



Maryland

OPIOID OPERATIONAL
COMMAND CENTER

2021 SECOND QUARTER REPORT

January 1 – June 30, 2021

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This report was prepared by the Opioid Operational Command Center, located at 100 Community Place, Crownsville, Maryland 21032. All questions relating to information contained herein should be directed to help.oocc@maryland.gov.

MESSAGE FROM THE EXECUTIVE DIRECTOR

Thank you for your interest in the Opioid Operational Command Center's report for the second calendar quarter of 2021. This report provides data related to the opioid crisis in Maryland from January through June of this year. It also provides an overview of our work coordinating with our local partners and a summary of our Block Grant Program and Competitive Grant Program awards for the 2022 fiscal year.

In the first six months of 2021, there were 1,358 unintentional intoxication fatalities involving all drugs and alcohol in Maryland, representing a 0.5 percent increase from the 1,351 such fatalities reported in the first half of 2020. Of these fatalities, 1,217 (or 89.6 percent) involved opioids. Opioid-related fatal overdoses increased by 1.1 percent from the 1,204 opioid deaths reported at this point last year.

The data in this report appear to represent an encouraging development in recent overdose trends in Maryland. In our report for the first quarter of 2021, we showed a 5.7 percent increase in fatal overdoses in the first three months of this year as compared to the same time frame in 2020. Thus, the 0.5 percent increase illustrated in this report may indicate a slowing of the rate of fatal overdoses in 2021. This is welcome news following 2020, when the number of fatal overdoses reached 2,799, an increase from 17.7 percent from the prior year and the largest annual total in Maryland's history.

To be sure, the current landscape remains difficult for people struggling with the disease of addiction. The coronavirus pandemic has presented these individuals with extreme challenges, from disruptions to their regular routines and support systems to increased isolation. To address these challenges, the Hogan-Rutherford Administration recently announced a comprehensive campaign called the Maryland Stop Overdose Strategy – or Maryland SOS. Through Maryland SOS, we are leveraging new and existing resources to support a wide variety of *prevention & education, enforcement & public safety, and treatment & recovery* initiatives. The campaign also involves a series of regional town halls to solicit feedback directly from community members about how the opioid crisis has impacted their lives. This input will help guide the state's strategic plan for future grant opportunities that will be made possible through the Opioid Restitution Fund, which was established in 2019 to help guide the allocation of funds that Maryland receives through legal action against opioid manufacturers and distributors. Every region of the state has unique challenges, and it is important that we consider all voices and that we do not leave anyone behind as we move forward.

This last year and a half has been a trying period for our state and the country. Yet, I remain confident that, together, we can overcome the challenges before us. From state and local leadership to our partners from community-based organizations and dedicated advocates, we have the collective strength, the resilience, and the resolution to meet this moment. Together, we can bring an end to preventable overdose deaths in Maryland.

Robin E. Rickard



Executive Director
Opioid Operational Command Center
Office of the Governor

EXECUTIVE SUMMARY

Based on preliminary data provided by the Maryland Department of Health's Vital Statistics Administration, there were 1,358 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland through the second calendar quarter of 2021. This represents a 0.5 percent increase from the first six months of 2020, when there were 1,351 such fatalities.

There were 1,217 opioid-related fatal overdoses in this time frame, an increase of 1.1 percent from the same period in 2020. Of these, 1,129 deaths involved fentanyl, an increase of 1.2 percent from the first six months of 2020. There were 250 prescription opioid-related deaths during the same time frame, an increase of 15.7 percent, while heroin-related deaths decreased by 34.4 percent, falling from 294 in the first half of 2020 to 193 in the first half of this year.

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in the first two quarters of 2021. Baltimore City (485 deaths), Baltimore County (184 deaths), and Anne Arundel County (115 deaths) experienced the highest number of fatalities, collectively accounting for 64.4 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George's County (75 deaths), Montgomery County (60 deaths), and Harford County (44 deaths).

To help promote a comprehensive and coordinated response to the opioid crisis across the state, the Opioid Operational Command Center (OOCC) consults and collaborates regularly with Opioid Intervention Teams (OITs) in each of Maryland's 24 local jurisdictions. OITs are multi-agency coordinating bodies that seek to enhance collaboration at the local level. OITs are also responsible for administering OOCC Block Grant funding to support programs that align with the Inter-Agency Opioid Coordination Plan.¹ In our efforts to highlight and share best practices, the OOCC tracks 143 high-priority programs and initiatives being implemented by OITs across the state. These programs are detailed beginning on page 12 of this report.

The OOCC also administers two grant programs to fund statewide, local, and non-governmental organizations that help advance the Hogan-Rutherford Administration's policy priorities of prevention & education, enforcement & public safety, and treatment & recovery. The OOCC's Block Grant Program distributes \$4.0 million annually on a formula basis to each local jurisdiction. The Competitive Grant Program distributes funding to the highest-scoring proposals received from state and local governments and private, community-based partners. In fiscal year 2022 (July 1, 2021 to June 30, 2022) the OOCC intends to distribute approximately \$5.5 million through this program. A summary of the Block Grant and Competitive Grant awards can be found beginning on page 13 of this report.

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

¹ "Maryland's Inter-Agency Opioid Coordination Plan"; Inter-Agency Opioid Coordinating Council; March 2021; <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/06/OOCC-Q1-2021-Quarterly-Report.pdf>.

OPIOID-RELATED OVERDOSE STATISTICS

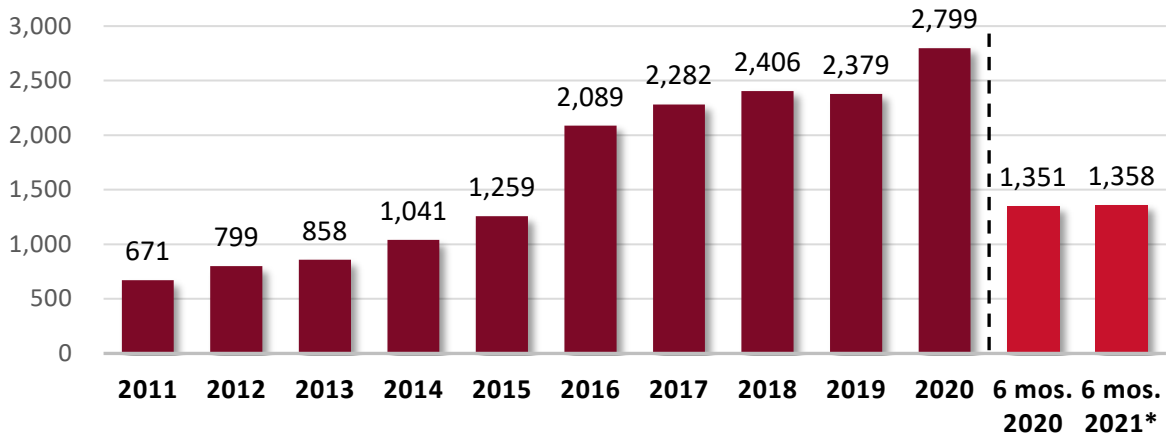
This section provides data related to fatal and non-fatal opioid- and other substance-related overdose events in Maryland during the first six months of 2021. This includes information regarding the number of unintentional intoxication deaths related to opioids, alcohol, and various licit and illicit substances according to data provided by the Vital Statistics Administration (VSA) and the Office of the Chief Medical Examiner (OCME). This section also includes data on non-fatal, opioid-related emergency department (ED) visits and naloxone administrations by emergency medical services (EMS) personnel.

Unintentional intoxication deaths (i.e., fatal overdoses not including suicides) are fatalities resulting from the recent ingestion of or exposure to drugs or alcohol. Most fatalities involve the simultaneous use of more than one substance. Accordingly, the sum total of deaths related to individual substance categories below does not equal the total number of fatalities in the reporting period. Please also note that the fatalities data for 2021 are preliminary at the time of this writing and are subject to change.

ALL SUBSTANCES

In the first half of 2021, there were 1,358 confirmed unintentional intoxication deaths involving all types of drugs and alcohol reported in Maryland. This represents a 0.5 percent increase from the same time frame in 2020, when there were 1,351 fatal overdoses.

Figure 1. Unintentional Intoxication Fatalities, All Substances
2011 through the Second Calendar Quarter, 2021*



For context, there was a 5.7 percent increase in fatal overdoses involving all substances in the first quarter of this year (682 and compared to the 645 reported in the same period in 2020). This potentially indicates that the rate of growth in overdose deaths in Maryland slowed in the second calendar quarter (April through June) of this year.

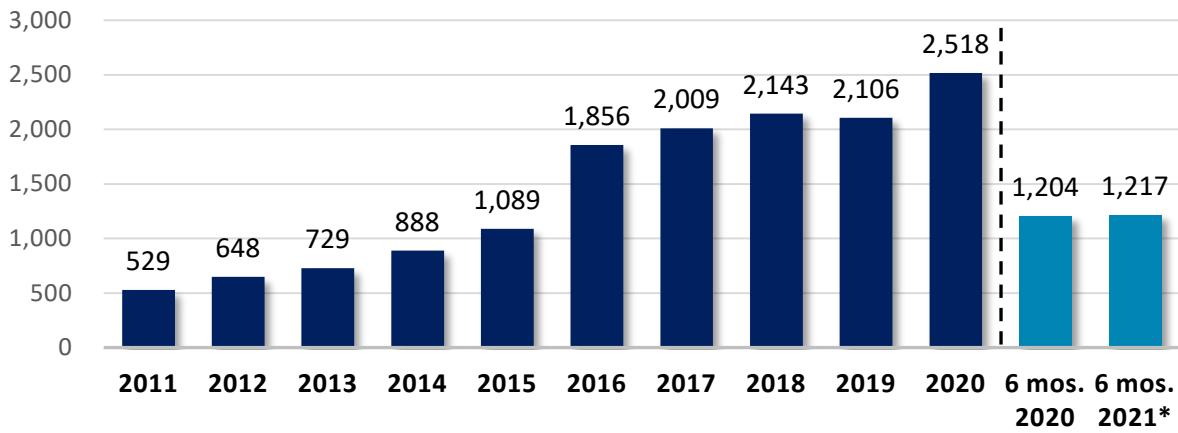
OPIOIDS

There were 1,217 opioid-related fatal overdoses through the second calendar quarter of 2021. This was a 1.1 percent increase as compared to the first six months of 2020. Opioids were involved in 89.6 percent of all unintentional intoxication fatalities

*Data for 2021 are preliminary.



Figure 2. Opioid-Related Fatal Overdoses
2011 through the Second Calendar Quarter, 2021*

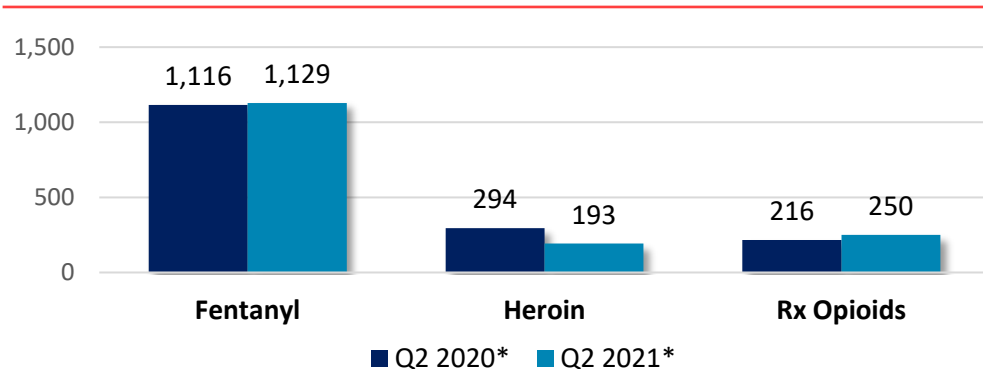


As shown in Figure 3, below, fentanyl was involved in 1,129 fatal overdoses in the first half of 2021. This represents an increase of 1.2 percent from the same time frame in 2020. Fentanyl was involved in 92.8 percent of all opioid-related deaths and 83.1 percent of all fatal overdoses.

Prescription opioid-related fatal overdoses increased by 15.7 percent from January to June of 2021, rising from 216 through the second quarter of 2020 to 250 in the same time frame in 2021. This follows a substantial annual increase of 22.8 percent observed in 2020. Prescription opioid-related deaths had previously decreased annually every year since 2016. The OOC is currently partnering with multiple divisions within the Maryland Department of Health (MDH) to identify possible factors contributing to recent increases in prescription opioid-related fatalities. Additionally, the OOC is leading the Data-Informed Overdose Risk Mitigation initiative, which links individual-level datasets from opioid decedents, such as prescription opioid dispensing data from the Prescription Drug Monitoring Program. Insights derived from the analysis of controlled substance history of overdose decedents will be used to inform potential interventions to reduce future prescription-related fatalities.

In continuation of a trend that began in 2017, the number of heroin-related overdose fatalities decreased in the first six months of 2021. There were 193 such deaths during this time, a 34.4 percent decrease from the first two quarters of 2020.

Figure 3. Intoxication Death by Opioid Type
January through June, 2020 vs 2021*



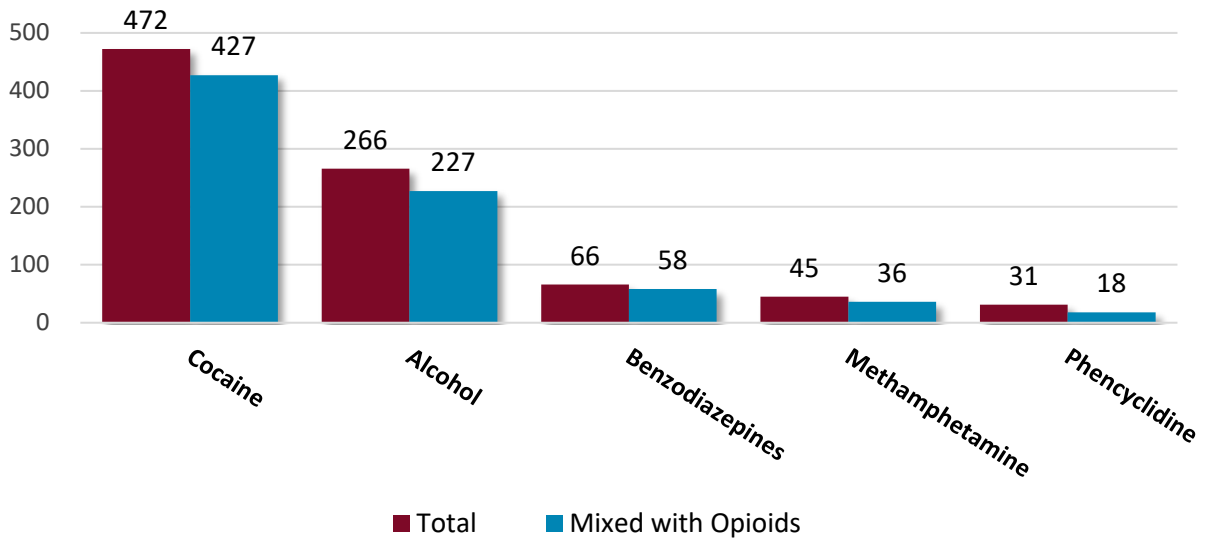
*Data for 2021 are preliminary.



NON-OPIOID SUBSTANCES

There were 472 cocaine-related deaths in the first six months of 2021. This represents a 4.6 percent decrease from the same period in 2020. Cocaine continued to account for the most non-opioid-related fatalities and was the substance most frequently mixed with opioids (both numerically and by percentage). There were 266 alcohol-related deaths through the second quarter of 2021, a decrease of 8.0 percent from the same time frame in 2020. There were 66 benzodiazepine-related deaths during this time, representing a 3.1 percent decrease as compared to the first half of 2020. Methamphetamine-related deaths increased by 9.8 percent, with 45 such fatalities. Lastly, there were also 31 PCP-related deaths, representing a decrease of 3.1 percent.

Figure 4. Deaths Involving Substances Mixed with Opioids
January through June, 2021*



As shown in Figure 4, above, a vast majority of non-opioid-related fatalities also involved opioids in the first six months of 2021. Of the 880 instances in which an individual non-opioid was identified as being involved in an overdose fatality, opioids were also present 87.0 percent of the time.

FATALITIES AT THE COUNTY LEVEL

While all 24 of Maryland’s local jurisdictions reported opioid-related fatal overdoses from January to June of 2021, the large growth in intoxication fatalities was not experienced evenly throughout the state. Many jurisdictions reported large increases, while others saw significant decreases. As shown in Table 1 and Figure 5 below, Baltimore City (485 deaths), Baltimore County (184 deaths), and Anne Arundel County (115 deaths) experienced the highest number of fatalities, collectively accounting for 64.4 percent of all opioid-related deaths in Maryland. Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George’s County (75 deaths), Montgomery County (60 deaths), and Harford County (44 deaths).

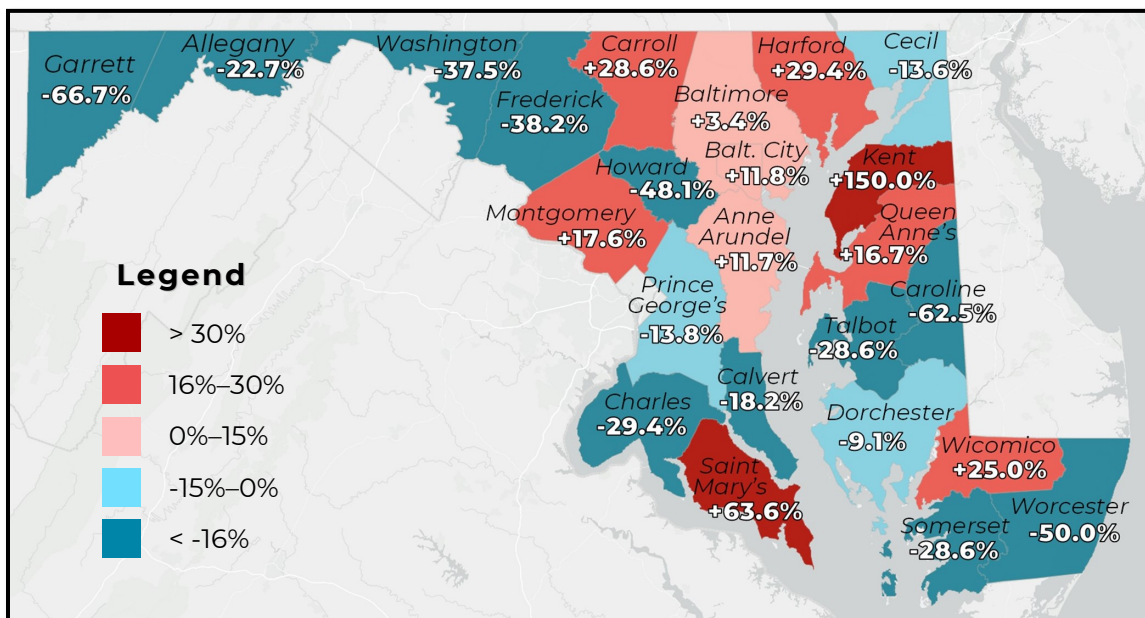
*Data for 2021 are preliminary.

Table 1. Opioid-Related Intoxication Deaths by County
*January through June, 2020 vs. 2021**

County	2020	2021	Difference	Percent Difference	County	2020	2021	Difference	Percent Difference
Allegany	22	17	(5)	(22.7%)	Harford	34	44	10	29.4%
Anne Arundel	103	115	12	11.7%	Howard	27	14	(13)	(48.1%)
Baltimore City	434	485	51	11.8%	Kent	2	5	3	150.0%
Baltimore Co.	178	184	6	3.4%	Montgomery	51	60	9	17.6%
Calvert	11	9	(2)	(18.2%)	Prince George's	87	75	(12)	(13.8%)
Caroline	8	3	(5)	(62.5%)	Queen Anne's	6	7	1	16.7%
Carroll	21	27	6	28.6%	Somerset	7	5	(2)	(28.6%)
Cecil	44	38	(6)	(13.6%)	St. Mary's	11	18	7	63.6%
Charles	17	12	(5)	(29.4%)	Talbot	7	5	(2)	(28.6%)
Dorchester	11	10	(1)	(9.1%)	Washington	56	35	(21)	(37.5%)
Frederick	34	21	(13)	(38.2%)	Wicomico	16	20	4	25.0%
Garrett	3	1	(2)	(66.7%)	Worcester	14	7	(7)	(50.0%)
Statewide Total						1,204	1,217	13	1.1%

The largest numerical increase was observed in Baltimore City, which reported 51 more opioid-related intoxication fatalities than it experienced in the first and second quarters of 2020. This represented an 11.8 percent increase. The largest increase by percentage was observed in Kent County.

Figure 5. Percent Change in Opioid-Related Intoxication Deaths by County
*January through June, 2020 vs. 2021**



*Data for 2021 are preliminary.

FATALITIES AT THE REGIONAL LEVEL

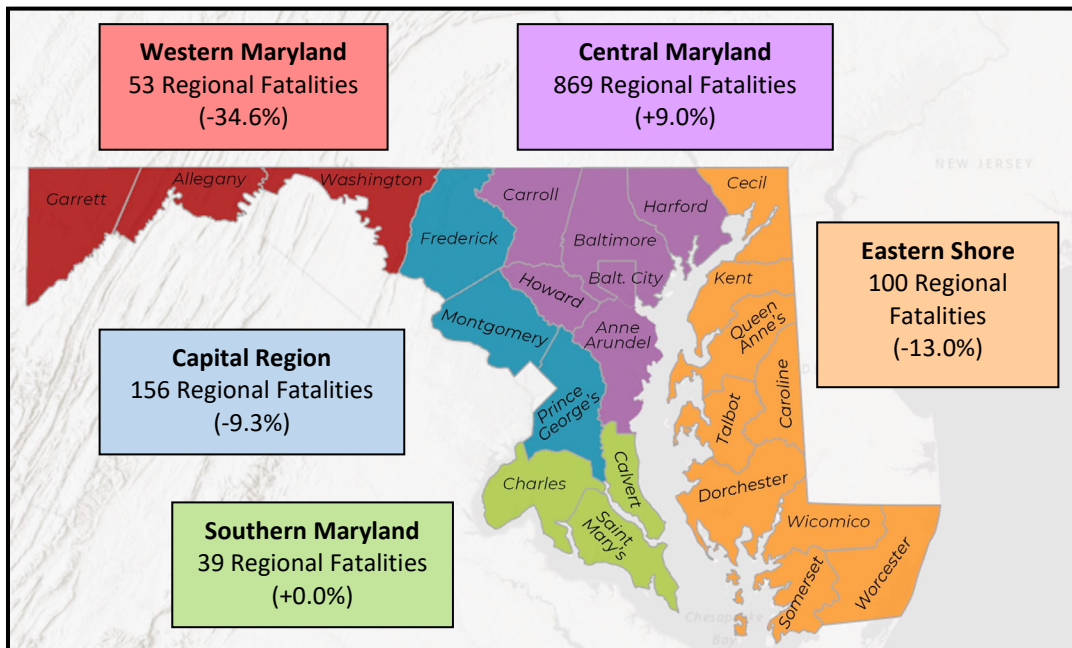
Opioid-related fatal overdose trends in Maryland varied by region in the first half of 2021. The largest increase was observed in Central Maryland, which reported a total of 869 regional deaths, 9.0 percent more than during the same time frame in 2020. Central Maryland consists of Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties.

The Capital Region, which is made up of Montgomery, Prince George’s, and Frederick Counties, reported 156 opioid-related fatalities during this time. This represents a 9.3 percent decrease from the first six months of 2020. While Prince George’s County led the region with 75 opioid-related fatal overdoses, this represented a decrease of 13.8 percent for the county from the same time in 2020. This is a significant reversal from this point in 2020, when the Capital Region reported the largest regional increase in opioid-related deaths in Maryland. There were 59.3 percent more opioid deaths in the region compared to the same time frame in 2019.

The Eastern Shore saw a regional decrease of 13.0 percent, with 100 total opioid-related fatalities in the same time frame. The Eastern Shore is made up of Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties. Cecil County reported the highest number of opioid deaths in the region with 38. For context, the Eastern Shore saw a regional increase of 33.3 percent at this point last year as compared to the first six months of 2019.

Western Maryland, which consists of Allegany, Garrett, and Washington Counties, reported the second-fewest opioid-related fatal overdoses through the second quarter of 2021. The 53 regional deaths here represented a 34.6 percent decrease from the first six months of 2020. Western Maryland reported a 48.1 percent regional increase in the first half of 2020 as compared to the prior year.

Figure 6. Percent Change in Opioid-Related Fatal Overdoses by Region
*January through June, 2020 vs. 2021**

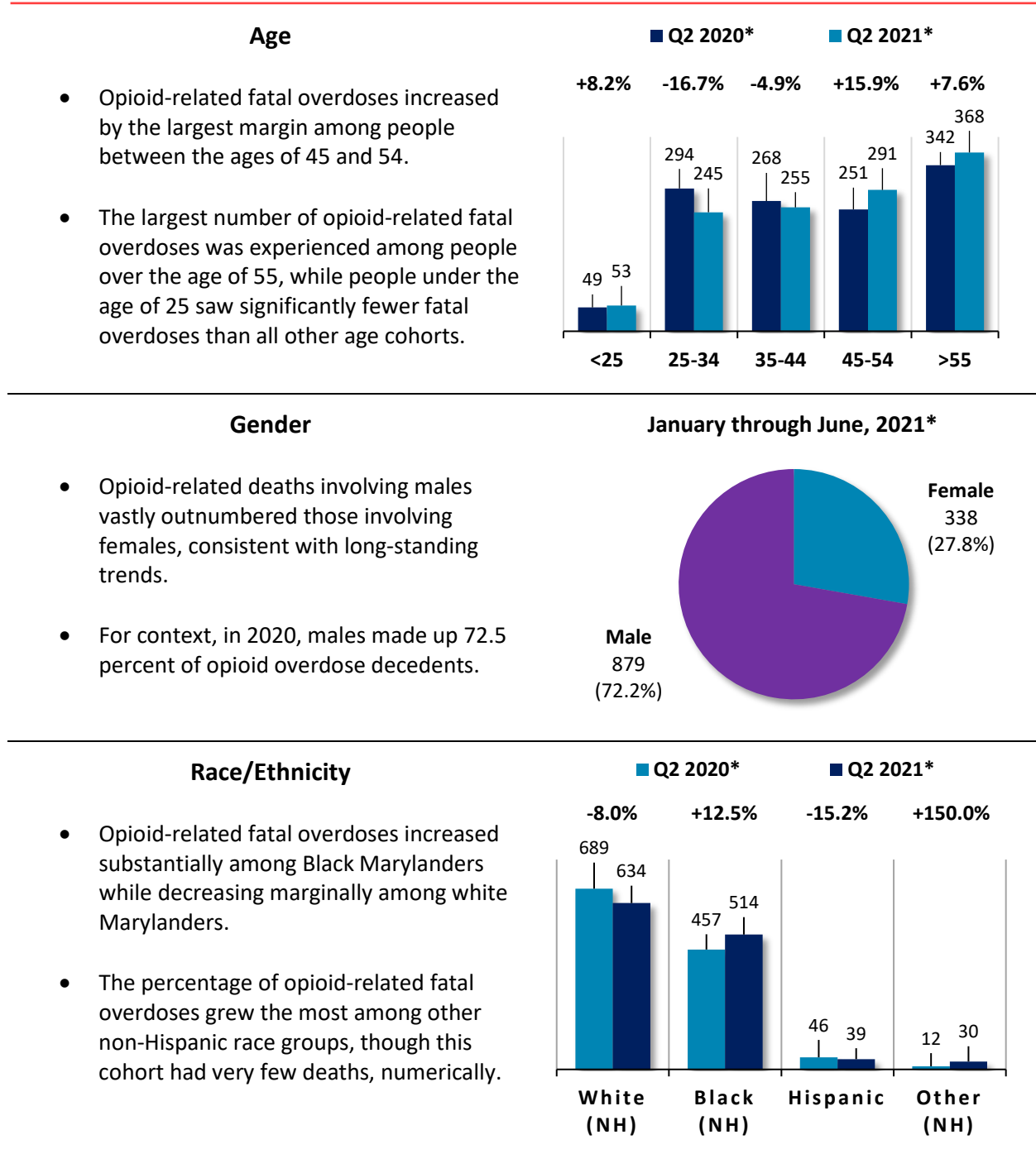


*Data for 2021 are preliminary.

OPIOID-RELATED FATALITY DEMOGRAPHICS

Figure 7, below, illustrates opioid-related fatal overdoses by demographic group in the first six months of 2021. It includes the number of fatalities by age, gender, and race/ethnicity.

Figure 7: Opioid-Related Fatal Overdoses by Age, Gender, and Race/Ethnicity
*January through June, 2020 vs. 2021**



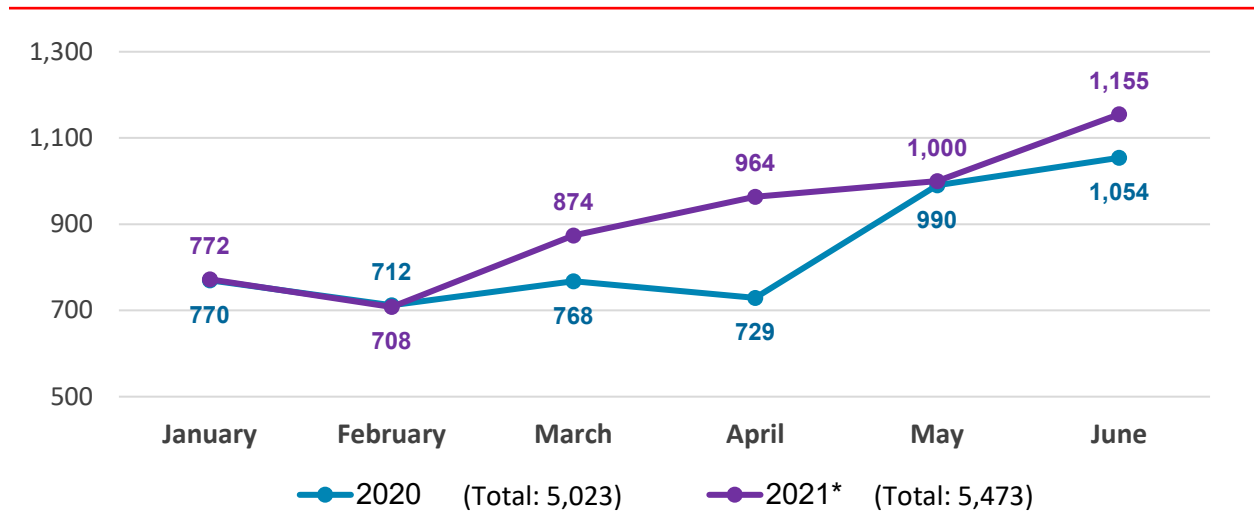
*Data for 2021 are preliminary.

For context, according to VSA estimates, as of 2019, Maryland’s population was 51.5 percent non-Hispanic white, 30.9 percent non-Hispanic Black, and 10.6 percent Hispanic.

EMERGENCY MEDICAL SERVICES NALOXONE ADMINISTRATIONS

According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), there were 5,473 total naloxone administrations by EMS personnel in Maryland through the second calendar quarter of 2021, a 9.0 percent increase from the same time frame in 2020, when there were 5,023 such cases.

Figure 8. Naloxone Administrations by EMS Personnel
January through June, 2020 vs. 2021



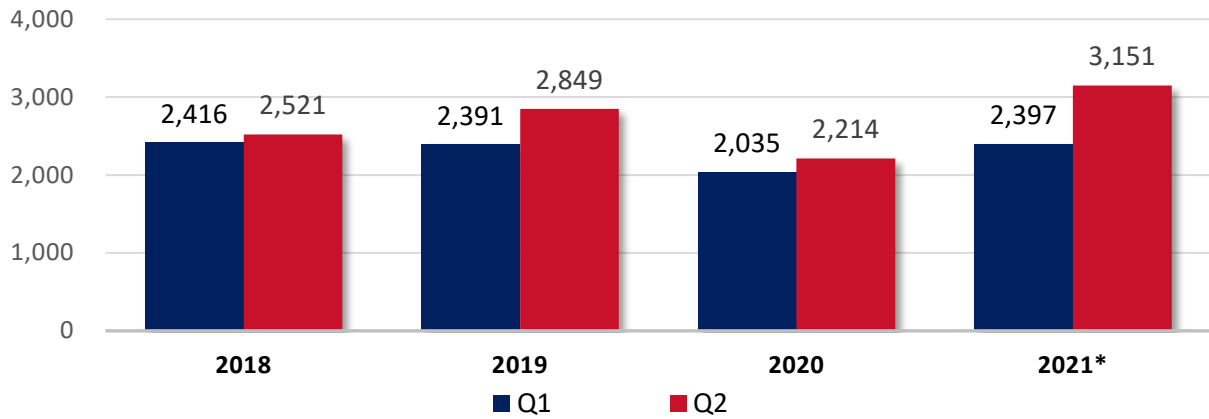
While the total number of naloxone administrations was significantly higher in the first two quarters of 2021 as compared to 2020, it is important to note that EMS naloxone administrations decreased in March and April of last year during the onset of the COVID-19 pandemic. For context, there were 5,662 total EMS naloxone administrations during the same time frame.

NON-FATAL, OPIOID-RELATED EMERGENCY DEPARTMENT VISITS

According to data from the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (“ESSENCE”), which is maintained by the MDH Office of Preparedness and Response, there was a total of 5,548 visits in the first six months of 2021. This represents a 42.3 percent increase from the same time frame in 2020, when there were 4,249 such visits.

*Data for 2021 are preliminary.

Figure 9. Non-Fatal Opioid-Related ED Visits By Quarter
*January through June, 2018 through 2021**



Similar to EMS naloxone administrations, it is important to note here that the decrease observed in the first quarter of 2020 could be a result of the COVID-19 pandemic. According to ESSENCE, the total number of ED visits also decreased for other conditions in mid-to-late March near the onset of the pandemic in Maryland.

Please also note that, as of 2021, the ESSENCE system was updated in order to align case definitions more closely with the ICD-10 hospital case coding system. The system now includes more codes that qualify as opioid-related and, as such, the numbers presented in this report are significantly higher on a quarterly basis than have been included in previous OOC reports. However, the annual trends remain largely consistent with prior reporting.

*Data for 2021 are preliminary.



OPIOID INTERVENTION TEAMS UPDATE

To promote a comprehensive and coordinated response to the opioid crisis in all parts of the state, the OOC consults regularly with the Opioid Intervention Teams (OITs) in each of Maryland’s 24 local jurisdictions. OITs are multi-agency coordinating bodies that seek to enhance multidisciplinary collaboration at the local level. Each OIT is chaired by the local health officer and emergency manager. OITs are also required to have representatives from various agencies and organizations, including law enforcement, social services, education, and community groups. OITs are responsible for administering funds allocated to each local jurisdiction through OOC’s Block Grant Program, which is described in the following section.

OIT PROGRAM INVENTORY

A central component of our work with our local partners involves sharing best practices. To do this, we survey and evaluate all programs and initiatives that are being supported by OITs to address the opioid crisis. We have identified 143 high-priority programs and services that have been shown to be effective at the local level, and we are working to help our partners establish and expand these services to the greatest extent possible.

Table 2, to the right, illustrates the implementation of these activities throughout the state based on self-reported OIT data. The full program inventory can be found in Appendix A of this report. Responses on implementation status range from “no programming planned” (red) to “substantial programming in place” (dark green). Programs that were not applicable for a given jurisdiction were not color-coded.

Maryland’s local jurisdictions continued to make steady progress in implementing high-priority programs despite the disruptions caused by the COVID-19 pandemic. All jurisdictions reported having at least 50 percent of the 143 programs either partially or substantially implemented, 15 jurisdictions reported having above 80 percent of these programs at some stage of development, and 10 jurisdictions reported having 90 percent of programs at some phase of development. Although nearly all jurisdictions reported plans to expand high-priority programming, no counties reported having plans to implement all 143 programs. Thus, ample opportunities remain for program expansion across all jurisdictions in the future.

Table 2. Summary of Program Implementation by Jurisdiction, Percentage Implemented
As of June 30, 2021

County	Substantially Implemented	Partially Implemented	Substantial + Partial	In Development	Not Planned
Allegany	69.2%	8.4%	77.6%	6.3%	14.7%
Anne Arundel	49.7%	33.6%	83.2%	3.5%	13.3%
Baltimore City	51.0%	32.9%	83.9%	5.6%	6.3%
Baltimore Co.	62.9%	28.0%	90.9%	8.4%	0.0%
Calvert	28.7%	41.3%	69.9%	20.3%	6.3%
Caroline	56.6%	7.7%	64.3%	4.2%	17.5%
Carroll	60.8%	29.4%	90.2%	3.5%	6.3%
Cecil	46.9%	35.7%	82.5%	7.7%	9.1%
Charles	36.4%	28.7%	65.0%	7.7%	21.7%
Dorchester	50.3%	15.4%	65.7%	9.1%	21.7%
Frederick	54.5%	29.4%	83.9%	6.3%	9.1%
Garrett	42.7%	22.4%	65.0%	4.9%	30.1%
Harford	79.0%	9.8%	88.8%	9.1%	2.1%
Howard	69.9%	23.1%	93.0%	4.9%	2.1%
Kent	62.2%	10.5%	72.7%	7.0%	19.6%
Montgomery	35.7%	40.6%	76.2%	7.7%	16.1%
Prince George's	75.5%	5.6%	81.1%	13.3%	5.6%
Queen Anne	45.5%	25.2%	70.6%	4.9%	21.7%
Somerset	46.9%	4.2%	51.0%	2.1%	45.5%
St. Mary's	45.5%	33.6%	79.0%	16.1%	4.9%
Talbot	55.9%	15.4%	71.3%	7.0%	21.7%
Washington	60.1%	18.2%	78.3%	12.6%	8.4%
Wicomico	51.7%	29.4%	81.1%	1.4%	17.5%
Worcester	48.3%	16.8%	65.0%	9.8%	15.4%

OOCC GRANT PROGRAMS

As a part of the Hogan-Rutherford Administration's commitment to combat the opioid and overdose crisis in Maryland, the OOCC distributes approximately \$10 million annually through two distinct grant programs. These programs are designed to support initiatives intended to reduce opioid-related morbidity and mortality throughout the state.

The purpose of our Block Grant Program is to provide a base level of funding to each of Maryland's 24 local jurisdictions while also targeting jurisdictions with the greatest needs. OOCC distributes approximately \$4 million annually in Block Grants using a formula, with half of the funds allocated by population and the other half allocated according to local opioid overdose fatality rates. This program gives local OITs the flexibility to support programming that best suits their jurisdiction's individual needs. A summary of our Block Grant Awards for fiscal year 2022 can be found in Appendix B of this report.

Our Competitive Grant Program distributes funding to the highest-scoring proposals submitted to the OOCC from state and local governments and from private, community-based organizations. Competitive Grant proposals are evaluated using a uniform set of criteria to compare the strength of each proposal, their potential impact, and their alignment with our strategic priorities. In the 2022 fiscal year (July 1, 2021 through June 30, 2022), the OOCC will distribute approximately \$5.5 million in competitive grants. A summary of our Competitive Grant Awards for fiscal year 2022 can be found in Appendix C of this report.

Both of our grant programs are designed to advance the goals that are outlined in Maryland's Inter-Agency Opioid Coordination Plan.² All OOCC grants are funded on a reimbursement basis. While projects are eligible to receive the full amount of their original grant award, the award totals listed in the tables appended to this report do not represent the total amount reimbursed to date.

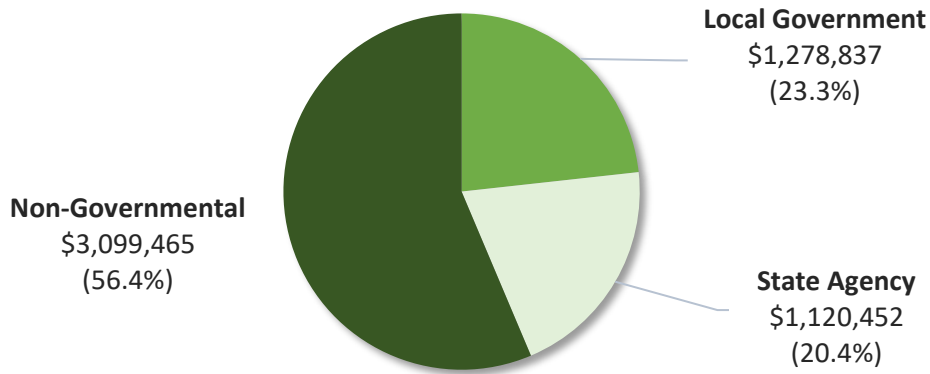
FY 2022 COMPETITIVE GRANT ALLOCATION ANALYSIS

For the 2022 fiscal year, the OOCC received over 90 grant proposals through our Competitive Grant Program. Of these, 39 of the highest-scoring proposals were awarded across all regions in Maryland. As shown in Figure 10, below, more than half (56.4 percent) of Competitive Grant funding will be used to support non-governmental organizations, 23.3 percent will support programs being implemented by local government partners, and 20.4 percent will support programs being implemented by state-level partners.

Of the awarded proposals, 27.3 percent of these funds will be used to support programs that serve multiple jurisdictions or that are being implemented at the state level.

² "Maryland's Inter-Agency Opioid Coordination Plan"; Inter-Agency Opioid Coordinating Council; March 2021; <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/06/OOCC-Q1-2021-Quarterly-Report.pdf>.

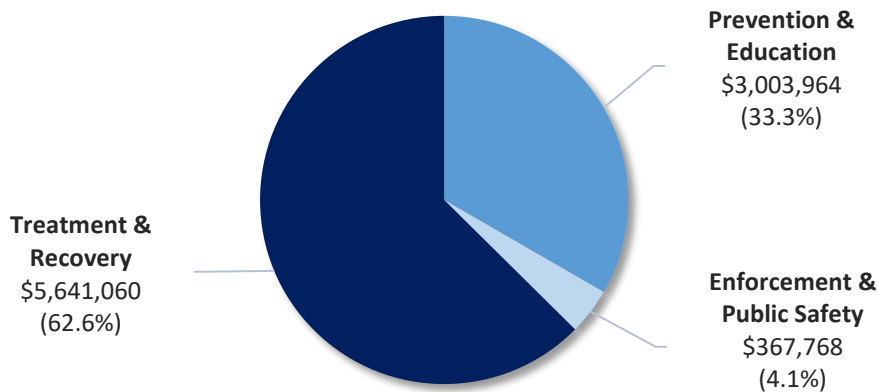
Figure 10. FY2022 OOCB Competitive Grant Program Awards by Grantee Type



FISCAL YEAR 2022 COMBINED GRANT ALLOCATIONS

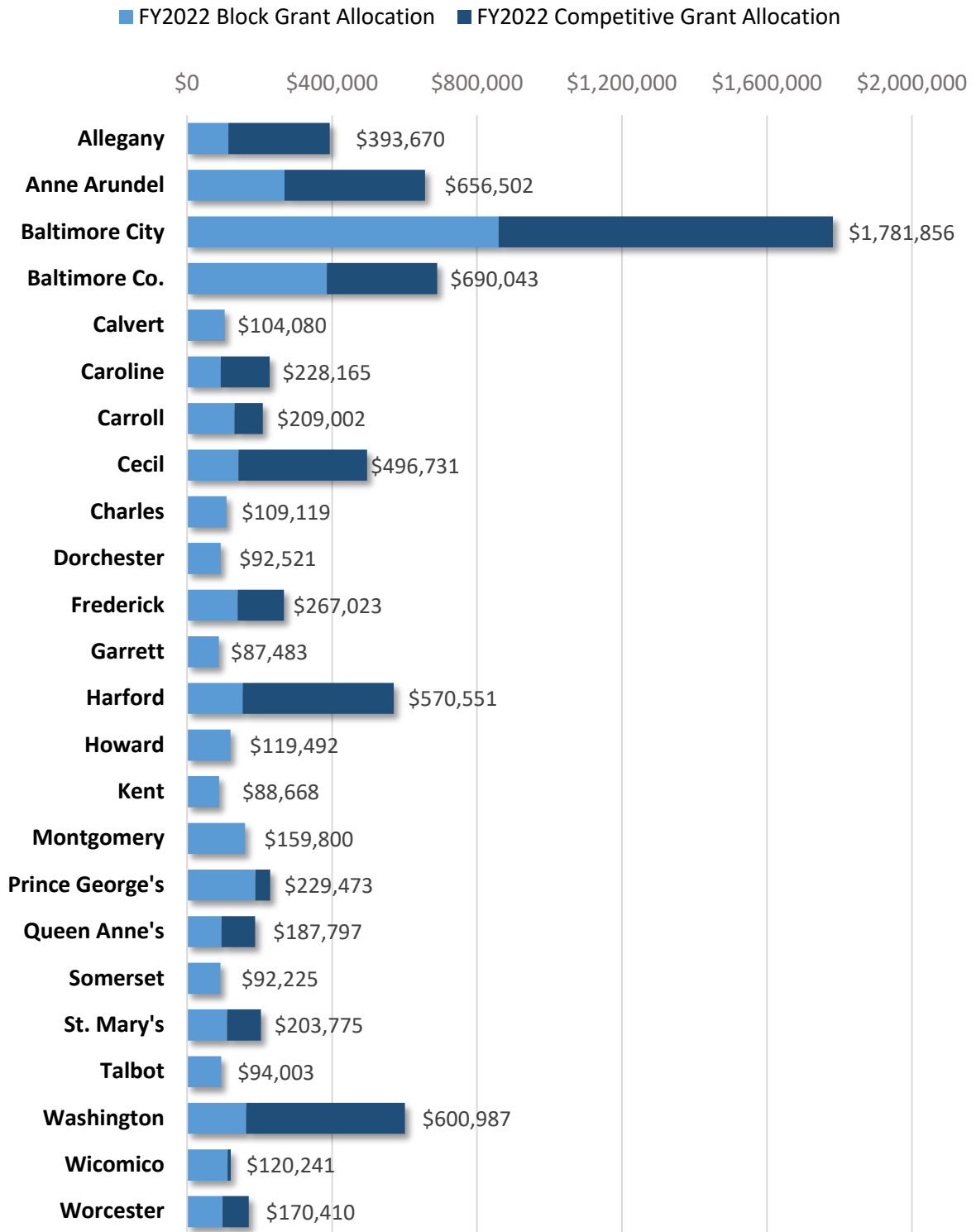
Figure 11, below, presents an overview of the combined grant programs for fiscal year 2022 and how these grant funds will be spent relative to Governor Hogan’s three policy priorities of *Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery*.

Figure 11. FY2022 OOCB Block Grant Program & Competitive Grant Program Awards by Policy Priority



The combined Block Grant Program and Competitive Grant Program allocations for fiscal year 2022 are shown in Figure 12, below. Baltimore City and Baltimore and Anne Arundel Counties will receive the greatest amount of grant funding in fiscal year 2022. Grants benefitting multiple jurisdictions or the entire state are excluded from the below chart; those grants total \$1.5 million.

Figure 12. FY2022 OOCB Combined Block Grant Program & Competitive Grant Program Allocations by Jurisdiction



APPENDIX A: OIT PROGRAM INVENTORY

Table 3. Full OIT Program Inventory as of June 30, 2021

OIT Program Inventory Second Calendar Quarter, 2021	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	
Public Health																									
1. Harm-Reduction Programs:																									
Naloxone Distribution																									
Naloxone Training																									
Syringe-Service Program																									
Fentanyl Test-Strip Distribution																									
Wound-Care Program																									
2. Information Campaigns (PSAs):																									
211 Press 1																									
Access to Treatment																									
Anti-Stigma																									
Fentanyl																									
Good Samaritan																									
Naloxone																									
Safe-Disposal																									
Talk to Your Doctor																									
3. Local Hotline to Access Treatment																									
4. RV/Truck-based SUD Support Services (Non-Treatment)																									
5. Prescriber Education/Academic Detailing																									
6. Safe-Disposal Program/Drop Boxes																									
7. Employer-Education and Support Programs																									
Behavioral Health																									
8. Assertive Community Treatment (ACT) Program																									
9. SUD Crisis-Services Facilities (Outside of the ED)																									
Assessment and Referral Center																									
Allow Walk-ins																									
23-Hour Stabilization Services																									
1-4 Day Stabilization Services																									
Mobile Crisis Team																									
24/7 Operation																									
10. RV/Truck-based Treatment Program (Dispensing, etc.)																									
11. Medication-Assisted Treatment Available in Jurisdiction:																									
Naltrexone																									
Buprenorphine																									
Methadone																									
12. Certified Peer-Recovery Specialist Support:																									
Commissioner's Office																									
DSS Service Center																									
Health Department																									
Hospital ER																									
Jail																									
Parole & Probation Offices																									
Mobile Crisis Response																									
Walk-in Center																									
On-Call 24/7 Availability																									
Post-Incident Outreach																									

Substantially Implemented
 Partially Implemented
 In Development
 Not Planned
 Not Applicable

OIT Program Inventory Second Calendar Quarter, 2021		Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester			
		Behavioral Health (cont'd)																										
13. Outpatient SUD Services in Jurisdiction:																												
ASAM Level 0.5 Early Intervention																												
ASAM Level 1.0 for Adolescents and Adults																												
ASAM Level 2.1 Intensive Outpatient																												
14. ASAM Level 2.5 Partial Hospitalization																												
15. SUD Residential and Inpatient Treatment Programs:																												
3.1 Lic. Clinically Managed Low-Intensity																												
3.3 Lic. Clinically Managed High-Intensity for Adults Only																												
3.5 Lic. Clinically Managed High-Intensity for Adults & Minors																												
3.7 Lic. Medically Monitored Intensive Inpatient																												
3.7 WM Lic. Medically Monitored Inpatient Withdrawal Mgmt.																												
16. Recovery-Support Programs:																												
Sober-Living/Recovery Housing																												
Wellness/Recovery Centers																												
Workforce Development																												
Care Coordination																												
Housing Assistance																												
Transportation Assistance																												
Nutrition Assistance																												
17. Recovery Oriented Systems of Care (ROSC)																												
Judiciary/States Attorney																												
18. Specialized Courts:																												
Adult Drug Court																												
Adolescent Drug Court																												
19. Public-Messaging Program																												
20. Pre-Trial Services Program																												
21. Pre-Trial Referral-to-Treatment Protocol																												
22. Information Cards Provided by Commissioners																												
23. State's Attorney Is Engaged in the OIT																												
Corrections																												
24. Screening, Brief Intervention, and Referral to Treatment																												
25. Universal Substance-Use Screening During Intake																												
26. Pre-Trial Referral to Treatment																												
27. Drug-Treatment Programs While Incarcerated:																												
Methadone - available for all inmates																												
Buprenorphine - available for all inmates																												
Naltrexone - available for all inmates																												
Outpatient (1.0) or equivalent																												
Intensive Outpatient (2.1) or equivalent																												
28. Day-Reporting Center																												
29. Facilitated Re-Entry Programs:																												
Employment-Transition Support																												
Naloxone Provided at Release																												
Recovery-Housing Referral																												
Treatment-Program Referral/Warm Hand-Off																												

Substantially Implemented
 Partially Implemented
 In Development
 Not Planned
 Not Applicable



OIT Program Inventory Second Calendar Quarter, 2021		Allegheny	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	
Corrections (cont'd)																										
30. Access to Local Re-Entry Programs for State Inmates																										
31. Organized Planning for HB 116																										
32. Department of Corrections Is Engaged in the OIT																										
Parole and Probation																										
33. Universal Screening for SUD at Intake																										
34. Protocol for Referral to Treatment																										
35. Protocol for Requesting a Special Condition																										
36. Treatment Monitoring Program																										
37. SUD Services On-Site at Parole & Probation Offices																										
38. Parole & Probation Is Engaged in the OIT																										
Emergency Medical Services																										
39. Post-Incident EMS Outreach after Overdose																										
40. Leave-Behind Information Cards																										
41. Leave-Behind Naloxone																										
42. Transport to Alternative Destination (Non-ED)																										
43. EMS Is Engaged in the OIT																										
Police/Sheriff																										
44. All Police Trained in Naloxone																										
45. All Police Carry Naloxone																										
46. Leave-Behind Information Cards																										
47. Post-Incident Police Outreach after Overdose																										
48. Community-Awareness SUD Programming																										
49. Organized Pre-Arrest SUD Diversion/Referral Program																										
50. Crisis Intervention Team (CIT) Trained Officers																										
51. Heroin/Overdose Coordinator																										
Use ODMap																										
Receive Spike Alerts																										
52. Heroin Coordinator Is Engaged in the OIT																										
Social Services																										
53. SUD Screening and Referral Protocol at Enrollment:																										
SNAP (Food Stamps)																										
TCA (Temporary Cash Assistance)																										
Medicaid																										
54. Support Program for Exposed Newborns/Families																										
55. DSS Is Engaged in the OIT																										
Hospitals in Jurisdiction																										
56. Screening, Brief Intervention, & Referral to Treatment																										
Emergency Department																										
Inpatient Settings																										
57. Dedicated Behavioral Health/SUD Emergency Room																										
58. Dedicated SUD Inpatient Unit																										
59. Buprenorphine Induction																										
Emergency Department																										
Inpatient Settings																										

Substantially Implemented
 Partially Implemented
 In Development
 Not Planned
 Not Applicable

OIT Program Inventory Second Calendar Quarter, 2021		Allegheny	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	
		Hospitals in Jurisdiction (cont'd)																								
60. Warm Hand-Off to SUD Providers/Services																										
Emergency Department																										
Inpatient Settings																										
61. Naloxone Distribution at Discharge																										
62. Peer Specialists on Site																										
Emergency Department																										
Inpatient Settings																										
63. Prescribing Guidelines for Staff																										
64. Prescribing Patterns Tracked																										
65. Hospital Is Engaged in the OIT																										
Education																										
66. Let's Start Talking Grade 3 -12 Prevention Education																										
67. Supplemental Drug-Awareness Education																										
68. Behavioral Health Professionals on Staff (Non-Sp. Ed.)																										
69. School Nurses Program:																										
Mental Health First-Aid Training																										
Naloxone Available in Health Room																										
Assist with Prevention Education																										
70. "Safe Place" Identified within the School																										
71. Mechanisms in Place to Identify/Serve Impacted Youth																										
Services for Students Impacted by SUD at Home																										
Handle with Care Implemented																										
72. School-Based Prevention Clubs (e.g., SADD)																										
73. Community-Awareness Programming (After School)																										
74. Department of Education Is Engaged in the OIT																										
Higher Education																										
75. Substance Misuse Information Campaigns for Students																										
76. Student Wellness/Recovery Center																										
77. Host SUD Events for Community																										
78. The Local College Is Engaged in the OIT																										
OIT																										
79. Organized in Manner Consistent with Governor's Order																										
80. OIT Meets at Least Bi-Monthly																										
81. Updated Strategic/Implementation Plan																										
82. Co-Chaired by Health Officer and Emergency Manager																										
83. Emergency Manager Is Cabinet-Level Officer																										
84. Elected Officials Participate Regularly in OIT Meetings																										
85. Dedicated SUD Programming Coordinator																										

Substantially Implemented
 Partially Implemented
 In Development
 Not Planned
 Not Applicable

Note: The OOC evaluates and updates the OIT Program Inventory on a regular basis, and the number of programs may change from quarter to quarter. We frequently add new programs that have been shown to be effective and, where appropriate, remove programs that no longer fit our criteria for inclusion due to the dynamic nature of the opioid crisis.

APPENDIX B: OOCB BLOCK GRANT AWARDS

Table 4. Fiscal Year 2022 OOCB Block Grant Awards by Jurisdiction

Jurisdiction	Project Description	Total Allocation
Allegany County		\$114,157.00
	<ul style="list-style-type: none"> • Support for peer recovery services. • Increasing availability of naloxone for first responders. • Support for law enforcement interdiction operations. 	
Anne Arundel County		\$268,573.00
	<ul style="list-style-type: none"> • Continued support for Safe Stations. • Support for community and faith-based organizations. • Support for Annapolis City substance-use programming. 	
Baltimore City		\$859,563.00
	<ul style="list-style-type: none"> • Supporting access to harm-reduction materials and education, and community-outreach activities. 	
Baltimore County		\$385,942.00
	<ul style="list-style-type: none"> • Continued support for peer recovery services. 	
Calvert County		\$104,080.00
	<ul style="list-style-type: none"> • Support for medications for opioid use disorder (MOUD) coordinator. • Support access to substance use treatment and MOUD. • Support peer recovery services. • Increase community awareness. 	
Caroline County		\$93,114.00
	<ul style="list-style-type: none"> • Support for physician recruitment and retention at Caroline County Behavioral Health. 	
Carroll County		\$131,051.00
	<ul style="list-style-type: none"> • Continued support for mobile crisis services. 	

Jurisdiction	Project Description	Total Allocation
Cecil County		\$141,425.00
	<ul style="list-style-type: none"> • Support for peer recovery services. • Support for Drug Free Cecil – Youth Leadership Project. • Support youth risk-prevention program. • Provide transportation assistance to those in treatment and recovery. 	
Charles County		\$109,119.00
	<ul style="list-style-type: none"> • Support OIT coordination. • Support community outreach and education events. • Support peer recovery services. • Support targeted public awareness materials. • Support for outreach and public awareness events. • Support for public awareness and anti-stigma programs. 	
Dorchester County		\$92,521.00
	<ul style="list-style-type: none"> • Support for SBIRT (screening, brief intervention, and referral to treatment) services. • Support for peer recovery services. • Continued support for drug-free youth and young adult activities. 	
Frederick County		\$139,350.00
	<ul style="list-style-type: none"> • Support for peer recovery services. 	
Garrett County		\$87,483.00
	<ul style="list-style-type: none"> • Support for OIT coordination. • Support for training and resources to increase access to treatment. • Support for youth risk-prevention program. 	
Harford County		\$153,576.00
	<ul style="list-style-type: none"> • Support for a central intake, navigation, and recovery team to enhance early identification and interaction for those with substance use disorder. 	

Jurisdiction	Project Description	Total Allocation
Howard County		\$119,492.00
	<ul style="list-style-type: none"> • Support for SBIRT services and connection to treatment providers. 	
Kent County		\$88,668.00
	<ul style="list-style-type: none"> • Support for peer recovery support services. 	
Montgomery County		\$159,800.00
	<ul style="list-style-type: none"> • Support for public awareness campaigns. • Support for prescriber education. • Support for expansion of harm reduction resources. • Continued support for Stop Triage Engage Educate Rehabilitate (STEER). 	
Prince George's County		\$188,253.00
	<ul style="list-style-type: none"> • Support for public awareness campaigns. 	
Queen Anne's County		\$95,189.00
	<ul style="list-style-type: none"> • Support for transportation assistance to those in treatment and recovery. • Support for data facilitation and needs assessment. • Support for public-awareness campaigns and community forums on opioid and substance use. • Support for MOUD. 	
Somerset County		\$92,225.00
	<ul style="list-style-type: none"> • Support peer recovery services. • Promote Somerset County Opioid United Team (SCOUT) initiative. • Expand law enforcement support to increase information sharing. 	
St. Mary's County		\$110,008.00
	<ul style="list-style-type: none"> • Support coordination of Go Purple programs and activities. • Support OIT coordination. 	

Jurisdiction	Project Description	Total Allocation
Talbot County	<ul style="list-style-type: none"> • Support for substance use case manager for Maternal Substance Use Disorder (SUD) program. • Support for school-based intervention for at-risk students. 	\$94,003.00
Washington County	<ul style="list-style-type: none"> • Continued support for opioid crisis response team and community outreach events. • Support for Washington Goes Purple, which educates youth and the community about the dangers of prescription pain medication. 	\$163,061.00
Wicomico County	<ul style="list-style-type: none"> • Support for opioid coordinator. • Support for First Responder’s Appreciation Dinner. • Support for education and prevention campaign. • Support for OIT operations. 	\$111,786.00
Worcester County	<ul style="list-style-type: none"> • Support for peer recovery specialist assignment in hospital emergency department. 	\$97,560.00

APPENDIX C: OCCC COMPETITIVE GRANT AWARDS

Table 5. Fiscal Year 2022 OCCC Competitive Grant Awards by Policy Priority Area

Organization	Jurisdiction	Award Amount	Project Summary
PREVENTION AND EDUCATION			
Helping Up Mission, Inc.	Baltimore City	\$317,691.00	Support community-based public information efforts and new women's and children's center, increasing services offered in Baltimore City.
Charm City Care Connection	Baltimore City	\$175,000.00	Address the health disparities amplified by the pandemic by increasing the availability and access points for case management and overdose prevention, establishing a vaccine specialist, and providing emergency short and long-term crisis housing.
Boys & Girls Club of Westminster, Inc.	Carroll	\$77,951.24	Support for the Boy's and Girl's Club of Westminster SMART Moves program to provide positive action opportunities, which will serve as a deterrent to substance use.
Youth Empowerment Source, Inc	Cecil	\$129,619.00	Support for Youth Empowerment Source's Drug Free Cecil Youth Coalition to develop youth leaders in substance use prevention to influence their schools, homes, and neighborhoods.
Claggett Center of the Episcopal Diocese of Maryland	Frederick	\$21,312.00	Support for Claggett's Camp Spirit Song program to serve youth in grades 4-8 who are at-risk and impacted by the opioid crisis through the addiction of one or more parents or primary caregivers.
Queen Anne's County Public Schools Board of Education	Queen Anne's	\$92,608.03	Support institutionalizing the Botvin LifeSkills program in the 5 th -grade curriculum and educating the community about opioid use disorder by enhancing existing strategies.

Organization	Jurisdiction	Award Amount	Project Summary
PREVENTION AND EDUCATION (continued)			
St. Mary's County Health Department, Behavioral Health Division	St. Mary's	\$93,767.00	Support the health department's Opioid Academic Detailing Project to: reduce over-prescribing of opioid medications by local prescribers; provide best practices educational opportunities for prescribers on utilization of the Prescription Drug Monitoring Program, co-prescribing of naloxone, and referring patients to SUD treatment; and increase the number of MOUD providers for SUD individuals.
United Way of the Lower Eastern Shore	Wicomico	\$8,455.00	Support Lower Shore Addiction Awareness Visual Arts Competition to increase SUD awareness, provide education, and promote conversations about addiction among middle and high school students and the larger community.
Worcester County Public Schools	Worcester	\$72,850.00	Offer prevention programming in health classes, through student clubs and afterschool and summer programs, and provide community awareness campaigns and promotional events for prevention and recovery.
TREATMENT AND RECOVERY			
State's Attorney's Office for Allegany County	Allegany	\$58,246.40	Support the Allegany County State's Attorney's Diversion Program: Education or Incarceration to direct first- and second-time drug offenders (regardless of prior history) into treatment/education to further prevent recidivism, continued drug use, and possible overdose.
Pressley Ridge Maryland	Allegany	\$162,000.00	Provide support for HOMEBUILDERS with aftercare program, an intensive 28-day intervention focused on family stabilization, skill-building, and referral to needed community and SUD services.

Organization	Jurisdiction	Award Amount	Project Summary
TREATMENT AND RECOVERY (continued)			
AHEC West	Allegany	\$59,267.00	Support Allegany Recovery Peers project to provide a peer support specialist to assist participants in drug court, pre-trial diversion, and jail reentry programs in Allegany County.
Anne Arundel County Department of Health	Anne Arundel	\$250,194.00	Support Mobile Wellness Initiative to meet individuals “where they are” in a patient-first, rapid access model that reduces barriers to care often found in traditional settings.
Serenity Sistas, Inc.	Anne Arundel	\$137,735.00	Support the expansion of services to the wider community in the Recovery Community and Wellness Center utilized by all partners in Annapolis and Anne Arundel County.
Dee's Place – Historic East Baltimore Community Action Coalition	Baltimore City	\$158,927.00	Support one-on-one peer support services, staff-facilitated groups, and daily 12-step meetings.
Behavioral Health Leadership Institute	Baltimore City	\$270,675.00	Expansion of Project Connections at Re-Entry van program to increase operational hours and to partner with the Baltimore City Detention Center to provide inmates with handoffs to treatment.
Baltimore County Department of Corrections	Baltimore County	\$142,440.50	Support compliance efforts with the requirements of HB116 to serve incarcerated individuals with opioid use disorder (OUD).
Daniel Carl Torsch Foundation, Inc.	Baltimore County	\$161,660.00	Support the “Meet Them Where They Are” program, expanding existing operations by using a backpack model to bring community street-based outreach and prevention services to where residents who use drugs gather and live.
Mid Shore Behavioral Health, Inc.	Caroline	\$127,351.00	Provide 24/7 treatment and recovery resources for individuals diagnosed with opioid use disorder.

Organization	Jurisdiction	Award Amount	Project Summary
TREATMENT AND RECOVERY (continued)			
Caroline County Behavioral Health	Caroline	\$7,700.00	Provide training to staff who are working with clients who have experienced immense trauma, poverty, substance use and/or mental health dual diagnoses, treatment modalities, such as MOUD.
Voices of Hope	Cecil	\$225,687.44	Provide peer recovery specialists to help individuals and families with SUD overcome barriers to health care, substance use treatment, and recovery supports. The program will increase access to substance-use treatment, harm-reduction services, and recovery supports to people who use drugs.
Frederick County Health Department, Behavioral Health Services	Frederick	\$106,361.00	Support Overdose Survivor Outreach program, which provides outreach to families after an overdose death and support to first responders.
Addiction Connections Resource Inc.	Harford	\$129,052.00	Support services for adults with SUD living in Harford County, including homeless individuals, by providing direct services for treatment and recovery
Harford County	Harford	\$161,112.00	Provide support for certified peer recovery specialists to help others overcome barriers to recovery; provide appropriate recovery information and resources in the community; share experiences and knowledge about addiction and recovery; and provide support by mentoring, advocating, and motivating.
University of Maryland, Upper Chesapeake Health Klein Family Harford Crisis Center	Harford	\$126,811.49	Provide immediate access to comprehensive, trauma-informed care for individuals impacted by substance use and behavioral health symptoms.

Organization	Jurisdiction	Award Amount	Project Summary
TREATMENT AND RECOVERY (continued)			
Mid Shore Pro Bono	Multi-Jurisdictional	\$229,100.00	Provide families impacted by the opioid crisis with access to critical legal assistance, including family law, housing, and consumer debt, that will help stabilize home environments for families and children.
Champ House Recovery, Inc.	Prince George's	\$41,220.00	Expand addiction services towards the 3.1 clinical element for SUD treatment and relapse prevention, filling a critical gap in the provision of rehabilitation and aftercare treatment programs in Prince George's County.
Justice and Recovery Advocates, Inc.	Washington	\$144,368.00	Expand existing operations by providing recovery wellness programming and peer-support and re-entry services for systems-involved individuals with SUD in Washington County while also participating in and organizing information campaigns.
Washington County Sheriff's Office, Detention Center	Washington	\$293,557.60	Expand access MOUD within the Washington County Detention Center and coordinate continuation of MOUD services post-release under House Bill 116
STATEWIDE PROJECTS			
University of Baltimore, Center for Drug Policy and Prevention	Statewide Enforcement and Public Safety	\$55,676.00	Support intelligence and investigative efforts by law enforcement to disrupt drug trafficking with software and data sharing.
Office of the Chief Medical Examiner	Statewide Enforcement and Public Safety	\$45,323.51	Provide training for staff at toxicology laboratory, supporting real-time data on drug overdose deaths and emergent drugs.

Organization	Jurisdiction	Award Amount	Project Summary
STATEWIDE PROJECTS (continued)			
Maryland State Police	Statewide Enforcement and Public Safety	\$200,000.00	Support Maryland State Police Criminal Enforcement Division work to disrupt the flow of illicit controlled substances (to include opioids) through the State of Maryland.
MDH Office of Provider Engagement and Regulation, Office of the Prescription Drug Monitoring Program	Statewide Prevention and Education	\$157,397.00	Connect Maryland prescribers and pharmacists to clinically relevant and actionable resources to improve controlled substance prescribing and dispensing practices in Maryland.
Maryland Department of Health, Office of Health Care Financing	Statewide Treatment and Recovery	\$209,220.00	Expand access to behavioral health crisis services for adults in Maryland.
Maryland Coalition of Families	Statewide Treatment and Recovery	\$152,383.16	Provides family peer support and navigation services to individuals who care for a family member with SUD.
Maryland Departments of Labor, Public Safety and Correctional Services	Statewide Treatment and Recovery	\$22,608.00	Provides certified peer recovery specialist training to individuals who are incarcerated at two of Maryland’s correctional facilities.
Maryland Office of the Public Defender	Statewide Treatment and Recovery	\$172,942.60	Establish a dedicated peer support unit and engage peer recovery support specialists in the agency’s opioid response efforts.
MDH, Center for Harm Reduction Services	Statewide Treatment and Recovery	\$257,285.00	Increases access to comprehensive health care services that meet the needs of people who use drugs by establishing telemedicine at Syringe Services Programs.