

Opioid Operational Command Center

Briefing Memo

To: OOCC State and Local Partners

Through: OOCC Planning Section

From: Clay Stamp

Re: Opioid Operational Command Center (OOCC)

Date: September 7, 2017

Completed Action Items (August 24, 2017 - September 6, 2017):

- 8/24/2017-9/6/2017 - Continued review and approval of Opioid Intervention Team Grant submissions. 15 jurisdictions have received final approval with funds in the process of being made available. 11 jurisdictions are submitting revisions for additional review [Partners: MDH-BHA, DBM, MEMA, GOCCP, MSP/HIDTA, MSDE]
- On 8/25/2017 - Conducted second meeting of Behavioral and Substance Abuse Programs and Services workgroup, developed in compliance with House Bill 1082, to review programs that provide behavioral and substance abuse disorder services in public schools; moving forward with incorporating revisions to the instrument that will be used to collect data on existing substance abuse programs in schools [Partner: MSDE]
- On 8/26/2017 - Accompanied the Lt. Governor to the Maryland Municipal League Board of Directors Retreat and spoke about the Maryland's opioid crisis response; roundtable sessions will follow to help municipal officials identify local resources
- On 8/26/2017 - 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]
- On 8/30/2017 -
 - Coordinated with the Ohio Emergency Management Agency to share information on Maryland's opioid response structure and Ohio's potential Emergency Operations Center activation
 - Hosted a webinar to discuss efforts to strengthen crisis hotline services across Maryland; the third in a series of bi-weekly

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webinars (96 State and local partners in attendance)
[Partners: MDH-BHA]

- Conducted Communications workshop with Local Jurisdiction and State PIOs in advance of National Recovery Month (25 local partners and 15 State partners in attendance)

Planned Actions Items (Sept 7, 2017 - September 20, 2017):

- On 9/7/2017-9/15/2017 - OOC Director scheduled to attend multiple Recovery Month events throughout Maryland. Link to events:
<http://beforeitstoolate.maryland.gov/hogan-rutherford-administration-national-recovery-month-visits/>
- On 9/7/2017 -
 - Conduct third and final meeting of Behavioral and Substance Abuse Programs and Services workgroup, developed in compliance with House Bill 1082, to review programs that provide behavioral and substance abuse disorder services in public schools [Partner: MSDE]
 - OOC Director delivering remarks at the “National Opioid Crisis Community Summit: Detection, Protection, Capabilities, and Collaboration”
- On 9/8/2017 - Convene Interagency Heroin and Opioid Coordinating Council Quarterly Meeting
- On 9/11/2017 - Conduct workshop with faith-based and non-profit human services providers to determine current and future participation during the Maryland Voluntary Organizations Active in Disaster Quarterly Meeting [Partner: DHS, Maryland VOAD]
- On 9/12/2017 - Conduct the third in a series of five educational webinars for hospital-based providers describing Alcohol and Drug Use Screening [Partners: Maryland Hospital Association, MDH]
- On 9/13/2017 - Attend Local Health Officer Roundtable to provide clarification as to the OOC funding allocation [Partner: MDH]
- Finalize Naloxone FAQ document for schools; awaiting approval from MSDE senior leadership [Partners: MSDE, MDH]
- Ongoing: Completion of charts relating to eMeds Naloxone

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Administration and Improved Response [Partner: OOC 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.

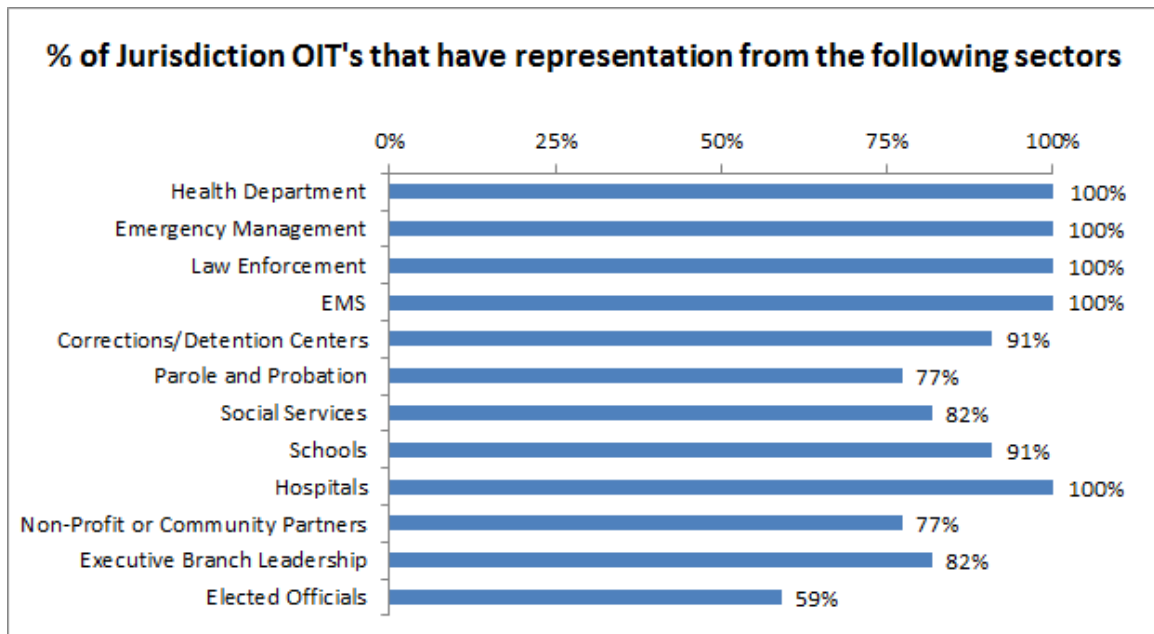
OOC Coordinated Meetings

The OOC 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 8/28/2017 - OOC Director delivered remarks on opioids during regional meeting with Governor Hogan, Governor McAuliffe, and Mayor Bowser
- On 8/29/2017 - OOC Director met with Maryland judicial leadership to discuss opportunities for collaboration
- On 8/31/2017 - Conference Call about Bulk Purchasing Vehicle for Naloxone
- 9/1/2017 - OOC participated in a conference call to discuss opportunities for PDMP data sharing with MDH-BHA, MDH-OCSA, GOCCP, and OCME
- On 9/6/2017 - Opioid Round Table Discussion with Carroll County Commissioners

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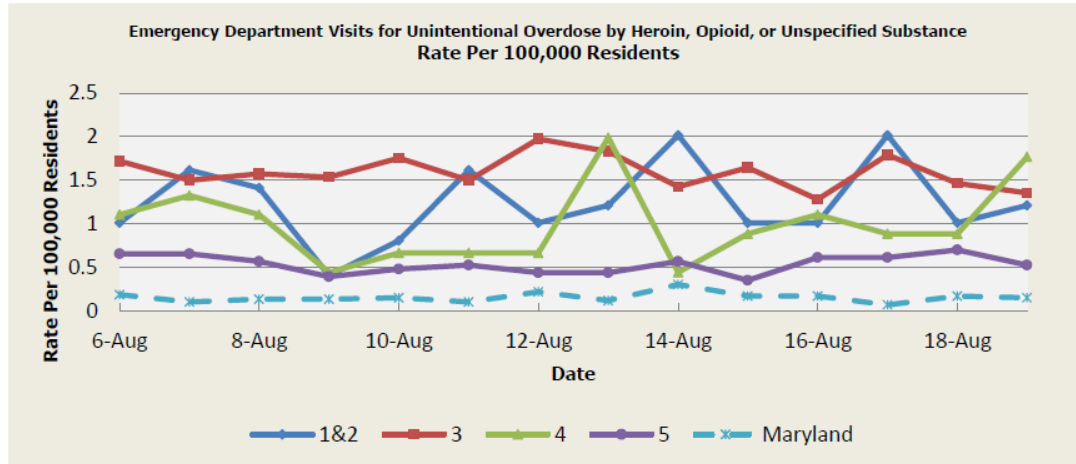


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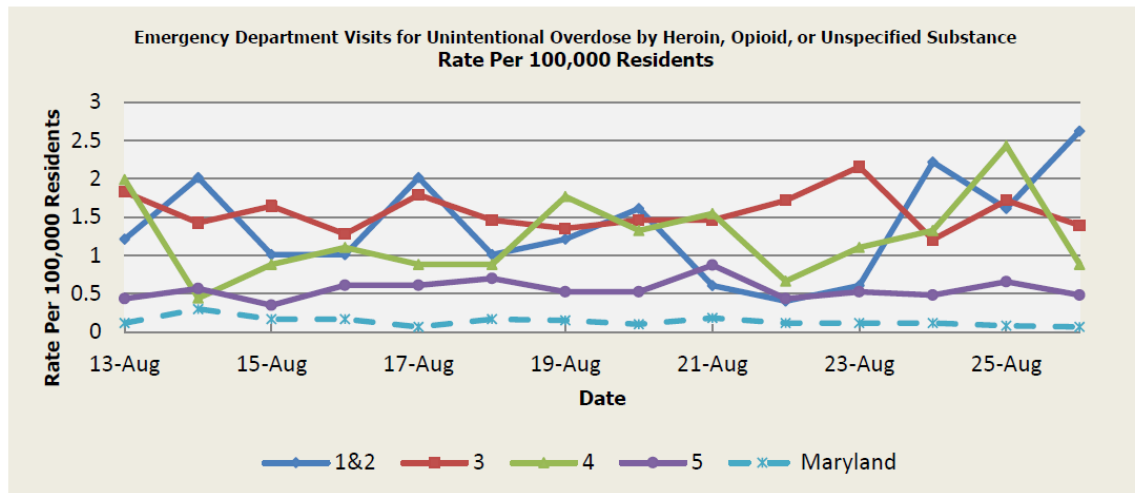
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SYNDROMIC OVERDOSE SURVEILLANCE

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.



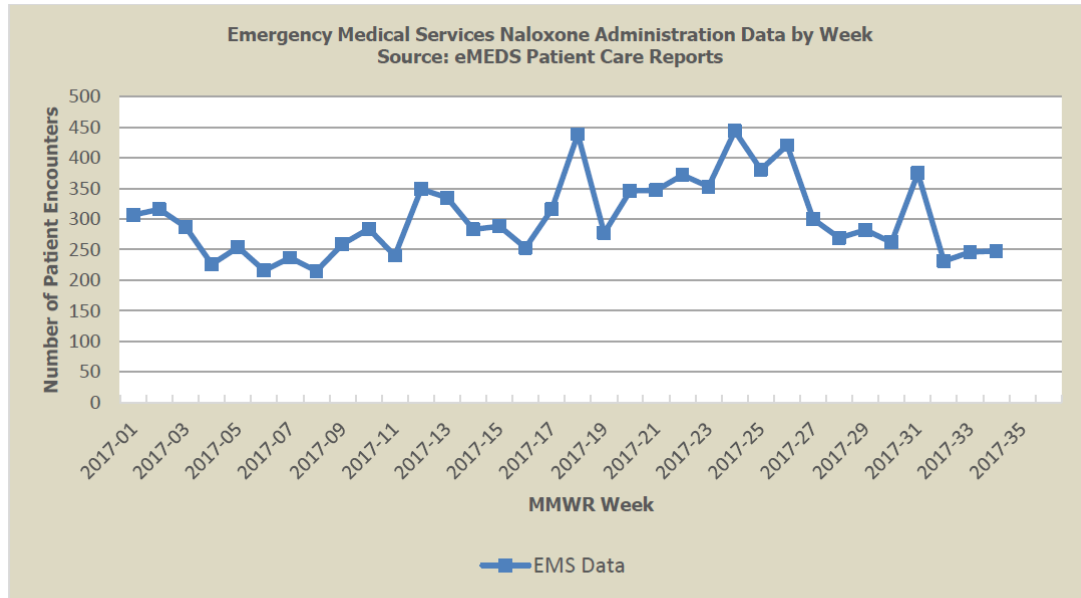
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, naran, and overdose.



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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.