То:	OOCC State and Local Partners			
Through:	OOCC Planning Section			
From:	Clay Stamp			
Re:	Opioid Operational Command Center (OOCC)			
Date:	November 2, 2017			

Completed Action Items (October 19, 2017 - November 1, 2017):

- On 10/21/2017 OOCC Director presented at 'Save a Life' event in Montgomery County, a forum designed to address unique issues among parents, caregivers, and youth related to opioid and substance abuse
- On 10/24/2017 Press release to accompany 2017 second quarter fatal overdose data; highlights approval of Opioid Intervention Team plans for all 24 jurisdictions [Partners: MDH, OOCC]
- On 10/25/2017 Hosted a webinar to provide guidance about first responder protection and recommendations for non-emergency personnel who might come into contact with fentanyl; the seventh in a series of bi-weekly webinars (71 State and local partners in attendance) [Partners: MIEMSS, MSP, W/B HIDTA]
- On 10/26/2017 -
 - OOCC Director attended President Trump's declaration of a national public health emergency for the opioid crisis
 - Completed training for the CRISP Overdose and PDMP Dashboard [Partner: MDH-BHA]
- On 10/27/2017 Renewed Executive Order regarding the heroin, opioid, and fentanyl overdose crisis Declaration of Emergency
- On 10/28/2017 Collected over 2500 pounds of prescription drugs on National Drug Takeback Day [Partner: MSP]
- On 10/30/2017 -
 - Participated in workshop as part of a series to develop

overdose spike response protocols for nationwide implementation [Partners: W/B HIDTA, CDC]

- 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]
- On 10/31/2017 -
 - Developed and distributed special edition newsletter on opioid-related issues important for EMS professionals (copy of newsletter available in shared OOCC Drive) [Partner: MIEMSS]
 - Announced \$200k in OOCC Spend Plan funding to support EMS agencies with un-reimbursed naloxone costs [Partner: MIEMSS]

Planned Actions Items (November 2, 2017 - November 15, 2017):

- On 11/2/2017 OOCC Director and the Lt Governor to present at the National Governor's Association Experts Roundtable on Opioids
- On 11/3/2017 OOCC Director to participate in WOLB Town Hall with the Lt Governor
- On 11/8/2017 Host a webinar to provide an occupational health perspective regarding opioids and the workplace; the eighth in a series of bi-weekly webinars [Partner: MDH]
- On 11/14/2017 MHA to host a webinar for hospital-based providers highlighting Buprenorphine in the Emergency Department; the last in a series of five [Partners: Maryland Hospital Association, MDH]
- Send out a series of letters 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]
- 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

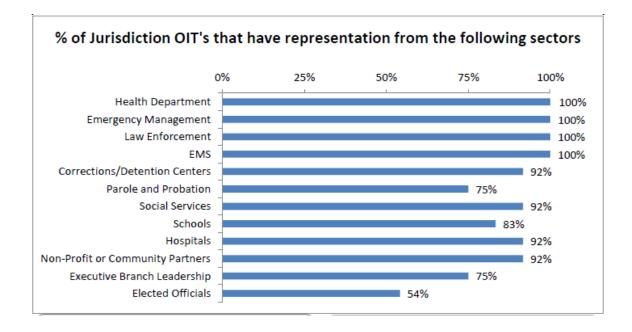
substance use disorder screening, naloxone dispensing, peer support, and direct referral to treatment

• Ongoing: Collect data from VSA and OCME data sources. Produce comparison reports of historical data from 2014 to YTD 2017 Opioid-related overdose deaths.

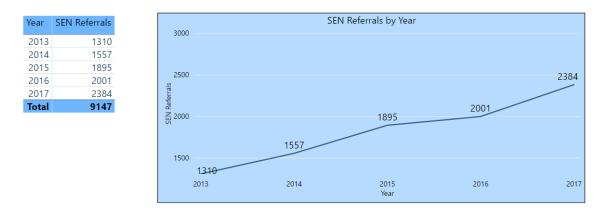
OOCC Coordinated Meetings

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 10/19/2017 OOCC Director interview with Capital News Service
- On 10/23/2017 OOCC Spend Plan Execution Check-in
- On 10/24/2017 OOCC Director met with Somerset County Opioid United Team (SCOUT)
- On 10/25/2017 OOCC Director met with CityFam, a program that supports those in recovery from substance use disorders, in Baltimore City
- On 10/27/2017 -
 - OOCC Director participated in the 22nd Annual Legislative Black Caucus of Maryland Panel Discussion on "Opioid Epidemic Seminar Series"
 - Opioid Case Management Meeting [Partners: GOCCP, GOV, OOCC]
- On 10/30/2017 -
 - HIDTA/OOCC Meeting to discuss expanding access to ODMap
 - Convened Interagency Council via conference call to provide progress updates and discuss benchmarks and targets
 - Partners in Attendance: MDH, GOCCP, DJS, DHS, GOV
 - Partners not in Attendance: MIEMSS, OAG, Grants, MSDE, DoIT, GOHS, DPSCS, MIA, DMIL, MEMA, Commerce



Substance Exposed Newborn (SEN) Referrals by Year

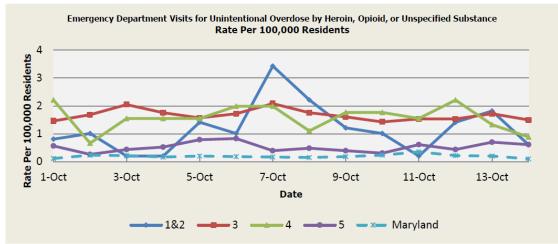


Disclaimer on SEN-related data: MD CHESSIE does not distinguish substance exposure by substance.

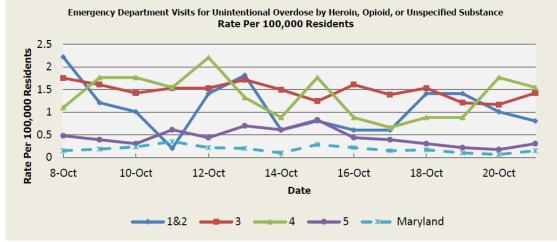
This data set does not capture the number of referrals- it captures only those cases involving individuals that DHS and its local departments of social services are working with or have worked with in the past.

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.

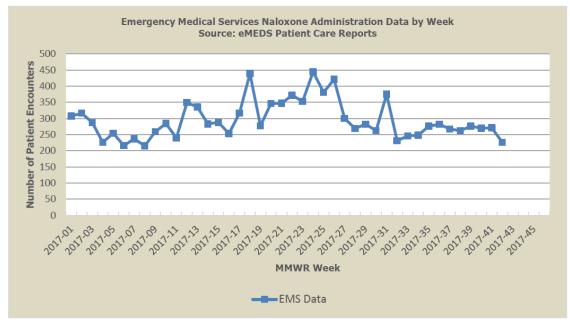


Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdoserelated illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.



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	Non-fat	Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.31	0.39	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.