



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Opioid Treatment Programs in Maryland

Needs Assessment Report

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Introduction and Background

This report provides a collection of information regarding the current capacity of, and need for, Opioid Treatment Programs (OTPs) in Maryland's jurisdictions. This information is provided to help guide state and local officials in their planning and system development efforts to increase treatment capacity where it is most needed. The "demand" for opioid use disorder (OUD) treatment – the number of people seeking treatment – is likely less than the estimated "need". Nationally, in 2019, the vast majority (95.7%) of people classified as having an SUD but not receiving treatment for an illicit drug or alcohol problem did not feel that they needed treatment (18.1 million out of 18.9 million people) [1]. While medications for the treatment of opioid use disorder (mOUD, which has also been referred to as "Medication Assisted Treatment" or "MAT") does not work for all patients, and non-medication treatments for opioid-related disorders are available, mOUD has been shown to be an effective treatment for OUDs [2].

A similar Needs Assessment was conducted in 2016 [3]. Comparisons to the results of the 2016 Needs Assessment are not included in this report due methodological differences, how OTP treatment is funded in Maryland, and the fact that the COVID-19 pandemic has affected both the need and availability of treatment. Details about these methodological differences are provided throughout the report, and also in Appendix I.

This report is organized as follows:

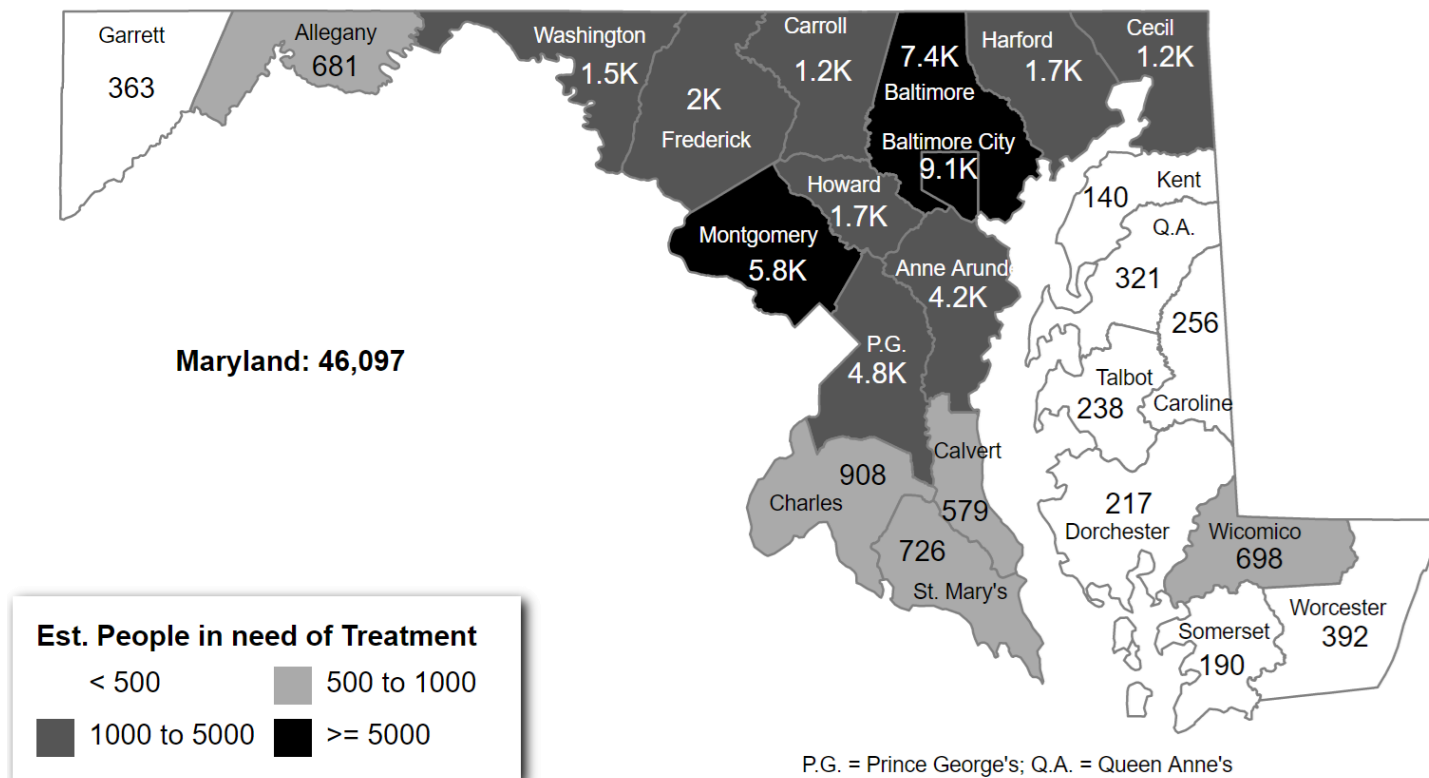
1. a brief narrative summary of the findings;
2. a series of maps displaying the findings by jurisdiction;
3. a description of the methodology used to estimate the need for mOUD, including detailed tables of the data used;
4. a detailed table of mOUD utilization in Maryland jurisdictions; and
5. a description of the methodology used to estimate mOUD capacity, including a detailed table of the data used.

Summary

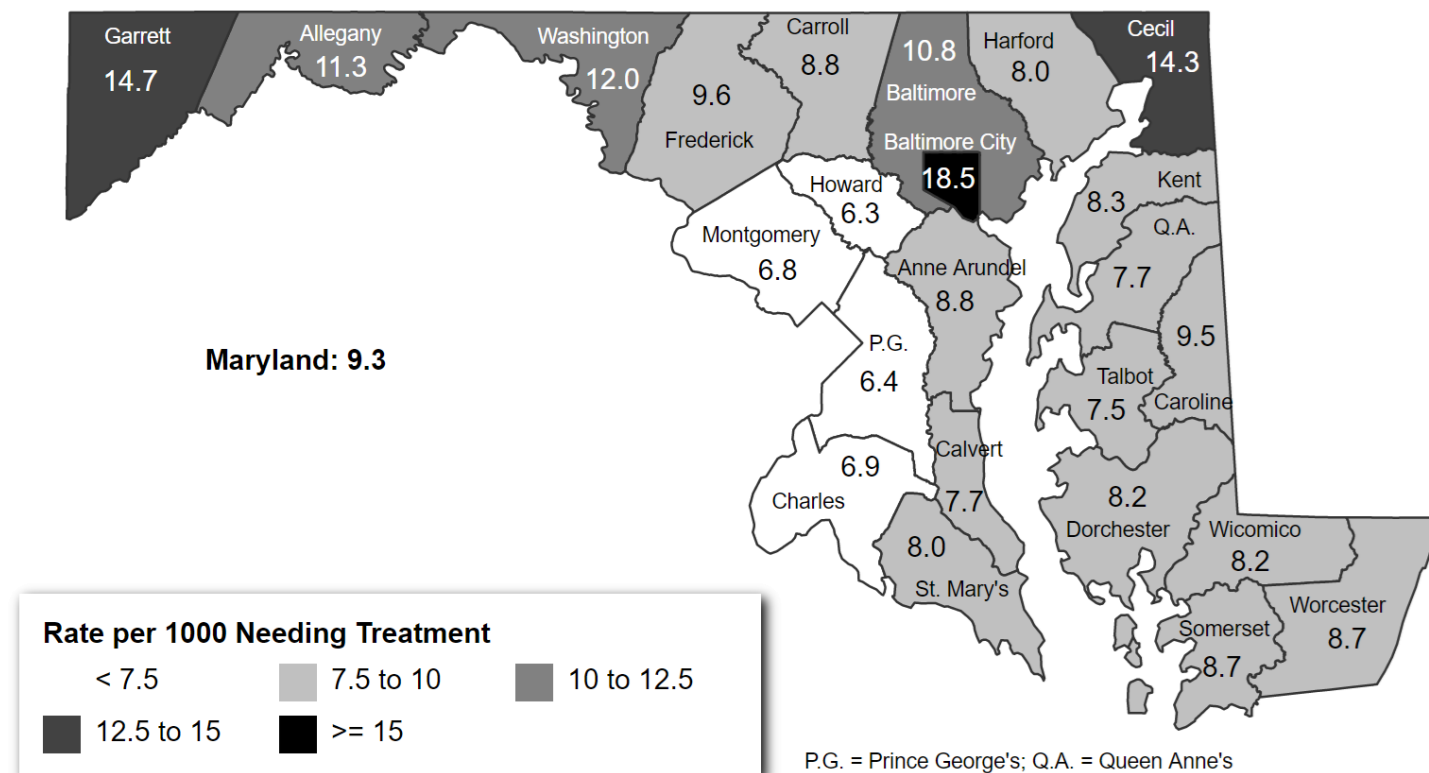
It is estimated that there are between 31,541 and 60,654 Marylanders age 15 or older in need of treatment for an opioid use disorder in the past year. As shown in the following Summary Maps, while the more populous jurisdictions in Maryland have more people needing treatment, less populated more rural jurisdictions often have a higher rate of need for OUD treatment. Several jurisdictions have no OTPs, which means patients generally need to travel to a different jurisdiction for treatment using methadone. There is a wide variety across Maryland jurisdictions in the difference between OUD treatment need and mOUD treatment capacity, with some jurisdictions having more capacity than estimated need, and others having greater need than capacity.

Summary Maps

Estimated Number of People in Need of Treatment for OUD (Age 15 or Older)

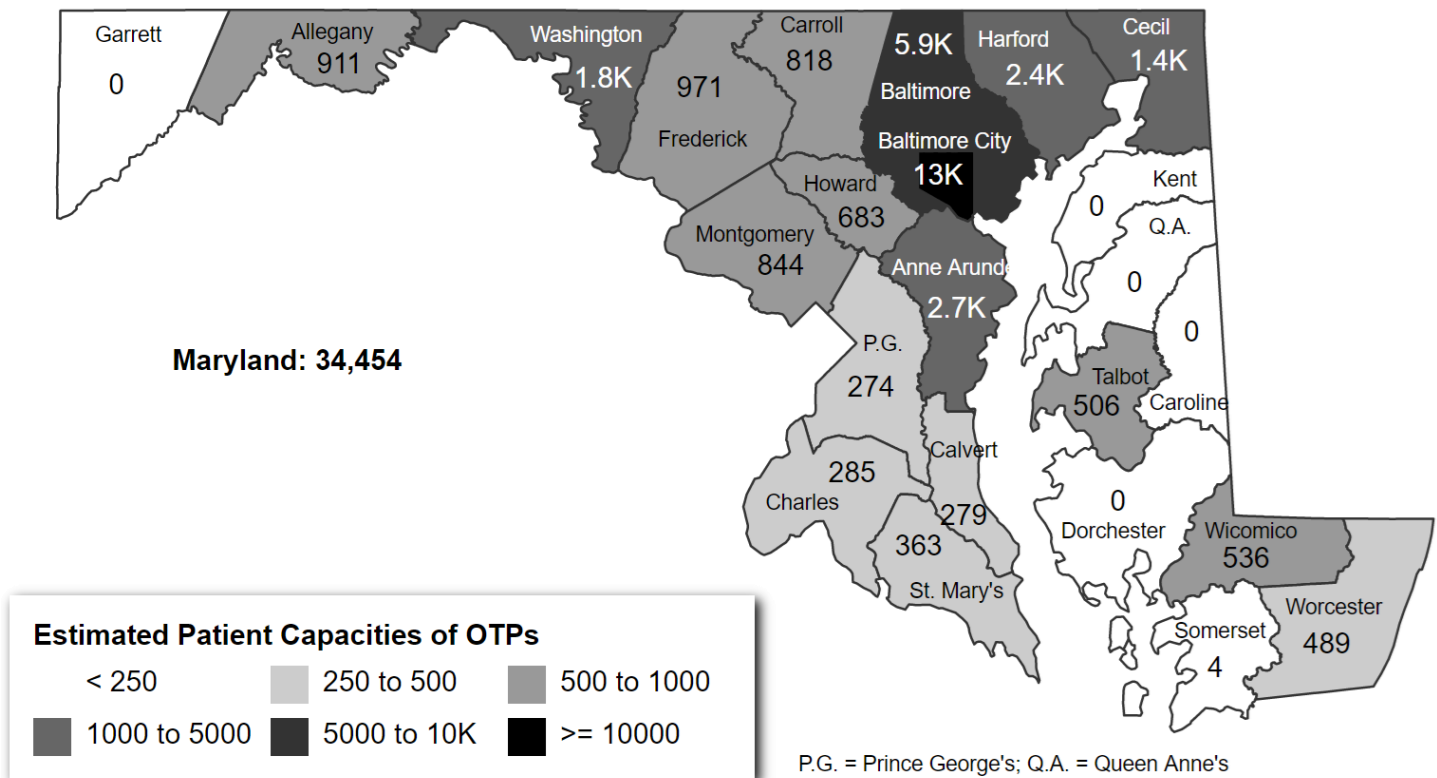


Estimated Rate per 1,000 Population in Need of Treatment for Opioid Disorder (Age 15 or Older)



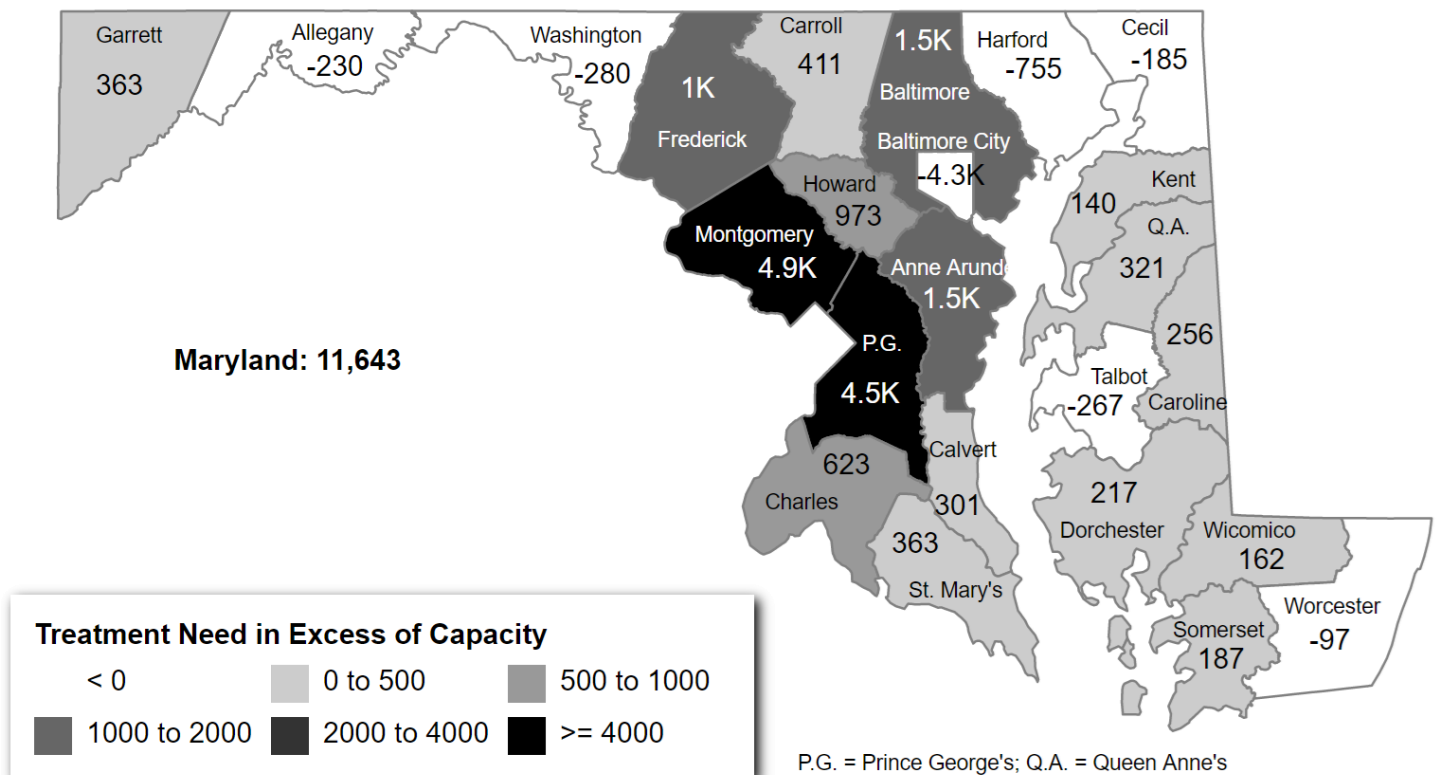
Estimated Patient Capacities of OTPs

Capacities for the 3 south Eastern Shore counties include them sharing the Wicomico treatment van capacity



Estimated Treatment Need Above Estimated OTP Capacity

Negative numbers indicate Capacity is above estimated Need



Estimated Need

In July of 2015, the City of Baltimore published a Task Force report that included estimating the need for heroin treatment in the City [4]. Within this report, the Task Force also recommended a methodology for estimating the need for treatment using multiple datasets, which is based on a recent publication that used this methodology in New York City [5]. This report provides an updated description of the need for OUD treatment in Maryland.

NSDUH Estimates

The first dataset is data from the National Survey on Drug Use and Health (NSDUH). This is an annual national survey conducted by the Substance Abuse and Mental Health Administration (SAMHSA) that asks people 12 and older about their drug use. SAMHSA releases this data to the public for use in research and planning. The table below provides estimates of the number of people abusing or dependent on opioids in Maryland counties and regions. 2019 population estimates for age 15 years and older were taken from the U.S. Census Bureau obtained by the Maryland Department of Health [6]. NSDUH data for estimates of drug or alcohol dependence were taken from SAMHSA [7]. The adjusted NSDUH estimate for dependence on or abuse of just opioids was calculated by multiplying the NSDUH percentages of any substance dependence or abuse by 0.0884 (8.84%), which is the national percentage of people with a heroin or prescription painkiller use disorder out of all people with any kind of substance use disorder [8].

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Jurisdiction	Total Population, Age 15+ (2019)*	NSDUH Estimate of Substance Use Disorder in the Past Year (2016-2018) ‡	NSDUH Substance Use Disorder in the Past Year, adjusted for only Heroin & Pain Relievers (2019)	Estimated Number of People Age 15+ Dependent on or Abusing Opioids in the Past Year†
Allegany	60,400	6.19%	0.55%	331
Anne Arundel	471,322	6.50%	0.57%	2,708
Baltimore City	491,409	9.01%	0.80%	3,914
Baltimore County	678,364	7.88%	0.70%	4,725
Calvert	75,356	6.79%	0.60%	452
Caroline	26,865	7.13%	0.63%	169
Carroll	138,959	6.98%	0.62%	857
Cecil	83,956	7.13%	0.63%	529
Charles	131,436	6.79%	0.60%	789
Dorchester	26,388	6.79%	0.60%	158
Frederick	210,107	6.19%	0.55%	1,150
Garrett	24,717	6.19%	0.55%	135
Harford	209,072	7.13%	0.63%	1,318
Howard	261,345	6.98%	0.62%	1,613
Kent	16,942	7.13%	0.63%	107
Montgomery	849,895	7.30%	0.65%	5,485
Prince George's	739,266	6.89%	0.61%	4,503
Queen Anne's	41,685	7.13%	0.63%	263
Somerset	21,986	6.79%	0.60%	132
St. Mary's	90,962	6.79%	0.60%	546
Talbot	31,607	7.13%	0.63%	199
Washington	124,085	6.19%	0.55%	679
Wicomico	84,788	6.79%	0.60%	509
Worcester	44,962	6.79%	0.60%	270
Maryland	4,935,874	7.24%	0.64%	31,541

Considerations – NSDUH Estimates

* Recent data for the population age 12 and older, as was used in the 2016 Needs Assessment, was not available

§ SAMHSA data is available at the jurisdictional level only for more populous jurisdictions, while regional data is available for all other areas and therefore used for less populous jurisdictions; see Appendix II for more details

‡ These percentages are pre-COVID-19, and are lower than the 2012-2014 percentages used for the 2016 Needs Assessment

† Statewide values are derived from adding up individual jurisdiction values, and may be slightly different from multiplying the Statewide population by its NSDUH percentage for opioids due to rounding

Overdose Deaths

The second dataset used in the methodology is overdose deaths involving opioids. In Maryland in 2020, there were 2,499 unintentional overdose deaths involving opioids. The following table shows the number of opioid-related overdoses for each county [9].

Jurisdiction	Opioid-related Deaths (2020)
Allegany	48
Anne Arundel	224
Baltimore City	954
Baltimore County	353
Calvert	20
Caroline	15
Carroll	42
Cecil	85
Charles	42
Dorchester	15
Frederick	60
Garrett	5
Harford	74
Howard	52
Kent	6
Montgomery	108
Prince George's	158
Queen Anne's	13
Somerset	13
St. Mary's	32
Talbot	13
Washington	106
Wicomico	37
Worcester	24
Maryland	2,499

Claims Data

The third dataset is Medicaid claims data [10]. Claims were retrieved for FY 2021 for persons receiving treatment using either methadone or buprenorphine. The unduplicated number of individuals receiving such treatment is provided by jurisdiction and region below.

Jurisdiction	Persons Receiving Methadone Medicaid Claims in FY2021*	Persons Receiving Buprenorphine Medicaid Claims in FY2021*§†	Total mOUD Medicaid Claims in FY2021*§†
Allegany	293	359	652
Anne Arundel	1,147	1,548	2,695
Baltimore City	4,115	5,309	9,424
Baltimore County	2,444	2,452	4,896
Calvert	63	171	234
Caroline	73	85	158
Carroll	192	510	702
Cecil	439	824	1,263
Charles	56	141	197
Dorchester	39	64	103
Frederick	888	766	1,654
Garrett	208	242	450
Harford	219	402	621
Howard	20	16	36
Kent	26	34	60
Montgomery	187	238	425
Prince George's	172	185	357
Queen Anne's	39	65	104
Somerset	36	68	104
St. Mary's	91	238	329
Talbot	29	36	65
Washington	1,068	455	1,523
Wicomico	156	186	342
Worcester	74	146	220
Maryland	12,074	14,540	26,614

Considerations – Claims Data

* Claims data only represent persons receiving mOUD through Medicaid; this is a known under-representation as it does not count people receiving mOUD through Medicare nor through private insurance.

§ Since 2016, potential utilization influences include OBOT providers being allowed to treat more patients, efforts by the Behavioral Health Administration to increase the number of OBOT providers prescribing buprenorphine, and the creation of the Maryland Addiction Consultation Service (MACS) to assist such providers.

† Only buprenorphine claims from OTPs were available for the 2016 Needs Assessment whereas buprenorphine claims from both from OTPs and OBOTs were available for this report.

Estimates of OUD Need Based on Combined Datasets

The final step in the methodology is to combine the three datasets. Since it is unknown if the same people may have been counted in each dataset, the methodology provides a range of estimates that assumes 100% overlap across datasets (Restrictive Estimate) and no overlap across datasets (Expansive Estimate). The average of these two estimates is then calculated as the Midpoint Estimate.

Jurisdiction	Restrictive Estimate (NSDUH-only)	Expansive Estimate (NSDUH + Overdoses + Medicaid)	Midpoint Estimate of People in Need of Treatment for Opioid Disorder*
Allegany	331	1,031	681
Anne Arundel	2,708	5,627	4,168
Baltimore City	3,914	14,292	9,103
Baltimore County	4,725	9,974	7,350
Calvert	452	706	579
Caroline	169	342	256
Carroll	857	1,601	1,229
Cecil	529	1,877	1,203
Charles	789	1,028	908
Dorchester	158	276	217
Frederick	1,150	2,864	2,007
Garrett	135	590	363
Harford	1,318	2,013	1,665
Howard	1,613	1,701	1,657
Kent	107	173	140
Montgomery	5,485	6,018	5,751
Prince George's	4,503	5,018	4,760
Queen Anne's	263	380	321
Somerset	132	249	190
St. Mary's	546	907	726
Talbot	199	277	238
Washington	679	2,308	1,493
Wicomico	509	888	698
Worcester	270	514	392
Maryland	31,541	60,654	46,097

Considerations – OUD Need Estimates

* Statewide values are derived from adding up individual jurisdiction values, and may be slightly different from the average of the Restrictive and Expansive Estimates due to rounding.

Maryland mOUD Utilization

Twice each month, Maryland OTPs provide BHA with the number of active clients they are currently serving, reporting clients treated using methadone and buprenorphine separately. The table below shows the OTP patient census results, broken down by Maryland jurisdiction.

Jurisdiction	OTP patients being treated using Methadone, July 2021*§	OTP patients being treated using Buprenorphine, July 2021§	Patients being treated using Buprenorphine via OBOT, December 2020††
Allegany	693	28	875
Anne Arundel	2,333	42	2,145
Baltimore City	11,418	417	4,231
Baltimore County	3,815	168	3,376
Calvert	195	0	774
Caroline	0	0	193
Carroll	708	10	746
Cecil	1,074	26	950
Charles	235	0	475
Dorchester	0	0	111
Frederick	619	24	764
Garrett	0	0	265
Harford	2,041	42	1,031
Howard	518	0	379
Kent	0	0	146
Montgomery	536	39	760
Prince George's	184	66	468
Queen Anne's	0	0	262
Somerset	3	0	134
St. Mary's	277	1	576
Talbot	430	12	100
Washington	1,494	100	1,055
Wicomico	467	0	324
Worcester	311	15	212
Maryland	27,351	990	20,352

(Considerations listed on next page)

Considerations – Maryland mOUD Utilization

** Values for Somerset, Wicomico, and Worcester Counties include a proportion of the Wicomico County Health Department Drug Abuse Program Mobile Clinic*

§ Data for the 2016 Needs Assessment regarding mOUD utilization was gathered by contacting OTPs to obtain patient census data; monthly provider reports had not yet been implemented.

‡ Because many OUD patients are treated using buprenorphine by waived prescribers via OBOT, this data [11] is also included below to provide a more complete picture of mOUD utilization in Maryland.

† While it is important to note that people regularly enter and leave treatment at OTPs, the above data were collected at a single point in time to generate an overall state-wide estimate. Differences in the total number of treated patients listed in Medicaid claims compared to the OTP census may be attributable to one or more of the following reasons:

- Medicaid claims data does not include people receiving treatment but not receiving Medicaid.*
- Census data for a jurisdiction may include patients from other jurisdictions, as well as non-Maryland residents.*
- The data were collected at different times.*

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Maryland OTP Capacity

For the current Needs Assessment, the capacity of OTPs was estimated using 2021 census data along with census and capacity data from the 2016 Needs Assessment [3]. For each OTP, the ratio of capacity-to-census from the 2016 Needs Assessment was calculated. This 2016 ratio was then applied to the 2021 census to estimate the 2021 capacity. For OTPs with no capacity nor census data from the 2016 Needs Assessment, the ratio used to estimate 2021 capacity was the average of the capacity-to-census ratios from the 2016 Needs Assessment.

Jurisdiction	OTP Methadone Capacity (estimated)*§	OTP Buprenorphine Capacity (estimated)§†	Total OTP Capacity (estimated)*§††
Allegany	874	37	911
Anne Arundel	2,425	640	2,677
Baltimore City	12,616	2,352	13,375
Baltimore County	5,289	1,656	5,858
Calvert	302	0	279
Caroline	0	0	0
Carroll	732	86	818
Cecil	1,151	237	1,388
Charles	285	0	285
Dorchester	0	0	0
Frederick	764	207	971
Garrett	0	0	0
Harford	2,378	435	2,420
Howard	683	0	683
Kent	0	0	0
Montgomery	585	259	844
Prince George's	184	90	274
Queen Anne's	0	0	0
Somerset	4	0	4
St. Mary's	454	6	363
Talbot	502	300	506
Washington	1,755	658	1,774
Wicomico	536	0	536
Worcester	359	129	489
Maryland	31,879	7,092	34,568

(Considerations and footnotes listed on next page)

Considerations – Maryland OTP Capacity

* Values for Somerset, Wicomico, and Worcester Counties include a proportion of the Wicomico County Health Department Drug Abuse Program Mobile Clinic

§ The 2016 Needs Assessment estimated capacity using a survey of OTPs; given resource and time constraints this method was not feasible for the current Needs Assessment.

‡ Note that the methadone and buprenorphine capacity numbers do not always add up to the “total OTP capacity”. This is due to the fact that some programs that provide daily dosing of buprenorphine are also limited by the number of counselors available; in these cases, the capacity is “merged” across methadone and buprenorphine.

† The above table only takes into account OTP treatment capacity; the actual mOUD treatment capacity of jurisdictions is likely larger due to the availability of OBOT; while PDMP data about the number of patients being treated with buprenorphine is available, it is difficult to estimate Maryland’s OBOT capacity. This is because even though OBOT providers have limits on the number of patients they can treat with buprenorphine, not all providers are willing to treat up to their capacity.

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Maryland OUD Treatment Need vs. Maryland OTP Capacity

The table below shows how OUD treatment need compares to OTP capacity for each Maryland jurisdiction. Negative numbers indicate that capacity is greater than need. **Red numbers** reflect jurisdictions/regions whose treatment needs exceed their capacity. OBOT capacity is not included.

Jurisdiction	Midpoint Estimate of People in Need of Treatment for Opioid Disorder*	Total OTP Capacity (estimated) [§]	Treatment Need minus OTP Capacity
Allegany	681	911	-230
Anne Arundel	4,168	2,677	1,491
Baltimore City	9,103	13,375	-4,272
Baltimore County	7,350	5,858	1,492
Calvert	579	279	301
Caroline	256	0	256
Carroll	1,229	818	411
Cecil	1,203	1,388	-185
Charles	908	285	623
Dorchester	217	0	217
Frederick	2,007	971	1,036
Garrett	363	0	363
Harford	1,665	2,420	-755
Howard	1,657	683	973
Kent	140	0	140
Montgomery	5,751	844	4,907
Prince George's	4,760	274	4,486
Queen Anne's	321	0	321
Somerset	190	4	187
St. Mary's	726	363	363
Talbot	238	506	-267
Washington	1,493	1,774	-280
Wicomico	698	536	162
Worcester	392	489	-97
Maryland	46,097	34,568	11,643

Considerations – OUD Treatment Needs vs. Capacity

* Statewide values are derived from adding up individual jurisdiction values, and may be slightly different from the average of the Restrictive and Expansive Estimates due to rounding.

§ Values for Somerset, Wicomico, and Worcester Counties include a proportion of the Wicomico County Health Department Drug Abuse Program Mobile Clinic

Conclusions

An estimated 30,000 to 60,000 Marylanders aged 15 or older are in need of treatment for an OUD. As would be expected, the more populous jurisdictions have the highest number of persons in need of treatment, with eleven jurisdictions having more than 1,000 persons in need of treatment, and five jurisdictions with more than 4,000 persons in need of treatment. Looking at the rate of need, almost 1% of Marylanders appear to be in need of treatment for OUD, with the highest rates in Baltimore City, Garrett County, and Cecil County. Jurisdictions with the lowest rates were Howard County, Prince George's County, and Montgomery County.

Maryland OTPs report treating over 25,000 patients using methadone and treating almost an additional 1,000 patients using buprenorphine. PDMP data indicate that an additional 20,000 Marylanders are being treated using buprenorphine outside of OTPs. The jurisdictions with the greatest number of people receiving treatment using methadone were Baltimore City, Baltimore County, and Anne Arundel County. These same three jurisdictions also had the highest number of patients being treated with buprenorphine via OBOT.

Using the census-to-capacity ratio from the 2016 Needs Assessment, and the current OTP censuses, it is estimated that Maryland OTPs currently have the capacity to treat almost 35,000 patients using mOUD. The Maryland jurisdictions with the greatest OTP capacity are Baltimore City, Baltimore County, Anne Arundel County.

Comparing treatment need to OTP treatment capacity, it is estimated that there are over 11,000 Marylanders in need of OUD treatment that OTPs do not have the capacity to treat. The differences between treatment need and capacity vary widely across jurisdictions. Seventeen jurisdictions have more treatment need than OTP capacity, with five jurisdictions having a treatment need exceeding OTP treatment capacity by more than a thousand persons – Montgomery County, Prince George's County, Anne Arundel County, Baltimore County, and Frederick County.

While the current assessment shows that Maryland OTPs do not have enough capacity to provide treatment to all Marylanders with OUD, there are a few issues to be considered in interpreting these findings. As noted previously, due to methodological differences, comparisons to the 2016 Needs Assessment are not appropriate. Regarding estimated need, the claims data available to estimate treatment need only considered patients treated using Medicaid funding. The estimated treatment need would be higher if data were also available for patients treated using Medicare or private insurance. It is also important to note that the NSDUH data available to estimate treatment need was before the COVID-19 pandemic began in 2020. Regarding need vs. OTP capacity, in jurisdictions with greater need than OTP capacity, patients may be able to access treatment via OBOT, and/or in a neighboring jurisdiction or state.

References

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Appendix I – Relationship to 2016 OTP Needs Assessment

Comparisons to the results of the 2016 OTP Needs Assessment [e] are not included in this report for several reasons described below.

First, there are several methodological differences between the two Needs Assessments:

1. *Maryland population data* - the 2016 report used a “base” population of age 12 and older, while the current report uses a “base” population of age 15 or older because data on age 12 and older was not available in 2016.
2. *Claims data* - the 2016 Needs Assessment the claims data only included persons receiving mOUD in OTPs, while the claims data used in the current report includes persons receiving mOUD both through OTPs and through independent OBOT practitioners/prescribers.
3. *mOUD utilization* - in the 2016 Needs Assessment, the SEC contacted every OTP in Maryland and collected data on estimated current patient census and annual patient capacity. This was no longer needed for the current 2021 Needs Assessment because OTP programs now report this information to BHA twice a month.
4. *PDMP data* – this data was not available in the 2016 Needs Assessment, but is now available and included in the current report’s section on utilization.
5. *mOUD capacity* - the current Needs Assessment estimates OTP capacity by applying 2016 capacity-to-census ratios to the 2021 censuses, as described in the “Maryland OTP Capacity” section above.

Second, since 2016 there have been two changes to how OTP treatment is funded in the Maryland public behavioral health system:

1. In 2017, Maryland implemented a new payment policy related to the re-bundling of OTP payments, which could affect how many patients OTPs could or would treat.
2. On January 1, 2020, Medicare began to reimburse for OTP services, which means that OTP claims for persons over 65 would no longer be in the Medicaid claims file.

Third, due to the COVID-19 pandemic, OTPs needed to change their service provision procedures, which could have affected the number of people they can treat. The pandemic may have also had an effect on the number of people wanting to access OTP treatment.

Fourth, it is important to note that the available SAMHSA substate SUD data for Maryland used to estimate treatment need is from 2016-2018, which is prior to the COVID-19 pandemic.

Appendix II – Maryland Region Definitions

SAMHSA provides rates of substance use disorder based on geographical areas. Jurisdiction-specific rates are available for more populous jurisdictions, but in some cases rates are only available for regions that contain multiple jurisdictions. When jurisdiction-specific rates were not available, regional rates were used. The table below shows how SAMHSA defines the regions in Maryland.

Region	Jurisdiction(s)	NSDUH Estimate of Substance Use Disorder in the Past Year (2016-2018)
	Anne Arundel	6.50%
	Baltimore City	9.01%
	Baltimore County	7.88%
	Montgomery	7.30%
	Prince George's	6.89%
North Central	Carroll	6.98%
	Howard	6.98%
Northeast	Caroline	7.13%
	Cecil	7.13%
	Harford	7.13%
	Kent	7.13%
	Queen Anne's	7.13%
	Talbot	7.13%
South	Calvert	6.79%
	Charles	6.79%
	Dorchester	6.79%
	Somerset	6.79%
	St. Mary's	6.79%
	Wicomico	6.79%
	Worcester	6.79%
West	Allegany	6.19%
	Frederick	6.19%
	Garrett	6.19%
	Washington	6.19%