To: OOCC State and Local Partners

Through: OOCC Planning Section

From: Clay Stamp

Re: Opioid Operational Command Center (OOCC)

Date: October 19, 2017

Completed Action Items (October 5, 2017 - October 18, 2017):

 On 10/10/2017 - Completed monthly Statewide OIT Situation Report Overview, shared with local Emergency Managers and Health Officers (attached)

• On 10/11/2017 -

- Hosted a webinar to provide updates about the GOCCP opioid-related programs, including Heroin Coordinators,
 Correctional Facility Vivitrol programs, and Law Enforcement Assisted Diversion; the sixth in a series of bi-weekly webinars (102 State and local partners in attendance) [Partners: GOCCP]
- OOCC Deputy Director worked with the Snohomish County, Washington, Dept. of Emergency Management, to share guidance for emergency management opioid crisis response
- On 10/13/2017 -
 - Inter-Agency Council members tasked by OOCC Executive Director with completing their agency's FY18 objectives and performance measures as a key component of the Executive Order-mandated Inter-Agency Heroin and Opioid Coordination Plan; agency-specific plans to be returned to the OOCC by 12/1 for compilation (instructions attached)
 - MDH formally announced the Centralized Admissions Office that will process all court orders that commit patients for evaluation or treatment services for substance use disorders or mental health issues [Partner: MDH]
 - MSDE released the Heroin and Opioid Awareness and Prevention Toolkit through its website, accomplishing one of the Lt. Governor's Heroin and Opioid Taskforce's

recommendations; the Toolkit provides information that students, teachers, and parents can use; video featuring State Schools Superintendent Karen Salmon and OOCC Director debuted to promote campaign [Partner: MSDE]

• On 10/16/2017 -

- MDH launched the Maryland Addiction Consultation Service, a warm line to educate and support community-based Buprenorphine prescribers (federal Cures Grant/OOCC Spend Plan item) [Partners: MDH-BHA, University of Maryland]
- Completed the Maryland Opioid Surveillance System
 Improvement Project package and re-submitted to CDC,
 establishing the two-year workplan for the CDC-funded effort
 [Partners: MDH-PHS, MDH-OPR]

• On 10/17/2017 -

- 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 additional charts for inclusion in the Governor's biweekly report [Partner: DHS]
- On 10/18/2017 MHA hosted a webinar for hospital-based providers describing the Overdose Survivors Outreach Project; the fourth in a series of five [Partners: Maryland Hospital Association, MDH]

Planned Actions Items (October 19, 2017 - November 1, 2017):

- 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]
- Develop and distribute special edition newsletter on opioid-related issues important for EMS professionals [Partner: MIEMSS]
- Release 2017 second quarter fatal overdose data [Partner: MDH]
- Announce \$200k in OOCC Spend Plan funding to support EMS agencies with un-reimbursed naloxone costs [Partner: MIEMSS]

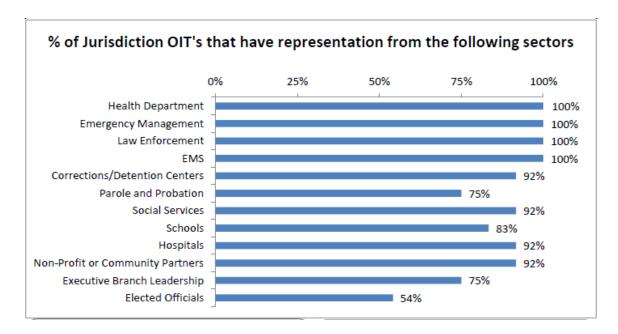
- Ongoing: Collect summaries of Promising Practices occurring within local jurisdiction OIT's and disseminate/share statewide
- Ongoing: Compile survey results from the Maryland Hospital Association on ED overdose discharge protocols in regard to substance use disorder screening, naloxone dispensing, peer support, and direct referral to treatment
- Ongoing: Collect data from VSA and OCME data sources. Produce comparison reports of historical data from 2014 to YTD 2017 Opioidrelated overdose deaths.

OOCC Coordinated Meetings

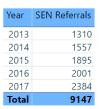
The OOCC continues the mobilization phase to engage partners at the state and local level working on heroin and opioid-related initiatives, including but not limited to the following meetings:

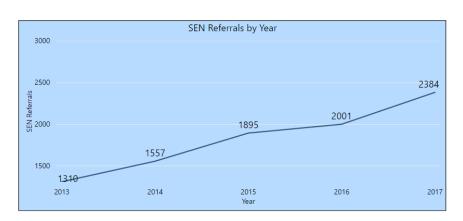
- On 10/10/2017 OOCC/MEMA/MDH leadership discussion on strategy for long-term staffing of the OOCC
- On 10/11/2017 OOCC Director spoke at COMMIT Forum 2017, sharing insights into the State of Emergency declaration, and discussing alongside the Chairman and CEO of Leidos, how privatepublic partnerships involving corporations are needed to fight the epidemic
- 10/11/2017 OOCC Dpty Director spoke at the Frederick Health Dept. 'Kids Like Us' Art Show for youth affected by substance use disorders
- On 10/12/2017 Opioid Legislative Package discussion [Partners: Governor's Office, MDH, GOCCP]
- On 10/13/2017 Meeting with Dr. Bazron from MDH-BHA regarding OIT performance measure tracking
- On 10/16/2017 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
- On 10/18/2017 OOCC Director presented at the 'Opioids and Marijuana Summit: Implications for Prevention Strategies and

Research' in Ocean City



Substance Exposed Newborn (SEN) Referrals by Year





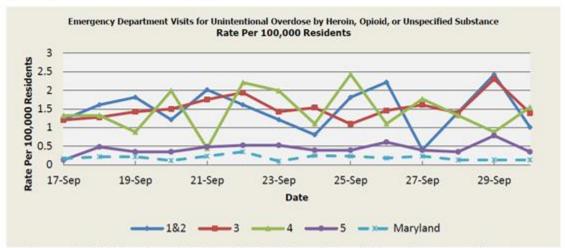
Disclaimer on SEN-related data: MD CHESSIE does not distinguish substance exposure by substance. This data set does not capture the number of referrals- it captures only those cases involving individuals that DHS and its local departments of social services are working with or have worked with in the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

Opioid Operational Command Center

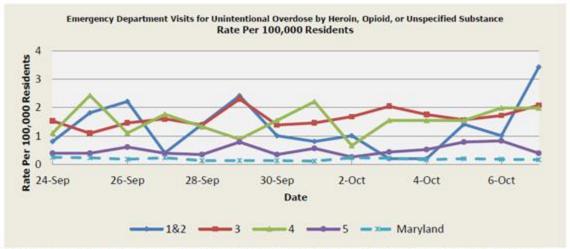
Briefing Memo

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.



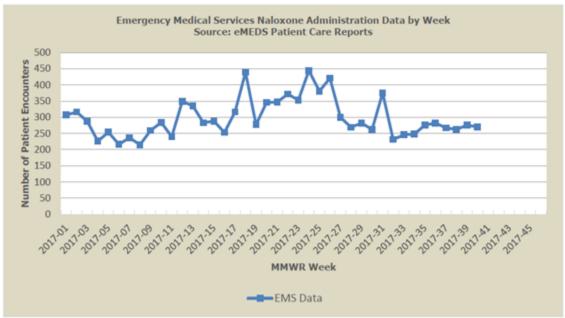
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdoserelated illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.



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

Health Region	Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present				
	182	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

^{*} Per 100,000 Residents



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.