



Opioid Operational Command Center

at the State Emergency Operations Center



To: OOCC State and local partners

Through: OOCC Planning Section

From: Clay Stamp

Re: Opioid Operational Command Center (OOCC)

Date: July 6, 2017

Completed Action Items (June 29, 2017 - July 5, 2017):

- On 6/28/2017 - Completed Opioid Intervention Team (OIT) situation report and shared with local jurisdictions. OIT report will continue to be developed on a monthly basis to reflect local jurisdiction progress towards response objectives - Attachment 1
- On 6/29/2017 -
 - Finalized a meeting date with Academic Deans and Directors to discuss incorporating opioid-related material into higher education curriculum [Partners: MHEC, OOCC]
 - Evaluated options for streamlining the hiring of Peer Recovery Support Specialists, including an assessment of DBM classification and job descriptions; sent to Behavioral Health Administration for review and input
- On 6/30/2017 -
 - Completed an additional 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: DHMH, MIEMSS] – Attachment 2
 - Follow-up meeting with the Lieutenant Governor to finalize OOCC Spend Plan and discuss local level funding distribution mechanism
 - Facilitated broad distribution of Maryland State Police information regarding counterfeit oxycodone pills containing carfentanil in Harford County to State and local partners – Attachment 3
- On 7/1/2017 - New opioid-related requirements went into effect:
 - Mandatory registration for all pharmacists and prescribers of opioids with the state Prescription Drug Monitoring Program
 - Medicaid Drug Utilization Review policies - implements a more

rigorous authorization process for prescription opioids and encourages providers to consider non-opioid options for chronic pain

- Start Talking Maryland Act - requires public schools to offer drug education that includes the dangers of heroin and other opioids starting as early as third grade
- Medicaid waiver - allows state Medicaid to cover residential programs, expands reimbursement and access to treatment for those who become addicted
- On 7/3/2017 -
 - Finalized OIT funding formula to allocate OOCF funds to local jurisdictions
 - Met with Maryland Health Dept. leadership to finalize Spend Plan and prepare for the development of a public press release
- On 7/5/2017 –
 - Met with Behavioral Health Authority to begin development of Award Letter and Conditions of Award for local jurisdictions receiving OOCF funds
 - Developed press release detailing the distribution of funds to combat the opioid crisis; to be sent out 7/7

Planned Actions Items (July 5, 2017 - July 12, 2017):

- Send out funding Award Letters and Conditions of Award to local jurisdictions
- Continue to collect summaries of Promising Practices occurring within local jurisdictional OIT's and disseminate/share statewide
- Continue to organize content for the back end of the “Before It’s Too Late” website to allow local stakeholders to easily share promising practices and resources
- Conduct the second in a series of five educational webinars for hospital-based providers describing Naloxone Prescribing and Dispensing [Partners: DHMH, Maryland Hospital Association]
- Determine points of coordination and facilitate information sharing between the Administrative Office of the Courts, DHMH, DPSCS, and area providers in order to ensure enhancements to the drug court system can be as effective as possible



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- OOCC Social Services Branch to draft a strategy for engaging nonprofit and faith-based organizations who partner with DSS
- 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
- Continue to converse with Department of General Services to discuss development of bulk purchasing order for opioid antagonists, e.g., Naloxone, and other opioid treatment medications

OOCC Coordinated meetings

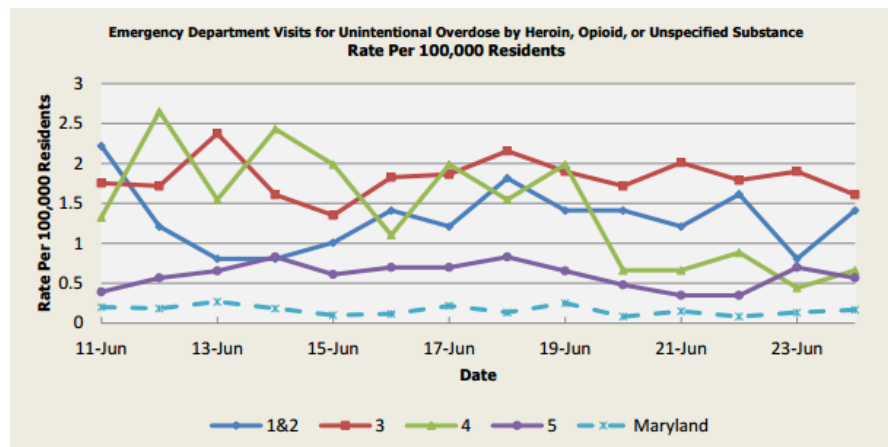
The OOCC continues the mobilization phase to engage partners at the state and local level working on heroin and opioid-related initiatives, including but not limited to the following meetings:

- On 6/30/2017 - OOCC Director presented at the Montgomery County OIT Meeting
- On 7/3/2017 - Convened Interagency Council via conference call to provide progress updates and discuss benchmarks and targets
- On 7/5/2017 - Conducted a conference call with the Local Emergency Managers and Local Health Officers to inform them of the distribution of OOCC funding prior to the Governor's press release
- On 7/5/2017 - OOCC Director met with MedChi representative

Public Health Preparedness and Situational Awareness Report: #2017:26 Reporting for the week ending 07/01/17 (MMWR Week #26)

SYNDROMIC OVERDOSE SURVEILLANCE

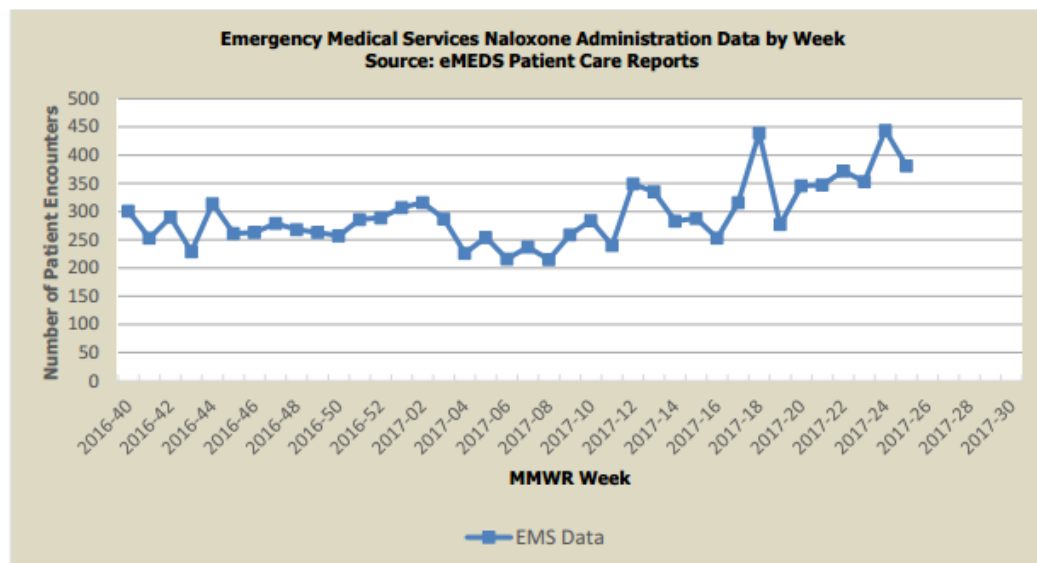
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose 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.

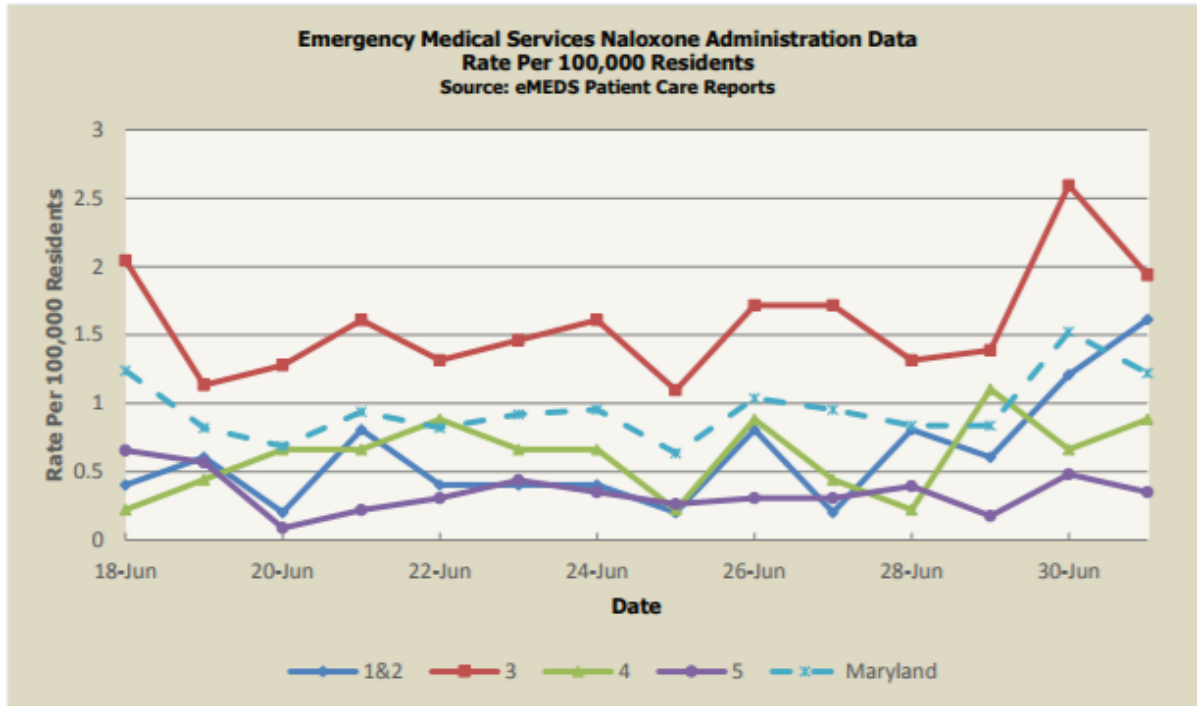
Health Region	Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present				
	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.41	0.37	0.15	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

* 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.

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EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	1.16	0.57	0.24	0.70
Median Rate*	0.20	1.13	0.44	0.22	0.67

* Per 100,000 Residents