emergency. Training also teaches signs/symptoms of an overdose, etc.	Lead Agency: OCCC; Supporting Partner: MDH
\$125,000	OCCC General Funds	Funds customized van to expand Calvert County's Recovery Rapid Response team to a full mobile unit. ^(b)	Lead Agency: OCCC; Supporting Partner: MDH
\$120,000	OCCC General Funds	Supports purchase of a mobile vehicle for Carroll County for use in provision of tele-medicine to include behavioral health services	Lead Agency: OCCC; Supporting Partner: MDH

\$58,630	OOCC General Funds	Assists in eliminating barriers to recovery through transportation support in Baltimore City ^(b)	Lead Agency: OOCC; Supporting Partner: MDH
\$3,000	OOCC General Funds	Supports individual placement into a recovery and/or treatment service in Worcester County	Lead Agency: OOCC; Supporting Partner: MDH
\$6,000	OOCC General Funds	Provides medical care to homeless populations, including full medical assessment (substance abuse problems, etc.) in Worcester County	Lead Agency: OOCC; Supporting Partner: MDH
\$2,500	OOCC General Funds	Raises awareness of Atlantic Club that provides resources and 24-hour access and recovery support in Worcester County	Lead Agency: OOCC; Supporting Partner: MDH
\$6,675	OOCC General Funds	Supports purchase of tele-psychiatry equipment in two ED's in Harford County that will be utilized to provide rapid intervention for individuals presenting with substance use and /or mental health issues	Lead Agency: OOCC; Supporting Partner: MDH
\$160,000	OOCC General Funds	Purchase of Howard County mobile unit that can be used to provide community-based outreach to county residents	Lead Agency: OOCC; Supporting Partner: MDH
\$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
\$2,879,496	OOCC General Funds	Supports Treatment & Recovery efforts for all 24 Opioid Intervention Teams ^(e)	Lead Agency: OOCC; Supporting Partner: MDH
OTHER			
\$138,200	OOCC General Funds	Supports the administration of \$4 million in OIT grants ^(e)	Lead Agency: OOCC; Supporting Partner: MDH

\$819,500	OOCC General Funds	Supports OOCC Administrative Costs	Lead Agency: OOCC
\$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 OOCC, 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 three peer specialists in Frederick, Washington, and Wicomico counties. Reduced from \$144,287.
- (e) More information about the Opioid Intervention Team (OIT) grants are contained in the jurisdiction breakdown.
- (f) The full grant award is \$1,975,085 and \$650,000 for the award period of 07/01/2018-06/30/2020.

Local Jurisdiction Grants



Local Jurisdiction Grants

The table below provides preliminary information regarding grants to local jurisdictions. The figures include certain opioid-related funding that is over and above Opioid Crisis Fund grants. 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	4.1%
Anne Arundel County/City of Annapolis	2,880,792	14.0
Baltimore City	6,073,867	29.5
Baltimore County	998,593	4.9
Calvert County	483,904	1.7
Caroline County	828,959	4.0
Carroll County	705,881	3.4
Cecil County	696,579	3.4
Charles County	190,636	0.9
Dorchester County	424,892	2.1
Frederick County	645,828	3.1
Garrett County	92,307	0.4
Harford County	595,796	2.9
Howard County	627,045	3.0
Kent County	386,721	1.9
Montgomery County	722,512	3.5
Prince George's County	843,162	4.1
Queen Anne's County	88,988	0.4
Somerset County	136,538	0.7
St. Mary's County	154,938	0.8
Talbot County	159,344	0.8
Washington County	947,378	4.6
Wicomico County	854,063	4.2
Worcester County/Ocean City	314,686	1.5
TOTAL	\$ 20,699,174	100.0%

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

<u>Amount</u>	<u>Project Title</u>	<u>Project Description</u>	<u>Funding Source</u>
<u>ALLEGANY</u>			
State OIT Grant Funding			
\$ 115,759	Reduce Illicit Supply of Opioids	Allegany Co. Sheriff's Office, Cumberland Police, and MDSP 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	Funds will be used to 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 Federal 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
\$ 845,765	TOTAL		

ANNE ARUNDEL COUNTY/CITY OF ANNAPOLIS

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 Federal Emergency Funding			
\$ 55,024	Corrections SBIRT	Continuation from FY18	OOCC-MDH
\$ 30,741	City of Annapolis OIT Project	Supports 4 opportunities and initiatives to combat substance use and disorder in the City of Annapolis, including prevention, access to treatment, education, stigma reduction, enforcement and recovery.	OOCC
\$ 30,000	Opioid Misuse Prevention Program	Supports "Denial is Deadly" social marketing/communications campaign to raise awareness concerning the increase in opioid overdoses.	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.	OOCC-CURES-BHA
\$ 80,000	Harm Reduction Outreach Teams	Establish capacity of harm reduction outreach teams to reach people at high risk for overdose and 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
\$ 2,880,792	TOTAL		

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 Federal Emergency Funding			
\$ 1,678,917	Crisis Treatment Center (Tuerk House)		CURES
\$ 58,630	UWCM Reducing Barriers to Substance Abuse	Supports the United Way of Central Maryland to assist in eliminating barriers to recovery (e.g., transportation to detoxification).	OOCC
\$ 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 and 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).	OOCC-CURES-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
\$ 6,073,867	TOTAL		

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 Federal Emergency Funding			
\$ 175,000	Hospital SBIRT OSOP	Continuation of FY18	OOCC-SAMSHA
\$ 19,083	Baltimore County Police Department	Funding to support opioid-related investigation and enforcement efforts.	OOCC
\$ 70,304	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-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
\$ 998,593	TOTAL		

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 abuse 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 abuse. Will include a mixture of traditional and social media outputs, advertisements, PSAs, and website.	
Other State and Federal Emergency Funding			
\$ 103,717	Peer Recovery Support Specialists	Peer Recovery Specialist programs to support and connect individuals to appropriate resources.	CURES
\$ 8,310	Shatter the Stigma	Event to increase community awareness of Recovery Support Services and to help with stigma reduction.	OOCC
\$ 3,764	Mental Health First Aid	Supports training to empower community members with the skills/abilities to help someone experiencing a mental health or substance use emergency.	OOCC

\$ 2,000	Senior Center Medication Storage & Disposal	Supports locking medicine case for the storage and disposal program at Senior Centers.	OOCC
\$ 84,966	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 125,000	Calvert County Recovery Rapid Response Mobile Unit	Funds customized van to expand Calvert County's Recovery Rapid Response team to a full mobile unit.	OOCC
\$ 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 supply reduction, and public health.	GOCCP
\$ 483,904	TOTAL		

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 kit & Kevlar vest. 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 Federal Emergency Funding			
\$ 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.	OOCC-CURES-BHA
\$ 368,421	MAT Community Provider		BHA-SOR
\$ 828,959	TOTAL		

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 Federal Emergency Funding			
\$ 91,825	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 120,000	Mobile Care Collaborative	Mobile vehicle unit for use in provision of tele-medicine to include behavioral health services.	OOCC
\$ 19,000	Behavioral Health Resource Guides	Funds for production of Behavioral Health Resource Guide for use by emergency medical services, law enforcement and other community partners.	OOCC
\$ 10,000	Maryland Faith Health Network	Supports awareness and stigma-reduction events for Carroll and surrounding jurisdictions.	OOCC
\$ 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 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
\$ 705,881	TOTAL		

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.	OOCC
	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 Federal Emergency Funding			
\$ 91,836	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-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
\$ 696,579	TOTAL		

CHARLES COUNTY

State OIT Grant Funding

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 of 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.	

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Other State and Federal Emergency Funding			
\$ 24,450	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OCC-CURES-BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment.	CURES
\$ 3,400	Law Enforcement Investigation Support		OCC-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
\$ 190,636	TOTAL		

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 Federal Emergency Funding			
\$ 83,198	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 2,000	Youth Action Council App	Development of a software application to serve Dorchester County youth and adults.	OOCC

\$ 47,000	Correctional SBIRT & Case Manager	SBIRT and case manager, continuation of FY18.	OOCC-MDH
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment.	CURES
\$ 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
\$ 424,892	TOTAL		

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 Federal Emergency Funding			
\$ 45,100	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-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.	CURES
\$ 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.	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.	GOCCP
\$ 645,828	TOTAL		

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 Federal Emergency Funding			
\$ 14,957	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment.	CURES
\$ 92,307	TOTAL		

HARFORD COUNTY**State OIT Grant Funding**

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.	
Other State and Federal Emergency Funding			
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment.	CURES
\$ 6,675	University of Maryland Upper Chesapeake Health	Support purchase of tele-psychiatry equipment to provide rapid intervention for individuals presenting with substance use and/or mental health issues.	
\$ 87,500	Hospital SBIRT OSOP	Continuation from FY18	OCC
\$ 185,145	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OCC-CURES-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- OCC
\$ 595,796	TOTAL		

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 needing SBIRT.	
Other State and Federal Emergency Funding			
\$ 33,709	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 160,000	Mobile Unit	Support purchase of a mobile unit to provide community-based outreach for residents who need substance use education, prevention, harm-reduction and treatment services.	OOCC
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment.	CURES
\$ 163,184	Howard County Police Department	Fight against heroin abuse through analytical testing.	TBD
\$ 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.	GOCCP
\$ 74,257	Heroin Coordinators	Continuation from FY18	GOCCP
\$ 627,045	TOTAL		

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 Federal 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.	OOCC-CURES-BHA
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment.	CURES
\$ 386,721	TOTAL		

MONTGOMERY COUNTY

State OIT Grant Funding			
\$ 185,892	Save a Life Montgomery: Opioid and Substance Abuse Community Fora	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 Federal Emergency Funding			
\$ 50,000	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 163,704	Montgomery County Recovery School	Supports the Montgomery County School System's recovery and academic program.	OOCC

\$ 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
\$ 722,512	TOTAL		

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 Federal 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.	OOCC-CURES-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
\$ 843,162	TOTAL		

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 Federal 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

\$ 88,988 TOTAL

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 Federal Emergency Funding			
\$ 37,041	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 10,100	Drug Dog	Supports purchase of a drug dog for Somerset law enforcement agencies.	OOCC
\$ 5,516	Student Assistance Program (SAP)	School-based brief intervention and referral to treatment.	CURES
\$ 136,538	TOTAL		

ST. MARY'S COUNTY

State OIT Grant Funding			
\$ 73,680	Encouraging treatment in those experiencing nonfatal opioid overdose	Funding to provide continued outreach to those discharged from hospital that experienced non-fatal opioid overdose but refused substance abuse 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 health care providers on non-opioid pain management modalities and establishing referral mechanisms.	
Other State and Federal Emergency Funding			
\$ 50,892	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 13,200	Harm Reduction and Infectious Disease Program	Focuses on testing for HIV and Hepatitis C during outreaches, case management, and providing linkages to care.	OOCC
\$ 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
\$ 154,938	TOTAL		

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 Federal Emergency Funding			
\$ 22,956	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-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
\$ 159,344	TOTAL		

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 Federal 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.	OOCC-CURES-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 services and treatment to offenders under probation, pretrial supervision, and those sentenced directly to the Day Reporting Center.	GOCCP
\$ 57,777	Horizon Goodwill Industries PROJECT REALIZE!	A mentoring program for youth involved in the justice system.	OOCC
\$ 7,000	Washington Goes Purple	Additional support for Washington Goes Purple (described above).	OOCC
\$ 40,959	Brooke's House	Long-term sober living facility for women in Washington County.	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
\$ 947,378	TOTAL		

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 Federal Emergency Funding			
\$ 74,865	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 36,135	Education, Training and Informational Campaign	Additional funding for Wicomico Goes Purple substance misuse campaign.	OOCC
\$ 3,000	Education and Training - Parenting Class	Provides a parenting class to recovery populations.	OOCC
\$ 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
\$ 854,063	TOTAL		

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 Federal Emergency Funding			
\$ 103,962	Naloxone Saturation	Support Dept. of Health Overdose Education and Naloxone Distribution community naloxone efforts.	OOCC-CURES-BHA
\$ 8,000	Worcester County Sheriff's Office	Supports drug enforcement and investigation efforts.	OOCC
\$ 3,000	Warriors Against Opioids in Worcester County	Supports placement into recovery and/or treatment services.	OOCC
\$ 6,000	Homeless Outreach Team: Atlantic General Hospital	Provides medical care to homeless, including wellness checks, medication, behavioral health, wound care, etc.	OOCC
\$ 2,500	Atlantic Club	Supports awareness of recovery support center.	OOCC
\$ 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
\$ 314,686	TOTAL		

