**To:** OOCC State and Local Partners

**Through:** OOCC Planning Section

From: Clay Stamp

**Re:** Opioid Operational Command Center (OOCC)

**Date:** October 5, 2017

#### Completed Action Items (Sept 21, 2017 - October 4, 2017):

- On 9/22/2017 State Superintendent sent out finalized Naloxone FAQ document within weekly memo to all 24 local superintendents for distribution to schools [Partners: MSDE, MDH]
- On 9/25/2017 Completed the Incident Action Plan for the statewide heroin and opioid response for the month of October [Partners: All OOCC Partner Agencies] (full IAP attached)
- On 9/26/2017 OOCC Deputy Director, Department of Health Secretary, and Governor's Office of Crime, Control, and Prevention's Executive Director, presented to the Joint Committee on Behavioral Health and Opioid Use Disorders regarding their coordination of efforts and implementation of evidence-based practices to address the opioid crisis throughout the state [Partners: MDH, GOCCP]
- On 9/27/2017
  - o Governor Hogan issued Executive Order further extending the State of Emergency for the Heroin, Opioid, and Fentanyl Crisis
  - Hosted a webinar to provide updates about the Prescription Drug Monitoring Program and the Office of Controlled Substance Administration; the fifth in a series of bi-weekly webinars (112 State and local partners in attendance) [Partners: MDH-BHA, OCSA]
- On 9/28/2017 Collected total numbers from National Recovery Month Twitter Storm conducted on 9/12/2017 (participation by both state and local level) using the hashtag #BeforeItsTooLate

Posts	531
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Users	113
Reach	222,237
Impressions	2,132,614

- On 10/2/2017 -
  - Completed weekly analysis of naloxone administration trends by EMS providers statewide to include in the broad distribution via the Office of Preparedness Public Health Situational Awareness Report [Partners: MDH, MIEMSS]
  - Completed a Substance Exposed Newborns graph; data and chart will be updated yearly as information becomes available [Partner: DHS]

#### Planned Actions Items (October 5, 2017 - October 18, 2017):

- On 10/6/2017 In compliance with one of the Lieutenant Governor's
  Heroin and Opioid Taskforce's 33 recommendations, distribute and
  release on MSDE's website its Heroin and Opioid Awareness and
  Prevention Toolkit, designed to share a wealth of resources and
  information to support and inform the work taking place in schools
  and to provide access to information that students, teachers, and
  parents can use [Partner: MSDE]
- On 10/15/2017 Collect Q1 report from local Opioid Intervention Team Grant projects identifying progress/challenges
- On 10/18/2017 MHA will host webinar for hospital-based providers describing the Overdose Survivors Outreach Project; the fourth in a series of five [Partners: Maryland Hospital Association, MDH]
- The Lieutenant Governor, in conjunction with the MDH Secretary, will send out a letter to providers throughout Maryland who are not compliant with the 7/1/2017 PDMP enrollment deadline to work toward 100% participation [Partners: Governor's Office, MDH-BHA, MDH-PHS]
- Send out letter to Presidents of higher education institutions highlighting legislation and request for information about activities [Partner: MHEC]
- Coordinate with Vermont's Department of Corrections in response to

their inquiry related to tying correctional facility medication-assisted treatment with outcome measures and how to capture this data given the barriers to sharing protected health information [Partners: GOCCP, DPSCS, MDH-BHA]

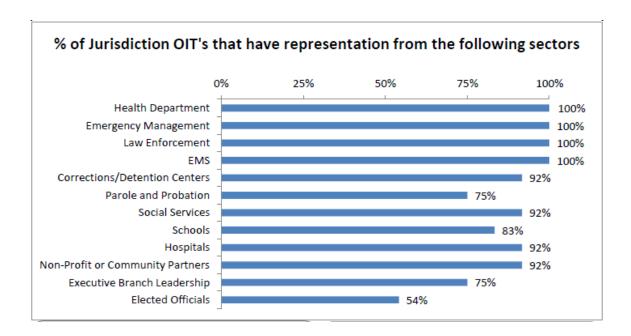
- Ongoing: Completion of charts relating to eMeds Naloxone Administration and Improved Response [Partner: OOCC Data Unit]
- Ongoing: Conduct weekly OIT Grant review sessions to approve jurisdiction budgets and project narratives [Partners: MDH, DBM]
- Ongoing: Collect summaries of Promising Practices occurring within local jurisdiction OIT's and disseminate/share statewide
- Ongoing: Compile survey results from the Maryland Hospital Association on ED overdose discharge protocols in regard to substance use disorder screening, naloxone dispensing, peer support, and direct referral to treatment
- Ongoing: Collect data from VSA and produce comparison report of 2016 and YTD 2017 Opioid-related overdose deaths.

#### **OOCC Coordinated Meetings**

The OOCC continues the mobilization phase to engage partners at the state and local level working on heroin and opioid-related initiatives, including but not limited to the following meetings:

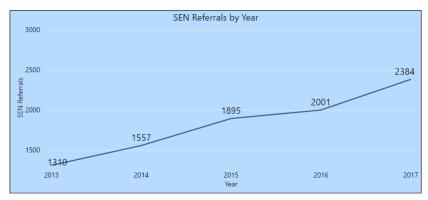
- On 9/21/2017 OOCC Deputy Director presented at the Healthy St. Mary's Partnership with community members and local health organizations
- On 9/23/2017 OOCC Deputy Director presented on state and local opioid response efforts at the Governor's Commission on African Affairs Health Symposium in Rockville, MD
- On 9/25/2017 Convened OOCC Operational staff [26 individuals] to begin a new monthly operational period
- On 9/27/2017 Facilitated introductory meeting between OOCC Public Safety Branch Director and the Administrative Office of the Courts to discuss how to incorporate their agency into the OOCC organizational structure and better coordinate efforts
- On 10/2/2017 Convened Interagency Council via conference call to provide progress updates and discuss benchmarks and targets

- o Partners in Attendance: MDH, GOCCP, DJS, DHS, MSP
- Partners not in Attendance: MIEMSS, GOV, OAG, Grants,
   MSDE, DoIT, GOHS, DPSCS, MIA, DMIL, MEMA, Commerce



#### Substance Exposed Newborn (SEN) Referrals by Year

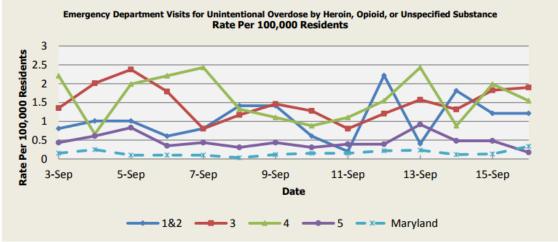




**Disclaimer on SEN-related data:** MD CHESSIE does not distinguish substance exposure by substance. This data set does not capture the number of referrals- it captures only those cases involving individuals that DHS and its local departments of social services are working with or have worked with in the past.

#### SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



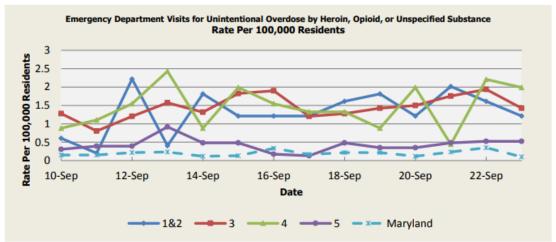
**Disclaimer on ESSENCE Overdose related data**: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

### **Opioid Operational Command Center**

### **Briefing Memo**

#### SYNDROMIC OVERDOSE SURVEILLANCE

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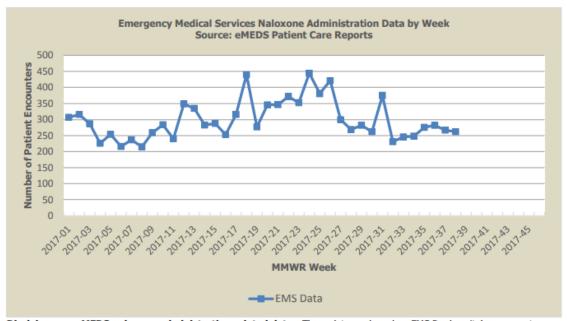
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	Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.31	0.40	0.35	0.14	0.29	
Median Rate*	1.01	1.32	1.10	0.48	0.99	

<sup>\*</sup> Per 100,000 Residents

### **Opioid Operational Command Center**

### **Briefing Memo**



**Disclaimer on eMEDS naloxone administration related data**: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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