

The Comprehensive Addiction Resources Emergency Act State-by-State Funding Estimates

The estimates in the following fact sheets are calculated by applying the funding formula established by the Comprehensive Addiction Resources Emergency (CARE) Act to publicly available drug overdose and mortality rate data. The CARE Act was introduced in the 116th Congress by Senator Elizabeth Warren and Congressman Elijah E. Cummings.

County-level drug overdose death numbers and mortality rates are drawn from County Health Rankings' "2019 County Health Rankings National Data," compiled from the CDC WONDER Mortality Database.¹ Where available, county-level drug overdose totals and associated mortality rates reflect the sum total of overdose deaths in these counties from 2015 to 2017. Notably, 1,422 of 3,142 counties nationwide do not have data available for 2015 to 2017 and were not included in this analysis. The addition of data from these counties would enhance funding estimates.

State-level drug overdose data are drawn from the CDC's Drug Overdose Death Database.² State-level drug overdose totals reflect the sum total of overdose deaths in each state from 2015 to 2017. These estimates include data from the 50 states and the District of Columbia. This analysis assumes that Puerto Rico would receive \$2 million a year in state-level formula funding (the minimum allotment).

¹ County Health Rankings and Roadmaps, "Rankings Data & Documentation," <http://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>.

² Centers for Disease Control and Prevention, "Drug Overdose Deaths," <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

CARE ACT FUNDING IN ALABAMA

Total Estimated Formula Funding: \$38.3 million

Under the CARE Act, **Alabama would receive an estimated \$30 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Alabama could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Alabama could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Alabama would receive an estimated \$8.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **5 counties in Alabama would likely be eligible for these formula grants**, including Jefferson, DeKalb, St. Clair, Escambia, and Blount. For example:

- **Jefferson County**, with 572 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.1 million** per year.
- **St. Clair County**, with 77 drug overdose deaths from 2015 to 2017, could receive as much as **\$820,000** per year.
- **DeKalb County**, with 63 drug overdose deaths from 2015 to 2017, could receive as much as **\$671,000** per year.

CARE ACT FUNDING IN ALASKA

Total Estimated Formula Funding: \$6 million

Under the CARE Act, **Alaska would receive an estimated \$5.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Alaska could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Alaska could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **Juneau County would receive an estimated \$298,000 in annual funding** through the bill's local formula grants. The county recorded 28 drug overdose deaths from 2015 to 2017.

CARE ACT FUNDING IN ARIZONA

Total Estimated Formula Funding: \$80 million

Under the CARE Act, **Arizona would receive an estimated \$41.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Arizona could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Arizona could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Arizona would receive an estimated \$38.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **6 counties in Arizona would likely be eligible for these formula grants**, including Maricopa, Pima, Gila, La Paz, Mohave, and Yavapai. For example:

- **Maricopa County**, with 2,473 drug overdose deaths from 2015 to 2017, could receive as much as **\$26.3 million** per year.
- **Pima County**, with 719 drug overdose deaths from 2015 to 2017, could receive as much as **\$7.7 million** per year.
- **Yavapai County**, with 180 drug overdose deaths from 2015 to 2017, could receive as much as **\$1.9 million** per year.

CARE ACT FUNDING IN ARKANSAS

Total Estimated Formula Funding: \$19 million

Under the CARE Act, **Arkansas would receive an estimated \$17.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Arkansas could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Arkansas could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Arkansas would receive an estimated \$1.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **5 counties in Arkansas would likely be eligible for these formula grants**, including Clay, Garland, Izard, Franklin, and Lincoln. For example:

- **Garland County**, with 84 drug overdose deaths from 2015 to 2017, could receive as much as **\$895,000** per year.
- **Clay County**, with 14 drug overdose deaths from 2015 to 2017, could receive as much as **\$149,000** per year.
- **Franklin County**, with 13 drug overdose deaths from 2015 to 2017, could receive as much as **\$138,000** per year.

CARE ACT FUNDING IN CALIFORNIA

Total Estimated Formula Funding: \$266.5 million

Under the CARE Act, **California would receive an estimated \$144.8 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in California could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in California could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in California would receive an estimated \$121.7 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 21 **counties in California would likely be eligible for these formula grants**, including Los Angeles, San Diego, Orange, Riverside, Sacramento, Kern, San Francisco, Alameda, Santa Clara, Fresno, San Bernardino, Ventura, San Joaquin, Contra Costa, Lake, Humboldt, Tuolumne, Siskiyou, Butte, Mendocino, and Lassen. For example:

- **Los Angeles County**, with 2,470 drug overdose deaths from 2015 to 2017, could receive as much as **\$26.3 million** per year.
- **San Diego County**, with 1,336 drug overdose deaths from 2015 to 2017, could receive as much as **\$14.2 million** per year.
- **Orange County**, with 1,168 drug overdose deaths from 2015 to 2017, could receive as much as **\$12.4 million** per year.

CARE ACT FUNDING IN COLORADO

Total Estimated Formula Funding: \$51.6 million

Under the CARE Act, **Colorado would receive an estimated \$30.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Colorado could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Colorado could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Colorado would receive an estimated \$20.9 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 10 **counties in Colorado would likely be eligible for these formula grants**, including El Paso, Denver, Adams, Arapahoe, Jefferson, Huerfano, Las Animas, Rio Grande, Pueblo, and Fremont. For example:

- **El Paso County**, with 498 drug overdose deaths from 2015 to 2017, could receive as much as **\$5.3 million** per year.
- **Denver County**, with 397 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.2 million** per year.
- **Adams County**, with 291 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.1 million** per year.

CARE ACT FUNDING IN CONNECTICUT

Total Estimated Formula Funding: \$56.2 million

Under the CARE Act, **Connecticut would receive an estimated \$25.9 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Connecticut could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Connecticut could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Connecticut would receive an estimated \$30.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **every county in Connecticut would likely be eligible for these formula grants:**

- **Hartford County**, with 792 drug overdose deaths from 2015 to 2017, could receive as much as **\$8.4 million** per year.
- **New Haven County**, with 768 drug overdose deaths from 2015 to 2017, could receive as much as **\$8.2 million** per year.
- **Fairfield County**, with 493 drug overdose deaths from 2015 to 2017, could receive as much as **\$5.2 million** per year.

CARE ACT FUNDING IN DELAWARE

Total Estimated Formula Funding: \$15.5 million

Under the CARE Act, **Delaware would receive an estimated \$8.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Delaware could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Delaware could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Delaware would receive an estimated \$7.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **2 counties in Delaware would likely be eligible for these formula grants**, including New Castle and Sussex:

- **New Castle County**, with 508 drug overdose deaths from 2015 to 2017, could receive as much as **\$5.4 million** per year.
- **Sussex County**, with 186 drug overdose deaths from 2015 to 2017, could receive as much as **\$2 million** per year.

CARE ACT FUNDING IN THE DISTRICT OF COLUMBIA

Total Estimated Formula Funding: \$17.9 million

Under the CARE Act, **District of Columbia would receive an estimated \$10.4 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in District of Columbia could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in District of Columbia could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **D.C. would receive an estimated \$7.5 million in annual funding** through the bill's local formula grants. The city recorded 704 drug overdose deaths from 2015 to 2017.

CARE ACT FUNDING IN FLORIDA

Total Estimated Formula Funding: \$247.1 million

Under the CARE Act, **Florida would receive an estimated \$131 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Florida could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Florida could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Florida would receive an estimated \$116.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 21 **counties in Florida would likely be eligible for these formula grants**, including Palm Beach, Broward, Duval, Miami-Dade, Pinellas, Orange, Hillsborough, Brevard, Lee, Manatee, Pasco, Polk, Volusia, Marion, Sarasota, Seminole, Dixie, Monroe, Citrus, Clay, and St. Lucie. For example:

- **Palm Beach County**, with 1,521 drug overdose deaths from 2015 to 2017, could receive as much as **\$16.2 million** per year.
- **Broward County**, with 1,367 drug overdose deaths from 2015 to 2017, could receive as much as **\$14.6 million** per year.
- **Duval County**, with 1,012 drug overdose deaths from 2015 to 2017, could receive as much as **\$10.8 million** per year.

CARE ACT FUNDING IN GEORGIA

Total Estimated Formula Funding: \$69.9 million

Under the CARE Act, **Georgia would receive an estimated \$54.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Georgia could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Georgia could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Georgia would receive an estimated \$15.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **12 counties in Georgia would likely be eligible for these formula grants**, including Fulton, Cobb, Gwinnett, Haralson, Brantley, Catoosa, Rabun, Charlton, Dawson, Richmond, Fannin, and Lumpkin. For example:

- **Fulton County**, with 472 drug overdose deaths from 2015 to 2017, could receive as much as **\$5 million** per year.
- **Cobb County**, with 384 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.1 million** per year.
- **Gwinnett County**, with 278 drug overdose deaths from 2015 to 2017, could receive as much as **\$3 million** per year.

CARE ACT FUNDING IN HAWAII

Total Estimated Formula Funding: \$10.4 million

Under the CARE Act, **Hawaii would receive an estimated \$6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Hawaii could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Hawaii could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **Honolulu County would receive an estimated \$4.4 million in annual funding** through the bill's local formula grants. The county recorded 409 drug overdose deaths from 2015 to 2017.

CARE ACT FUNDING IN IDAHO

Total Estimated Formula Funding: \$10.4 million

Under the CARE Act, **Idaho would receive an estimated \$10.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Idaho could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Idaho could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Idaho would receive an estimated \$298,000 in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **2 counties in Idaho would likely be eligible for these formula grants**, including Shoshone and Payette:

- **Payette County**, with 17 drug overdose deaths from 2015 to 2017, could receive as much as **\$181,000** per year.
- **Shoshone County**, with 11 drug overdose deaths from 2015 to 2017, could receive as much as **\$117,000** per year.

CARE ACT FUNDING IN ILLINOIS

Total Estimated Formula Funding: \$129.3 million

Under the CARE Act, **Illinois would receive an estimated \$74.9 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Illinois could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Illinois could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Illinois would receive an estimated \$54.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 17 **counties in Illinois would likely be eligible for these formula grants**, including Cook, DuPage, Will, Winnebago, Lake, Jersey, Franklin, De Witt, Madison, Bond, Vermilion, Marion, Washington, LaSalle, Livingston, Peoria, Christian. For example:

- **Cook County**, with 3,046 drug overdose deaths from 2015 to 2017, could receive as much as **\$32.4 million** per year.
- **DuPage County**, with 393 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.2 million** per year.
- **Will County**, with 384 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.1 million** per year.

CARE ACT FUNDING IN INDIANA

Total Estimated Formula Funding: \$82.6 million

Under the CARE Act, **Indiana would receive an estimated \$52.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Indiana could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Indiana could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Indiana would receive an estimated \$30.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 33 **counties in Indiana would likely be eligible for these formula grants**, including Marion, Lake, Fayette, Wayne, Scott, Union, Blackford, Randolph, Starke, Grant, Delaware, Jennings, Howard, Dearborn, Pulaski, Ripley, Jay, Madison, Switzerland, Clark, Jackson, Floyd, Vanderburgh, Newton, Rush, Vermillion, Morgan, Franklin, Wabash, Porte. For example:

- **Marion County**, with 939 drug overdose deaths from 2015 to 2017, could receive as much as **\$10 million** per year.
- **Lake County**, with 338 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.6 million** per year.
- **Vanderburgh County**, with 158 drug overdose deaths from 2015 to 2017, could receive as much as **\$1.7 million** per year.

CARE ACT FUNDING IN IOWA

Total Estimated Formula Funding: \$14.3 million

Under the CARE Act, **Iowa would receive an estimated \$14.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Iowa could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Iowa could apply for grants from a \$1 billion local competitive grant program.**

CARE ACT FUNDING IN KANSAS

Total Estimated Formula Funding: \$14.4 million

Under the CARE Act, **Kansas would receive an estimated \$14.4 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Kansas could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Kansas could apply for grants from a \$1 billion local competitive grant program.**

CARE ACT FUNDING IN KENTUCKY

Total Estimated Formula Funding: \$80.6 million

Under the CARE Act, **Kentucky would receive an estimated \$42.8 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Kentucky could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Kentucky could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Kentucky would receive an estimated \$37.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **64 counties in Kentucky would likely be eligible for these formula grants**, including Jefferson, Fayette, Kenton, Gallatin, Harrison, Campbell, Estill, Bell, Boyd, Mason, Pendleton, Martin, Leslie, Grant, Knox, Bracken, Carter, Floyd, Montgomery, Powell, Anderson, Owen, Clinton, Clark, Whitley, Jessamine, Boyle, Boone, Grayson, Fleming, Ma. For example:

- **Jefferson County**, with 901 drug overdose deaths from 2015 to 2017, could receive as much as **\$9.6 million** per year.
- **Fayette County**, with 353 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.8 million** per year.
- **Kenton County**, with 324 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.5 million** per year.

CARE ACT FUNDING IN LOUISIANA

Total Estimated Formula Funding: \$51.9 million

Under the CARE Act, **Louisiana would receive an estimated \$34.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Louisiana could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Louisiana could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Louisiana would receive an estimated \$17.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 11 **counties in Louisiana would likely be eligible for these formula grants**, including Jefferson, Orleans, Washington, Livingston, St. Bernard, Terrebonne, West Carroll, St. Tammany, Plaquemines, Tangipahoa, and St. John the Baptist. For example:

- **Jefferson County**, with 446 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.7 million** per year.
- **Orleans County**, with 405 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.3 million** per year.
- **St. Tammany County**, with 214 drug overdose deaths from 2015 to 2017, could receive as much as **\$2.3 million** per year.

CARE ACT FUNDING IN MAINE

Total Estimated Formula Funding: \$19.3 million

Under the CARE Act, **Maine would receive an estimated \$11.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Maine could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Maine could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Maine would receive an estimated \$8.2 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **6 counties in Maine would likely be eligible for these formula grants**, including Washington, Kennebec, York, Penobscot, Somerset, and Cumberland. For example:

- **Cumberland County**, with 233 drug overdose deaths from 2015 to 2017, could receive as much as **\$2.5 million** per year.
- **York County**, with 195 drug overdose deaths from 2015 to 2017, could receive as much as **\$2.1 million** per year.
- **Penobscot County**, with 138 drug overdose deaths from 2015 to 2017, could receive as much as **\$1.5 million** per year.

CARE ACT FUNDING IN MARYLAND

Total Estimated Formula Funding: \$109.1 million

Under the CARE Act, **Maryland would receive an estimated \$52 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Maryland could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Maryland could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Maryland would receive an estimated \$57 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 20 **counties in Maryland would likely be eligible for these formula grants**, including Baltimore City, Baltimore, Anne Arundel, Prince George's, Montgomery, Harford, Cecil, Allegany, Worcester, Washington, Caroline, Calvert, Carroll, Kent, Frederick, Somerset, St. Mary's, Wicomico, Charles, and Queen Anne's. For example:

- **Baltimore City**, with 1,383 drug overdose deaths from 2015 to 2017, could receive as much as **\$14.7 million** per year.
- **Baltimore County**, with 1,044 drug overdose deaths from 2015 to 2017, could receive as much as **\$11.1 million** per year.
- **Anne Arundel County**, with 606 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.5 million** per year.

CARE ACT FUNDING IN MASSACHUSETTS

Total Estimated Formula Funding: \$120.1 million

Under the CARE Act, **Massachusetts would receive an estimated \$56.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Massachusetts could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Massachusetts could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Massachusetts would receive an estimated \$63.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 10 **counties in Massachusetts would likely be eligible for these formula grants**, including Middlesex, Essex, Worcester, Suffolk, Bristol, Plymouth, Norfolk, Hampden, Barnstable, and Berkshire. For example:

- **Middlesex County**, with 1,126 drug overdose deaths from 2015 to 2017, could receive as much as **\$12 million** per year.
- **Essex County**, with 842 drug overdose deaths from 2015 to 2017, could receive as much as **\$9 million** per year.
- **Worcester County**, with 725 drug overdose deaths from 2015 to 2017, could receive as much as **\$7.7 million** per year.

CARE ACT FUNDING IN MICHIGAN

Total Estimated Formula Funding: \$128.8 million

Under the CARE Act, **Michigan would receive an estimated \$75.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Michigan could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Michigan could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Michigan would receive an estimated \$53.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 19 **counties in Michigan would likely be eligible for these formula grants**, including Wayne, Macomb, Oakland, Genesee, Kent, St. Clair, Monroe, Iron, Calhoun, Clare, Crawford, Manistee, Iosco, Roscommon, Bay, Ingham, Dickinson, Otsego, and Huron. For example:

- **Wayne County**, with 2,007 drug overdose deaths from 2015 to 2017, could receive as much as **\$21.4 million** per year.
- **Macomb County**, with 963 drug overdose deaths from 2015 to 2017, could receive as much as **\$10.3 million** per year.
- **Oakland County**, with 448 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.8 million** per year.

CARE ACT FUNDING IN MINNESOTA

Total Estimated Formula Funding: \$33.8 million

Under the CARE Act, **Minnesota would receive an estimated \$24.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Minnesota could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Minnesota could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Minnesota would receive an estimated \$9.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **4 counties in Minnesota would likely be eligible for these formula grants**, including Hennepin, Ramsey, Cass, and Mille Lacs. For example:

- **Hennepin County**, with 576 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.1 million** per year.
- **Ramsey County**, with 280 drug overdose deaths from 2015 to 2017, could receive as much as **\$3 million** per year.
- **Cass County**, with 24 drug overdose deaths from 2015 to 2017, could receive as much as **\$256,000** per year.

CARE ACT FUNDING IN MISSISSIPPI

Total Estimated Formula Funding: \$16.2 million

Under the CARE Act, **Mississippi would receive an estimated \$15 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Mississippi could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Mississippi could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Mississippi would receive an estimated \$1.2 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **3 counties in Mississippi would likely be eligible for these formula grants**, including Pearl River, Hancock, and Marion:

- **Pearl River County**, with 54 drug overdose deaths from 2015 to 2017, could receive as much as **\$575,000** per year.
- **Hancock County**, with 43 drug overdose deaths from 2015 to 2017, could receive as much as **\$458,000** per year.
- **Marion County**, with 20 drug overdose deaths from 2015 to 2017, could receive as much as **\$213,000** per year.

CARE ACT FUNDING IN MISSOURI

Total Estimated Formula Funding: \$68.5 million

Under the CARE Act, **Missouri would receive an estimated \$42.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Missouri could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Missouri could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Missouri would receive an estimated \$26.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **17 counties in Missouri would likely be eligible for these formula grants**, including St. Louis, St. Louis City, Jackson, Jefferson, Greene, Hickory, Iron, Crawford, Franklin, St. Francois, Washington, Lincoln, Clinton, Warren, Gasconade, Pulaski, and Mississippi. For example:

- **St. Louis County**, with 721 drug overdose deaths from 2015 to 2017, could receive as much as **\$7.7 million** per year.
- **The City of St. Louis**, with 520 drug overdose deaths from 2015 to 2017, could receive as much as **\$5.5 million** per year.
- **Jackson County**, with 368 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.9 million** per year.

CARE ACT FUNDING IN MONTANA

Total Estimated Formula Funding: \$5.6 million

Under the CARE Act, **Montana would receive an estimated \$5.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Montana could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Montana could apply for grants from a \$1 billion local competitive grant program.**

CARE ACT FUNDING IN NEBRASKA

Total Estimated Formula Funding: \$5.9 million

Under the CARE Act, **Nebraska would receive an estimated \$5.9 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Nebraska could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Nebraska could apply for grants from a \$1 billion local competitive grant program.**

CARE ACT FUNDING IN NEVADA

Total Estimated Formula Funding: \$38.1 million

Under the CARE Act, **Nevada would receive an estimated \$18.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Nevada could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Nevada could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Nevada would receive an estimated \$19.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **5 counties in Nevada would likely be eligible for these formula grants**, including Clark, Washoe, Carson City, Nye, and Churchill. For example:

- **Clark County**, with 1,382 drug overdose deaths from 2015 to 2017, could receive as much as **\$14.7 million** per year.
- **Washoe County**, with 327 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.5 million** per year.
- **Carson City**, with 62 drug overdose deaths from 2015 to 2017, could receive as much as **\$660,000** per year.

CARE ACT FUNDING IN NEW HAMPSHIRE

Total Estimated Formula Funding: \$26.4 million

Under the CARE Act, **New Hampshire would receive an estimated \$13.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in New Hampshire could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in New Hampshire could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in New Hampshire would receive an estimated \$13.2 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **7 counties in New Hampshire would likely be eligible for these formula grants**, including Hillsborough, Rockingham, Strafford, Belknap, Coos, Carroll, and Merrimack. For example:

- **Hillsborough County**, with 546 drug overdose deaths from 2015 to 2017, could receive as much as **\$5.8 million** per year.
- **Rockingham County**, with 293 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.1 million** per year.
- **Strafford County**, with 146 drug overdose deaths from 2015 to 2017, could receive as much as **\$1.6 million** per year.

CARE ACT FUNDING IN NEW JERSEY

Total Estimated Formula Funding: \$119.1 million

Under the CARE Act, **New Jersey would receive an estimated \$60.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in New Jersey could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in New Jersey could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in New Jersey would receive an estimated \$58.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 17 **counties in New Jersey would likely be eligible for these formula grants**, including Camden, Ocean, Essex, Middlesex, Monmouth, Burlington, Bergen, Gloucester, Hudson, Atlantic, Passaic, Union, Cape May, Cumberland, Salem, Warren, and Sussex. For example:

- **Camden County**, with 630 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.7 million** per year.
- **Ocean County**, with 603 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.4 million** per year.
- **Essex County**, with 602 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.4 million** per year.

CARE ACT FUNDING IN NEW MEXICO

Total Estimated Formula Funding: \$26.9 million

Under the CARE Act, **New Mexico would receive an estimated \$16.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in New Mexico could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in New Mexico could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in New Mexico would receive an estimated \$10.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 10 **counties in New Mexico would likely be eligible for these formula grants**, including Bernalillo, Rio Arriba, San Miguel, Grant, Colfax, Lincoln, Santa Fe, Valencia, Taos, and Torraine. For example:

- **Bernalillo County**, with 562 drug overdose deaths from 2015 to 2017, could receive as much as **\$6 million** per year.
- **Santa Fe County**, with 130 drug overdose deaths from 2015 to 2017, could receive as much as **\$1.4 million** per year.
- **Rio Arriba County**, with 89 drug overdose deaths from 2015 to 2017, could receive as much as **\$948,000** per year.

CARE ACT FUNDING IN NEW YORK

Total Estimated Formula Funding: \$195.4 million

Under the CARE Act, **New York would receive an estimated \$103.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in New York could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in New York could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in New York would receive an estimated \$91.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 21 **counties in New York would likely be eligible for these formula grants**, including Suffolk, Kings, Bronx, Erie, Queens, New York, Nassau, Monroe, Westchester, Onondaga, Richmond, Orange, Sullivan, Broome, Ulster, Chautauqua, Putnam, Dutchess, Greene, Cayuga, and Chemung. For example:

- **Suffolk County**, with 1,136 drug overdose deaths from 2015 to 2017, could receive as much as **\$12.1 million** per year.
- **Kings County**, with 959 drug overdose deaths from 2015 to 2017, could receive as much as **\$10.2 million** per year.
- **Bronx County**, with 915 drug overdose deaths from 2015 to 2017, could receive as much as **\$9.7 million** per year.

CARE ACT FUNDING IN NORTH CAROLINA

Total Estimated Formula Funding: \$103.5 million

Under the CARE Act, **North Carolina would receive an estimated \$69.8 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in North Carolina could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in North Carolina could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in North Carolina would receive an estimated \$33.7 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 31 **counties in North Carolina would likely be eligible for these formula grants**, including Mecklenburg, Wake, Guilford, Jones, Wilkes, Rowan, Stokes, Gates, Craven, Burke, Brunswick, Pamlico, New Hanover, McDowell, Caldwell, Rutherford, Randolph, Carteret, Pender, Buncombe, Beaufort, Jackson, Currituck, Gaston, Alexander, Haywood, Davidson, Pol. For example:

- **Mecklenburg County**, with 480 drug overdose deaths from 2015 to 2017, could receive as much as **\$5.1 million** per year.
- **Wake County**, with 369 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.9 million** per year.
- **Guilford County**, with 282 drug overdose deaths from 2015 to 2017, could receive as much as **\$3 million** per year.

CARE ACT FUNDING IN NORTH DAKOTA

Total Estimated Formula Funding: \$3 million

Under the CARE Act, **North Dakota would receive an estimated \$3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in North Dakota could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in North Dakota could apply for grants from a \$1 billion local competitive grant program.**

CARE ACT FUNDING IN OHIO

Total Estimated Formula Funding: \$247 million

Under the CARE Act, **Ohio would receive an estimated \$121.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Ohio could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Ohio could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Ohio would receive an estimated \$125.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **53 counties in Ohio would likely be eligible for these formula grants**, including Cuyahoga, Hamilton, Montgomery, Franklin, Summit, Butler, Lucas, Lorain, Trumbull, Clermont, Stark, Mahoning, Lake, Clark, Fayette, Brown, Preble, Scioto, Clinton, Adams, Ross, Highland, Lawrence, Pike, Richland, Gallia, Darke, Erie, Marion, Columbiana, A. For example:

- **Cuyahoga County**, with 1,487 drug overdose deaths from 2015 to 2017, could receive as much as **\$15.8 million** per year.
- **Hamilton County**, with 1,152 drug overdose deaths from 2015 to 2017, could receive as much as **\$12.3 million** per year.
- **Montgomery County**, with 1,114 drug overdose deaths from 2015 to 2017, could receive as much as **\$11.9 million** per year.

CARE ACT FUNDING IN OKLAHOMA

Total Estimated Formula Funding: \$41.3 million

Under the CARE Act, **Oklahoma would receive an estimated \$26.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Oklahoma could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Oklahoma could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Oklahoma would receive an estimated \$15.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **25 counties in Oklahoma would likely be eligible for these formula grants**, including Oklahoma, Tulsa, Pushmataha, Garvin, Blaine, Johnston, Murray, Latimer, Craig, Adair, Sequoyah, McIntosh, Pawnee, Carter, Muskogee, Mayes, Okmulgee, Beckham, Jackson, Bryan, Choctaw, Ottawa, Le Flore, Atoka, and Pottawatomie. For example:

- **Oklahoma County**, with 485 drug overdose deaths from 2015 to 2017, could receive as much as **\$5.2 million** per year.
- **Tulsa County**, with 376 drug overdose deaths from 2015 to 2017, could receive as much as **\$4 million** per year.
- **Muskogee County**, with 57 drug overdose deaths from 2015 to 2017, could receive as much as **\$607,000** per year.

CARE ACT FUNDING IN OREGON

Total Estimated Formula Funding: \$24.9 million

Under the CARE Act, **Oregon would receive an estimated \$20.4 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Oregon could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Oregon could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Oregon would receive an estimated \$4.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **2 counties in Oregon would likely be eligible for these formula grants**, including Multnomah and Curry:

- **Multnomah County**, with 405 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.3 million** per year.
- **Curry County**, with 18 drug overdose deaths from 2015 to 2017, could receive as much as **\$192,000** per year.

CARE ACT FUNDING IN PENNSYLVANIA

Total Estimated Formula Funding: \$258.2 million

Under the CARE Act, **Pennsylvania would receive an estimated \$125.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Pennsylvania could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Pennsylvania could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Pennsylvania would receive an estimated \$132.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 42 **counties in Pennsylvania would likely be eligible for these formula grants**, including Philadelphia, Allegheny, Delaware, Bucks, Montgomery, Westmoreland, Chester, Lancaster, Luzerne, York, Northampton, Washington, Lehigh, Berks, Erie, Cambria, Armstrong, Fayette, Lawrence, Indiana, Beaver, Butler, Greene, Fulton, Somerset, Wyoming, Montour. For example:

- **Philadelphia County**, with 2,361 drug overdose deaths from 2015 to 2017, could receive as much as **\$25.1 million** per year.
- **Allegheny County**, with 1,813 drug overdose deaths from 2015 to 2017, could receive as much as **\$19.3 million** per year.
- **Delaware County**, with 713 drug overdose deaths from 2015 to 2017, could receive as much as **\$7.6 million** per year.

CARE ACT FUNDING IN RHODE ISLAND

Total Estimated Formula Funding: \$18.3 million

Under the CARE Act, **Rhode Island would receive an estimated \$9.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Rhode Island could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Rhode Island could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Rhode Island would receive an estimated \$9 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **3 counties in Rhode Island would likely be eligible for these formula grants**, including Providence, Kent, and Newport:

- **Providence County**, with 637 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.8 million** per year.
- **Kent County**, with 148 drug overdose deaths from 2015 to 2017, could receive as much as **\$1.6 million** per year.
- **Newport County**, with 62 drug overdose deaths from 2015 to 2017, could receive as much as **\$660,000** per year.

CARE ACT FUNDING IN SOUTH CAROLINA

Total Estimated Formula Funding: \$43 million

Under the CARE Act, **South Carolina would receive an estimated \$34.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in South Carolina could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in South Carolina could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in South Carolina would receive an estimated \$8.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **5 counties in South Carolina would likely be eligible for these formula grants**, including Greenville, Horry, Pickens, Georgetown, and Oconee. For example:

- **Greenville County**, with 300 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.2 million** per year.
- **Horry County**, with 281 drug overdose deaths from 2015 to 2017, could receive as much as **\$3 million** per year.
- **Pickens County**, with 95 drug overdose deaths from 2015 to 2017, could receive as much as **\$1 million** per year.

CARE ACT FUNDING IN SOUTH DAKOTA

Total Estimated Formula Funding: \$3.1 million

Under the CARE Act, **South Dakota would receive an estimated \$3.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in South Dakota could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in South Dakota could apply for grants from a \$1 billion local competitive grant program.**

CARE ACT FUNDING IN TENNESSEE

Total Estimated Formula Funding: \$88.8 million

Under the CARE Act, **Tennessee would receive an estimated \$52.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Tennessee could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Tennessee could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Tennessee would receive an estimated \$36.2 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 41 **counties in Tennessee would likely be eligible for these formula grants**, including Davidson, Shelby, Knox, Meigs, Clay, Cheatham, Anderson, Union, Roane, Claiborne, Smith, Unicoi, Campbell, Cannon, Benton, Jackson, Blount, Monroe, Hardin, Carter, Dickson, Marshall, Loudon, Morgan, Sevier, Decatur, Hamblen, Coffee, Humphreys, Hawkins, Ti. For example:

- **Davidson County**, with 618 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.6 million** per year.
- **Shelby County**, with 600 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.4 million** per year.
- **Knox County**, with 569 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.1 million** per year.

CARE ACT FUNDING IN TEXAS

Total Estimated Formula Funding: \$144.9 million

Under the CARE Act, **Texas would receive an estimated \$100.9 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Texas could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Texas could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Texas would receive an estimated \$44.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **6 counties in Texas would likely be eligible for these formula grants**, including Harris, Dallas, Bexar, Tarrant, Travis, and Young. For example:

- **Harris County**, with 1,517 drug overdose deaths from 2015 to 2017, could receive as much as **\$16.2 million** per year.
- **Dallas County**, with 947 drug overdose deaths from 2015 to 2017, could receive as much as **\$10.1 million** per year.
- **Bexar County**, with 632 drug overdose deaths from 2015 to 2017, could receive as much as **\$6.7 million** per year.

CARE ACT FUNDING IN UTAH

Total Estimated Formula Funding: \$35.5 million

Under the CARE Act, **Utah would receive an estimated \$20.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Utah could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Utah could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Utah would receive an estimated \$14.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **6 counties in Utah would likely be eligible for these formula grants**, including Salt Lake, Utah, Carbon, Emery, Weber, Duchesne. For example:

- **Salt Lake County**, with 817 drug overdose deaths from 2015 to 2017, could receive as much as **\$8.7 million** per year.
- **Utah County**, with 312 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.3 million** per year.
- **Weber County**, with 203 drug overdose deaths from 2015 to 2017, could receive as much as **\$2.2 million** per year.

CARE ACT FUNDING IN VERMONT

Total Estimated Formula Funding: \$5.7 million

Under the CARE Act, **Vermont would receive an estimated \$4.9 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Vermont could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Vermont could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Vermont would receive an estimated \$788,000 in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **2 counties in Vermont would likely be eligible for these formula grants**, including Windsor and Windham:

- **Windsor County**, with 43 drug overdose deaths from 2015 to 2017, could receive as much as **\$458,000** per year.
- **Windham County**, with 31 drug overdose deaths from 2015 to 2017, could receive as much as **\$330,000** per year.

CARE ACT FUNDING IN VIRGINIA

Total Estimated Formula Funding: \$65.2 million

Under the CARE Act, **Virginia would receive an estimated \$50.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Virginia could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Virginia could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Virginia would receive an estimated \$14.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **28 counties in Virginia would likely be eligible for these formula grants**, including Fairfax, Westmoreland, Wise, Petersburg City, Dickenson, Buchanan, Warren, Hopewell City, Culpeper, Colonial Heights City, Orange, King William, Giles, King George, Richmond City, Roanoke City, Winchester City, Wythe, Martinsville City, Fauquier, Tazewell. For example:

- **Fairfax County**, with 314 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.3 million** per year.
- **Richmond City**, with 198 drug overdose deaths from 2015 to 2017, could receive as much as **\$2.1 million** per year.
- **Roanoke City**, with 88 drug overdose deaths from 2015 to 2017, could receive as much as **\$937,000** per year.

CARE ACT FUNDING IN WASHINGTON

Total Estimated Formula Funding: \$60.4 million

Under the CARE Act, **Washington would receive an estimated \$37.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Washington could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Washington could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Washington would receive an estimated \$22.7 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **6 counties in Washington would likely be eligible for these formula grants**, including King, Pierce, Snohomish, Spokane, Asotin, and Grays Harbor. For example:

- **King County**, with 928 drug overdose deaths from 2015 to 2017, could receive as much as **\$9.9 million** per year.
- **Pierce County**, with 454 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.8 million** per year.
- **Snohomish County**, with 390 drug overdose deaths from 2015 to 2017, could receive as much as **\$4.2 million** per year.

CARE ACT FUNDING IN WEST VIRGINIA

Total Estimated Formula Funding: \$49.7 million

Under the CARE Act, **West Virginia would receive an estimated \$25.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in West Virginia could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in West Virginia could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in West Virginia would receive an estimated \$24.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 31 **counties in West Virginia would likely be eligible for these formula grants**, including Kanawha, Cabell, McDowell, Wayne, Wyoming, Raleigh, Mingo, Logan, Berkeley, Mercer, Lincoln, Hampshire, Boone, Hancock, Mason, Summers, Morgan, Nicholas, Jefferson, Fayette, Webster, Putnam, Brooke, Wood, Ohio, Harrison, Mineral, Roane, Wetzell, Greenbrier. For example:

- **Kanawha County**, with 349 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.7 million** per year.
- **Cabell County**, with 321 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.4 million** per year.
- **Berkeley County**, with 226 drug overdose deaths from 2015 to 2017, could receive as much as **\$2.4 million** per year.

CARE ACT FUNDING IN WISCONSIN

Total Estimated Formula Funding: \$54.4 million

Under the CARE Act, **Wisconsin would receive an estimated \$37 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Wisconsin could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Wisconsin could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Wisconsin would receive an estimated \$17.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **8 counties in Wisconsin would likely be eligible for these formula grants**, including Milwaukee, Dane, Marquette, Kenosha, Dodge, Jackson, Rock, and Columbia. For example:

- **Milwaukee County**, with 940 drug overdose deaths from 2015 to 2017, could receive as much as **\$10 million** per year.
- **Dane County**, with 297 drug overdose deaths from 2015 to 2017, could receive as much as **\$3.2 million** per year.
- **Kenosha County**, with 138 drug overdose deaths from 2015 to 2017, could receive as much as **\$1.5 million** per year.

CARE ACT FUNDING IN WYOMING

Total Estimated Formula Funding: \$4.1 million

Under the CARE Act, **Wyoming would receive an estimated \$3.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a \$1.6 billion competitive grant program.

Clinics and nonprofits in Wyoming could receive a share of \$1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access \$500 million in discounted naloxone, the overdose reversal drug.**

Under the CARE Act, **any city or county in Wyoming could apply for grants from a \$1 billion local competitive grant program.**

Meanwhile, **the hardest-hit communities in Wyoming would receive an estimated \$351,000 in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that **2 counties in Wyoming would likely be eligible for these formula grants**, including Carbon and Uinta:

- **Carbon County**, with 18 drug overdose deaths from 2015 to 2017, could receive as much as **\$192,000** per year.
- **Uinta County**, with 15 drug overdose deaths from 2015 to 2017, could receive as much as **\$160,000** per year.

CARE Act Formula Funding: States and Qualifying Counties

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Alabama	2327	\$ 38,316,100
Jefferson	572	\$ 6,091,100
DeKalb	63	\$ 670,900
St. Clair	77	\$ 820,000
Escambia	30	\$ 319,500
Blount	43	\$ 457,900
Alaska	397	\$ 6,010,900
Juneau	28	\$ 298,200
Arizona	4188	\$ 79,951,000
Maricopa	2473	\$ 26,334,600
Pima	719	\$ 7,656,500
Gila	62	\$ 660,200
La Paz	22	\$ 234,300
Mohave	170	\$ 1,810,300
Yavapai	180	\$ 1,916,800
Arkansas	1239	\$ 18,976,000
Clay	14	\$ 149,100
Garland	84	\$ 894,500
Izard	10	\$ 106,500
Franklin	13	\$ 138,400
Lincoln	10	\$ 106,500
California	14181	\$ 266,490,800
Los Angeles	2470	\$ 26,302,600
San Diego	1336	\$ 14,226,800
Orange	1168	\$ 12,437,800
Riverside	1102	\$ 11,735,000
Sacramento	723	\$ 7,699,100
Kern	647	\$ 6,889,800
San Francisco	566	\$ 6,027,200
Alameda	490	\$ 5,217,900
Santa Clara	448	\$ 4,770,700
Fresno	408	\$ 4,344,700
San Bernardino	393	\$ 4,185,000
Ventura	377	\$ 4,014,600
San Joaquin	369	\$ 3,929,400
Contra Costa	345	\$ 3,673,800
Lake	78	\$ 830,600

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Humboldt	139	\$ 1,480,200
Tuolumne	50	\$ 532,400
Siskiyou	37	\$ 394,000
Butte	184	\$ 1,959,400
Mendocino	71	\$ 756,100
Lassen	25	\$ 266,200
Colorado	2826	\$ 51,552,000
El Paso	498	\$ 5,303,100
Denver	397	\$ 4,227,600
Adams	291	\$ 3,098,800
Arapahoe	284	\$ 3,024,300
Jefferson	273	\$ 2,907,100
Huerfano	12	\$ 127,800
Las Animas	24	\$ 255,600
Rio Grande	12	\$ 127,800
Pueblo	137	\$ 1,458,900
Fremont	36	\$ 383,400
Connecticut	2843	\$ 56,169,100
Hartford	792	\$ 8,433,900
New Haven	768	\$ 8,178,300
Fairfield	493	\$ 5,249,900
New London	266	\$ 2,832,600
Windham	117	\$ 1,245,900
Litchfield	158	\$ 1,682,500
Middlesex	139	\$ 1,480,200
Tolland	110	\$ 1,171,400
Delaware	818	\$ 15,545,400
New Castle	508	\$ 5,409,600
Sussex	186	\$ 1,980,700
District of Columbia	704	\$ 17,909,200
District of Columbia	704	\$ 7,496,800
Florida	13044	\$ 247,081,500
Palm Beach	1521	\$ 16,196,900
Broward	1367	\$ 14,557,000
Duval	1012	\$ 10,776,600
Miami-Dade	828	\$ 8,817,200
Pinellas	699	\$ 7,443,500
Orange	640	\$ 6,815,300
Hillsborough	639	\$ 6,804,600

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Brevard	582	\$ 6,197,600
Lee	482	\$ 5,132,700
Manatee	457	\$ 4,866,500
Pasco	422	\$ 4,493,800
Polk	374	\$ 3,982,700
Volusia	352	\$ 3,748,400
Marion	331	\$ 3,524,800
Sarasota	315	\$ 3,354,400
Seminole	259	\$ 2,758,000
Dixie	16	\$ 170,400
Monroe	69	\$ 734,800
Citrus	125	\$ 1,331,100
Clay	174	\$ 1,852,900
St. Lucie	240	\$ 2,555,700
Georgia	4233	\$ 69,869,000
Fulton	472	\$ 5,026,200
Cobb	384	\$ 4,089,200
Gwinnett	278	\$ 2,960,400
Haralson	26	\$ 276,900
Brantley	16	\$ 170,400
Catoosa	55	\$ 585,700
Rabun	13	\$ 138,400
Charlton	10	\$ 106,500
Dawson	18	\$ 191,700
Richmond	149	\$ 1,586,700
Fannin	18	\$ 191,700
Lumpkin	23	\$ 244,900
Hawaii	563	\$ 10,358,300
Honolulu	409	\$ 4,355,400
Idaho	697	\$ 10,448,000
Shoshone	11	\$ 117,100
Payette	17	\$ 181,000
Illinois	7024	\$ 129,262,000
Cook	3046	\$ 32,436,300
DuPage	393	\$ 4,185,000
Will	384	\$ 4,089,200
Winnebago	317	\$ 3,375,700
Lake	261	\$ 2,779,300
Jersey	26	\$ 276,900

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Franklin	40	\$ 426,000
De Witt	15	\$ 159,700
Madison	241	\$ 2,566,400
Bond	14	\$ 149,100
Vermilion	63	\$ 670,900
Marion	30	\$ 319,500
Washington	11	\$ 117,100
LaSalle	83	\$ 883,900
Livingston	27	\$ 287,500
Peoria	134	\$ 1,426,900
Christian	24	\$ 255,600
Indiana	4623	\$ 82,585,400
Marion	939	\$ 9,999,300
Lake	338	\$ 3,599,300
Fayette	49	\$ 521,800
Wayne	133	\$ 1,416,300
Scott	41	\$ 436,600
Union	11	\$ 117,100
Blackford	18	\$ 191,700
Randolph	33	\$ 351,400
Starke	30	\$ 319,500
Grant	77	\$ 820,000
Delaware	124	\$ 1,320,500
Jennings	29	\$ 308,800
Howard	85	\$ 905,200
Dearborn	51	\$ 543,100
Pulaski	13	\$ 138,400
Ripley	29	\$ 308,800
Jay	21	\$ 223,600
Madison	124	\$ 1,320,500
Switzerland	10	\$ 106,500
Clark	109	\$ 1,160,700
Jackson	40	\$ 426,000
Floyd	69	\$ 734,800
Vanderburgh	158	\$ 1,682,500
Newton	12	\$ 127,800
Rush	14	\$ 149,100
Vermillion	13	\$ 138,400
Morgan	56	\$ 596,300

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Franklin	18	\$ 191,700
Wabash	25	\$ 266,200
Porter	131	\$ 1,395,000
Harrison	30	\$ 319,500
Brown	11	\$ 117,100
Washington	20	\$ 213,000
Iowa	964	\$ 14,258,000
Kansas	975	\$ 14,420,700
Kentucky	4258	\$ 80,598,900
Jefferson	901	\$ 9,594,600
Fayette	353	\$ 3,759,000
Kenton	324	\$ 3,450,200
Gallatin	22	\$ 234,300
Harrison	44	\$ 468,500
Campbell	186	\$ 1,980,700
Estill	26	\$ 276,900
Bell	45	\$ 479,200
Boyd	79	\$ 841,300
Mason	27	\$ 287,500
Pendleton	22	\$ 234,300
Martin	18	\$ 191,700
Leslie	15	\$ 159,700
Grant	34	\$ 362,100
Knox	43	\$ 457,900
Bracken	11	\$ 117,100
Carter	35	\$ 372,700
Floyd	46	\$ 489,800
Montgomery	34	\$ 362,100
Powell	15	\$ 159,700
Anderson	27	\$ 287,500
Owen	13	\$ 138,400
Clinton	12	\$ 127,800
Clark	42	\$ 447,300
Whitley	42	\$ 447,300
Jessamine	60	\$ 638,900
Boyle	34	\$ 362,100
Boone	143	\$ 1,522,800
Grayson	29	\$ 308,800
Fleming	16	\$ 170,400

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Madison	98	\$ 1,043,600
Casey	17	\$ 181,000
Franklin	54	\$ 575,000
Lawrence	16	\$ 170,400
Greenup	36	\$ 383,400
Perry	27	\$ 287,500
Harlan	27	\$ 287,500
Rockcastle	16	\$ 170,400
Carroll	10	\$ 106,500
Spencer	17	\$ 181,000
Butler	12	\$ 127,800
Garrard	16	\$ 170,400
Edmonson	11	\$ 117,100
Bullitt	72	\$ 766,700
Shelby	42	\$ 447,300
Russell	16	\$ 170,400
Lincoln	22	\$ 234,300
Bath	11	\$ 117,100
Scott	47	\$ 500,500
Meade	24	\$ 255,600
Pike	51	\$ 543,100
Nelson	38	\$ 404,700
Henry	13	\$ 138,400
Lewis	11	\$ 117,100
Union	12	\$ 127,800
Mercer	17	\$ 181,000
Rowan	19	\$ 202,300
Simpson	14	\$ 149,100
Knott	12	\$ 127,800
Trigg	11	\$ 117,100
Breathitt	10	\$ 106,500
Bourbon	15	\$ 159,700
Letcher	17	\$ 181,000
Taylor	19	\$ 202,300
Louisiana	2965	\$ 51,919,300
Jefferson	446	\$ 4,749,400
Orleans	405	\$ 4,312,800
Washington	76	\$ 809,300
Livingston	166	\$ 1,767,700

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
St. Bernard	47	\$ 500,500
Terrebonne	108	\$ 1,150,100
West Carroll	10	\$ 106,500
St. Tammany	214	\$ 2,278,900
Plaquemines	19	\$ 202,300
Tangipahoa	101	\$ 1,075,500
St. John the Baptist	32	\$ 340,800
Maine	1046	\$ 19,300,000
Washington	43	\$ 457,900
Kennebec	120	\$ 1,277,900
York	195	\$ 2,076,500
Penobscot	138	\$ 1,469,500
Somerset	42	\$ 447,300
Cumberland	233	\$ 2,481,200
Maryland	5576	\$ 109,062,300
Baltimore City	1383	\$ 14,727,300
Baltimore	1044	\$ 11,117,400
Anne Arundel	606	\$ 6,453,200
Prince George's	360	\$ 3,833,600
Montgomery	347	\$ 3,695,100
Harford	253	\$ 2,694,200
Cecil	153	\$ 1,629,300
Allegany	100	\$ 1,064,900
Worcester	60	\$ 638,900
Washington	174	\$ 1,852,900
Caroline	36	\$ 383,400
Calvert	92	\$ 979,700
Carroll	162	\$ 1,725,100
Kent	18	\$ 191,700
Frederick	222	\$ 2,364,000
Somerset	22	\$ 234,300
St. Mary's	88	\$ 937,100
Wicomico	79	\$ 841,300
Charles	119	\$ 1,267,200
Queen Anne's	36	\$ 383,400
Massachusetts	6119	\$ 120,118,100
Middlesex	1126	\$ 11,990,600
Essex	842	\$ 8,966,300
Worcester	725	\$ 7,720,400

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Suffolk	722	\$ 7,688,500
Bristol	698	\$ 7,432,900
Plymouth	576	\$ 6,133,700
Norfolk	555	\$ 5,910,100
Hampden	378	\$ 4,025,300
Barnstable	233	\$ 2,481,200
Berkshire	108	\$ 1,150,100
Michigan	7021	\$ 128,845,200
Wayne	2007	\$ 21,372,200
Macomb	963	\$ 10,254,800
Oakland	448	\$ 4,770,700
Genesee	353	\$ 3,759,000
Kent	312	\$ 3,322,400
St. Clair	185	\$ 1,970,000
Monroe	162	\$ 1,725,100
Iron	12	\$ 127,800
Calhoun	139	\$ 1,480,200
Clare	27	\$ 287,500
Crawford	12	\$ 127,800
Manistee	21	\$ 223,600
Iosco	21	\$ 223,600
Roscommon	18	\$ 191,700
Bay	79	\$ 841,300
Ingham	215	\$ 2,289,500
Dickinson	19	\$ 202,300
Otsego	18	\$ 191,700
Huron	23	\$ 244,900
Minnesota	1986	\$ 33,843,700
Hennepin	576	\$ 6,133,700
Ramsey	280	\$ 2,981,700
Cass	24	\$ 255,600
Mille Lacs	20	\$ 213,000
Mississippi	1057	\$ 16,214,600
Pearl River	54	\$ 575,000
Hancock	43	\$ 457,900
Marion	20	\$ 213,000
Missouri	3804	\$ 68,545,100
St. Louis	721	\$ 7,677,800
St. Louis City	520	\$ 5,537,400

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Jackson	368	\$ 3,918,800
Jefferson	253	\$ 2,694,200
Greene	246	\$ 2,619,600
Hickory	10	\$ 106,500
Iron	10	\$ 106,500
Crawford	24	\$ 255,600
Franklin	96	\$ 1,022,300
St. Francois	58	\$ 617,600
Washington	21	\$ 223,600
Lincoln	44	\$ 468,500
Clinton	16	\$ 170,400
Warren	26	\$ 276,900
Gasconade	11	\$ 117,100
Pulaski	39	\$ 415,300
Mississippi	10	\$ 106,500
Montana	376	\$ 5,561,200
Nebraska	398	\$ 5,886,600
Nevada	1960	\$ 38,117,700
Clark	1382	\$ 14,716,700
Washoe	327	\$ 3,482,200
Carson City	62	\$ 660,200
Nye	48	\$ 511,100
Churchill	19	\$ 202,300
New Hampshire	1370	\$ 26,441,300
Hillsborough	546	\$ 5,814,300
Rockingham	293	\$ 3,120,100
Strafford	146	\$ 1,554,700
Belknap	66	\$ 702,800
Coos	33	\$ 351,400
Carroll	48	\$ 511,100
Merrimack	112	\$ 1,192,700
New Jersey	6195	\$ 119,056,900
Camden	630	\$ 6,708,800
Ocean	603	\$ 6,421,200
Essex	602	\$ 6,410,600
Middlesex	492	\$ 5,239,200
Monmouth	469	\$ 4,994,300
Burlington	373	\$ 3,972,000
Bergen	353	\$ 3,759,000

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Gloucester	319	\$ 3,397,000
Hudson	319	\$ 3,397,000
Atlantic	296	\$ 3,152,100
Passaic	273	\$ 2,907,100
Union	268	\$ 2,853,900
Cape May	108	\$ 1,150,100
Cumberland	162	\$ 1,725,100
Salem	56	\$ 596,300
Warren	93	\$ 990,300
Sussex	107	\$ 1,139,400
New Mexico	1494	\$ 26,944,200
Bernalillo	562	\$ 5,984,600
Rio Arriba	89	\$ 947,700
San Miguel	34	\$ 362,100
Grant	30	\$ 319,500
Colfax	13	\$ 138,400
Lincoln	20	\$ 213,000
Santa Fe	130	\$ 1,384,300
Valencia	60	\$ 638,900
Taos	26	\$ 276,900
Torrance	12	\$ 127,800
New York	10313	\$ 195,350,300
Suffolk	1136	\$ 12,097,100
Kings	959	\$ 10,212,200
Bronx	915	\$ 9,743,700
Erie	859	\$ 9,147,300
Queens	710	\$ 7,560,700
New York	693	\$ 7,379,600
Nassau	641	\$ 6,825,900
Monroe	439	\$ 4,674,800
Westchester	403	\$ 4,291,500
Onondaga	341	\$ 3,631,300
Richmond	331	\$ 3,524,800
Orange	248	\$ 2,640,900
Sullivan	70	\$ 745,400
Broome	181	\$ 1,927,400
Ulster	146	\$ 1,554,700
Chautauqua	101	\$ 1,075,500
Putnam	74	\$ 788,000

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Dutchess	219	\$ 2,332,100
Greene	35	\$ 372,700
Cayuga	57	\$ 607,000
Chemung	63	\$ 670,900
North Carolina	5937	\$ 103,524,900
Mecklenburg	480	\$ 5,111,400
Wake	369	\$ 3,929,400
Guilford	282	\$ 3,003,000
Jones	14	\$ 149,100
Wilkes	79	\$ 841,300
Rowan	152	\$ 1,618,600
Stokes	50	\$ 532,400
Gates	12	\$ 127,800
Craven	106	\$ 1,128,800
Burke	91	\$ 969,000
Brunswick	123	\$ 1,309,800
Pamlico	12	\$ 127,800
New Hanover	210	\$ 2,236,300
McDowell	42	\$ 447,300
Caldwell	75	\$ 798,700
Rutherford	61	\$ 649,600
Randolph	129	\$ 1,373,700
Carteret	61	\$ 649,600
Pender	52	\$ 553,700
Buncombe	212	\$ 2,257,600
Beaufort	39	\$ 415,300
Jackson	34	\$ 362,100
Currituck	20	\$ 213,000
Gaston	168	\$ 1,789,000
Alexander	28	\$ 298,200
Haywood	45	\$ 479,200
Davidson	122	\$ 1,299,200
Polk	15	\$ 159,700
Mitchell	11	\$ 117,100
Dare	26	\$ 276,900
Stanly	44	\$ 468,500
North Dakota	206	\$ 3,046,800
Ohio	12750	\$ 247,039,100
Cuyahoga	1487	\$ 15,834,800

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Hamilton	1152	\$ 12,267,500
Montgomery	1114	\$ 11,862,800
Franklin	1102	\$ 11,735,000
Summit	754	\$ 8,029,200
Butler	686	\$ 7,305,100
Lucas	462	\$ 4,919,800
Lorain	358	\$ 3,812,300
Trumbull	347	\$ 3,695,100
Clermont	301	\$ 3,205,300
Stark	292	\$ 3,109,500
Mahoning	269	\$ 2,864,500
Lake	254	\$ 2,704,800
Clark	251	\$ 2,672,900
Fayette	52	\$ 553,700
Brown	75	\$ 798,700
Preble	66	\$ 702,800
Scioto	119	\$ 1,267,200
Clinton	64	\$ 681,500
Adams	41	\$ 436,600
Ross	110	\$ 1,171,400
Highland	61	\$ 649,600
Lawrence	84	\$ 894,500
Pike	39	\$ 415,300
Richland	161	\$ 1,714,500
Gallia	39	\$ 415,300
Darke	66	\$ 702,800
Erie	95	\$ 1,011,600
Marion	82	\$ 873,200
Columbiana	124	\$ 1,320,500
Ashtabula	111	\$ 1,182,000
Huron	59	\$ 628,300
Champaign	39	\$ 415,300
Madison	44	\$ 468,500
Greene	163	\$ 1,735,800
Miami	101	\$ 1,075,500
Logan	43	\$ 457,900
Sandusky	56	\$ 596,300
Crawford	39	\$ 415,300
Shelby	45	\$ 479,200

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Guernsey	36	\$ 383,400
Hancock	69	\$ 734,800
Allen	94	\$ 1,001,000
Belmont	61	\$ 649,600
Jefferson	59	\$ 628,300
Warren	193	\$ 2,055,200
Washington	48	\$ 511,100
Portage	127	\$ 1,352,400
Noble	11	\$ 117,100
Hardin	24	\$ 255,600
Wayne	88	\$ 937,100
Jackson	24	\$ 255,600
Medina	130	\$ 1,384,300
Oklahoma	2313	\$ 41,272,700
Oklahoma	485	\$ 5,164,700
Tulsa	376	\$ 4,004,000
Pushmataha	15	\$ 159,700
Garvin	32	\$ 340,800
Blaine	11	\$ 117,100
Johnston	12	\$ 127,800
Murray	15	\$ 159,700
Latimer	11	\$ 117,100
Craig	14	\$ 149,100
Adair	20	\$ 213,000
Sequoyah	37	\$ 394,000
McIntosh	17	\$ 181,000
Pawnee	14	\$ 149,100
Carter	41	\$ 436,600
Muskogee	57	\$ 607,000
Mayes	33	\$ 351,400
Okmulgee	30	\$ 319,500
Beckham	17	\$ 181,000
Jackson	19	\$ 202,300
Bryan	34	\$ 362,100
Choctaw	11	\$ 117,100
Ottawa	23	\$ 244,900
Le Flore	36	\$ 383,400
Atoka	10	\$ 106,500
Pottawatomie	52	\$ 553,700

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Oregon	1541	\$ 24,892,900
Multnomah	405	\$ 4,312,800
Curry	18	\$ 191,700
Pennsylvania	13279	\$ 258,235,600
Philadelphia	2361	\$ 25,141,900
Allegheny	1813	\$ 19,306,300
Delaware	713	\$ 7,592,600
Bucks	628	\$ 6,687,500
Montgomery	617	\$ 6,570,300
Westmoreland	551	\$ 5,867,500
Chester	379	\$ 4,035,900
Lancaster	371	\$ 3,950,700
Luzerne	359	\$ 3,822,900
York	339	\$ 3,610,000
Northampton	291	\$ 3,098,800
Washington	286	\$ 3,045,600
Lehigh	285	\$ 3,034,900
Berks	268	\$ 2,853,900
Erie	259	\$ 2,758,000
Cambria	237	\$ 2,523,800
Armstrong	110	\$ 1,171,400
Fayette	210	\$ 2,236,300
Lawrence	133	\$ 1,416,300
Indiana	123	\$ 1,309,800
Beaver	238	\$ 2,534,400
Butler	232	\$ 2,470,500
Greene	46	\$ 489,800
Fulton	17	\$ 181,000
Somerset	83	\$ 883,900
Wyoming	30	\$ 319,500
Montour	20	\$ 213,000
Lackawanna	223	\$ 2,374,700
Crawford	91	\$ 969,000
Blair	125	\$ 1,331,100
Carbon	64	\$ 681,500
Pike	53	\$ 564,400
Wayne	48	\$ 511,100
Schuylkill	127	\$ 1,352,400
Northumberland	78	\$ 830,600

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Dauphin	228	\$ 2,427,900
Perry	38	\$ 404,700
Susquehanna	34	\$ 362,100
Mercer	88	\$ 937,100
Huntingdon	34	\$ 362,100
Cumberland	185	\$ 1,970,000
Bedford	35	\$ 372,700
Rhode Island	956	\$ 18,346,300
Providence	637	\$ 6,783,300
Kent	148	\$ 1,576,000
Newport	62	\$ 660,200
South Carolina	2648	\$ 43,039,000
Greenville	300	\$ 3,194,700
Horry	281	\$ 2,992,300
Pickens	95	\$ 1,011,600
Georgetown	47	\$ 500,500
Oconee	57	\$ 607,000
South Dakota	207	\$ 3,061,600
Tennessee	4863	\$ 88,797,200
Davidson	618	\$ 6,581,000
Shelby	600	\$ 6,389,300
Knox	569	\$ 6,059,200
Meigs	18	\$ 191,700
Clay	11	\$ 117,100
Cheatham	56	\$ 596,300
Anderson	104	\$ 1,107,500
Union	26	\$ 276,900
Roane	69	\$ 734,800
Claiborne	38	\$ 404,700
Smith	22	\$ 234,300
Unicoi	20	\$ 213,000
Campbell	44	\$ 468,500
Cannon	15	\$ 159,700
Benton	17	\$ 181,000
Jackson	11	\$ 117,100
Blount	121	\$ 1,288,500
Monroe	43	\$ 457,900
Hardin	24	\$ 255,600
Carter	52	\$ 553,700

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Dickson	48	\$ 511,100
Marshall	29	\$ 308,800
Loudon	46	\$ 489,800
Morgan	19	\$ 202,300
Sevier	85	\$ 905,200
Decatur	10	\$ 106,500
Hamblen	54	\$ 575,000
Coffee	46	\$ 489,800
Humphreys	15	\$ 159,700
Hawkins	46	\$ 489,800
Tipton	49	\$ 521,800
Wilson	105	\$ 1,118,100
White	21	\$ 223,600
Giles	23	\$ 244,900
Washington	100	\$ 1,064,900
Polk	13	\$ 138,400
Overton	17	\$ 181,000
McNairy	20	\$ 213,000
Sullivan	120	\$ 1,277,900
McMinn	39	\$ 415,300
DeKalb	14	\$ 149,100
Texas	8408	\$ 144,904,500
Harris	1517	\$ 16,154,300
Dallas	947	\$ 10,084,400
Bexar	632	\$ 6,730,100
Tarrant	597	\$ 6,357,400
Travis	430	\$ 4,579,000
Young	14	\$ 149,100
Utah	1931	\$ 35,453,900
Salt Lake	817	\$ 8,700,100
Utah	312	\$ 3,322,400
Carbon	30	\$ 319,500
Emery	10	\$ 106,500
Weber	203	\$ 2,161,700
Duchesne	16	\$ 170,400
Vermont	358	\$ 5,662,500
Windsor	43	\$ 457,900
Windham	31	\$ 330,100
Virginia	3951	\$ 65,176,600

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Fairfax	314	\$ 3,343,700
Westmoreland	22	\$ 234,300
Wise	48	\$ 511,100
Petersburg City	37	\$ 394,000
Dickenson	16	\$ 170,400
Buchanan	23	\$ 244,900
Warren	39	\$ 415,300
Hopewell City	22	\$ 234,300
Culpeper	48	\$ 511,100
Colonial Heights City	17	\$ 181,000
Orange	33	\$ 351,400
King William	15	\$ 159,700
Giles	15	\$ 159,700
King George	23	\$ 244,900
Richmond City	198	\$ 2,108,500
Roanoke City	88	\$ 937,100
Winchester City	24	\$ 255,600
Wythe	25	\$ 266,200
Martinsville City	11	\$ 117,100
Fauquier	56	\$ 596,300
Tazewell	33	\$ 351,400
Fredericksburg City	22	\$ 234,300
Portsmouth City	74	\$ 788,000
Pulaski	26	\$ 276,900
Fairfax City	18	\$ 191,700
Caroline	22	\$ 234,300
Gloucester	27	\$ 287,500
Frederick	61	\$ 649,600
Washington	3365	\$ 60,378,300
King	928	\$ 9,882,100
Pierce	454	\$ 4,834,600
Snohomish	390	\$ 4,153,000
Spokane	290	\$ 3,088,200
Asotin	18	\$ 191,700
Grays Harbor	56	\$ 596,300
West Virginia	2583	\$ 49,671,400
Kanawha	349	\$ 3,716,400
Cabell	321	\$ 3,418,300
McDowell	50	\$ 532,400

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Wayne	104	\$ 1,107,500
Wyoming	52	\$ 553,700
Raleigh	163	\$ 1,735,800
Mingo	52	\$ 553,700
Logan	71	\$ 756,100
Berkeley	226	\$ 2,406,600
Mercer	114	\$ 1,214,000
Lincoln	37	\$ 394,000
Hampshire	40	\$ 426,000
Boone	38	\$ 404,700
Hancock	44	\$ 468,500
Mason	38	\$ 404,700
Summers	18	\$ 191,700
Morgan	24	\$ 255,600
Nicholas	34	\$ 362,100
Jefferson	74	\$ 788,000
Fayette	58	\$ 617,600
Webster	11	\$ 117,100
Putnam	72	\$ 766,700
Brooke	28	\$ 298,200
Wood	90	\$ 958,400
Ohio	44	\$ 468,500
Harrison	65	\$ 692,200
Mineral	26	\$ 276,900
Roane	13	\$ 138,400
Wetzel	14	\$ 149,100
Greenbrier	29	\$ 308,800
Monroe	10	\$ 106,500
Wisconsin	3129	\$ 54,419,400
Milwaukee	940	\$ 10,009,900
Dane	297	\$ 3,162,700
Marquette	14	\$ 149,100
Kenosha	138	\$ 1,469,500
Dodge	70	\$ 745,400
Jackson	16	\$ 170,400
Rock	122	\$ 1,299,200
Columbia	42	\$ 447,300
Wyoming	264	\$ 4,068,600
Carbon	18	\$ 191,700

State/County	Total Drug Overdose Deaths (2015-2017)	Total CARE Act Funding
Uinta	15	\$ 159,700